

SPECIALIST ADULT SERVICES

MUSCULOSKELETAL CLINICAL ASSESSMENT AND TREATMENT (MSKCAT) SERVICES REVIEW FOR SLA WITH THE WATFORD AND DACORUM LOCALITIES

1. Introduction

Clinical Assessment Services have been introduced across the country to enable more care to be delivered closer to home and to better manage demand for secondary care services through the triaging of referrals and directing referrals either back to GPs or onto more cost effective alternatives than acute hospital secondary care.

Clinical Assessment Services (CAS) and Clinical Assessment and Treatment Services (CATS) have been introduced across Hertfordshire under the management of the former PCTs and thus slightly different service models, implementation strategies and stages of development exist.

CAS/CATS have the potential to manage demand (and thereby reduce cost) for secondary care services through effective referral triage and the signposting or provision of more cost effective specialist service alternatives to secondary care assessment and treatment.

2. Background

In September 2005 a service specification for a Musculoskeletal CATS was developed by Watford and Dacorum PCTs and both the local NHS provider services and an Independent provider were invited to express an interest in providing this service. Following a tendering process the local NHS provider bid was accepted by the commissioners of Dacorum and Watford and Three Rivers PCT and the MSKCAT service was set up in April 2006. This service sits within the Adult Specialist Service Directorate of Provider Services and is managed by the Head of Adult Services West.

The aim of the service is to reduce waiting times for orthopaedic and rheumatology consultant appointment, improve access to specialist therapy assessment, and take out the unnecessary waiting time for a consultant to therapy referral.

3. Description of service

A triaging process of all elective orthopaedic and rheumatology referrals takes place. A local Consultant and specialist Physiotherapist determine the most appropriate service required i.e. whether the patient needs to be referred via 'choose and book' to an Orthopaedic or Rheumatology consultant or would benefit from the multi-disciplinary assessment service.

The multi-disciplinary assessment team consists of general practitioners with a special interest in musculoskeletal medicine and extended scope therapists. The service provides diagnosis and treatment and where necessary referral onto other specialised services such as occupational therapy or surgical appliances. In some cases referral on to secondary care specialists may be needed in which case choice of provider would be offered.

The population covered by the service are the residents of Watford and Dacorum.

The service location is within the physiotherapy departments at both Hemel Hempstead General Hospital and Watford General Hospital.

Pathway for referrals

GPs fax or post referrals to MSK at HHGH (Choose and Book referrals arrive via 'Choice Team' and are faxed to MSK HHGH) all direct referral routes to acute Trust are blocked therefore all Orthopaedic and Rheumatology referrals are sent through this service. Referrals are logged onto System1 and triaged by appropriate clinical specialist. Patients are sign posted to the most appropriate service. Those requiring secondary care are sent to the Choice Team based at Royalty House.

Delivery of Choice/Choose and Book

Following triage the Choice Team at Royalty House receive all manual referrals requiring secondary care first outpatient appointment. Choosing your hospital brochure and letter sent to a patient offering a choice of 4-5 providers. Patient telephones the team with a choice of provider. Referral sent via post to hospital of patient's choice. C and B referrals are faxed to MSK for triage. Triage outcomes are received back within 48hrs. Patients requiring secondary care are telephoned and choice of provider discussed. Appointment booked. Patients requiring ESP, podiatry are offered an appointment via the physiotherapy department. Choice Team update patients record in C&B and complete UBRN.

Constraints

The introduction of choose and book has led to a two tier system as these referrals are seen as a priority and dealt with ahead of the other referrals that come through the department. The problem is compounded by lack of admin support within both choose and book and the MSKCAT service and computer systems that do not link with each other.

Recommendation

There needs to be an agreement with the PCT on how choose and book is best delivered and by whom. Recruitment to admin posts.

IT system

The MSK service is using System 1 (from December 2006). The Choice Team is using Excel spreadsheets for manual referrals and Choose and Book for electronic referrals.

Constraints

The training implications of a new system have been time consuming and have impacted on activity. Reporting mechanism requires further refinement to capture essential data.

Recommendations

The mandatory fields in System One for MSKCATs should include referral source, activity (direct and indirect) and outcomes. The use of System One as a care record can then be developed in collaboration with the clinical team.

Governance

Monthly auditing and monitoring carried out by provider services and regular reviews with service commissioners to ensure meeting performance targets. Systems in place for governance include the mentoring of the Extended Scope Professionals by professional leads, GP with special interest are mentored by consultants within the team who are themselves supported by the clinical director of medicine.

Extended scope practitioners have received training from radiologists at WHHT and at the University of Hertfordshire in order to refer patients for plain X Rays. Some training related to pathology, however, competency in this area needs further validation.

Constraints

Time needs to be allocated for increased pastoral care/mentorship to support the competency level of ESPs in areas such as pathology and radiology

Recommendations

Further funding needs to be identified within the budget for governance arrangements.

Diagnostic Pathways

ESP's are now able to order plain X Rays and they are able to attend the monthly radiology meeting. Provisional permission has been given for ESP's to order simple blood tests, however, the acute Trust need confirmation as to who will pay for these tests. A carpal tunnel protocol has been agreed and there has been agreement with the surgeons to direct listing for carpal tunnel operation after a full work up as per protocol, however, this is not part of the current contract.

Constraints

Problems identifying the funding for additional pathology tests. Nerve conduction studies and portable US equipment not available and would need to be procured for the carpal tunnel protocol.
Recommendation

PCT is to either fund diagnostic services directly or incorporate funding for diagnostics into the provider budget. The commissioning of the carpal tunnel pathway which would be provided as part of the MSKCAT service.

Financial Recovery Plan

Imposition of a vacancy freeze has led to problems with recruitment of admin staff and ESP's which has had an impact on the delivery of the service.

Recommendations

Unless recruitment is allowed to take place early in financial year activity related to this contract would need to be renegotiated.

4. 0 Performance Indicators

The following have been monitored:

- 4.1 Number of referrals received and triaged
- 4.2 No of patients seen in multidisciplinary clinic
- 4.3 Treatments undertaken and their outcome
- 4.4 Waiting times and waiting lists
- 4.5 Orthopaedic/rheumatology data
- 4.6 Complaints
- 4.7 Patient satisfaction survey-results see appendix 1

It is expected that 30% of the referrals triaged will be directed to and treated by the Musculoskeletal Assessment Service

Expected Number of GP referrals to be triaged	Rheumatology	Orthopaedics	Total referrals	30% to MSK Service
Dacorum	800	1700	2500	750
Watford & Three Rivers	1700	2500	4200	1260
Total	2600	4200	6700	2010

4.1 Expected Number of GP referrals to be triaged 2006-7

4.2 Actual MSKCATS activity in Watford and Three Rivers and Dacorum 2006-7

* Data for quarter 3 is not complete and does not include data for March 2007

Dacorum and Watford and Three Rivers PCT	MSKCATS	Q1	Q2	Q3	Total 06-07 to date
	Referrals received by CATS	1976	2675	1594 *	6245
	Referrals triaged to secondary care %	1083	1464	231 *	2567 *
		55%	55%		

		Referrals retained in CATS%	893 45%	1211 45%	*	2104
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NB. Number of orthopaedic referrals for April-Dec is 2858 and number of rheumatology referrals is 836 however data is incomplete

4.3 Number of patients seen by MSK team and outcome of assessment

MSK Team	Total Referrals	Referrals on
GP with Special Interest	386	58
ESP's	1718	168

Referral on to physiotherapy outpatients is not seen as a viable option as the waiting list for physiotherapy is currently 26 weeks; therefore these patients are kept within the MSKCAT service.

GP with Special Interest has referred 15% of their client group directly on to secondary care i.e. into back pain clinic

4.4 Waiting times and waiting lists

	Average waiting time over year	Number of patients on waiting list/HHGH	Number of patients on waiting list /WGH
ESP	6-8 weeks	47	87
Associate Specialist	10-12 weeks	19	47
Podiatrist	4 weeks	11	19

4.5 Orthopaedic data from WHHT
Orthopaedic first outpatient attendances

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
FY 2004/2005	1111	1145	1325	1247	910	1309	1158	1223	1056	1070	1061	1071	13686
FY 2005/2006	1134	1141	1245	1158	1027	1328	1174	1163	968	1014	1036	1245	13633
FY 2006/2007	1077	1227	1240	1313	1138	1230	1079	1170	914	441	0	0	10829

Orthopaedic FCEs

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
FY 2005/2006													
D : Inpatient Daycase	176	224	203	172	128	192	167	215	151	150	180	205	2163
E : Inpatient Emergency	240	241	210	197	268	233	258	210	178	187	181	189	2592
I : Inpatient Elective	206	195	242	216	165	203	231	256	187	160	214	263	2538
TOTAL	622	660	655	585	561	628	656	681	516	497	575	657	7293

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
FY 2006/2007													
D : Inpatient Daycase	140	210	205	192	88	240	201	230	107	97	0	0	1710
E : Inpatient Emergency	197	219	215	187	227	225	186	200	203	96	0	0	1955
I : Inpatient Elective	213	203	204	217	150	219	252	236	192	78	0	0	1964
TOTAL	550	632	624	596	465	684	639	666	502	271	0	0	5629

Orthopaedic conversion rate

	2005 - 06	2006 Apr - Dec
First outpatient attendances	13633	10388
Elective FCEs	4701	3499
Conversion rate	34.5%	33.7%

The impact of the MSKCATs on the orthopaedic figures is not as great as anticipated. The reasons are likely to be 1) Double running for a period of time due to patients already on the acute trust waiting list 2) in some cases a reduction in GP's referral threshold once a new CATS service is introduced leading to an increase in overall referrals 3) insufficient "retention" of referrals by the CATs perhaps due to a lack of ability for direct listing for surgery from CATS.

4.5 WHHT Outpatient Activity

GP referred new outpatient visits 2005 to 2007 (secondary care).

Financial year	Financial Quarter	TRAUMA & ORTHOPAEDICS + A&E (FRACTURES)	RHEUMATOLOGY
2005/6	Q1	1311	753
	Q2	1371	854
	Q3	1376	818
	Q4	1398	756
2006/7	Q1 (CATS start)	1412	729
	Q2	1232	533

There appears to be a reduction in the new outpatient visits after the introduction of CATs in April 2006

4.5 Percentage change in outpatient attendance by each quarter 2005/6 to 2006/7 (secondary care).

Financial Year as Text	Financial Quarter	TRAUMA & ORTHOPAEDICS + A&E (FRACTURES)	RHEUMATOLOGY
2005/6	Q1	2%	30%
	Q2	-2%	30%
	Q3	-1%	21%
	Q4	5%	21%
2006/7	Q1 (CATS Start)	-2%	-12%
	Q2	-6%	-28%

NB. There appears to be a significant drop in CATS related outpatient activity after the introduction of MSKCAT.

4.6 Complaints

MSKATS WGH/HHGH Complaints

Date Received	Complaints From GP/Patient/MP	Outline of Complaint	Who Dealt with Complaint	Action
20.07.06	GP – Dr S Purbrick	The patient did not attend an appointment and was discharged. The GP wants his patient to be offered another appointment.	Marjorie Chown	The patient was given another appointment.
24.10.06	GP – Dr Gallowes and MP	Complaint re the length of time the patient had to wait for an appointment with Dr Percy.	Marjorie Chown	Trying to employ more clinical specialist sessions.

26.10.06	Patient	Complaint re the length of time she had to wait for an operation.	Marjorie Chown	This was brought to the attention of the West Herts Hospitals Trust.
9.11.06	Patient	Patient complained about being given an appointment for physiotherapy which was inappropriate, and delayed her in seeing an orthopaedic consultant.	Marjorie Chown	MC discussed with clinicians.
09.11.06	GP	GP letter complaining about the amount of time taken to refer his patient to orthopaedic consultant.	Marjorie Chown	MC letter to GP
10.01.07	GP – Dr Fernandes	GP letter complaining about patient being referred to knee consultant in error when she should have been referred to orthopaedic consultant.	Marjorie Chown	Letter to Dr Fernandes
10.01.07	GP – Dr Fernandes	GP letter complaining about the delay in treating his patient.	Marjorie Chown	Letter to Dr Fernandes
10.01.07	GP – Dr Hussain	Complaint about the amount of time his patient waited without any communication from us.	Marjorie Chown	Letters to be sent to patients regarding the waiting list.

MSKATS WGH/HHGH – Compliments

09.10.06	Garston patient	The patient wrote thanking us for running the service and said "it must be a great improvement to patients since it started.
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4.7 PATIENT SATISFACTION SURVEY

Results of Musculoskeletal Assessment and Treatment Service Anonymous Questionnaire

Question	MSKATS Watford Results	MSKATS Hemel Hempstead Results
1. Were you aware that your referral was screened by a Clinical Specialist and Consultant so that you could be assessed by the most appropriate person?	Sample size =41 Yes = 66% No = 34%	Sample size=40 Yes = 72% No = 28%
2. Was the time you were kept waiting on the day of your appointment satisfactory?	Yes = 100%	Yes = 97% No = 3% (1 person)
3. Do you know what type of professional assessed you? a Clinical Specialist Physiotherapist a Clinical Specialist Osteopath a Clinical Specialist Podiatrist an Associate Specialist in Musculoskeletal Medicine (doctor)	78%	87%
or I do not know what type of professional I was assessed by.	22%	13%
4. How would you rate the following? Care and attention received from the person who assessed you. Excellent Very good	90% 10%	83% 17%

<p>Quite good Neither good or bad Quite poor Very poor Totally unacceptable</p>		
<p>5. Care and attention received from administration staff. This could be face to face at reception or telephone calls. Excellent Very good Quite good Neither good or bad Quite poor Very poor Totally unacceptable</p>	<p>70% 25% 5%</p>	<p>48% 48% 4%</p>
<p>6. Paper information received such as letters and leaflets. Excellent Very good Quite good Neither good or bad Quite poor Very poor Totally unacceptable</p>	<p>30% 36% 15% 10%</p>	<p>37% 54% 3% (1 person) 6%</p>

5. Recommendations

Service Level Agreements

The MSKCAT Service to be commissioned for Watford and Dacorum for 2007-8. Discussion with commissioners regarding increasing activity levels as there is the potential to integrate the pain service with this service without incurring much extra expense. An extra injection clinic for carpal tunnel could be added with minimal funding and this would reduce referrals to secondary care. Orthopaedic assessments could also be done in primary care on a sessional basis. Provider services can produce a Business plan at the commissioners' request highlighting service developments and funding required.

Governance issues

Funding needs to be incorporated within the budget to support training and education and mentorship. There should be monthly operational meeting to discuss process and development issues and quarterly commissioning meetings to monitor progress.

Choose and Book

Choose and Book and CATS to be aligned with agreement around turnaround times for all referrals. Pathway for referrals needs to be standardised and simplified.

Diagnostic pathways

Commissioners to fund the pathology testing or to put funding into MSK budget to support blood test requests. Investment in nerve conduction studies and portable ultrasound by the PCT would allow for management of clients with carpal tunnel in primary care and for a reduction in the number that go on to secondary care.

Recruitment

Unless recruitment is allowed to take place in the new financial year activity related to this contract will need to be renegotiated.

IT System

The mandatory fields that should be included for MSKCATs in System One are the number of referrals, activity (direct and indirect) and outcomes. The use of System One as a care record can then be developed in collaboration with the clinical team.

Data collection

Data collection should be standardised and the data required for performance review agreed with commissioners.

Patient Satisfaction Survey

Carry out another patient satisfaction survey in six months time as current survey is on a small sample of patients due to staff time constraints.

Janet Lewis head of Specialist Adult Services - West
Marjorie Chown-Service Lead for MSKCAT
Karen Seikus-Business Development Manager

March 2007