



REPORT TO: MORAY INTEGRATION JOINT BOARD CLINICAL AND CARE GOVERNANCE COMMITTEE ON 30 MAY 2024

SUBJECT: MORAY PHYSIOTHERAPY MUSCULOSKELETAL (MSK) SERVICE

BY: PHYSIOTHERAPY UNI-PROFESSIONAL LEAD

1. REASON FOR REPORT

1.1 To inform the Committee on the current position of the waiting times for the Moray Physiotherapy Musculoskeletal (MSK) Service, current performance in achieving the National HEAT Target (Health Improvement, Efficiency and Governance, Access and Targets and Measures) of 4 weeks and providing assurance in how the service leads are effectively addressing the waiting times.

2. RECOMMENDATION

2.1 **It is recommended that the Committee note:**

- i) the local waiting times against the National recommended standard;**
- ii) the local service performance against other national locations' service performance (Scottish NHS Board Comparisons); and**
- iii) the continued work within the service towards reducing waiting times by continuously reviewing and improving methods of effective service delivery.**

3. BACKGROUND

3.1 The NHS Scotland has established HEAT Performance Targets, these are:

- Health improvement: Improving life expectancy and healthy life expectancy.
- Efficiency and governance: Increasing the efficiency and effectiveness of NHS services.
- Access: Facilitating use of NHS services.
- Treatment: Ensuring patients receive high-quality services that meet their needs.

- 3.2 The target set by the Scottish Government in April 2016 for MSK Physiotherapy was that 90% of new patients should be seen in an outpatient setting within 4 weeks of referral.
- 3.4 The MSK Physiotherapy statistics are collated and reported back from each Health Board to the Scottish Government quarterly.
- 3.5 NHS Grampian MSK Physiotherapy services, including Moray, have never achieved the 90% of new patients being seen within 4 weeks of referral and neither do the other Scottish Boards currently.
- 3.6 1 in 3 adults suffer from an MSK injury or condition, circa. 25 million+ in the UK. Within NHS Grampian and Moray, it is the second largest absence reason for our workforce.
- 3.7 MSK Physiotherapy services are based in the lower ground floor of Dr Gray's Hospital (DGH) (albeit relocated out due to Legionella on 27 May 2021 – return on 20 November 2023). This site in Dr Grays is the largest site for delivering this service in Moray and houses the team along with all records, as well as the admin and managerial support. MSK staff are also available to support the in-patient Physiotherapy team in DGH for Orthopaedic patients due to being co-located.
- 3.8 During the relocation period Moray MSK physiotherapy was decanted across the localities of Moray with the Elgin service delivered within Moray Resource Centre. This reduced clinical activity in Elgin to, two clinics per week, due to lack of clinical space for 1-1 appointments and no space for group sessions. Community halls were booked for some group sessions, but this came with additional costs. During this period student numbers were also impacted due to lack of clinical space.
- 3.9 The NHS Grampian MSK physiotherapy service can be accessed via self-referral, or by multi professional team members including GP Practice staff, Orthopaedics, Rheumatology, Occupational Health etc.
- 3.10 The MSK physiotherapy service includes Pelvic dysfunction, specialist spinal Hub services, specialist shoulder service, MSK rehabilitation services, and includes the running of 8 different types of classes weekly, 2 of which often operate twice weekly.
- 3.11 The MSK Physiotherapy team receive approximately 230 referrals per month and deliver approximately 800 patient contacts per month. 53% of referrals into the MSK service are for Elgin, Lossiemouth and Fochabers patients (who would have DGH as closest location).
- 3.12 A MSK Physiotherapy assessment usually involves a 40-minute 1-1 appointment with a Health Care Professional Council (HCPC) Registered Physiotherapist. A full comprehensive assessment of needs is completed prior to physical examination. Upon analysis, a holistic patient centred treatment plan /goals would be agreed jointly with the patient. Follow up appointments may be required depending upon clinical need.
- 3.13 Referrals are prioritised by a HCPC Registered Physiotherapist based upon need and risk:

Urgent Priority for Physio assessment – within 2 - 4 weeks
 Routine priority for Physio assessment – 4 weeks target

4. **KEY MATTERS RELEVANT TO RECOMMENDATION**

Staffing

4.1 The establishment for the team that is currently delivering the service is 7.2 Whole Time Equivalent (WTE), with 6.2 WTE Registered Physiotherapists and 1.3 WTE support workers. The service is currently fully staffed (albeit 1 maternity leave) but over the previous year the service had been carrying a number of vacancies / had high turnover during relocation out of DGH.

Current waiting list data

4.2 April 23 – end March 24

APR 2023 ONWARDS	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR
No of Referrals Received	213	226	271	217	217	204	229	227	231	226	255	203
No of Removals	71	43	52	76	87	54	47	43	55	43	37	48
No of Patients on W/L	482	567	590	621	587	592	607	601	595	620	610	600
Current No of Weeks on W/L (maximum)	41	44	48	52	55	61	66	63	57	61	64	64
No of Patients on W/L 18+ Weeks	140	212	234	258	269	290	313	300	285	300	310	323
DNA New	6.30%	15.40%	7.10%	16.70%	15.40%	37.50%	8%	11.40%	19.90%	15.60%	17%	15.90%
DNA Return	4.40%	9.40%	10.50%	4.30%		5%	7%	7.10%	10.90%	14.80%	12.10%	11.90%

4.3 The above is the total waiting list of new longest waiting referrals but of note new urgent patients are prioritised and seen within 2-4 weeks not those weeks as listed above. Half of Grampian patients are seen within 3 weeks (median) and 90% of patients are seen within 13 weeks.

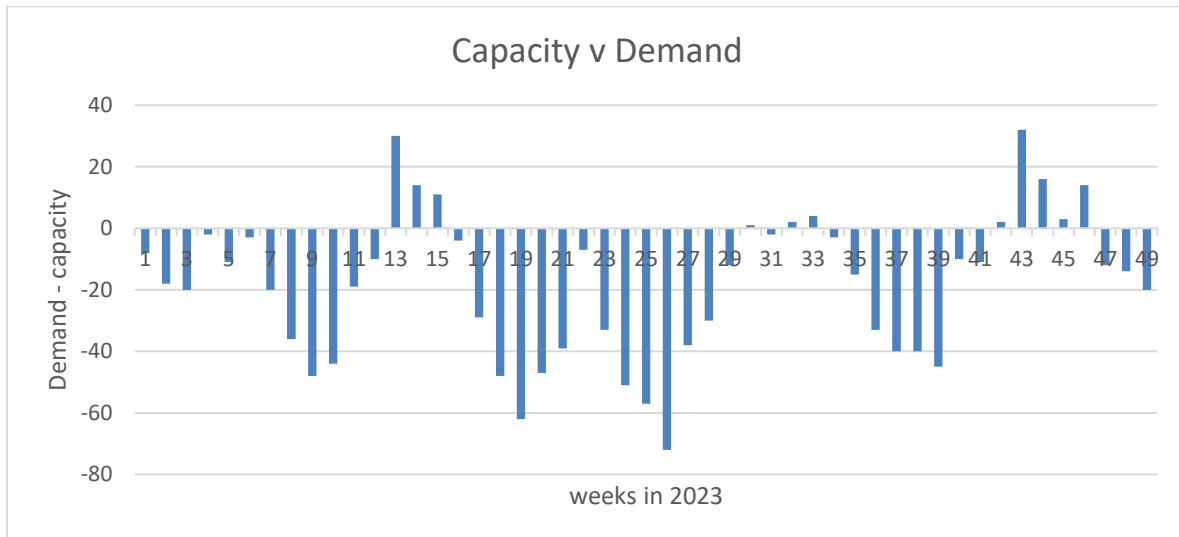
4.4 Removals happen due to patients opting out.

4.5 All the National Data collected and collated by Scottish Government is available to the Public through Public Health Scotland Website and is released quarterly.

Delivery data

4.6 Please see **Appendix 1**. The service moved back into DGH in week 43 of 2023 and the weekly attendance figures gradually increased from 112 in week 39 up to a high of 197 in week 49, this was as a result of increased clinical space, not increased staffing numbers. It has allowed greater supervision of less experienced staff and improved staffing efficiencies. The data shows a significant increase in the overall number of patients being seen per week.

Capacity v Demand



4.7 Weekly capacity versus demand in ability to see new patients is shown above. On a weekly basis the substantive staffing establishment is not set up to cope with the weekly referral rates. This has improved slightly when fully staffed and centrally located but is still a challenge.

National Data review / Comparison

4.8 The proportion of patients seen within the target of 4 weeks of referral has been decreasing over the last 3 years, from 55.9% in 2021 to 47.7% in 2022 to 46.8% in 2023. The proportion in the quarter (ending 31 December 2023) is 46.8%, the same as the overall figure for 2023.

4.9 The number of referrals also shows a general upward trend over the last 3 years (with the same drop off in December each year). During 2021, the monthly average number of referrals was 25,439, rising to 27,909 in 2022 and 30,250 in 2023.

4.10 The number of patients waiting has increased in each of the last 3 years since the COVID-19 pandemic. By the end of the reporting period on 31 December 2023, there were 71,455 patients waiting to be seen, an increase of 8% from a year ago (66,148 patients) and of 24.5% from 31 December 2021 (57,378 patients).

Initiatives and Service Improvements

4.11 There has been Rationalised Paperwork and pathways processes. This has also included commencing the initial stages of electronic records to increase efficiencies, work continues on electronic records Grampian wide for AHP so systems and efficiencies should continue to improve.

4.12 Clinician workplans and clinic templates have been reviewed numerous times since relocation which has again improved efficiencies allowing clinical delivery to more patients as noted above.

4.13 Physiotherapy Group Interventions have been reviewed and reinstated in a new format which has had positive benefits for patients (e.g. peer support)

and has provided increased efficiencies for staffing and positive impact on waiting times. To date 10 classes per week are now running compared to 0 from 2020 – 2024.

- 4.14 Direct referral to classes pathway has been initiated: The service started with back class and will be extended to further classes including Early Lower Limb / Upper Limb, Pilates etc in the future once initial classes have been evaluated.
- 4.15 Brief Intervention: The Pathway and paperwork has been completed and ready to use. These are to run monthly. This aims to improve waiting times.
- 4.16 Seasonal classes: completed test of change January - March 2024. Data released from the Emergency Department in November/December 2023 indicated a steep rise in wrist fractures. The service then introduced 8 week wrist fracture classes to support patient outcomes. This prevented the waiting list and numbers increasing as a result of this peak. Intend to repeat this yearly following decline in weather when these fractures occur.
- 4.17 Community Appointment days – The service have fully engaged in participating in these, currently liaising with locality managers & health improvement team to get dates set. There has been lots of positive evaluation from other locations nationally who have run these sessions and they have shown a significant positive impact in reducing waiting lists and ensure patients see the correct clinician at the correct time. Many other multiprofessionals involved and signposts patients to each other. This initiative should have a significant positive impact on waiting lists and times.

5 SUMMARY OF IMPLICATIONS

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Plan “Partners in Care 2022 – 2032”

Local Delivery Plan standard / HEAT targets are included into the Moray Delivery plan.

(b) Policy & Legal

None arising directly from this report.

(c) Financial Implications

None arising directly from this report.

(d) Risk Implications and Mitigation

The service continues to be under pressure. Demand continues to outstrip capacity. However, urgent patients are being seen within the 2-4 weeks and 90% of new patients in Grampian within 13 weeks. Continuous service improvements are helping towards mitigating the risks.

(e) Staffing Implications

There are implications on both staff health & wellbeing and recruitment and retention (the latter 2 are reflected nationally).

(f) Property

None arising directly from this report.

(g) Equalities/Socio Economic Impact

None arising directly from this report as there is no change to policy.

(h) Climate Change and Biodiversity Impacts

None arising directly from this report.

(i) Directions

None arising directly from this report.

(j) Consultations

Audrey Steele-Chalmers Moray AHP Lead
Sean Coady, Moray Head of Service
Simon Bokor-Ingram, Moray Chief Officer
Moray HSCP MSK Physiotherapy Team
HSCM SMT
HSCM Operational Management Team
HSCM Clinical and Care Governance Group

6 CONCLUSION

- 6.1 The Committee are asked to note the content of this report and the continued hard work of the team in actioning the current waiting list, mitigating risks and ensuring all new urgent patients are seen within the target time with as many new routine patients as there is capacity for. Future initiatives / transformation should continue to improve the situation into the future.**

Author of Report: Alan Bulcraig – Uni-Professional Lead Physiotherapist Moray
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