

Community MSK Resident Engagement Summary - June 2024

Resident Engagement and Co-design

Bedfordshire, Luton and Milton Keynes Integrated Care Board (BLMK ICB) is working to design a single model for a community Musculoskeletal (MSK) service, to start at the end of 2025.

The ICB is taking a co-design approach with residents and people that work in the service so that we can make sure there is:

- a smoother patient journey
- more understanding of the pathway and referrals in and out of the service (how patients get treatment in the service)
- fairness in the service for patients across Bedfordshire, Luton and Milton Keynes
- the right treatment, at the right time, in the right place

To ensure the experience of those who have used the service or may use the service in the future is included and used to deliver improvements for patients, carers and residents across Bedfordshire, Luton and Milton Keynes, we held co-design focus groups across BLMK in partnership with Healthwatch and hosted a resident survey online.

This report brings together the themes and recommendations from the co-design groups and the online resident survey.

What We Heard

Summary by Theme

Previous engagement highlighted key areas that patients would like to see improved, these formed the basis of the discussions at the focus groups and informed the questions asked in the online survey.

Services working together

Wellbeing services that are delivered by local authorities should be linked in with MSK services to help with prevention.

Other services should be incorporated as part of the MSK pathway to ensure the 'whole person' is treated. Impact on a person's mental health and ability to work should be included in a holistic care plan. This could be done via a social prescriber or health and well-being coach so that access to all local services is made available.

Communication between services needs to be improved and systems used by services should be joined-up.

For GP practices to work more closely with MSK specialists to improve outcomes for patients, providing a more joined up approach which would prevent patients being referred back to their GP if a course of treatment did not work.

Referral routes need to be clear for those working in the services and patients, so patients do not get moved between GP, Physiotherapist, Consultant unnecessarily.

Provide a 'triage' system for MSK services, where a MSK specialist can refer the patient to a clinician or professional who is best suited to their condition.

There should be a 'no wrong door' approach so that appropriate health and care professionals are able to give advice, signpost and/or refer so patients to the appropriate service. In addition to self-referral routes.

Communication

Information on services available should be much more visible and available in a number of different locations such as GP surgery, hospitals, chemists, via community groups and should make self-referral options clear.

Patient pathways (different steps to treatment) should be shown in an accessible ways such as a visual diagram that is easy to follow.

Communication methods should vary based on the preference of the patient, which maybe by letter, email, text or an online portal. Not all residents can or want to be contacted digitally, whilst for many it is the most convenient way to communicate, there should always be a telephone option.

Communication about appointments should be clear, accurate and include a way of contacting the service to allow for changes to be made (by both service and patient).

Patients want to be listened to by clinicians so they can understand how their condition and pain is affecting them and different aspects of their life and mental health.

Have one key point of contact that is given to patients at the start of their MSK journey. Patients will then always know who to contact if they have any questions about their treatment.

Use of an App was highlighted as being useful if you could access videos of exercises, appointment information, next steps on patient pathway and service contact details.

Timeframes should be confirmed to patients, how long is the waiting list to access services, what will be the waiting time between appointments.

There should be on-going communication through the referral, waiting and treatment process so patients are kept informed.

Prevention / Health Education

The importance of peer support and being able to link with community groups was identified as key to helping patients managing long term conditions.

Patients should be referred to alternative preventative services such as exercise and weight management. It is important that exercises are adapted to the persons condition, with the right advice and support made available.

Health education needs to be adapted for different cultural backgrounds and training and development is needed on cultural competency within services.

Introduce a 'care plan' that goes with a patient to different parts of the MSK pathway. Providing a record of treatment and information to support the patient and gives each healthcare professional the patients treatment history.



Access to Treatment

Clear pathways and information were seen as key to accessing treatment, together with transparency over waiting times for assessment and treatment.

Treatment should be provided locally and consideration needs to be given to how residents would access services, locations should be well served by public transport.

Awareness of support groups and access to group exercise classes where professionals monitor the exercises and can adapt them to the individual's conditions.

Services need to be provided at times that work for patients, including evenings and weekends.

Self-referral forms should be made simple to improve access and should be available in accessible formats to accommodate translations and spoken options.

On-going contact with patients for a period of time after initial treatment, around 6 months, so any recurring issue can be treated without having to re-start the referral process.

Offering appointments closer to the patient's place of work would improve access to treatment.

Ensure all buildings used to provide treatment are fully accessible.



"Information should be shared with patients whilst they are waiting for an appointment to explain what is happening next with treatment and anything we can do to help ourselves whilst waiting for an appointment."

Other Feedback

Take learning from services that are working well such as NHS111, they listen, triage and signpost. They offer reassurance that you are 'in the system' and what the next stage is.

Having different mechanisms for giving feedback is important and asking at various points along the patient journey. It should be clear what action is being taken from patient feedback.

There should be an educational campaign on MSK services, what conditions it treats and how to access services.

What matters to you most when being treated for an MSK condition?

Answers given were varied with some themes becoming clear;

- Residents would like timely support for their condition
- They want to feel that they are being listened to and treated as a 'whole person' not given treatment for an isolated symptom
- They would like to be treated by experienced staff and given efficient treatment
- For their experience of pain and the need for pain relief to be taken seriously by staff.
- A number of residents stated they want hands-on treatment and face to face appointments.

What is most important when you receive information about your appointment?

Alongside time and location information residents want to know;

- What to expect at the appointment
- What to wear and if clothing would need to be removed for treatment
- The reason for the appointment and what type of clinician it is with
- What is the likely treatment that will take place and what tests might be carried out.
- Information on parking availability
- Residents also suggested a reminder text, a choice of date and location for the appointment, and contact information so that cancellation/requests for change is easy.

What is most important when you have your appointment?

Residents highlighted a number of areas;

- Accessibility and location of the appointment, including parking
- Appointments running to time
- A thorough appointment, where the clinician treating them has access to and has read patients notes, understands their condition and how it may affect all aspects of their life
- After the appointment there is a clear treatment plan that is explained clearly to the patient.
- Patients wanted to be seen by knowledgeable, experienced and caring healthcare staff, that listen to the patient
- For the initial and follow-up appointments to be delivered in a timely way without long waiting times for assessment and treatment.



"I was being referred to weekly classes, but I could not attend them as it was a Thursday, in the middle of the day and I'm at work, so I haven't been to those classes."

Recommendations

From the co-design groups held across Central Bedfordshire, Bedford, Luton and Milton Keynes the following recommendations have been identified;

Communication Methods and Materials

- Good patient communications should start with the first point of contact.
- Communication needs of patients should be identified and recorded to ensure the best communication method is used each time when contacting the patient.
- Patients should be given a choice of communication methods including letter, email, text, and online options.
- It should be clear to patients who they can contact in the service, when they are on a treatment pathway, consider a 'one key point of contact'.
- Accessible information should be developed to ensure residents know what MSK services are available and how to access them either through primary care or self-referral.
- Patients who are digitally excluded should be identified and support provided to ensure they can access all of the information needed.
- Consider creating an MSK website providing information on all aspects of the service and including 'who to contact if you have questions' 'how to cancel/rearrange an appointment' 'likely pathways for treatment and timescales' and 'frequently asked questions'.
- Raise awareness of MSK services by displaying information in GP waiting room, pharmacies and other community spaces.
- Clear information should be provided on care pathways and next steps in treatment, consider showing pathways in visual ways that makes them accessible regardless of language spoken or levels of literacy.
- Ensure that the NHS Accessible Information Standard (AIS) and Equality Act are embedded in service provision and communication.

Services working together

- Create a 'Patient Passport' or 'Care Plan' for every patient that can be reviewed by health professionals across MSK services.
- Provide a more joined up service between the various patient touch points including GP, community and specialist services.
- Adopt a 'no wrong door' approach, ensuring that appropriate health and care professionals can provide advice, signpost and refer patients appropriately.
- Use technology to improve communication that connects across different services to provide a seamless service to patients.
- Enhance communication between primary care and MSK services to ensure patient focused referrals and reduce the cases of patients being referred back to their GP.
- Consideration should be given to a multi-disciplinary team approach, with professionals working together and the patient not being passed from one service to another.

Prevention / Health Education

- Develop programs to educate patients about prevention and signpost to local services available to help prevent conditions/improve conditions.
- Organisations need to work together on prevention, including providers, local health services, local authorities and employers.
- Consider how social prescribers in primary care can support with connecting patients into services to aid recovery and prevent further ill health.
- Make prevention and pain management information widely available online and in accessible formats.
- Provide group sessions, exercise classes and peer support sessions.

Access to treatment

- Patients need to have access to appropriate pain management and advice on pain management strategies.
- Treatment should be provided locally and consideration needs to be given to how residents would access services, locations should be well served by public transport.
- Patients should be given a choice of appointment locations
- Patients should be given timely access to treatment and be made aware of the timescales between initial triage and treatment options and who to contact if their condition changes.
- There should be a choice for patients of how appointments are delivered, a hybrid approach with the opportunity for face to face, telephone or video calls could offer more choice and personalised care for patients.
- Service delivery should incorporate out-of-hours provision during evenings and weekends to meet the needs of the population.

Person Centered Care

- Each patient should receive appropriate person-centered care and treatment that is based on an assessment of their needs and preferences.
- The service should consider the whole person and how an individuals situation impacts on their condition and their ability to access treatment. Taking into consideration areas of wider health such as weight management and mental health, integrating with services to support patients.
- Providers should deliver culturally appropriate care that respects the diverse backgrounds of patients.
- Collect and act on patient feedback to improve service delivery and patient experience.
- Adopt a population health approach focused on optimising outcomes, including reducing health inequalities and paying particular attention to demographics of patients who may need additional support.



Contact Us

For further information, and to express an interest in being involved in designing local healthcare services contact blmkicb.communications@nhs.net

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