Oxfordshire
Clinical Commissioning Group

GP MSK Update
21 November 2018

Since the last update the CCG has worked hard with Healthshare to address concerns about the service that have been voiced from several quarters.

Two themes running through the concerns have been communication and lack of capacity in the service resulting in excessive wait times. Following a contract review the level of resourcing within the service will be increased to match the demand currently apparent.

You should now see changes in the following areas described below:

1. Communication, phone and e-mail response to patients

Problem: Patients and GPs were not able to contact Healthshare.

CCG response: to set up frequent calls to check telephone availability, encourage increases in administrative capacity, raise this as a priority, ensure that the recommendations from the Healthwatch report are actioned.

Healthshare's response: Provide additional administrative resource (took effect on 10th October) to telephone and email lines. Set up a clear complaints process advertised to patients.

Results: Since the 10th of October, Healthshare have seen a 94% call answering rate, with an average time to answer of 65 seconds. 51% of all calls are answered within 20 seconds. This has been checked by over 10 calls from the CCG, one call was answered in 6 minutes and one call for 3 minutes. All other calls were answered in under a minute by polite and friendly staff.

No patient complaints regarding phone answering have been received CCG in November 2018.

2. Booking problems

Problem: Patients often left without clarity on their appointment, going back to the GP to enquire.

CCG response: performance manage the relevant Key performance Indicator (KPI) in the contract - all patients triaged within 48h (2 working days), set up patient and GP workshops to review the booking processes.

Healthshare's improvements to date:

- Increased admin resource to ensure patients are triaged and booked in time
- A change in the booking process so that patients are now sent their Healthshare (not secondary care) appointments immediately following paper triage
- Advertising Healthshare's contact details together with contact details for Healthshare if they need to change it on their appointment letter

Results:

- Patients are given an appointment typically within 4-5 working days of their referral
- More patients are going to Healthshare with their queries (a 2-3 fold increase in telephone activity)
- Fewer DATIX from primary care around booking issues

3. Waiting times

Problem: long waits to access Healthshare appointments, largely as a result of there being 30-40% more patients referred to the service than anticipated from benchmarking and previous services.

Solution: A trajectory for improvement has been agreed, attached to a correction of the baseline level of activity commissioned from the service.

95% of Urgent referrals that require face to face appointment to be had within 7 operational days by January

95% of Routine referrals that require a face to face appointment to be had within 30 operational days by June

Progression to both targets will be regularly monitored and reviewed as part of ongoing service improvement along a trajectory for linear improvement in performance.

4. Communication with GPs

Problem: GPs unable to ascertain what the next step was for patients who contacted their practice to enquire what happened to their referral.

Solution: After paper triage GPs will be sent a letter detailing the decision and what the patient has been asked to do.

Where a GP has requested an urgent appointment and that prioritisation is downgraded to routine by the paper triage process a letter will go to the GP from a named clinician explaining why the priority has been altered.

5. Imaging

Problem: Wait times for imaging results and clarification needed on process to advise patient of results. GPs have asked that they are not routinely copied in to the results of imaging ordered by Healthshare.

CCG response: The wait for imaging is dependent on provider availability, the CCG are looking to increase capacity and availability particularly in the southeast. An arrangement is being finalised to add Berkshire Imaging (Reading) as a referral option, referrals for MSK imaging will be able to access this from 1 December 2018. Use of the ICE platform for provision of results is being pursued with Healthshare and OUH.

Healthshare's improvements to date: Imaging needed for patients organised by Healthshare will be arranged promptly with clear communication to the patients of how they will receive the appointment, the result and the follow up consultation to act on the result.

Healthshare now speak to patients on the phone to let them know that they are going to organise imaging for them – where the imaging will happen and that the clinician will contact them by phone to discuss the result.

Following the scan when Healthshare receive the results of the investigation they will contact the patient by phone, discuss the result and agree the next step including:

- Making a follow up appointment with a Healthshare physio
- Referral on to secondary care.

Results: Healthshare have agreed they will incorporate the results of the imaging into the clinical letter sent to GPs after the patient has been informed of the results and the next steps in management agreed.

6. Referral of patients with a past history of cancer and the need for imaging

Problem: Need to refine pathway
CCG response: OCCG and Healthshare clinical leads reviewed this issue

Healthshare's response to date: Where a patient has been referred to Healthshare with a past history of low risk skin cancer Healthshare will not request imaging as a matter of routine unless clinically indicated.

Where patients have a past history of cancer and low back pain and the GP by dint of referral does not believe malignancy is a likely cause the, Healthshare clinician will make their own professional judgement and if they feel an urgent limited MRI scan L/s is needed they will organise it.

In cases with more complex presentations and a past history of cancer these will be dealt with on a case by case basis and may include Healthshare arranging imaging or discussing the case with the patient's GP , the imperative being not to introduce delay .

Changes will be made to the Healthshare referral form so it is explicitly stated whether or not the referred patient has a past history of cancer.

If during any clinical interaction with Healthshare it is felt that the patient needed immediate scanning eg Cauda equina , spinal cord compression this will be arranged immediately by Healthshare by referral to A+E or the on call orthopaedic team the same day. (Patients where their GP suspects that cancer or cauda equina may be a cause of their symptoms should not be referred to Healthshare as previously explained)

7. Unexpected finding of possible malignancy on a scan

Following extensive discussion with Healthshare and the LMC the following are proposed:

Where there is a finding of an MSK malignancy (like a sarcoma) Healthshare will make the onward 2ww referral, speak to the patient and inform the GP.

They will also copy the 2ww referral letter to the GP to allow them to write to the 2ww service with further information if the GP feels it necessary.

Where possible Healthshare will ring the patient's GP in advance of making the 2ww referral and inform the patient to ask the GP if they would prefer to handle things , if they can't contact the GP or the GP doesn't express a wish to make the referral or contact the patient, Healthshare will take all the necessary actions and send clear written communication to the GP.

Where there is an incidental finding of possible malignancy that is non MSK related including bone secondaries, Healthshare will complete a pro-forma (Appendix 1) to transmit all relevant information to patient's GP and practice, they will speak Clinician to Clinician with the GP (or his deputy) in the patient's practice and document a formal handover of the results of the imaging and the GPs acceptance of the responsibility of acting on the results including contacting the patient.

8. Request of GPs for information in referral letter

Rheumatology outpatients at OUH have noted a number of patients whose presentation has not been reflected accurately in the referral letter from the GP. In order to allow triaging to be as effective as possible it would be particularly helpful if referral letters included:

Clear narrative on the presenting problem to be addressed – cut and paste from a clinical entry in the notes may mention multiple MSK problems and can be difficult to interpret.

Where there is felt to be an underlying rheumatological problem as much detail as possible re the symptom presentation/duration/course/progression etc, and details of any investigations (with numerical values) . This is particularly helpful as referral to OUH rheumatology are re -triaged and prioritised by the Rheumatology team following paper triage to them from Healthshare.

We are looking to refresh a leaflet to be given to patients following an MSK referral explaining the steps, making the process clear and directing patients to Healthshare for any queries following GP referral .

Following concerns that OUH didn't have a functioning Rheumatology e-mail advice line I have clarified with their clinicians that the address is :

rheumatology.NOC@nhs.net

This is active and available directly to GPs – they do not have to go through Healthshare to access e-mail advice.

Dr Stephen Attwood
OCCG Planned Care clinical lead
November 2018

Appendix 1:

Pro-forma to be completed by Healthshare for transmission of finding of possible unexpected malignancy

Transfer of Clinical responsibility of the finding of potential malignancy on imaging arranged by Healthshare.

This pro-forma must be accompanied by a phone call to the GP whom Healthshare wish to transfer the responsibility to, ***the time and date of acceptance of the transfer must be recorded by Healthshare and sent to the practice.***

Patient details :
Patient
Name
Address
Dob
NHs no
Recorded tel number
Date of referral to Healthshare
Clinical problem referred to Healthshare
Details of care by Healthshare to date – patient seen – by who / when.
Details of abnormal scan :
Scan (eg MRI l/s)
Date performed , location (unit) .
Full copy of results – including contact details for the radiology department who performed the investigation.
Clinical concern of MSK clinician.
Details of any communication about the scan with the patient.
Have they been given any information about the results ?
What ..
When…
By Whom.

If not how are they expecting to learn the results ?
Have they been told they will be contacted by their GP ? If so when
Have they been asked to contact their GP if so when and by whom?
Details of MSK clinician at Healthshare wishing to pass responsibility
Date and time of phone call with GP
Accepting GP details

Documentation of GPs agreement to make 2ww referral *

In the absence of full communication and agreement for the transfer of responsibility to the patient's GP the responsibility to arrange the 2ww referral rests with Healthshare who must inform the GP practice .