

**Oxfordshire Clinical Commissioning Group – Musculoskeletal Integrated Pathway Project**

We would like to ask you some questions about how you use Musculoskeletal Services and your views on developing them for the future.

Musculoskeletal services are commissioned by Oxfordshire Clinical Commissioning Group (OCCG). The services are delivered by a number of providers with one of the larger contracts being held by Oxford University Hospitals NHS Trust.

OCCG needs to look at the current demand for planned musculoskeletal services and forecast future need to ensure the service commissioned for the coming years is affordable and delivers high quality and efficient care that meets patients' needs.

Areas being reviewed within the Musculoskeletal services include;

- Referrals, triage and initial assessment
- Orthopaedics
- Rheumatology
- Podiatry
- Orthotics
- Spinal (neck and back)
- Physiotherapy

We are seeking your views which will help to inform and identify opportunities to improve the current services and ensure that musculoskeletal services in Oxfordshire, offer patients the right care at the right place at the right time.

**Consultation questions**

**1. Please tell us if you have used Musculoskeletal services in the last two years?**

- Yes, I am a patient that has previously used the Musculoskeletal service
- Yes, I am a carer for a patient that has used the Musculoskeletal service
- No, I have not used the Musculoskeletal service in the last two years

**2. Please can you tell us which of the following services you (or the person you are responding on behalf of), have used? (Please tick all relevant services)**

- Orthopaedics
- Rheumatology
- Podiatry
- Orthotics
- Physiotherapy
- Other

**We would like to understand more about your experience of the Musculoskeletal service (or the experience of the person you are responding on behalf of) in the last two years.**

**3. Please tell us how you entered the service?**

- Referred by a GP in Oxfordshire
- Referred by a consultant in Oxfordshire
- Referred from A&E in Oxfordshire
- Referred by a GP from outside Oxfordshire
- Referred by a consultant from outside Oxfordshire
- Referred from A&E from outside Oxfordshire
- Other

If 'Other' please describe in the box below

**4. Following your appointment with your GP, how long did you (or the person you are responding on behalf of) wait before the service contacted you by telephone?**

- Less than 1 day
- 1 – 5 days
- 1 week
- 10 days
- 2 weeks
- Over 2 weeks
- I can't remember

**5. When you were first contacted, was it...?**

- A holding call with no appointment arranged
- A call giving you an appointment

**6. If you (or the person you are responding on behalf of) had questions about your referral who did you contact?**

- GP
- GP surgery/receptionist
- The Hub
- A consultant that you had seen before
- Other

If other please describe:

--

**7. Were you (or the person you are responding on behalf of) given clear information about what would happen throughout your assessment, treatment and follow-up for your condition? Please tick yes or no as appropriate in the table below for each relevant stage of care:**

Stage of care	Yes	No
Referral		
Appointment time		
Diagnosed condition		
Treatment plan		
Follow up		

If no, please tell us why?

--

**8. Have you (or the person you are responding on behalf of) felt the need to seek advice in addition to organised appointments while on your patient journey and if so, could you please tell us who you approached from the following list?**

Contact	Yes	No
GP		
MSK Hub		
Hospital		
Community service		

Further comments

--

We would like to understand more about your appointment and treatment.

9. Please could you tell us whether you (or the person you are responding on behalf of) agree or disagree with the following statements about the service you received by ticking in the relevant boxes:

Statement	Agree	Disagree
I was treated with dignity and respect during the visit		
I was given a choice about the hospital or clinic where I was seen and treated		
I was seen by the right clinician for my condition first time		
I attended my first clinical appointment for treatment and the clinician was able to treat my condition		
I was treated with dignity and respect during the visit		
I feel that I have been listened to by the person providing care and/or treatment		
I, received adequate support and advice to manage my condition		

If you have further experiences that you would like to share, please tell us here.

**10. Would you please tell us how important the following options for the development of Musculoskeletal services are to you by ticking the relevant boxes below:**

Statement	Very important	Important	Don't mind	Not important
Access to an electronic system to monitor your progress				
Treatment closer to home				
The reputation of your chosen provider				

If you have comments you would like to share, please tell us here:

**11. Please (or the person you are responding on behalf of), tell us how satisfied you were overall with your experience of the Musculoskeletal service by ticking the relevant boxes:**

	Very satisfied	Satisfied	Neither satisfied or nor unsatisfied	Unsatisfied	Highly unsatisfied
My experience of MSK services has made me feel					
My experience of the attitude of staff towards patients made me feel.....					

If there is anything further you would like to tell us about your overall experience of MSK services at different points along your patient journey, (or the journey of the person you are responding on behalf of), please include it here.

**Thank you for your time.**

## Personal Details

We would be grateful if you would provide the following information – it will help us know if we have received responses from a representative group of people.

### Age Range

Age range	Your response
Under 16	
16-24	
25-34	
35-44	
45-54	
55-64	
65-74	
Above 75	

### Gender

Gender	Your response
Male	
Female	
Prefer not to say	

### Ethnicity

Ethnicity	Your response
White	
Mixed	
Asian or Asian British	
Black or Black British	
Chinese	
Other	
Prefer not to say	

### Do you consider yourself to have a disability?

Disability status	Your response
Yes	
No	
Not stated	

### Your Postcode

**If you would like to hear the outcome of this work we would be happy to send you any details.  
Please complete your name and address below.**

**Name:**

**Address:**

**Email address:**

**Telephone number:**

**Please return all completed questionnaires by 14 December 2014 to:**

Annie Tysom, Oxfordshire Clinical Commissioning Group, Communications & Engagement

**FREEPOST RRRKBZBTASXU**

Jubilee House, 5510 John Smith Drive, Oxford Business Park South, OXFORD OX4 2LH

**For further information about this consultation please email:**

[cscsu.talkinghealth@nhs.net](mailto:cscsu.talkinghealth@nhs.net) or call 01865 334652

**Thank you for your time.**