

## OCCG / LMC liaison Meeting

<b>Date of Meeting:</b> 31 May 2018 + 14.6.18 OCCG main mtg				<b>Item No:</b> paper 6		
<b>Title of Paper:</b> Update on MSK Healthshare Service May 2018						
<b>Is this paper for</b>	<b>Discussion</b>		<b>Consultation</b>		<b>Information</b>	✓

### Purpose of Paper:

Summary of MSK Healthshare service activity, waits and plans.  
Originally prepared for OUHFT RTT performance monitoring meeting.

### Action Required:

Note contents

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### Additional information added for 14.6.18 City main Locality meeting:

Following a meeting with Healthshare, they are looking to introduce the following changes:



### MSK communications update

- Healthshare (H/s) will amend **patient welcome letter** inc:
  - date by which the patient should have heard from H/s
  - More priority to frequent services eg MATT assessment
- Healthshare already update **referrals on eRS**
- Will introduce **letters to GP** to include:
  - service or speciality the patient has been referred to
  - Whether H/s have booked the patient directly in to a service or if they have been tasked to book it themselves via eRS and options offered from eRS
- **Self referral** – awaiting info. sharing with OUHFT
- Please refer patient queries to H/s phone line

## **Update on MSK Healthshare Service**

### **1. Introduction**

On the 1st September 2017 Healthshare Ltd commenced delivery of Oxfordshire Clinical Commissioning Group's (OCCG) Community Musculoskeletal, Assessment, Triage and Treatment (MATT) Service following a competitive procurement process. The MSK MATT service was commissioned to offer: signposting, advice, triage, referral, assessment and treatment. Effectively this was a redesigned pathway which included the transfer of patients from previously existing MSK services provided by Oxford University Hospitals FT (OUHFT) and Oxford Health FT (OHFT). The service inherited a caseload of 8,706 incomplete pathways as a result of this transfer.

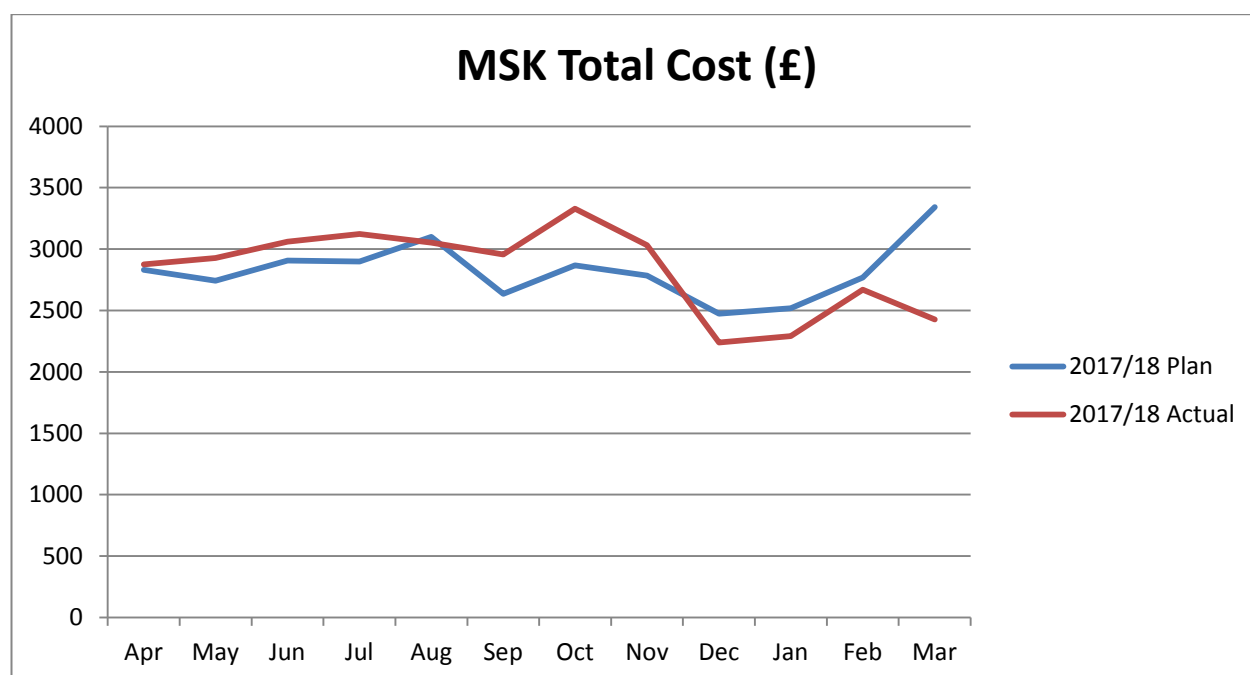
### **2. Background**

The primary driver for commissioning the MSK MATT service was to improve quality of service for patients, there were long wait times, typically with referral to assessment in excess of six weeks and assessment to treat a further eight to ten weeks. There was also an expectation that efficiency savings would be realised as inefficiencies and issues in the system would be addressed.

It was proposed that the new model would generate savings.

- Best case savings with diversion of activity from secondary care to primary care: £1 639 000 (£1 439 000 after MATT investment)
- Worst case savings with diversion of activity from secondary care to primary care: £984 000 (£784 000 after MATT investment)

The CCG spent £118 per weighted head of population, £20 cost per head over and above the England average of £98 for MSK conditions. The CCG was also performing around the national median for orthopaedic Patient Reported Outcomes for Hips.



A CCG QIPP activity report for October 2017 to March 2018 shows a reduction in activity against plan across all OCCG providers from November 2017 to March 2018 due to the start of the Healthshare service.

Overall due to the Healthshare Contract, MSK orthopaedic outpatient activity is showing a 2017/18 financial QIPP savings of £866.36k. Physiotherapy service referrals total cost reduction is £1,226.48.

One concern is that with many patients expected to be on six months programmes of care, the level of subsequent referral to OUH and independent sector providers may not be evident until at least Summer/Autumn although the pre Healthshare rate of referral is unlikely to be the result. It is expected that referral rates will be around 50-60% of the previous rates.

### 3. Current Position

41.6% of MSK referrals are triaged within 48 hours and 60.5% are offered a first urgent appointment within 5 days. Patients may be referred back to their GP, on to secondary care or into a Healthshare provided pathway as well as pathways for stop smoking, weight management or psychological support.

Service	Wait time
Physiotherapy	8-10 weeks
Specialist Physiotherapy	6-8 weeks
MSK Podiatry/Orthotics	10 weeks
Ultrasound	6 weeks
MATT Assessment	12/14 weeks
Exercise Classes	3 weeks

The following tables show the referral activity as reported by Healthshare in March 2018.

	Sep'17	Oct'17	Nov'17	Dec'17	Jan'18	Feb 18	March'18
Referral Source							
Other Health Professional	158	214	280	241	461	415	373
Nurse	0	0	0	0	0	0	0
General Practitioner	3,857	6,431	6,519	3,684	4,830	4,551	4856
Allied Health Professional	0	0	0	0	0	0	0
Total Referrals Received	4,015	6,645	6,799	3,925	5,291	4,966	5229
Inappropriate	45	261	400	57	48	19	21
Total Referrals Accepted	3,970	6,384	6,399	3,868	5,243	4,947	5,209

	Oct'17	Nov'17	Dec'17	Jan'18	Feb'18	March 18
Number of patients sent to secondary care within 3 working days of decision to refer	92	401	746	553	563	228
Number of patients discharged back to GP	1278	2425	3061	3093	2192	2310

Health shares new Net Call phone line service started in February 2018. Net Call phone line can pick up calls based on the ordered wait time and can monitor the call waiting times as a %.

To date there is a 96% call answering success and an average time to answer of 36 seconds, so this appears to be working well and complaints about not getting through have reduced to almost zero.

Self-referral had been put on hold in January 2018 to let Healthshare catch up with the backlog of referrals, there have been 3 patients who have self-referred electronically, It is now expected that electronic self-referrals service will stay on hold until the impact of the cohort of patients currently in treatments pathways (within the MATT Healthshare service) on providers can be assessed.

#### **4. Bladder and Bowel Service**

Bladder and Bowel service with Healthshare is planned to commence once the referral pathway has been agreed.

All children and adults Bladder and Bowel referrals will be triaged by Healthshare.

Healthshare have been commissioned to offer the following services

- 1. Adult female urinary dysfunction (urgency, urge urinary incontinence, stress incontinence and vaginal prolapse): Patient is in the service for approximately 6/12months
- 2. Pregnancy related pelvic girdle pain: Patients accessed physio via a PGP class (unless exclusion criteria met) with only a small percentage of patients requiring additional one to one physio appointments. These patients remain on open access until their due date.
- 3. Rectus Abdominis Diastasis: Patient is in the service for approximately 3/12months

- 4. Pelvic pain/pelvic floor dysfunction: Patient is in the service for approximately 3/12 months

The CCG project manager is working with OUH and the Community Bladder and Bowel services to ensure changes are implemented within the current service provision to avoid duplication

## **5. Conclusion**

Contract Review meetings with Healthshare are held quarterly from April 2018, the performance against KPIs and outcomes are reported monthly to the CCG. The CCG will continue to follow up any issues raised seriously and offer better feedback