Connect Health
Annual Quality Account 2019-20

Community MSK (NHS) Services
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### Section 2

#### Review of Quality Performance & Improvements for 2017/18 (Key Successes and Achievements)

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Introduction

Connect is the largest specialist provider of community musculoskeletal (MSK) services in England, with a national footprint covering a GP registered patient population of over 4 million on behalf of more than 24 NHS commissioners. Our established Single Point of Access (SPOA) Referral Management Centre currently manages over 300,000 patient contacts per annum and continues to expand as we are increasingly recognised for the provision of high quality, safe, cost-effective and innovative approaches to care for NHS patients.

Our consultant-led, multi-disciplinary teams operate to the highest clinical standards, supported by the latest in technology so patients have swift access to services and receive seamless care. Using bespoke systems, patient referrals are quickly processed through our Referral Management Centre, where we ensure patients with musculoskeletal conditions are seen by the right people, in the right place, at the right time. This is crucial to improving clinical outcomes and patient experience, where better care in the community is delivered locally and conveniently and ensuring any unnecessary hospital appointments are avoided.

Our services are evidence-based and include self-management tools for patients, telephone and web-based advice, access to diagnostics, face-to-face assessment, treatment and rehabilitation, as well as up to date information resources for patients and GPs. This is supported by informatics services, providing unrivalled insight into the clinical outcomes resulting from our services.

Connect is a specialist Musculoskeletal (MSK) care provider delivering Community MSK services for the NHS in England, which includes the following:

- Established Referral Access and Signposting Service operating as a single point of access (SPOA), supported by a central Referral Management Centre (RMC)
- A patient telephone triage, assessment and advice service (“Physioline”)
- Multidisciplinary Team (MDT) clinical triage
- GP advice line and eRS advice and guidance function
- Practice based physiotherapy including self-referral by patients
- Specialist Hand Therapy, Podiatry and Hydrotherapy services
- Community MSK Specialist assessment and treatment services known as “CATS”
- Community-based Specialist Consultant outpatient services including Sport & Exercise Medicine, Orthopaedics, Rheumatology, Chronic Pain, Chronic Fatigue Syndrome and Osteoporosis (Denosumab injection therapy) services
- Community-based mobile musculoskeletal diagnostic ultrasound, joint and soft tissue injections (including ultrasound-guided injections)
- Neuropsychology service for Carpal Tunnel Syndrome
- Rehabilitation
1.1 Executive Chair’s Statement

As a provider of healthcare services to NHS patients, our Quality Account is an annual report published about the quality of services we provide. This Quality Account takes into consideration the Community Musculoskeletal (MSK) Services we provide to the NHS, in particular those delivered to patients during the 2018/19 period.

As well as showing our commitment to providing the best quality community services, the Quality Account also provides an opportunity to look at what we have achieved and also identifies areas where we can make improvements next year.

We continue to collect a great deal of information on the quality of all our services, within the ‘three areas of quality’ defined by the Department of Health:

- **Safety**
- **Clinical effectiveness**
- **Patient experience**

Across the North/South/Central regions we have used information to examine our performance and to determine where further improvements can be made. Areas for improvement and lessons learned from 2018/19 have now been built into our local annual objectives and incorporated into recent revisions of our Clinical Governance Framework, and Clinical Strategy for 2018/19, which are aligned to the Care Quality Commissions (CQC) Key Questions and Key Lines of Enquiry (KLoE’s).

Despite growth in demand and shrinking budgets we are able to deliver improvements in standards of patient care, offering a range of quality, patient-focused services with low waiting times that consistently produce positive feedback from patients and GPs alike.

Over the last few years, we have found that successful partnerships with NHS and third sector organisations, can deliver more efficient and productive services by integrating clinical pathways. Through our own established partnerships, we’ve proven that collectively organisations can cost-effectively adopt new models of care and adapt new methodologies to improve patient experience and outcomes.

Our staff are the backbone of our business and if patient and GP satisfaction is a true measure of how they deliver care, then we should all be pleased with the success and the feedback we have achieved to date. Our annual staff survey results support this view.

We believe our Clinical Governance Objectives and Clinical Strategy reflect the needs of patients, commissioners and the people we work with, all of whom have contributed in different ways, to developing and informing our services over the years.

Andrew Walton

Executive Chairman
1.2 Medical Director’s Statement

2018-19 has seen continued growth at Connect with several new contracts in both the NHS and Occupational Health sectors. The workforce - clinical and support functions - continue to grow both regionally and at our head office in Newcastle. High quality services in each locality relies on strong clinical performance on the ground from patient-facing clinical staff. The support function delivered from head office must also be of highest quality to ensure excellent patient service and customer care.

Continual improvement is important to Connect Health with “Pioneering” and “Dynamic” as two of our company values (the others are ‘People-Centred’ and ‘Quality’). We have re-defined and re-resourced our project/innovation capacity by forming a Project, Innovation and Change (PIC) department to provide a platform to drive projects to help Connect to remain at the forefront of modern clinical practice. We have 39 projects proposed for 2019-20 and the PIC department is now specifically funded and accountable for ensuring progress and positive outcomes from these projects benefit our patients, the wider NHS and our staff.

Clinically, Connect and our patients continue to benefit from our very advanced and leading data and informatics capability. Our data warehouse (internally known as “Bob”) now securely holds data for 230,000 patient episodes. This prompted the British Journal of Sports Medicine physiotherapy editorial committee, following a demo, to comment “Connect Health probably have the largest Musculoskeletal (MSK) condition data base in the world”.

Each Clinical Commissioning Group (who commission Connect’s services on behalf of GPs and their patients using our services), benefits from contemporaneous data for a wide variety of parameters - key to analysing the quality and effectiveness of patient care. Our clinicians (and hence our patients) benefit from their own personal dashboard including validated clinical outcomes (EQ5D), diagnostics, review rates and referral rates. This is further used to benchmark and develop our clinicians through clinical audit, supervision and personal development plans.

At the time of writing this report, our data warehouse shows Connect’s clinical NHS services are delivering a mean increase in Health and Quality of life improvement of +0.20 which is increased from +0.19 in the previous year. This is a significant quality marker given 0.20 improvement is double the “minimum clinician important difference” set as +0.10 - the marker of real improvement in clinical care. This is higher than any other provider has made available/published by some margin. This reflects our evidence-based practice and the ability of the feedback from the data warehouse to drive performance to benefit patients.

Worthy of note are our NHS community contracts in Wolverhampton and Nottingham. In Wolverhampton the change to a Connect Health service and the requirement to deliver more cost-effective services caused much anxiety to staff transferring from the previous service. With great leadership and a great relationship with an excellent CCG, those staff and the service has turned around and thrived – we now deliver to Wolverhampton patients our highest Health and Quality of Life change of +0.25 for the whole year of 2018-19. This is a very significant statement of the value of clinical MSK rehabilitation services based in the community.

Nottingham is close behind at +0.23 but we have further detail on the impact of this NHS community service. This shows dramatic reductions in use of diagnostics plus referrals to secondary care for Orthopaedic operations. CCG data for 2018 shows surgical procedures generated from our service have reduced by 30% despite an 18% increase in referrals to the service. Given the 10% increase in Orthopaedic activity from other local CCGs providers, as a comparison, in the region of £2.6M is estimated to have been saved by our new pathway and approach. The new approach is based on
empowering patients to re-discover physical activity and guided exercises so much of our patient interaction occurs in leisure facilities not health. Enrolment to gyms on leaving our gym-based services has been a very significant 25% suggesting the gains in health and quality of life should be maintained or improve further – the opposite of what happens after most surgical procedures and with minimal risk.

Our clinical guidelines are a key component of understanding and applying the evidence base. Our first ten “10/10” guidelines were developed in 2016 and are applied in all services. A further 5 key 10/10 guidelines have now been added. The guidelines remain of interest to others outside Connect and we outlined on how these were developed in the Versus Arthritis publication Joint Matters in April 2019.

Connect is no longer just a “Physiotherapy provider”. Although physiotherapy and rehabilitation are at the forefront of our services, we are also championing the skills of Sports Therapists in Rehabilitation Therapy posts allied to our gym activity programmes. We now have a true multi-disciplinary workforce to meet the needs of MSK, Chronic Pain, Chronic Fatigue and Rheumatology including therapists, doctors and psychologists.

We have some great holistic Chronic Pain services running now and are particularly excited to be working with Lincolnshire CCGs and the world-renowned Professor Lorimer Moseley in bringing Pain Revolution principles from Australia to the UK. This is a part evolution/part revolution in pain service provision where patients are really “put in the driving seat” and will be supported by a wide community public education programme to start later in 2019. More on that exciting project later in this report.

We are looking forward to an exciting, innovative and productive 2019-20 delivering more high-quality community MSK services to the NHS and industry.

Dr Graeme Wilkes, Consultant
(SEM) Medical Director
1.3 Statement of Assurance

We confirm that this, our Quality Account for 2018/19, presents a true picture of the quality of services we provide, that the information is reliable and accurate and there are proper controls over the collection and reporting of data.

We confirm that this Quality Account conforms to the Department of Health guidance and is open to scrutiny and review.

25th June 2019
Andrew Walton
Executive Chairman

25th June 2019
Dr Graeme Wilkes, Consultant (SEM)
Medical Director
1.4 Further Information and Feedback

If you would like any of the following:

- to give us feedback on any aspect of this Quality Account
- a hard copy of this quality account
- a copy to read it in a different language
- to talk to someone about your experiences of our community MSK services
- to find out more about how to access our services

please email customerservices@connectphc.co.uk or phone 0191 2504580
1.5 Quality Assurance and Quality Management

Quality Assurance at Connect is our number one priority. Our service standards are benchmarked against local and national regulatory and legal requirements, as well as those defined through specific bodies and organisations such as the Chartered Society of Physiotherapy (CSP), the General Medical Council (GMC), the Health and Care Professions Council (HCPC), the Care Quality Commission (CQC) and the NHS Information Centre ‘NHS Digital’

We undertake routine structured audits of our services, as well as external accreditation and inspections. Our quality audits are aligned to our ISO 9001 standard whom we are registered with. These mirror the requirements for CQC compliance as well as other National Clinical Quality Standards (e.g. NICE)

We aim to deliver consistently high standards to all our stakeholders, not least to the patients that put their trust in our care.

Our Whistle Blowing Policy and Duty of Candour underpins our no blame culture, where we impress upon our staff the importance of speaking up whenever they have concerns, learning from any errors or mistakes we make and apologising when we are at fault, so that we can improve services for the future benefit of those who receive our care.
1.6 Regulatory Compliance

Care Quality Commission (CQC) Inspections and Compliance

Assuring good quality service delivery is of primary importance to Connect. Evidencing quality assurance allows us to govern, regulate and improve the services provided by our patient care advisors, health care practitioners, physiotherapists and doctors across the company.

Connect are a Care Quality Commission (CQC) regulated provider of Community Musculoskeletal (MSK) services to NHS patients. We have a robust approach to internal quality assurance monitoring so that we can benchmark ourselves internally and externally.

Connect is registered with the (CQC) under the following 'Regulated Activities':

<table>
<thead>
<tr>
<th>CQC Registration</th>
<th>Reference Number</th>
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<tbody>
<tr>
<td>CQC Organisation Identification number</td>
<td>1-151592833</td>
</tr>
<tr>
<td>1. Transport services, triage and medical advice provided remotely</td>
<td>FR25212_2_2</td>
</tr>
<tr>
<td>2. Diagnostic and screening procedures</td>
<td>FR25212_2_3</td>
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<tr>
<td>3. Treatment of disease, disorder or injury</td>
<td>FR25212_2_1</td>
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Since our registration with the CQC in 2011, Connect has had 3 inspections, all of which demonstrated Connect have ‘met the required CQC standards. As such, no enforcement notices or improvement plans have been issued by CQC on Connect and we have no ongoing CQC investigations.

For our most recent (June 2018) report, see https://www.cqc.org.uk/sites/default/files/new_reports/AAAH3249.pdf

The categories inspected by CQC and overall summary of the inspection can be seen in the table below:

<table>
<thead>
<tr>
<th>CQC Standard Inspected</th>
<th>Date of Inspection</th>
<th>Standard met</th>
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<tr>
<td>Are Services Safe</td>
<td>08/06/2018</td>
<td>✓</td>
</tr>
<tr>
<td>CQC found that this service was providing safe care in accordance with the relevant regulations.</td>
<td></td>
<td></td>
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<tr>
<td>• The service had systems to keep patients safe and safeguarded from abuse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• There was an operational system to manage infection prevention and control</td>
<td></td>
<td></td>
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<tr>
<td>• The service learned and made improvements when things went wrong</td>
<td></td>
<td></td>
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<tr>
<td>• There were systems to assess, monitor and manage risks to patient safety</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• The systems for handling medicines were appropriate and safe</td>
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## Are Services Effective
CQC found that this service was providing effective care in accordance with the relevant regulations.
- The service had systems to keep clinicians up to date with current evidence-based practice and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines. Staff were involved in the development of NICE guidelines.
- The safe use of innovative approaches to care and how it was delivered were encouraged.
- The service had a programme of quality improvement activity and reviewed the effectiveness and appropriateness of the care provided. All staff were engaged in activities to monitor and improve quality and outcomes.
- The continuing development of staff skills, competence and knowledge was recognised as integral to ensuring high quality care.
- The service obtained consent to care and treatment in line with legislation and guidance.

## Are Services Caring
CQC found that this service was providing caring services in accordance with the relevant regulations.
- Staff treated patients with kindness, respect and compassion. Staff we spoke with were aware of their responsibility to respect people’s diversity and human rights.
- The service respected and promoted patients’ privacy and dignity.
- The vast majority of the 29 patient Care Quality Commission comment cards we received were positive about the service experienced.

## Are Services Responsive to Peoples’ Needs
CQC found that this service was providing responsive care in accordance with the relevant regulations.
- The service organised and delivered services to meet patients’ needs. They took account of patients’ needs and preferences.
- Patients were able to access care and treatment from the service within an acceptable time scale for their needs.
- The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

## Are Services Well Led
CQC found that this service was providing well-led care in accordance with the relevant regulations.
- The leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care.
- The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.
- The service had a culture of high-quality care.

| 08/06/2018 | ✓ |
sustainable care

- Governance and performance management arrangements were proactively reviewed and reflected best practice
- There were clear and effective processes for managing risks, issues and performance
- The service acted on appropriate and accurate information
- The service involved patients, the public, staff and external partners to support high-quality sustainable services
- There were comprehensive systems and processes for learning, continuous improvement and innovation
NHS Digital Compliance (IGSoC)

Connect is registered with NHS Digital and undertakes annual accreditation to ensure that the IT systems, processes and staff involved with patient data, information and records are safe, secure and handled in line with regulatory and good practice standards.

This is achieved via the Data Security and Protection (DSP) Toolkit, which replaced the previous Information Governance (IGSoC) toolkit in April 2018.

The DSP Toolkit is an online self-assessment tool that enables organisations to measure and publish their performance against the National Data Guardian’s ten data security standards. All organisations that have access to NHS patient data and systems must use this toolkit to provide assurance that they are practising good data security and that personal information is handled correctly.

Connect has achieved a DSP assessment status of ‘Standards Met’ in March 2019 (and previously maintained its IGSoC accreditation of ‘Level 2 Business Partner’ status every year since 2011). This provides patients and commissioners with confidence that all data and records held and/or transferred by Connect are in line with NHS Standards and in keeping with the Data Protection Act and the General Data Protection Regulations (as of May 2018).

NHS Provider Licence (Formerly Monitor)

In November 2016 Connect became registered with ‘Monitor’. We have an NHS Provider Licence with respect to our NHS contracts. To date, Connect has met all the requirements from NHS Improvement and met all the relevant criteria for ongoing registration and approval of our NHS Provider Licence.
1.7 Contribution to National Audit Databases and Research

Connect are committed to being involved in national audit programmes where services are applicable. Within our service provision types, the following are contribution expectations of the National Clinical Audit and Patient Outcomes Programme (NCAPOP), which includes the National Joint Registry (NJR). These audit contributions are expected of ourselves and our subcontractors where/as applicable with expectations clearly outlined in subcontracting agreements.

As a national healthcare provider of community MSK physiotherapy, specialist MSK services and Persistent Pain and Rheumatology services, Connect have developed market-leading data reporting capability. Our “live” Data Warehouse updates daily providing easily accessible data dashboards with a wealth of contemporaneous data informing continuous improvement, reduction in clinical treatment variation and hence better outcomes for patients. Data can be individualised to meet needs of commissioners, internal governance and performance monitoring and crucially individual clinicians. Benchmarking of clinicians, each service, regional and national musculoskeletal service provision will be key to ensuring service performance and quality and safety is absolutely maximised. This benefits patients, taxpayers and staff – our key stakeholders.

Given our data rich environment, research and external dissemination of the learning we gain is important and allows benchmarking amongst providers.

MSK Versus Arthritis MSK Champions Programme

The vision for the MSK Versus Arthritis MSK Champions Programme is to develop and cultivate a UK-wide community of multi-disciplinary learners, leaders and influencers of change in musculoskeletal health services, with the ultimate aim of improving the quality of lives for people affected by musculoskeletal conditions. Together with Ashridge Executive Education, Versus Arthritis have created a bespoke leadership initiative, which will take individuals through an 18-month development programme to become Champions of musculoskeletal care. The programme will be tailored to meet individual leadership development needs and ensure that Champions are supported and coached to drive tangible improvements in MSK services within their local health systems and/or at a national level.

Connect currently have two members of staff accepted and completing this prestigious MSK Versus Arthritis MSK Champions Programme.
1.8 Clinical Governance

At Connect, Clinical Governance is at the heart of our business, our culture and our ways of working. It is used to support our patient-professional partnership, to ensure consistent delivery of high quality, safe and effective services, with excellent clinical outcomes and patient experience.

Our Clinical Governance Framework (CGF) and standards are set in relation to meet quality assurance, organisational accountability and appropriate governance infrastructure; including communication and reporting mechanisms. The Framework sets streamlined efficient processes by which clinical governance can be implemented and operationally managed in our healthcare service setting to meet the national standards set by Department of Health (Equity, excellent and liberating the NHS 2010).

A Clinical Governance Framework (CGF) provides the organisation with cohesive structure within which clinical practice should be delivered and measured. Ultimately, the Clinical Governance Framework and its infrastructure at Connect help us to achieve healthcare quality, the definition below as defined by Lord Darzi:

![](image)

The CGF is divided into domains of clinical governance, that are aligned with Care Quality Commissions’ (CQC) Key Lines of Enquiry (KLOE). Further, these incorporate CQC, Monitor and Local commissioner (NHS Contract) requirements. The domains include:

- Patient Safety and Risk Management
- Clinical Quality and Effectiveness
- Patient Experience and Engagement
- Service Quality and Performance
- Leadership and Engagement
- Staffing and Staff Wellbeing
- Regulatory Compliance
Under each domain of clinical governance, we have a series of systems, policies, processes and procedures, that underpin the delivery of the objectives set out in each of the domains. Staff are accountable (individually or collectively) for delivery against the requirements within each domain and performance is measured through regular audit and monitoring of compliance against these requirements.

Clinical Governance Framework Domains

Our clinical leadership structure allows local ownership and accountability of Clinical Governance by analysing, monitoring and reporting to ensure that standards of services meet local commissioner and national regulatory requirements.

Centrally, we have a number of subcommittees with niche responsibility to monitor, regulate and govern specialist areas of risk to patient safety, clinical effectiveness or patient experience. These include:

- Clinical Governance Group
- Clinical Operations Group
- Clinical Research Group
- Clinical Development Group
- Clinical Steering Group
- Medicines Management Group
- National Safeguarding Panel

Connect’s quality assurance and audit programmes, provide Connect and our service commissioners, with the opportunity to:

- Measure performance against local and contractual quality standards
- Benchmark quality standards between services for comparison
• Benchmark against external standards (where these are published)
• Identify service improvements to meet or improve standards of care
• Participate in future national audit and research - such as through Healthcare Quality Innovations Project (HQIP)

Our audit cycle feeds into our process for Continuous Improvement, ensuring standards are maintained, delivery is re-evaluated and future healthcare models are developed from the lessons we have learnt or evidence from external sources, in order to derive continued benefits for patients, commissioners and staff.

The quality of our services is reviewed quarterly at Connect’s Clinical Governance Group meetings, as well as at local and regional Clinical Steering Group and Contract Service Review meetings with the Clinical Commissioning Groups (CCGs).

Connect’s Audit cycle is defined and completed with continuous improvement key to meeting and improving the safety, effectiveness and experience for patients and staff year on year. In addition to formally planned national/regional audits, all practitioners have individual audit plans in their personal development plan contributing to each clinician improving. The abundance of data, readily available contributes to the success and relevance of this audit.

Audits completed and learnt from across the organisation and in each region in 2018/19 were:

✓ Clinical Record Quality
✓ Infection control
✓ Medicines Management- injection therapy
✓ Medicines Management- prescriptions
✓ Clinical Record Quality
✓ Diagnostic imaging referrals safety and quality
✓ Triage quality
✓ Secondary care outcomes
✓ Confirmed serious diagnoses
✓ Safeguarding children and adults at risk
✓ Incidents quality
✓ Complaints quality
✓ Physio Partner Report Quality Assurance
✓ Fitness for work/Return to work programmes
✓ Work Place Assessments
Section 2

Review of our Quality Performance & Quality Improvements for 2018/19 (Key Successes and Achievements)
2.1 Review of National Actions & Improvement Plans from 2018/19

In last year’s Quality Account, we cited three distinct Key Areas for Development and Improvement Priorities for 2017/18. These included:

1. Improve Quality Audit & Quality Reporting
2. Improve Clinical Effectiveness through Evidence Based Treatment (Guidelines and Rationale)

A summary of the progress made on the above, over the past year, are as follows:

2.1.1 Improve Quality Audit and Quality Reporting
Throughout 2018/19 Connect has continued to develop our audit collection and reporting systems. Our clinical leadership team has been working jointly with our Business Intelligence Team. All audits are collected on a central reporting system and the results displayed “live” via our innovative data warehouse. This allows for the audit data to be collated, analysed and reported on quickly. The clinical teams then receive feedback rapidly and can implement the learning into practice with minimal time delay. This also allows visibility of clinical audit performance from board to clinician level with ease.

2.1.2 Improve Clinical Effectiveness through Evidence Based Treatment

Connect clinicians now have 15 (up from 10 last year) 10/10 clinical guidelines to guide them in reducing unwarranted clinical variation and ensuring all patients get the most evidence-based care possible. We monitor our outcomes via the collection of EQ5D patient reported outcome data. Performance feedback can be given at clinician and service level for each of the 15 conditions we have guidelines. We have also maintained our focus on ensuring that collection rates are maximised to ensure accuracy of results. Sufficient numbers provide more statistically significant results from which to look to change practice to improve. The following slides for 2018/19 EQ5D results illustrate our progress:
Slide 1 – Service Wide Collection Rates

Slide 1 demonstrates the progress from July 2018 where collection rates are now standing at 70% across Connect. This represents a significant improvement in collection rates that were around 50% at the end of 2017/18.

Slide 2 – EQ5D change outcomes – Connect

Slide 2 shows that across all services, Connect’s EQ5D score shift is +0.20. The challenge now is for even better reduction of clinical variation through monitoring and feedback and raising the average score shift to above +0.20.
Slide 3 – EQ5D change outcomes – Merton

Slide 3 demonstrates the statistical significance of improved data collection and the subsequent feedback to clinicians which improves clinical outcomes and benefits for patients.
2.2 Some Results of Our Clinical Audits

2.2.1 Patient Safety Audits

Medicines Management Safety Audit

Auditing compliance with medicines standards is extremely important at Connect for quality and safety assurances. We have outlined within our Clinical Governance Framework essential clinical audits regarding a range of areas of medicines management including clinical care quality, patient safety, medicines supply chain and financial.

Within the past year, Connect have expanded its use of medicines with new service commissioning in several contracts to include prescribing. This therefore changed some of the audits performed. Our National Medicines Management Audit outlines our compliance with all safety, quality and financial audits performed.

Key findings include:

- 100% of clinicians using PGD were verified in our register system
- 100% of our adverse drug reactions (ADRs) were reported to MHRA on yellow cards scheme (steroid injections)
- We made a critical review of our ADRs. From this, we determined that when compared against research of prevalence of ADRs, we have less than the cited literature for each type of ADR from steroid injections
- 100% of our prescriptions issued were within formulary for contract
- 100% of central alerting system (CAS) alerts were managed promptly and effectively (where applicable)
- Our clinicians administering steroid injections improved their practice from our previous clinical audit regarding the quality of documentation year on year
- Our audit of medicines and stock supply chain was very effective showing 100% compliance across the year

What does this tell us about patient safety?

We securely store, supply and administer medicines within our contracts. This gives us reassurances that we have safe processes and practices to allow our clinicians to deliver safe and effective care to patients.
Our clinicians are aware of when to report ADRs - and do so very well - so that we can learn about our practice and continually improve.

We share our National Clinical Audit with our clinicians through our Consultant Physiotherapists and delivered training regarding this to heighten awareness of ADRs from steroid injection therapy. Within this year, we saw a reduction in these compared with previous years- demonstrating that we are providing safer care, with less side effects.

**National Safeguarding Audit**

Healthcare providers have a duty to safeguard patients who may be least able to protect themselves from harm. To quality assure that our organisational infrastructure and performance regarding safeguarding is effective, we audit and benchmark ourselves against: Safeguarding of Adults Assessment Framework (SAAF) and National Society for the Prevention of Cruelty to Children (NSPCC), who have designed a “Safeguarding Children Self-Assessment Tool”.

This also includes critical review of the safeguarding concerns reported, and compliance with clinician documentation standards and objectives from the previous year. Our National Safeguarding Panel monitors national and regional trends regarding safeguarding topics. This allows the planning of safeguarding supervision to bring key national and local issues for discussion with our clinicians.

**Key findings include:**
- 100% of our safeguarding concerns identified were managed effectively as per our procedures, policy and working with local Multi-Agency Safeguarding Hubs (MASH)
- Scored 100% effective or excellent on all aspects of the SAAF and evidenced compliance with the NSPCC standards
- We monitor national safeguarding trends and apply these into training, but can do even better at this consistently
- We have expanded our safeguarding team to include 4 Designated Safeguarding Officers (DSO) by region to support our teams with managing and reporting concerns. This need has arisen due to growth of our contracts and need to expand the team.
- Our compliance mandatory training for safeguarding has is 97% with the outstanding 3% of colleagues booked to complete their training. This is monitored every quarter

**What does this tell us about patient safety?**
- Our clinicians and administrators who have patient facing care are cognisant to the needs of safeguarding of adults and children and can identify these concerns well
- Our clinicians raise concerns appropriately and in a timely manner
- Our organisational structure around safeguarding provides good support and sufficiently governs this well
- Our training is effective to help support clinicians’ understanding around issues in safeguarding, but we want to improve this even further in the next year to discuss local, national and regional safeguarding topics more consistently in our teams.
2.2.2 Clinical Effectiveness Audits

We undertake a number of Clinical Audits to evaluate the safety and effectiveness of the services we deliver. Our Audit Methodology is based on the following model:

**Patient Reported Outcome Measures (PROMS) – EQ5D**

We have already reported the effect of feedback on stimulating improvements in the collection of PROMS above in section 2.2.2.

Measuring and recording the outcomes of patient’s clinical care is essential for service providers to ensure that the care delivered is optimally effective.

We have seen significant improvement in the past 12 months at Connect regarding the method by which PROMs is gathered from healthcare systems. This information can then be evaluated at a personal, regional or national level for benchmarking and reflective continuous professional development for clinicians.

We are evaluating additional PROMs for use in our services based on emerging scientific evidence/new tools and/or separate tools for niche groups of patients (such as rheumatology services).

**Key findings include:**

- Score shift data shows that overall our patients show improvements in health-related quality of life following management within our services
- Variations are becoming apparent between regions, between services and between clinicians
- As an example, across the year for each “Northern” and “Southern” regions services combined there is a score shift of 0.19 compared to 0.23 in the central region
- Wolverhampton is consistently our highest performing service with outcomes averaging +0.25
- Herts Valleys has the worst shifts of +0.17, however this still sits above the research benchmark of +0.16
What does this tell us about clinical effectiveness?

- This audit evidences that for most of our patients, their ‘quality of life’ (outcomes) has improved whilst in our services.
- In addition, the improvement rates are higher than that which is reported in scientific literature regarding physiotherapy services in the UK.
- Improving collection rates consistently across our services remains a priority to gather as much information as possible, on as many patients as possible.
- There is variation between regions, services and clinicians which we are starting to understand based on service make ups, gym rehab capacity, speed of access and demographic variations. This is an area we are seeking to explore further and publish our outcomes.

Diagnostic imaging quality audit

There are several requirements for clinical audit of a providers’ Diagnostic Imaging referrals including legislative (under IRMER legislation) and internal quality analysis. In addition to the legislative requirements to audit, Connect assess the quality of the referrals for X-rays and MRI referrals quality as there are financial implications for the NHS associated with these medical investigations.

The Royal College of Radiology (RCR) have developed key resources and standards for when diagnostic images are indicated. We use the RCR Guidelines as our quality standard to measure clinical effectiveness of quality of referrals within our services.

Like all of our clinical audits, we provide feedback to clinicians for their continuous professional development (CPD) and benchmark service quality. From this, we can develop personal development plans (PDP) and training for our staff where needed or develop our services further.

<table>
<thead>
<tr>
<th>Region/Contract/Clinician</th>
<th>Total Audits to Complete</th>
<th>Audit Pass?</th>
<th>% Audits Passed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>North</td>
<td>397</td>
<td>384</td>
<td>13</td>
</tr>
<tr>
<td>- Darlington</td>
<td>49</td>
<td>46</td>
<td>3</td>
</tr>
<tr>
<td>- Morpeth</td>
<td>31</td>
<td>31</td>
<td>0</td>
</tr>
<tr>
<td>- North Kirklees</td>
<td>91</td>
<td>86</td>
<td>5</td>
</tr>
<tr>
<td>- South Tyneside</td>
<td>94</td>
<td>94</td>
<td>0</td>
</tr>
<tr>
<td>- Wakefield</td>
<td>132</td>
<td>127</td>
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<tr>
<td>- Herts Valley</td>
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<td>240</td>
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</tr>
<tr>
<td>- Merton</td>
<td>49</td>
<td>46</td>
<td>3</td>
</tr>
<tr>
<td>- South West Essex</td>
<td>335</td>
<td>252</td>
<td>57</td>
</tr>
<tr>
<td>Total</td>
<td>1346</td>
<td>1189</td>
<td>108</td>
</tr>
</tbody>
</table>
Key findings include:

- All North contracts combined achieved 97% compliance, a 7% increase on last year

- In the South services lower scores are attributed to over-investigating in 1-2 clinicians – a common issue in MSK care but infrequent in our services as this audit indicates. Those who were not meeting standards/guidelines were set performance improvement programmes and further audit/scrutiny for improvement.

What does this tell us about clinical effectiveness?

- Our established clinicians are selecting the correct image at the correct time and only when it will change patient management

Individual and service feedback is key to improving compliance, as can be seen in the established contracts and education sessions targeted in all services that did not meet the benchmark standard of 95%.
2.3 Measuring Patient Experience

Providing excellent patient-centred care is at the heart of Connect’s clinical philosophy of healthcare as well as its clinical strategy. This means providing a ‘positive patient experience’ as well as good clinical outcomes of care.

During 2018/19 we have become more robust in our methods by independently collecting feedback regarding patient experience for our services. All patient feedback is now collected from patients outside the clinical interaction which we and our commissioners feel provides a more accurate/robust indicator of their views of our service.

We can break experience feedback down by contract, service-line (virtual consultation, physiotherapy, CATs, pain, rheumatology, etc) and by individual clinician. We have set service-wide benchmarks in terms of performance objectives (based on 2017/18 results) to encourage all clinical staff to focus on improving the patient experience. We continue to break down both the response rates and quality scores by service, location and clinician, which means we can provide positive, meaningful feedback to clinicians on their performance, from their patient’s perspective.

Collection rates are improving across all contracts and generally we meet our benchmarks:
- 80% would recommend us standard when they have been discharged following only a virtual consultation
- 90% would recommend us standard when they have been discharged following more traditional face to face contact

Across all our services 85.25% of our 29,579 respondents would recommend our services to friends or family. Only 7.62% would not. This is based on a 32% response rate of 87,813 surveyed patients. All the above metrics are an improvement on those reported in last year’s Quality Account.

32% Response Rate (87,813 surveyed)

Positive: 85.25%
Negative: 7.62%

Key Themes

Positive
- Staff attitude = 11,137 mentions
- Implementation of care = 5,080 mentions

Negative
- Staff attitude = 1,162 mentions
- Environment = 1,070 mentions
2.4 Contributions to Regional Quality Development, National Conferences and Research

With the development of our data warehouse and our ever-increasing patient numbers our clinical leadership team have been able to not only focus on using this for internal improvement, but start to look at disseminating learning to benefit the wider Musculoskeletal provider and commissioner world both in the UK and world-wide. To enable this, we have through partnerships made our data available to the researchers and students at

- St Georges University London
- Queen Mary University London (QMUL)
- Northumbria University
- Keele University
- Oxford University
- Royal National Orthopaedic Hospital, Stanmore

Details of some of the projects underway or planned with the above institutions can be found in section 2.4.2.

Connect is in a position to influence care at source, in the community across our numerous NHS and occupational contracts. We see that we have a responsibility to do this for our key stakeholders of:

- Patients
- UK taxpayers and Employers for our Occupational contracts
- Our Staff

Connect staff are engaged in supporting all our local Sustainable Transformation Partnerships (STPs). A prime example of this includes Matthew Wyatt, Consultant Physiotherapist and Clinical Lead South being elected chair of the North West London Musculoskeletal Clinical Network Education Group and a Member of the Networks Steering Group.

During 2018-19 we have constantly disseminated key learning and messages from our data and philosophy of care. This has included dissemination of infographics via social media and on our website as well as presenting these around the UK. Key examples of this activity follow:
2.4.1 Contribution to National Conferences/Education

Andrew Walton, Executive Chair
- WCPT (World Confederation of Physical Therapy) Congress 10th - 13th May 2019
  - Big data
  - Career Development
- European Health Management Association (EHMA), Finland, 17th - 19th June 2019 - Using Data to transform clinical quality

Andrew Cuff, Clinical Lead and Developing Consultant Physiotherapist
- British Association of Hand Therapists (BAHT) conference, Birmingham 9th – 10th November 2018
- British Elbow and Shoulder Society (BESS), 20-22 June 2018, Glasgow
- European Society of Shoulder and Elbow Rehabilitation (EUSSER), 21st September 2018

Graeme Wilkes, Medical Director
- 3 April Essex Rheumatology Assoc meeting GW and Dr Krisztina Szabo-Kocsis on community rheumatology
- 8 May COPA the business of physical therapy London - topic “Data for improved clinical care”
- 14 November PCR conference York – “Providing Quality in MSK services”
- North East Hip Conference 5th April 2019
- Evaluate - Data driving service quality
- The Big Rs –Manchester. 5-6th October 2018 – Panelist Reforming Orthopaedic Triage session
- The Big Rs – Manchester -5-6th October 2018 – Data workshop presentation

Steve Nawoor, Consultant Physiotherapist
- The Big Rs – Manchester. 5-6th October 2018 – Panelist Reforming Orthopaedic Triage session

Matthew Wyatt, Consultant Physiotherapist
- The Big Rs – Manchester. 5-6th October 2018 - Clinical Variation Analysed
- Evaluate, 8th May 2019 – How to deliver exercise in the community and co-location of services

Rob Tyer, Research Lead
- North East Hip Conference 5th April 2019 – Adductor Tendinopathy
- North Shoulder and Elbow Symptoms 10th May 2019 – Tennis elbow

1. Connect Medical Education Network

Connect actively contributes to regional education programmes across England with the purpose of ensuring that those unable to attend national conferences have access to contemporary innovative practice ideas. Using a mix of Connect staff and prominent external speakers, the programme tours the country ensuring all regions are involved:

MSK Education Network events

📅 25 Apr 2018
📍 Multiple locations

Come and join us for FREE educational events across the country courtesy of Connect MSK Education Network.
2. Connect Infographics

Connect has invested in modern media to ensure we contribute to dissemination of our learning and development to inform others nationally. A number of infographics were produced in 2018-19. A few examples are illustrated below regarding our Nottingham service.

Infographics have also been used to disseminate clinical innovations such as the 10/10 guidelines and successful elements of our pathway such as Physioline telephone service for patients.

Connect as an organisation continues to ensure our internal growth and learning is matched by the responsibility to share information, data and key messages across the NHS. This applies nationally, regionally and into localities.

Connect constantly works to update and improve the information we share with our stakeholders. As a result of stakeholder feedback, we are in the process of redesigning our website to make it more user friendly. All of our infographics will be available on our website as a resource for service users.
Case Study update: Streamlining Community MSK Services and delivering efficiencies

Demonstrating further operational efficiencies and improving patient outcomes

Working in partnership with Nottingham West CCG and Nottingham North & East CCG (NW & NNE) since April 2016, Connect Health is proud to release updated figures relating to efficiencies and outcomes, up to April 2019.

**Activity - Referrals to Connect up 34%**

![Graph showing activity, contract activity plan, and referrals from 2016 to 2019, with percentages and rates of change highlighted.]

**Patient pathway**

30% reduction in the number of secondary care referrals for 17/18 v 16/17

Innovative rehabilitation pathways support sustained physical activity - 25% of patients now join a gym on discharge

Proportion of patients going to rehab and secondary care 16/17 - 18/19

![Graph showing proportion of patients in secondary care and rehab activity from 2016 to 2019, with percentage data pointed out.]

25% of all patients become a member of local authority gym on completion of our rehab programme - More patients treated in a wellness environment

10% of Tier 2 CATS* patients referred to secondary care down from 20% - Only appropriate patients referred to secondary care for trauma and orthopaedics

*Clinical Assessment and Treatment Service

**Shared decision-making supervision framework exemplar**

- 99% feedback from patients in last 6 months using the validated SURE questionnaire
  - this evidences that Connect is actively involving all patients in shared decision-making

- Connect is an active member of the NHS England and Greater Nottinghamshire Shared Decision-Making Collaborative
  - this demonstrates that Connect is involved in the STP wide collaborative, enhancing and sharing learning with other providers within integrated care partnership environment
Case Study update: Streamlining Community MSK Services and delivering efficiencies

Very impressive surgical conversion rate - improved from 30-90%
- Year 1 to year 2 - improved from 30-40% to 70%
- Year 2 to year 3 - improved from 70% to 90%

Clinical Conversion Rate

Waiting times - improved from 84 days to 12 days
- 15/16 v 16/17 Waiting times significantly improved from 84 days to just 12 days for physio face to face appointment
- PhysioLine appointment within 3 days of referral (Mar 19)
- Tier 2 Clinical Assessment and Treatment Service appointment within 12 days of referral (Mar 19)

Cost savings - £2.6m in 2018
- 30% less patients referred to secondary care in 18/19 compared to 16/17

**£2.6m** savings on T&O Elective and Day case spend in one year (2018)

**If NNE/NW Nottingham CCGs had the equivalent increase in T&O expenditure seen in other local CCGs (10%) this would have cost £2.6m more than the actual spend in 2018.**

Patient outcomes

Connect’s patient reported outcome measures exceed the previously published mean change for physiotherapy

Patient feedback

"Caring, sympathetic and seriously helpful in the quest of improving my muscles and consequently my wellbeing and quality of life. It’s down to me now."

"The gym sessions were great and really built my confidence back up."

"I really like the app, it explains the exercises in short clips and is easy to use."

Staff impact

100% of clinicians agree that Connect is a great place to work

For more information visit www.connecttheath.co.uk
2.4.2 Research at Connect

During 2018-19, we have increased our commitment to the Research undertaking and subsequent output expected within a contemporary Clinical Governance structure. A framework is in place to support the initiation, completion and subsequent publication of a variety of research methodologies related to both clinical and operational deliveries. This includes the establishment of a Research Lead post and Research Committee.

Research publications/projects

PUBLICATION: Changes in EQ5D individual dimensions

Our submission to the journal *Quality of Life Research* on “Changes in health-related quality of life (EQ-5D) dimensions associated with community based musculoskeletal physiotherapy: a multi-centre analysis”, has been accepted for publication - [https://www.ncbi.nlm.nih.gov/pubmed/29948600](https://www.ncbi.nlm.nih.gov/pubmed/29948600)

This paper studies the changes in each of the five dimensions of the Euroqol 5-dimension index associated with community-based physiotherapy.

The conclusion is that Clinicians should not assume that a patient presenting with pain but expressing high anxiety/depression is unlikely to respond to treatment, as they may show the best EQ5D outcomes. For patients presenting with pain/discomfort and low levels of anxiety/depression, the EQ5D index is perhaps not a suitable tool for sole use in patient management and service evaluation.

This paper provides some insight into the psychological status of patients presenting with musculoskeletal pain and that when this is adverse, this is reversible on successfully treating their problem, rather than being an adverse predictive factor which would be the intuitive view of most clinicians.

Current ongoing research projects:

- **Ultrasonographic findings of the Elbow Complex within asymptomatic populations: A Systematic Review:**

  This project is currently at the data extraction stage with completion due in the next quarter ready for publication; early output from this project has been the initiation of a subsequent primary study. *(Andrew Cuff – Developing Consultant Physiotherapist)*

- **A Primary Study investigation of the prevalence of morphological findings within an asymptomatic population following the established European Society of Radiography Technical Guidelines:**

  This project has successfully recruited 100 participants into the study, scanning 200 elbows with the data currently being analysed and prepared for publication. It is anticipated that this data set will be submitted for consideration of presentation at the IFOMPT conference in Melbourne 2020 given its pioneering design. *(Andrew Cuff – Developing Consultant Physiotherapist)*

- **Base of Thumb OA: A multi-centre Service Evaluation (University of Oxford):**

  Due to the extent and quality of our data collection systems within our clinical delivery models, we were approached to collaborate with a research team from the
University of Oxford on the above project which aims to inform current practice and future research outputs. Having acted as the pilot site for the data extraction and submission process we then went on to submit prospective data from eight of our services (n = 40) and were the largest contributor to the project.

This work is currently being prepared for publication by the Oxford team. (Andrew Cuff – Developing Consultant Physiotherapist)

- **Greater Trochanteric Pain Syndrome (GTPS): A multi-centre Service Evaluation (University of Birmingham):**

  Similar to the project undertaken with the University of Oxford, we submitted retrospective data (n = 42) into this service evaluation led by the University of Birmingham.

  This work has been submitted for publication and is currently undergoing the peer review process. (Andrew Cuff – Developing Consultant Physiotherapist)

- **A survey of assessment of the Neck in those with Shoulder Pain (Connect Health)**

  This was a study led by and delivered by Tom Walker, Senior Physiotherapist (North Kirklees) in collaboration with Keele University. With over 900 respondents to the international survey, it appears to be the largest survey ever conducted of Physiotherapy practice. Funding was obtained to support this study from the North East Musculoskeletal Society and will be presented at their conference in September 2019 for dissemination.

  This data is currently being analysed and prepared for publication. (Tom Walker – Senior Physiotherapist)

- **Diagnostic Imaging for Common MSK Conditions: Rationale and Decision Making (Keele University):**

  In 2018, Andrew Cuff was successful in being awarded a studentship funded by Keele University to study for a PhD. Andrew’s PhD is focusing on the use of diagnostic imaging from both a professional and patient perspective, with the aim to producing a tool to facilitate appropriate and judicious use of diagnostic imaging for common MSK conditions. As part of this work, Andrew has submitted a research grant application to the CSP Charitable Trust.

  This work is ongoing with an anticipated completion date of 2022; outputs are expected along the way in the form of publications and conference presentations. (Andrew Cuff – Developing Consultant Physiotherapist)

**Potential and planned projects:**

- Audit of patient sent to The Emergency Department (ED) with back pain and suspected Cauda Equina Syndrome (CES). Audit is across 3 providers (Andy Bennet, Sutton, Chris Mercer, Sussex, Janes Selfe, Man Uni). Aiming to use as evidence for a further prospective study while applying for CSP charitable trust funding. 1st Phase project aiming for publication by end of 2019

  Data analysis and write up phase at present.

- Community physiotherapists’ experiences of working with patients with persistent pain from diverse cultural backgrounds in London – Brunel
Qualitative project (looking at trends/themes from interview rather than numbers).

- Artificial Intelligence (AI), Training AI to recognise Red flags (features of serious disease), Dylan Morrissey, Queen Mary University London (QMUL).

  Utilising Connect’s Data warehouse to “educate” an AI platform in order to utilise in primary care.

- Tendinopathies (previously known as Tendinitis, a problem involving pain over the site of a tendon, a very common presentation in Physiotherapy) - Dylan Morrissey, QMUL

  International collaboration regarding investigations which primary care treatments are employed for tendinopathies of various body parts.

- Osteoarthritis (OA) Thumb (2) – Ben Dean, RT, AC.

  Looking at an epidemiological piece (establishing prevalence of a condition, usually age/gender/occupation of those commonly affected, and which treatments appeared more/less successful) using Connect’s EQ5D data on those coded as OA CMJ.

  At the data cleanse/audit stage.

- Imaging paper – How many people with Low back pain (LBP) had an MRI scan, leading to change

  600 MRI data sets across the company over a 6 month period. Being analysed by final year physiotherapy students from St Georges University supported by Connect clinicians. EQ5D shift vs average sessions for each 10/10 condition.

  Being analysed by final year physiotherapy students from St Georges University supported by Connect clinicians.

**New models of care**

Connect deliver gym rehabilitation for patients in a number of services in partnership with Greenwich Leisure Limited. In services where GLL do not have a presence, the model is mirrored with local gyms and leisure centres.

- MDT approach to rehab. Using Physios, Rehab therapists, Exercise on Prescription/Long Term Condition Coordinators and Fitness Instructors

  - **Goals**
    - Patient centre care close to home
    - De-medicalisation of care
    - Promote long term mental and physical health and well being
    - Primary and secondary prevention
    - Shared decision making
    - Self-care
    - Patient empowerment

  - **Outcomes**
    - 30% of patients using the service join the gyms long term
    - 90% of service users report positive satisfaction
    - EQ5D shift scores of +0.21
    - Access time from GP referral to gym access as low as 9 days
2.5 Our Commitment to Our Staff

**Outstanding People**

Connect now employs over 640 people, this is approximately 400 clinicians and 200 management and back office support functions (including our Referral Management Centre). Having motivated and engaged colleagues across the organisation is vital to our success.

Our HR Vision is to continue to have Outstanding People, which is defined below:

**Outstanding People**

- To ensure we attract and retain colleagues who are engaged and valued and exceed expectations through living our values

Key initiatives to support the strategy have included:

- Innovation in our recruitment approach – this has included international recruitment campaigns for clinical roles, increased use of film on social media, the launch of video interviewing and a newly designed Physiotherapy graduate recruitment approach. This approach saw us successfully recruit 21 graduates

- The implementation of a new integrated HR, Payroll and Learning system (The Hub) which includes self-service functionality for colleagues and managers. This system allows for greater compliance and reporting as well as an improved self-service experience

- Launch of the Connectar colleague app as an internal communications channel and a programme of Business Updates delivered by our Executive team across the county to ensure colleagues are effectively communicated with and their voice can be heard

- A strong focus on colleague wellbeing with us achieving the Better Health at Work Gold award in December 2018. We were commended for our broad range of wellbeing initiatives (including awareness days, physical activity challenges and a focus on raising awareness of mental health in the workplace).
Employer Brand

This year we have continued to enhance our Bee-Inspired employer brand. Our Bee Celebrated colleague celebration events were our biggest yet with 31 colleague winners and 275 nominations received. Over 400 colleagues attended these events and feedback was excellent. We have also rolled out a new recognition scheme known as the Bees Knees awards which sees quarterly winners of colleagues who have demonstrated our values. We have also launched a new colleague benefits site ‘Bee Rewarded’ which allows colleagues to access discounts on shopping, days out, holidays, technology and so forth, gives colleagues a portal in which to send electronic thank you cards and hosts a wealth of wellbeing related resources. Take up of this site is increasing month on month and currently sits at 75%.

Colleague Development

This year we have successfully delivered an ILM accredited leadership programme to ten members of our leadership community and developed a new improved in house 2-day leadership induction. We have commenced apprenticeships in our support functions including IT and Human Resources.

As part of our new colleague Hub, we have a new learning zone where colleagues can access e-learning. We have developed a roadmap for 19/20 which will see us introducing a number of new learning products to colleagues over the course of the year from a comprehensive health catalogue.

We have also designed a new approach to Performance Management which is currently being rolled out. Our new approach ‘Bee Who You Want to Bee’ sees us move away from traditional performance management to a more agile approach putting the colleague at the centre. The new approach includes quarterly goal setting and check ins, feedback and meaningful conversation and introducing the concept of job crafting to colleagues across Connect Health. This job crafting approach allows us to focus on career, development and wellbeing. Pilot sessions around job crafting have taken place in anticipation of this and 100% of colleagues who have taken part have fed back that they found the session valuable.

Great Place to Work

In 2018 we ran a pulse survey based on the Great Place to Work survey used in 2017. Our 2018 survey showed 80% of colleagues stating Connect Health was a great place to work (an increase from 65% in 2017). In addition, the percentage of colleagues agreeing that we have special and unique colleague benefits has increased from 46% to 77%. As with previous years, these results are cascaded across the organisation and local action plans developed.

Further highlights of our 2018 pulse survey are shown below:

| I believe the following delivers on its promises: | 90% Positive |
| Executive | 90% Positive |
| Senior Management | 88% Positive |
| Line Manager | 96% Positive |

| I believe the following display Connect’s values: | 90% Positive |
| Executive | 90% Positive |
| Senior Management | 89% Positive |
| Line Manager | 95% Positive |
Section 3

Quality Developments and Improvement Priorities for 2019/20
3.1 National Improvements & Developments

3.1.1 Clinical Care

1. 10/10 Guidelines

We started developing our 10/10 clinical guidelines in 2016, these were developed by clinicians using the best available evidence for each clinical condition. The aims of developing clinical guidelines were to: reduce unwarranted variation in treatments offered for common MSK conditions nationally; ensure that we were offering the most evidence based treatments to our patients; and to aid clinicians by compiling high quality evidence and guidelines into an easy to use and access format.

The initial 10 guidelines were rolled out in 2017 and we then started work in 2017/18 around the next 5 most common MSK conditions, so we now have 15 clinical guidelines in total covering:

- Frozen Shoulder
- Carpal Tunnel Syndrome
- Osteoarthritis Base of Thumb
- De Quervain’s Tenosynovitis
- Ankle ligament injury
- Low back pain
- Neck pain
- Hip Osteoarthritis
- Knee Osteoarthritis
- Greater trochanteric pain syndrome
- Patello-femoral pain
- Sub-acromial pain syndrome
- Lateral epicondylitis
- Plantar fasciitis
- Achilles tendinopathy

All of these evidence-based guidelines have RAG-rated treatment options where “green” treatments have a firm positive evidence base, amber have treatments where the evidence isn’t clear and “red” are possible treatments demonstrated not to be effective.

The 10/10 guidelines are featured in staff education sessions and use monitored via clinical supervision and audit. Since implementing clinical guidelines in the organisation, we have seen an increased EQ5D score shift across all conditions covered in the guidelines which shows that these guidelines have improved patient care and outcomes.

2. Published EQ5D clinical outcomes

We published the EQ5D outcomes of a large cohort of 4271 patients in 2017 setting a new benchmark of a +0.20 mean improvement for quality of care in physiotherapy as outlined above.

Having been performance-managing our staff on quantitative standards in collection rates, we are now seeing collections rates for clinician discharges rising significantly
to 67% for 18/19. We will continue to drive this and, in some services, we have seen rates > 90%, a standard we expect to become the norm.

We now have a large database with over 230,000 EQ5D outcomes for patients who have experienced our services nationally. Our mean is improving year on year which reflects our application of the evidence-base in our practice and the development of our clinicians in general to become fully competent, highly performing practitioners. We are discussing with several UK Universities further publications in 2019-20 and beyond. We will ensure that our data is fully utilised for the benefit of patient care within Connect but also across the country sharing with stakeholders and publishing widely.

We have produced a case study in collaboration with Greater Nottinghamshire CCG’s, illustrating the improvement on EQ5D collection and improvement shift score, as below:

The foundation of this achievement has been the visibility of live data via our data warehouse and the infrastructure which sits behind clinical delivery, supporting improvements in staff engagement and clinical quality
- Staff are engaged and understand the importance of PROM collection
- Targeted training based on service specific and individual development areas
- Development of pathways/delivery – Gym based rehab, biopsychosocial focus, shared decision making
- Supervision
- Where appropriate performance management

3. Use of Patient Groups

A plan for 2018/19 is to develop group consultations in a new innovative way. The evidence-base on groups is not well known nor practiced across most of those providers in the UK operating groups, including Connect.

Connect will pilot new ways of working in terms of group consultations. The outcome, if successful, will benefit:

- Patients – better care and higher satisfaction with services
- Taxpayer – a more cost-effective service provision
- Staff – a better more rewarding environment for working contributing to staff engagement and retention
Within Wolverhampton we have teamed up with Keele University to take part in The Thrive into Work randomised control trial to help people with a health problem, mental health conditions and/or physical disabilities find work.

The programme is based on a very well-evidenced model known as Individual Placement and Support (IPS), which aims to achieve tight integration between health and employment services and provide personalised, intensive support for clients. IPS has been tested in over 20 academic trials internationally for people with mental health issues. The trial is running in four CCG areas in the West Midlands: Birmingham, Sandwell, Dudley and Wolverhampton.

The programme is led by the new West Midlands Combined Authority and is backed by NHS England and the Government's Work and Health Unit. The trial will help to broaden the services available to Primary Care to tackle the wider determinants of health and to promote health, wellbeing and recovery for patients.

Success of the trial will result in policy change and a huge step towards mainstreaming IPS in Primary Care.

4. New models of care

Connect continues to develop new ways of providing care in a more cost-effective way in innovative contracts/pathways in partnership with Clinical Commissioning Groups (CCGs) covering:

- Community Rheumatology pathways
- Community Pain pathways

These are two areas of practice relatively un-touched by reform in comparison to the Orthopaedic pathway which was stimulated by the MSK Framework document issues by the Department of Health as long ago as 2006.

Connect expects to have made in-roads in these two areas over the next year to benefit the groups of patients involved.

In 2019 we developed a cost effective and innovative Community based Pain Pathway and on the back of a competitive procurement process, in which we were chosen as the preferred provider, we have partnered with Lincolnshire Clinical Commissioning Groups to implement a pathway to revolutionise the way in which persistent pain services are currently delivered.

We recognised the challenges of delivering a County wide pain management service across a very rural area and teamed up with Professor Lorimer Moseley to bring the Pain Revolution from Australia to Lincolnshire. The mission statement for this service focuses on empowering patients to live well with their pain and to support them in developing tools to do this. We are focussing on delivering quick access, evidenced based/best practice, outstanding clinical outcomes and high patient satisfaction. Our ambition is to create a legacy of patient champions and local pain educators across the County. On May 15th 2019, Prof. Moseley visited Lincolnshire and spent some time with the Connect clinicians. During this time, we hosted a free open event at Lincoln University and Prof. Moseley spoke to over 200 people about persistent pain. Prof. Moseley will continue to support Connect as we develop the Pain Revolution delivery, initially in Lincolnshire then Nationwide.

During the first 8 weeks since mobilisation of the service 360 patients have attended an introductory to self-management workshop, hosted by our clinical and patient experts and supported by Pete Moore of the Pain Toolkit. This is the first time we have delivered this type
of workshop and feedback has been positive with high attendance, utilisation rates and a high conversion rate of patients choosing to engage in a supported journey of self-management.

We plan to implement patient steering groups and patient champions to support ongoing service development and delivery. It is expected that this will be active within 3-6 months of mobilisation.

5. Patient App

A plan for 2019/2020 is to introduce a version of a patient app to give our patients more choice when accessing our service, giving them greater flexibility & immediate access to information and resources. The patient app will allow patients to register their details, carry out a symptom check and be directed into the correct patient pathway, whether that is a red flag condition which will be directed to A&E, a self-management treatment plan or a recommendation for a face to face appointment with a clinician.

We have been working with a number of providers to identify the most suitable product for us to introduce into our service, which will give the maximum benefits to our patients primarily However, the product will also benefit tax-payers by providing a more cost effective patient pathway, and also colleagues as they will already have some information from the patient before their first contact so during consultations they will have more time for care giving.

We are currently reviewing providers on the shortlist to ensure that we have confidence in the safety of their product prior to trialling it with any patient data.

6. Virtual Consultations

Part of the NHS 10 year plan is about optimising patient appointments, one way it suggests tackling this is by the use of virtual consultations. This is something we are very keen to implement, to make it easier for patients to access good quality, consultations without needing to leave their home.

We are planning to introduce virtual consultations into some of our services during 2019/2020. We will trial the technology with a small number of patients, to ensure that the quality of video link and audio is adequate for the physio & the patient to have a successful appointment, which is of the same quality compared to an appointment where the patient & physio are in the same room.

If successful, this will benefit our three stakeholders – the patient: more convenient for many people to have a virtual consultation rather than trying to get to a venue, but there will still be an option for traditional face to face appointment; the tax-payer: we can offer a more cost effective provision; and our Colleagues: we can increase the amount of consultancy capacity by reducing travel time between clinics and offering flexibility of work location.

7. Robotic Process Automation (RPA)

We are working with Thoughtonomy & ESNEFT to introduce Robotic Process Automation into our business. Virtual workers will be introduced into carefully selected areas of the business, where we can emulate the way people use business systems, the decisions made and the processes they follow, in order to augment, replace or digitise manual, repetitive work processes. This is about making time matter, so we can utilise our key assets - our people - where they are needed, to provide quality services to our patients.
The processes we are looking at automating will also benefit our patients, a number of steps in the patient journey should be more efficient, such as speed of registrations, management of diagnostic results, integration of data between different systems.

ESFNET have some great case studies and user stories, about how much time has been saved by automating some very simple processes, such as managing e-referrals & invoice processing. The user stories highlight how much the staff appreciate the removal of the manual, repetitive aspects of their jobs and allows them to be able to be more available; and the work is able to be dealt with on a real time basis, for example, e-referrals are dealt with as they arrive rather than waiting and doing a bulk process.

The introduction of RPA into our business is a perfect example of innovation which benefits all of our stakeholders, the patients, our colleagues & the tax-payer.

3.1.2 Developing staff

**Rehabilitation Therapists**
Connect now employ 15 Rehabilitation Therapists across the organisation. They have their own career pathway, bespoke regional training and development programmes.

**Student Physiotherapists**
In the 2018-19 Academic Year, Connect Health will have doubled the amount of student placements that we have previously provided within our services. Students experience our services from Teesside, Northumbria, Keele, Leeds Beckett, St Georges, Brunel, Wolverhampton, Nottingham and Essex Universities. A new innovative student placement model has been devised that can be amended dependent on service requirements. In addition to having one central clinical educator, students are supervised on a team mentorship basis rather than the traditional 1:1 supervision model. This includes the whole team – Graduate Physiotherapists, Senior Physiotherapists, Advanced Physio Practitioners as well as Rehab Therapists. They are given learning experiences in telephone and face to face assessments as well as in the clinic and gym-based settings. In addition to engaging the team, this model has received excellent feedback from the students.

- 100% of students stated that they would recommend the placement to others
- 100% of students agreed that they were welcomed into the team, were encouraged to think critically through problems and felt their educator served as a good role model
- Excellent structure; ‘I loved being able to observe work in different settings’; ‘the variety of settings helped me to develop’
- Positive educator feedback; ‘My educator was very welcoming, patient and consistently helpful’
- Great staff feedback; ‘The students have brought a great energy to the service’

In September 2018 we launched an ‘MSK Mentorship Programme’ in partnership with Keele University. Students were invited to apply to be on the programme which involves attendance to a workshop day, placement within one of our services, access to reading lists and Clinical Training Sessions in addition to being allocated a clinical mentor for regular contact, support and direction. This programme has received excellent feedback from the students and they progress onto the next year of their programme during their final year at University. Due to its success, we are planning to launch the programme to Teesside University students in September 2019.
Career Pathway

Connect have acknowledged in the past that the career pathway for clinicians appeared onedimensional though staff were developing in various areas of the business. During 2018-19 we have plotted and illustrated the career opportunities in Career Pathway diagrams reproduced below for physiotherapists and rehabilitation therapists:

1. Physiotherapy Career pathway
2. Rehabilitation Therapy Career Pathway

These diagrams are interactive such that clicking on a career stage allows the clinician to view how they might achieve competencies, qualifications and experience to reach that stage. An example below for a Senior Physiotherapist: when you click on that box you see:
Subject Matter Experts (SME)

The introduction of SMEs within a number of clinical fields at Connect has recently been approved. It is envisaged that the SME’s will be available from July 2018, which will offer another clinical layer of expertise. The SME will bring an additional benefit to our patients through having access to the latest evidence-based practice within specialist fields. The SME specialties will increase over the next 12-24 months and will form an important clinical layer alongside our developing consultants.
Developing Consultant Physiotherapy (DCP) Roles

The DCP is an exciting development in the clinical structure for Connect and will once again enhance the workforce of the clinical delivery team and allow for detailed projects that deliver across the ‘Core Pillars’ of the DCP program. The benefit to our regional services will be enhanced, whilst building on career experience maps for the delegates. The DCP will form a synergistic clinical layer with the Subject Matter Experts to feed into the Senior Clinical Team and support the workforce at a number of clinical and leadership levels.

This programme will commence in July 2017.
Appendix 1

Glossary of Terms

**Care Quality Commission (CQC)**
The Care Quality Commission is the independent regulator of health and social care in England.

It regulates health and adult social care services whether provided by the NHS, local authorities, private companies or voluntary organisations. Visit: [www.cqc.org.uk](http://www.cqc.org.uk)

**Chartered Society of Physiotherapy**
Chartered society of physiotherapy (CSP) is the professional governing body for physiotherapists as a profession. Further they are the trade union for physiotherapists. [http://www.csp.org.uk/](http://www.csp.org.uk/)

**Clinical audits**
A systematic process for setting and monitoring standards of clinical care.

‘Guidelines’ define what the best clinical practice should be, ‘audit’ investigates whether best practice is being carried out and makes recommendations for improvement.

**Community services**
Health services provided in the community, for example health visiting, school nursing, community nursing, special dental services, physiotherapy, podiatry (foot care).

**Healthcare**
Healthcare includes all forms of healthcare provided for individuals, whether relating to physical or mental health

**Health care and professions council (HCPC)**
Health care and professions council (HCPC) are the professional regulator for physiotherapists as an allied health professional. They are responsible for registration and re-registration for licence to practice for physiotherapists and ensure that all registered physiotherapists adhere to the Standards of proficiency (Fitness to practice). Further the HCPC approve the quality of training programmes and maintain a register of professionals who have met the proficiency standards to practice. [http://www.hpc-uk.org/](http://www.hpc-uk.org/)

**HQIP**

**Musculoskeletal (MSK)**
Parts of the body involved with movement and function, such as bones, joints, muscles, ligaments, tendons, nerves.

**National Institute of Health and Clinical Excellence (NICE)**
NICE provides guidance, sets quality standards and manages a national database to improve people’s health and prevent and treat ill health. NICE makes recommendations to the NHS on:

- New and existing medicines, treatments and procedure
- Treating and caring for people with specific diseases and conditions
- How to improve people’s health and prevent illness and disease

Visit: [www.nice.org.uk](http://www.nice.org.uk)
Patient Reported Outcomes (PROMs)
PROMs assess the quality of care delivered to patients by measuring ‘outcomes’ or the ‘tangible effect of care’ on the patient.

Physiotherapy
Registered and qualified practitioners skilled in the assessment and treatment of conditions relating to the human body, that limit or impair movement and function (temporarily or permanently).

Research
Clinical research and clinical trials are an everyday part of the NHS. The people who do research are mostly the same doctors and other health professionals who treat people. A clinical trial is a particular type of research that tests one treatment against another. It may involve either patients or people in good health, or both.

Safeguarding
A term used in conjunction with measures that are taken to protect, safeguard and promote the health and welfare of children and adults at risk, ensuring they live free from harm, abuse and neglect.
Further Information and Feedback
If you would like any of the following:

- to give us feedback on any aspect of this Quality Account
- a hard copy of this quality account
- a copy to read it in a different language
- to talk to someone about your experiences of our community MSK services
- to find out more about how to access our services,

please email generalenquiries@connecthealth.co.uk or phone 01912504580

Central Office: The Light Box, Quorum Business Park, Benton Lane, Newcastle upon Tyne, NE12 8EU