



Resident Co-design Sessions for Community Musculoskeletal (MSK) Services 2024

Final report – May 2024

NHS

Bedfordshire, Luton
and Milton Keynes
Integrated Care Board


Bedfordshire, Luton
and Milton Keynes
Health and Care Partnership

healthwatch
Central Bedfordshire

Content...



Introduction	P3
Methodology	P4
Executive Summary	P5
Recommendations	P10

Resident Demographics	P12
MSK Project Details	P15
Analysis of Findings	P17
Summary of Findings	P29

Recommendations	P32
Conclusions	P33
Next Steps	P34
About Healthwatch Central Bedfordshire	P35

Introduction

Musculoskeletal (MSK) conditions can affect joints, bones and muscles and sometimes tissues such as nerves. These can be minor injuries to long-term conditions – like rheumatoid arthritis, carpal tunnel syndrome, sprains and fractures.

MSK services provide advice and treatment that help patients to recover strength and ability to move their muscles and joints after injuries or pain. Treatment may include physiotherapy, surgery, pain management plus other options.

The Community Musculoskeletal service is currently provided differently across Bedfordshire, Luton and Milton Keynes, using various models and providers, and the contracts will be coming to an end in 2025. Bedfordshire, Luton and Milton Keynes Integrated Care Board (BLMK ICB), who are responsible for commissioning MSK services, are currently working to design a single model for a Community Musculoskeletal service, to start at the end of 2025/26 for all residents of Bedfordshire, Luton and Milton Keynes. A Community MSK service will help to keep people well at home and support them to live independently, delivered in community settings close to home.

To ensure the experience of those who have previously used the MSK service, or are currently using the service, is reflected and used to deliver improvements for patients, Carers and residents across Bedfordshire, Luton and Milton Keynes, BLMK ICB asked Healthwatch Central Bedfordshire to arrange a series of focus groups to give local residents the opportunity to share their experience and help co-design the Community MSK service model.



Healthwatch partners were asked to deliver resident co-design groups that capture a representative view from residents across BLMK, to include voices from each of the local authority areas and specific 'seldom listened to' community groups, which were identified from the MSK Health Needs Analysis (HNA) which has identified communities which are underrepresented as users of the service.

The ICB have undertaken previous engagement to understand patient and stakeholder views on the current services provided and this feedback was used to develop the next phase of engagement; a process of co-design with patients, stakeholders and staff. Following the co-design phase, the ICB will ensure that the patient voice remains part of the ongoing project with patient representation on the procurement panel, and ensuring opportunities and methods for resident feedback is developed and established within the new service to provide regular feedback on services.

Methodology

Healthwatch Central Bedfordshire, working with the ICB, developed, facilitated and delivered three focus groups to capture the views of a select group of MSK service users, living or working in Central Bedfordshire. The specific cohort of service users were those that the ICB had not previously engaged with regarding MSK services, and were identified as communities which are underrepresented as users of the service.

Posters were designed and widely promoted across Central Bedfordshire, encouraging service users to register to attend a focus group, utilising various mediums including social media.

The aim of the focus groups was to give residents the opportunity to contribute to the design of the new service and provide a mechanism for feeding back resident and service user insight to the service design process. This was based on four co-design themes which were identified as areas of patient/resident influence as follows:

1. Services working together
2. Communications
3. Prevention/Health Education
4. Access to treatment

In Central Bedfordshire, Healthwatch were asked specifically to engage with three different cohorts of people to ensure we captured voices from resident/service users but also from 'seldom listened to' community groups, as follows:

- ◆ Resident/service user group
- ◆ Gig economy workers group
- ◆ Parent/Carer user group (Paediatric Physiotherapy services)

Individuals participating were representative of the area and full written consent was sought from identified participants prior to the focus group taking place to confirm they were happy for their data to be stored, according to GDPR regulations, and their subsequent responses shared with the ICB.

During April 2024, two focus groups were held at the Rufus Centre in Flitwick, in the morning and in the evening, and the final focus group was held in the new Integrated Health and Care Hub in Dunstable. All had adequate parking and accessible facilities.

ICB colleagues developed a presentation with discussion questions for each session, for service users to expand on their experience, and views of the MSK service, using the previously identified themes, for use as prompts at each focus group.

Executive Summary

Purpose

To ensure the experience of those who have previously used the MSK service, or are currently using the service, is reflected and used to deliver improvements for patients, Carers and residents across Bedfordshire, Luton and Milton Keynes, BLMK ICB asked Healthwatch Central Bedfordshire to arrange a series of focus groups to give local residents the opportunity to share their experience and help co-design the Community Musculoskeletal (MSK) service model.

During April 2024, two focus groups were held at the Rufus Centre in Flitwick, in the morning and in the evening, and the final focus group was held in the new Integrated Health and Care Hub in Dunstable. All had adequate parking and accessible facilities. Each session was widely promoted across Central Bedfordshire utilising all mediums including social media.

Using a PowerPoint presentation designed by BLMK ICB colleagues, discussion points were based on four key themes:

- ◆ Services working together
- ◆ Communications
- ◆ Prevention / Health Education
- ◆ Access to treatment

Discussions during each session did not always fit with the themes identified, however a wealth of feedback about MSK provision in Central Bedfordshire was provided, with many suggestions for improvement which will ultimately help to redesign the Community Musculoskeletal service model across Bedfordshire, Luton and Milton Keynes. Each section detailed further in the report highlights the comments captured during the discussions and suggestions for improvement.

Key findings

Over 30 people in total attended the three focus groups held in Central Bedfordshire and many were dissatisfied with the current MSK service on offer and felt that changes needed to be made to improve the quality of service for all residents. In addition, many people mentioned the necessity to seek private treatment as they were either '*waiting too long*' for treatment or were '*struggling to navigate a system that was not fit for purpose*'. For those that could not afford private treatment they were '*forced*' to accept a bad quality of service. Others had a more positive experience and were happy with the service received. One lady told us that her son had been referred to Physio and they actually came to the school to do exercises with him, which she described as a '*fantastic service*'.



A summary of findings is detailed below, including suggestions for improvements, under each themed discussion:

Services working together

Local residents wanted to see a more *'holistic service'* put in place to ensure patients / service users are provided with healthcare that considers the entire individual, including their emotional, social, and psychological well-being, in addition to their physical health. They also wanted to be *'shown respect for their preferences'*, they wanted to see coordination and integration of care in addition to information and education.

In addition, one lady told us that *'no one wanted to talk to us as a family, we wanted to be told; this is your child's condition, this is how it will impact his life'*. If they had been better informed from the very beginning it would have made a difference to all the family.

For the majority of focus group attendees, they wanted to be able to *'secure a longer appointment'* which they felt was crucial when taking a holistic approach to patient care. They wanted to be given the care and treatment they need to help resolve their issue, and an appropriate amount of time at their appointment to be allocated for this.

Other suggestions for improvement included a *'check list'* that health professionals could use to determine if the patient had tried certain exercises or treatments before recommending a course of action, with a clear pathway detailing the *'next steps'* in their MSK journey. Another suggestion was a *'patient passport'* that could be given to every patient or service user, which can be reviewed by healthcare professionals, and the patient or service user can go through themselves to check on the next stage of their treatment. This would also negate the need for patients and service users to feel they had to *'bring copies of everything with you, which is an indication of how unbalanced the system is'*.

Local residents want to see GP's work more closely with, and have a better relationship with, MSK specialists, to improve patient outcomes and for MSK services to work better with other healthcare services; a *'more joined up approach'* where the individual is involved at every stage of their journey. They want to avoid being consistently *'referred back to their GP'* if a particular treatment does not work. Others believe that managing expectations should be high on the list. A mother told us that a Consultant they saw about her son's condition, said, *'I can kill Chronic Fatigue in two years'* which they knew to be unrealistic, and other specialists had simply told her to *'go away and research the condition'*. She would have preferred to be told *'this is the nurse, she is going to tell you about your son's condition, about his care and treatment and also what benefits you can apply for'*.

To deliver a 'personalised' service, personalised care needs to *'capture the patient's preferences'* in particular, for people who are working, who may be on a zero hours contract, they want to be able to choose an appointment near to where they work rather than where they live. And finally, residents want to see a *'triage'* system for MSK services, similar to other services where they are given an appointment with an MSK specialist, who can then refer the patient to a clinician or professional who is best suited to treat their condition.

Communications

A very popular suggestion to improve communication for the patient, service user, Carer or relative is to have *'one key point of contact'*; a phone number the patient is given at the start of their MSK journey. They would like a dedicated phone number to call displayed on the initial letter sent, with a clear indication of when the phone is manned, so the patient is fully aware what number to use if they have any questions or need to rearrange their appointment, plus the MSK team calling back when they say they will.

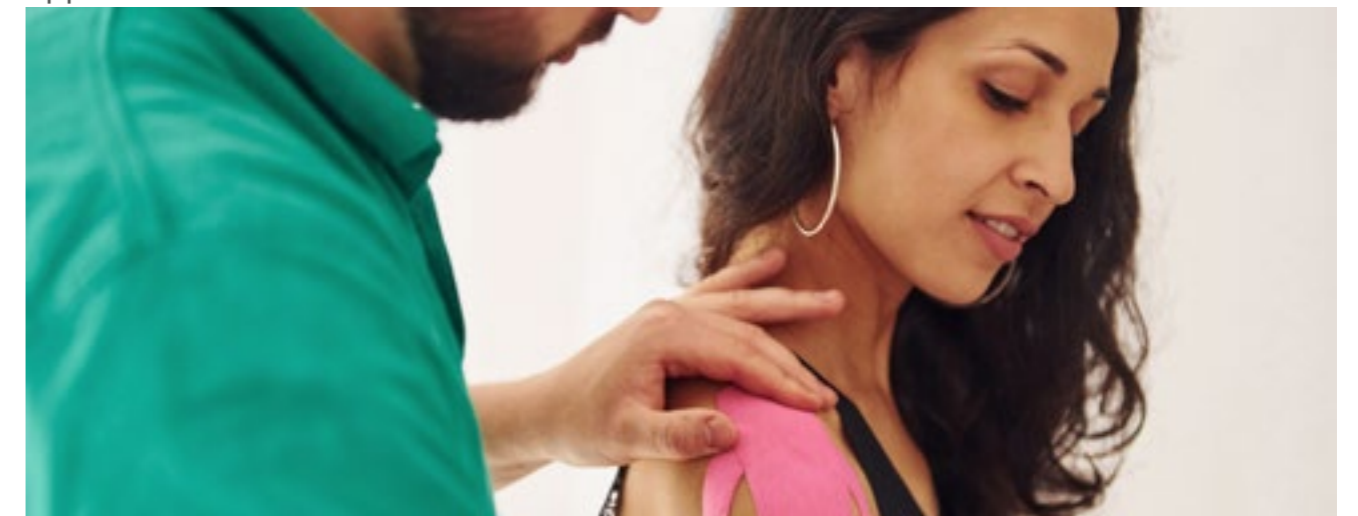
They want to be given reassurance that members of the MSK Service work as a team; that they *'talk to each other'*, and always ask the patient or service user what their preference would be when communicating during the initial consultation phase, with information prominently placed on their notes.

Many people, who are IT literate or prefer digital communication wanted to know that *'on line'* options are available for booking or cancelling appointments, *'with a dedicated up to date MSK website providing information about MSK Services'* including *'who to contact if you have any questions'*, *'how to cancel or rearrange an appointment'*, *'what are the likely pathways or treatments, timescales'* and a *'frequently asked questions'* section. In addition, a *'text reminder'* of their appointment, or details of who to contact if they need to cancel their upcoming appointment, which would help to reduce DNA's and free up appointments for others.

Local residents wanted to have confirmation from the MSK Team that *'the patient voice will be heard and understood'* with clear terminology used in all forms of communication and to be informed of *'choices'* or *'options'* open to them, to make informed decisions. They also felt that MSK professionals should be fully trained and aware of options open to patients; to investigate other referrals that could support the patient, rather than the patient having to start the process all over again.

They want to be given information, advice and guidance about their condition in a language that makes sense to the patient or service user and clearly told and made aware of *'next steps'*, and a timeframe for treatment, including information on what to do if anything changes with their condition.

In addition, rather than a *'standard or default referral'* they would like to see appropriate referrals for their condition, and to be offered help to make a self-referral which would include training all services' reception staff, and finally for the service to widely promote the NHS App amongst MSK users who may find it easier to access information via the App.



Prevention/Health Education

To be supported in other areas that are affecting their MSK condition such as prevention services or health education, local residents felt they should be provided with a bullet point list at the end of their appointment, for example, *'what to do and when'* to help educate them about their condition and avoid confusion, and negate the need for the patient to contact the service at a later date to confirm details.

They would also like to see appropriate training for administrative staff for all services, and healthcare professionals to ensure all patients and service users are given the most up to date and correct information and advice, such as access to local exercise groups or support groups, or information about medication.

In addition, patients and service users would like to see details about self-referral more widely promoted, using various mediums, to ensure patients have choice and know when it is appropriate to self-refer, and to save time if patients struggle to secure an appointment with their GP. They want to be given information about group sessions or exercise classes to provide much needed support, and information and advice which could be shared and explored as part of the group.

The creation of a *'Care Plan'* that a patient could take with them wherever they go would be very useful. Used as a record of treatment and additional information, a Care Plan would fully support the patient and give instant information to each healthcare professional about a patient's history, and finally, a clear explanation of other options, rather than *'Physio'* as a default position about degenerative conditions.

Family members would like all GP's to ensure relatives are registered as a Carer of an MSK patient. It was only by chance that one mother discovered she could be registered as her son's Parent/Carer and access other support services available to her and her son.

Finally, service users explained that using The current provider's App for exercises was not straight forward and did not account for pre-existing medical conditions. One lady said, *'if I had followed the exercises suggested, it would have made my condition worse'*. Suggestions for improvement, for example, a free text box that allows information relating to a pre-existing condition, or a message alert that advises users to speak to a healthcare professional for advice, if you have any concerns regarding the exercises recommended/stipulated.

Access to treatment

To enable better access to services and treatment for their MSK condition, service users once again, felt that a wider promotion of the option to self-refer needs urgent attention.

In addition, to improve building access, MSK Providers need to better understand their customers' needs and only utilise buildings that are accessible for all service users, or give information in the appointment letter of what to expect on arrival. Patients and service users would like to see a key point of contact given in all communication if they need to check an appointment date/time to save unnecessary journeys, and clear signage on all the buildings utilised by MSK to avoid anxiety prior to the appointment.

Local residents want appointments to be offered nearer to their place of work which would make appointments for treatment more accessible and easier to fit into their working life. They would also like to receive a follow-up phone call if they failed to attend an appointment, to ask if they had any difficulties attending the session and if they needed to rearrange the appointment to a time or place that was more suitable.

Once again, they would like a dedicated phone number to use, which is widely known and manned at least during the working week, for patients to call if there are changes in their condition, and more simply, they would like to be *'called back'*, by the MSK service, given clear explanations about self-care or self-management and to have the patient's *'notes'* available to them that actually make sense.

Finally, they would like to see that services are better connected so patients are not made to feel that the different treatment and services they may access are disjointed, where they have to consistently repeat themselves.

How is the service working for patients?



When focus group participants were asked the question, relating to each theme listed above, *'how will you tell us we got it right and how it's working for patients?'* they were very clear this should be based on independent feedback from past and present customers, which should form part of the new contract for a Community MSK service model. Many people indicated they did not recall previously being asked for feedback on the service they had received and, of those that had placed reviews, they said they were given the impression their feedback had not been received as *'they did not want bad reviews'*. Others mentioned there was *'no mechanism to feedback'*. For this reason, they felt strongly that feedback needed to be from an independent source.

Others mentioned *'mystery shoppers'* as a way of determining how the service was working for patients, and a mother from the Paediatric group mentioned a scheme called *'Red Spot Baby'* which was set up by experts at Newcastle University and the Royal Victoria Infirmary, initially aimed to examine the health of infants in the city following the Second World War. The suggestion being that a similar scheme could be adopted for the MSK service. Alternatively, it was suggested, for example, that a note is placed on every 10th person's records, who is referred into the MSK service, to be followed up or monitored and asked for feedback.

Recommendations

Based on all feedback given to HWCB at the three focus groups held in Central Bedfordshire, we would make the following recommendations to help redesign a single model for a Community Musculoskeletal (MSK) service across Bedfordshire, Luton and Milton Keynes, as follows:

Initiate a 'holistic service' as a key part of MSK service provision; one that considers the entire individual.

Provide a 'longer' appointment time as and when needed to help with multiple or complex conditions.

Introduce a 'check list' that health professionals could use to determine if the patient had tried certain exercises or treatment, before recommending a course of action.

Create a 'patient passport' or 'Care Plan' that could be given to every patient or service user, which can be reviewed by healthcare professionals.

GP's to work more closely with, and have a better relationship with, MSK specialists, to improve patient outcomes.

Instigate a 'more joined up approach' where the individual is involved at every stage of their journey to avoid patients being consistently 'referred back to their GP' if a particular treatment does not work.

Allow patients or service users to be able to choose an appointment near to where they work rather than where they live.

Introduce a 'triage' system for MSK services, similar to other services.

Widely promote 'one key point of contact'; a phone number the patient is given at the start of their MSK journey, with a clear indication of when the phone is manned.

Create a dedicated up to date MSK website providing information about MSK Services to include 'who to contact if you have any questions', 'how to cancel or rearrange an appointment', 'what are the likely pathways or treatments', 'timescales' and a 'frequently asked questions' section.

If an App is produced, ensure a free text box or a message alert that advises users to contact healthcare professionals if they have any concerns regarding the exercises suggested is available.

Offer a 'text reminder' of their appointment, or details of who to contact if they need to cancel their upcoming appointment, which would help to reduce DNA's and free up appointments for others.

Use clear terminology in all forms of communication and give information, advice and guidance about their condition in a language that makes sense.

Give all patients and service users a timeframe for treatment, including information on what to do if anything changes with their condition.



Raise awareness of how to self-refer into the service, who can offer help to make a self-referral, with additional training for all services' reception staff.

Provide patients and service users with a bullet point list at the end of their appointment to aid their memory.

Provide information about group sessions or exercise classes to give much needed support.

Give a clear explanation of other options, rather than 'Physio' as a default position about degenerative conditions.

Arrange follow-up phone calls to a patient who failed to attend an appointment.

Resident

Demographics

Interest in the Focus Groups was high and although local residents were asked to register their interest, many simply arrived on the day, and the first focus group in particular, far exceeded the number expected. However, subsequent sessions had lower than expected numbers, as follows:

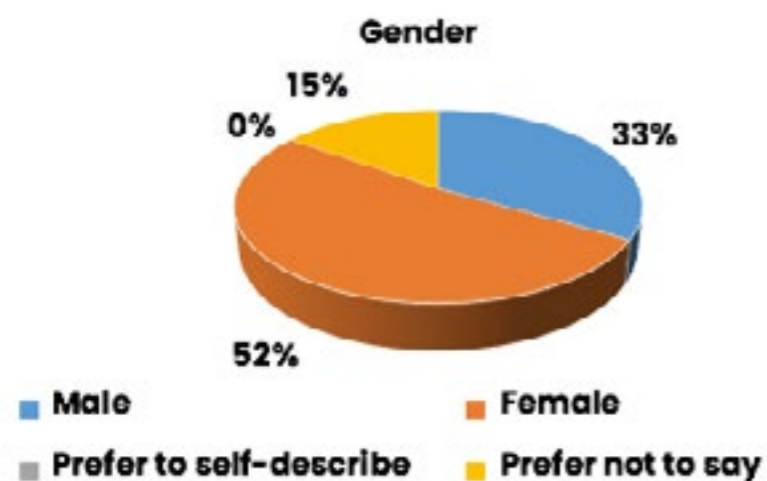
Resident/service user group – This was held in the afternoon of 16th April 2024, and approximately 15 people were registered to attend, however 28 people arrived on the day.

Gig Economy Workers group – This was held in the evening of 23rd April 2024, and nine people were registered to attend, however five people attended on the day.

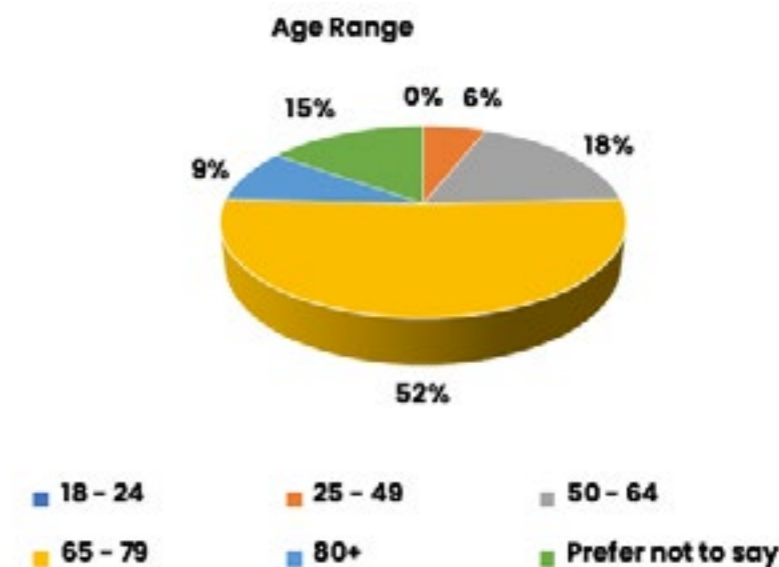
Parent/Carer user group (Paediatric Physiotherapy services) – This was held in the morning of 24th April 2024, and eight people registered to attend this group although disappointingly only one person attended on the day.

Of the 34 in total who attended the above sessions, resident demographics were captured at each event, as follows:

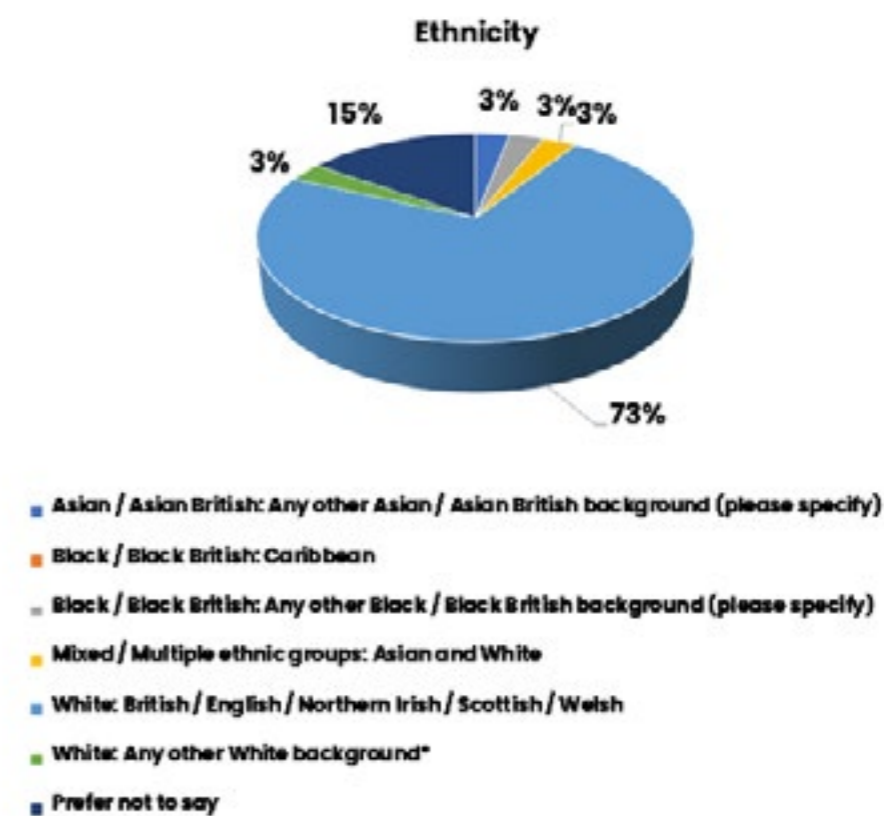
Gender: The majority of people who attended the focus groups were female (52%), just over a third were male (33%) and 15% preferred not to say.



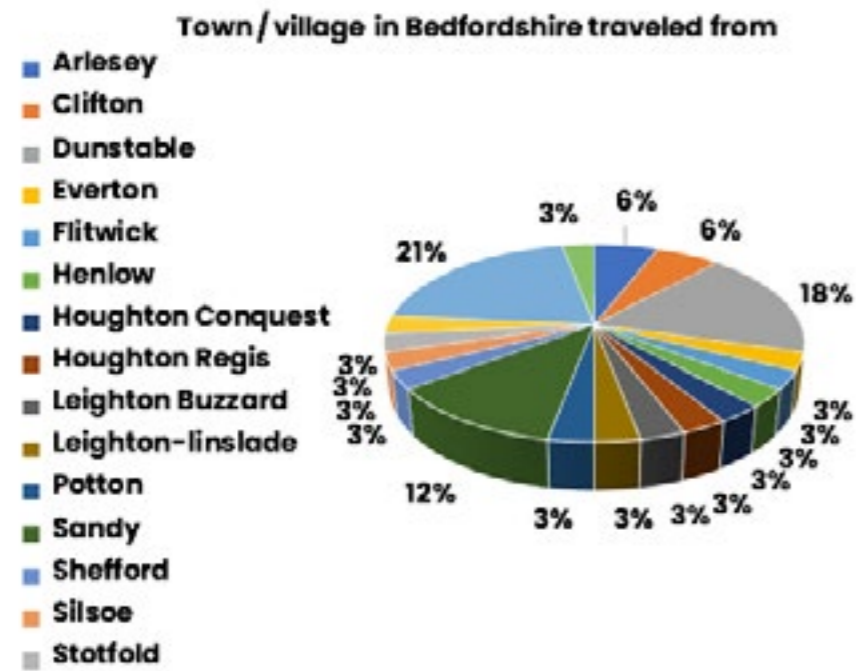
Age: Over half of attendees were between the age of 65 – 79 (52%), a further 18% were aged between 50 – 64. 15% of attendees preferred not to give their age, 9% were over 80 years of age and 6% were aged between 25 – 49. No one indicated they were under the age of 24.



Ethnicity: A few attendees indicated Black or Asian ethnicity, although the majority of attendees were White British (73%) and 15% preferred not to say.



Town or Village travelled from: The largest majority of attendees came from the Dunstable area (18%) and the remainder were fairly evenly spread across Central Bedfordshire, with a few from Milton Keynes, although many people (21%) preferred not to give a location.



MSK Project

Details

Community MSK Service Provider

The current provider currently hold the contract with BLMK ICB to deliver a fully integrated system of care for patients with musculoskeletal issues in Bedfordshire. This includes bone, muscle, and tissue conditions; and associated pain; physiotherapy, podiatry, community triage, orthopaedic surgery, rheumatology and chronic pain under the NHS Prime Service Provider.

Patients are referred by their GPs to the service which then reviews them and directs them for treatment through appropriate care pathways. The service acts as a single triage point and a single patient hub, subcontracting with all the other providers, and offering patients choice over which provider they go to.

Previous engagement

The ICB has undertaken previous engagement to understand patient and stakeholder views on the current services provided and used this feedback to develop the co-design phase of engagement with patients, stakeholders and staff. Following the co-design phase, the ICB will ensure that the patient voice remains part of the ongoing project with patient representation on the procurement panel and ensuring opportunities and methods for resident feedback is developed and established within the new service to provide regular feedback on services.

Outline of project

To ensure the experience of those who have previously used the MSK service, or are currently using the service, is reflected and used to deliver improvements for patients, Carers and residents across Bedfordshire, Luton and Milton Keynes, BLMK ICB asked Healthwatch Central Bedfordshire to arrange a series of focus groups to give local residents the opportunity to share their experience and help co-design the Community Musculoskeletal (MSK) service model.

Objectives

The aim of the focus groups was to give residents the opportunity to contribute to the design of the new MSK service across Bedfordshire, Luton and Milton Keynes and provide a mechanism for feeding back resident and service user insight to the service design process.

Methods for patient recruitment

Posters were developed and designed to advertise the Focus Groups across Central Bedfordshire and shared with key stakeholders, placed on our website and included in all our weekly Ebulletins.

Direct emails were sent to all on our distribution list, to all voluntary and community groups, giving information about the Focus Groups, and a social media campaign was launched to ensure the messages were regularly posted.

In addition, a short text message was created and sent to all Practice Managers to text to their patients, and the current provider was asked to send information about the Focus Groups to all their current and previous users of the MSK service. Information about each Focus Group, as the date approached, was also added to HWCB staff email footers.

People interested in attending the focus groups were asked to register via Eventbrite and sent two reminder emails prior to the event taking place. All attendees received a £20 gift voucher for taking part.

How sessions were delivered

Using a PowerPoint presentation designed by BLMK ICB colleagues, discussion points were based on four key themes:

- ◆ Services working together
- ◆ Communications
- ◆ Prevention / Health Education
- ◆ Access to treatment

Working through each theme, patient stories were shared, and statements highlighted that had been shared with ICB colleagues in previous patient events.

The task for each focus group was to understand:

- ◆ What do we need to put in place to make sure this happens successfully?
- ◆ How will you tell us we got it right and how it's working for patients?

Discussions were encouraged as each theme was raised including any questions or queries the audience had about MSK service provision. All feedback was captured and electronically recorded directly at each session.

Analysis of Findings

Theme 1 - Services working together

Questions

Discussion points included:

- ◆ What does personalised care mean to you? What does personalised care look like if you're using the Community Musculoskeletal (MSK) service?
- ◆ How do we make sure you feel the services are working together? That when you're moving from one part of the pathway to the other (like GP to community) you're not having to repeat yourself?
- ◆ How would you tell us we got it right and how it's working for you?

Responses and service design suggestions

For many who attended the focus groups, personalised care is about looking at the whole person, rather than just the condition they had sought treatment for, or simply following the MSK pathway without considering what impact a certain course of treatment may have on another part of their body. They wanted to see a holistic service put in place to ensure patients are provided with healthcare that considers the entire individual, including their emotional, social, and psychological well-being, in addition to their physical health. This was also highlighted when talking to a mother of a child whose son had been referred to many hospitals for treatment, she said *'they need to look at him as a whole person, for example what is happening at school and in his daily activities'*.

Patients want to be shown respect for their preferences, they want to see coordination and integration of care in addition to information and education. One example where this did not happen was given by a gentleman who had fallen off a ladder, causing injury to a certain part of his body. He was referred to Physio but at no point was a discussion had with the patient to find out what other conditions he may have had. As he had a Pacemaker fitted, many of the exercises suggested were totally unsuitable for him. Unfortunately, the patient spent many months being referred to different healthcare professionals as no one had taken the time to view the 'whole' person and he was consistently referred back to his GP to start the process again, he said, *'there was no looking at the patient and getting information from the patient, I was just being referred from one MSK service to another'*. In addition, each time another referral was made, the patient went back to the beginning of the MSK pathway, which takes several months, however as one referral after another was closed off it appears, incorrectly, that the patient has only accessed the service for a short time, and there is no continuity of care provided.

Being able to secure a longer appointment would also help to take a holistic approach to patient care. Many service users are aware of the pressure on healthcare professionals but feel that a *'10 minute'* slot is not going to be sufficient to look at your notes, review your current condition and recommend options for treatment. Patients feel that as they have waited, in some cases, weeks or months for the appointment, they want to be sure, when in front of the GP, Consultant or Physio, that they are given the care and treatment they need to help resolve their issue, and an appropriate amount of time should be allocated for this.

Many service users who attended the focus groups felt that simply *'giving someone a sheet of exercises is risky'* and does more harm than good. A suggestion offered was to have a 'check list' that health professionals could use to determine if the patient had tried certain exercises or treatment before recommending a course of action, with a clear pathway detailing the 'next steps' in their MSK journey.

Service users wanted to know what to expect, what the next stage would be and whether the healthcare professional they spoke to actually knew who they should be referring the patient to; what knowledge did they have about the Consultant/Specialist/Physio they were referring the patient on to. Focus group respondents mentioned a *'patient passport'* that could be given to every patient, which can be reviewed by healthcare professionals, and patients can go through to check on the next stage of treatment. This could include information about – *'if you get better, what happens then'*, or *'if you need to cancel an appointment, how to do so'*. Patients would like a *'seamless'* journey and felt that putting certain elements in place like a 'Patient Passport' would enable this to happen.

Service users mentioned a *'baseline of care'* that needs to be put in place for every patient which includes basic elements such as *'someone actually answers the phone'* and *'patient informed of all options'* or *'who to contact if something goes wrong'*. Failing that, service users would like to have a key point of contact, for example, they want to know the referral has been received and *'this is what to expect'*.

For services to work better together, this starts with their GP who initially refers the patient to MSK. Service users wanted to know why the GP is unable to diagnose the issue, rather than automatically referring them to MSK, without being able to make a more informed decision based on their diagnosis. Service users feel that GP's should work more closely with, and have a better relationship with, MSK specialists, to improve patient outcomes. Many service users felt that the *'power'* had been taken from GP's to the detriment of the patient. In addition, GP's may recommend an *'urgent'* appointment, only in some cases to be overruled by MSK. Service users in the focus group wanted to know why MSK were able to *'overrule'* the GP when they had not seen the patient or knew the patients history? They felt that MSK professionals should work more closely with the GP to make a joint decision regarding the urgency of an appointment and agree to a form of care and treatment they both felt would be in the patients best interest.

For service users to feel that services were working better together they wanted to see a *'more joined up approach'* where the individual is involved at every stage of their journey. They want to avoid being consistently *'referred back to their GP'* if a particular treatment does not work; they want to be able to have an in depth discussion with a healthcare professional that will explain their options in more detail, allowing them to make informed decisions about their own care and treatment. This will ultimately avoid *'being pushed from pillar to post'* with lengthy waits in-between and, crucially avoid patients having to tell their story again and again.

Personalised care needs to capture *'your preferences as well'*, in particular, for people who are working, who may be on a zero hours contract, they want to know that they can choose an appointment near to where they work rather than where they live. For example, they can more easily access their appointment when in the location near to where they work by leaving work earlier or taking an extended break to attend the appointment. This would also vastly improve 'DNA's' and make it a much more accessible option for working adults.

Service users want to see services that are better connected, where the clinicians are given the opportunity to explain to the patient, *'you are on this pathway, and this is what you can expect'*. In addition, service users suggested a *'triage'* system for MSK services, similar to other services, so they are not automatically sent to a Physio, for example, but given an appointment with an MSK specialist who could refer the patient to a clinician or professional who is best suited to treat their condition, given their history and presenting symptoms.

Summary

From all the information given, Patients/service users clearly need a service that is proactive not reactive. Patients want to see that healthcare professionals are more accountable, that they are the ones making sure the service is joined up.

For the MSK Service to be redesigned, service users felt that the suggestions included in the section above should be seriously considered. Key information is detailed below:

- ◆ A *'holistic service'* put in place to ensure patients/service users are provided with healthcare that considers the entire individual, including their emotional, social, and psychological well-being, in addition to their physical health.
- ◆ Patients/service users want to be *'shown respect for their preferences'*, they want to see coordination and integration of care in addition to Information and education.
- ◆ To be able to *'secure a longer appointment'* would help in taking a holistic approach to patient care; to be given the care and treatment they need to help resolve their issue and an appropriate amount of time to be allocated for this.
- ◆ A *'check list'* that health professionals could use to determine if the patient had tried certain exercises or treatment before recommending a course of action, with a clear pathway detailing the 'next steps' in their MSK journey.
- ◆ A *'patient passport'* that could be given to every patient/service user, which can be reviewed by healthcare professionals, and patients/service users can go through to check on the next stage of treatment.
- ◆ GP's to work more closely with, and have a better relationship with, MSK specialists, to improve patient outcomes.
- ◆ For MSK services to work better with other healthcare services; a *'more joined up approach'* where the individual is involved at every stage of their journey. They want to avoid being consistently 'referred back to their GP' if a particular treatment does not work.
- ◆ Personalised care needs to *'capture the patient's preferences'* in particular, for people who are working, who may be on a zero hours contract, they want to be able to choose an appointment near to where they work rather than where they live.
- ◆ A *'triage'* system for MSK services, similar to other services; given an appointment with an MSK specialist who can refer the patient to a clinician or professional who is best suited to treat their condition.

Theme 2 – Communication

Questions

Discussion points included:

- ◆ How would you want to access your clinic letters and exercises? How do you want to be able to make and change appointments?
- ◆ How do we make sure the pathways are clear so you know what's happening now, and what will happen next? How should we share this information with you?
- ◆ How would you tell us we got it right and it's working well?

Responses and service design suggestions

Service users who attended the focus groups were adamant that communication was key to a better understanding of, and outcome, for their condition. They were very clear about needing an explanation of exactly what will happen with their referral, who they are being referred to and why, and what outcomes could they expect to see.

Using letters sent by post is the most common form of communication, however, service users were clear that this is now fraught with issues. Even when understood, letters are not always well received and can be poorly worded, so the patient struggles to understand the terminology, or is actually *'frightened'* by its content, or postal delays mean the letter arrives after the appointment time. Patients subsequently find it increasingly frustrating to spend time finding a phone number for the service, or not being able to get through to the service (or speaking to the right person) to request an explanation of the content of the letter or to rearrange the appointment. In some cases, patients are referred back to their GP and the whole process begins again.

In addition, many patients are not IT literate so given instructions to *'look at the website'* or *'go online to change your appointment'* is really unhelpful. Equally, many patients will not use email, and for some, English may not be their first language.

Suggestions for better communication included *'one key point of contact'*; a phone number the patient is given at the start of their MSK journey, so they can use it to call if they want to know their referral has been received, how to rearrange an appointment, or simply to ask for an explanation on the content of their letter. Alternatively, a prominent phone number to call displayed on the initial letter they receive, with a clear indication of when the phone is manned, so the patient is fully aware what number to use if they have any questions or need to rearrange their appointment.

Once again, asking the patient what their preference would be when communicating, will save time and benefit both the patient and the Provider. Service users would like to see, during the initial consultation, information prominently placed on their notes, of how they prefer to receive information about their care and treatment. If they are happy to receive emails, their email address should be included in their notes and the patient given information on exactly how to amend their details should they need to. Equally, if they prefer to be contacted by phone, this should be included in their notes, with any additional information such as *'hard of hearing'* or *'English is not their first language, needs an interpreter'*.

Some Service users mentioned that their surgery had recently taken away all the 'on line' options, for being able to book or cancel an appointment, which was their preferred method of communication. They are now finding it increasingly difficult to get an appointment with their GP which in turn delays their referral to MSK services. Service users would like to see 'on line' options available for booking or cancelling appointments.

In addition, for those service users that prefer using technology, they suggested a dedicated up to date MSK website that provides all the information they need to know about MSK services, including *'who to contact if you have any questions'*, *'how to cancel or rearrange an appointment'*, *'what are the likely pathways or treatments'*, *'timescales'* and a *'frequently asked questions'* section.

The majority of service users would like a *'text reminder'* of their appointment, or details of who to contact if they need to cancel their upcoming appointment, which again would help to reduce DNA's and free up appointments for others. One lady mentioned that she had *'ended up going private'* due to the long wait for her appointment, and needed to cancel, but after spending two hours on the phone without success, she gave up. Unfortunately, she felt very guilty about wasting an appointment that could have been allocated to someone else, she said *'if only there was a better system in place to easily cancel the appointment'*.

Service users want to see clear terminology used in all forms of communication, for example, if they are told by their GP they need to be referred to MSK, or even if they are sent to a 'Wellbeing Coach', a 'Social Prescriber' or to get access to their local Gym, they want to be told 'why' this has been recommended. One lady explained, *'I was referred to Physio by my GP but had no idea why or what happened next'*. In the focus group, service users compared this example to an antenatal appointment in which pregnant women are given a clear pathway of what to expect; why cannot the same principal be applied to MSK Services?

Being heard and understood is vital in the communication process. Patients do not want to be told *'here is a sheet of exercises, get on with it'*. They want the exercises to be explained verbally to ensure these are correct for them, and that any other medical conditions are taken into consideration. They also want an explanation or diagnosis of their condition with clear instructions as to the best option for them, given their symptoms, including what they can expect the outcomes to be, for example, by following the exercise programme. Additionally, they want to know what happens if that course of treatment does not have the desired outcome, plus the potential timescales. This can all be achieved by a detailed discussion with the patient during the consultation phase. One patient, who had managed to see a Specialist for her condition, during a 'longer' appointment explained that she *'got to understand exactly what the condition is, why I was getting all these symptoms and all the options open to me, to help make the best decision for me'*.

Service users also want to understand the risks involved in a particular course of treatment. If they are not communicated with in a way they can understand, or all of the options are not fully explained, they may go down a route that is not the best option for them and suffer more in the long term as a result. This is why patients feel it is vital to be given all the options so they can make an informed decision. The same applies to medications, patients want to be told, *'this is the medication you are starting on; this is what to expect, and this is the kind of health monitoring you might need'*. By communicating this to the patient, at the very beginning, will avoid any unnecessary risk and keep the patient fully informed.

Patients understand that not all information can be found *'in a leaflet'* and understand the expense in producing these, or the infection control needed to display in public places, so would suggest information about MSK services, including self-referral, is displayed on TV screens in GP Surgeries or hospital settings, and services' receptionists are better informed about patient options, such as self-referral to MSK services if a patient is struggling to secure an appointment with their GP.

In addition, another suggestion is to ensure that all MSK professionals are fully trained and aware of options open to patients. For example, saying to a patient *'I don't know why you have been referred to me, you need to go back to your GP'* is unacceptable and they need to investigate other referrals that could support the patient, rather than the patient having to start the process all over again. The patient could have waited weeks or months for that appointment and a failure in communication has resulted in a very frustrated and unhappy patient, with exacerbated symptoms, which could easily be avoided.

One patient explained she had spent a year with MSK Services and was finally referred for an MRI, then spent many months chasing the results. She was eventually told a referral had been made to see a Spine Surgeon at the L&D. After a year waiting for the appointment, and when the specialist had looked at the MRI, the patient was told, *'we can't do anything for you here, your situation is too complex, we are going to refer you back to your GP'*. The patient explained, *'they did not have a clue what happened next, who they should talk to or who could help'*. A total breakdown in communication because no one had taken the time to explain why they could not treat the condition and what options they had. Clearly this could have been resolved if the Consultant or Specialist looking at the MRI had communicated with the patient and the GP to determine the best course of action. These barriers to the *'most appropriate or correct'* services need to be removed as a matter of urgency or a process put in place to better support the patient.

Patients who prefer to use technology are able to use the NHS App which can easily be downloaded. People can use the NHS App to view prescription information, order repeat prescriptions, and view, set, or change the Pharmacy they want to collect prescriptions from and receive messages from healthcare professionals. The App is a more secure and cheaper alternative to text messages. The NHS App should be widely promoted amongst MSK users who may find it easier to access information via the App.

Summary

For the MSK Service to be redesigned, service users felt that the suggestions included in the section above should be seriously considered. Key information is detailed below:

- ◆ *'One key point of contact'*; a phone number the patient is given at the start of their MSK journey or a dedicated phone number to call displayed on the initial letter sent, with a clear indication of when the phone is manned, so the patient is fully aware what number to use if they have any questions or need to rearrange their appointment, plus the MSK team calling back when they say they will.
- ◆ To be given reassurance that members of the MSK Service work as a team; they *'talk to each other'*.
- ◆ Asking the patient/service user what their preference would be when communicating during the initial consultation with information prominently placed on their notes,
- ◆ *'On line'* options available for booking or cancelling appointments.

- ◆ A dedicated up to date MSK website providing information about MSK Services including who to contact if you have any questions, how to cancel or rearrange an appointment, what are the likely pathways or treatments, timescales and a 'frequently asked questions' section.
- ◆ A *'text reminder'* of their appointment, or details of who to contact if they need to cancel their upcoming appointment, which would help to reduce DNA's and free up appointments for others.
- ◆ Confirmation from the MSK Team that *'the patient voice will be heard and understood'*.
- ◆ Service users/patients want to see clear terminology used in all forms of communication and to be informed of *'choices'* or *'options'* open to them, to make informed decisions.
- ◆ MSK professionals to be fully trained and aware of options open to patients; to investigate other referrals that could support the patient, rather than the patient having to start the process all over again.
- ◆ Being given information, advice and guidance about their condition in a language that makes sense to the patient/service user.
- ◆ Clearly being told and made aware of *'next steps'* and a timeframe for treatment, including information on what to do if anything changes with their condition.
- ◆ Appropriate referrals for your condition, not a *'standard or default referral'*.
- ◆ To be offered help to make a self-referral; training services' reception staff.
- ◆ Widely promote the NHS App amongst MSK users who may find it easier to access information via the App.



Theme 3 – Prevention/Health Education

Questions

Discussion points included:

- ◆ How do we make sure you know about the support that's there to help you with other areas that are affecting your Musculoskeletal (MSK) conditions? How do you want to access them?
- ◆ How would you tell us we got it right and it's working well?

Responses and service design suggestions

Service users who attended the focus groups indicated that when they are given information and advice during an appointment or consultation, sometimes it is not easily digestible due to the overwhelming extent of information to process, and after leaving the appointment, patients struggled to remember what they had been told, which clearly affects, and can have an impact on, other areas of their life. In particular, people with learning disabilities might be hesitant if their course of treatment and supporting information is not explained to them in a way they can understand, or if services do not explain adjustments they will make for them. As this may include support for their condition, suggestions for addressing this issue included being provided with a bullet point list at the end of the appointment, for example, *'what to do and when'* to help educate patients about their condition which would avoid confusion and negate the need for the patient to contact the service at a later date to confirm details.

To be able to access other areas of support that may affect a patient or service user's MSK condition, members of the focus group indicated that, at present, they did not have confidence that the clinicians treating them were suitably qualified, or the Administrative staff were sharing the correct information. One service user said, *'some clinicians don't even know how to print a prescription, how do I know that they have done the referral correctly?'*. Suggestions to improve included appropriate training for Administrative staff and healthcare professionals to ensure that all patients and service users were given the most up to date and correct information and advice, such as access to local exercise groups or support groups, or information about medication.

Many people who attended the focus group said they had *'done their own research'* to help manage their condition, and a mother told us she had discovered an organisation that was funded by the local authority that greatly supported her son, however funding was subsequently withdrawn, and they were left wondering, *'what do I do now'*. It did appear that *'goalposts are constantly moving'* and it is difficult to secure the support needed, even when accessed via your own research.

One of the biggest challenges for service users was the lack of information or knowledge about self-referrals. The majority of people who attended the focus groups did not know they could self-refer into the service and would have chosen this option if they had known about it. Patients and service users would like to see details about self-referral more widely promoted, using various mediums, to ensure patients have choice and know when it is appropriate to self-refer, and to save time if patients struggle to secure an appointment with their GP.

Patients and service users also mentioned they would like to be able to access group sessions or exercise classes. Many who had been given an exercise sheet to follow did not know whether they were doing them right or if doing a particular exercise would adversely affect another part of their body. They felt that being part of a group or class of people doing the same or similar exercises would provide much needed support, and information and advice could be shared and explored as part of the group.

When looking at a patient's overall care, suggestions to ensure everyone was aware of the MSK journey of care and treatment a patient was currently following, was to create a *'Care Plan'* that a patient could take with them wherever they go. Used as a record of treatment and additional information, a Care Plan would fully support the patient and give instant information to each healthcare professional about a patient's history. Patients would be able to refer to the Plan and avoid confusion, and be reassured that when seeing different clinicians, who may have differing opinions about treatment, they have a record to refer to. This would also negate the need for patients to tell their story to each individual healthcare professional they see.

Another issue that arose during the focus groups, for this theme, was from people who were concerned that when they see their GP for a particular condition, the GP advises that their only option is Physio because they cannot operate on anything considered to be *'degenerative'*. It was felt that service users/patients would like to know why this was their 'only option' and who, if not the GP, was making that decision? Suggestions to improve included a better approach, with other options, rather than a default position about degenerative conditions.

Summary

To be supported with other areas that are affecting their Musculoskeletal (MSK) condition, service users felt that the suggestions included in the section above should be seriously considered. Key information is detailed below:

- ◆ Patients/service users to be provided with a bullet point list at the end of their appointment, for example, *'what to do and when'* to help educate them about their condition and to avoid confusion and negate the need for the patient to contact the service at a later date to confirm details.
- ◆ Appropriate training for Administrative staff and healthcare professionals to ensure that all patients and service users are given the most up to date and correct information and advice, such as access to local exercise groups or support groups, or information about medication.
- ◆ Patients and service users would like to see details about self-referral more widely promoted, using various mediums, to ensure patients have choice and know when it is appropriate to self-refer, and to save time if patients struggle to secure an appointment with their GP.
- ◆ To be given information about group sessions or exercise classes to provide much needed support, and information and advice could be shared and explored as part of the group.
- ◆ Create a *'Care Plan'* that a patient could take with them wherever they go. Used as a record of treatment and additional information, a Care Plan would fully support the patient and give instant information to each healthcare professional about a patient's history.
- ◆ An explanation of other options, rather than 'Physio' as a default position about degenerative conditions.

Theme 4 - Access to treatment

Questions

Discussion points included:

- ◆ How do we make access to pain management support easier to help you continue your daily activities?
- ◆ If there were changes in your condition, what should we put in place, so you don't have to start from the beginning? Who would you want to have access to so you can get advice and how would you want to be able to contact them?
- ◆ How would you tell us we got it right and it's working well?

Responses and service design suggestions

For many patients and service users the biggest issue was initially securing an appointment with their GP to determine if they would receive a diagnosis and treatment and be referred to the MSK Service. As stated earlier in this report, many patients were unaware they could self-refer and would have chosen this option, had they known about it, to avoid struggling to secure a GP appointment. A wider promotion of the option to self-refer needs urgent attention.

Access to services and treatment included concerns about physically accessing the buildings in which the service is located. For example, service users explained that a building in 'Biggleswade', used by the current provider for many years, is located on the fourth floor of the building without a lift, which is totally inaccessible for many patients and service users, particularly those who use a wheelchair or equipment aid. In addition, when given an appointment to attend that location, the letter gives no information where the service is within the building and that no lift is available. Consequently, service users attend only to discover they cannot access the building for treatment. Suggestions to improve were for MSK providers to understand their customers and only utilise buildings that are accessible for all service users, or give information in the appointment letter of what to expect on arrival, and if they are unable to manage without a working lift, to request the appointment be moved to another location.

Date and time for the appointment for treatment is equally important, as the wife of a patient explained her experience - her husband's appointment came through for a Saturday which they thought was odd, and it was difficult to get to as they do not drive so relied on public transport. Having taken two buses to reach the location, they were clearly very upset to find the building closed. Clearly the date and time given in the letter was incorrect, but they did not have a phone number to call to check it was correct. Once again, a 'key point of contact' would have helped and saved this couple an unnecessary journey.

Other issues raised at the focus groups included, when physically attending an appointment for treatment, no clear signs were visible indicating where the MSK service was located within the building. Many people were frustrated with the lack of suitable signage and lack of information from staff on site of where they needed to go. Service users suggested clear signage on all the buildings to avoid anxiety prior to the appointment.

Many service users mentioned that ongoing Physio appointments are difficult to fit around work commitments and at present, there does not appear to be any flexibility in the system. As mentioned earlier, many people are working, some full time, others part time and it would be easier if appointments were offered nearer to their place of work which would make appointments for treatment more accessible and easier to fit into their working life. One lady specifically mentioned that she cannot '*attend Physio classes during the day; I have to go to work, what about group classes in the evening, like yoga and boxercise*'.

In addition, service users and patients were concerned that when they do not attend a Physio appointment (they were keen to point out it was for a very good reason) no one had contacted them to ask why they had not attended or what had prevented them from attending? One lady told us, '*I was being referred to weekly classes, but I could not attend them as it was on a Thursday, in the middle of the day and I'm at work, so I haven't been to those classes that I was really hoping I could go to*'. This gave many patients the impression that healthcare professionals were not concerned about their patients, as another lady mentioned, '*no one has a clue what pathway you are on, so if you don't turn up, no one is any the wiser. Why can't there be a check system?*'. Suggestions to help included a follow-up phone call to the patient (who failed to attend) to ask if they had any difficulties attending the session and if they needed to rearrange the appointment to a time or place that was more suitable.

As referred to before in this report, patients and service users would like to see a process put in place if there are changes in their condition. They want to easily be able to contact a healthcare professional within the MSK service, by phone or email, to explain their condition has changed and to find out what the next steps in their treatment plan are. A dedicated phone number to use, which is widely known and manned at least during the working week, would help to lessen their frustration and alleviate their concerns.

Improving access to the service, including better pain management, for many service users and patients who attended the focus group, was about communication (as covered in the previous section) simply '*being called back*', by the MSK service, clear explanations about self-care or self-management and having '*notes*' that make sense would help.

In addition, services need to be better connected so patients are not made to feel that the different treatment and services they may access are disjointed, in which they have to repeat themselves. Accessing different services, like a GP, Physio, community hospital or a wellbeing coach should be automatic, rather than random, as one gentleman who was told by his GP said, '*I was just told, let's try this ..*' with no idea why he was being referred to one service area, which then turned out to be another service than he was expecting. Clinicians should also have an opportunity to say, '*you are on this pathway, but you can also access this - would you mind if I pass your details on to them?*'. Clearly this is an easier option than sending a patient back to their GP to start the whole process again.

Many service users and patients felt they were taking '*one step forward and two steps back*' when accessing treatment and services. One example given was about a shortage of medication; the patient had gone to the Pharmacy to collect their pain medication to be told by the Pharmacist it was not available and to go back to their GP and ask for an alternative. They failed to understand why the Pharmacist could not call the GP and request an alternative, available medication. They felt that clinicians were not '*talking to each other*', acting in the best interest of the patient or knew what would happen next. Patients would feel more reassured and confident about accessing their treatment if they knew healthcare professionals were working better together to support the patient.

Summary

To enable better access to services and treatment for their MSK condition, service users felt that the suggestions included in the previous section should be seriously considered. Key information is detailed below:

- ◆ As stated before, a wider promotion of the option to self-refer needs urgent attention.
- ◆ To improve building access – for MSK Providers to understand their customers and only utilise buildings that are accessible for all service users, or give information in the appointment letter of what to expect on arrival.
- ◆ Key point of contact to check appointment date/time to save unnecessary journeys.
- ◆ Clear signage on all the buildings to avoid anxiety prior to the appointment.
- ◆ Offer appointments nearer to their place of work, which would make treatment more accessible and easier to fit into their working life.
- ◆ Follow-up phone call to a patient who failed to attend an appointment to ask if they had any difficulties attending the session and if they needed to rearrange the appointment to a time or place that was more suitable.
- ◆ A dedicated phone number to use, which is widely known and manned at least during the working week, for patients to call if there are changes in their condition.
- ◆ Communication (as covered in the previous section), simply 'being called back', by the MSK service, clear explanations about self-care or self-management and having 'notes' that make sense.
- ◆ Services to be better connected so patients are not made to feel that the different treatment and services they may access are disjointed, in which they have to repeat themselves.



Summary of Findings

Discussions during each session did not always fit with the themes identified, however a wealth of feedback about MSK provision in Central Bedfordshire was provided, with many suggestions for improvement which will ultimately help to redesign the Community Musculoskeletal (MSK) service model across Bedfordshire, Luton and Milton Keynes.

A summary of findings is detailed below, including suggestions for improvements, under each themed discussion:

Services working together

Local residents wanted to see a more '*holistic service*' put in place to ensure patients/ service users are provided with healthcare that considers the entire individual, including their emotional, social, and psychological well-being, in addition to their physical health. They also wanted to be '*shown respect for their preferences*', they wanted to see coordination and integration of care in addition to Information and education.

For the majority of focus group attendees, they wanted to be able to '*secure a longer appointment*' which they felt was crucial when taking a holistic approach to patient care. They wanted to be given the care and treatment they need to help resolve their issue and an appropriate amount of time at their appointment to be allocated for this.

Other suggestions for improvement included a '*check list*' that health professionals could use to determine if the patient had tried certain exercises or treatments before recommending a course of action, with a clear pathway detailing the '*next steps*' in their MSK journey. Another suggestion was a '*patient passport*' that could be given to every patient or service user, which can be reviewed by healthcare professionals, and the patient or service user can go through themselves to check on the next stage of their treatment.

Local residents want to see GP's work more closely with, and have a better relationship with, MSK specialists, to improve patient outcomes and for MSK services to work better with other healthcare services; a '*more joined up approach*' where the individual is involved at every stage of their journey. They want to avoid being consistently '*referred back to their GP*' if a particular treatment does not work.

To deliver a '*personalised*' service, personalised care needs to '*capture the patient's preferences*' in particular, for people who are working, who may be on a zero hours contract, they want to be able to choose an appointment near to where they work rather than where they live.

Finally, residents want to see a '*triage*' system for MSK services, similar to other services where they are given an appointment with an MSK specialist, who can then refer the patient to a clinician or professional who is best suited to treat their condition.

Communication

A very popular suggestion to improve communication for the patient, service user, Carer or relative is to have *'one key point of contact'*; a phone number the patient is given at the start of their MSK journey. They would like a dedicated phone number to call displayed on the initial letter sent, with a clear indication of when the phone is manned, so the patient is fully aware what number to use if they have any questions or need to rearrange their appointment, plus the MSK team calling back when they say they will.

They want to be given reassurance that members of the MSK Service work as a team; that they *'talk to each other'* and they always ask the patient or service user what their preference would be when communicating during the initial consultation phase with information prominently placed on their notes.

Many people, who are IT literate or prefer digital communication wanted to know that *'on line'* options are available for booking or cancelling appointments, *'with a dedicated up to date MSK website providing information about MSK Services including who to contact if you have any questions'*, *'how to cancel or rearrange an appointment'*, *'what are the likely pathways or treatments, timescales'* and a *'frequently asked questions'* section. In addition, a *'text reminder'* of their appointment, or details of who to contact if they need to cancel their upcoming appointment, which would help to reduce DNA's and free up appointments for others.

Local residents wanted to have confirmation from the MSK Team that *'the patient voice will be heard and understood'* with clear terminology used in all forms of communication and to be informed of *'choices'* or *'options'* open to them, to make informed decisions. They also felt that MSK professionals should be fully trained and aware of options open to patients; to investigate other referrals that could support the patient, rather than the patient having to start the process all over again.

They want to be given information, advice and guidance about their condition in a language that makes sense to the patient or service user and clearly told and made aware of *'next steps'*, and a timeframe for treatment, including information on what to do if anything changes with their condition.

In addition, rather than a *'standard or default referral'* they would like to see appropriate referrals for their condition, and to be offered help to make a self-referral which would include training reception staff, and finally for the service to widely promote the NHS App amongst MSK users who may find it easier to access information via the App.

Prevention/Health Education

To be supported in other areas that are affecting their Musculoskeletal (MSK) condition such as prevention services or health education, local residents felt they should be provided with a bullet point list at the end of their appointment, for example, *'what to do and when'* to help educate them about their condition and avoid confusion and negate the need for the patient to contact the service at a later date to confirm details.

They would also like to see appropriate training for Administrative staff and healthcare professionals to ensure that all patients and service users are given the most up to date and correct information and advice, such as access to local exercise groups or support groups, or information about medication.

In addition, patients and service users would like to see details about self-referral more widely promoted, using various mediums, to ensure patients have choice and know when it is appropriate to self-refer, and to save time if patients struggle to secure an appointment with their GP. They want to be given information about group sessions or exercise classes to provide much needed support, and information and advice which could be shared and explored as part of the group.

The creation of a *'Care Plan'* that a patient could take with them wherever they go would be very useful. Used as a record of treatment and additional information, a Care Plan would fully support the patient and give instant information to each healthcare professional about a patient's history, and finally, a clear explanation of other options, rather than 'Physio' as a default position about degenerative conditions.

Access to treatment

To enable better access to services and treatment for their MSK condition, service users once again, felt that a wider promotion of the option to self-refer needs urgent attention.

In addition, to improve building access, MSK providers need to better understand their customers' needs and only utilise buildings that are accessible for all service users, or give information in the appointment letter of what to expect on arrival. Patients and service users would like to see a key point of contact given in all communication if they need to check an appointment date/time to save unnecessary journeys, and clear signage on all the buildings utilised by MSK to avoid anxiety prior to the appointment.

Local residents want appointments to be offered nearer to their place of work which would make appointments for treatment more accessible and easier to fit into their working life. They would also like to receive a follow-up phone call if they failed to attend an appointment, to ask if they had any difficulties attending the session and if they needed to rearrange the appointment to a time or place that was more suitable.

Once again, they would like a dedicated phone number to use, which is widely known and manned at least during the working week, for patients to call if there are changes in their condition, and more simply, they would like to be *'called back'*, by the MSK service, given clear explanations about self-care or self-management and to have 'notes' available to them that actually make sense.

Finally, they would like to see that services are better connected so patients are not made to feel that the different treatment and services they may access are disjointed, where they have to consistently repeat themselves.

How is the service working for patients?

When focus group participants were asked the question, relating to each theme listed above, *'how will you tell us we got it right and how it's working for patients?'* they were very clear this should be based on independent feedback from past and present customers, which should form part of the new contract for a Community Musculoskeletal (MSK) service model. Many people indicated they did not recall previously being asked for feedback on the service they had received and, of those that had placed reviews, they said they were given the impression, by the current provider, that their feedback had not been received. Others mentioned there was *'no mechanism to feedback'*. For this reason, they felt strongly that feedback needed to be from an independent source.

Others mentioned 'mystery shoppers' as a way of determining how the service was working for patients, and a mother from the Paediatric group mentioned a scheme called 'Red Spot Baby' which was set up by experts at Newcastle University and the Royal Victoria Infirmary, initially aimed to examine the health of infants in the city following the Second World War. All but four babies born in Newcastle between May and June 1947 were recruited into the study and have their medical records marked with a distinctive red dot. Initially intended to last just one year, the study is still going strong and gathering information as many of the participants settle into retirement. The suggestion being that a similar scheme could be adopted for the MSK service.

Alternatively, it was suggested, for example, that a note is placed on every 10th person's records, who is referred into the MSK service, to be followed up or monitored and asked for feedback.



Recommendations

The full list of our recommendations to help redesign a single model for a Community Musculoskeletal (MSK) service across Bedfordshire, Luton and Milton Keynes, is shown on pages 10-11 of this report.

Conclusions

Over 30 people in total attended the three focus groups held in Central Bedfordshire to share their experience of MSK services, and help co-design the Community Musculoskeletal (MSK) service model for BLMK ICB.

Although many were dissatisfied with the current service on offer, and felt that changes needed to be made to improve the quality of service for all residents, they made some very good suggestions for how the quality of service can be improved for all residents.

In addition, many people mentioned the necessity to seek private treatment as they were either '*waiting too long*' for treatment or were '*struggling to navigate a system that was not fit for purpose*'. For those that could not afford private treatment they were '*forced*' to accept a bad quality of service. A few others had a more positive experience and were happy with the service received.

One main improvement people would like to see is the introduction of a more '*holistic service*', or an MSK service that considers the whole person and not just the symptoms they are presenting with, which would also necessitate a longer appointment that would allow them to explore all the options for treatment available to them. People felt very strongly that they did not want to feel '*fobbed off*' with a default referral by their GP to MSK services but would like to see the GP working more closely with MSK services to establish a diagnosis and treatment plan that is in the best interest of the patient; implementing a more joined up approach. In addition, patients want to avoid being consistently '*referred back to their GP*' if a particular treatment does not work.

Many people suggested a '*Care Plan*' or '*Patient Passport*' that is issued to each patient or service user at the beginning of their MSK journey which acts as an informative tool, but more importantly helps prevent the patient or service user having to repeat their story to each healthcare professional they are referred to. They also wanted to see a check list introduced which would help to determine if the patient had tried certain exercises or treatments before recommending a course of action, with a clear pathway detailing the '*next steps*' in their MSK journey, including a '*what to do and when*' section to help educate patients about their condition.

Having '*one point of contact*' throughout their MSK journey was extremely important to patients and service users, being listened to, and to know that services '*talk to each other*' so they can better understand patient preferences. '*On line*' options and a dedicated MSK website plus a '*text reminder*' of their appointment was equally as important.

If an App is produced, ensure a free text box or a message alert that advises users to contact healthcare professionals if they have any concerns regarding the exercises suggested is available.

Building accessibility and signage to MSK services was crucial to avoid anxiety prior to the appointment, with appointments to be offered nearer to their place of work to reduce DNA's and offer easier availability for all.

Feedback on service provision was highlighted as essential with suggestions that an independent source be used to gather insight into how the service is working for patients, to act promptly on concerns raised, and to better inform future service provision.

Next Steps

For BLMK ICB to act on the recommendations given in this report which is a reflection of all feedback received from past and present users of MSK services, and ensure they are incorporated into the contract for the new service redesign model.

Ensure that all future feedback about MSK services from local residents is independently sourced to ensure BLMK ICB are fully aware of how the newly contracted service works for patients and whether the service is delivered in a way that is right for them.

About Healthwatch Central Bedfordshire

Healthwatch Central Bedfordshire is the local consumer champion promoting choice and influencing the provision of high quality health, social care and wellbeing services for all across Central Bedfordshire.

Healthwatch Central Bedfordshire (HWCB) has significant statutory powers to ensure that the voice of the consumer is strengthened and heard by those who commission, deliver and regulate health and care services. HWCB engages and consults with all sections of the local population so that a wide cross-section of views are heard, understood and acted upon. Everything we say and do is informed by our connections to local people and our expertise is grounded in their experience.

Healthwatch Central Bedfordshire is one of three local Healthwatch in the County of Bedfordshire and belong to a network of local Healthwatch. Healthwatch England leads, supports and guides the Healthwatch network which is made up of the national body and local Healthwatch across each of the 152 local authority areas in England.

Healthwatch is the only body looking solely at people's experience across all health and social care. As a statutory watchdog our role is to ensure that local health and social care services, and the local decision-makers put the experiences of people at the heart of their care.

healthwatch
Central Bedfordshire

healthwatch

Central Bedfordshire

Healthwatch Central Bedfordshire www.healthwatch-centralbedfordshire.org.uk
Capability House tel: 0300 303 8554
Wrest Park e: info@healthwatch-centralbedfordshire.org.uk
Silsoe @Healthwatch_cb
Bedfordshire Facebook.com/Healthwatch Central Bedfordshire
MK45 4HR hw_centralbeds

Registered Address: Capability House,
Wrest Park, Silsoe, MK45 4HR
Registered Company No: 08399922
Registered Charity No: 1154627



Healthwatch Central Bedfordshire