

Developing Musculoskeletal Services in Oxfordshire

Engagement Report

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Introduction

This brief contains an outline of engagement activity undertaken to support Oxfordshire Clinical Commissioning Group's Musculoskeletal Services review project.

Background

Musculoskeletal (MSK) services in Oxfordshire are commissioned by Oxfordshire Clinical Commissioning Group (OCCG). One of the largest contracts in MSK services in the county for the Musculoskeletal Triage and Tier 2 Treatment Service is held by Oxford University Hospital NHS Trust (OUHT) and is due to expire in 2016. OCCG is required to develop a commissioning strategy within the next 12 months for an MSK service that is future fit, meets patient need, is efficient and provides a quality service for Oxfordshire patients. To do this we need input from patients, the public and clinicians. The project is being managed in two phases:

1. Phase one: Strategic Outline Business Case (Current state analysis and 'what constitutes a good service'). Presented to the OCCG Clinical Executives on 23rd September 2014.
2. Phase two: Full business case (future state analysis with recommendations for change). To be presented to the OCCG Clinical Executive and OCCG Governing Body in April 2015.

As part of the current state analysis OCCG explored feedback from both patients who have used the service, GPs and hospital clinicians. The CCG has also conducted data analysis to understand the current demand for the service and patient and clinician experience. As part of this work OCCG has identified an increasing number of referrals and rising expenditure within the service.

Purpose of engagement

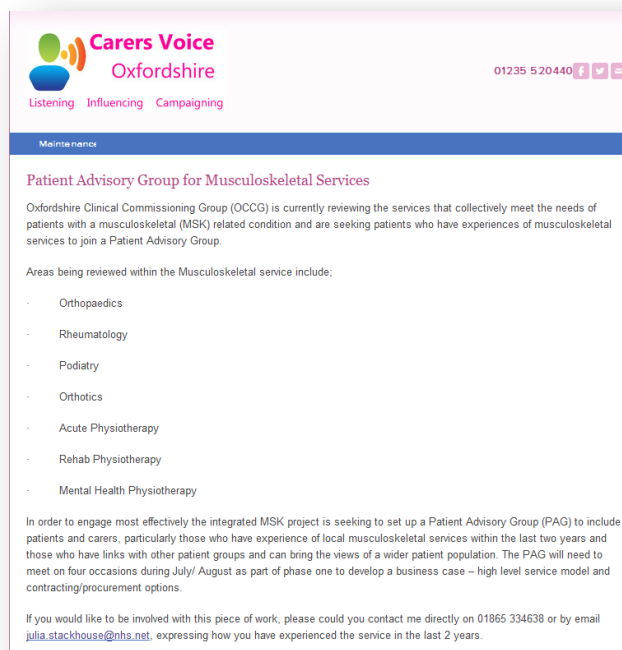
In order to thoroughly consider the future options for MSK services in the county and to support the review project a number of engagement activities were undertaken, including forming a patient advisory group (PAG), clinical advisory group (CAG), joint patient, clinician and stakeholder co-design events to gather feedback on the type, range and standard of services people in Oxfordshire would like to see provided, Experience Based Co-Design (EBCD) to inform the co-design workshops and a public survey.

Process and Methodology

The following engagement activities were run, including:

Patient Advisory Group (PAG)

A Patient Advisory Group was established from the very beginning of the project. An invitation was circulated to patients with experience of MSK services in Oxfordshire within the last two years to join the MSK PAG; via Talking Health (OCCG's online public consultation tool which has a membership of more than 2,500 Oxfordshire residents), via our locality Patient Participation Groups; via our Equality and Access Commissioners and our stakeholder networks.



The PAG attracted around 16 members, although membership fluctuated over the eleven months of the project and in total 25 patients were involved in the project. Among these members, all are MSK patients except one, who is a carer of an MSK patient. The PAG have nominated a representative who also sits on the Clinical Advisory Group (see below for details) and the MSK Project Steering Group.

Clinical Advisory Group (CAG)

The membership of the MSK CAG includes Clinicians from across OCCG's localities, those with an MSK specialism and MSK clinicians from provider organisations in Oxfordshire. Both PAG and CAG groups met weekly for four weeks at the start of the project in the summer of 2014 to discuss the MSK pathway, to explore and understand what works well highlight delays, issues and inefficiencies that occur and exist between services and providers as well as discuss what constitutes a good service.

Communications and Engagement Aims

The aims of the communication and engagement strategy were;

- To provide clear, timely information about the need to make changes to Musculoskeletal services in Oxfordshire, to improve patient experience and meet the financial challenges the NHS is collectively facing;
- To provide communications on involvement opportunities to maximise engagement in the project;
- To ensure that feedback from patients, key stakeholders and the public on the current service is captured and opportunities are offered to help shape the future service.

Phase One – Engagement Activity to inform the Outline Business Case

OCCG completed phase one engagement to help inform an outline strategic business case proposal for the future of MSK services in Oxfordshire.

This included establishing a Patient Advisory Group (PAG) to support a Clinical Advisory Group (CAG) where both groups worked to explore MSK services in Oxfordshire. These groups fed into an overarching MSK project steering group.

The PAG met four times during phase one. While the CAG met eight times.

The OCCG MSK project team identified the following opportunities;

- Review of MSK services to ensure value for money
- Improve referral quality to reduce the number of patients who are treated in secondary care
- Make sure care pathways are integrated and efficient
- Maximise opportunities to deliver care in the most appropriate settings

Phase One – Key Findings

Some of the key themes that emerged during the Patient Advisory Group and Clinical Advisory Group meetings were:

- Good quality treatment reported by patients once seen by the appropriate clinician
- Issues with accessing services in a timely manner
- System is confusing for clinicians and patients
- Delays between referral and appointment booking
- Delays between assessment and treatment
- Some patients are not being seen in the right place, first time
- Inefficiencies in communication and exchange of clinical information between clinicians and providers – not integrated
- Need for patient information about care, treatment and care pathway at the outset
- Need for a facility for patients to track their referrals and appointments throughout the pathway.

The feedback gathered during all four PAG meetings was distilled into six key themes. Including;

- communications,
- self and direct referral,
- shared decision-making tools,
- prevention,
- patient centred outcomes and
- the spinal pathway. (It was agreed by the clinicians and project steering group, that if they could use patient and clinician feedback to design and hone the spinal pathway, this would enhance the model for all MSK services.)

The key themes were used as a basis to structure engagement activity during the second engagement phase of the project.



Phase two – Engagement Activity

The next phase of engagement was designed to inform the full business case. Activity was planned to engage patients, stakeholders and the public on key findings and test the plans. Three forms of engagement were undertaken during this phase;

- A public survey on MSK services,
- Three joint patient and clinician events that were held in November 2014, January and February 2015 and
- A patient film was created to inform Experience-Based Co-Design, a process undertaken in parallel with the three events and used with patients and clinicians during the second event.

Public Survey

A public survey was run and posted on Talking Health (OCCG's online consultation platform). OCCG's Equality and Access Commissioners also took the survey out to community groups and networks in a discussion group format to get a broad range of views on the survey. The survey aimed to test some of the key findings identified during phase one engagement activity, which included access issues, communication and information issues, amongst a wider audience. The results of the survey provided additional data to support the MSK Project Steering Group and the review into MSK services.

The survey was publicised in the local media, receiving coverage in the Oxford Mail, Oxford Times, the Bicester Advertiser and the Witney Gazette.



For further details on the survey, see the separate MSK survey report.

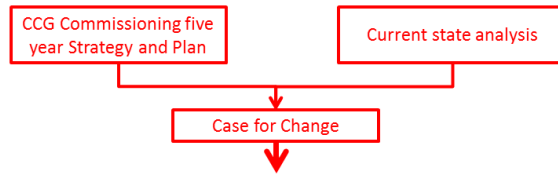
Joint patient and clinician events (co-design)

Three workshops were held, the first on 25 November, the second on 13 January 2014 and the third on 3 February 2015. The workshops involved patients from the PAG, clinicians from the CAG, stakeholders and members of the voluntary sector. Feedback from the events was used to pull together patient experience, clinical expertise and views from voluntary organisations to develop the emerging new MSK service model.

The workshops were structured differently for each session as the project built on the feedback gathered from each event.

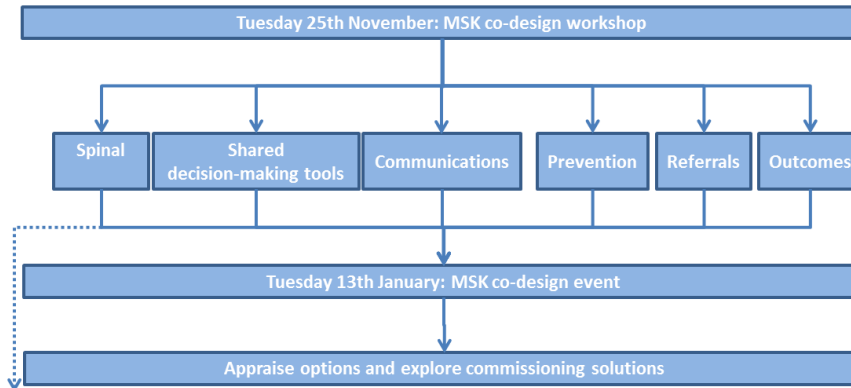
The diagram below sets out the different aspects of future state analysis covered at each event.

Current state analysis



Strategic Outline Business Case : Integrating Oxfordshire Musculoskeletal (MSK) services

Future state analysis

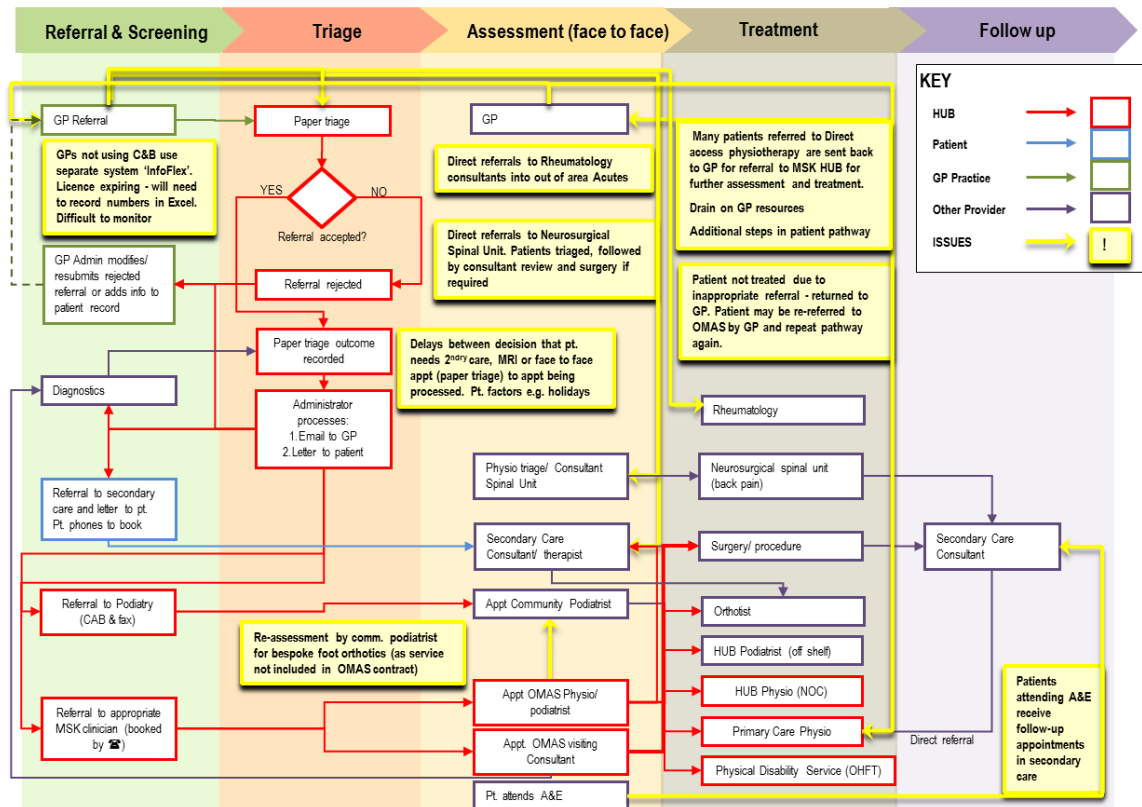


Workshop one – 25 November 2014

The first workshop focused on MSK co-design focusing on the six themes identified during phase one engagement of the project. Sixty-two people including patients, clinicians and stakeholders attended and were divided into six design groups including; spinal, shared decision-making tools, communications, patient centred quality outcomes, prevention and self and direct referrals. Each group was set objectives and questions to prompt discussions.

The following MSK service model map was shown to illustrate the current state of services:

Current State for MSK Services – Pathway Mapping



Following this event the design discussion groups were recognised as constructive and were used again for the second event. Further key issues identified included communications in terms of an IT solution, the importance of a patient-held care plan and prevention throughout the pathway.

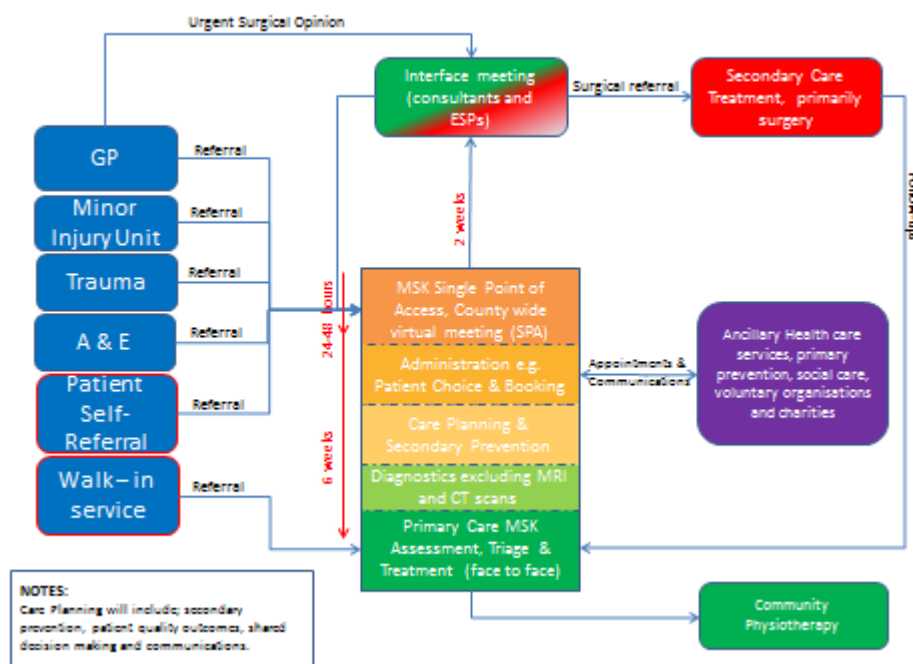
Workshop two – 13 January 2015

Sixty-five patients, clinicians and stakeholders attended the second event. This event used the same design discussion groups from the previous event to examine six patient films and the resulting experience graph mapped by a small group of patients and clinicians who had volunteered to be part of the Experience Based Co-Design (EBCD) process. Design groups were challenged to examine whether the outcomes identified by their group at the previous event would move patient experience from a negative experience to a positive one. The EBCD approach was warmly welcomed by both patients and clinicians. A small amount of negative feedback was received about the amount of editing that had been done to the films to fit six patient stories within 20 minutes.

Personalised care plans and communications and IT solutions in particular were the key outcomes of this event.

Workshop three – 3 February, 2015

This session, with sixty-four attendees, focused on critiquing the emerging MSK service model. The following image shows the change in structure compared to the previous model and reflects feedback received.



Feedback at the event indicated more time was needed to refine the proposed model. Two focus groups were arranged with volunteers from the third event delegated to a further session on care planning and a further session on the model itself.

Person-centred care planning focus group – 3 March 2015

Eleven people attended this session including patients, voluntary sector representatives, clinicians and health service managers. Feedback gathered included;

- involving the voluntary sector in a more central support role within the model and
- that personalised care planning should be initiated at the first appointment with a clinician,
- that stratification is required to determine who has a care plan and if a plan is appropriate, it should stay with the patient throughout their care.

Twenty clinicians and two patients attended a session to further critique the above model and refine the model for submission within the full business case.

The feedback from all three workshops and subsequent two focus groups was incorporated into the development of the MSK services model and full business model that is to be submitted to OCCG executives in April.

The full feedback from the three workshops is included in Appendix 2.

Experience Based Co-design

The CCG also recruited local MSK patients to be filmed talking about their patient experience. Each patient was filmed for around 20 minutes. These individual films were edited to capture the key points that each patient made. The films were then edited together to ensure there was information captured on film about the whole pathway from referral through to treatment and follow-up care using the different patient stories. The final film was then edited to around 20 minutes to ensure it was a suitable length to be used during one of the forthcoming joint patient and clinician events.

The films were then used as part of an experience based co-design (EBCD) approach (involving patients and clinicians) within the design methodology. Members of the PAG and CAG were approached and invited to be part of a small working group examining the film and using the ECBD approach. A group of fifteen met, viewed the film and noted their emotive reactions of points made by patients at points throughout the patient pathway.

The emotive points were then mapped on a graph. The results on the graph mirrored the feedback received throughout previous engagement activities. It revealed positive experiences for patients when first seen and referred by their GP and when treated for their condition. However the stages of care in between referral and treatment were more negative and was called 'the banana diagram' after the negative curve represented. The resulting graph was then presented at the second joint patient and clinician event following a showing of the patient film. Delegates at the event were then asked to test the developing new service model and whether it would change the issues identified by the EBCD approach from a negative experience to a positive experience.

Key Findings

All events were well received by the individuals that attended and it was recognised that most patients were reporting good quality care, once they were seen by the right clinician. Issues arose in their journey to getting seen and treated by the right clinician. The purpose of this review and co-design approach is to ensure that the care experienced by MSK patients is of a high standard from their first contact with MSK services.

The biggest issues were communications between clinicians and between clinicians and patients, with IT solutions repeatedly being put forward by both patients and clinicians.

Communications

This theme has been a dominant theme throughout the project and emerged in a full room debate on the model presented during the third workshop. Issues included:

- Not enough detail in the model to show how communications would be improved
- Patients not aware of where they are in the system
- Proactive communications not reactive, clinicians and patients want oversight of care
- Reliant on information being received. An IT solution needed with access for all appropriate.
- Health literacy, patients want information to be able them to self-care
- Care planning is key
- Care co-ordinators needed so patients have a point of contact to refer to.

Throughout the engagement activities, patients reported receiving good quality care when they were seen and treated. Feedback and findings listed above describe solutions identified during phase two engagement to address process and system issues identified by patients and clinicians. The list above describes the more proactive role patients would like to be able to adopt to have more of an understanding of their care.

Next steps following this engagement project

The themes and feedback from all engagement activities listed in this report have been fully considered in developing the model for future MSK services in Oxfordshire and in putting together a full business case.

This engagement report will be appended to the full business case. This report will be shared with all those who participated in this engagement activity. The report will also be made available on OCCG's Talking Health website at: <https://consult.oxfordshireccg.nhs.uk>

Evaluation

The level of engagement of patients in the project has received praise from patients, patient locality forum members and clinicians.

Qualitative feedback

The following anecdotal anonymous feedback has been received:

- 'This project has really involved patients'
- 'I feel my views have really been listened to'.

Quantitative feedback

During the project a total of 25 patients were engaged in various activities, although not all patients participated in all.

The survey, which was posted on Talking Health, OCCG's online consultation platform, attracted 128 registered users to become members of the consultation and 89 people went on to complete the survey. The survey was also taken out in discussion group format to community groups by OCCG's Equality and Access team and attracted 58 responses via this method.

Appendix 1: Survey report and supporting appendices

Appendix 2: Full feedback from the three joint patient and clinician events

Author: Annie Tysom. Date: 2 April, 2015