

MSK Assessment & Advice (A&A) Service

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MSK A&A Ambition


- Cheltenham General Hospital & Gloucestershire Royal Hospital
- Ambition to reduce the risk to patient safety posed by growing wait lists and long wait times
- Main driver - risk of deteriorating conditions whilst waiting and missed opportunities to identify serious pathologies at an early stage
- Other services using initiatives such as 'waiting well' or telephone triage...often just long waits!

A decorative graphic in the top-left corner featuring a blue arrow pointing downwards and a grid of blue dots.

MSK A&A Ambition

“Waiting times consistently rank as one of the public’s key concerns with the NHS and they have a big impact on patient experience” (King’s Fund, 2024)

“Waiting for treatment is a risk to patient’s physical and mental health” (CQC, 2023)

A decorative graphic on the right side featuring a vertical grid of blue dots and a solid pink horizontal bar below it.

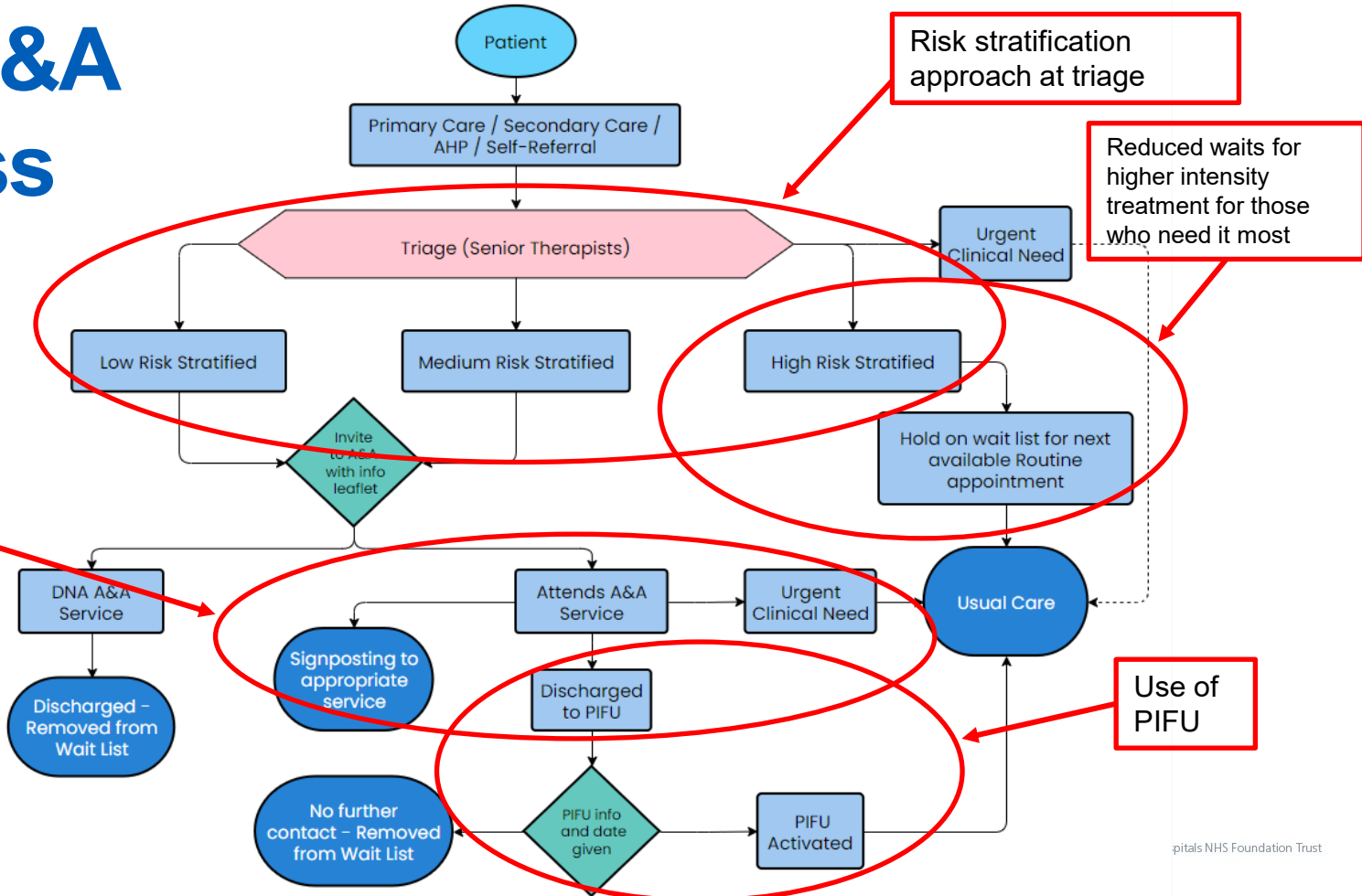
MSK A&A Involvement

- Rigorous staff engagement and co-production methodology
- Patient feedback pivotal in the design
- Staff and patient co-production and testing of new information leaflets

MSK A&A Ambition

- A&A uniquely combines risk stratification with robust 'one-off' face-to face assessment, management, signposting and use of Patient Initiated Follow-Up (PIFU)
- Enables much earlier access to screening services, signposting and treatment
- Initial launch October 2022
- 12-month Pilot and initial data collection/evaluation period: April 23 - March 24

MSK A&A Process



Robust 45 minute 'one-off' appointment supporting self-management

Risk stratification approach at triage

Reduced waits for higher intensity treatment for those who need it most

Use of PIFU

Keele STarT MSK Risk Stratification Tool

- Only validated generic MSK prognostic risk stratification tool (Hill et al.,2022)
- Risk stratification guides initial decision making and allows interventions to be targeted to sub groups
- Improve clinical outcomes and cost effectiveness
- Developed by the team behind STarT Back

For questions 1-9, think about just the last two weeks:

Pain intensity

1) On average, how intense was your pain? [where 0 is "no pain", 10 is "pain as bad as it could be"]

| | | | | | | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| <input type="checkbox"/> 0 | <input type="checkbox"/> 0 | <input type="checkbox"/> 0 | <input type="checkbox"/> 0 | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 |

| | Yes | No |
|--|----------------------------|----------------------------|
| Pain self-management 2) Have you been struggling to manage or control this pain by yourself? (e.g. using medication or exercises etc...) | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 |
| Pain impact 3) Over the last 2 weeks, have you been bothered a lot by your pain? | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 |
| Walking short distances only 4) Have you only been able to walk short distances because of your pain? | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 |
| Pain elsewhere 5) Are you having troublesome pain in more than one part of your body? | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 |
| Long-term expectations 6) Are you concerned you're developing a long-term problem? | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 |
| Other important health problems 7) Are you also having to deal with other important health problems at present? | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 |
| Emotional well-being 8) Have you felt anxious or low in your mood because of your pain? | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 |
| Fear of harm 9) Do you worry that physical activity could make your condition worse? | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 |
| Pain duration 10) Have you had your current pain problem for 6 months or more? | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 |

Referrals into A&A

% of all routine referrals triaged for the MSK A&A service on each site – Cheltenham General Hospital (CGH) and Gloucestershire Royal Hospital (GRH):

| | November 23 | December 23 | January 24 | February 24 | March 24 |
|-----|-------------|-------------|------------|-------------|----------|
| CGH | 76% | 80% | 80% | 81% | 76% |
| GRH | 73% | 82% | 80% | 84% | 80% |

Associated Costs of Set-Up per Site

| Resources | Cost/ Time input |
|---|--|
| Keele STarT MSK Licence | Free (for NHS and public bodies) |
| Equipment | Nil |
| Patient information/ Self Help Resources | Nil if digitised |
| Time to map processes and consultancy | 5 days |
| Time for Staff Engagement | 1-2 hours per month for first 6 months |
| Time for Training (Clinical and non-clinical) | 1 day per member of staff |
| Optional- getUBetter (commissioned at ICS level) | £52,200 annual enterprise licence fee |
| Optional- digital personalised exercise prescription tool (e.g. 8 x basic (concurrent) physiotools) | £2100 pa |

MSK A&A Outcomes, Value & Involvement

Safety

- Possible serious pathologies identified and escalated earlier
- Signposting / GIRFT
- Prevention of deterioration while waiting through much earlier access to treatment (mean wait times reduced by 47%)

Therapy Service – MSK Assessment & Advice (A&A) Service Evaluation

Case Story: MSK Assessment & Advice Service – Back Pain Patient Pathway Through The Therapy Service

Self-referral on 13/09/2023 to **Core MSK Therapy Service**

Patient had no prior contact with their GP or anyone else in Primary Care for this new episode of pain that they were experiencing.

Triage allocated to MSK Assessment & Advice as patient did not meet urgent prioritisation criteria and scored 8 (medium risk) on STarT MSK risk stratification tool (completed within self-referral). This enabled the patient to be seen within 2 weeks for an initial appointment, as opposed to waiting the routine wait time of 18 weeks (as it was at that time).

NP assessment in A&A Service on 24/09/2023

Patient had been experiencing increasing back pain with sciatica (right) for four weeks.

What matters to the patient? (Person Centred Care)

The patient was most interested in understanding what was wrong with them and obtaining a diagnosis. They wanted to understand what they could do to manage the symptoms and also were interested in a prognosis for how long it would take to get better, as they were struggling to continue to work in their job.

Examination:

The patient was screened for any possible red flags/indications of serious pathology. This raised some concerns that there were possible signs of cauda equina syndrome (CES), on completion of a robust CES Screening Questionnaire and lower limb neurological examination. This included some bladder dysfunction and some saddle anaesthesia.

Management:

The concerning signs and symptoms were explained to the patient, to help them understand and to explain more about CES. The patient was reassured that, in most cases, CES is not found as the cause, but it was explained that it was extremely important that to escalate what had been found to the appropriate services, in order to check this in more detail with imaging and possible surgical intervention. It was explained to the patient that, once this had been checked and ruled out, treatment could commence with the Therapy Service to manage their back and leg pain.

Outcome:

The patient was referred directly from the A&A service appointment to the Trauma and Assessment Unit (TATU) at Gloucestershire Royal Hospital on the same day, where the orthopaedic team there carried out further assessment and performed an

urgent MRI scan. The scan revealed a "central disc herniation at L4-5 with significant compression of the adjacent cauda equina nerve roots".

The patient was admitted to the hospital the same day and listed for emergency surgical decompression, which was carried out the following day.

After a short period of recovery in hospital, the patient returned home and their bladder dysfunction and saddle anaesthesia had resolved.

The patient contact the Therapy Service to thank the clinician for helping to get them the emergency treatment that they required and advised that their leg pain had also resolved with some residual low-back pain their only remaining symptom, which they were happy to manage independently following some short advice over the phone.

Implications:

The MSK A&A Service enabled the patient to be seen at 1.5 weeks from referral, instead of 18 weeks. This meant the patient accessed a robust assessment and screening for their condition much sooner, which could have been the difference between the patient experiencing lasting consequences of this condition and all symptoms resolving through the appropriate, timely intervention.

By identifying and diagnosing CES early on (and much earlier than it potentially otherwise would have been), the A&A service has contributed to the prevention of potentially catastrophic consequences, in terms of their bladder, bowel and sexual function (Lavy et al, 2022). It may also have contributed to the avoidance of potentially significant legal and financial implications (Lavy et al, 2022).

References:

Lavy, C., Marks, P., Dangas, K., & Todd, N. (2022). Cauda equina syndrome-a practical guide to definition and classification. *International orthopaedics*, 46(2), 165–169. <https://doi.org/10.1007/s00264-021-05273-1>

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Organisation

- Reduced wait list number by 62%
- Low DNA rate (5%)
- 60% did not need/want a further appointment
- Organisational recovery targets 23/24 met and exceeded

Staff

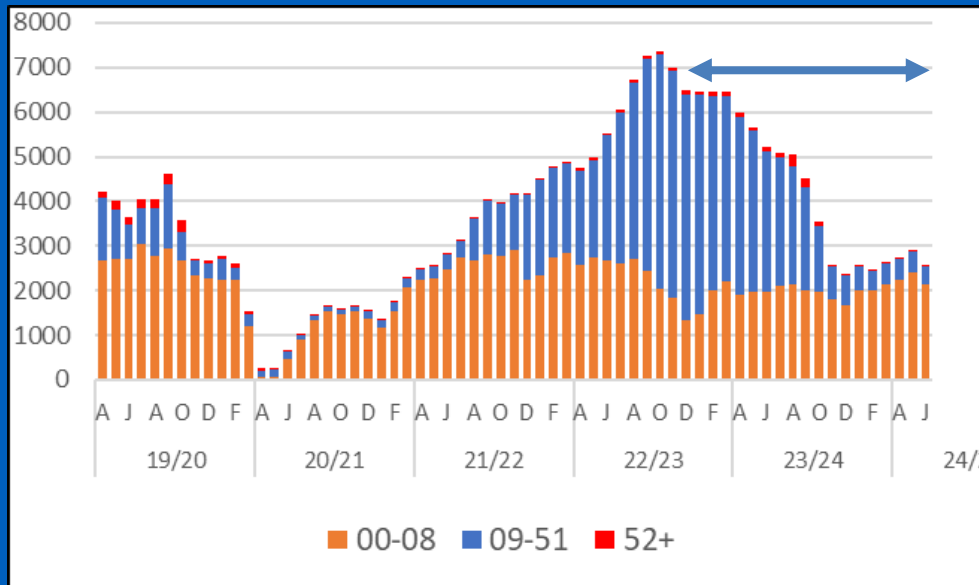
- Improved staff satisfaction with revised job plans
- Staff retention has improved significantly

Quality

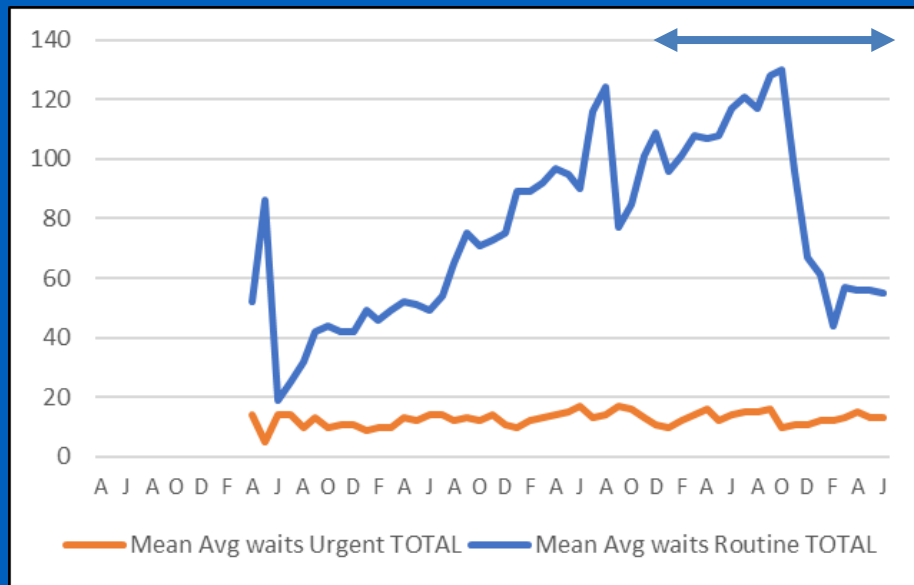
- Pain improved by 22% and Quality of Life improved by 24%
- Only 5% had returned to Primary Care after 3 months
- Friends & Family positive feedback scores remained at 95.7%
- *“Given the enormous pressure the NHS is under I was impressed by the one off appointment. It seems a very creative way of managing the backlog”.*

MSK A&A Outcomes & Value

Wait list:



Wait times:



Health Inequalities



- Inclusive of all protective characteristics (e.g. interpreter sessions carried out as part of A&A)
- Encourages all patients to attend face-to-face for an appointment
- Implications - Travel, parking, time off work

- Future scope:
- A&A in community centres in areas of deprivation etc.

MSK A&A Spread

- Minimal costs to replicate and scale up fast
- Supported in GHNHSFT by the CEO, Deputy CEO, Chief Medical Director, Director for Safety and Chief AHP
- Supported by Gloucestershire ICB and shared through MSK CPG
- Communicated with and supported by local PCNs and FCPs
- One of 5 (out of 20) applications shortlisted for Health Innovation West of England Evidence into Practice (EiP) Programme

MSK A&A Spread

- Highly Commended Runner Up for Keele Best Practice Day Award

Potential adopters identified:

- Royal United Hospitals Bath NHS Foundation Trust
- Great Western Hospitals NHS Foundation Trust
- Gloucestershire Health and Care NHS Foundation Trust
- Sirona – Bristol, South Gloucestershire and North Somerset



MSK A&A improves access

MSK A&A improves safety



MSK A&A is Sustainable

the **Best Care**
for **Everyone**
care / listen / excel

MSK Assessment & Advice...

**Best Care
for
Everyone**



Gloucestershire Hospitals
NHS Foundation Trust

Thank you

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