

Streamlining Community MSK Services and delivering efficiencies

The logo for Connect, featuring the word "Connect" in a stylized yellow script font.

“

We have worked with all parties to integrate musculoskeletal services together into a single pathway, removing complexity and maximising outcomes. This is proving beneficial in terms of waiting times, reduction in secondary care referrals and patient outcomes.”

Danielle Brailsford, Service Manager Nottingham

Nottingham West CCG and Nottingham North & East CCG

Nottingham West and Nottingham North & East CCGs (NW & NNE) cover a registered population of 238,407.

The MSK contract/service in NW and NNE was delivered between September 2013 and March 2016 by Nottingham University Hospital (NUH) with Connect sub-contracted to deliver the Clinical Assessment and Treatment Service (CATS) element of the service only. The aim of the service to manage more people in the community alone was only partially achieved. Following re-procurement of the contract in 2015, Connect was awarded the whole community service contract with a mandate to optimise the pathway further. This service went live on 1 April 2016 with the aims

- to improve the access to and service user experience of musculoskeletal services (including physiotherapy assessment)
- Streamline into one single point of access and MSK triage
- Deliver routine and advanced MSK services in a community setting
- Reduce costs in secondary care

Summary results

Significant improvements have been made in the first year of service;

- **22% reduction in elective T&O referrals** (trauma and orthopaedics) to secondary care (Oct-Mar 15/16 vs Oct-Mar 16/17)
- Waiting times significantly improved year on year from **84 days to 13 days** for physio face to face appointment
- **77% of patients** shown improvement in validated outcome measure EQ5D
- PhysioLine enabled patient empowerment and improved rapid access
- **96% of patients** would recommend service to friends and family

The Challenge

Musculoskeletal (MSK) conditions (England)

MSK affects the nerves, tendons, muscles and supporting structures = over 150 diseases and syndromes	Leading cause of disability accounting for 24% of all years lived with disability (YLD)	Low back and neck pain is leading cause of disability, with 1.3m YLD
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2013 Source: Global Burden of Disease study (GBD)

The Nottinghamshire County Joint Strategic Needs Assessment (JSNA, 2008) identified

Diseases of the musculoskeletal system and connective tissue are one of the top ten admissions to hospitals	This is estimated to be 10% higher than the England average of 7.4%	238,400 (all 20+ adults) are affected by back pain
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The impact of MSK conditions can be underestimated since most are not immediately life threatening, although both rheumatoid arthritis and osteoarthritis are associated with increased mortality. Instead, sufferers can live with them for years, resulting in a long-term burden via pain and impaired functioning for the individual which can also impact on social functioning and mental health. There is also a substantial economic burden due to work days lost and primary and secondary health costs.

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Dealt with injury appropriately with a lot of practical advice which is already having a positive effect. Professional competent service in a pleasant clinic area. Rapid appointment only a couple of weeks after seeing my GP.” **CATS patient, Stapleford Care Centre**

Impact on secondary care

In October 2016 a Secondary Care audit and action plan was implemented with the aim of reducing unnecessary referrals into secondary care for T&O (trauma and orthopaedics)

Comparing 6 months after action plan to prior 6 months

Oct 16-Mar 17 v Apr-Sept 16
29% reduction

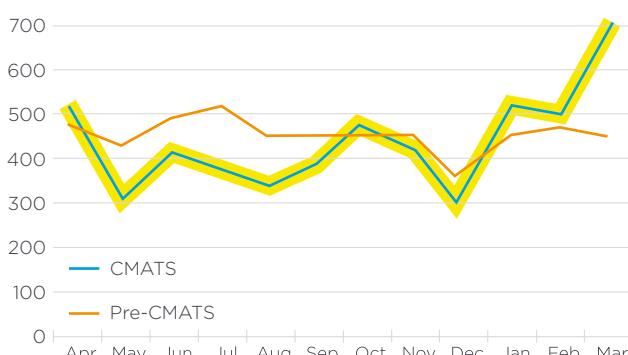
Comparing 6 months after action plan to prior year

Oct 16-Mar 17 v Oct 15-Mar 16
22% reduction

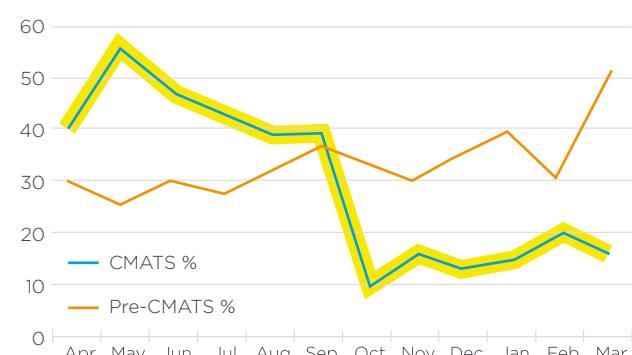
The tables below illustrates the comparisons between the CMATs (Connect's Clinical Musculoskeletal Assessment & Treatment Service) Service and the Pre-CMATs (NMATS) service year on year (15/16 vs 16/17).

The NMATS service was solely a CATS service whereas the CMATS service encompasses community physiotherapy in addition to the CATS service.

Referrals into CATS 16/17 vs pre-Connect integrated service 15/16



% of referrals sent to secondary care 16/17 v pre-Connect integrated service 15/16



Although there was an increase in referrals in 2016/2017 there has been a huge decrease in secondary care referrals

Comparing Oct-Mar 2015/2016 with Oct-Mar 2016/2017

- CMATS received 242 more referrals
- CMATS referred 554 less patients to secondary care
- Equates to 15% of CMATS referrals whereas NMATS referred 37% of referrals to secondary care - A 22% reduction

Equates to savings of £735k per year

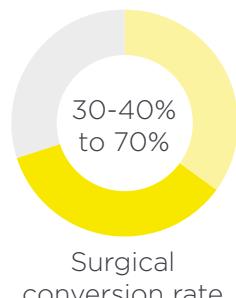
- The average Trauma and Orthopaedic referral costs £664
- Comparing Oct-March 15/16 (992 secondary care referrals) with Oct-March 16/17 (438 secondary care referrals) the estimated savings over 6 months are £367k with the projection of £735k per year

Estimated saving **£735k** per year on T&O referrals

Significant improvements have been made in the first year of service;

Surgical conversion rate improved from 30-40% to 70%

- 2015/2016 stats show a 30-40% surgical conversion rate from the previous service. Internal audit carried out 2016/2017 demonstrated a 70% surgical conversion rate.
- Out of the patients referred to secondary care from CMATS, 25% of them had been worked up through Connect's orthopaedic consultant clinics and were being direct listed. This pathway contributes to additional efficiencies as it reduces tariff rate assessment and diagnostic appointments in secondary care.



Waiting times significantly improved from 84 days to 13 days

- from 84 days to just 13 days for physio face to face appointment
- 94% of patients had received treatment within 18 weeks, outperforming the national target of 92% 18 week RTT.
- All patients who are referred for MRI are being booked a scan appointment within 4 weeks and the report returned to us within 2 weeks of their scan. Historically, MRI wait times were up to 6 months for MRI scan results returned.
- Our main diagnostic provider offers a walk in x-ray service with on the day appointments available.



EQ5D clinical outcomes (April 16-March 17)

- Out of all patients discharged 60% had an initial and final EQ5D comparative score. (No direct comparison to previous service as no data was collected)
- 77% of patients had shown an improvement in EQ5D score, with the annual improvement score averaging at +0.18. (compared to the average of previous studies of +0.16)

PhysioLine - Encouraging patient empowerment and improving rapid access “right person, right time” (April 16-March 17)

- 18% of patients were given a self management program from PhysioLine (including an open appointment for 3 months).
- A local audit was carried out and found that only 4% of patients who were self-managed from PhysioLine, returned for a face to face appointment.



Friends and family - 96% (16/17)

- 96% of patients would recommend this service to friends and family (target = 90%). Collection is electronic, therefore all patients who are discharged from the service receive a questionnaire.

Efficient transition of patients

- 23,310 physio appointments and 11,253 CATS appointments in 2016/17

Connect delivers the following services

Single point of access and information	Access to clinical services	General Practice support	Quick access to MRI / x-ray
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Connect's clinical teams consist of:

Sports and exercise medicine (SEM) consultant	Consultant physio bringing expert clinical leadership	ESPs – extended scope practitioners	<p>Sport and Exercise Medicine (SEM) facilitates adherence to rehabilitation</p> <p>Our Nottingham service is a good example of physiotherapy supported by SEM Consultants, helping people return to function, reinforcing the self-care message and ensuring surgeons see only those they need to and hence provide best outcomes at reduced cost for the NHS.</p>
Injection therapy and diagnostic referral/management	In house Orthopaedic Consultants offering expert and pre-operative appointments	A multi-disciplinary team backs individual clinicians	

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As a CATS clinician there have been several noted improvements in pathways and patient care over the last year. Working alongside our physiotherapy colleagues has been a great addition as it has allowed collaboration between previously separated teams, with greater shared learning and development opportunities for all staff. For patients, transferring between pathways has become much more efficient and their care more continuous. We have huge amounts of data to hand helping us to develop our services and clinicians, and ultimately patient care.” **Ellie Beck, Extended Scope Practitioner, Clinical Lead Nottingham**



Plans for the future

In partnership with the CCGs, Connect is looking at enhancements in the following areas

- Enhance triage as per the NHS directive
- Streamline pathways with other providers including: Nerve conduction studies, Pain services, diagnostic ultrasound in the community, and rehabilitation in a gym based environment.
- Develop a group programme with research partner for improved evidence base practice
- Shockwave therapy –introducing into the services shortly - yet another evidence based treatment modality, not available locally to allow chronic patients to have better care and reduce secondary care referrals.
- Work with wider STP landscape to improve pressures locally

Impact on patients

“I've been recommending your service to everyone I've spoken to since my visit to Jude Grey at Stapleford Health Centre. It was incredibly efficient and a pleasant experience. Excellent.” **Physiotherapy Patient, Stapleford Care Centre**

Quote from GP

“Very good overall, especially the ESP letters, telephone triage and 3 month open appointment also sensible.” **GP**

Impact on staff

“I joined Connect just under a year ago, since then it has become apparent that it's not just a rehabilitation focussed company – it's a movement, a revolution. A movement to strive for clinical excellence. Working with Connect gives me the belief that I am helping not only individuals, but a whole population.”

Joseph Waldman, Senior Physiotherapist, Nottingham, Connect Health



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