

Quality Account 2017/2018



“Delivering integrated community musculoskeletal services to the Oldham GP population”

Contents

Part 1

- 1.1 Our Quality Account
- 1.2 Board Statement
- 1.3 Key Successes and Innovation Delivered in 2017/2018

Part 2

- 2.1 Priorities for Improvement in 2017/2018
- 2.2 Priorities going forward 2018/2019
- 2.3 National Clinical Audit participation
- 2.4 Core Service clinical audit programmes
- 2.5 Research Statement
- 2.6 Statements from the CQC
- 2.7 Safeguarding Statement
- 2.8 Data Quality
- 2.9 Information Governance toolkit attainment
- 2.10 Service Recognition
- 2.11 Highlights of initiatives to improve service user experience and feedback

Part 3

- 3.1 Review of quality performance

Appendix 1: Glossary of terms

Part 1

1.1 Our Quality Account

This is the fourth Quality Account produced by Pennine MSK Partnership. The account is our public statement of our commitment to improving quality and safety in the service.

The purpose of our Quality Account is to demonstrate the Service's commitment to improving quality and safety for the people who use our services. It presents:

Where improvements in quality are required

What we are doing well as an organisation

How service users, carers, staff and the wider community are engaged in working with us to improve the quality of care within the service.

1.2 Board Statement

All providers of NHS healthcare services are required to produce a Quality Account - an annual report to the public about the quality of services delivered.

We welcome this opportunity to review our service during the reported year and to outline future improvements we aim to make.

We have worked with the following groups to produce our Quality Account:

- Clinical Governance Team
- Information Governance Board
- Staff, service users and carers from across the organisation

1.3 Key Successes and Innovation delivered in 2017/2018

Customer Service Excellence

During 2017/2018 the service was accredited for the eighth consecutive year with the Customer Service Excellence Award.

The Standard tests, in great depth, those areas that research has indicated are a priority for service users, with particular focus on delivery, timeliness, information, professionalism and staff attitude.

The assessment again evidenced full compliance with all measures with four areas of compliance being scored 'Compliance Plus'. Compliance Plus is given for *“behaviours or practices which exceed the requirements of the standard and are viewed as exceptional or as exemplar to others, either within the applicant's organisation or the wider customer service arena”*.

This year we were awarded 6 Areas of Good Practice and 4 Areas of Compliance Plus this demonstrates our Company wide commitment to continuous improvement.



Rachel Chrisham our Customer Care Manager and staff with the CSE Award 2018

User Experience

We continue to achieve a significantly high level of feedback through friends and family feedback.

We pride ourselves in our extremely high levels of patient satisfaction and embed outstanding customer service in all training.

We have introduced patient surveys which have been undertaken in the waiting area so we can speak to patients after their clinic appointment.

Quality Management Systems to Improve Capacity and support to staff

We have aligned Information Governance policies and procedures to ensure they are fit for all services and we implemented a mandatory IG training programme for all staff.

We have employed a Data Protection Officer to ensure that we are compliant with new Data Protection Legislation (GDPR, DPA) 2018. All our policies in relation to Data Protection have been updated and we have done a lot of work on our internal Company drive to ensure that patient and company data is secure.

We have again updated and enhanced our cycle of regular reading and reviewing of important policies and documents for all staff.

Virtual Consultant Clinics

Virtual consultant clinics in both Rheumatology and Orthopaedics continue to provide valuable support to clinical staff in the service and enable a speedy expert opinion for patients with potentially serious or uncertain diagnoses.

Advice Lines

Our three advice lines for Rheumatology, Specialist Rheumatology Physiotherapist and Occupational Therapist all provide valuable support and guidance to our patient population. We received just under 2000 calls to the advice lines this year.

MDT meetings in Tier 2 of the Persistent Pain Service continue to provide support to staff who are caring for patients in the Persistent Pain Pathway and ensure that patient's journey's through the service

are timely and that they are treated and assessed by the most appropriate clinician.

Part 2

2.1 Priorities for Improvement in 2017/2018

Our mission statement is to keep the patient at the heart of everything that we do by providing outstanding care and support to every patient, every time.

Priority 1: Ensuring service quality, safety and enhanced user experience. Providing excellent clinical outcomes, and meeting and exceeding relevant standards and regulatory arrangements.

Friends and Family

We have fully embedded the Friends and Family Test across the service with an average response rate of 18%. The enhancement introduced last year of interactive voice messages has been well received and used during training sessions with staff.

We review all messages, SMS and voice, left weekly.

Comments from the surveys are circulated to all staff weekly.

Our monthly Operational updates have a regular focus on some of the fabulous comments we receive. We have a word of the Month and all comments including that 'word' are published. We have also started posting on twitter and Facebook some of the patient comments.

We have continued to work with partner organisations to streamline and enhance the re-designed clinical pathway for patients suffering from persistent pain. This has been a major change from previous pathways and moves towards a bio psychosocial model of care attempting to de-medicalise treatments with an emphasis on self-care. This is a totally new approach to care and offers patients a number of treatment options which are tailored to individual patient needs. The pathway enables psychological support to be accessed by all patients for whom it is deemed to be helpful.

We continue to try and work with all our partner organisations to ensure that the patient's journey in the persistent pain pathway is smooth and provides the care and support the patients need.

Using a Knee Option Grid for patients with OA Knee

Knee osteoarthritis is a common condition and forms a significant proportion of Pennine MSK workload. Oldham CCGs Rightcare data pack shows an increasing rate of knee arthroplasty and outcomes, as measured by Oxford Knee and EQ5D, are below benchmarked CCGs. Shared Decision Making (SDM) will ensure that all patients will make an informed choice and will better understand the risk, benefits and potential outcomes of their choice. Option Grids are an evidenced based tool, to ensure patients are given all the relevant treatment options in a format they can easily understand and in a systematic and reproducible manner. Pennine MSK has been involved with both Swansea University and Dartmouth College in the USA in the development and trialling of this tool and we had the in-house expertise to implement this in our knee pathway. Evidence from the Cochrane Collaboration review of SDM shows that patients who go through a formal SDM process are more content with their decisions, have improved health literacy and make better health choices (such as weight loss and exercise).

This year we focused on embedding the Knee OA decision aid in our Shared decision making style of consultation with our patients. We ensured this was coded correctly in the clinical record and our Lead physiotherapist continues to provide ongoing training and support and individual feedback to each physio working across the service.

We had a paper published in the journal of evaluation in clinical practice reporting on the feedback from staff (qualitative trial data).

Option grids are now in use in the hand pathway for patients with Carpal tunnel syndrome, Dupuytren's contracture and trigger finger. We continue to be involved in working parties for the development of future grids.

Rightpath

Historically there was no single pathway for children and young people (CYP) with a MSK problem. GPs were faced with a choice of where to refer including physiotherapy, podiatry, rheumatology, orthopaedics or general paediatrics. This can then lead to unnecessary referrals, waste and delayed diagnosis, and long waiting times for specialist services. There are many models of adult MSK triage improving the care and efficiency of service pathways for patients, but this successful model has not yet been replicated for children. We have piloted a community-based service for children and young people (CYP) with an MSK problem (called Rightpath), involving triage by teams in primary care, with triage and referral guidance developed in partnership with specialists at Newcastle University. The aim of Rightpath is to identify CYP with MSK pathology and signpost them to the appropriate service (whether in rheumatology, orthopaedics or neurodisability or red flag conditions); and for those CYP who don't need specialist referral, these will be managed within a local community service. With ethical and R&D approval we have tested the safety, feasibility and acceptability of the RightPath model in the community and through application across two geographical areas in the UK (Oldham and South Tyneside NHS Trust) to assess transferability.

This has been a continuing piece of work from last year and we have triaged 660 paediatric referrals this year. We have diverted 35% of referrals to our Paediatric podiatrists and physios and our Friends and Time to first assessment reduced from >14 weeks to:

- <2 weeks: 31%
- <4 weeks: 95%

Family feedback from the children/parents showed a 99% recommendation score and no negative feedback. Outcome data collected 6 months following referral showed that no significant 'red flag' pathology had been triaged inappropriately to RightPath

We produced and disseminated a triage guide to support the triage staff and a referral guide for GP's and Health Visitors addressing the top 3 reasons for referral.

On 3 May this year we were delighted to be presented with the BSR Best Practice Award at the Rheumatology British Society for Rheumatology Conference 2018 for our Rightpath model. There has

veen UK and international interest in adopting the model and NICE likely to support wider dissemination of Rightpath (*Clinical Knowledge Summaries portfolio for 2019*)



Representatives of the Rightpath team with their Best Practice Award at BSR

Staff Health and Well Being

Estimates from Public Health England put the cost to the NHS of staff absence due to poor health at £2.4bn a year, around £1 in every £40 of the total budget. This figure excludes the cost of agency staff to fill in gaps, as well as the cost of treatment.

Part One

Improving staff health and wellbeing leads to higher staff engagement, better staff retention and better clinical outcomes for patients. The Five Year Forward View made a commitment ‘to ensure the NHS as an employer sets a national example in the support it offers its own staff to stay healthy’. A key part of improving health and wellbeing for staff is giving them the opportunity to access schemes and initiatives that promote physical activity, provide them with mental health support and rapid access to physiotherapy where required. The Directors and Clinical leaders have been working to create an environment where health and wellbeing of staff continues to be actively promoted and encouraged.

This year we formed a Health and Wellbeing Group who have a dedicated notice board and send out monthly health messages - topics have covered mental wellbeing at work, promoting brisk walks for 10 minutes and healthy eating.

We have introduced a referral process for staff to access specialist physio advice for MSK conditions which is proving popular with staff.

In our latest annual staff opinion survey 97% of staff felt the Organisation takes positive action on health and wellbeing. 91% of staff did not report experiencing any MSK related conditions due to work activities. 89% of staff did not report feeling unwell as a result of work related stress.

Part Two

Frontline healthcare workers are more likely to be exposed to the influenza virus, particularly during winter months when some of their patients will be infected. It has been estimated that up to one in four healthcare workers may become infected with influenza during a mild influenza season, a much higher incidence than expected in the general population.

Influenza is also a highly transmissible infection. The patient population found in hospital is much more vulnerable to severe effects. Healthcare workers may transmit illness to patients even if they are mildly infected.

The Directors and Clinical leaders will work to create raise the importance of annual flu vaccinations with the clinical workforce.

We promoted this campaign throughout the year and ran 'flu jab' clinics at times to suit the clinical staff. Administration staff were also offered the vaccination. We achieved a 72% uptake of clinical staff which exceeded the national target.

Priority 2

Robust Governance: fostering safeguarding and quality assurance processes which are standardised across the service.

We have embedded the improved methodology for reporting patient safety evidence with integration of incident and complaints reporting and bi-monthly patient safety alerts developed with user involvement.

Directors Assurance

We have built a Directors Assurance template which is aimed at focusing the Directors on all aspects of assurance based on the five domains that would be inspected by CQC: Safe, Effective, Caring, Responsive, Well-led. Two Directors lead on each domain and at quarterly Directors meeting all domains are reviewed.

Priority 3

Continue to be recognised as an employer of choice

We continue to support staff to attend National and local conferences and educational events to keep up to date with developments and to enable networking with professional colleagues.

Our apprentice in Health and Social Care finalises her qualification this month and will be employed as a full time Health Care Assistant on completion.

One of our Health Care Assistants is currently training to be an Assistant Practitioner and is being supported with day release to Oldham College and on the job support.

Our Orthopaedic/Persistent Pain team leader is undertaking an NVQ in leadership in conjunction with Oldham Training Centre and on the job support.

Our Clinical Peer Review programme continues to be felt extremely beneficial to all staff as does our Persistent Pain Case Discussion Group.

We have introduced Schwartz Rounds this year, with 3 members of the leadership team trained as facilitators. These rounds are designed to provide a structured forum where all staff, clinical and non-clinical come together regularly to discuss the emotional and social aspects of working in health care. Evidence shows that staff who attend rounds feel less stressed and isolated, with increased insight and appreciation for each other's roles.

Feedback has been extremely positive and these will continue moving forward.

Our annual staff away day this year was held at Carr Mill Dam in St Helen's and was facilitated by Mountain Monkeys. This was a fantastic team building experience for the whole multidisciplinary team and enabled staff working from different sites to get to know each other better and work together.

To promote a healthy workforce we provide a supply of fruit baskets twice weekly to encourage staff to eat healthily. We fund 50% of gym/sports club annual memberships to encourage employees to partake in exercise and maintain an active lifestyle.

In our latest staff survey 86% of staff said they would recommend Pennine MSK to family and friends as a place of work.



A fabulous team build at Carr Mill Dam, October 2017

2.2 Priorities going forward 2018/2019

Priority 1

Ensuring service quality, safety and enhanced user experience. Providing excellent clinical outcomes, and meeting and exceeding relevant standards and regulatory arrangements.

We aim to continue and enhance the Friends and Family test for all appointments in the service, using the feedback constructively to improve the service.

We will aim to ask patients for feedback on the handling of any patient complaints.

We will aim to improve and increase the number of patient satisfaction surveys done in the waiting rooms to obtain more feedback from patients and act on any suggestions.

We will continue to build on our Directors Assurance work to ensure we are striving to continually improve on all aspects of the CQC regulations.

We are delighted to join the Oldham Cares Alliance which is a one system approach that aims to see the greatest and fastest improvement in the health and wellbeing of the Borough's residents by 2020.

We will be working closely with the partner organisations across health and social care in Oldham to make this a reality.

In addition we are providing support to the GM Elective Care Hub whose purpose it is to consider proposals for the redesign of pre-hospital elective care services across Greater Manchester.

Shared Decision Making

As part of our ongoing commitment to embedding shared decision making we will be participating in the Choosing Wisely UK campaign which is coordinated by the Academy of Medical Royal Colleges and aims to promote better conversations between doctors and patients by helping patients choose care that is supported by evidence, not

duplicative, free from harm, truly necessary and consistent with their values. Two of Pennine MSK Directors (Dr Neil Snowden and Jill Firth) were members of a British Society for Rheumatology working party who developed six clinician and patient facing recommendations to inform discussions about whether performing a particular test, treatment or procedure is in the patients' best interests.

Using Delphi Six final recommendations were devised and approved by the BSR and AoMRC on: 1) ANA & ENA testing; 2) RF/CCP testing; 3) Vitamin D testing and supplementation; 4) Bisphosphonates; 5) Steroid injections for non-inflammatory musculoskeletal conditions; 6) C3/C4/dsDNA testing. Pennine MSK Partnership representatives are attending an implementation workshop with a view to being early adopters of this approach to support evidence based shared decision making.

Rheumatoid Arthritis and Inflammatory Arthritis National Audit

The national audit of RA and IA commenced on the 7th May 2018. It will examine the assessment and early management of all forms of peripheral joint early inflammatory arthritis in NHS secondary and specialist care settings in England and Wales. Detailed follow up and outcome data will be collected on patients up to three months from recruitment.

PMSK are participating in the Audit which will generate unit level data, benchmarked to regional and national comparators against NICE quality standard 33 and other key metrics. It will quantify the impact of the last audit, measuring how reconfiguration and staffing changes have changed practice, patient care and patient experience. All staff working in the rheumatology pathway have received training in recruitment to the audit. This will inform our ongoing service improvement plans for patients with suspected RA and IA.

Obesity Management

The relationship with BMI and mortality is widely evidenced, 25% of the population have a BMI >30. 60% have a BMI >25. There is a large focus on the effect of obesity on conditions with high morbidity and mortality e.g coronary heart disease, ischaemic stroke, type 2 diabetes

and cancers, whereas the affect on OA, back pain and other MSK problems is underappreciated. Although obesity is recognised as contributing to the burden of OA, the potential benefits for MSK health of maintaining an ideal body weight are not recognised by the general public (WHO).

Obese people are more than twice as likely to develop OA of the knee with the risk increasing with the level of obesity. More than two out of three knee replacements and one in four hip replacements in middle aged women are attributable to obesity (Lui et al cited in arthritis research public health report). Outcomes from total knee replacement surgery are also adversely affected by obesity, with the non-obese experiencing less short and long term pain post-surgery and fewer complications.

[Can obesity and physical activity predict outcomes of elective knee or hip surgery due to osteoarthritis? A meta-analysis of cohort studies](#)

BMJ Open

Musculo-skeletal disorders | Nutritional and metabolic disorders | Surgery

The risk of gout almost doubles with obesity, and patients with RA whose body-mass index scores are higher have lower rates of remission and higher rates of disability.

Many people do not realise the extent to which weight loss can reduce MSK pain and improve quality of life. It is recognised that the best way of stratifying risk due to adiposity is to combine BMI with waist measurement.

We will train our staff to systematically identify patients who are obese and/or have a high risk waist measurement and to develop a brief intervention using motivational interviewing skills to support behaviour change with the support of appropriate services. We will subsidise attendance at Slimming World referral for eligible patients for a period of 12 weeks to support self-care.

Staff Health and Well Being

We will continue to work on these two schemes during 2018/2019 and work with the health and wellbeing group to support staff in living a healthy life and feeling well at work and at home.

Priority 2

Robust Governance: fostering safeguarding and quality assurance processes which are standardised across the service.

We will work to embed and refine the Directors Assurance with meaningful quarterly reports which build specific improvements that can be made to service delivery for the benefit of patients and staff.

To ensure best value for the NHS we are working towards compliance with the NHS England Commissioning Framework for Biological Medicines, including Biosimilar Medicines.

We are doing this in four ways:

- Completing the switch of 116 patients from Enbrel (Etanercept) to Benepali
- Currently switching patients from IV Mabthera (Rituximab) to Rixathon
- Planning for best value implementation for adalimumab, which loses its exclusivity in mid-October 2018
- Implementing dose tapering guidelines for biological medicines and measuring uptake for eligible patients.

Priority 3

Continue to be recognised as an employer of choice

To monitor and expand the e-learning concept wherever appropriate across the service.

To continue to support the training and development opportunities of all staff groups to encourage staff to extend and enhance their skills and experience.

To improve our induction processes to support the training and integration of all newly appointed staff.

To plan another all service away day for Autumn 2018.

2.4 Core Service clinical audit programmes

We maintain a rolling programme of audit activity aligned to local and national service priorities and support clinicians to produce annual audit aligned to pathways and service priorities and action plan that addresses any variation from standards.

The national RA audit as detailed in 2.3.

The local audits conducted in 2017/18 include;

A rolling of programme of audit is established to monitor outcomes from carpal tunnel surgery and epidurals for leg pain with quarterly reporting to the Senior Management team.

Work in progress includes:

A collaborative project to determine whether standards of care are met prior to referral for shoulder decompression:

- ✓ Has the patient had a minimum of 6 sessions of physiotherapy?
- ✓ Has the patient received a steroid injection appropriate?

Is the pain either:

- ✓ Significant & disabling despite conservative management or
- ✓ persisting >12 months

- ✓ Has the patient received written information about the potential risks and benefits of surgical decompression

An audit of facilities and procedures for preparation of injectable medicines in a clinical area was undertaken on 23rd February 2017 in partnership with Pennine Acute Hospitals NHS Trust. We achieved compliance in all areas.

2.5 Research Statement

We have embedded research and audit as standard components of patient care and have increased access to new treatments and

evidence based care for our patients. We test new and established approaches to care to ensure the provision of best practice and new projects are aligned with service priorities to improve access to specialist services (Rightpath); test the effectiveness of interventions (A-gloves) and engage with patients to improve outcome measurement (MSK-HQ).

The results of the Research for Patient Benefit **Evaluation of the effectiveness of compression gloves in arthritis study** (P.I. Professor Alison Hammond, University of Salford) will be available in June 2018. The A-gloves study is a multi-centre Phase III randomised controlled trial of Isotoner compression gloves compared to placebo (slightly loose fitting Jobskin oedema) gloves in people with RA or IA.

The results of the MSK-HQ study validated the use of this measure when used in patients with inflammatory arthritis.

The MSK-HQ had high completion rates, excellent test-retest reliability and strong convergent validity with reference standards. In patients with inflammatory arthritis had high content validity and good test-retest reliability, with the added advantage of lacking the floor effect of Health Assessment Questionnaire. The MSK-HQ has now been adopted by Pennine MSK Partnership as part of Annual Review for patients with inflammatory arthritis.

<http://acrabstracts.org/abstract/psychometric-evaluation-of-the-arthritis-research-uk-musculoskeletal-health-questionnaire-msk-hq-in-inflammatory-arthritis/>

The evaluation of Rightpath, a joint project with Newcastle University, funded by Oldham CCG: Innovating for Improvement Musculoskeletal triage service for children and young people is now complete. The findings were presented at a number of conferences over the past year (PRES; ACR; BSR) and a paper is in preparation. See also Rightpath, page 8.

The Osteoarthritis Thumb Therapy Trial 11 (OTTER II) remains open to recruitment. This study is a single blind randomised control trial (RCT) into the clinical and cost effectiveness and efficacy of splint intervention for thumb base OA. People with symptomatic thumb base

OA and moderate to severe thumb base pain are allocated to either: 8 weeks of self-management; 8 weeks of self-management plus a verum splint, or 8 weeks of self-management plus a placebo splint. Follow up for all groups will be for 12 weeks from baseline. We have recruited 24 patients towards our target of 31.

We recruited 16 patients to participate in the The British Society for Rheumatology Biologics Register (BSRBR) and continue to collect follow up data on existing patients. The BSRBR-RA study tracks the progress of people with RA who have been prescribed biologic (including biosimilar) and other targeted therapies in the UK to monitor the long-term safety of these drugs.

We have resubmitted a grant application to NIHR led by Professor Will Dixon from the University of Manchester to evaluate REMORA 2. This will test a smartphone app for self-monitoring disease severity in RA, integrated into both a research database and the electronic medical record. Patient interviews have been positive and it has enhanced consultations:

<http://clahrc-gm.nihr.ac.uk/2016/06/developing-a-smartphone-app-with-rheumatoid-arthritis-patients/>

2.6 Statements from the CQC

Our services are required to register with the Care Quality Commission (CQC) and we have no conditions attached to our registration.

Our services have not participated in any special reviews or investigations by the CQC in the reporting period.

There were no service inspections conducted by the CQC during 2017/2018.

At the last inspection in August 2013 the service was deemed to be fully compliant with no improvement action plan.

2.7 Safeguarding Statement

We are committed to safeguarding and promoting the welfare of adults, children and young people and to protect them from the risks of harm.

The service has in place safeguarding guidance and practices in line with statutory and national requirements.

Our Clinical Governance and Safeguarding Committees provide board assurance that our services meet statutory requirements.

Named professionals are clear about their roles and have sufficient time and support to undertake them.

Safeguarding policies and systems for children and vulnerable adults are up to date and robust. All appropriate staff have undertaken and are up to date with safeguarding training at Level 1 and 2A.

This is included in induction and integral to the organisations mandatory training policy.

Pennine MSK Partnership Limited are committed to adhering to the Department of Health Prevent strategy and are working to ensure that all staff understand the Prevent strategy and where there are signs that someone is being drawn into terrorism, those signs can be interpreted correctly and staff are aware of the support that is available and are confident in referring the person for further support. All appropriate staff have undertaken Prevent training in the past year and team leaders have undertaken WRAP training.

2.8 Data Quality

Pennine MSK Partnership Ltd submitted information during 2017/2018 to the Secondary Users Service (SUS) for inclusion in the Hospital Episodes Statistics which are included in the latest published data.

The percentage of records in the published data which included the patient's valid NHS number was 100%

The percentage of records in the published data which included the patient's valid General Practitioner Registration code was 100%

Local Initiatives to improve data quality:

Induction training guides for new staff, both clinical and admin have been enhanced.

We have again enhanced several of our coding templates, designed and implemented to ease the process for clinicians in clinic settings to improve the accuracy of outcome and activity data.

We have introduced the running of an 'open referral' report which is used to spot any errors made quickly and therefore not adversely affect the patient journey and also to help educate and train staff so that mistakes do not reoccur.

2.9 Information Governance (IG) toolkit attainments

The Information Governance (IG) Toolkit is a Department of Health (DH) delivery vehicle that The Health and Social Care Information Centre (HSCIC) is commissioned to develop and maintains. It draws together the legal rules and central guidance set out by DH policy and presents them in a single standard as a set of IG requirements.

The organisations in scope of this are required to carry out self-assessment of their compliance against IG requirements. It also allows members of the public to view participating organisations' IG Toolkit assessment.

It is a requirement of our contract that we achieve and maintain Level 2 accreditation of compliance with the standards;

The standards incorporate;

Information Government Management

Confidentiality and Data Protection Assurance

Information Security Assurance

Clinical Information Assurance

Secondary User Assurance and

Corporate Information Assurance.

We were assessed against the standards during 2017/2018 and achieved the required Level 2

Our Information Governance Board meet quarterly to address any issues and to ensure we retain this compliance.

2.10 Service Recognition

On 3 May this year we were delighted be presented with the BSR Best Practice Award at the Rheumatology British Society for Rheumatology Conference 2018 for our Rightpath work.

2.11 Highlights of initiatives to improve service user experience and feedback

We strive to be constantly aiming to improve our pathways, work which allows us to apply for re-accreditation under the Customer Service Excellence Scheme.

This standard which was developed by the Cabinet Office to deliver the government initiatives services for all that are efficient, effective, excellent, equitable and empowering with, in our case, the patient always and everywhere at the heart of service provision.

Acting on the results of the national clinical audit (described in section 2.3) we developed and ran a bespoke workshop for people with newly diagnosed RA. This enabled us to increase the number of people who are offered educational and self-management activities within 1 month of diagnosis of RA (NICE Quality standard 4). For those patients who speak Urdu / Hindi we will be signposting newly developed web resources developed by NRAS.

We have developed a regular system of patient safety alerts with user involvement as part of our clinical governance agenda.

The RightPath model of triage for children and young people with MSK problems (see 2.2. and 2.5) has been developed with user involvement and feedback has been overwhelmingly positive.

We have developed a strategy and resources to support the implementation of Making Every Contact Count and have provided training to clinicians across the organisation. A new coding template has been produced to capture data.

3.1 Review of quality performance

We pride ourselves in offering an excellent experience for all our patients.

We achieved all of our Key Performance Indicators and our achievements against a selection of our main ones are provided;

- **Referral to Treatment (RTT)** - We have a target to treat 95% of patients within 18 weeks from referral. We averaged 99% during 2017/2018
- **Diagnostic Waiting Times** - We are challenged with ensuring that patients wait less than 6 weeks from referral for a diagnostic test. We achieved this in 100% of patients.
- **Appointment waiting times** - We saw all urgent referrals within 2 weeks of receiving the referral and achieved our target to see 95% of routine referrals within 4 weeks with an average of 96%.

Patient Satisfaction

This is measured using the Friends & Family Test (FFT). The FFT has been rolled out to all patients during the year. For this we use a text and Interactive Voice Messaging facility that contacts all patients (who have provided us with a contact number) following their first appointment asking them to complete the FFT.

This test asks patients to rate the service on a scale from 1 to 6 with regard to whether they would recommend our service to their friends and family:

“How likely are you to recommend Pennine MSK Partnership to friends and family if they needed care or treatment?”

To date our average score for this test is **94% positive** meaning that 94% of patients who completed the Friends and Family Test scored ‘extremely likely’ or ‘likely’ to this question.

This facility also allows patients to text us or record a

voice message
with their
follow up
comments
explaining

The care I got was the most courteous and excellent care I've ever had in my life! Thank you.

Excellent practitioner and my appointment was on time; 5 star treatment yet again from Pennine MSK.

why they gave the score they did. This has provided us with invaluable, real time patient feedback, examples of comments we receive can be found below:



I would like to voice how well I was treated when I came into the department on two different occasions. I was treated with respect from pleasant staff and the treatment I received has been fantastic, I would recommend this service to anyone.

All the staff were very helpful and listened to what I had to say, the doctor was first class, I was very satisfied and would recommend to anyone.

The nurse I saw was amazing I have never felt so relaxed and comfortable telling someone about everything would recommend your service to people like me in long term pain thank you for this service.

Appendix 1

Glossary of Terms

Virtual Consultant Clinics - These are scheduled clinics where a consultant's time is secured, to review the records of patients for whom clinical colleagues would value a consultant opinion. It allows the opportunity for the consultant to speak directly to their clinical colleague and to enable the patient journey to be effected in the most efficient way.

Care Quality Commission

The Care Quality Commission (CQC) replaced the Healthcare Commission, Mental Health Act Commission and the Commission for Social Care Inspection in April 2009. The CQC 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.

Clinical Audit

Clinical audit is a process that has been defined as a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implications of change.