1. Introduction

Oxfordshire Primary Care Trust (PCT) is responsible for improving the health of the local population. This is achieved by planning current and future health needs. The PCT funds and buys health services for the county which involves managing with a range of health care providers. Among these providers are independent primary care contractors, which include GP practices, community pharmacies, NHS dentists and NHS opticians. The PCT also funds hospitals services as well as providing further services through Community Health Oxfordshire; these include health visitors, therapists, district or community nurses, and specialist services and facilities at all the community hospitals in Oxfordshire.

In order to support people with a Musculoskeletal disorder such as arthritis, back and joint pain and damage to joints, muscles and tendons who require short term treatment programmes the PCT provides an Musculoskeletal service (MSK) such as specialist physiotherapy and podiatry. People who use the MSK service will have been referred by their GP for a short course of treatment following injuries to shoulders, arms, hands, hips, legs or feet, back problems or sports injuries.

The following report looks at patient feedback on the proposed changes to the delivery of the MSK service provided by the PCT. Service users will find that their appointments will change from being at the large, central hospitals to being at community based locations, closer to people’s homes. The feedback collected will be used to ensure that the PCT is able to deliver a service that best meets the needs of the patients.

2. Background

The Department of Health’s Musculoskeletal Services Framework (MSF), part of the government's strategy for long-term conditions states that: “There are key changes that health economies will need to make in order to improve the care of people with musculoskeletal conditions and reduce waits and delays to deliver the 18-week patient pathway by December 2008. Commissioners will lead much of the change. It is, however, imperative that the process involves all key stakeholders across the whole health and social care system, including patients and their families: it is only possible to deliver change through wide engagement.”
During 2007 and 2008 the PCT worked with local GPs and hospital clinicians to develop a description for a community based Musculoskeletal service across Oxfordshire. This has been designed based on experience from similar services which have been shown to be effective in other parts of the country. The proposed service will mean that the majority of patients, who are receiving short courses of treatment, will attend appointments closer to their homes in community locations rather than having to travel to a hospital as is currently the case. The description was also endorsed by national representatives of Arthritis Care as being a welcome improvement.

In January 2009, to ensure that those people who may wish to comment on either their experience of the current service or comment on the forthcoming changes to the provisioning of MSK services the PCT identified and wrote to potential service users, support groups for people who may use the service, GPs and other community groups, inviting them to fill in a short survey, which was also posted on the PCT’s website. The letter was sent to 136 addresses.

3. Method

During 2007 and 2008 the PCT worked with local GPs and hospital clinicians to develop a description for a community based musculoskeletal service across Oxfordshire. The description developed endorsed by national representatives of Arthritis Care as being a welcome improvement. Due to time constraints on the period of time available for the engagement the survey was sent to a small group of targeted respondents. It was not possible to set up focus groups with service users and potential service users and draw the data from them.

As such the PCT developed a short survey (appendix one), which was mailed out to:

- Sports clubs
- County council Leisure centres
- Private gyms
- Support groups – such as The Oxfordshire Carers Forum
- Black and minority ethnic groups organisations – such as African Caribbean Community Action Network
- GP Practices

This was carried out during January 2009. Deadline for submission of the questionnaires was 30 January 2009.

4. Results of the survey

Nine people responded directly to the survey representing an overall response rate of seven per cent. However a response was received from the NOC Network group with their comments on the proposed changes to service delivery. The full response is included in appendix four. The detailed responses to the questionnaire are presented in appendix one - four.
• **Question 1** - How old are you?

![Age of respondents chart]

<table>
<thead>
<tr>
<th>Age brackets</th>
<th>No. respondents</th>
</tr>
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<tbody>
<tr>
<td>Under 25</td>
<td>1</td>
</tr>
<tr>
<td>26 - 34</td>
<td>1</td>
</tr>
<tr>
<td>35 - 44</td>
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<tr>
<td>55 - 64</td>
<td>2</td>
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<td>65 or over</td>
<td></td>
</tr>
<tr>
<td>Prefer not to say</td>
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• **Question 2** – Postcode of respondents

Responses were received from:
- RG19
- OX2
- OX3
- OX4
- OX10
- OX15
- OX16
- OX28
• **Question 3** – What condition prompted you to use the service?

![Condition that prompted service use](chart)

Answers received in response to ‘other’:
- “I have not used the service of late.”
- “Professional (GP).”
- “I am a GP seeing patients with MSK problems.”
- “All of the above ticked, except for sports injury.”
- “All of the above ticked.”
- “GP.”

• **Question 4** – What is your experience of using the current service?

A range of comments were received in response to this question, detailed in full in appendix two. The majority of responses were positive although access to podiatry services was raised as an issue.

• **Question 5** – The new service will mean that patients will attend appointments closer to their homes in community locations rather than having to travel to a hospital. Do you have any comments to make on the planned changes to the service?

Some respondents expressed concern about possible changes to the location of the service in terms of who would be providing the service and ease of access to the service by public or private transport. The full responses to this question are detailed in appendix three. The NOC Network group felt that proximity to patients home can be an advantage but that the NOC’s current outreach clinics went some way to addressing this already.

The response from the NOC Network group expressed concern about whether or not the tier 2, community based service, would offer the same level of clinical skill and experience of the service at the Nuffield Orthopaedic Centre.
Question 6 – How did you hear about this questionnaire?

![Bar chart showing how respondents heard about the questionnaire]

Respondents who selected other had found the questionnaire on the PCT website, said that it had been send by the PCT or failed to comment on how they became aware of the survey.

5. Conclusion

Overall those who responded to the survey felt expressed positive views of the current MSK services. Services based in community locations, which respondents were already accessing were on the whole highly praised. Podiatry services were mentioned as something that is currently difficult to access.

The proposed changes to the service were welcomed however concerns were expressed about the who would be responsible for the provision of services in areas on the PCT borders and ease of access to community services by public and private transport.

An area of concern expressed by more than one respondent was the transition between services particularly for those patients who had to move between the community based tier 2 service and the hospital based service.

6. Next Steps

Information from this survey will be used to review and shape the current service specification to ensure that the service provided meets the needs of service users. Service users concerns about loss of patient choice need to be addressed by communicating to this audience that the tier 2 service seeks to add to and build on the existing service rather than replace and remove it.
Appendix one – questionnaire

Oxfordshire Primary Care Trust (PCT) who commission, buy health services for Oxfordshire is in the early stages of looking for the best organisation to provide community based Musculoskeletal (MSK) services, such as specialist physiotherapy and podiatry. Musculoskeletal disorders are a group of conditions including arthritis, back pain and joint pain and damage to joints, muscles and tendons.

This new service will mean that the majority of patients, who are receiving short courses of treatment, will attend appointments closer to their homes in community locations rather than having to travel to a hospital.

The PCT is keen to ensure that any comments you may have, and want to share about your experience of the current service or comments on the forthcoming changes to the provisioning of MSK services in Oxfordshire are recorded and used to shape the service specification.

Your answers will be treated in the strictest of confidence.

1. How old are you?
   - Under 25
   - 26 – 34
   - 35 – 44
   - 45 – 54
   - 55 – 64
   - 65 or over
   - Prefer not to say

2. Please give your full postcode below. This will be used to assess where we are receiving responses from across Oxfordshire.

3. What condition prompted you to use the service?
   - Back problems
   - Hand, arm or shoulder problems
   - Foot, leg or hip problems
   - Sports injury
   - Podiatry
   - Other – please specify

4. The new service will mean that patients will attend appointments closer to their homes in community locations rather than having to travel to a hospital.

Do you have any comments to make on the planned changes to the service? What is your experience of using the current MSK service?

5. Do you have any comments to make on the planned changes?

6. How did you hear about this questionnaire?
   - Letter
   - Newspaper
   - Word of mouth
   - Other please specify

7. Thank you for taking the time to complete this questionnaire. If you would like to receive an update on the outcome of the commissioning process and the development of the new service please include your contact details below.

   Name:
   Address:
   Email address:

Return this survey to: Freepost RRRK-BZBT-ASXU, Comms & PPI Team, 2nd Floor Jubilee House, 5510 John Smith Drive, Oxford Business Park South, Oxford, OX4 2LH
Appendix two – full responses to question 4. User’s experience of current service.

Poor provision of podiatry, I understand podiatry is only available to patients with diabetes, this means that the elderly cannot get podiatry even if they are housebound.

Started with back and went to knee and later ankle. Most successful treatment was knee and ankle. I asked for referral on each occasion. I can now manage knee pain. Ankle has fully recovered from injury. Recovery was not spontaneous and problems had continued for 6 months prior to physiotherapy treatment.

Had excellent local service (physio) after back op in oxford.

Already have Witney podiatry and physio service. I'm sure other forms would benefit from local service.

Great idea as long as implementation smooth. Presumably imaging will still have to be done at the hospital."

Variable. Would be better if we had in-house physio.

We are fortunate in Chipping Norton to already have high quality physiotherapy and podiatry available locally in Chipping Norton. We already have visiting orthopaedic and rheumatology consultants doing clinics at the hospital.

I have no problem. My appointments are at Wallingford medical practice at OX10.

Appendix three – full responses to question 5. Users’ comments on the planned service change.

As long as the service that we have at Townlands from the consultants remains. The consultants at Townlands are from the Royal Berkshire hospital, I believe a few are from the Nuffield Orthopaedic. I worry that if the service is provided by an alternative provider, we will be coerced into using a service that is not provided for by the Royal Berkshire.

I attend clinic at RI which was convenient. I understand the nearest is currently East Oxford Health Centre which is much less convenient from Botley by car or public transport.

Specialist clinic at Witney Hospital for commonest probs would be a boon - especially for elderly (transport issues) i.e. hip OA, back triage.

The current podiatry provision within Oxfordshire on the NHS is poor - if access is impaired by the new changes this will be well received.

Can't wait.

It is excellent for patients to have local provider - providing it is of high quality. However it is also very important that either more complex problems or the problems not resolving we can refer to more central specialised services.

Appendix four – full response from the NOC Network group.

NOC NETWORK RESPONSE TO OXFORDSHIRE PCT PROPOSAL TO DEVELOP A COMMUNITY BASED MUSCULOSKELETAL SERVICE (TIER 2)
NOC Network is the group of patients, carers and the public supporting the Nuffield Orthopaedic Centre.

1) **How will the competencies of the Tier 2 professional be assessed?**
   NOC Network finds it incredible that with a world class musculoskeletal centre on its doorstep, Oxfordshire PCT has set up a process to find a Tier 2 service provider. Patients will want to be assured that if they attend a Tier 2 service in Oxfordshire, they will be seen by clinicians with equivalent skills to those of the Nuffield Orthopaedic Centre.

2) **What added value is there for patients?**
   It is extremely difficult to see how another service could provide better value for patients than the NOC. Proximity to the patient’s home can be an advantage though that is already addressed by the NOC by having outreach clinics in many areas.

3) **Integration of services.**
   If another provider were involved would there be seamless integration between the Tier 2 service and the hospital service? This is essential and would clearly be jeopardised by further fragmentation of MSK services.

4) **Consultant services.**
   Patients are often referred because an opinion from a specialist is required before treatment can be decided upon. For these patients, referral to an intermediate service would simply waste time.

5) **18 week wait.**
   How will the Tier 2 service relate to the 18 week target? Will patients who subsequently need treatment in hospital effectively have a 36 week wait?

6) **Patient choice.**
   It would be a retrograde step if the Tier 2 service were to supplant patients’ ability to choose where they received treatment. If GPs are expected to refer all MSK patients through the Tier 2 service, effectively a triage system, there is a worrying potential for bottlenecks to develop and for patient choice to be ignored.