

Circle Clinical Services Limited Quality Account ('Circle MSK')



Bedfordshire & Greenwich Musculoskeletal
(MSK) Services

2017-2018

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Introduction

The Health Act 2009 requires all providers of healthcare services to NHS patients to publish an annual report about the quality of their services; this report is called a Quality Account. Amendments were made in 2012, such as the inclusion of quality indicators according to the Health and Social Care Act 2012. The primary purpose of a Quality Account is to enhance organisational accountability to the public, to engage Boards and leaders of organisations in fully understanding the importance of quality across all of the healthcare services they provide, and to promote continuous improvements on behalf of their patients. The quality of the services is measured by looking at patient safety, the effectiveness of treatments that patients receive and patient feedback about the care provided.

This report summarises the quality of the service Circle Clinical Services Limited (CCSL) have delivered in the financial year 2017/18. To do this, it uses the quality improvement targets set during the previous year as a measure for patient experience, clinical outcomes and engaged staff.

The key requirements of this Quality Account include:

1. A statement summarising the Registered Manager's view of the quality of services provided to NHS patients;
2. A review of the quality of services provided over the previous financial year (2017/18); and
3. The quality priorities for the forthcoming financial year (2018/19)

We have used the Department of Health's Quality Accounts Toolkit as a guide for our Quality Account.

To supplement all the mandatory elements of the account, we have also worked closely with our patients, clinicians, commissioners and other partners including local providers and Healthwatch to ensure this account truly reflects the quality measures in place and provides readers with an accurate and comprehensive insight into the organisation.



Statement from the Director of Operations

Circle Clinical Services Limited (CCSL or Circle MSK) is responsible for and dedicated to the care of adults with musculoskeletal (MSK) conditions, coordinating a patient's journey from their initial referral to their final follow-up appointment. It is our mission to ensure patients see the right person first time, and to work with our community and secondary care providers to provide outstanding treatment and support. The first stage of this is our clinical triage which is performed within 24 hours of a patient being referred to our service. Our purpose is to then guide our patients through their next steps, working closely with our community and secondary care providers to cater to each individual patient requirement with the support of our MSK Team.

Since the Circle MSK Bedfordshire Service began in 2014, the first NHS prime provider service in the country, over 175,000 patients have come through our service. In 2017/18, 46,518 patients were referred to our Hub. The number of referrals received grows year on year marking the importance of our service in the community in ensuring MSK providers work together to ensure a streamlined journey for the patient, improve clinical outcomes and remove any un-necessary waste in the system. This means that more patients can be treated for the same cost and enables NHS services to be sustainable for the future. The success of our Bedfordshire model meant that in 2017 we were commissioned to deliver MSK services to the borough of Greenwich. Our Circle MSK Greenwich hub has already managed 27,168 referrals in its first year. Whilst our services continue to evolve, emphasis is placed on patient experience, clinical innovation, staff empowerment; and continuous service improvement.

Statement from the Director of Operations continued

Patient feedback is important to us. As a learning organization we place great emphasis on capturing patient feedback to learn what we are doing well and importantly where we can improve. This is demonstrated through our patient 'would recommend' rate of 96-97%, and that complaints are consistently low, with less than 0.098% of our patients making a complaint. Whilst we strive for an excellent patient experience, we recognise that things don't always go to plan and mistakes can occur. As part of our learning ethos, we acknowledge and apologise if things go wrong, investigate how it happened and identify any lessons that need to be learned. Over the past year we have further strengthened our feedback processes through inviting patients who have made a complaint into the service to meet some of the team members and have a face to face discussion so we can understand their concerns in more detail and take further action as appropriate. We have also strengthened our relationship with our local Healthwatch groups working with them to undertake patient focus groups and surveys and supporting some of their events to meet more of the local community and hear their views.

One of our core values is true patient choice. We believe involving the patient in each stage of their pathway is fundamental to guaranteeing patients are satisfied. We actively empower each patient to contribute to their clinical discussions regarding their care as we want to ensure it is the right decision for them. Our dedicated team of Shared Decision Makers provide patients with the opportunity to further discuss their care options after their appointment with a clinician. This enables patients to be fully informed about their care. Additionally, our Patient Choice Advisors are here to assist patients with decisions regarding which secondary care providers would best suit their needs, discussing wait times, consultants, distance and travel options. During 2017/18, our Patient Choice Advisors had 7268 choice conversations with 7733 patients who were then referred to Secondary Care. Whilst 100% of patients were offered choice, this amounted to 94% of MSK patients receiving choice through a dedicated telephone discussion (those patients who could not be contacted by phone received a letter).

Clinical innovation is integral to our service. We want to offer patients high quality care that provides them with the best possible outcome. We undertake this through ensuring our management team includes clinical leadership and our partnership ethos empowers our staff to work together to drive service improvements. In delivering integrated MSK services we work with key local providers to include them in improving the system for MSK patients across Bedfordshire and Greenwich. We are committed to working closely with the local community and secondary care providers; and maintaining the positive relationships we have with our GPs. Our monthly Clinical Steering Groups are formed of local GPs, Consultants, Physiotherapists, Extended Scope Physiotherapists, and GPs with Special Interest, together with Healthwatch and local operational teams. These steering groups are a platform for discussions around service performance and progress; sharing of best practice, and how we work together to implement the latest treatments for MSK conditions in order to improve the outcomes for patients. In order to ensure the treatments we provide are delivering good outcomes for patients, CCSL has captures 7

Statement from the Director of Operations continued

outcome measures to assess the impact of treatment and the quality of our providers as well as our clinical decision making. In 2017/18, 24,051 pre and post- treatment questionnaires were completed by patients to show the effectiveness of patient treatment undertaken. Using a variety of measures and ensuring we are monitoring treatment further supports us to make continuous improvements to our patient care pathways. Quality of care is always at the forefront of our minds, and CCSL completes multiple cross-site clinical audits to ensure we maintain high standards for our patients' care.

Our staff are our greatest asset in the work we do for our patients and in fulfilling our Credo (mission statement) of being 'agents of our patients'. We believe the quality of our staff reflects the quality of our service. Above all, we recruit based on dedication to patients. Our team, therefore, comprises of compassionate individuals motivated to deliver high quality care. Having dedicated team members is critical to enabling our culture of continuous improvement. Our Circle Operating System supports continuous improvement through tracking patient safety, clinical outcomes and patient feedback as part of our regular reporting and review of our performance. Therefore we learn and improve all the time from these feedback mechanisms.

CCSL remains committed to working with our commissioners, patients, GPs, staff, community and secondary care providers and other stakeholders to develop different and progressive models of care to ensure services are affordable and sustainable for the future. This remains the single greatest challenge for all healthcare organisations and we must innovate and collaborate more than ever before to make this happen.

On behalf of the Executive Board, I would like to say thank you to all CCSL staff for their continuous dedication to providing a high quality service committed to the needs of patients.

This Quality Account has been ratified by our Executive Board. We confirm that the content reflects a balanced view of the quality of our services, and we believe, to the best of our knowledge, that the information contained in this document is accurate and informative.

Amanda Phillips
Director of MSK Operations



The Circle Credo

Our purpose

To build a great organisation dedicated to our patients.

Our parameters

We focus our efforts exclusively on:

What we are passionate about;

What we can become best at;

What drives our economic sustainability.

Our principles

We are above all the agents of our patients.

We empower our people to do their best.

We are unrelenting in the pursuit of excellence.

What this means for patients

- Fast access to MSK specialists
- One-to-one discussions and tailored treatment plans
- Options to talk about treatment over the phone
- Shared decision making so patients are involved in their care
- Choice of hospital or local service
- Choice of appointments in the community, closer to home
- Opportunity to give feedback and shape the service
- A co-ordinated journey through the healthcare system for treatment of their MSK condition.

What are Circle MSK Services?

Circle Clinical Services Limited (CCSL) deliver MSK services in Bedfordshire and Greenwich (known as 'Circle MSK') and is part of a group of companies owned by Circle Health. CCSL has a dedicated team of experienced healthcare professionals, as well as support staff, and our mission is to provide patients with a high quality, best value, outcomes-focused care across both Bedfordshire and Greenwich. Circle's approach is based on the premise that clinicians are best placed to decide how to deliver the best care for patients and our Credo commits us to being 'above all the agents of our patients'.

CCSL are NHS services which have been commissioned by the local Clinical Commissioning Groups (CCGs) to manage all musculoskeletal (MSK) problems (apart from emergencies) for the populations of Bedfordshire and Greenwich. This includes problems with the muscles, joints, bones, tendons, ligaments, some nerve-related conditions and associated pain. Circle MSK Bedfordshire was the first service of its kind in the United Kingdom and has been operational since April 2014. Circle MSK Greenwich has been operational since April 2017 and uses the same model.

CCSL provide a streamlined triage and treatment services for patients with MSK problems. Combining the expertise of multiple clinicians ensures patients receive the right treatment, at the right time, in the right place, with the right person. CCSL have contracts with local NHS and private providers covering the whole ranges of services needed to manage MSK problems, so that we can provide an integrated, efficient, high-quality NHS services.

Scope of Circle MSK Services

The scope of the service includes:

- MSK related Physiotherapy
- MSK related Podiatry
- Community Triage Clinics (Extended Scope Physiotherapists -ESPs & GPs with Special Interest in MSK - GPwSI)
- Orthopaedic Surgery
- Rheumatology
- Chronic Pain
- Fracture clinic follow-ups (Greenwich)

Rationale for Integrated MSK Services

CCSL was commissioned because of problems in the previous system. These were:

- MSK conditions represented rising cost - driven by demographic growth which caused financial pressures for CCGs.
- MSK services were traditionally uncoordinated and inefficient, producing:
 - Poor patient experience (referred to wrong service/clinician; patients ping-ponged round system)
 - Poor value for money
 - Health inequality
 - Long waiting times (Capacity issues in Secondary Care)
- Clinical Outcomes were hard to measure (meaning there was no way to check if NHS resources were being used to treat patients appropriately).
- More conservative treatments were needed in the community (outdated, 'Hospital-centric fragmented Model, meaning there were limited treatment options).

Nationally, the NHS England's 5-year Forward View set out plans for new models of care, in particular, bringing together primary, community and secondary services. Indeed, the Musculoskeletal Framework: A joint responsibility, doing it differently, DH (2006) detailed MSK demand, problems with MSK service provision and determined a vision for better MSK services, including redesign of services with integration of providers, evidence based practice, full exploitation of skills, new roles, better outcomes and an actively managed patient pathway.

“Having recently been referred to Circle MSK Bedfordshire and assessed and now attended two physiotherapy sessions. I have found the administration staff, member of the assessment team & physiotherapist provided an excellent service. They were helpful, knowledgeable and understanding. Appointments were arranged swiftly and efficiently and confirmed in writing. A follow up telephone conversation to review progress was given. The physiotherapy sessions have been helpful and good advice given. There was good liaison between staff which has led to all round care being excellent. Future appointments have been arranged to review progress with other available options if required. I would definitely recommend Circle MSK to people with similar problems.”

Progression of the Service

Circle MSK Bedfordshire

The MSK service has managed significant referral growth on a capitated budget saving the CCG over £14m to date. A single point of access has been set up with all referrals triaged within 24 hours. In 2016/17 46,518 referrals were received through the hub and over 87% of referrals into the hub are electronic. The MSK System has been through a major re-design including:

- Increasing activity from 33% of activity in the community in 2013 to 58% in 2017.
- Providing self-management tools and Circle MSK website to empower patients; and PhysiLine for early telephone access to physiotherapy.
- Patients have true choice for every part of the system and are empowered through shared decision making to be involved in their care.
- The introduction of new clinical technology for patients as a valid alternative to surgery (APOS Therapy, Ossur braces, Nordic Health rehabilitation equipment).
- 97% of patients would recommend the Circle run community hubs, with complaints less than 0.098%. Patient representatives are involved in the service and we have developed links with Healthwatch to support patient events, obtain feedback on the system and we have commissioned them to undertake independent reviews.
- Continual GP engagement in the system through practice visits, locality meetings, GP surveys, and participation in MSK forums to support service re-design. Dedicated GP support and advice line/emails have been set up and free resource has been provided to surgeries to support GPs workload and provide early access to an MSK clinician in primary care for patients. GPs feedback as a result of these are they welcome the support and rapid access to advice.
- Engagement of clinicians from providers occurs monthly through the clinical steering group (participants include GPs from each locality, Orthopaedic, Rheumatology & Pain Consultants, Physiotherapists from different providers, ESPs, and GPwSIs). Operational relationships have been built in the eight community hubs as well as local provider sites (see Appendix for details).
- Integration of the MSK system has occurred through operational, contractual, and clinical engagement as well as development of technology to support tracking of patients and system analysis.
- Waiting times have significantly improved and 18 week performance is the best it has been for the county.
- National PROMS following Hip and Knee surgery are better than national average for Bedfordshire patients (all BCCG patients).
- Significant capture of outcome measures (>178,000) not previously collected to drive up clinical quality and support clinicians development.

Progression of the Service

Circle MSK Greenwich

The MSK service has managed 15% referral growth on a capitated budget saving the CCG £1.9m to date. A single point of access has been set up with all referrals triaged within 24 hours. 27,168 referrals have been received over the first year (an average 2,264 per month) and 100% of referrals into the hub are electronic. The MSK System has been through a major re-design including:

- Increasing activity from 41.15% of activity in the community in 2016/17 to 71.4% in 2017/18.
- Eltham Community Hospital re-designed and bespoke MSK hub created.
- Providing self-management tools and Circle MSK website to empower patients; and PhysioLine for early telephone access to physiotherapy.
- Patients have true choice for every part of the system and are empowered through shared decision making to be involved in their care.
- The introduction of new clinical technology for patients as a valid alternative to surgery (Ossur braces launched September 2017; APOS Therapy launched April 2018, Nordic Health rehabilitation equipment planned Summer 2018).
- On average 96.13% of patients would recommend the Community Clinics; 9 total complaints received since service commenced, on average 1 a month which is 0.03% of all referrals.
- Patient representatives are involved in the service through Healthwatch Greenwich who regularly obtain feedback on the system and we have commissioned them to undertake independent reviews.
- Continual GP engagement in the system through practice visits, syndicate meetings, GP engagement and training events, and participation in MSK forums to support service re-design. Dedicated GP support and advice line/emails have been set up and free resource has been provided to surgeries to support GPs workload and provide early access to an MSK clinician in primary care for patients. GPs feedback as a result of these are they welcome the support and rapid access to advice (MSK Practitioners are currently in three GP surgeries, with a planned roll out to other practices).
- Engagement of clinicians from providers occurs monthly through the clinical steering group (participants include local GPs, Orthopaedic, Rheumatology & Pain Consultants, Physiotherapists from different providers, ESPs, and GPWSIs). Operational relationships have been built in the local community hubs, MSK Practitioner locations (Ferryview, St Marks, Eltham Palace) as well as local provider sites (Queen Elizabeth Hospital spoke due in 2018).
- Integration of the MSK system has occurred through operational, contractual, and clinical engagement as well as development of technology to support tracking of patients and

system analysis.

- Waiting times have significantly improved and 18 week performance has reached the best it has been for the Borough.
- Significant capture (8,088 questionnaires) of Community based outcome measures to drive up clinical quality and support clinicians development (over 3,198 community based EQ5D, Keele STarT back and Oxford hip and Knee scores together with 4890 making every contact count questionnaires) not previously collected.
- Circle's progress with the MSK service KPIs is as follows:
 - Significant improvement in patient outcomes: 89% of patients have had a patient reported outcome measure to evaluate their care.
 - 92% of patients treated in the community hub have had an improvement in pain and/or function.
 - 88% of Patients being referred to Secondary Care have had a dedicated shared decision making (SDM) consultation.
 - Lifestyle advice and Support with self-management techniques -physio telephone assessment and treatment line set up- all patients spoken to are provided with advice and self -management. Circle MSK website updated with self-management advice.
 - Support for long-term MSK related conditions -all patients are provided with hub email address and phone number - clinicians provide advice for patients within 48 hours.
 - Choice of provider for further treatment - 100% patients offered choice; 90% had a dedicated patient choice telephone conversation.
 - Local GP training and support for MSK care -GP visits and Education events held.
 - All patients over 65 are asked if their condition is a result of fall = 100% as mandatory part of clinical template.



The MSK Teams

Across both sites, the Circle MSK team consists of:

- Physiotherapists,
- Extended Scope Physiotherapists (ESP),
- General Practitioners with a special interest (GPwSI) in musculoskeletal problems,
- Pain, Orthopaedic and Rheumatology Consultants,
- Clinical Psychologist,
- Specialist Pain Nurses,
- Occupational Therapist (Specialist Hand Therapist - only Circle MSK Bedfordshire),
- Shared Decision Makers, and
- Health Care Assistants (HCA's)

They provide specialist MSK clinical triage, assessment, and treatment within the Circle run community MSK hubs across Bedfordshire and Greenwich.

Extended Scope Physiotherapists are experienced physiotherapists who have undertaken further postgraduate training to provide an advanced practice. Advanced practice is a combination of advanced skills, knowledge and attitudes together with the core set of physiotherapy skills and knowledge, tailored to individual patients and local environments. For example, they can request investigations such as ultrasounds or MRIs, interpret the results of investigations to plan management with patients, and many are trained in the administration of steroid injections; some can also prescribe medications, and some are able to carry out advanced treatments such as ultrasound-guided injections, diagnostic ultrasounds and shockwave therapy.

General practitioners with a special interest (GPwSI) in musculoskeletal medicine have undertaken further training and assessment to develop the expertise to deliver a high quality clinical service to patients with musculoskeletal problems, beyond the scope of their core professional role. They can also carry out advanced treatments such as ultrasound-guided injections and shockwave therapy.

“Consultation went extremely well. Consultant listened to my explanation of on-going back problem and explained the probable cause and possible options for treatment. We had an open discussion about these options and agreed a plan of next steps. I was very pleased that this was an open discussion end that I was involved in making the plan for future treatment. This openness gave me a lot of confidence.”



Circle MSK Bedfordshire

Circle Bedfordshire MSK has: one Clinical and Governance Lead, two Triage and Audit Leads, Extended Scope Physiotherapists (ESPs), one Physiotherapy Lead, seventeen experienced ESPs, five Physiotherapists, four MSK Practitioners (Senior Physiotherapists), five General Practitioners with Specialist Interests (GPwSI) and one Lead GPwSI, one Clinical Psychologist, one and a half Healthcare Assistants, 18 hours of a Rehabilitation Assistant, two Pain Consultants, two Spinal/ Neurosurgery Orthopaedic Consultants, one Upper Limb Consultant, three Lower Limb Consultants, two Rheumatologists, and two Pain Nurses who work within the MSK hubs.

These Consultants are linked to four contracted secondary care providers. They provide outpatient appointments in the Circle community hubs and direct list to their hospital of employment for surgery as appropriate.

Circle MSK Greenwich

Similarly, Circle MSK Greenwich has: one Clinical and Governance Lead, one Triage and Audit Lead, seven ESPs, three GPwSI's and the same Lead GPwSI as Bedfordshire, four MSK Practitioners/ Shared Decision Makers, two Rheumatology Consultants, two Pain Consultants, and seven Orthopaedic consultants (five Lower Limb and two Upper Limb) who work within the MSK Hub.

The Consultants are currently sourced from Lewisham & Greenwich Trust as a result of a tripartite agreement with the trust and CCG. There are plans to incorporate consultants from other providers into the community hubs where demand exceeds Lewisham & Greenwich Trust capacity.



Supporting Members

CCSL are supported by Director of MSK Operations, Head of MSK Clinical Services, a Finance, Contracts and Performance Manager, two Operational Leads, two Quality and Contracts Managers, an MSK Service Manager, a Management Administrator, three Patient Choice Advisors, an 18 Week Manager and three 18 Week Co-ordinators, one Quality and Assurance Facilitator, a Service Transformation team, an MSK Mobilisation Lead, and eighteen administrators who are responsible for referral management, co-ordinating patient appointments in the community setting, managing the flow of patients to our providers and importantly act as a point of contact for patient and GP queries at any point in the MSK pathway.

As the service is continuously growing and working with a number of providers, CCSL has a team of 11 Executives who meet monthly at the Executive Board. The purpose of the Executive Board is for implementing the strategic direction, group policies and objectives set by the Circle Health Executive Team. The 11 Executives that sit on the Board include the Director of MSK and Technology, Director of MSK Operations, two Operational Leads, Finance, Contracts and Performance Manager, two Quality and Contract Managers, two Clinical and Governance Leads, Lead GPwSI and Head of MSK Clinical Services. Circle MSK Services also has a Clinical and Governance Risk Management Committee (CGRMC) which is responsible for overseeing and delivery of both reactive risk management, including complaints handling and incident reporting, analysis and learning, and proactive risk management, including clinical audits, risks on the risk register and research governance. The 11 members of the Executive Board also sit on CGRMC alongside three Triage and Audit Leads. Three sub-committees, Health and Safety Committee, Infection Prevention and Control Committee and Medicine Management Committee all report into CGRMC.



James Gregory
Quality & Contracts
Manager



Sarah Cottam
Operations Lead



Simon Lowe
Clinical Chair

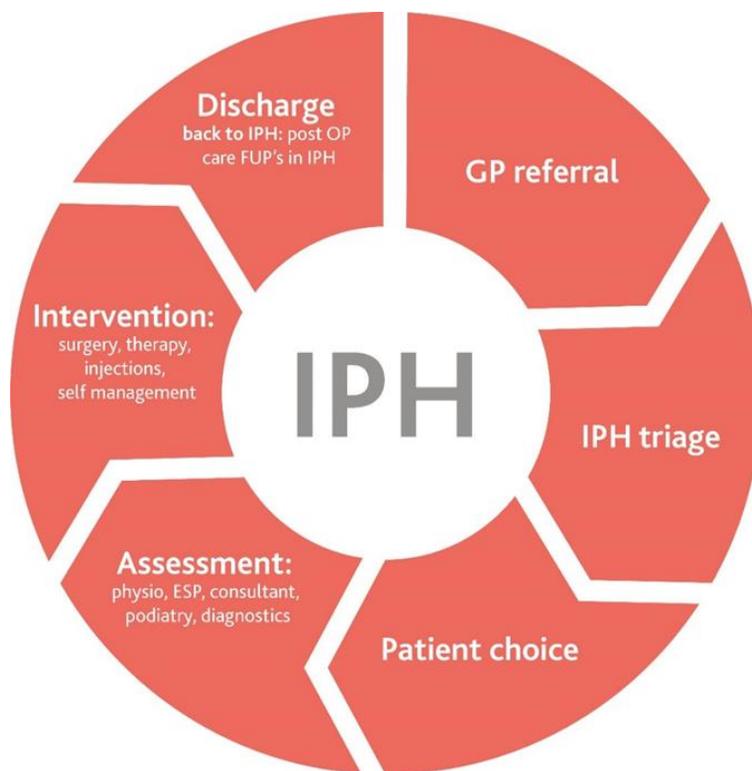


Kay Hoare
Clinical &
Governance Lead

The Circle MSK Operational Model

The model is centred on an integrated provider hub (IPH) which:

- Provides a single triage hub for all MSK referrals;
- Ensures patients are directed to the right treatment first time;
- Ensures patients are given choice over secondary care;
- Reduces inappropriate surgery;
- Outcomes can be measured.



GP's and patients refer into the Integrated Provider Hub (IPH) which manages all referrals and provides multidisciplinary care for patients utilising our team of clinicians. All referrals are triaged within 24 hours of receipt of the referral. Patients are then guided to the most appropriate part of the system. This includes physioLine (early access to assessment and advice over the phone), physiotherapy or podiatry in the community; and Secondary Care hospital treatment for those patients requiring surgery or Consultant expertise. Community clinics provide expert MSK assessment, further investigations and additional treatments, such as ultrasound guided injections.

The IPH manages the patient from referral to discharge so if the first treatment pathway is unsuccessful, the hub co-ordinates care to another appropriate part of the system (eliminating the need for patients to be referred back to their GP, saving both patients and GP's time). The IPH also has Consultants from a range of hospitals so patients can see a consultant closer to home and then be referred into a hospital for surgery if required. Their follow up care can also be undertaken in one of our community hubs and closer to home.

Patient choice is offered at all stages, however patients being referred to Secondary Care for more minor procedures are spoken to by Patient Choice Advisors, to enable patients to understand their options. Patient Choice advisors provide links to all the hospitals operational teams and have non-clinical conversations regarding information on Consultants, travel and current waiting times, which may influence patients' choice and enables waiting times to be more controlled. Similarly, although Shared Decision Making (empowering patients to be involved in their care) is part of our ethos, we have dedicated Shared Decision Makers (Senior Physiotherapists) who speak to patients before major surgery (such as total hip and total knee replacements). They enable patients to understand the implications of surgery, ensure conservative measures have been optimised, surgical thresholds are met and that patients want surgery; we do offer non-surgical alternatives. This option will be discussed with patients who meet the criteria. This also ensures that the patient needs and wants surgery and is more prepared for it. This is supported by a patient journey app (Circle MSK) which provides patients information about MSK services and information about hip and knee procedures.

“The doctor today has been informative, helpful and overall very friendly. They have done everything they can to help me and is trying hard to gain continuity of service for me. Very professional and very nice.”

Following a suggestion made in our monthly Clinical Steering Group meetings, we also incorporate GP's as part of the MSK service by supplying MSK practitioners to GP surgeries to undertake MSK assessment and triage alongside GP's, this supports GP's workload, and incorporates them into the MDT by them being a point of contact and queries with the MSK service. This is supported by dedicated GP Liaison personnel. In addition we work collaboratively with all our providers to streamline pathways, create innovative services and manage the quality of all the providers in the system. We do this through having a dedicated Quality and Contracts Manager, monthly contract meetings with quality reporting; clinical pathway meetings and a monthly clinical steering group with GPS, Physiotherapists, ESPs, GPwSI's and Consultants to gain feedback about performance and discuss best practice pathways and service changes. We have also worked with the Bedfordshire CCG to be able to provide MRI, Ultrasound and Nerve Conduction Studies in the Integrated Hubs, closer to patients' home, which streamlines pathways and reduce waiting times. In Greenwich we have worked with the CCG to source MRI and Nerve Conduction Studies through other providers which has reduced waiting times.

Circle MSK Facilities

At the end of 2017/18, Circle MSK Bedfordshire provided Services from the following facilities:

- The Enhanced Services Centre - 3 Kimbolton Road, Bedford MK40 2NT
- Bedford Consulting Rooms - 4 Goldington Road, Bedford, MK40 3NF
- Church Lane Surgery - 147a Church Lane, Bedford, MK41 0PW
- Flitwick Surgery - Highlands, Flitwick, MK45 1DW
- Ivel Medical Centre, Chestnut Avenue, Biggleswade, SG18 0RA
- Toddington Surgery - Luton Road, Toddington, LU5 6DE
- Salisbury House Surgery - Lake Street, Leighton Buzzard, LU7 1RS
- Bassett Road Surgery - 29 Bassett Road, Leighton Buzzard, LU7 1AR



Circle MSK Greenwich currently operates from:

- Eltham Community Hospital, 30 Passey Place, London, SE9 5DQ.

Further Hubs are currently being mobilised across the borough of Greenwich to increase access for patients.

Core Services Provided at CCSL Hubs include:

| Lower Limb | | | |
|------------------------------------|--------------|-----------|--|
| Service | Bedfordshire | Greenwich | What it is |
| Ossur Knee Brace | ✓ | ✓ | Ossur is a brace offered as biomechanical device for treating Osteoarthritis of the knee |
| APOS therapy - Hip & Knee | ✓ | ✓ | Apos is a boot-like device for patients with chronic pain from osteoarthritis of the knee or hip. |
| Consultant in the Hub Hip and Knee | ✓ | ✓ | A consultant that holds outpatient appointments in Circle MSK Hubs and direct lists patients to their hospital as appropriate. |
| Shockwave therapy | ✓ | x | Focused sound waves which work by increasing blood flow to the injured area. |

| Non-specific | | | |
|-----------------------------|--------------|-----------|---|
| Service | Bedfordshire | Greenwich | What it is |
| Ultrasound guided injection | ✓ | ✓ | Injections are given with ultrasound guidance. |
| In-house physiotherapy | ✓ | ✓ | Wide range of treatment options, most often a programme of specific exercises targeted to help a particular condition. |
| In-house Rheumatology | ✓ | ✓ | A consultant that holds outpatient appointments in Circle MSK Hubs and direct lists patients to their hospital if required. |

Pain

| Service | Bedfordshire | Greenwich | What it is |
|---|--------------|-----------|--|
| PMP (Pain management programme) / LEAP (Lifestyle, education, activity and pain management) | ✓ | x | The Pain Management Program (PMP) is a group intervention for people with long-term musculoskeletal pain. There is strong evidence that this type of help is effective for those affected by persistent pain |
| Pain MDT drop in clinic | ✓ | x | A clinic with a pain nurse and pain ESP so the patient can see multiple clinicians in one visit |
| Clinical Psychologist | ✓ | x | A psychologist who undertakes individual appointments with patients to empower them to self manage their pain symptoms and to facilitate their progression along a treatment pathway |
| Pain Consultant in the Hub | ✓ | ✓ | A consultant that holds outpatient appointments in Circle MSK Hubs and direct lists patients to their hospital for procedures as appropriate. |

Spinal

| Service | Bedfordshire | Greenwich | What it is |
|------------------------------|--------------|-----------|--|
| iBest (Back skills training) | ✓ | x | A bio-psychosocial approach where patients would benefit from a CBT type approach with combined exercise |
| Nordic Health | ✓ | x | Nordic Health are a range of rehabilitation machines used specifically for treating spinal pain and improving outcomes. |
| Consultant in the Hub | ✓ | x | A consultant that holds outpatient appointments in Circle MSK Hubs and direct lists patients to their hospital as appropriate. |

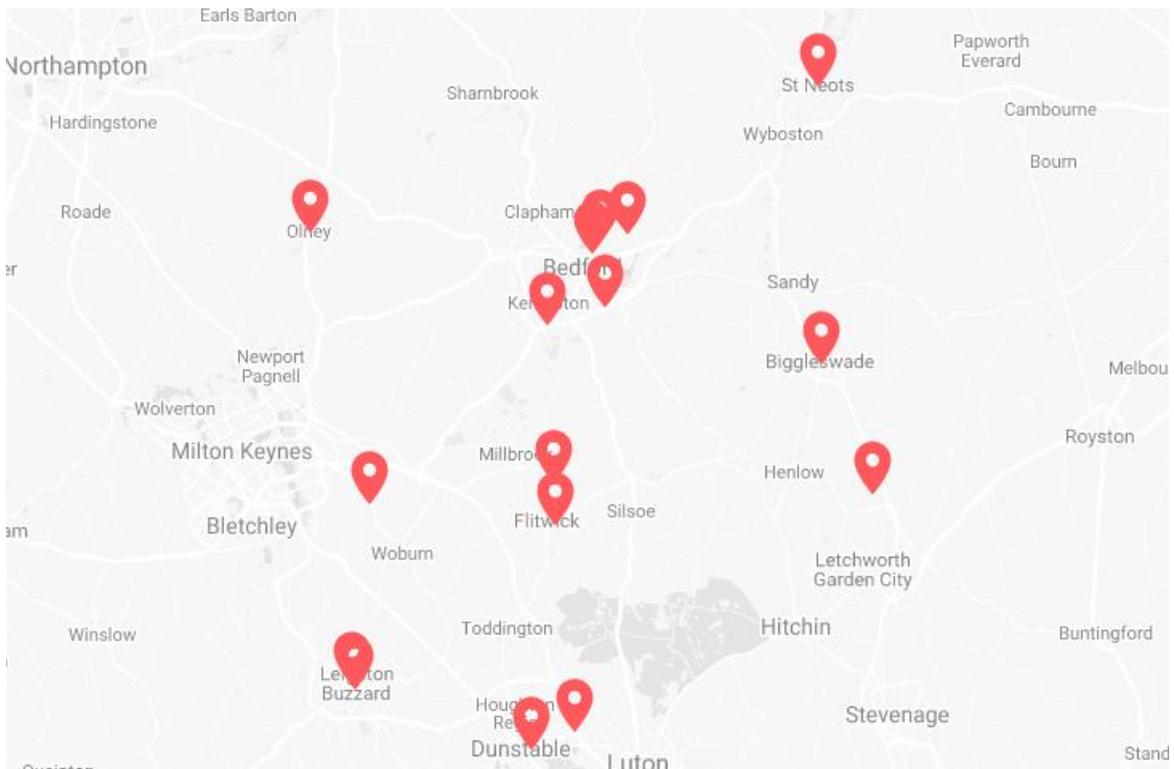
Upper Limb

| Service | Bedfords hire | Greenwich | What it is |
|----------------------------------|---------------|-----------|--|
| Barbotage | ✓ | x | An ultrasound guided needle is injected into a deposit of calcium which has occurred within a tendon. The needle is used to break up the calcium and help the body to remove it naturally (usually in the shoulder). |
| Hydrodilatation | ✓ | x | This is an image guided injection procedure, whereby a needle is inserted in to the shoulder joint under direct ultrasound vision to allow the injection of between 20-30mls of fluid. It is performed as part of the treatment of Frozen Shoulder, a condition where the shoulder becomes very stiff and painful. High volume injection is considered when the pain and stiffness hasn't settled with rest, painkillers, exercises or a previous unguided steroid injection. |
| Consultant in the Hub Upper Limb | ✓ | ✓ | A consultant that holds outpatient appointments in Circle MSK Hubs and direct lists patients to their hospital as appropriate. |

Circle MSK Bedfordshire Community Therapy

Via the Circle MSK Bedfordshire service we have access to physiotherapy, podiatry (together with podiatric surgery) and hand therapy across Bedfordshire as demonstrated below:

- Essex Partnership University NHS Foundation Trust
- Gilbert Hitchcock House Bedford
- Gilbert Hitchcock House Biggleswade
- ICE Amphill
- Amphill & Flitwick Chartered Physiotherapy Clinic
- Asplands Medical Centre
- Bedford Physiotherapy Centre
- ICE Olney
- Luton & Dunstable Hospital Trust
- Luton & Dunstable Outpatient Physiotherapy and Hand Therapy Department
- Parks Therapy Centre, Biggleswade
- Parks Therapy Centre, Church Lane
- Parks Therapy Centre, Elstow
- Parks Therapy Centre, St Neots
- Woodside Clinic, Leighton Buzzard
- Woodside Clinic, Dunstable
- The Physiotherapy Clinic, Stotfold



Circle MSK Bedfordshire Secondary Care Providers

For Secondary Care the Circle MSK Bedfordshire service has access to a range of hospitals in and around Bedfordshire as demonstrated below:

- BMI Three Shires Hospital
- BMI The Manor Hospital
- BMI The Saxon Clinic
- Ramsay Blakelands Hospital
- Ramsay Woodlands Hospital
- Ramsay Pinehill Hospital
- Spire Harpenden Hospital
- Spire Cambridge Lea Hospital
- Northampton General Hospital NHS Trust
- Milton Keynes University Hospital
- Stoke Mandeville Hospital
- North West Anglia Foundation Trust
- Bedford Hospital NHS Trust
- Luton and Dunstable University Hospital
- East and North Hertfordshire NHS Trust
- Addenbrooke's Hospital



Circle MSK Greenwich Community Therapy

Circle MSK Greenwich also has access to both community and secondary care providers for therapy:

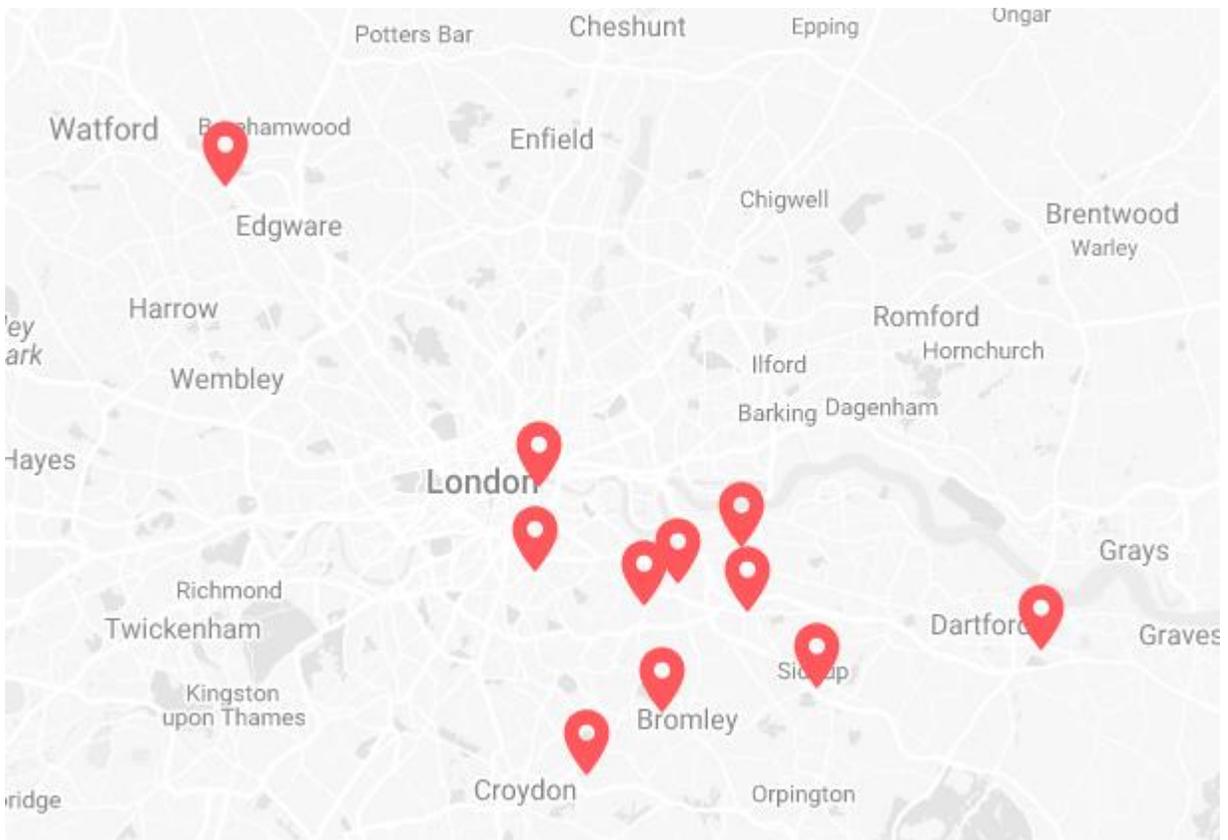
- Oxleas NHS Foundation Trust - Manor Brook Medical Centre
- Oxleas NHS Foundation Trust - Eltham Community Hospital
- Oxleas NHS Foundation Trust - Clover Health Centre
- Oxleas NHS Foundation Trust - The Greenwich Centre
- Oxleas NHS Foundation Trust - Kidbrooke Village Centre
- Lewisham & Greenwich Trust - Manor Brook Medical Centre
- Lewisham & Greenwich Trust - Gallions Reach Health Centre
- Lewisham & Greenwich Trust - South Street Medical Centre
- Lewisham & Greenwich Trust - Queen Elizabeth Hospital
- Vanbrugh Group Practice



Circle MSK Greenwich Secondary Care Providers

For Secondary Care the Circle MSK Greenwich service has access to a range of hospitals in and around the borough as demonstrated below:

- Queen Elizabeth Hospital
- University Hospital Lewisham
- BMI The Blackheath Hospital
- Darent Valley Hospital
- King's College Hospital NHS Foundation Trust
- Guy's and St Thomas' NHS Foundation Trust
- Royal National Orthopaedic Hospital
- Oxleas NHS Foundation Trust
- BMI The Sloane Hospital
- BMI Shirley Oaks Hospital
- Queen Mary's Hospital



Ensuring the Quality of Providers

Quality Management

CCSL believes it is important to monitor the quality of the sub-contracted providers to ensure all patients receive the best care. CCSL's approach to quality management is threefold. CCSL use a monthly Service Quality Performance Report (SQPR), a Quarterly Quality Report, and a combination of CQUIN schemes and SDIPs to improve the quality of the service that our sub-contracted providers deliver on our behalf.

The SQPR metrics are collated into a county wide dashboard for sub-contracted providers, and is presented to both CCSL's internal CGRMC (Clinical Governance and Risk Management Committee) and the local CCG at monthly contract meetings.

Due to all reporting reviewing activity that is two months in arrears, CCSL also asks sub-contractors to make them aware of any incidents that have happened in the interim, or give a "lag report" covering the time from the reported metrics to the date of the meeting. All sub-contractors are also required to report in line with NHS national timelines any Serious Incidents or other reportable incidents as defined by the CQC.

Sub-contractors are also required to submit a Quarterly Quality Report as a platform for service providers to give more narrative and context to the quarter's activity. These submissions are then collated into a county-wide report that is submitted to the CCSL's CGRMC and relevant CCG on a quarterly basis. These quality reports and documents are monitored through a monthly Contract Meeting forum.

The attendees for the meeting will depend on which hospital/Trust the meeting is with, however there must be at least the following for the meeting to be of value:

- Quality and Contracts Manager (Circle)
- Hospital Director/Executive Director/General Manager (Private Hospitals)
- General Manager / Service Lead (NHS provider)
- Finance (both parties)
- Quality representative (both parties - usually Quality & Contracts Manager from Circle)
- 18 week/patient choice/Operations Lead from CCSL as required

During the month of submission of the report, each sub-provider has an extra hour long Quality meeting in addition to the Contract meeting in order to CCSL to fully understand the content of the report.

Ensuring the Quality of Providers

Quality Improvement

Certain sub-contractors have Quality Improvement Schemes in their contracts, which follow the same mechanisms as a CQUIN scheme on a Standard Acute NHS Contract i.e. 2.5% of quarterly activity that the sub-contractors can earn back dependant on achievement of pre-agreed quality improvement criteria. These are submitted on a quarterly basis, and reviewed in line with the NHS contractual mechanism i.e. submission to CCSL, request for additional information sent from CCSL, final submission.

Outside of this contractual mechanism, CCSL also reviews existing pathways on a regular basis as required, and promotes a culture of continuous improvement with the contracted relationships, and with the CCG. Sub-contractors are aware of the methodology that CCSL employs, and that new approaches to patient pathways are always welcomed.

The standard approach that CCSL also employs with sub-contracted providers is one of collaborative working if a challenge arises. Once an area of concern is raised, CCSL will facilitate workshops within sub-contracted providers in order to understand blockers, and work with colleagues internally and externally to ensure the best outcome with the patient in mind is deployed.

Approach to feedback to drive improvement

Patients are at the heart of everything CCSL do and the service seeks to develop strong relationships with patients, carers and the public to create a responsive service which empowers patients, improves health outcomes and drives quality.

Patient outcome and experience measures are the foundation blocks of CCSL's continuous improvement methodology and forms a key component of the Circle Operating System.

CCSL will actively seek patient feedback, inviting patients to share their comments and views using feedback cards, telephone and SMS. Patient comments and suggestions will be reported via Quality Quartet and Quality dashboards as well as through EQ5D, PROMs and Shared Decision Making feedback.

All staff will be made aware of patient satisfaction rates and feedback through weekly Patient Hour sessions, GP satisfaction survey reports and clinical steering groups and the publication of "You said we did" results locally and on our website.

These forums will enable staff to discuss patient focussed service improvements and take collective responsibility for their delivery, tracking and reviewing progress in subsequent meetings.

“Fast, friendly professional
appointment - made to feel
listened to and put at ease”

Bedfordshire Achievements against Quality Improvement Priorities for 2017/18

| Quality Domain | Our Quality Priorities for 2017/18 | Success Measures for 2017/18 | 2017/18 Progress | Status |
|-------------------------|--|--|--|--------------------|
| Best Patient Experience | Percentage of patients that would recommend our service to friends and family and response rate for patient feedback cards | Response rate higher than 40% Would recommend - 99% | Response rate has reached 50% but has not been a consistent metric throughout the year, Would recommend rate 97% | Partially achieved |
| | Reduction in patient waiting times | Wait times 2 weeks or under for first appointment | Waiting times for hubs 2-4 weeks. Partial booking means staff contact patients to enable them to choose an appointment and the hub location. Appointments are available within 2-4 weeks of the patient contacting the service. | Partially achieved |
| | Reduction in and minimise number of complaints | Under 0.2% | Complaint rate is 0.098% | Achieved |
| Best Clinical Outcome | Record outcomes of all pathways | 100% of pathways to have outcome measures | Outcome measures captured for physiotherapy and in the hubs. 116316 outcome measures questionnaires have been captured since April 2014 (58,158 completed pairs -i.e. pre and post treatment). 24,051 questionnaires were completed in 2017/18. Secondary care outcome measures have been difficult to capture as some secondary care providers do not record these metrics. | Partly achieved |

| Quality Domain | Our Quality Priorities for 2017/18 | Success Measures for 2017/18 | 2017/18 Progress | Status |
|-----------------------|---|--|--|----------|
| Best Clinical Outcome | Further improvement to MDT via clinician engagement | Set up MDT sessions across specialties | A Clinical Psychologist started in April 2017 - a period of induction, review of literature, tools and training for the MSK team ensued. One-to-one appointments with the Clinical Psychologist have been available since April 2017 for appropriate patients going through the pain pathway. Virtual consultations occur where the Clinical Psychologist has supported clinicians with patients. Community Rheumatology was introduced into the MSK hubs at the end of July 2017 with two consultants visiting monthly since. | Achieved |
| | Using Evidence Based Practice | Map Pathways, one session per quarter | Treatment pathways associated with the 6 most common conditions have been reviewed by senior clinicians in March 2018. This included an in-depth review on each of the six clinical pathways to ensure any issues in the system were rectified, evidence based practice is being followed and pathways were streamlined to ensure they are efficient. These pathways will be presented to our Clinical Advisory Forum for consultation. | Achieved |
| Most engaged staff | Permanent staffing of ESPs and Practitioners | Number of employed versus locum staff | All ESPs and practitioners are substantive employees of CCSL | Achieved |
| | Team awareness of career opportunities | Advertise 100% of roles internally | All roles advertised internally as well as externally | Achieved |
| | Greater team training and growth | Number of vision and strategy sessions and leadership sessions | Weekly leadership sessions, vision and strategy session held with all staff, ongoing working groups held for this | Achieved |

Greenwich Achievements against Quality Improvement Priorities for 2017/18

| Quality Domain | Our Quality Priorities for 2017/18 | Success Measures for 2017/18 | 2017/18 Progress | Status |
|-------------------------|--|---|--|--------------------|
| Best Patient Experience | Percentage of patients that would recommend our service to friends and family and response rate for patient feedback cards | Response rate higher than 40% Would recommend- 99% | Response rate is under 40%, Would recommend rate 95% | Partially achieved |
| | Reduction in patient waiting times | Wait times 2 weeks or under for first appointment | Waiting times for hubs is under 2 weeks to see an ESP and 3 weeks to see a GPSI. Partial booking means staff contact patients to enable them to choose an appointment and the hub location. Appointments are available within 2-4 weeks of the patient contacting the service. | Achieved |
| | Reduction in and minimise number of complaints | Under 0.2% | Complaint rate is 0.029% | Achieved |
| Best Clinical Outcome | Record outcomes of all pathways | 100% of pathways to have outcome measures | 8,088 Outcome measures captured in the community hubs to drive up clinical quality and support clinicians development (over 3,198 community based EQ5D, Keele STarT back and Oxford hip and Knee scores together with 4890 making every contact count questionnaires) Secondary care outcome measures have been difficult to capture. | Partially achieved |

| Quality Domain | Our Quality Priorities for 2017/18 | Success Measures for 2017/18 | 2017/18 Progress | Status |
|-----------------------|---|--|---|----------|
| Best Clinical Outcome | Further improvement to MDT via clinician engagement | Set up MDT sessions across specialties | <p>Consultant the hub clinics launched shortly after Go Live in June 2017 96 clinics have been held since, to mid-April 2018 (including 59 Orthopaedics, 23 Rheumatology & 14 Pain Clinics).</p> <p>581 Secondary Care consultant appointments offered in the community (not previously offered) including 176 Rheumatology, 98 Pain and 307 Orthopaedic.</p> <p>We are part of the regional spine network which is MDT working with spinal surgeons, allied health professionals and CCGS within the London and Kent region.</p> | Achieved |
| | Using Evidence Based Practice | Map Pathways, one session per quarter | Our pathways associated with the 6 most common conditions have been reviewed by senior clinicians in March. This included an in-depth review on each of the six clinical pathways to ensure any issues in the system were rectified, evidence based practice is being followed and pathways were streamlined to ensure they are efficient. | Achieved |
| Most engaged staff | Permanent staffing of ESPs and Practitioners | Number of employed versus locum staff | All ESP's and practitioners are employed | Achieved |
| | Team awareness of career opportunities | Advertise 100% of roles internally | All roles advertised internally as well as externally | Achieved |
| | Greater team training and growth | Number of vision and strategy sessions and leadership sessions | Vision and strategy event has taken place amongst senior team. Wider V&S held November 2017. This was also cascaded as part of the staff newsletter. | Achieved |

Best Clinical Outcomes

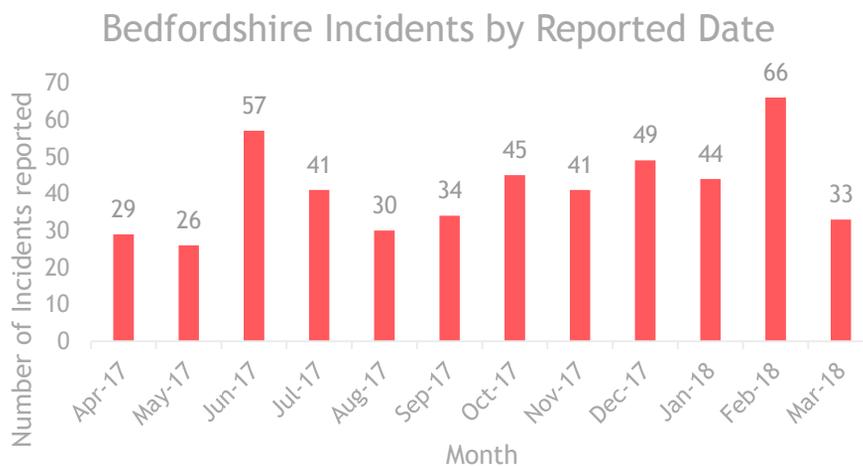
At Circle MSK, we believe that incident reporting provides a unique and valuable opportunity to learn from our mistakes and allows us to implement prompt and effective safety solutions.

CCSL recognises that in order to have both a positive and informative reporting system, it is necessary to maintain a culture where staff feel able to report incidents without fear of reprisal or blame.

An organisation with high incident reporting is a mark of a 'high reliability' organisation. Research shows that organisations with significantly higher levels of incident reporting are more likely to demonstrate other features of a stronger safety culture, such as a high patient satisfaction rate, positive peer review assessments and a low number of clinical negligence claims. The commitment to reporting demonstrates a commitment to our patients and their safety. This is recognised by the Care Quality Commission Essential Standards of Quality & Safety and further reinforced by the Report of the Mid Staffordshire NHS Foundation Trust chaired by Robert Francis QC (February 2013). An organisation with a high reporting rate of no harm incidents is a safe place to be.

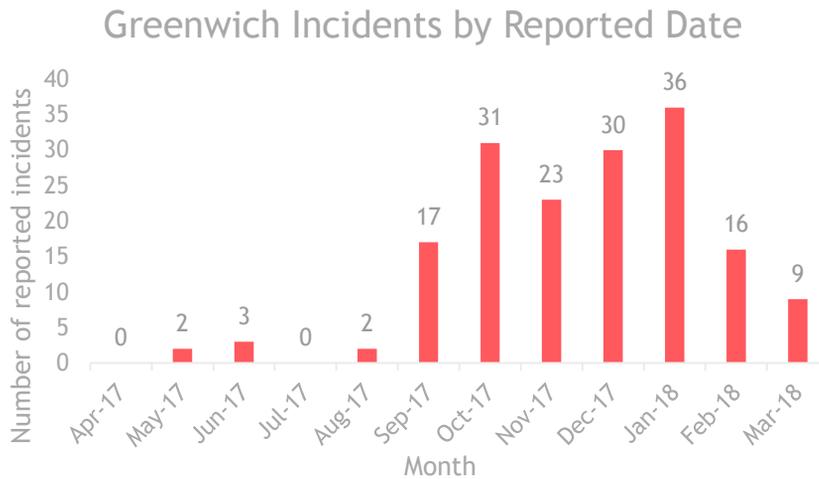
Staff at Circle MSK Bedfordshire reported a total of 497 incidents in 2017/18 as opposed to 903 incidents in 2016/17; this is a reduction in the number of incidents reported from the previous year.

1a. Graph showing number of incidents by reported date per month from 1st April 2017 to 31st March 2018 for Circle MSK Bedfordshire



Staff at Circle MSK Greenwich reported 172 incidents in the first year. All staff have been trained in the importance of reporting incidents to ensure we monitor the themes in relation to incidents and use this to continuously improve the service. The number of incidents reported increased from September as a result of having a more permanent team in place from this point onwards.

1b. Graph showing number of incidents by reported date per month from 1st April 2017 to 31st March 2018 for Circle MSK Greenwich

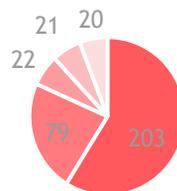


The top five incident categories for 2017/18 for CCSL are detailed below and divided between our Bedfordshire and Greenwich services. Altogether there were 497 Incidents for Bedfordshire and 172 Incidents for Greenwich, all of which were ‘No harm to staff and patients’. As graphs 1c and 1d demonstrate, the main categories of incidents provide problems with the administrative processes in relation to the patients’ pathway. As a result, there is currently a full review on the administrative processes and supporting operating procedures undertaken in an effort to minimise the number of incidents associated with process errors.

We have used this information to inform our Quality Improvement Priorities for 2018/19.

1c. Graph showing top 5 incidents from 1st April 2017 to 31st March 2018 for Circle MSK Bedfordshire

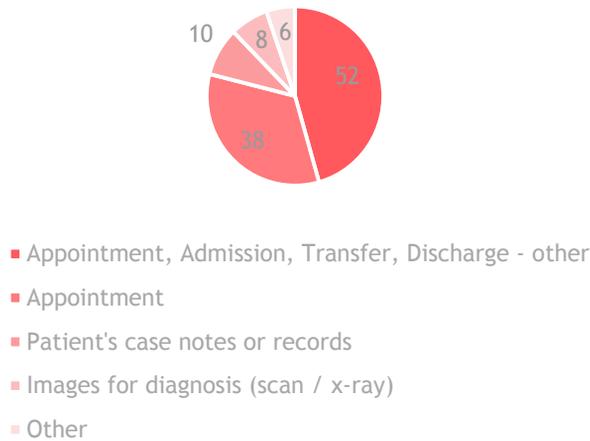
Top 5 Bedfordshire Incident Categories



- Appointment, Admission, Transfer, Discharge - other
- Appointment
- Images for diagnosis (scan / x-ray)
- Information - other
- Electronic Patient Record

1d. Graph showing top 5 incidents from 1st April 2017 to 31st March 2018 for Circle MSK Greenwich

Top 5 Greenwich Incident Categories



Serious Incidents and Never Events

Serious Incidents are defined as ‘incidents where care management failures are suspected, which result in serious neglect, serious injury, major permanent harm or death (or the risk of) to a patient as a result of NHS funded health care.’

Never Events are defined as ‘serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented’.

| Incidents and events | Total |
|----------------------|-------|
| Serious Incidents | 0 |
| Never Events | 0 |

Safety Alerts

Alerts issued via the Central Alerting System (CAS) relate to key safety issues that have the potential to cause harm if not acted upon promptly. Safety alerts are an important source of information which enables Circle MSK to ensure that safety of clinical services is our first priority.

Timely and effective implementation of safety alerts form part of the CQC (Care Quality Commission) Essential Standards of Quality and Safety. Failure to implement safety alerts could result in incidents, complaints, claims and/or inquests and have a significant impact on both staff morale and patient confidence.

Circle MSK received 121 safety alerts during 2017/18, 3 of which were applicable for Medical Devices and 1 for the Estates & Facilities services.

All CAS alerts were reviewed, actioned and closed within the relevant timescales.

Clinical Innovation

Rheumatology

CCSL is now running six consultant clinics per month with short waiting times. We are looking to expand the range of conditions we can manage in the clinics. This will reduce pressure on secondary care, reduce waiting times and consequently benefit patients care.

CCSL have audited and reviewed our referrals and confirmed they are appropriate.

Please see below for numbers of patients seen in the hub during the quarter 4 (January-March 2018) and onward referrals. This shows that CCSL are keeping 76% of Rheumatology patients in the community.

| Month (2018) | Rheumatology patients seen in the hub | Patient sent on the secondary care clinic | % patients kept in the community |
|---------------|---------------------------------------|---|----------------------------------|
| January | 39 | 6 | 85% |
| February | 52 | 14 | 73% |
| March | 34 | 10 | 71% |
| Total/average | 125 | 30 | 76% |

Pain Psychology

CCSL has employed a Clinical Psychologist as a considerable number of patients that experience musculoskeletal problems also have accompanying pain.

Circle MSK Bedfordshire runs a pain multi-disciplinary team (MDT) drop in with an ESP, Physiotherapist, Pain Nurse with Consultant Case discussions when necessary.

442 patients have been referred to the MDT drop in service since April 2017, which may have been in a secondary care setting prior to this.

289 have been referred to the pain engagement talk to consider participation in pain management groups.

186 have expressed their wish to then be assessed for LEAP, taking active steps to manage pain without secondary care input (further explained later).

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Clinical Innovation

Pain Psychology continued

CCSL's Specialist Pain Nurse is currently working with Dr Hart at Salisbury House, Bedfordshire as well as undertaking individual sessions with patients needing medicine management.

The service has also recruited a further part time Pain Nurse, taking total Pain Nurse provision up to one full-time equivalent.

We are now undertaking Shared Decision Making conversations with patient with Spinal pain (who would have previously been referred to Secondary Care), offering Nordic Health as an treatment pathway for rehabilitation, with the majority of the patients taking up this option.

As the tables below demonstrate, these actions have equated to fewer pain referrals being sent to secondary care, thus ensuring patients are seen faster in a community setting.

| Month | Pain referrals to secondary care | Total secondary care referrals (including pain) | % of secondary care referrals which are pain |
|-----------|----------------------------------|---|--|
| August | 216 | 1073 | 20% |
| September | 109 | 1000 | 11% |
| October | 92 | 1134 | 8% |
| November | 107 | 924 | 12% |
| December | 110 | 1015 | 11% |
| January | 167 | 1216 | 14% |

| Month | Total pain referrals | Referrals seen in the community) | % of pain referrals already seen in the community |
|-----------|----------------------|----------------------------------|---|
| August | 269 | 53 | 20% |
| September | 160 | 51 | 32% |
| October | 166 | 74 | 45% |
| November | 177 | 70 | 40% |
| December | 164 | 54 | 33% |
| January | 230 | 63 | 27% |

Clinical Innovation

LEAP Programme

LEAP is a group environment that offers motivational interviewing and a 6 week pain management programme.

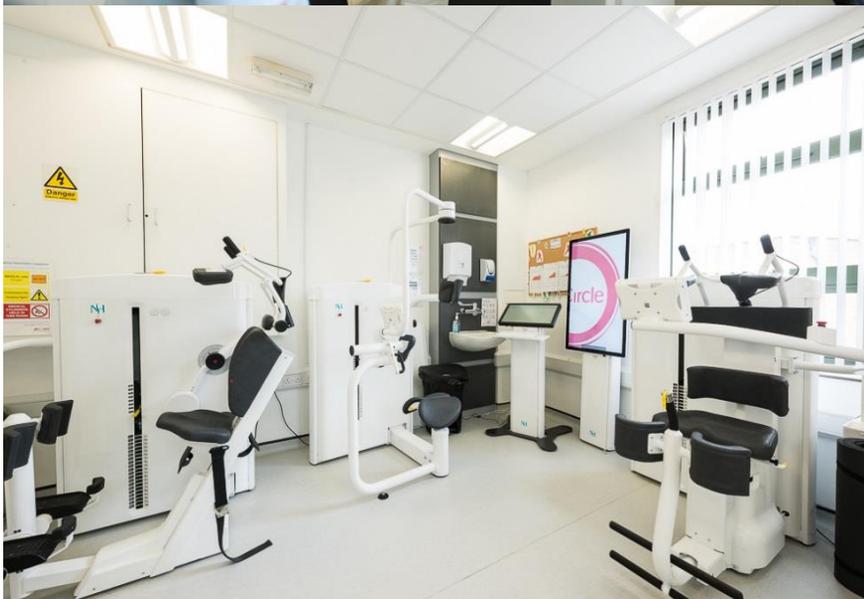
- Referred by Pain Engagement talk (60 mins)
- Initial assessment with Psychologist and Physiotherapist (60 mins)
- 6 week programme led by Pain Psychologist and Physiotherapist
- Up to 16 patients per programme
- 3 month review by Physiotherapist
- Outcomes captured pre and post programme
- For patients that have complex multiple joint pain or 3+months

This service does not offer prescribing or medication optimising.

Nordic Rehabilitation

CCSL champions clinical innovation and are constantly sourcing new treatments offering patients the best care. Nordic is a spinal rehabilitation programme designed to help those with back pain.

Circle MSK Bedfordshire has a dedicated room with Nordic machines and a Healthcare and Rehabilitation Assistant to guide patients through their exercises.



Best Patient Experience

Claims

No claims against CCSL were received during 2017/18.

Patient Surveys

CCSL believes that patient feedback is essential as it provides a rich source of information about the quality of the services we provided. As an organisation we have set out the key principles in our Credo to ensure we listen and act upon what our patients tell us. The most effective way has been through the collection of rapid response feedback, which provides real time information which is promptly acted upon by the teams.

CCSL participates in the 'Friends and Family Test (FFT)' using paper based collection cards. This is supplemented with the use of text message and electronic collection through an iPad. This enables patients to provide feedback through different methods.

The standard question that is used is 'How likely are you to recommend our service to friends and family if they needed similar care or treatment?' and respondents indicate this likelihood on a 5-point rating scale. These consist of 'extremely likely', 'likely', 'neither likely nor unlikely', 'unlikely', 'extremely unlikely' and 'don't know'. Those indicating 'extremely likely' and 'likely' are classed as 'would recommend' the service. Those indicating 'unlikely' or 'extremely unlikely' are classed as 'would not recommend' the service, and those who are 'neither likely nor unlikely', 'don't know' or haven't stated are classed as 'passive'. The 'would recommend' score is the number of responses recommending the service over the total number of response cards received. A score of 95% or above is considered high. During 2017/18, our average recommendation for Circle MSK Greenwich 'would recommend' was 96.13%. For Circle MSK Bedfordshire, our average 'would recommend' for 2017/18 was 96.75%. CCSL fell below the target of 40% feedback. We recognise this may be a result of a change in methods of capturing patient feedback as we have also promoted patients to give feedback via PALS and NHS Choices. Subsequently, our MSK Team will be promoting patient feedback through all methods used to capture feedback, including a new emphasis on feedback cards to improve response rate.

In taking patient feedback seriously we have recruited a Patient Representative to build the connections with patients, the local community and staff. The role of the Patient Representative involves being an active member of the patient community by attending borough-wide GP Surgery Patient Participation Groups (PPGs) and providing feedback to CCSL, being a portal of communication between patients and the MSK service, and assisting the recruitment of members of the Circle MSK PPG. The Patient Representative is also involved in staff events such as our Quarterly Partnership Sessions where we discuss performance, patient feedback and service improvements, to truly embed that link between patients and the service.

For Circle MSK Bedfordshire, Bob Smith was recruited for this role. His wealth of experience and connections within the Bedfordshire community made him the perfect candidate for this role. Talking about his experience and role, Bob said:

“I have spent approximately 40 years in the medical device industry (orthopaedics and trauma) following 9 years in the Royal Army Medical Corps as an Army trained nurse. I joined the army to see the world - I spent 7 years in Aldershot and finished running a Medical Reception Station (for SHAPE and NATO) in Paris - what a posting!

Since retiring, I have been active as a patient representative both locally, as part of a Patient Forum then as Chairman of Bedfordshire Local Involvement Network (LINK), and nationally as a member of the British Orthopaedic Association's Patient Liaison Group and a member of the National Joint Register (NJR). Currently I am a member of my local surgery's Patient Participation Group and their representative on the Clinical Commissioning Group. I am also a member of Bedford Hospital Trust's Patient Council.

In the past I have been one of the lay members of EN BSI group developing a standard for osteosynthesis and a BSI group on adapting Quality Standards (what used to be ISO 9000 series). Also, I was a group expert for the Global Medical Device Nomenclature (GMDN) leading the non-active implantables section. I continue to be involved with trauma as a lay member of the Bedfordshire Falls and Fracture Prevention Steering Group and Bedford Hospital Trust's Falls Development Group. Previously I was the lay member of the National Hip Fracture Database Steering Group during the development of the Best Practice scheme for such fractures. I currently do talks on Falls and Fracture Prevention to various groups.

Being an active member of these boards and associations, as well as having an active interest in musculoskeletal conditions means that I am able to influence and reflect Circle MSK Bedfordshire's involvement in musculoskeletal activities for the county. Moreover, I act as a fundamental communication pathway between Circle MSK Bedfordshire and a number of patient and health groups which, overall, helps increase awareness of the service. This role involves embedding the service into the community for patients and healthcare professions. Additionally, as Patient Representative I attend staff Partnership Sessions and have previously done a presentation to the Circle team on joint replacement.”

- Bob Smith

CCSL have also strengthened our relationship with our local Healthwatch groups working with them to undertake patient focus groups and surveys and supporting some of their events to meet more of the local community and hear their views. A dedicated team from Circle MSK Bedfordshire regularly have meetings with Bedford Borough Healthwatch and Central Bedfordshire Healthwatch. These meetings facilitate conversations regarding patient experience and ways in which the service can improve its relationship with the community. An action log has been created to guide these meetings and improvement strategies for Circle MSK Bedfordshire. Likewise, Circle MSK Greenwich has been working with Healthwatch Greenwich since April 2017 to proactively seek feedback on patient experience. Healthwatch have visited the Greenwich Hub on several occasions in 2017

and 2018. Both Greenwich and Bedfordshire Healthwatch’s have taken a patient survey on Circle MSK’s behalf to provide knowledge on patient experience and patient perception of the service.

“My referral has been ongoing since June last year, but I have been very happy with my experience with Circle MSK Greenwich. Everyone that I have had contact with within the service (admin or clinical) have gone above and beyond to deliver what they have said they would and I want to pass on my thanks to everyone who has contributed to my care.”

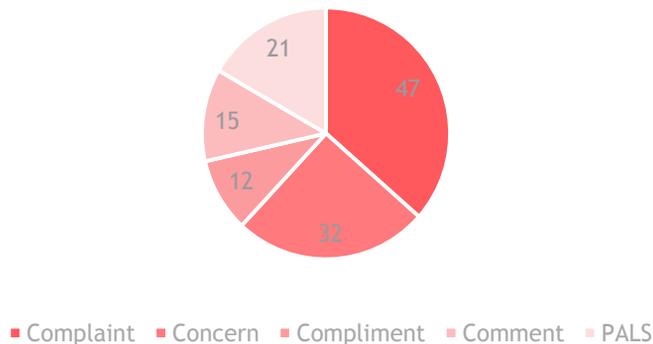
Complaints, Concerns, Comments, Compliments (4Cs) & PALS

Circle MSK place feedback from our patients at the very heart of the service and utilise this feedback to ensure that we are maintaining high standards of care. We operate a complaints process that responds flexibly, promptly and effectively to the justifiable concerns of complainants, which therefore enables Circle MSK to address unacceptable practices promptly, support complainants effectively and promote public confidence in our services.

Circle MSK Bedfordshire received 126 pieces of this type of feedback during 2017/18; this comprised of 47 complaints, 32 concerns, 15 comments, 21 PALS (Patient Advice & Liaison Service) enquiries and 12 compliments. Patients who complained represent only 0.098% of the referrals Circle MSK Bedfordshire received. 26 pieces of this type of feedback were received during 2017/18 for Circle MSK Greenwich; this comprised of 9 complaints, 8 concerns, 1 comment, 6 PALS (Patient Advice & Liaison Service) enquiries and 3 compliments. Patients who complained represent only 0.029% of the referrals Circle MSK Greenwich received. The Quality & Assurance Facilitator manages the 4Cs and PALS process (as well as the wider governance agenda). The Facilitator supports staff to ensure that all feedback is captured on the Circle’s Risk Management System to ensure full visibility and support reporting to enable learning from this feedback.

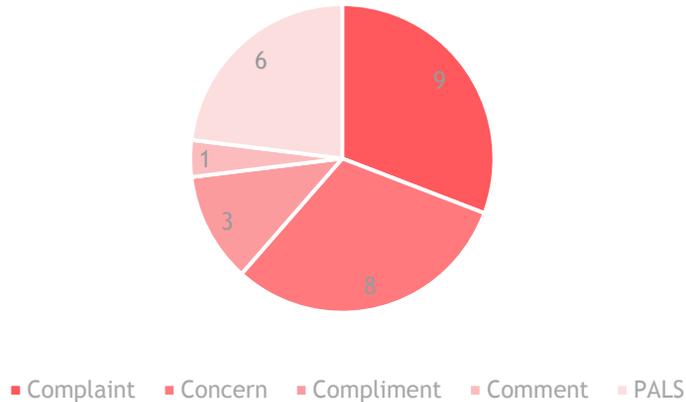
1e. Chart showing types of feedback from 1st April 2017 to 31st March 2018 for Circle MSK Bedfordshire

Types of Feedback for Bedfordshire



1f. Chart showing types of feedback from 1st April 2017 to 31st March 2018 for Circle MSK Greenwich

Types of Feedback for Greenwich



Complaints and concerns represent 61% of the feedback received for the Bedfordshire MSK Service during 2017/18 as opposed to 66% during 2016/17. There has been an increase in PALS from 9 in 2016/17 to 19 in 2017/18. Complaints and concerns represent 62% of the feedback received for Circle MSK Greenwich and this year will be used as a baseline to review next year.

Circle MSK strive to provide support for all patients who feel they have not had a positive experience in the service and want to learn from their concerns to improve services as appropriate. Circle MSK services are guided by the patient as to how they want to proceed with their concerns or raise complaints.

Over the past year we have further strengthened our feedback processes through inviting patients who have made a complaint into the service to meet some of the team members and have a face to face discussion so we can understand their concerns in more detail and take further action as appropriate. Complainants are identified by the Quality & Assurance Facilitator upon raising their complaint, and are then invited in to Circle MSK to have a meeting with a senior clinician, Operations Lead and the Quality & Assurance Facilitator. During the meeting, patients have the opportunity to discuss their individual complaint, as well as identify ways in which Circle MSK could improve the service. This is advantageous to Circle MSK's development and integration in the community, as well as for improvement to patient pathways.

Feedback from face-to-face complainant meetings has been collected and used to assess the benefits. Those who were invited in have provided summaries of their experiences and expressed how useful they found these sessions:

“After being diagnosed with osteoarthritis in both knees, I was a patient of Circle MSK from March-December 2017, during which time I received various treatments including physiotherapy, acupuncture and I was fitted with a leg brace. My GP prescribed pain killers and anti-inflammatory drugs which were taken during my Circle MSK treatments.

I raised concerns about the treatment I was receiving from Circle MSK as it was not improving my condition or my quality of life and I received conflicting prognoses about the likelihood and timing of future knee replacement surgery, yet I was not referred to a specialist consultant.

After raising my concerns, I was invited to meet with a Clinical and Governance Lead, the Operations Lead and the Quality & Assurance Facilitator. The opportunity to discuss my concerns in detail, and for Circle MSK representatives to share proposed improvements to their service resulted in a very positive meeting.

My concerns were carefully listened to with open minds, and with the clear intention of addressing as many of my concerns as possible. I received a full and complete apology and was asked, and I agreed, to allow my experiences to be used as a Case Study to improve services for future patients.

During my various treatments, I had often felt as though I was just a faceless patient being passed along to the next treatment on a checklist and I wanted Circle MSK to meet, and listen to, a real person. Equally, to me, “The Hub” represented a faceless, mysterious, central office which didn’t recognise patients as individual human beings with health concerns.

The meeting I attended dispelled both these misconceptions but did prove that effective two-way communication is absolutely vital when dealing with people when they are in pain and at their most vulnerable.

The professionalism and dedication of the team I met is beyond question and I left the meeting with assurances that action would be taken in a number of areas including: enhanced customer service training; upgraded telephony; and improved literature to promote better patient understanding of Circle MSK’s services. Nobody likes to complain but it’s how complaints are dealt with that are a true measure of an organisation’s corporate culture.

My personal experience indicates that they are committed to making significant improvements for the benefit of all future patients.”

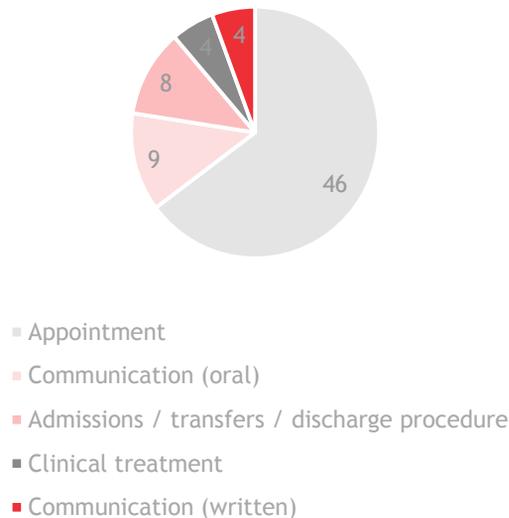
- Patient A

Altogether, patients report how the meetings have helped with their understanding of the MSK service, their individual pathway and the resolution of their complaint. For Circle MSK, this is a significant part of improving patient experience, and guiding the ways in which we can work better for patients.

The top 5 themes from complaints and concerns during 2017/18 for Circle MSK Bedfordshire are as follows. We have used this information to feed into our Quality Improvement Priorities for 2018/19.

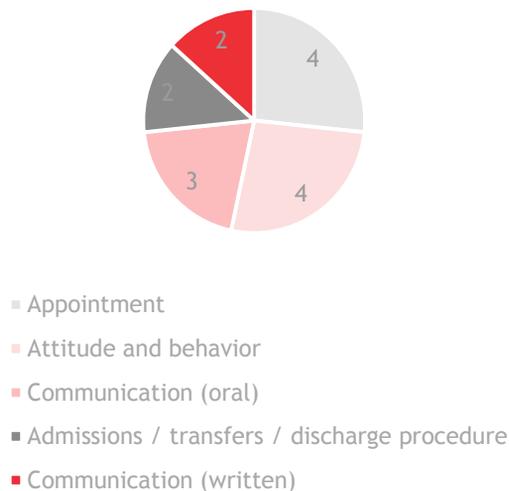
1g. Chart showing top 5 themes of complaints and concerns from 1st April 2017 to 31st March 2018 for Circle MSK Bedfordshire

Top 5 Complaint/ Concern Themes for 2017/18

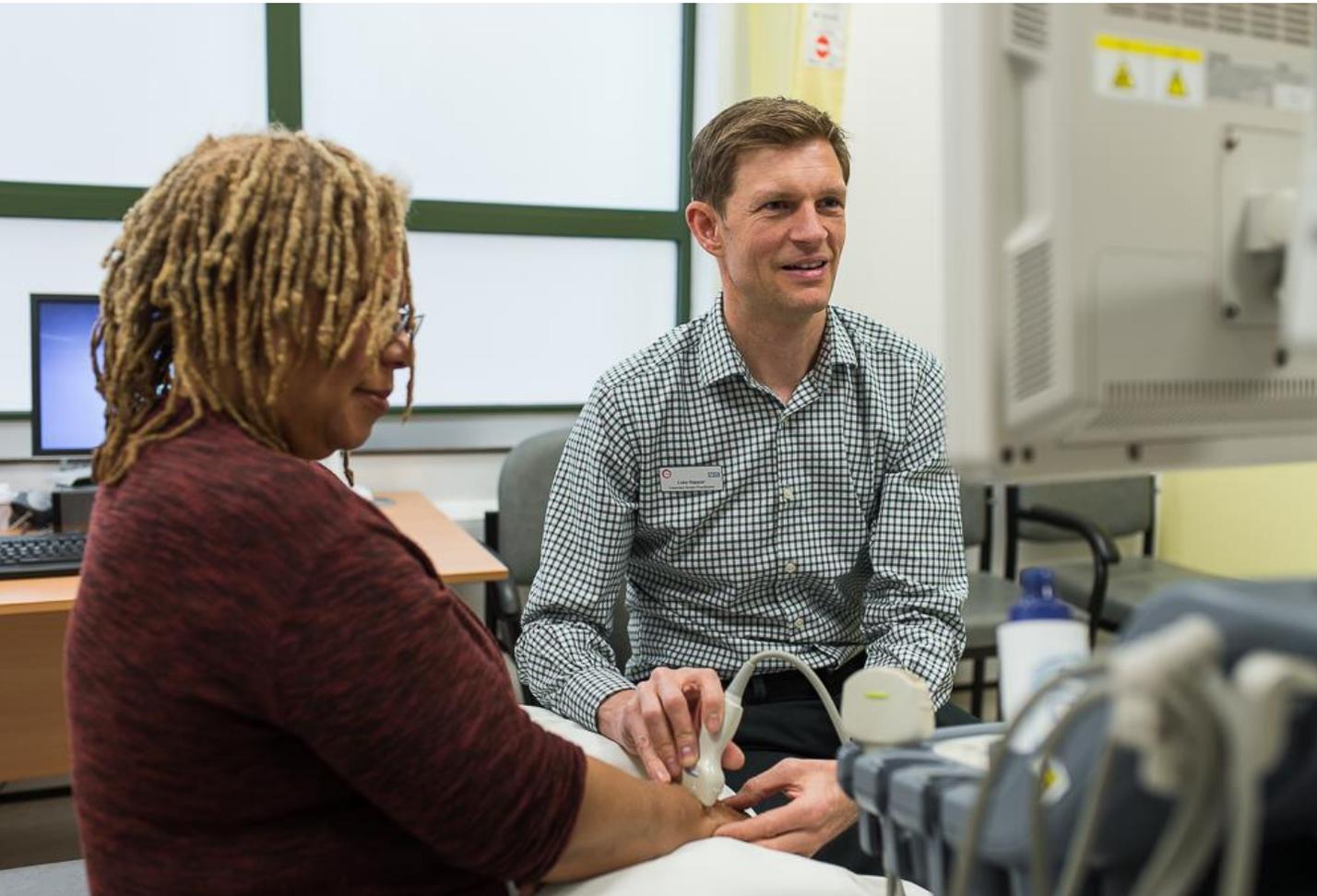


1h. Chart showing top 5 themes of complaints and concerns from 1st April 2017 to 31st March 2018 for Circle MSK Greenwich

Top 5 Complaint/ Concern Themes for 2017/18



As these themes demonstrate, patients raise concerns around appointments, communication and explanations about their pathway. In response to these themes we have already provided customer service training to the team, amended our phone system to enable people to get to the right person to help with their query (and are in the process of installing a more sophisticated phone system). Circle MSK reviews our waiting times in the hub weekly with the aim of ensuring they are as low as possible. All patient feedback is shared with our clinicians to support learning where inappropriate behaviour has been identified. This is managed through one-to-one meetings with line managers to encourage staff to reflect and learn from feedback.



“The member of staff was very professional and demonstrated excellent listening skills during our consultation. They made me very much at ease throughout and explained my options clearly and supported the treatment choices with graphics to show how the changes to my condition have come about. I’m very pleased to follow their advice and take the treatment option upon which we are agreed.”

Staff Engagement



Circle Operating Systems (COS) Partnership Afternoon

Furthermore, clinical and non-clinical staff members of Circle MSK regularly come together at quarterly Circle Operating System (COS) Partnership Afternoons. These afternoons consist of 'Team Updates' where we review the opportunities for the team and discuss where we are in terms of performance and feedback. These sessions are interactive where staff are encouraged to participate in activities that re-iterates what Circle stands for and our six behaviours (Passion, Disruption, Agility, Humanity, Partnership and Resilience). Speakers are invited to cover relevant topics to support continuous learning and service improvement. These are both internally and externally from the MSK service, including Patient Representatives, local Healthwatch and Security Management specialists. These sessions are well attended by both Bedfordshire and Greenwich teams, as well as those from other Circle hospital sites and Circle Head Office. The 9 Circle MSK COS Champions run the session. COS Champions are recruited on the basis of enthusiasm and dedication to for service and its patients. COS Champions regularly instil this into the everyday working environment alongside the COS Partnership Afternoons in order to ensure we have our culture of being agents of our patients, empowering staff and continuous learning is maintained.

Operations Leads Updates



**Sarah Cottam, Operations Lead,
Circle MSK Bedfordshire**

Circle MSK Bedfordshire has primarily focused on enhancing patient experience this year. We introduced our Patient Representative and have met with several patients who have shared their experiences. It was particularly inspiring to meet two patients who had been through our pain management programme and shared how informative, positive and life changing it was for them. We are engaging constantly with key stakeholders to ensure we are listening to the needs of our patients. We meet quarterly with both Bedford Borough and Central Bedfordshire Healthwatch to gain a more objective view of the work we are doing internally for continuous improvement. Over the last year we have seen an increase in call volume and we have progressed towards a new telephony system which should support our call handlers in aiding all patient calls more effectively.



**Daniel Smith, Operations Lead, Circle
MSK Greenwich**

Circle MSK Greenwich has focused on improving the access to clinical care pathways for patients through engagement with Lewisham & Greenwich Trust and Oxleas NHS Foundation Trust. In conjunction with this, our triage within 24 hours supports us in being able to direct Greenwich patients into the correct services at the right time. We have engaged as part of our Clinical Steering Group to better understand the local health economy; as such we have a greater understanding of the health needs of the Greenwich population and have actively engaged with a number of GP surgeries to provide advice and support for musculoskeletal conditions. We are actively looking to develop the current fracture, rheumatology and pain pathways. We are also expanding to two further hub sites to improve the access to physiotherapy to Greenwich patients.

Staff Engagement

MSK Academy

As CCSL matures, one of the focuses of the team has been the development of staff in line with our Credo and to support recruitment and retention of clinical staff.

The clinical team have developed the MSK Academy during 2017/18 as a response to this. The MSK Academy offers support and mentoring, but is for all staff so will up-skill experienced ESPs as they will be mentored by GPs. This will have the effect of keeping existing staff, attracting new staff, and also making the service more efficient.

Perkbox

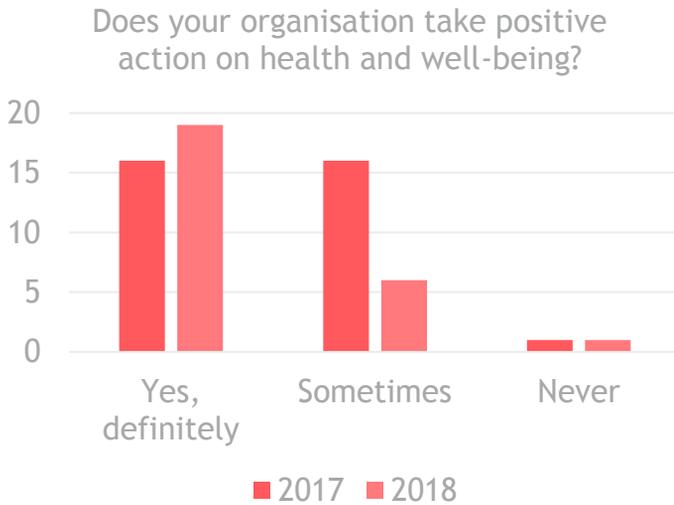
Circle Health initiated a group wide initiative for all contracted employees to further support the work that has been done relating to Staff Engagement. Perkbox attended the Enhanced Services Centre in to deliver a presentation to all staff. This was extremely well received by all, particularly as there were free gifts given out. This incentive for staff has really boosted the morale within the teams; it is also recognisable that the staff are now prepared to go above and beyond to achieve the desired target to receive some of the Perks on offer to them throughout 2018/19.

Staff Satisfaction

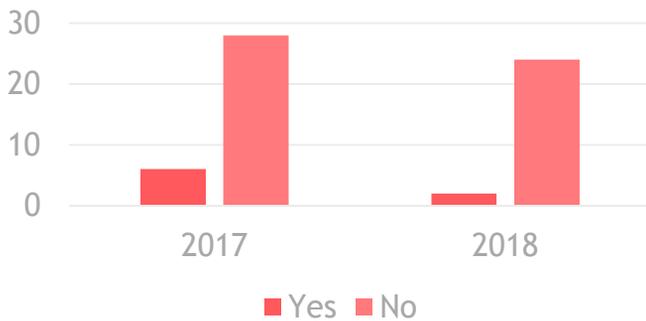
CCSL closely monitor staff satisfaction within the service. Surveys are completed quarterly, with comparisons to mark any improvements or areas for concern. One of the surveys CCSL undertakes is the NHS Staff Survey which focuses on the following three questions:

1. Does your organisation take positive action on health and well-being?
2. In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities?
3. During the last 12 months have you felt unwell as a result of work related stress?

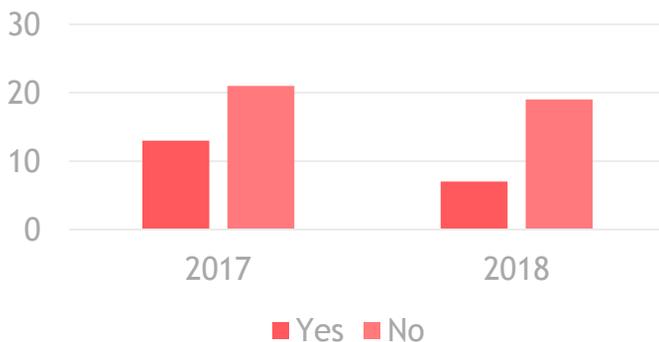
When analysing responses across the financial year of 2017/18, it is evident that respondents have noted a marked improvement (an increase of 24.6% when comparing 'Yes, definitely' responses) within CCSL on the service taking positive action on health and well-being. Moreover, respondents continue to state that whilst working at Circle MSK they have not experienced any musculoskeletal problems as a result of work activities. This figure has increased from 82.35% to 92.31%. A similar increase can be noted in the final question; respondents predominantly recorded that during the past 12 months they have not felt unwell as a result of work related stress. Results show that the number who answered 'Yes' has fallen by 11.32%.



In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities?



During the last 12 months have you felt unwell as a result of work related stress?



Overall, it can be concluded that the general health and wellbeing of the majority of staff members has improved considerably over 2017/18. CCSL have continuously advertised the Employee Assist programme which is likely to have had an impact on this. Additionally, COS Partnership Afternoons are used to boost staff morale, the integration of teams and demonstrate the positive effects team have on patient pathways. Altogether, seeing the positive effects CCSL are having and coming together as a team can minimise stress levels. CCSL also encourage regular short breaks and movement exercises to minimise any negative consequences of being sat at a desk for periods of time.

CCSL also encourage feedback from staff using the 'Working at Circle' survey. The survey was first asked in January 2017 and has acted as a baseline for the same set of questions that were asked in the following quarters. An annual comparison highlights improvement in the regularity of positive feedback given and employees feeling their opinions are valued. Reasons for the increase in the average response rating is likely to be a result of an increased emphasis placed in one-to-one's with line managers. Here the opportunity is available for open praise and an honest discussion regarding work and future objectives. Further emphasis will be placed on areas noted by employees as needing improvement next year, such as the correct tools to perform best at what they do.

Regular one-to-one's with line managers and an annual appraisal are also completed for employees.



Staff Engagement

Salutations (Greetings)

CCSL has developed call salutations for administrative teams to ensure patients receive the same consistent and high calibre care each time they interact with the service. This has also given administration teams increased confidence on the telephones.

Awards

CCSL was extremely pleased to have won the HSJ Partnership award in March 2018 for Best Provider to the NHS, this only enhances the hard work and dedication of the team over the last year. This in conjunction with a 2 year extension in our Bedfordshire contract has given us a stronger platform to continue to innovate across the Community.

Staff Safety and Wellbeing

CCSL strongly promote an environment free from abuse and bullying. We operate a Zero Tolerance Policy that means no member of staff will be accepting of any act of aggression, violence or intimidation, both physical and non-physical from any member of staff, patient or member of the public.

CCSL regularly promotes the use of Employee Assist as a tool for staff to use if they wish to talk anonymously and in confidence with a professional counsellor, and also actively encourage the use Managerial Advice Line which specifically offers advice to line managers and difficulties which may arise in this position.



Quality Improvement Priorities for Bedfordshire 2018/19

| Quality Domain | Our Quality Priorities for 2018/19 | Success Measures for 2018/19 | Monitoring & Reporting Responsibilities |
|-------------------------|--|--|---|
| Best Patient Experience | 98% of patients 'would recommend' in the friends and family test feedback | Continual improvement of communication, data quality and adherence to processes to ensure effective patient experience as evidenced by reduction in volume & themes on Datix. 95% of patients 'would recommend' consistently from May 2017. | Executive Board |
| | Consistently over 50% response rates for our feedback in all hubs | Consistently >50% response rate in all hubs for every month. | Executive Board |
| Best Clinical Outcome | 100% of all audits undertaken being captured within a dashboard | Audit tool to be set up from May 2017 to present all audits. | Executive Board |
| | 100% utilisation of all clinic slots within hubs | Monitor usage of clinic slots weekly. | Executive Board |
| | The organisation identifies safety risks inherent in its patient population | increase of holistic assessments to cover physical and psychological impact of chronic pain and its challenges for patients | Executive Board |
| | Improve effectiveness of communication amongst caregivers | Report critical results of tests and diagnostic procedures on a timely basis | Executive Board |
| Most engaged staff | To create a feedback board including what challenges we faced that day as a company and how we overcame them | Monitor usage of board, feedback from staff on effect of board on engagement. | Executive Board |
| | Cross shadowing between different members of the team | To encourage and support all staff to develop core skills and create opportunities to help progress job role/satisfaction. (evidenced by working at Circle survey and 1-2-1 documentation). | Executive Board |

Quality Improvement Priorities for Greenwich 2018/19

| Quality Domain | Our Quality Priorities for 2018/19 | Success Measures for 2018/19 | Monitoring & Reporting Responsibilities |
|-------------------------|--|---|--|
| Best Patient Experience | 98% of patients 'would recommend' in the friends and family test feedback | Continual improvement of communication, data quality and adherence to processes to ensure effective patient experience as evidenced by reduction in volume & themes on Datix. 96% of patients 'would recommend' consistently from June 2017. | Executive Board |
| | Consistently over 40% response rates for our feedback in all hubs | Consistently >40% response rate in all hubs for every month. | Executive Board |
| Best Clinical Outcome | 100% of all audits undertaken being captured within a dashboard | Audit tool to be set up from December 2017 to present all audits. | Executive Board |
| | 100% utilisation of all clinic slots within hubs | Monitor usage of clinic slots weekly. | Executive Board |
| | Review patient pathways for best practice | Annually clinical staff to meet to review all triage pathways. | Senior Clinical Team/Internal Clinical Steering Group. |
| | Outcome Measures to be collated for 80% plus of all initial appointments | Monitor monthly. | Ops meetings |
| Most engaged staff | To create a feedback board including what challenges we faced that day as a company and how we overcame them | Monitor usage of board, feedback from staff on effect of board on engagement. | Executive Board |
| | Cross shadowing between different members of the team | To encourage and support all staff to develop core skills and create opportunities to help progress job role/satisfaction (evidenced by working at Circle survey and 1-2-1 documentation). | Executive Board |

Mandatory Statements

Review of Services

During 2017/18 Circle MSK Bedfordshire provided and/or sub-contracted a number of NHS services including MSK related physiotherapy, MSK related podiatry, community triage clinics (Extended Scope Physiotherapists -ESPs & GPs with Special Interest in MSK -GPwSI), Orthopaedic Surgery, Pain Management and Psychology, Rheumatology and Chronic Pain; with some associated diagnostic procedures.

During 2017/18 Circle MSK Greenwich provided and/or sub-contracted a number of NHS services including MSK related physiotherapy, MSK related podiatry, community triage clinics (Extended Scope Physiotherapists -ESPs & GPs with Special Interest in MSK -GPwSI), Orthopaedic Surgery, Rheumatology and Chronic Pain; with some associated diagnostic procedures.

Circle MSK has reviewed all the data available to them on the quality of care provided in all of these NHS Services.

Registration and External Review

Circle Clinical Services Limited is required to register with the Care Quality Commission and its current registration status is registered but not yet inspected. This registration covers both Bedfordshire and Greenwich MSK Services. The Care Quality Commission has not taken enforcement action against Circle MSK services during 2017/18.

| Site | Regulated Activity |
|---|--|
| <i>Registered Address -</i> Circle MSK Bedfordshire Enhanced Services Centre 3 Kimbolton Road Bedford Bedfordshire MK40 2NT | <ul style="list-style-type: none">• Diagnostic and screening procedures• Surgical procedures• Treatment of disease, disorder or injury |
| <i>Local Greenwich Satellite -</i> Circle MSK Greenwich 30 Passey Place Eltham London SE9 5DQ | <ul style="list-style-type: none">• Diagnostic and screening procedures• Surgical procedures• Treatment of disease, disorder or injury |

There has not been an inspection by the CQC since the time of CCSL's registration.

CQC Inspection Area Ratings

No inspections undertaken at the time of this quality account being published.

CQC Inspections and rating for specific services

No inspections undertaken at the time of this quality account being published.

Commissioning for Quality and Innovation (CQUIN) Payment Framework

A proportion of Circle MSK's income in 2017/18 was conditional on achieving quality improvement and innovation goals agreed between Circle MSK and their respective CCG's, through the Commissioning for Quality and Innovation payment framework. The Bedfordshire scheme related to the introduction of more initiatives for treating MSK patients in the community; Patient Experience and the introduction of a Patient Participation Group, and emphasis on Clinical Engagement both with the MSK Team and our supporting GPs in the community. The Greenwich scheme related to using clinical outcome measures to demonstrate improvement, utilisation of Shared Decision Making, providing self-management advice and support for long-existing conditions, Patient Choice and GP events.

Data Quality

Circle MSK maintains a high level of data quality and regularly reviews this to ensure we have a robust view of the service performance in order to gain assurance that the data used to manage the service and understand current performance is accurate. We do this through:

Metrics are reviewed on a daily, weekly and monthly basis. This is supported by a suite of reports generated from strategic reporting in SystemOne and our bespoke Data Warehouse. This is further supported by a regular review of the data behind the reports to ensure accuracy. Investigations are undertaken on ad hoc where data anomalies are identified during our regular reviews of the data.

Secondary Uses Services

Circle MSK services submitted records during 2017/18 to the Commissioning Data Set for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data which included the patient's valid NHS Number was:

- 100% for outpatient care

Participation in Clinical Audits & National Confidential Enquiries

During 2017/18, there were no national clinical audits and no national confidential enquiries that covered NHS Services that Circle MSK provides.

The local clinical audits that Circle MSK Bedfordshire and Circle MSK Greenwich undertook in during 2017/18 are as follows:

| Name of Audit | Audit Category | Complete/Ongoing | When measured |
|--|----------------|------------------|---------------|
| MDT | Internal | Ongoing | Daily |
| Referrals triaged to Secondary Care | Internal | Ongoing | Daily |
| Reason for rejected referrals | Internal | Ongoing | Monthly |
| 'Red flags' notes audit | Internal | Ongoing | Biannually |
| Medical Records (Clinical Notes Audit) | Internal | Ongoing | Quarterly |
| Infection Prevention & Control | Internal | Ongoing | Monthly |
| Hand Hygiene | Internal | Ongoing | Monthly |
| Environmental Audit | Internal | Ongoing | Monthly |
| Fire Safety | External | Complete | Annually |
| Compassion in Care | Internal | Ongoing | Monthly |
| Resus Equipment | Internal | Ongoing | Weekly |
| Peer review of clinical assessments and injection techniques | Internal | Ongoing | Biannually |
| APOS Therapy | Internal | Ongoing | Monthly |
| Injection Clinical Outcomes | Internal | Complete | Annually |
| Diagnostic request audit | Internal | Complete | Annually |
| Fire Warden Audit | Internal | Ongoing | Monthly |
| Out of Hours Audit | Internal | Complete | Annually |
| ISO 27001 Internal Audit Report | Internal | Complete | Annually |
| Health and Safety Audit | Internal | Ongoing | Monthly |

The aim is to take the following action to improve the quality of the healthcare provided:

- Share findings of audits at the CGRMC.
- Ensure dissemination of learned themes from audits.
- Give visibility to all team members of the audits that are planned for the year.
- Utilise the results of audits to improve clinical outcomes and improve patient pathways.

Participation in Clinical Research

CCSL has not yet undertaken clinical research this financial year but plan to in 2018/2019.

Information Governance Toolkit

Circle Clinical Services Limited's IG Toolkit overall score for March 2018 was 80% and was graded Green.

Safeguarding

The Executive Board is accountable for and committed to ensuring the safeguarding of children and all adults in their care. CCSL also has a responsibility to liaise with other agencies and provide information to them where necessary, to ensure the ongoing safety of children and vulnerable adults once they leave our care.

Circle has a Safeguarding Policy that applies to all its facilities including CCSL, the current policy was issued in March 2016. Circle MSK Bedfordshire adheres to the Bedford Central and Bedford Borough Local Authority safeguarding procedures. Circle MSK Greenwich adhere to the Greenwich Borough Local Authority Safeguarding Procedures. All policies are available to staff via the electronic policy library.

CCSL provides all staff with Level 2 training in safeguarding and provides an update every 2 years. CCSL has two dedicated Safeguarding Lead who has Level 3 training (Clinical and Governance Leads). There is also a Circle Group Safeguarding Lead in place (Director of Nursing).

Posters are located throughout the hub providing the contact details of the Safeguarding Leads and useful numbers. In addition, safeguarding issues are reported to the Clinical Governance and Risk Management Committee (sub-committee of the Executive Board) which meets monthly.

Payment by Results

Circle MSK was not subject to the Payment by Results clinical coding audit during 2017/18 by the Audit Commission.

Duty of Candour

Circle implements the statutory Duty of Candour Regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which came into legal force in 2015 and builds on the requirements set out in the Being Open Framework 2009 “Being Open - Saying Sorry When Things go Wrong” National Patient Safety Agency (NPSA), and Safety Alert 2009.

Circle has a Duty of Candour policy that applies to all facilities within Circle, this policy was issued in November 2016. The aim of the policy is to help all health professionals to apply Duty of Candour principles within their daily work. All incidents which involve Duty of Candour are discussed within the Clinical Governance and Risk Management committee meetings on a monthly basis, which are then taken to the Executive Board.

There has been no statutory reporting to the CQC for Duty of Candour for Circle MSK services during 2017/18.

Revalidation

Circle MSK has embraced the process of revalidation for medical staff in 2017/18. This is fully implemented and compliance is monitored quarterly by the Circle Partnership Integrated Governance Committee.

Getting in touch

Contacts

Bedfordshire (CQC Registered address)

Enhanced Services Centre,
3 Kimbolton Road,
Bedford,
Bedfordshire,
MK40 2NT

01234 639000

Greenwich

Eltham Community Hospital
30 Passey Place,
London,
SE9 5DQ

0203 893 8382

Comments and Complaints

Please speak to or address your correspondence to the Quality & Assurance Facilitator.

Telephone: 01234 639089

In writing: Enhanced Services Centre, 3 Kimbolton Road, Bedford, Bedfordshire, MK40 2NT

Via email: PALS@circlesk.co.uk

Acronyms

A glossary of all acronyms in the Quality Account

CAS - Central Alerting System

CCSL - Circle Clinical Services Limited, or Circle MSK for short.

COS - Circle Operating System

CQUIN - Commissioning for Quality and Innovation

ESP - Extended Scope Practitioner

FFT - Friends and Family Test

GPwSI - General Practitioner with Special Interest

HCA - Health Care Assistant

IPH - Integrated Provider Hub

LEAP - Lifestyle, Education, Activity and Pain management Programme.

MDT - Multi-disciplinary team

MSK - Musculoskeletal

PPG - Patient Participation Group

SDIP - Service Development Improvement Plan

SQPR - Service Quality Performance Report

Comments

Bedfordshire Clinical Commissioning Group (BCCG)

BCCG are pleased to have the opportunity to comment on the 2017/18 quality account for Circle Bedfordshire MSK.

The account has been reviewed by BCCG personnel who have responsibility for Circle commissioning, contracting and quality assurance.

We support the Circle organisational credo, in particular the vision for quality of care, investment, partnership and innovation.

The CCG recognises the work on priorities completed by Circle MSK over 2017/18 and supports the significant progression on collation of outcome measures for many of the patients in the MSK Bedfordshire system and the ongoing quality focus on sub-contracting of services across MSK provision .

As clinical commissioners will continue to work closely with Circle MSK on delivery of priorities over 2018/19.

Greenwich Clinical Commissioning Group (GCCG)

MSK services has gone through a major re-design in Greewich as noted in this Quality report, with the service going live from 01/04/2017.

The mobilisation of a new service can at times be challenging but CCSL's engagement with GCCG, GP's and Patients has resulted in lessons learnt to improve the service and health outcomes.

With a diverse expanding population in Greenwich it is very encouraging to see the results the service is achieving with reduction in waiting times, relieving pressure on secondary care and Patients having choice for every part of the MSK system and shared decision making enabling involvement in their care.

The re-design of Eltham Community Hospital provides the venue for the single point of access hub and is a welcome asset for the patient experience.

The detail within the report confirms CCSL's commitment to providing the best experience for the residents of Greenwich.

Greenwich CCG congratulate CCSL on their receipt of the HSJ Award, "Best Healthcare Provider to the NHS" and look forward to continuing working with you for the residents of Greenwich.

Comments

Healthwatch Bedford Borough (HBB)

HBB are pleased to have been able to peruse this, your first Quality Account. The level of detail in this comprehensive document shows your commitment to provide a safe and innovative service for local patients. Your detailed structure, operational model and core services briefing shows a clear, concise and in-depth explanation.

As we know, the NHS is under intense national scrutiny and considerable political pressure. A pressure to recognise good value for money, particularly from its commissioned providers. We are encouraged by the amount of work undertaken by MSK Bedfordshire during this past financial year.

HBB are firstly pleased to see the 96-97% “would recommend” rate and the consistently low complaints figures. This shows there has been a “shift” in local feeling towards your service delivery. The introduction of face-to-face appointments when patients haven’t had the best experience is to be applauded.

Within your ‘Bedfordshire Achievements against Quality Improvements’ priorities, we find the addition of a dedicated Clinical Psychologist to show an innovative and caring approach to patients who manage the daily trials of long term chronic pain. This welcome local addition, and that of the LEAP Programme, shows the time allocated to holistic patient centred care, to improve health outcomes for all.

HBB is encouraged by the increased GP engagement, which we feel will go some way to strengthen the patient journey from referral to discharge. It is hoped that by using this increased local partnership approach, you will increase effectiveness and patient experience.

Having understood that this past year has proven challenging in terms of noteworthy telephony issues, and whilst HBB are saddened that during the period patients have reported issues with being unable to get through to the service, we are satisfied that you have learnt from complaints and feedback.

We hope crucial learning is carried forward and with the introduction of the new telephony system, the service is vastly improved.

HBB must lastly congratulate you on your HSJ Award, March 2018. Your commitment this past year to improving the service provided to NHS patients is to be commended.

In summary, HBB thank you for allowing us the opportunity to be able to comment on your Quality Account 2017/18 and wish you all well with the year ahead.

Comments

Healthwatch Greenwich

Healthwatch Greenwich welcomes the opportunity to comment on the quality of service provided by Circle MSK as compiled in the 2017-2018 Quality Account.

General Comments

Healthwatch would like to praise the layout of the 2017-2018 Quality Account which is generally clear. It would be useful to provide a glossary of some of the more technical terms to make it easier for a lay person to understand. In addition, it would be a positive move for Circle to provide an Easy Read version of the accounts as well as a reduced executive summary. The inclusion of quotes from patients and service users is positive brings a human angle to the statutory requirements of the Quality Account.

Healthwatch Greenwich was been commissioned by Circle MSK in 2017 to engage with patients and service users and provide Circle, Greenwich CCG, the Royal Borough of Greenwich and Greenwich residents a patient perspective of the new service as it was implemented.

Rationale for integrated systems

Healthwatch Greenwich believes the Circle model of delivery for MSK services is broadly effective and has potential to achieve its aims of reducing some financial pressures, improving and streamlining patient experience, and reducing waiting times for services. The transition to the new provider and mobilisation of the new service over the last year has been relatively smooth, with very little negative impact on patients. There have been some teething issues, as is to be expected with any new service, but there are some persistent administrative concerns that need to be addressed.

Progression of the service

Healthwatch is pleased to see that Circle have significantly increased the volume of activity in the community from 41% to 71%. This helps to increase access to services and may reduce travel times for patients who often have mobility difficulties.

The Eltham Community Hub is a clean, comfortable, well managed building liked by patients. There is sometimes confusion over the reception area (as there are four separate receptions for different services), but Circle have improved signage over the year to reduce the issue.

Healthwatch is pleased that Circle are utilising new technologies and have developed a self-management app for patients.

Circle has worked over the year to engage with GPs and other clinicians to provide a good understanding of how the system works, how patients can be referred and to reduce misdirected referrals. There is still some work to do to better inform patients how the

Comments

Healthwatch Greenwich

system works - in particular, patients that may have been engaging with MSK services for several years and are used to a particular process.

Concern has been expressed to Healthwatch by another provider about the apparent increased administrative workload that has followed the implementation, although it is possible that this is a transitional issue that will be resolved over time.

Healthwatch is very pleased to see waiting times coming down and the 18 week referral to treatment time being met in most cases. A few patients have spoken to Healthwatch and suggested that sometimes patient's waits are longer than the 18 weeks if they are referred between services (e.g. from physio to surgical consultants) once they're in the system. Better communication with patients about the process may help to resolve this concern.

Overall, Circle have implemented a complicated system with minimal disruption. Where there are still some problematic areas of delivery, but Circle are aware of them and are working to resolve them.

Patient Engagement

Circle go above and beyond to gather patient experiences with a genuine desire to consistently improve services. Circle's own feedback suggests that 95% of patients who respond are happy with the service and would recommend it to others. Our work with patients would support this, however Circle need to ensure they are listening to the other 5% to pick up on potential problems and rectify them.

Circle do offer a choice of services and locations for certain treatments. Healthwatch is pleased to see the variety of options for patients. Circle's booking system provides patients with a greater level of flexibility with appointments, although it does sometimes create confusion and there is an over-reliance on the postal system. Healthwatch has recommended that patients who do not respond to initial appointment letters following referral should be contacted by phone or email before being discharged back to their GP.

Healthwatch is pleased with the positive, constructive relationship we have with Circle MSK.

Quality management

Healthwatch Greenwich is pleased to see the measures Circle are taking to ensure the quality of both their own provision and the services delivered by other providers. In particular we are pleased with the emphasis placed on patient experience and the desire to place patients at the heart of the work.

With regards to the outcomes achieved against the quality improvement priorities, we are pleased to see the 95% would recommend rate, but disappointed that response rate is under 40%. Healthwatch Greenwich previously understood this rate to be around 80%.

Comments

Healthwatch Greenwich

Healthwatch Greenwich is also pleased to see a reducing trend in number of incidents over the year and that all were of no harm to staff and patients.

We are also pleased to see the introduction of new innovative approaches to treatment - particularly in the areas of pain management, which can help to increase quality of life and reduce the need for unnecessary and sometimes intrusive treatments.

With regards to priorities for the forthcoming year, we are pleased to see the heavy emphasis on patient experience, but would have liked to have seen a reference to some work looking at did not respond (DNR) rates post referral.

Healthwatch Greenwich

June 2018

