



Dorset Health Scrutiny Committee

NHS Dorset Clinical Commissioning Group –
Physiotherapy Services Review September
2019

Date of Meeting: 26 September 2019

Portfolio Holder: Cllr L Miller, Adult Social Care and Health

Local Member(s):

Director: Sam Crowe, Director of Public Health

Executive Summary: In January 2018, a review of physiotherapy services in Dorset was agreed. This paper provides an overview of the objectives of the review, an overview of the review process, a summary of the findings and an outline of the proposed recommendations for physiotherapy services.

Equalities Impact Assessment:
EIA completed.

Budget: n/a

Risk Assessment: n/a

Climate implications: n/a

Other Implications: n/a

Recommendation:
For the Committee to note and comment on the paper.

Reason for Recommendation:

Appendices: none

Background Papers: none

Officer Contact:

Name: Tracy Hill, Principal Programme Lead, NHS Dorset CCG

Tel: 01202 541490

Email: tracey.hill@dorsetccg.nhs.uk

1. Introduction

- 1.1 Through the Musculoskeletal (MSK) work programme, in particular the introduction of the MSK Triage Service, access to physiotherapy was identified as a service area with inequity of provision and long waiting times across Dorset.
- 1.2 It was agreed in January 2018, that a review of physiotherapy services should commence.
- 1.3 The scope of the review was:
- The physiotherapy pathway only, rather than the type or quality of physiotherapy treatment offered;
 - MSK Physiotherapy Services.
- 1.4 This paper will:
- Provide an overview of the objectives of the review;
 - Provide an overview of the review process;
 - Provide a summary of the main findings;
 - Highlight how the outcomes of the physiotherapy review fit within the wider MSK pathway developments;
 - Outline the proposed recommendations for physiotherapy services.

2. Report

Objectives of the review

- 2.1 The objectives of the review were:
- Carry out a MSK physiotherapy needs analysis for Dorset;
 - Complete a mapping exercise to ascertain the current MSK physiotherapy services available across Dorset and on the borders;
 - Review the current service specification against national policy and services commissioned elsewhere;
 - Make recommendations for the revised service model and its role and purpose across Dorset which will provide equitable access for all and improve early access to physiotherapy to reduce the need for further treatment;

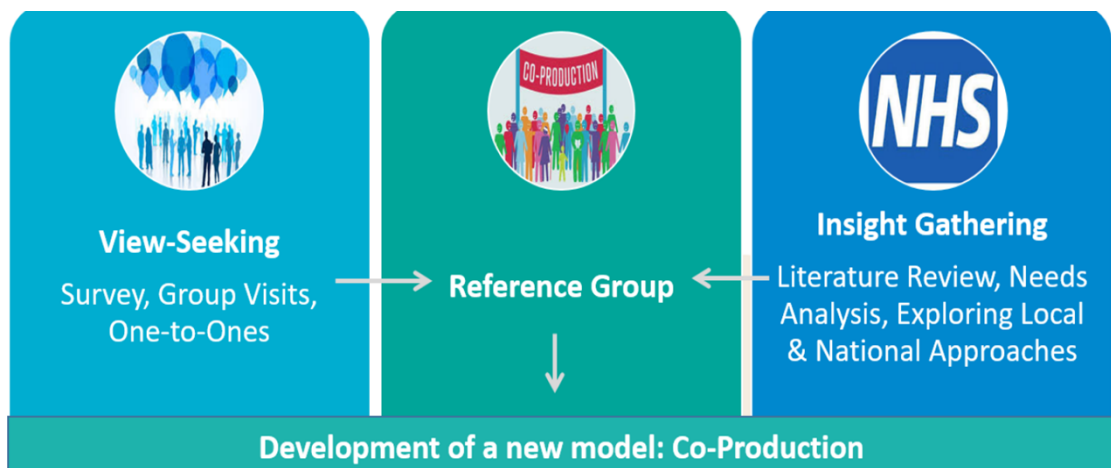
- Review the performance and provide assurances on the current performance, including a review of current key performance indicators;
- Review access to physiotherapy as part of the wider MSK vision and associated pathways i.e. MSK Triage, low back and radicular pain pathway and pain service; and as part of the Escape Pain model and other self-management approaches promoted by Livewell Dorset.
- Consider workforce implications of a service model.

Overview of the review process

2.2 A task and finish group was established to oversee the review, the terms of reference of which are included in Appendix 1.

2.3 The review comprised of a number of elements as shown in figure 1:

Figure 1: Elements of the review



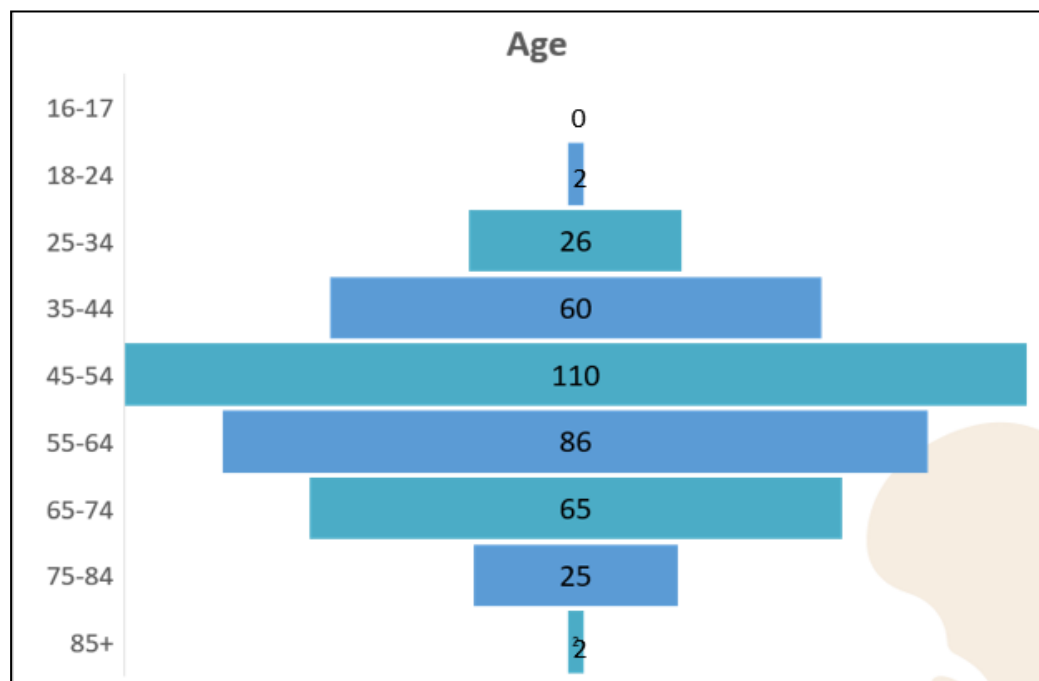
View seeking

2.4 A view seeking exercise to capture the views of patients and stakeholders on the current physiotherapy services was completed. A variety of methods were utilised, including:

- A number of visits to existing services both in and outside of Dorset to learn about alternative service models;
- One to one meetings were held with providers both in and outside of Dorset;

- An online survey (Survey Monkey) was developed in partnership with Bournemouth University Market Research Group, and shared widely. The aim was to find out what was good about physiotherapy services in Dorset and what could be improved. The emphasis within the questions was on the effectiveness of the pathway and not the quality or type of treatment received. There were 414 responses made up as follows:
 - Physiotherapy patients – 234
 - Carers – 11
 - Healthcare Professionals – 156
 - Others – 13
- The highest number of respondents were in the 45-54 age category as shown in figure 2.

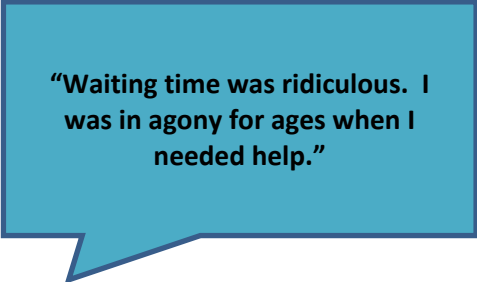
Figure 2: Age breakdown of respondents to the Survey Monkey



- The areas which were highlighted as working well from the survey responses included:
 - Local services;
 - Quality of care and treatment;
 - Staff qualities;
 - Services available.



- The areas which were highlighted as not working well from the survey responses included:
 - Referrals, access and triage;
 - Staffing levels;
 - Communication and interaction;
 - Duration and continuity of support.



“Waiting time was ridiculous. I was in agony for ages when I needed help.”

2.5 The full view seeking report is available on request.

Literature Review

2.6 A literature review was carried out to identify physiotherapy service models in place across the United Kingdom and to identify the positives and negatives and applicability of the service models to Dorset. The literature review included the following:

- Review national guidance on physiotherapy service delivery;
- Understand the range of existing models of access into services and their evidence base;
- Consider how the findings could be relevant to Dorset;
- Provide recommendations on how the findings should be taken forward.

2.7 The review was conducted by searching Google, NHS Evidence and various academic research databases for literature, from the last decade or so, on the following areas:

- National policy, guidance and best practice related to pathways into and through MSK physiotherapy services;
- Models of referral / access into services, including Self-referral and First Contact.

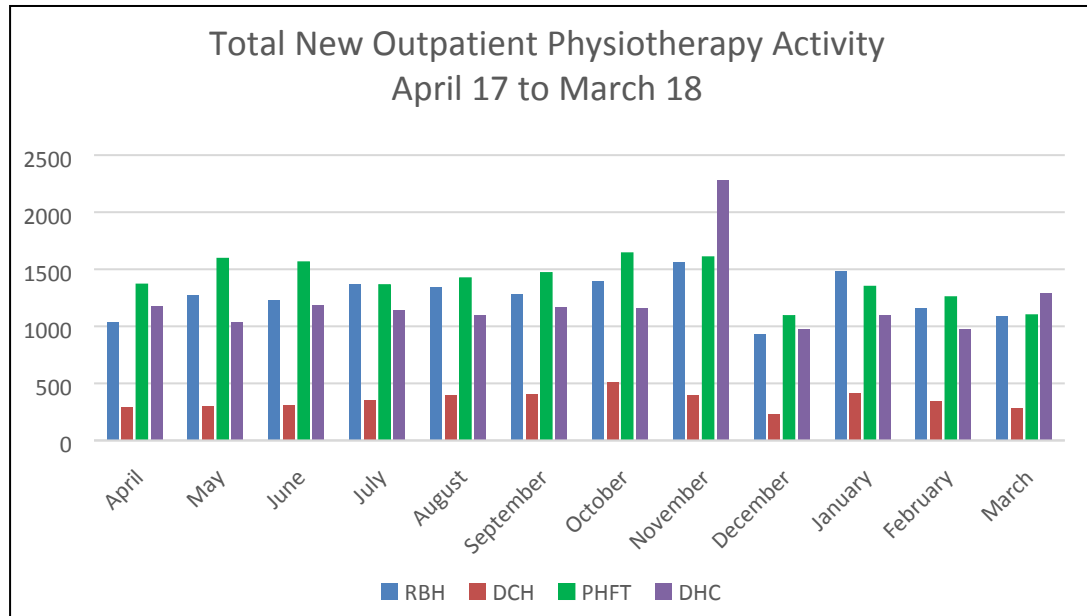
Needs Assessment

2.8 A needs assessment was completed as part of the review process. The needs assessment looked at data from April 17 to March 18 and explored the following:

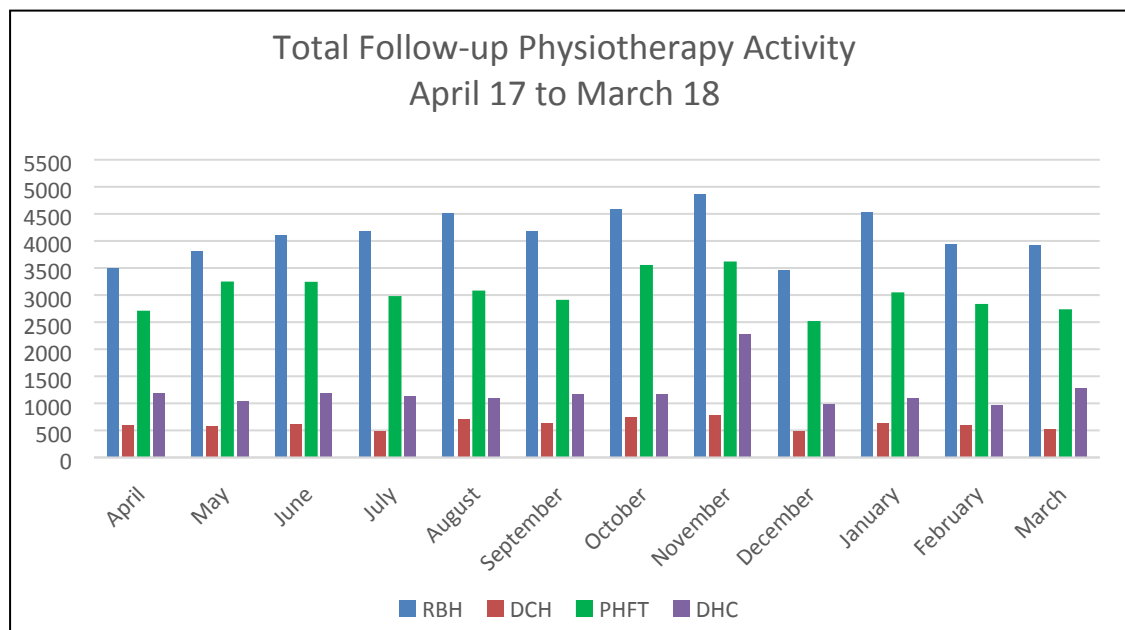
- Current level of physiotherapy activity;
- Workforce levels;
- Offers some information on the level of demand for MSK services within Dorset using a national MSK Calculator.

2.9 The following graphs are taken from the needs assessment to provide an overview of the level of demand. Graph 1 shows the total new outpatient physiotherapy activity by provider and graph 2 shows the total follow-up activity by provider.

Graph 1: Total new outpatient physiotherapy activity by provider April 17 to March 18

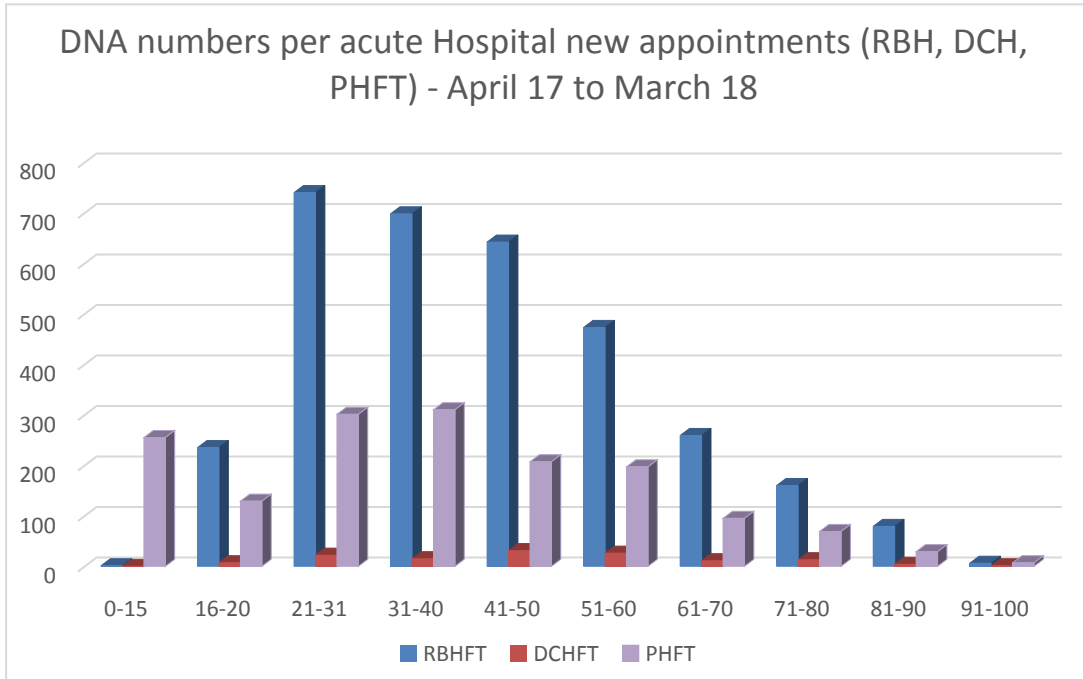


Graph 2: Total follow-up outpatient physiotherapy activity by provider April 17 to March 18

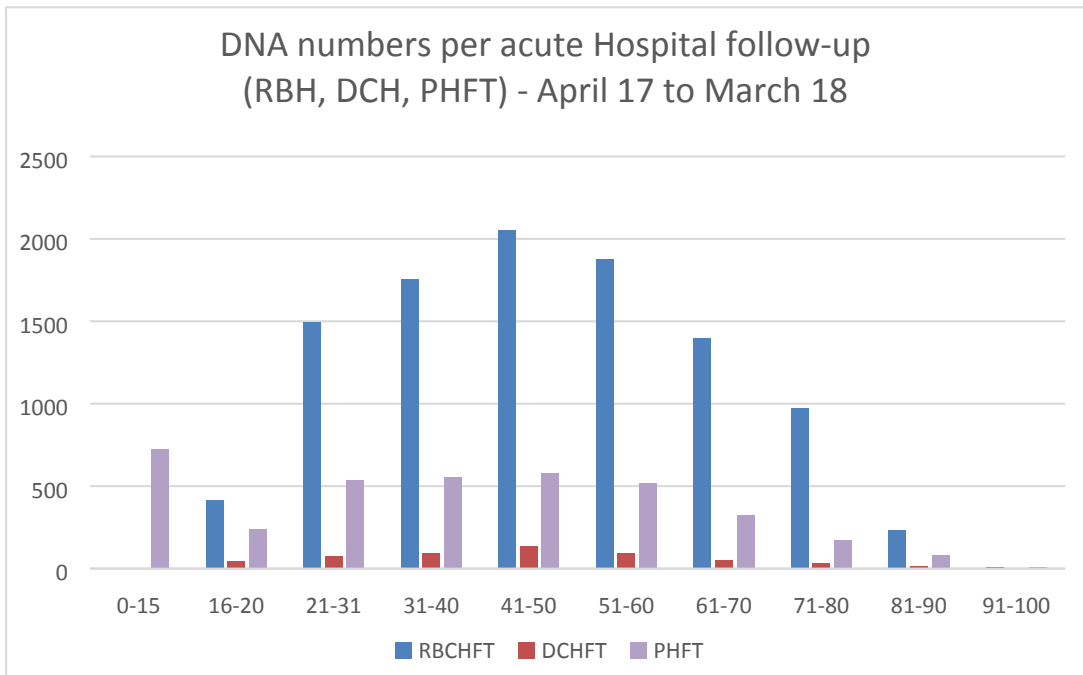


2.10 Graph 3 provides the DNA numbers for new appointments and graph 4 provides the DNA rates for follow-up appointments.

Graph 3: DNA numbers for new appointments per acute hospital – April 17 to March 18.



Graph 4: DNA Numbers for follow-up appointments per acute hospital – April 17 to March 18.



- 2.11 The current waiting times for physiotherapy services are provided in table 1. This information was recorded in September 2018 and has seen no significant improvement.

Table 1: Waiting times (September 2018)

	Urgent	Routine	Activity Volume September 2018
Poole	1 day	11 weeks	1161
Dorset County	1 day	13 weeks	433
Royal Bournemouth	1 day	15 weeks	4184
Dorset Healthcare	4 weeks	20 weeks	1165

Reference Group

- 2.12 A Reference Group was established with responsibility for reviewing the evidence gleaned through the project's engagement activities and then, using this information, to co-produce a preferred option for the model of service delivery across Dorset.
- 2.13 The Reference Group reported to the Physiotherapy Task and Finish Group.
- 2.14 Membership of the Reference Group included patients, carers and professionals. The professionals included physiotherapists and service managers from the provider organisations, Public Health, Active Dorset and Dorset CCG. The group met three times.

2.15 During the first reference group, an exercise was completed to develop a checklist of success criteria shown in figure 3.

Figure 3: Criteria for success checklist

Theme (Sub-Themes)	Checklist of Questions How will we know we have produced a suitable model?
<u>Waiting Times / Speed of Access</u>	1. Does the model offer <i>timely</i> access to services?
<u>Equity of Access</u> Geography Type of service	2. Does the model offer support in an accessible location for all across the whole county? 3. Does the model offer equity of access for all in terms of type of service offered?
<u>Flexibility / Adaptability</u> Geographical Sustainability	4. Does the model account for geographical differences across the county? 5. Does the model have the capacity to evolve with demand?
<u>Resource</u> Finance Workforce Efficiency	6. Is the service affordable within the budget available? 7. Is the service deliverable with the workforce available? 8. Are available resources optimally leveraged for maximum efficiency (and balanced with need)?
<u>Pathway / Process</u> Flow & continuity Clarity	9. Does the model allow for interaction with other services and promote holistic / person-centred support? 10. Does the model offer a mechanism for support after discharge? 11. Is it clear how people would access and move through services within this model?

2.16 During the second reference group meeting, existing physiotherapy service models which had a good evidence base were presented to the reference group to generate ideas and discussion.

2.17 An exercise then followed whereby each example model was reviewed against the success criteria, and which model met the criteria.

2.18 The themes from all of the feedback were analysed in order to identify features that should be included in a physiotherapy service model for Dorset.

Most common themes:

- Telephone service;

- Self-referral
- Rapid Assessment / Triage / First Contact Practitioner (FCP) – but not based in individual GP Practices;
- Range of points of contact / modes of access;
- Utilisation of hubs / local / community settings;
- Self-management.

Less common themes:

- FCP (in GP Practice or not stated where);
- Website / app / virtual support;
- Checklist to support triage / assessment;
- Face-to-face contact;
- Range of services / level of physio;
- Signposting to appropriate support.

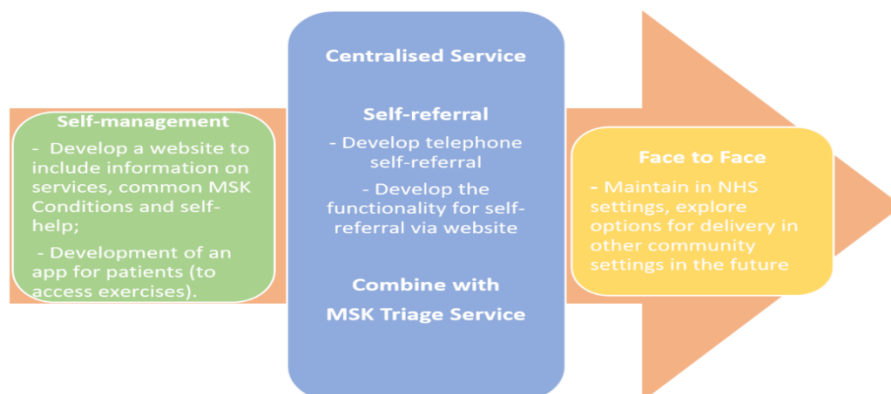
The Model

2.19 The result of this work led to the production of three distinct elements within Dorset’s Physiotherapy Model:

- Self-management;
- Self-referral;
- Face to face physiotherapy.

2.20 Figure 4 provides the detail within each of the elements.

Figure 4: Proposed Model



- 2.21 Following the final reference group meeting, the options were updated based on the feedback received during and following the final reference group meeting from those who were not able to attend.
- 2.22 Once the options had been finalised they were circulated to all members of the reference group and to GPs via the GP Bulletin for individuals to vote for their preferred options(s).
- 2.23 There were 43 responses to the final options paper split as follows:
- Professionals (not incl. GPs) – 22
 - GPs – 15
 - Patients /carers – 6
- 2.24 The outcome of the voting is provided in the recommendations section of this paper (3.0).

3. RECOMMENDATIONS

- 3.1 Through the physiotherapy review a physiotherapy model with three distinct sections has been co-produced. The specifics of the model proposed are laid out below for approval.

Self-Management

- Phase 1 - Develop a website with standard information about services, common MSK conditions and self-help advice. Development of an MSK Website has commenced.
- Phase 2 – Development of an app and a location on the website, which patients could log into to access tailored information and / or exercises prescribed by a physiotherapist.

Self-Referral

- Phase 1 - Develop a telephone self-referral service for physiotherapy;
- Phase 2 – Develop the functionality for patients to self-refer on the website referred to above.

Face to Face Physiotherapy Services

- Initially maintain provision for physiotherapy services in NHS settings with a longer-term option to explore the option for delivery of services in other community settings if the facilities allow.

- It was agreed by the physiotherapy task and finish group that no changes to face to face physiotherapy services should be made until self-management and self-referral options have been implemented as it is not possible to determine how demand may change.
- However, it was agreed that it would be of benefit to re-map existing services and workforce to see if there was any potential for interim options for flexing services to meet unexpected peaks in demand.
- Alongside this, the NHS Long-term plan references the need to ensure that patients will have direct access to MSK First Contact Practitioners (FCP) by expanding the number of physiotherapists working within primary care networks, enabling people to see the right professional first time, without needing a GP referral.

3.2 The options were also supported by the Clinical Commissioning Group which met in December 2018 and the Clinical Reference Group which met in January 2019.

Next steps

3.3 Physiotherapy task and finish group has been re-instated and will meet in September 2019.

3.4 Business cases are now being developed for the website and self-referral for physiotherapy. In the meantime, a service specification for the proposed self-referral service is being developed for agreement by the task and finish group.

3.5 A project to scope the potential requirements of the FCP role in terms of workforce, training and governance amongst other aspects is currently being undertaken, which will help inform the primary care networks as they consider this role.

4. Conclusion

4.1 A thorough review of physiotherapy services has taken place and a proposed model has been co-produced with patients and stakeholders.

4.2 Work has now commenced to implement the model working with all providers within the system.