



**HEALTHWATCH NORTHAMPTONSHIRE  
THE VIEWS OF PEOPLE USING  
MUSCULOSKELETAL (MSK) SERVICES  
AND STAFF DELIVERING MSK  
SERVICES**

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## Executive Summary

**Background to this report:** MSK stands for Musculoskeletal and refers to the muscles, bones, joints, tendons and ligaments and associated tissue which make our bodies move and work. The NHS locally wants to review and improve healthcare provision. Healthwatch Northamptonshire is the independent champion of local people who use health and social care services. Working in partnership with the local NHS, we wanted to find out what patients and staff thought of current services and how they could be improved.

165 people using MSK services across Northamptonshire were interviewed and 35 clinical staff during April 2014.

### **Key findings:**

The top three responses by patients on positive comments about MSK services were:

- Clinical staff and good rapport with patients - 92% of patients said they felt able to ask questions about their condition and felt listened to by their clinician. 86% felt that they were involved in decisions about their care
- Text appointment reminders
- The quality of care and treatment received

The top three responses by patients on how services could be improved:

### **Waiting times: for both first appointments, follow up appointments and at the clinics:**

- Waiting times for first appointment varied from 1 day to 7 months (at the pain clinic) and the average waiting time for a follow up appointment was 4 to 6 weeks.
- Patients told us about clinic waiting times of up to 2 hours and the lack of receptionist services at a number of sites.
- The impact of waiting times on people's lives is significant. 17% of people surveyed were on sick leave due to their condition (this may have been because of an elective procedure or an accident). A further 14% stated they were in pain but had no choice but to continue to work.

### **Communication between departments/GPs/Consultants :**

- Nearly 50% of patients using more than one clinical service were frustrated at perceived poor communication between departments, particularly where treatment involved using services in another County
- Communication between departments and the reported lack of knowledge by the Patient Contact Centre are raised as concerns both by patients and clinical staff.

### **Cancelled appointments and not being given information as to why.**

Staff highlighted good quality of care, good team working with diverse range of clinical skills and access to extended scope practitioners. Staff concerns included waiting times,

the referral system, the need for admin/receptionists and access to psychology. Staff recommended GPs (family doctors) should be given clearer referral criteria guidelines to avoid inappropriate referrals which take up time.

**Recommendations:**

- Referral criteria should be reviewed in consultation with local patients and patient organisations, such as Arthritis Care and the British Society for Rheumatology, and evidence based best practice followed
- Waiting times for appointments and in clinics should be reviewed and reduced - this is likely to mean an investment of resources to run more clinics
- Consideration should be given to receptionists/additional admin staff at clinic sites
- Communication arrangements between clinical staff and departments, including out of County services, should be reviewed and improved
- Targets should be set to reduce the number of cancelled appointments
- If appointments are cancelled, patients should be clearly informed of the reasons for cancellation
- The CCGs should provide clarification on the next steps for MSK services and the overlap with current work by clinicians which is reviewing Rheumatology and Trauma & Orthopaedic service provision in the County.

**2. Introduction and Background**

The Musculoskeletal (MSK) Working Group was formed by Nene Clinical Commissioning Group (CCG) in association with Corby Clinical Commissioning Group in October 2013. The CCGs plan and buy health services on behalf of the majority of the population in Northamptonshire. The purpose of the MSK working group is to bring together people with clinical knowledge and MSK experience to understand the current pattern of care in order to deliver improvements.

The following MSK services are available for patients with musculoskeletal conditions:

Physiotherapy	The treatment or management of physical disability, malfunction or pain by physical techniques such as manual therapy, exercise and self-management advice.
Occupational therapy	The use of productive or creative activity in the treatment or rehabilitation of physically or emotionally disabled people.
Orthopaedics	The branch of medicine that deals with the prevention or correction of injuries or disorders of the skeletal system and associated muscles, joints, and ligaments
Rheumatology	The medical science that deals with the study and treatment of rheumatic diseases, such as arthritis.
Podiatry	The branch of medicine that deals with the diagnosis,

Pain Clinic	<p>treatment, and prevention of diseases of the human foot</p> <p>A clinic that specializes in techniques of long-term pain relief, including acupuncture and transcutaneous electrical nerve stimulation (TENS)</p>
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200 people gave us their views - 165 patients, including 66 people attending first-time appointments and 35 clinical staff members.

The MSK Working group was formed by Nene Clinical Commissioning Group (CCG) and Corby Clinical Commissioning Group (CCG), following an early stakeholder event held in September 2013 where interested clinicians and providers expressed an interest in continuing to shape the work already in place. The purpose of the group is to bring together people with clinical knowledge and MSK experience to discuss current pathway issues and help to shape a future, improved model of care. The group has met monthly since November 2013 with a view to complete the initial stages by June 2014. The options for commissioning the whole MSK planned care pathway will then be drawn up by Nene CCG and Corby CCG.

Healthwatch Northamptonshire felt it was important to make sure the views of the general public, and the staff who treat them on a daily basis, were taken into account as the Working group was made up mainly of clinicians. The MSK working group is made up mainly of clinicians and NHS/private sector managers, together with two Healthwatch representatives both with direct experience of MSK services. This was supported by the CCG who advised on the survey design. A full report of the survey will be submitted to the working group and published together with a response from the CCGs about how they will respond to the recommendations in this report.

The clinics chosen for inclusion in this project are all part of the NHS services offered in Northamptonshire.

Clinics from the following departments were visited:

Physiotherapy ( Kettering General Hospital - KGH, Highfield - Northampton, Towcester, Daventry, Isebrook - Wellingborough, Nene Park - Irthlingborough, Corby )

Podiatry (KGH)

Rheumatology ( KGH & NGH),

Orthopaedics and Fracture Clinics (KGH & NGH),

Pain Management Clinic (KGH & NGH)

Healthwatch Authorised Representatives who carried out the survey have attended relevant “Enter and View” training and received an enhanced Disclosure and Barring Service (DBS) check (formerly known as Criminal Records checks).

Healthwatch Northamptonshire would like to thank all those who took part, in order to give a rounded picture of the present way MSK services are carried out from the patients’ point of view. The interviews conducted were with a relatively small proportion of people using MSK services and staff but provide important insights which we hope will inform the improvement of services.

### 3. The Proposal

Healthwatch Northamptonshire offered to provide an analysis of the present musculoskeletal services and recommendations in order to assist Nene Commissioning in their quest to redesign the MSK Services in Northamptonshire.

The proposal is split into two sections

- a. **Gathering the data**
- b. **Analysis of the data**

In order to understand the full picture of the quality of the present service it is important to collect data from all perspectives as each has an important impact on how the service should function:

#### **Patients**

#### **Clinical and clinic administration staff**

(GPs have been contacted directly by Nene Commissioning)

#### Questionnaires

- **Questionnaire for patients** - this was conducted both by face to face interviews and copies left at the various providers for a two week period.
- **Questionnaire for staff** - this was conducted by face to face interviews and copies left with the various providers for a two week limit.
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### 4. Process

Visits were carried out by trained Healthwatch staff and volunteers to clinics around the county looking at the patient experience. The training consists of a full day awareness course run by a qualified professional. All support staff and trained volunteers have been DBS checked before being allowed to participate in any contact with people in NHS settings.

The questionnaire was discussed at length with Nene C.C.G. It contains 14 questions relating to the services the patient is receiving.

### 5. Findings

#### **Patient Questionnaire:**

The findings have been categorised and based on fourteen questions. Questions 7 to 10 were answered by patients who have visited the service before:

	<b>Questions</b>	
<b>Q 1</b>	Referral to the service: GP Self-referral Consultant Other	
<b>Q 2</b>	How long did you have to wait for your first appointment?	

Q 3	Time/follow up /second appointment	
Q 4	Which services have you (or the person you are a carer for) experienced for your musculoskeletal condition?	
Q 5	Which part of your body is being treated?	
Q6	Have you seen any of the following as a result of the services you have experienced?	
Q7	Do you feel the person you saw was able to look after your needs?	
Q8	Did you feel able to ask questions about your condition or the treatment suggested?	
Q9	Do you feel you were involved in the decisions about your care?	
Q10	If you raised questions or concerns did you feel listened to by the clinician you saw?	
Q11	If you were seen by more than one clinical team, how well did you feel the individual clinics worked together in communicating and working together to care for you?	
Q12	In what ways do you think musculoskeletal care could be improved given your experience?	
Q13	What things are being done well?	
Q14	Any other comments?	
Gender:		
Age group:		
Employment status:		
Ethnicity:		

### Patient Questionnaire:

165 patients were interviewed across the services, of these 66 were first time appointments.(40%)

#### Question 1 - Referral to Service

##### Referral to the service:

GP	48%
Self-referral	18%
Consultant	36%
Other	8%

Total does not add up to 100%

#### Question 2

##### How long did you have to wait for your first appointment?

This varied from 1 day (Physiotherapy) to seven months (Pain Clinic).

Patients who complained of acute pain appeared to be given earlier appointments, than the patients who didn't complain of acute pain. The main

age group of the latter category were women in the 66-75 and 76 - 85 age categories (“well, they are very busy”, “I don’t want to take up their time - I can cope at the moment”).

**Question 3**

**Time/follow up /second appointment?**

The average time for a follow-up appointment approximately five weeks. This depended on which service was being accessed and whether there was consultant involvement. In the area of South Northamptonshire (Towcester/Daventry) according to clinical staff, physiotherapy follow-up times were shorter (2 -3 weeks) than in Northampton (4 -6 weeks).

**Question 4**

**Which services have you (or the person you are a carer for) experienced for your musculoskeletal condition?**

(some patients were treated by more than one service therefore total percentages exceed 100%)

Physiotherapy	75%
Occupational Therapy	5%
Podiatry	11%
Orthopaedics	22%
Rheumatology	16%
Pain Clinic	14%
Specialist GP Clinic	4%
Other	
Please specify:	

**Question 5**

**Which part of your body is being treated?**

(percentages do not add up to 100% as some patients were being treated for more than one area)

Back or neck	32%
Foot or ankle	32%
Upper limb (hands, shoulders, arms)	25%
Hip	10%
Knee	20%
Other:	8%
Specify: Head/pelvis/All over	5%

**Question 6**

**Have you seen any of the following as a result of the MSK services you have received?**

Pain relief or pain control	70%
Improved function	75%
Improved range of movement in joint or limb	75%
Medication	5%

Advice and information on how to manage your condition	100%
None of the above	23%
Other - please specify:	

Whilst information and advice was given to all patients, 23% felt that there had been no improvement in their condition after a number of sessions, but some continued with the treatment in the hope it might eventually help whilst others would have liked to have been given the option of alternatives on the NHS such as chiropractic/osteopathy/reflexology etc. Acupuncture had been offered to some patients, but appointments for the pain management clinic could take months. The shortest waiting time (a consultant request) was 4 weeks. The average waiting time patients to the pain clinic was 2.95 months.

### **Question 7**

**Do you feel the person you saw was able to look after your needs?**

92% of the 99 patients who answered the question (first time appointment patients did not answer) felt that the clinician was able to look after their needs, 8% felt that the staff member was not well enough qualified or they were unsympathetic.

### **Question 8**

**Did you feel able to ask questions about your condition or the treatment suggested?**

92% of the 99 patients who answered the question (first time appointment patients did not answer) felt that they were able to ask questions about their condition.

### **Question 9**

**Do you feel you were involved in decisions about your care?**

86% of patients of the 99 who answered the question (first time appointment patients did not answer) felt they were involved in decisions about their care. 10% said they were happy with the professional's decision on their care. 4% felt they had not been involved.

### **Question 10**

**If you raised questions or concerns did you feel listened to by the clinician you saw?**

92% of the 99 patients who answered the question (first time appointment patients did not answer) felt they were able to raise questions of concerns. 8% did not feel listened to.

### **Question 11**

**If you were seen by more than one clinical team (i.e. a different hospital or clinic), how well did you feel the individual clinics worked together in communicating and working together to care for you?**

Of the patients who had been involved with more than one clinical team, 56% were happy/ very happy with the way the clinics had worked together, but 44% were very disappointed and frustrated at the lack of communication between the departments. The problems highlighted included lost patient notes, appointments not booked and

information not transferred. The concerns were mainly in orthopaedic and rheumatology when cross boundary treatment is carried out.

**Question 12**

**In what ways do you think musculoskeletal care could be improved given your experience?**

The top three responses to this question are:

1. Waiting times for both first appointment and follow-ups - The Patient Contact Centre
2. Communication between departments/GPs/Consultants
3. Cancelled appointments and not being given information as to why

**Question 13**

**What things are being done well?**

The top three responses are:

1. The clinical staff - their attitude
2. Text reminders a good idea
3. The treatment

**Question 14**

Comments are shown in Appendix 1

**Additional information:**

**Gender:**

Male: .. 33%

Female: ..67%

**Age category:**

Age group	%
a. 16-35	12
b..36-45	17
c..46-55	28
d..56-65	23
e..66-75	14
f..76-85	6
g. 85+	0

**Employment Status:**

	%
a. Employed and at work/self employed	42
b. On sick leave due to condition	17
c. Unemployed	11
d. Retired	21
e. Student in full time education	1
f. Full-time care/mother	8
g. Other	

**Ethnicity:**

Of the patients seen 94% were white European, 4% of Asian origin and 2% African origin.

**Feedback from clinical staff**

**1. Which service do you work for?**

Service	%
Physiotherapy	76
Occupational Therapy	3
Orthopaedics	3
Rheumatology	6
Pain Clinic	9
Podiatry	3
Other - please specify:	

Male: 25%

Female: 75%

**2. How many patients do you see each week?**

A number of staff are part time, so based on full time equivalent (FTE) the average number of people seen weekly by each FTE is 56.

**3. Referral: What percentage of patients are referred by:**

These have been averaged out across the different services:

GP:	53%
Specialist/consultant:	32%
Self-referral:	15%

**4. What areas of your service do you think are good?**

The main areas considered by staff to be good are:

- High quality of care
- Good team working within each department
- Access to Extended Scope Practitioners (ESP) - An ESP is an expert health professional who has extended their practice and skills in a specialised clinical area
- Diverse skill of clinicians.

**5. What do you think could be improved?**

Improvements needed:

- Referral system
- Clearer guidelines for GPs etc of referral criteria to avoid poor referrals
- Waiting lists for appointments (this varies around the county)
- Waiting times between first appointment and follow-up
- More admin support
- More receptionists required
- Access to psychology

Comments regarding both good areas of service and where improvements could be made are found in Appendix 1.

## 6. Conclusions/Recommendations

Clinical staff were praised for their work ethic and rapport with the patient, but the process of making the appointment was criticised by both patient and staff. It was also noted that there is inconsistency around the county regarding length of waiting times for first appointment/follow-up appointments, especially in physiotherapy.

Patients who had been referred by a consultant have had varied experiences. Over 40% found there were problems with communication leading to lengthy delays for appointments and information not being passed on or lost; the main area of concern being cross-boundary situations (where part of a patient's treatment takes place in another county e.g. Oxford). Over 50% had good experiences.

The visits also included talking to staff and asking them to fill in a short questionnaire and their responses have been reported in Appendix 1.

Some clinical staff and their services felt they were undervalued and could offer an improved service, (such as more clinics/extra staff bringing down waiting times) with additional support from the commissioners.

Communication is the key to where improvements should be made within the musculoskeletal pathway:

- a simpler appointments system
- better IT information, including contact numbers
- better contact between all parties where cross boundary services are used
- making sure that the patients' journey is seamless.

## Appendices

### Appendix 1

#### Comments gathered from patients

##### **Staff & Treatment:**

- The whole experience has been really good
- The physio I have seen has been brilliant and things are improving well
- The rheumatology nurse has been so understanding

- Wonderful physio - no complaints at all - everything going well.
- Have been given the option of attending a class (knee) - really helpful
- Feel motivated by physio staff
- The classes I attend have a personal touch - really good
- Would like to see alternative treatments offered other than acupuncture
- Getting relief from the treatment - they are doing what they can
- Really like the fact that I am sent a text reminder for my appointment
- Wellingborough is such a good centre - and free parking!
- Patient relationship with staff exceptionally good - non-threatening
- All working well
- Exercises need explaining better
- Twice now there was no strapping available - the departments need to be fully equipped at all times.
- The patient care is very good

#### **Appointments:**

- My appointment has taken weeks to come through - I had to wait three weeks to get a doctor's appointment only to be told I should have self referred - I didn't realise I could!
- You need one direct line and one person to take control of the situation - there is a total lack of cohesion.
- My appointment (rheum) was at 2.30pm and it is now 3.50pm - - not happy!
- Was referred to Pain Clinic in November (2013) was given an appointment in February which was cancelled - not told why - and it is now April
- Really pleased - only took two weeks to get an appointment
- I found it very difficult to change my appointment - had to wait a lot longer
- Had real trouble getting through to Patient Contact Centre for an appointment - seemed to be permanently engaged
- Appointment system is poor - it took five weeks to see a doctor - it appears the "urgent" note was missed.
- I have now had two appointments in a row cancelled (rheumatology) - worried it might be detrimental to my treatment.
- Came in for an appointment only to be told by physio it had been cancelled - wasted journey, money and time off work.

#### **Clinical communication:**

- Had my operation in Oxford - brilliant - but downhill since - there seems to be a total lack of communication between the hospitals
- Don't know what happened - after my knee replacement the consultant said I should have had a physio appointment very quickly, but I had to wait over a month - I hope this hasn't affected my treatment

- Was sent by my GP to physio (AQP) -I have a shoulder problem - the physio would not treat me as they can only treat back and neck - I've now had to wait 12 weeks for an appointment - GPs need more education!
- GP referred to national back team for a booked phone assessment - waited three hours for the phone call
- Cross-boundary working doesn't work!
- More flow between departments is needed - no notes re my condition were sent to the physio department which meant the first appointment was wasted discussing what was wrong.

#### **Other comments:**

- I feel like I'm going round in circles - I'm not getting the right care - they're trying but I would like to be offered something different.
- Hand gel dispensers always seem to be empty.
- I got lost trying to find the Rheumatology department (NGH) - the signage seem to stop halfway there!
- Contact numbers are really difficult to find
- The NHfT website is a nightmare for finding physiotherapy
- A drinks dispenser would be really good - it gets very dry in here
- The car park can be a problem, lack of spaces - full of care vans

#### **Comments gathered - clinical staff**

##### **Areas of the service you think are good?**

- Clinic times (physiotherapy) - therapists begin at 8.00am and finish at 6pm offering a good selection of times for patients.
- Time keeping (physio) - appointments times are adhered to as much as possible
- Assessment and treatment of patients
- Alternative treatments - Acupuncture/TENs etc
- Physios and podiatrists have ability to refer between each other early
- ESPs (physio) and podiatrists have access to all investigations (bloods/imaging etc) to reduce the load on GPs and consultants
- Telephone follow-ups for reviewing medicines; impact of procedures(PMC)
- Diverse skills of clinicians
- Classes offered to patients
- Quality of patient care and empathy
- Access to ESPs
- 1:1 rehab service
- Depth of knowledge amongst staff and willingness to share knowledge
- Good customer service

##### **What do you think could be improved?**

- A more efficiently run Patient Contact Centre (PCC)
- A receptionist would be really good!

- Referral system - routine patients are being seen in urgent slots
- Receptionist/admin support
- Need to urgently reduce waiting time for initial appointments but not at the expense of follow-up times.
- Referral pathway
- Better links with GPs needed - consistency
- Provision of orthotics
- The accessibility of extended scope podiatry across the county
- MDT clinics for difficult patients
- Undervalued service (Pain management clinic)
- Staff sickness levels
- Waiting lists
- Improved pathways - speed of referral
- Using IT to assist patients - online exercises to reduce paper use
- Outcomes too target based and therefore do not consider quality of care of the patient.
- Lack of understanding by PCC when booking appointments - too many mistakes
- Need more staff to tackle waiting times and increasing number of patients.
- Inappropriate self- referral
- Appointments should be made by department for department
- More classes
- Pressure more on targets than on quality of service
- Poor notes (sometimes illegible) from consultants - so working in the dark - wastes appointment time
- IT provision - poor accessibility/software
- Daylight in working environment would be good
- Communication!!!!

## Appendix 2

### Questionnaires

1.

#### Patient/Carer questionnaire

Nene Clinical Commissioning Group and Corby Clinical Commissioning Group are responsible for the majority of the health budget in Northamptonshire. Everyone should get the right treatment, in the right place, at the right time which will help them have longer, healthier lives. One of the areas being looked at is **musculoskeletal care** - this means health conditions that affect your **bones, muscles and joints**. If you have recently experienced care from health professionals for a musculoskeletal condition, we would appreciate your time in completing this questionnaire..

1. Referral to the Service? GP/Self referral/Consultant/Other
2. How long did you have to wait for your first appointment?
3. Waiting time till your second/follow-up appointment?
4. Which services have you, or the person you are a carer for, experienced for your musculoskeletal condition? (please tick as appropriate)

Physiotherapy	
Occupational Therapy	
Podiatry	
Orthopaedics	
Rheumatology	
Pain Clinic	
Specialist GP Clinic	
Other	
Please specify:	

5. Which part of your body is being treated? (please tick as appropriate)

Back or neck	
Foot or ankle	
Upper limb (hands, shoulders, arms)	
Hip	
Knee	
Other:	
Specify:	

6. Have you seen any of the following as a result of the MSK service(s) you've experienced? (please tick as appropriate)

Pain relief or pain control	
Improved function	
Improved range of movement in joint or limb	
medication	
Advice and information on how to manage your condition	
None of the above	
Other - please specify:	

7. Do you feel the person you saw was able to look after your needs?

Yes	
No	
If no, why not?	

8. Did you feel able to ask questions about your condition or the treatment suggested?

Yes	
No	

9. Do you feel you were involved in decisions about your care?

Yes	
No	

10. If you raised questions or concerns did you feel listened to by the clinician you saw?

Yes	
No	

If no please explain why:

11. If you were seen by more than one clinical team (i.e. a different hospital or different clinic), how well did you feel the individual clinics worked together in communicating and working together to care for you?

Very well	
Well	
Not well	
Badly	
Not applicable	
Comment:	

12. In what ways do you think musculoskeletal care could be improved given your experience?

A	
B	
C	

13. What 3 things we're doing well

A	
B	
C	

14. Any other comments

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**Additional Information (delete as applicable)**

Gender:        Male / Female

Age category:

- A) 16-35,
- B) 36-45,
- C) 46-55,
- D) 56-65,
- E) 66-75,
- F) 76-85,
- G) 85+:

**EMPLOYMENT STATUS:**

- A) employed and at work,
- B) on sick leave due to your condition,
- C) unemployed,
- D) retired,
- E) Student in full time education
- F) Full-time carer/mother

Ethnicity: A: White English/European B: Asian origin C: Afro-Caribbean origin D: other

## 2. STAFF QUESTIONNAIRE:

In order to improve musculoskeletal services we need your help and therefore we would like to thank you for taking time to answer this questionnaire.

### 1. Which service do you work for?

Service	<input type="checkbox"/>	M/F
Physiotherapy		
Occupational Therapy		
Orthopaedics		
Rheumatology		
Pain Clinic		
GP		
Other - please specify:		

### 2. How many patients do you treat each week?

### 3. Referral:

Approximately what (%) are referred:

By their GP	
Specialist/consultant	
Self referral	
Other - please specify:	

### 4. What areas of your service do you think are good?

- 1.
- 2.

### 5. What do you think could be improved?

- 1.
- 2.

**Comments:**