NHS
Wolverhampton
Clinical Commissioning Group

# Consultation Evaluation Report

## From the consultation on the redesign of muscle, bone and joint services - 16 March to 5 June 2015

### 1. Executive summary

This report highlights the evaluation of a 12 week consultation into the redesign of muscle, bone and joint services, also known as musculoskeletal (MSK) services.

The consultation took place from 16 March to 5 June 2015. This report describes the range of communication and engagement techniques that took place to inform and consult with clinicians and staff within our organisation, partner organisations, patient/community groups and the public (section 6). This included various events, meetings and promotion of a consultation document that explained the reasons for change and a proposed model. This document also included a survey to capture the views of users and carers, which was also available online. The feedback at each of these meetings and events, along with the data captured in the survey is included in this report – see section 8

The report ends with a reassuring look at the respondents demographic compared to those in the 2011 Census by the Office of National Statistics (ONS) for the population of Wolverhampton. This highlights the profiles of respondents to the online and paper survey including all nine protected characteristics, as stated in the Equality Act 2010 – see section 8.3.

Finally, to note, this consultation period did run through the Election 2015 where, during six weeks, we were not able to proactively engage due to purdah. This was agreed in advance with Overview and Scrutiny Committee and agreed on 12 February 2015. Due to the detailed communication planning and targeted engagement undertaken for this consultation, the findings show a good representative people who could be affected were consulted with.

## 2 What are MSK services and how are they delivered?

2.1 Musculoskeletal services primarily diagnose, treat and care for conditions or injuries that affect muscles, tendons, ligaments, bones, joints and associated tissues for example arthritis, back pain, and osteoporosis. Such services can include treatment by a physiotherapist, podiatrist, rheumatologist or orthopaedic surgeon, for example.

2.2 Currently, the majority of services that would comprise MSK care are delivered across a number of departments at The Royal Wolverhampton NHS Trust and West Park Hospital.

2.3 Patients access services predominantly through their GP who, where necessary, would refer a patient into the Orthopaedic Clinical Assessment Service, Orthopaedic Service, or Physiotherapy services, for example.

2.4 MSK services are primarily delivered in outpatient settings; outpatient settings are provided for those patients whose treatment does not require them to be admitted or stay in hospital therefore a hospital setting is not essential for the delivery of musculoskeletal care.

## 3 Case for change

3.1 The population of Wolverhampton is ageing and more people are living with long term conditions. The World Health Organisation (WHO) and Bone and Joint Health strategies Project (2005 cited by DOH) identified that up to 30% of all GP consultations are about musculoskeletal complaints and musculoskeletal problems are cited by 60% of people on long term sickness.

3.2 The current model of delivery is unsustainable for the future and we are unlikely to be able to afford future demand for services if they continue to be delivered in the current way.

3.3 We have looked at patterns across the patient journey in MSK services and found that some patients need care and treatment from multiple services, for example orthopaedics and physiotherapy. Often a patient is referred back to their GP to make a further referral rather than the services working together and communicating to ensure the needs to the patient are met. This is inefficient in terms of waiting time, capacity and cost for both the NHS and the patient.

## 4 What patients and carers told us

4.1 We arranged six focus groups in February 2015 for patients and carers to share their views on the service and tell us what is working well, what needs improvement and suggestions on how to improve these issues. Each of the groups were well attended.

4.2 The feedback told us what was needed, including; access to specialists in one place with the technology and support services, better information and education for patients,

improved communication across health professionals, access to alternative therapies and group therapy, clear and informative treatment plans and better accessibility.

4.3 In light of this feedback and the case for change, a proposal was formed.

## 5 The proposal

5.1 Our proposal is to commission a single provider to deliver a high quality, comprehensive service to deliver MSK care. We are not proposing to reduce services nor limit the treatment options that are provided; our aim is to integrate services in order to have a single, streamlined service with clear accountability.

5.2 We don't envisage changes to how patients will access the service; patients will continue to go to their GP in the first instance. The provider will be expected to deliver services from a number of locations across the City ensuring accessibility for all patients.

5.3 By having a single provider of MSK services, the overall experience by the patient will be improved with increased continuity of care, a smoother more efficient journey and faster access to treatment.

## 6 Consultation approach

A formal consultation took place between 16 March and 5 June 2015. Below are the various communication and engagement methods:

### 6.1 Formal engagement events

Four consultation events took place across each of the localities of Wolverhampton. Three of the two-hour sessions were held during an evening to encourage attendance from local residents. The fourth event took place during the day to enable staff and clinicians from organisations, partner organisations as well as the public to attend. The aim of each of these sessions was to educate people about the need to change the MSK services and offer the opportunity for people to share their views on the proposed model.

At each event the clinical lead, Dr K Ahmed, led the discussions with support from the planned care commissioning manager and colleagues, as well as a member of the communications and engagement team.

| Date | Time | Venue | Attendance |
|---|---|---|---|
| 19 March | 6.30pm – 8.30pm | Bilston Town Hall | 3 |
| 24 March | 6.30pm – 8.30pm | The Linden Suite, Linden House | 8 |
| 26 March | 6.30pm – 8.30pm | Lowhill Community Centre | 5 |
| 15 May | 2.00pm – 4.00pm | The Tettenhall Suite, Linden House | 19 |

### 6.2 Drop-in events

We attended five outpatient departments twice to capture real-time views from current patients and carers. At each outpatient department a planned care commissioning manager or communications and engagement colleague was present to discuss the consultation and proposed model. A consultation document was handed to each person who welcomed information about the plans – some completed the survey on the day while others were invited to send the completed survey via post. The findings of all the completed surveys can be found in section 8 of this report.

The below table indicates approximate numbers of people that welcomed to hear about the consultation during those sessions:

| Date | Time | Department | Approx. users/carers |
|---|---|---|---|
| 18 May | PM | Rheumatology | 10 |
| 20 May | AM | Rheumatology | 25 |
| 20 May | AM | Pain Management | 10 |
| 29 May | AM | Orthotics | 10 |
| 29 May | PM | Pain Management | 10 |
| 1 June | AM | Orthotics | 10 |
| 2 June | PM | Physiotherapy | 60 |
| 3 June | AM | Orthopaedics | 10 |
| 4 June | AM | Physiotherapy | 60 |
| 5 June | PM | Orthopaedics | 10 |
| | | **Total:** | **215** |

6.3 Scheduled CCG meetings

We support a number of meetings which are attended by leads to cascade relevant information to their local teams. The consultation was discussed at the following meetings:

| Date | Meeting | Present |
|---|---|---|
| 25 March | Primary Care Strategy Event | Various GP practice staff and CCG leads |
| 21 April | Joint Engagement Advisory Group (JEAG) | Black Country Partnership NHS Foundation Trust (BCPFT) rep, Practice Manager rep, Healthwatch rep, Public Health rep, patient rep and CCG leads |
| 14 May | North East GP Locality Meeting | 5 GPs, 1 practice representative & 1CCG representative |
| 20 May | South East GP Locality Meeting | 4 GPs, 3 practice representatives, 1 Respiratory Consultant and 1 CCG representative |
| 28 May | Patient Participation Group (PPG) Chairs Meeting | 18 PPG Chairs and representatives, Healthwatch and 1 CCG representative |
| 4 June | South West GP Locality Meeting | 8 GPs, 1 practice representative and 1 CCG representative |

6.4 Outreach with existing groups/organisations

| Date | Group/Organisation | Method | Present/Reach |
|---|---|---|---|
| 15 & 24 March | Healthwatch – progress of consultation, offer of another consultation event for Healthwatch members | Face to face and email | Unknown |
| 18 March | Omega (carers support group) | Email | Forwarded notice to group member s |
| 2 April | The Spread<br>(Housing Association bulletin) | PDF via email | Unknown |
| April | Peoples Parliament – offer to meet and discuss in further detail. Shared document and survey via email. | Email | Share with members via Chair |
| April | Changing Our Lives. Shared consultation document and survey via Chair. | Email | Share with members via Chair |
| 22 April | Voice 4 Parents group members via Jane Smith and Sarah Baker | Email | Shared with members via Advice and Support Service e-bulletin |
| May | City Carer<br>(Carers magazine) | Print copies and online | 4,000 printed<br>600 email distribution |

| 11 May | The Wolverhampton Rheumatology Support Group (WRSG) coffee morning | Face to face workshop | 50 users |
|---|---|---|---|

6.5 Direct messages (electronic and paper based)

| Date | Who | Method | Description |
|---|---|---|---|
| 17 March | Citizens Forum | Email | Online link to consultation document and survey |
| 17 March | PPG Chairs | Email | Online link to consultation document and survey |
| 17 March | JEAG representatives | Email | Online link to consultation document and survey |
| 17 March | Patient Partners with email addresses | Email | Online link to consultation document and survey |
| 17 March | GPs in all localities | Email | Online link to consultation document and survey |
| 17 March | Practice Managers | Email | Online link to consultation document and survey |
| 20 March | GPs | GP e-bulletin | Online link to consultation document and survey |
| w/c 23 March | Patient Partners (all others) | Paper | Consultation document & survey |
| w/c 23 March | Team leaders: physiotherapists, podiatrists, rheumatologists, orthopaedics & GPs | Email | Direct email from planning commissioner manager about start of consultation and links to online document and survey to cascade to staff members |
| w/c 30 March | Libraries, health centres & pharmacies | Paper | Consultation poster, document & survey |
| 25 March | GP practices (via Primary Care Strategy Event | Paper | Consultation poster, document & survey |
| 31 March | Focus group members | Email/Paper | Thanks for their support. Attached/enclosed consultation document and survey |
| 31 March | Interested people from recent pop-up shop engagement | Email/Paper | Thanks for their interest. Attached/enclosed consultation document and survey |
| 1 April | CCG staff | Staff e-bulletin | Online link to consultation document and survey |
| 16 April | Joint Commissioning Learning Disabilities Lead | Email and Face to face meeting | Shared consultation document and survey |
| 14 May | CCG staff | Staff e-bulletin | Online link to consultation document and survey |

6.6 General communications

| Date | Type | Method | Reach (where applicable) |
| --- | --- | --- | --- |
| 16 March | Consultation document that explains current MSK service, case for change, the proposed model and survey | PDF version on:<br>CCG website,<br>and intranet | <br>761 hits<br>56 hits |
| 16 March | Consultation survey | Survey monkey | 138 completed |
| 16 March | Consultation poster – promoting start of consultation and links to complete survey | Design approved | n/a |
| Throughout (12 posts in total) | Social media:<br>• Media releases<br>• Encourage to attend events<br>• Encourage to complete online survey | <br>Twitter<br>Twitter<br>Twitter | <br>32.9K reach<br>11 clicks |
| <br><br>17 March<br><br>11 May | Local media<br>• media releases sent:<br>○ start of consultation and online links to document and survey<br>○ last chance to get involved | Via media team | Various distribution lists |
| 27 March | Market Engagement Event (BRAVO) | Face to face event<br>Online system | n/a |

## 7 Key stakeholders

The following stakeholders were identified to help shape the proposals and encourage people to complete the online survey:

- Wolverhampton patients and carers, including:
  - MSK users and carers (direct and those already involved in pre-engagement)
  - Omega carer support group
  - Children services
  - Learning disability services
  - Voice 4 Parents group
- Patient Partners (CCG Membership scheme – via email and post)
- Citizens Forum group, which includes but is not exhausted to:
  - Age UK
  - Carer Support
  - Zebra Access
  - Hear Our Voice
  - Health Visitors
  - Alzheimer's Society
  - Representatives from patient groups:
    - Diabetes
    - Rheumatology (particularly The Wolverhampton Rheumatology Support Group (WRSG)
    - Chinese
    - Parkinson's
    - Dementia
    - Cancer
    - Sickle Cell
  - Over 50s Forum
  - Samaritans
  - Positive Acton 4 Mental Health
  - Mental Health Empowerment team
  - Haven Refuge
  - St Georges House
  - Catch 22
  - Coronary Aftercare Support Group
  - Ethnic Minority Council
  - Network Consortium
  - West Midlands Ambulance Service (WMAS)
  - Afro Caribbean Community Initiative (ACCI)
  - Healthy Lifestyles
  - Refugee Centre
  - Citizens Advice Bureau
  - Changing Our Lives
- Other CCG engagement groups (all via mailing lists)
  - Joint Engagement Assurance Group (JEAG)
  - GP Practice Partnership
  - Clinician and Allied Professionals' Forum
  - Community Leaders' Forum
  - GP Locality Groups
  - Patient Participation Groups (PPGs)
- GP, practice managers and practice staff (via locality meetings & mailing lists)
- CCG staff (via e-bulletin)
- Staff at Royal Wolverhampton NHS Trust (particularly those at New Cross Hospital currently delivering the MSK service)
- Healthwatch Wolverhampton
- Media (via the CSU Media Team)

## 8. Feedback

This section highlights the key themes from the consultation events and workshops, as well as the online and paper surveys:

### 8.1 Consultation events and workshop findings

There were four consultation events and one workshop where patients, carers and people interested in MSK care heard about the proposal for an integrated service. They had the opportunity to raise questions and make suggestions going forward. Here are the key themes from all five events:

| Feedback theme | Example comments | Response |
|---|---|---|
| **Bidding/ procurement process** | What providers are out there? | There are good examples. The bid process would involve deciding who is fit for purpose and financially sound. The CCG would then decide the best bidder. |
| | Who and how will the winning bidder be decided? | A panel of clinical leads, contracting leads and non-clinical leads are normally involved. Users have been involved in the past. The panel would use a scoring system to decide the best provider. |
| | When will the service go out to tender? | Summer 2015 |
| | How will you monitor performance? | This will be built into the service specification with the new provider once a decision has been made, for example setting key performance indicators. |
| | Will patients and clinicians be involved? | We have already engaged with focus groups to help shape the specification so far and this consultation will inform it further |
| | How will the service change? | The service will have an integrated team of health professionals, providing care/treatment in the community. |
| **Logistics of the proposed new model** | Will waiting times from referral and between appointments improve? | The new model of integrated services should help improve this and targets will be used to drive improvement. |
| | How will the integrated team work and deliver? | The service will work together to help offer the patient the right care in the first instance. |
| | How are patients referred into service? | Patients should see their GP in the first instance. GPs will refer into the new service. |
| **Location of the proposed new model** | Where will the new service be located? Will each service area be together or separate? | The location of the service is part of the procurement process and who the winning bidder is. However, we can make suggestions |

| | | |
|---|---|---|
| | Could the proposed service be delivered at New Cross Hospital? | The proposed model hopes to reduce the number of contacts for a patient in hospital and receive care and treatment in the community. |
| **Other comments and examples** | "Need to ensure that patient records/images are shared between providers." | |
| | "Need to improve information for patients to support self-care." | |
| | Rheumatology patients were grateful of the helpline and said it is useful to gain advice about the condition and treatment between appointments. | |
| | A few people asked about hydrotherapy services for people with arthritis. | |
| | A few people rated very highly the support from the physiotherapy team at West Park. | |
| | A few people talked about increasing preventative options. | |
| | "I've seen this model elsewhere in the country and it does work." | |

8.2 Online and paper survey findings

138 people completed the survey. 118 (91%) of these were responding to the survey as an individual and 12 (9%) as a representative of an organisation or group (eight skipped the question). These groups included local PPGs, BCPFT, Guru Nanak Gurudwara, WMAS and Community Physiotherapy at Royal Wolverhampton NHS Trust.

111 people answered the question 'do you support our proposal?' (27 skipped), of which:

| Do you support our proposal? | Response |
|---|---|
| I agree strongly with the proposal | 43 (39%) |
| I agree with the proposal | 61 (55%) |
| I disagree with the proposal | 5 (4%) |
| I disagree strongly with the proposal | 2 (2%) |
| **Total** | **111/138 (80%)** |

The survey then gave people the opportunity to rate how important certain features of a musculoskeletal service are to them. 136 people (98%) answered (two skipped).

The next few pages indicate all of the responses:

| 1. Booking an appointment | Very important | Somewhat important | Slightly important | Not important | No opinion |
|---|---|---|---|---|---|
| a. Not having to wait very long until my appointment date | 104 | 27 | 4 | 0 | 0 |
| b. An appointment which fits around my commitments, eg early evening/weekends | 48 | 38 | 14 | 22 | 0 |

This highlights the majority of people feel the waiting time for an appointment is very important, compared to the flexibility of an appointment

| 2. Location and access | Very important | Somewhat important | Slightly important | Not important | No opinion |
|---|---|---|---|---|---|
| a. Access to the majority of treatments in the community | 88 | 26 | 10 | 4 | 1 |
| b. Being able to park at or close to the clinic | 72 | 36 | 14 | 4 | 1 |
| c. A clinic that is accessible by public transport | 60 | 39 | 14 | 12 | 2 |

Location and access has been a key theme through the consultation events. These results also highlight that access in the community is of high importance. Being able to park near the clinic and access to public transport is fairly similar in importance.

| 3. Design of the service | Very important | Somewhat important | Slightly important | Not important | No opinion |
|---|---|---|---|---|---|
| a. A single point of access for all MSK services where services communicate with each other | 99 | 19 | 8 | 3 | 0 |
| b. Good communication between my GP and MSK services so that everyone understands my condition and treatment | 117 | 10 | 2 | 1 | 0 |
| c. Being seen on time in the clinic | 58 | 57 | 13 | 2 | 0 |
| d. Having a named individual to coordinate all of my MSK care | 70 | 48 | 8 | 2 | 0 |
| e. Consistency in the clinical staff providing my treatment | 86 | 34 | 10 | 0 | 0 |
| f. Being given information so that I am clear about my condition and treatment | 107 | 16 | 3 | 0 | 0 |
| g. Ability to input the decision about the care that I receive | 96 | 24 | 6 | 0 | 0 |
| h. Being able to discuss my diagnosis and treatment further with my consultant and other staff after my appointment | 101 | 20 | 7 | 1 | 0 |

It is evident from these results that a single point of access for MSK services and good communication between departments is very important to the model of this service. It also highlights that having a named individual to coordinate care, information about the condition and being able to discuss treatment with professionals is key for users, as well as being involved in decisions about the care they may receive.

| 4. Monitoring and feedback | Very important | Somewhat important | Slightly important | Not important | No opinion |
|---|---|---|---|---|---|
| a. Mechanisms for the CCG to assess the quality of care provided and to monitor patient outcomes | 74 | 48 | 6 | 0 | 2 |
| b. Having outpatient services which provider a user group for patients to share their experiences | 40 | 54 | 22 | 13 | 0 |
| c. Having a process through which I can provide comments on the care that I received | 50 | 54 | 20 | 2 | 0 |

The majority of people that completed this survey felt that mechanisms for the CCG to monitor patient outcomes were very important. They also felt that having a user group to share experiences and having a process to provide comments was split between very and somewhat important.

**5. Any other comments**

People completing the survey had the opportunity to add comments to explain any of their responses in more detail or add any additional comments. 45 people (33%) responded to this question (93 skipped), of which nine added general positive comments about the proposed model.

Majority of the remaining comments have been categorised into four key themes. These include suggestions for the proposed model and further details about features of the service that were in questions one to four. The themes, and some example comments of each, are listed in the table below:

| Feedback theme | Example comments |
|---|---|
| **Good communication between GP and MSK services** | "Good communication between providers of this service is vital." |
| | "Communication between departments is essential." |
| | Improve information sharing – e.g. a single sheet which is kept by patient / carer with copies held by the doctor / nurses / support services provider (physio etc). It would include treatment, medicine physio etc as well as timescales and review dates |
| **Access, waiting and referral times** | "Not convinced that waiting times will be shorter as not fewer patients…Worry about 'hub' restricting earlier access to consultants by diverting patients to cheaper options first." |
| | "I think length between appointments needs to be reviewed." |
| | "Children with chronic pain syndromes are poorly served. Access to intensive skilled physiotherapy is limited for them & we (Paediatric Rheumatology team at New Cross Hospital) have no access to essential psychology intervention." |

| | |
|---|---|
| **Location of services** | "A designated place for diagnostic tests (whether it's the community or the hospital) where patients can be seen quickly. A flexible service with options for evening and weekend appointments and appointments at home." |
| | "Space to park is essential for arthritis patients and their families." |
| **Quality of service to be delivered** | "Providers need to be held accountable to give this vital service." |
| | "Will holistic therapies be included in options for treatment?" |
| | "Peer support and knowledge sharing for users could be modelled on what happens in the heart / lung centre (at New Cross Hospital) where ex patients are working voluntarily - they and the coronary aftercare support group give valuable advice and mentoring to existing patients." |

8.3 About our online and paper engagement respondents

- The Wolverhampton population (according to the 2011 Census by the Office of National Statistics (ONS)) is made up of 249,470 people, of which 49.5% are male and 50.5% are female. We received completed surveys from 30% male, 70% female.

- We also asked: Is your gender identity the same as the gender you were assigned at birth? Our survey had 100% of respondents as yes.

- 91% of respondents identified themselves as being Heterosexual or straight, with 7% Gay or Lesbian and 2% Bisexual.

- The age range of respondents went from up to 17 to over 75+ years. Majority of respondents were 65 to 74 at 29.7%, 75+ was 21.1%, 55 to 64 was 16.4%, 45 to 54 was 13.3% and 35 to 44 was 6.3%. Up to 17 to 34 was a total of 8.6%. The remaining percentage of respondents preferred not to say.

- We asked respondents to clarify their marital status. 55% of which were married, 10% were divorced, 1.7% were separated, 15.8% were single and 17.5% were widowed.

- The 2011 Census also identifies ethnicity of the population. Please see the table below which shows we were able to engage via the survey with a relatively similar population makeup:

| Ethnicity | MSK survey | 2011 Census ONS |
|---|---|---|
| White:<br>➢ English, Welsh, Scottish, Northern Irish, British<br>➢ Irish<br>➢ Gypsy / Traveller<br>➢ Polish | 78.4% | 68% |

| Mixed / Multiple:<br>➢ White and Black Caribbean<br>➢ White and Black African<br>➢ White and Asian | 4.8% | 5.1% |
|---|---|---|
| Asian / Asian British:<br>➢ Indian<br>➢ Pakistan<br>➢ Bangladeshi<br>➢ Chinese | 9.6% | 18% |
| Black / African / Caribbean / Black British:<br>➢ African<br>➢ Caribbean | 5.6% | 6.9% |
| Other:<br>➢ Arab<br>➢ Other – Swedish, Cypriot | 1.6% | 1.9% |

- We also ask respondents if they are pregnant – of which 1% said yes, 67% said no and 32% stated it was not applicable.

- When asked if their day-to-day activities were limited by a health problem or disability which has lasted or is expected to last over 12 months? 28.6% respondents felt their health problem or disability limited them a lot, 37.8% respondents felt their health problem or disability limited them a little.

- 73% of respondents were Christian, 1% were Hindu and 7% were Sikh. 17% of respondents stated no religion while 2% stated Pagan.

- When reviewing the locality of respondents we received approximately 29% from the North East, 22% from South East and 46% from South West.

## 9. Overall findings

By reviewing the findings in the consultation process it is clear that a large percentage of the users and carers of the service agree with the proposed model.

It is interesting to note some of the suggestions – highlighted in the feedback section from the events, workshop and survey (section 8) - fall under four key themes. These include location of the service, access and referrals, good communications and ensuring a quality service. These themes reflect our previous findings in the pre-engagement, which helped shaped the survey, are important in shaping the service specification for the procurement process.

Another suggestion is to maintain communication and information with the users i.e. the results of this consultation and any proposed changes. This will be undertaken in due course.

The targeted work undertaken throughout this consultation is of a high standard. It also is a good representation of the residents of Wolverhampton.