

NHS Borders Musculoskeletal (MSK) Physiotherapy case study: March 2021

Summary

The NHS Borders Musculoskeletal (MSK) Physiotherapy team joined the Access Quality Improvement (QI) collaborative with the aim to reduce MSK Physio waiting times within 12 weeks in 50% of MSK outpatient areas by January 2024. Longstanding challenges in providing timely access to MSK Physiotherapy are multifactorial and experienced across all health boards. Extended MSK Physiotherapy waiting times impact on primary, secondary and tertiary care services.

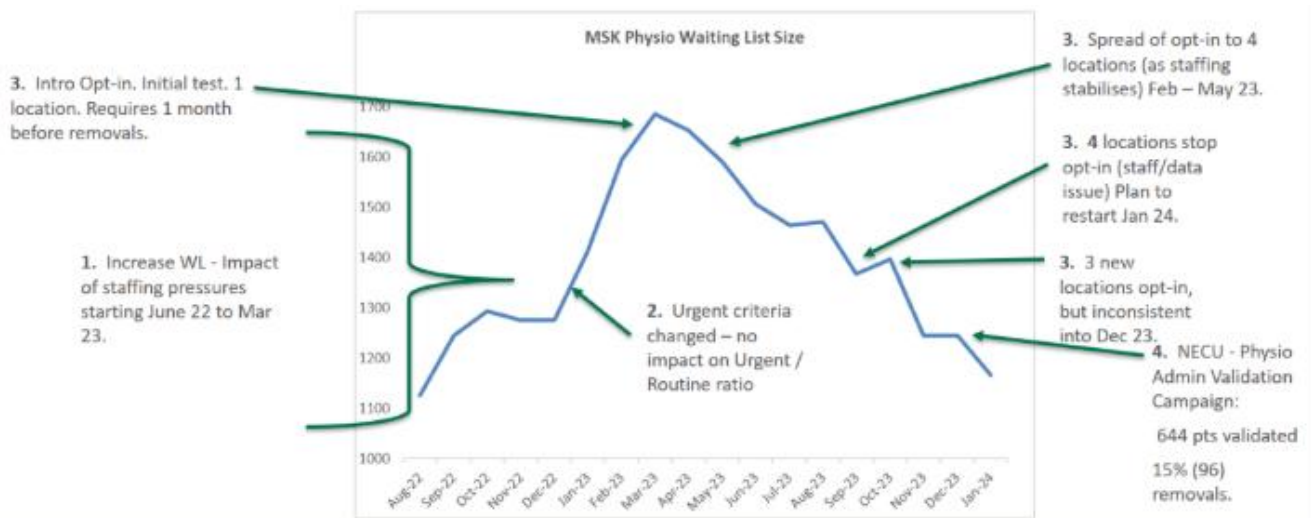
Framing the problem

On the lead-in to the Access QI project, NHS Borders MSK Physio service experienced significant staffing issues (departures and redeployment supporting acute services) resulting in an approximate 40% staffing reduction. Managing high numbers of urgent referrals resulted in increasing routine waiting times. A return to normal staffing levels was expected over the following six – nine months. This would help stabilise the increasing waiting list, however current systems were insufficient to recover from the rise in longest waiting times already at 40+ weeks.

The approach

Service process mapping was utilised during the 'understanding your system' phase of the programme to help better visualise the service, inform discussions and direct test of change opportunities. The team considered the challenge of eight locations/ eight waiting lists was out with the scope of this project. Queuing theory demonstrates the more lists a service has, the more opportunities there are to waste capacity. Initial prioritisation was directed to redefining the urgent referral criteria and introducing an opt-in process. Osteoarthritis (OA) knee education class and MSK Physio admin validation campaigns were introduced at later stages. Previous experience of Opt-in informed the team of the potential benefits of this process. This required governance approval, normal staffing levels in the test location, improved collaborative working with Allied Health Professionals (AHP) administrative team and reliable data to implement a consistent test period.

Findings and learnings

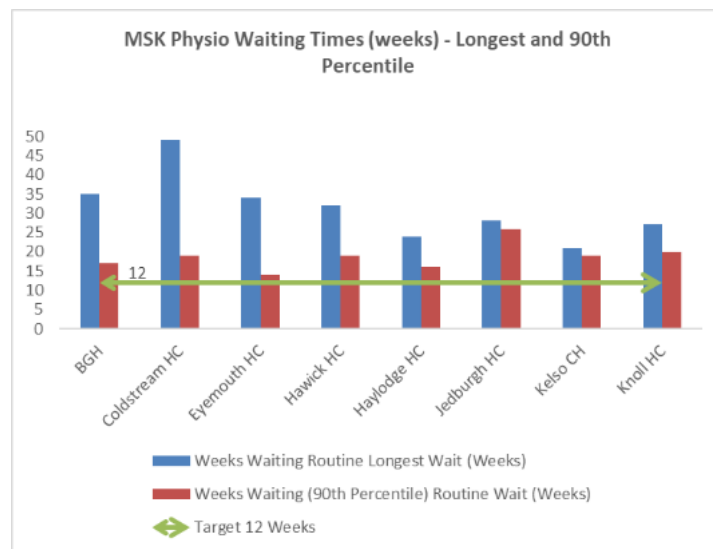


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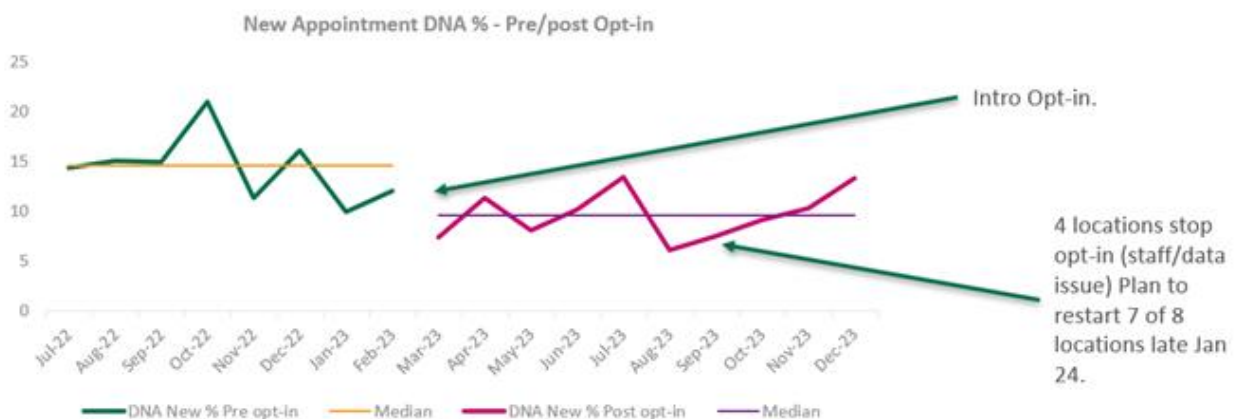
1. Significant staffing issues contributed to 6-month progressive steep rise in waiting list (WL) size. As staff return there is an anticipated levelling to the waiting lists but there is no method to recover from the increase.
2. No noticeable impact from a change in urgent criteria (removed post-corticosteroid injection). Urgent referrals are approximately 40% of total referrals. Therefore, working with reduced staffing conditions results in increasing routine waiting lists as urgent referrals are appointed [Waiting Times (weeks) not displayed].
3. Opt-in introduced/ spread: 1313 letters sent; 47.5% (624) removals. Most significant impact to recover from increased waiting lists. Requires full staff in-situation, administrative support and accurate data.
4. National Elective Coordination Unit (NECU) Physio admin validation campaign – patients were contacted to check if they still require their appointment (15% removals).

Earlier available waiting time data indicated some longest waits >40 weeks with no breakdown analysis to inform on the spread of waiting times. This resulted in a concerning headline detailing longest waits. Improvements in overall waiting list size did not appear to change the longest wait data. They introduced 90th Percentile waiting times data alongside longest waits (weeks) as demonstrated in the graph below. Introduction of the 90th Percentile data shows improvements in the direction of the project aim (four locations within 12 weeks) with six locations under 20 weeks.

Analysis of the final 10th percentile indicates administrative reasons, such as repeated patient-initiated cancellations without service follow-up with patients to explore reasons or alternatives for repeated cancellations as contributing to the longest wait figures. The graph below shows Coldstream HC longest wait as 49 weeks with the 90th Percentile waiting time being 19 weeks. The team plan to introduce quality improvement processes to better understand and address all causes for the remaining 10th Percentile.



Informal observations by clinical staff on new appointment DNAs suggested a reduction after opt-in was embedded within locations. The graph below shows new appointment DNA rates pre and post periods of opt-in. Pre-opt-in DNA ranged from 10 - 21.1% and reduced to 6.2 – 13.5% after introducing opt-in.

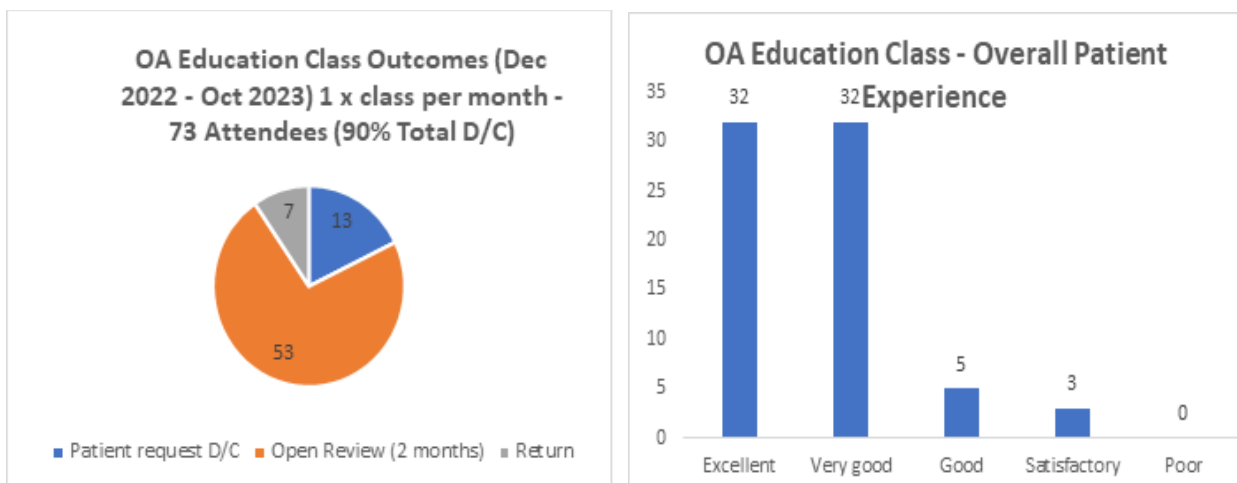


An upward trend in DNA rates was observed August – December 2023 when opt-in was stopped in four locations (two larger referring) due to unforeseen staff absence and an error in registering peripheral locality-based patients to the main central location. The latter resulted in

artificially low waiting times in several locations meaning patients could be allocated appointments as referrals were received. Observations from the AHP Admin Team suggested it was quicker to allocate an appointment rather than wait for opt-in on a newly received referral. Only one location opt-in running up to pre-Christmas, three locations to early December. The team plan to return to seven of eight locations opt-in, temporarily holding back from eighth location due to unexpected staffing issue and ensure this is a standard operating procedure.

Shared learning with NHS Lothian informed the team that identifying and directing patients meeting OA Knee NICE Guidelines diagnostic criteria from the waiting list to the OA knee education group without the need for a traditional new appointment was a safe method. Total discharge numbers include patients requesting discharge at the end of the one-off class and those patients not contacting after choosing the two-month open review period. Smaller groups of ten participants and two members of staff were considered important to create an environment where patients felt comfortable to ask questions and join in discussion.

89% (64) participants rated the class experience as 'excellent' or 'very good'.



Key learning

The team found that consistent and reliable data is essential to informing and monitoring change. Administrative support and regular clear communication are essential to ensure systems and processes are maintained. A stable workforce is critical to maximise quality improvement changes and achieve the balance between demand and capacity. Improvement work requires a team approach with ownership to self-direct and collaborate towards agreed goals. This is considered as fundamental to success and staff satisfaction.

Since the team implemented the opt-in, they have sent 1313 letters and had 47.5% (624) removals. This has been the most significant impact to recover from increased waiting lists. It requires full staff in-situation, administrative support and accurate data. There has been no noticeable impact from a change in urgent criteria (removed post-corticosteroid injection). Urgent referrals are approximately 40% of total referrals. Therefore, working with reduced staffing conditions results in increasing routine waiting lists as urgent referrals are appointed. The National Elective Coordination Unit (NECU) Physio admin validation campaign meant patients were contacted to check if they still require their appointment. The team have seen 15% of removals from this. The team also held an OA Education Class (Dec 2022 - Oct 2023) with one class per month, 73 Attendees (90% Total Discharge).

Next steps

To date initiatives have been managing processes and patients after joining the waiting list. A new digital-led MSK triage and supported self-management system has been authorised for a year pilot programme. This system has potential to reduce the number of referrals entering the MSK waiting list, in addition to supporting triage across several specialties. Care Opinion has been introduced, and the team are encouraging patients to submit feedback. Staff Engagement is now part of the wider AHP service goals – this is an opportunity for the team to re-focus this component during 2024.