



Quality Account 2019/2020



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

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Part 1

1.1 Our Quality Account

This is the sixth 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
- Research team
- Information Governance Board
- Staff, service users and carers from across the organisation

1.3 Key Successes and Innovation delivered in 2019/2020

Customer Service Excellence

During 2019/2020 the service was accredited for the tenth 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 report stated “Following the assessment, Pennine MSK Partnership were found to have a deep understanding of, and commitment to, Customer Service Excellence. The commitment was displayed from Senior management levels through to operations and front-line staff” The assessment was undertaken in two stages; the first was a review of the self-assessment submission. This review enabled the assessor to gain an understanding of how the organisation has met the requirements of the Customer Service Excellence standard.

The next stage was to review the actual service delivered on-site. This was conducted through reviewing practice as well as speaking to staff, partners and patients. This included following patient journeys through organisational processes and identifying how these aligned with patient insight.

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 9 Areas of Good Practice and 4 Areas of Compliance Plus this demonstrates our Company wide commitment to continuous improvement.

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 continued to carry out patient surveys in the waiting area so we can speak to patients after their clinic appointment.

Feedback from the surveys has been highly positive; all patients surveyed so far have rated the service good-excellent.

Quality Management Systems to Improve Capacity and support to staff

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

We have achieved compliance with GDPR and the Data Security Protection Toolkit.

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

Fracture Liaison Service Redesign

The Fracture Liaison Service (FLS) continues following its redesign and relaunch in June 2018. We continue to identify potential fragility fractures, assess bone health and offer appropriate treatment and lifestyle advice. A number of service improvements have been made to enhance assessment, record keeping and pathway adherence.

We participate in the nation FLS audit by providing demographic, disease and outcome data. In the period April 2019 to March 2020 we identified 1093 patients over the age of 50 who fit the criteria for assessment by the FLS team, this included 128 patients who had suffered hip fractures.

Virtual Consultant Clinics

Virtual consultant clinics in Rheumatology 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. The Orthopaedic Consultant now employed in the service is able to promptly respond to Orthopaedic queries from clinicians and provide an expert opinion either during the patient appointment or soon after, avoiding any unnecessary additional appointments and delays within their pathway.

This resource is invaluable to the clinical team both in terms of treatment decisions and personal development.

Advice Lines

We continue to provide the three advice lines for Rheumatology, Specialist Rheumatology Physiotherapy and Occupational Therapy which provide valuable support and guidance to our patients. This resource enables us to provide advice to patients who may not have a forthcoming appointment but may need general advice about their health or treatment.

MDT meetings in Tier 2 of the Persistent Pain Service continue to provide support to staff who are caring for patients within 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.

Reflective Rounds

We continue to run Reflective Rounds (previously named Schwartz Rounds) this year. 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 whilst we are unable to run these at the moment due to COVID-19 we have introduced various wellbeing calls and virtual meetings with staff groups to ensure staff still feel supported and able to share concerns and feelings.

Pain Service Discussion Meetings

These are run quarterly and are designed to provide support for clinicians working within the pain service, to share case studies and promote discussion about care proposed or provided. The aim is to enable the clinicians within the peer group to provide support and share knowledge and experience.

Obesity Management

We have continued to support patients with brief interventions to advise of the benefits of weight loss.

We offer referrals to slimming world, providing funding for a 12-week programme of attendance to support weight loss and self-care.

From April 2019 to March 2020 184 patients accepted a referral to Slimming World resulting in 1381 attendances. The average weight loss was 15% of starting weight.

Part 2

2.1 Update on Priorities for Improvement brought forward from 2019/2020

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.

Priority1: Ensuring service quality, safety and enhanced user experience. Providing excellent clinical outcomes, and meeting and exceeding relevant standards and regulatory arrangements.

We have continued the Friends and Family Test for all appointments across the service, using the feedback constructively to improve the

service. We review all messages, SMS and voicemails, left for us on a weekly basis.

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 undertook Waiting Room Surveys on 3 dates during the year, all were very successful. In total 33 patients were surveyed and asked the following questions;

Where you seen on time?

Did your clinician introduce themselves and explain their role within the service?

Do you feel you had enough time to discuss your concerns?

Did your clinician discuss the treatment options available to you and were you happy with the outcome?

Overall, how would you rate the care you received today?

Of the patients surveyed 67% rated the service excellent and 33% very good. No negative feedback was received.



Rachel Chrisham (right) our Patient Care Manager with medical secretary Hannah Doherty

The rheumatology department is excellent from the consultants to the HCA's, the whole team are amazing. It's only when speaking to people from other borough's I realise how lucky I am to have this service in Oldham. I was diagnosed with cancer 4 years ago and my Rheumatology treatment had to be stopped temporarily for my cancer treatment and even throughout that whole time MSK were so supportive and helpful. I really couldn't praise the service enough, they're like family to me.

Mr Chogle was good, very thorough, explained things very well and has even given me a date for surgery so I'm very pleased!

No improvements to suggest, very happy, really helpful that everything can be done in the same building on the same day, no more time off work for Xrays and bloods. Really happy with clinician and the advice helpline is very useful

We have contacted patients who had raised concerns that were dealt with by our customer care manager to obtain feedback on how their complaint was handled. As there only a very small number of complaints and our agreed process is to contact the patient on a regular basis until they are happy with the resolution we agreed that a further questionnaire was not appropriate.

We are continually developing the Directors Assurance work to ensure we are improving and complying with all aspects of CQC regulations.

We continue to be a member of the Oldham Cares Alliance and to contribute to the development of the Alliance agenda

Shared Decision Making

As part of our ongoing commitment to embedding shared decision making into the teams' daily practice, we have, during 2019/20 had the exciting opportunity to work with an International network of Shared Decision-Making Experts in conjunction with Dartmouth College in the USA. This project will enhance the skills and knowledge of the team to enable the clinicians to improve their engagement with patients when offering choice of treatments and ensuring the patients have a full understanding of the options and then are able to support the patients in their decision.

Dave Pilbury, our Specialist Rheumatology Physiotherapist has joined AQuA (Advancing Quality Alliance) as an Associate. This renowned quality improvement team provide training across England to teams on personalised care including shared decision making. This alliance allows the team at Pennine MSK to access free training to improve knowledge and skills and increase level of expertise which ultimately benefits patient care.

Dave has also been involved in the creation of the new NHSE Decision Support Tools for shoulder, hip, knee and back pain working with Versus Arthritis, Keele University and a panel of experts in the field.

These are due for publishing in 20/21

Rheumatoid Arthritis and Inflammatory Arthritis National Audit

National Early Inflammatory Arthritis Audit is a national audit for patients seen in specialist rheumatology departments with suspected inflammatory arthritis. The aim is to improve the quality of care for people living with inflammatory arthritis by assessing the performance of rheumatology units across England and Wales against NICE Quality Standards.

We recruit and collect data for the national audit of RA and IA to will inform our ongoing service improvement plans for patients with suspected RA and IA.

Since the audit opened to recruitment in May 2018, 533 patients have been recruited to the audit. On the 27th March 2020 NEIAA suspended the recruitment of new patients to the audit because of the covid-19 pandemic. We have however continued to input the 3 and 12 month follow up data as available.

QS	Year 1: 8 th May 18 to 7 th May 19, Year 2:8 th May19 to 31 st March 20	Qtr 1 Year 3	Year 2	Year 1	Total
	Total number recruited		270	263	533
1	Number of patients referred within 3 working days	Recruitment paused	160 (59%)	131 (50%)	291 (55%)
2	Number of patients seen within 3 weeks		207 (77%)	151 (57%)	358 (67%)
	Number of patients eligible for EIA FU		51 (19%)	53 (20%)	104 (20%)
3	Number of patients started DMARD within 6 weeks		36 (71%)	20 (38%)	56 (54%)
4	Number received written information at baseline		40 (78%)	46 (87%)	86 (83%)
4	Number received self-management education at 3 months		41 (95%)	43 (90%)	84 (92%)
5	Number of patients with agreed treatment target		34 (67%)	30 (57%)	64 (62%)

CQUINS 2019-20

The agreed CQUINS for 2019/20 were suspended at the end of quarter 3 due to COVID restrictions. However, we were able to achieve all targets agreed to that date.

Indicator 1; Staff Flu Vaccinations

It is recognised that the cost to the NHS of staff absence due to poor health is circa £2.4bn a year, around £1 in every £40 of the total NHS budget. This figure excludes the cost of agency staff to fill in gaps, as well as the cost of treatment.

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 have worked to raise the importance of annual flu vaccinations with the clinical workforce.

We campaigned throughout the year and ran 'flu jab' clinics at times to suit the clinical staff. Administration staff were also offered the vaccination.

We achieved 80% uptake of clinical staff as set as the national target.

Indicator 2; Patient Experience

A key component in improving the quality of health and care services is to analyse and understand patients' satisfaction with their experience of services. This CQUIN is intended to support the provider to embed a patient experience programme within the service and to act on learning from patient feedback to improve the delivery of care and support.

The aim was to collect patient feedback in a systematic way, evidencing the mechanisms for patients to provide feedback and the process for analysing feedback whilst identifying any areas for improvement.

To achieve this, we continued with the Friends and Family tests, conducted waiting room surveys and improved the process of coding both compliments and complaints in the clinical system.

We devised specific surveys for patients undergoing Carpal Tunnel Surgery and for our Persistent pain Groups.

We achieved all requirements of this Indicator

Indicator 3; Smoking & Alcohol Cessation

This CQUIN provides an important opportunity to improve patient health across England through the delivery of short, simple, evidence-based interventions.

It is intended to complement and reinforce existing activity to deliver interventions to smokers and those who use alcohol at increasing risk and higher risk levels.

We were tasked with ensuring that;

- a) 80% of patients who are referred to an orthopaedic consultant for consideration of surgery are screened for both smoking and alcohol use.
- b) We should ensure that 90% of all identified smokers are given a brief intervention.
- c) That 90% of patients identified as drinking above low risk levels should be given brief advice or offered a specialist referral.

To carry out this CQUIN clinicians now record and signpost where a patient is open to an intervention.

We have local services we can signpost patients to; they are Oldham's Stop Smoking Service and Alcohol Team and referrals can be made by professionals by telephone and online.

We achieved all requirements of this Indicator to the end of Q3

Priority 2

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

We have made further improvements to our Directors Assurance work as the Board of Directors felt it important that they were collectively assured of all aspects of the service including the CQC domains and outcomes. It was felt that this would not only ensure we all understood

what was happening in the service but also help us identify further service improvements we could make to benefit our patients.

We achieved this by:

- Updating research on best practice for assurance
- Promoting a 'Think Family' approach to safeguarding
- Full understanding of all the CQC domains and data already collected within the service beyond the CQC domains
- Regular update and review of the Directors assurance template
- Lead Directors reporting back on their delegated domain
- Whole team assessment of service against each domain and action plans put into place to ensure continual improvement
- Diary of regular review by whole SLT quarterly

Priority 3

Continue to be recognised as an employer of choice

Our Clinical Peer Review programme, which is held every 6 weeks, continues to be felt extremely beneficial to all staff as does our Persistent Pain Case Discussion Group.

The patient obesity management scheme, operated in conjunction with Slimming World, continues to be offered to all staff who have at least 7lb to lose to reach a healthy BMI.

To promote a healthy workforce, we continue to 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.

We are continuing with the MSK physio assessment service for staff. Any member of staff can complete a referral form which is then triaged by one of our MSK physio's and assessment slot offered for advice. This service has proven very popular with staff either to quickly resolve any minor MSK conditions or to signpost any further intervention that may be required.

We continue to recognise staff with an outstanding attendance record. As well as staff receiving an extra day annual leave for having no sickness absence in 12 months we also award those staff with an unblemished attendance record at 3, 5 and 10 years with monetary vouchers.

In our latest staff survey 100% of staff said they would recommend Pennine MSK to family and friends as a place of work.

Our annual staff away day this year was again 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.

The day was structured slightly differently this year with each team staying together during the morning session to complete an orienteering course. In the afternoon the staff could choose a sporting activity of their choice from a number of options including climbing, water sports, archery and shooting.

The feedback received indicated that staff very much enjoyed the day enabling them to meet up with colleagues from other sites. The format was very much endorsed as a favourite option.



A fabulous team build at Carr Mill Dam, October 2019





2.2 Priorities going forward 2020/2021

COVID Update

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.

Due to the COVID 19 pandemic we have been unable to continue to carry out patient surveys due to social distancing, which have been undertaken monthly in the waiting area so we can speak to patients after their clinic appointment since February 2020. This is something we hope to reintroduce in the future when the situation with the pandemic changes

Previous to February feedback from the surveys was highly positive, 100% of patients surveyed so far have rated the service good-excellent.

Advice Lines

Due to the COVID 19 pandemic we have needed to redesign our clinics however we have advice lines for Rheumatology, Rheumatology Physiotherapy and Occupational Therapist, all continue to provide valuable support and guidance to our patient population.

Despite the COVID 19 pandemic we have been able to resume MDT meetings in Tier 2 of the Persistent Pain Service who continue to provide support to staff who are caring for patients within 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.

Changes to the service

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.

Due to the start of the COVID pandemic at the beginning of this year our priorities as an organisation have changed in order to enable us to keep all of our staff and patients safe whilst at the same time continuing to offer a quality service and offer an excellent place to work.

We have completed a risk assessment to keep all patients and staff safe. The risk assessment is reviewed every two weeks and we encourage feedback from our staff at all times.

For patients this includes offering a mixture of telephone and face to face clinics. We have staggered the start times of our face to face clinics to reduce the number of patients in the waiting areas, which now have reduced seating.

We have provided the necessary PPE for clinicians seeing patients face to face and facilitated home working for some staff to have less people in the workplace. We have also reduced desk capacity to allow social distancing and introduced more flexible working hours to address staff concerns.

We have created a handbook to incorporate all the changes to the organisation from the start of the pandemic as a useful guide to all

staff. This is updated as and when changes occur and recirculated in a weekly operational update.

CQUINS 2020/21

CQUINS this year have been suspended due to the COVID 19 pandemic.

They have been replaced with a Quality Reporting Template which we are required to complete. This report includes updates on;

Incident Reporting

Healthcare Associated Infections

Complaints

Patient Experience

Compliance with NICE Guidelines

Workforce & Staffing

Compliance with Safety Alerts

Commissioning for Quality

Training Compliance

Organisational Risk

Quality Accounts

Priority 1

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

We have continued the Friends and Family test for all appointments in the service, using the feedback constructively to improve the service. This process was paused during between March and July due to the COVID 19 pandemic.

We have various ways of collecting patient feedback: friends and family text via text and voice message which are analysed weekly, acted upon and shared with all staff. Patient waiting room surveys - these have been paused and we have taken the opportunity to revise the questions we ask this quarter and we will assess the results and tweak if necessary. We encourage all staff to 'Read code' compliments and complaints and these reports are run weekly, acted upon and shared appropriately with staff. We have devised specific surveys for patients attending our Carpal Tunnel Surgery Service and our Persistent Pain Groups and that have been done so far this year and fed back to clinicians with results and learning shared with staff. Our Patient Care Co-ordinator presented on patient experience at the July Clinical Peer Review.

Due to the COVID19 pandemic, from the end of March this year and due to social distancing guidelines, we have suspended the persistent pain management group sessions for patients. We hope to resume these groups in the future. In place of this we have replaced the groups with more one to one appointments for patients.

Led by our Specialist Pain Physiotherapists we have filmed the content of the group sessions and made this available on our website so that patients can still access the content and work at their own speed from the comfort of their own homes.

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 continue to be a member of 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. There has been a reduction in the activities of the Alliance during the COVID period.

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

Shared Decision Making

The process of Shared Decision-Making is embedded into the teams daily practice. Moving forward we have the exciting opportunity to develop an international network of Shared Decision-Making experts in conjunction with Dartmouth College in the USA. This will enhance the skills and knowledge to enable the clinicians to offer patients choice or treatments and support their decisions. Dave Pilbury has joined AQuA (Advancing Quality Alliance) as an Associate. This renowned quality improvement team provide training across England to teams on personalised care including shared decision making. This work allows the team at Pennine MSK to access free training across areas of personalised care which improves knowledge and skills. Patients benefit from the level of expertise within the team.

Dave has been involved in the creation of the new NHSE Decision Support Tools for Shoulder, Hip, Knee and Back Pain working with Versus Arthritis, Keele University and a panel of experts in the field. These are due for publishing later this year.

Further training on health literacy has been commissioned for clinicians to work on making information accessible to all. This is a key part of the Shared Decision Making process to enable patients to make the right decisions for themselves about their treatment options.

A full review of the Shared Decision Making process is planned throughout the year. This measure is a validate tool that the patient completes to assess their understanding and involvement in the decisions about their care.

Priority 2

Rheumatoid Arthritis and Inflammatory Arthritis National Audit

National Early Inflammatory Arthritis Audit is a national audit for patients seen in specialist rheumatology departments with suspected inflammatory arthritis. The aim is to improve the quality of care for people living with inflammatory arthritis by assessing the performance of rheumatology units across England and Wales against NICE Quality Standards.

We have continued to recruit and collect data for the national audit of RA and IA. The recruitment of new patients to the audit was paused during the covid-19 pandemic but we continued to collect follow up data remotely where possible and resumed recruitment on the 1st October 2020. This will inform our ongoing service improvement plans for patients with suspected RA and IA.

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 plan another all service away day for early 2021 (COVID restrictions allowing).

To continue and develop our staff health and wellbeing programme.

Priority 4

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

We plan to continually make improvements to our Directors Assurance work to ensure the board were collectively assured of all aspects of the service including the CQC domains and outcomes. This will ensure there is a full understanding of what was happening in the service and also help us identify further service improvements we could make to benefit our patients.

We will achieve this by:

- Regularly Updating research on best practice for assurance.
- Promoting a 'Think Family' approach to safeguarding
- Full understanding of all the CQC domains and data already collected within the service beyond the CQC domains specifically around the Transitional Monitoring Arrangements to be introduced during 1920/21 and the revised domains that this may entail.

- Regular update and review of the Directors assurance template
- Whole team assessment of service against each domain and action plans put into place to ensure continual improvement
- Diary of regular review by whole SLT quarterly

2.3 National Clinical Audit Participation

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 2.1

The **Fracture Liaison Service Database (FLS-DB)** is a clinically-led web-based mandated national audit of secondary fracture prevention in England and Wales commissioned by the Healthcare Quality Improvement Partnership (HQIP) as part of the Falls and Fragility Fracture Audit Programme (FFFAP). The FLS-DB is a continuous audit and was initiated to measure primarily against NICE technology assessments and guidance on osteoporosis, and the NOS clinical standards for FLSs. Pennine MSK started recruiting to the database in June 2018. The initial report shows an excellent patient identification rate as demonstrated in the chart below. The mean recruitment rate since data entry began is 80 cases per month.

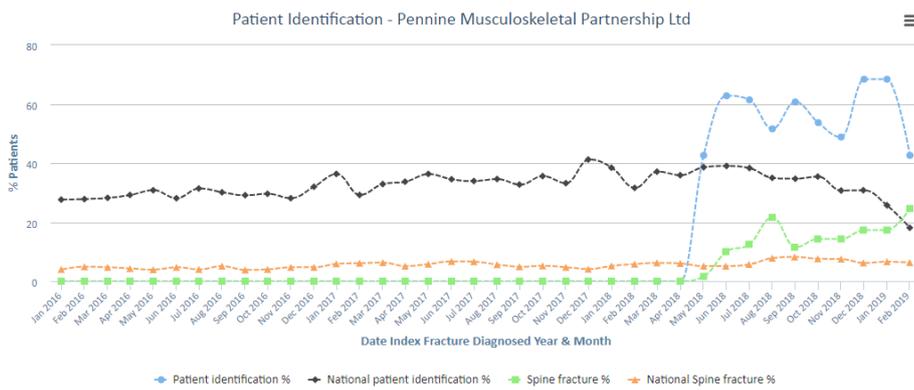


Chart data is indicative status only - © Royal College of Physicians - Technology by Crown Informatics (ID: Patient Identification)

Estimated Annual fragility fractures for this FLS = 1720

[About this chart and how to use it](#)

Records entered by Index Fragility Fracture(s) - Date diagnosed (data item 1.12)

Year	Total	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
2019	160	98	61	1	0	0	0	0	0	0	0	0	0
2018	645	0	0	0	0	61	90	88	74	87	77	70	98

Last Updated: 01/04/2019 05:43

2.4 Core Services Clinical audit programmes 2019/20

- 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.
- An audit of appropriateness of follow-up appointments
- An audit of the appropriateness of MRI requests across pathways
- An audit of the NCS/EMG Referral Form and subsequent uptake and outcomes
- An audit of Clinical Investigations ordered within the Persistent Pain Service
- An audit of the Fracture Liaison Service
- An audit of the appropriateness of ultrasound requests
- An audit of FP10 prescribing
- An audit of Rheumatology Triage.
- Audit of NICE compliance to adherence to pathways for high cost drugs prescribed for RA, PsA and AS.

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

This project comes in conjunction with a number of collaborative works in line with the Greater Manchester Efficient Use of Resources policies (GMEUR).

We undertook an audit of facilities and procedures for preparation of injectable medicines in a clinical area on the 6th June 2019 in partnership with Pennine Acute Hospitals NHS Trust.

2.5 Research Statement

The following schemes are brought forward from 18/19 but were on-going or completed in 2019/20

Project 1 The British Society for Rheumatology Biologics Register - Scheme commenced in 17/18 and is on-going.

The purpose of this research is to assess whether some of the new biological treatments including: Benepali, Cimzia, Enbrel, Erelzi, Flixabi, Humira, Inflectra, Kevzara, Olumiant, Remsima, Remicade, Rixathon, RoActemra and Xeljanz used in the treatment of Rheumatoid Arthritis have a greater risk of serious side effects and long-term health problems than established treatments such as methotrexate.

As rheumatoid arthritis requires lifelong treatment, it is important to understand how the newer drugs compare to other treatment options in terms of side effects when used for a period of many years.

All of these drugs have been tested in clinical trials and approved for use but more information is needed. The reasons for this are (i) clinical trials run for a short period of time (weeks/months), (ii) have fewer numbers of participants compared to those who will ultimately be treated with the drug in the NHS and (iii) may exclude participants with additional diseases (comorbidities). Therefore, we especially need

more information on the side effects of these drugs prescribed in NHS rheumatology clinics over a long period.

The study therefore involves following up patients who are taking a number of different drugs for rheumatoid arthritis. The study team will observe the frequency with which long-term side effects occur in patients receiving the newer treatments compared to those taking established treatments.

Project 2: Work outcome measures in arthritis and musculoskeletal conditions

This study was to culturally adapt and test patient reported outcome measures (PROMs) about work for use in the UK, Sweden and the Czech Republic. The PROMs being tested assess and evaluate contextual factors affecting presenteeism. There are currently no validated tools for assessing work related difficulties with musculoskeletal conditions. Recruitment for this study ended 31st December 2019. 15 patients were recruited to this study and data analysis is in progress.

Project 3: Methotrexate use Improvement in Rheumatoid Arthritis using Biomarker Feedback (MIRA): A Feasibility Trial

To assess the feasibility of a randomized controlled trial of a High Performance Liquid Chromatography-Selected Reaction Monitoring-Mass guided intervention in patients with RA treated with Methotrexate (MTX). There is a need to measure adherence directly to facilitate more precise and objective measurements of adherence to add to the clinicians tools to detect non-adherence and help to open up honest discussions and supportive interventions with patients. Such a direct method of biochemical screening for non-adherence is likely to involve the detection of MTX itself or a metabolite.

Non-adherence to MTX is associated with reduced response, increased healthcare costs to the NHS and reduced quality of life for the patient. Failure of MTX and a further disease modifying anti rheumatic drugs to control disease makes patients eligible to receive more therapy, but it is not known whether non-response to therapy, in a subset of patients, is due to non-adherence to MTX.

Recruitment commenced 4th June 2020 and currently suspended due to COVID- 19 (23rd March 2020).

No previous studies to demonstrate this

Project 4 Development of SharpNetwork for Shared Decision Making Training

We are working with Professor Glyn Elwyn of Dartmouth College in the USA to develop an online training module for Shared Decision Making (www.sharpnetwork.org)

The platform (www.sharpnetwork.org) is now fully operational and we are arranging training for clinicians based in the USA, Europe and South America. We are using video conferencing to assess candidates consultation skills (scored on Observer Option 5) using a mock consultation.

Using video conference to assess clinical consultation skills has not been tried before. The website to deliver the training has been developed and is now in testing

After trialling several video conference systems we have settle on using Zoom.

This is the first online and video assessed training in shared decision making we are seeking feedback from candidates and modifying the training to make it as effective as possible.

Project 5 Falls & Fragility Fracture Audit programme -

It has been known for several years that to set up a service which screens patients, over 55 years, who have suffered a low trauma fracture (defined as a fracture from a fall from standing height or less) and treating those patients who have osteoporosis can prevent up to 50% of hip fractures over the following 5 years. This could save the NHS many millions of pounds a year as well as reduce the pain and disability associated with fractures. A framework for FLS has been developed by the National Osteoporosis Society and is subject to national audit. Participation in this audit project has involved working with our local acute trust to establish mechanisms for data sharing and capture. There is a significant amount of additional data capture, cleaning and entry onto the system over and above routine clinical care.

The aim is to understand the variations from the national standard and react to any identified deviations to normal practice to ensure we consistently meet the standard

We have monitored our results with the national standards and made changes to ensure a more streamlined and timely pathway for the patient. We continued with the identification throughout Covid-19 and data entry, but DEXA service was suspended so investigation paused at the moment, but a log maintained for when it recommences.

Patient attending casualties with fractures are treated by usually junior orthopaedic staff in busy fracture clinics. It is not possible, nor or those staff training to carry out a robust assessment for osteoporosis. A bespoke FLS service is needed to carry out this function

Project 6: National Early Inflammatory Arthritis Audit

National Early Inflammatory Arthritis Audit is national audit for all patients seen in specialist rheumatology departments with suspected

inflammatory arthritis. Information will be gathered over the first 12 months of specialist care for all patients diagnosed with inflammatory arthritis.

The aim is to improve the quality of care for people living with inflammatory arthritis by assessing the performance of rheumatology units across England and Wales against NICE Quality Standards.

Information is entered in a national database including waiting times; time to treatment; clinical response to treatment; provision of education and patient reported outcomes.

Project 7: Carpal Tunnel Surgery Audit

Carpal tunnel surgery is performed on those requiring and meeting the EUR criteria. To ensure the correct patients are being referred for surgery we undertake the Boston hand score (PROM) pre and post-surgery to assess response.

To ensure those that would benefit most are receiving surgery and achieving an adequate outcome.

Data is analysed and reported back quarterly to the SLT and adherence to EUR analysed, allowing necessary changes to be implemented.

The aim is to inform day to day practices and continually assess effective use of resources

Project 8: Epidural audit

An epidural is performed on those requiring and meeting criteria. To ensure the correct patients are being referred for treatment we undertake the EQ5D (PROM) pre and post-treatment to assess response.

To ensure those that would benefit most are receiving treatment and achieving an adequate outcome.

Data is analysed and reported back quarterly to the SLT and adherence to pathways analysed, allowing necessary changes to be implemented.

The objective is to inform day to day practices and continually assess effective use of resources

The following schemes commenced during 2019/20

Project 9: Persistent pain service audit

The persistent pain service runs for those patients with chronic pain, and is delivered by a multidisciplinary team. Each quarter, patients PSEQ from referral and discharge are compared, alongside the CGI-improvement score to ensure the service is having an impact on the patient pain and activity levels

A quarterly audit and review allow the SLT see the impact on patients pain and activity levels and make any necessary changes to improve any areas that require development within the pain service to achieve maximum impact on the patient

The aim is to inform day to day practices and continually assess effectiveness of the service.

Project 10: Versus Arthritis MSK Champions Programme- Leadership in MSK Care

We are working with Versus Arthritis (formerly Arthritis Research UK) developing Leadership in MSK Care with a national programme of clinical champions

Various projects across the Champions programme including development of First Contact Practitioner, Shared Decision Making, Pool based supported exercise programmes, community developed pain support groups.

Project 11. Versus Arthritis (VA) Development of Decision Support Tools in MSK Care for NHS England

We are working with Versus Arthritis (formerly Arthritis Research UK) developing Decision Support Tools for people with knee, hip, back and shoulder pain in primary care. Two tools for each body part with a self-management and primary care tool and a separate tool when a referral to secondary care is being considered.

VA were successful in a tender for the development of the Decision Support Tools for common MSK conditions. Other tools such as option girds are available but tools had to be free to use, available to all NHS services, printable in gray scale and usable for Primary Care clinicians in a Health Literate way. Dissemination and training around using the tools is a separate project. The tools are hosted on the NHSE and VA websites and free to download and use. The tools were user-tested in Oldham in Mid-July.

Oversight panel of experts in their fields formed including Orthopaedic surgeons, Rheumatologists, GPs, Physiotherapists, VA staff and People with lived experience. The collaborative working included 40 people (10 patients) developing the tools which were delivered to NHSE on the 31st July 2020.

The tools exist in various guises but the request were to form tools that incorporated agenda setting tools and treatment options which no tool does to date.

We endeavour to embed research findings into patient care.

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 2019/20.

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. We promote a 'Think Family' approach.

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 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.

The safeguarding lead has undertaken level 3 training.

2.8 Data Quality

This is a rolling programme with Pennine MSK Partnership Ltd submitted information during 2019/2020 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:

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. This year since the start of the COVID pandemic we have introduced new coding templates for both clinicians and the administration team. These include new coding templates to be completed by clinicians when they have discussed with patients the increased risk for injection therapy due to COVID 19. For the admin team we have introduced new recording of reasons for cancellations of appointments such as 'concerns of coronavirus' or 'patient is self isolating.'

We have also built a new coding template for our AAP colleagues which have been rolled out with success.

2.9 GDPR and Data Protection Toolkit attainment

The introduction of the General Data Protection Regulation (GDPR) in 2018 meant changes to the way we handle and store patient information within the service. Our HR & Operations Director worked closely with the Health Informatics Service (THIS) to ensure the service complied with GDPR and the Data Security Protection Toolkit which replaces the Information Governance Toolkit.

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

Due to the COVID19 pandemic we have increased the use of IT equipment to enable more home working to enable colleagues to continue working whilst shielding or self isolating. As a result of this we have introduced continual good practice for data protection procedures when facilitating home working. All staff working from home must read and sign a GDPR agreement which includes the use of equipment at home.

2.10 Service Recognition

We are pleased to report that our links with Arthritis UK Champions programme continues through our Rheumatology Physiotherapist, Dave Pilbury. Dave has now completed his Leadership training and presented experts in the field about involving patients in care and the advantages of Shared Decision Making. This has led to a number of subsequent opportunities for him including writing for the second time in Joint Matters- a professional publication from Versus Arthritis, interviewed for Women's Health Magazine and involved in the British Society of Rheumatology for the Winter 2020 education sessions.



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.

The RightPath model of Innovating for Improvement Musculoskeletal triage service for children and young people has now been commissioned. Using the Rightpath model, we have now successfully and reliably triaged referrals for over 1,700 children and young people. Following on from this and the Best Practice Award given in 2018 NICE have convened a working group to develop a Clinical Knowledge

Summary 'Recognising normal MSK development in Children and Young People'.

This is now embedded into routine service delivery and we are seeking to develop similar triage guidance for adults 'Navigate' which aims to ensure that patients see the right person the first time.

Part 3

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. This has been affected by the COVID 19 pandemic in that all elective surgery was suspended. We achieved 99.5% during 2019/2020
- **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**-these have been affected by the COVID 19. We saw 100% of all urgent referrals within 2 weeks of receiving the referral but slightly missed our target to see 95% of routine referrals within 4 weeks with an average of 93%.
- **Patient satisfaction score using the friends and family test (see Provider Survey Guidance)**
- **All patients are treated, discharged or onward referred within six weeks** - 99% of our patients are seen treated or discharged within 6 weeks.
- **We are targeted to cancel no more than 3% for appointments within 5 days** - last year we achieved 1.1%

Patient Satisfaction

This is measured using the Friends & Family Test (FFT). The FFT has been rolled out to all patients during the year. We did have to pause this test from 27 March due to the COVID 19 pandemic but restarted sending the test from July.

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 93% positive meaning that 93% 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 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:



A lot of very useful and very helpful information. Very thankful



On my recent visit to your clinic all staff were friendly, polite and very professional allowing patients like me with a phobia of all things medical a relaxing consultation. Many thanks

Didn't have to wait too long for a response. I was given a comprehensive explanation of any possible side effects of the treatment and I was very happy with the telephone consultation.

Great telephone consultation, prompt service to get my x-ray organised. Just waiting now for the next stage. Hopefully this will not take too long

Excellent clinician who gave me really useful and clear information.

We also have a function to send a return text if a patient gives a negative comment. We can send them a text message asking them to ring the service to give us further feedback of their experience to enable us to find innovative ways to improve the service.

It has been interesting to see feedback from patients since changing the majority of our clinics to telephone clinics over the main lockdown period. We have now reintroduced some face to face clinics.

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.