

## **APPENDIX 1**

### **EAST AYRSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP**

#### **AUDIT & PERFORMANCE COMMITTEE: 30<sup>TH</sup> JANUARY 2024**

#### **MUSCULOSKELETAL (MSK) SERVICES WAITING TIMES**

#### **Report by Lianne McInally AHP Senior Manager EAHSCP**

**Direction to:** No Direction required

### **PURPOSE**

1. Musculoskeletal (MSK) Services 4-week performance waiting times are significantly lower than the 90% target. At September 23 waiting time was 29.8% vs 47.1% nationally. East Ayrshire HSCP is lead partnership for MSK Services. This report highlights the current challenges, improvements and opportunities to address the waiting times for MSK Physiotherapy, Occupational Therapy, Podiatry and Orthotics.

### **RECOMMENDATION**

2. The Audit and Performance Committee should
  - i. Note the content of the report.
  - ii. Comment on the content of the report.

### **SUMMARY**

3. Challenges exist regarding the waiting list due to increased referral rates for urgent patients, demand from Trauma and Orthopaedics and workforce challenges. There is a comprehensive improvement programme taking place to tackle the longest waits and improve the 4-week waiting time performance.
4. A PowerPoint presentation was delivered to NHS Ayrshire & Arran Performance Committee on 18<sup>th</sup> January 2024 to highlight the improvement programme to increase the 4-week performance target (Attached).
5. This written report will be shared at North and South Ayrshire HSCP Audit & Performance Committees as part of the lead partnership feedback.

### **Full Report**

### **BACKGROUND**

6. MSK Services include Physiotherapy, Occupational Therapy, Podiatry and Orthotics. They are delivered across NHS Ayrshire and Arran by East Ayrshire HSCP as part of the lead partnership arrangement.
7. The National MSK Waiting Times Target states that at least 90% of patients from receipt of referral should wait no longer than four weeks to be seen for a first

outpatient appointment at Allied Health Professional (AHP) led Musculoskeletal (MSK) services.

8. Current 4 week waiting time performances are:
  - 23% Orthotics
  - 27% Physiotherapy
  - 46% Podiatry
  - 63% Occupational Therapy
9. Orthotics Services have consistently maintained a low 4 week waiting time performance. During 22/23 there was a gap in Orthotics Service Management due to leave and retiral. A recent options appraisal of the service has recommended changing commissioned service model to in house delivery, this will increase capacity within the service.
10. Further improvements are being undertaken in Orthotics to improve electronic patient records and equipment ordering on PECOS. This will improve efficiency and reduce the delay for new to return patients, thus impacting on slots available to review new patients.
11. Appendix 2 highlights the challenge, impact, mitigations and future plans for Orthotics Service to improve the service.
12. Referral rates and workforce are the key factors impacting on waiting time across all of the MSK services.

### **REFERRALS TO MSK**

13. Pre pandemic the referral rate for urgent and routine was 30% and 70% respectively. Recent data highlights an increase in the urgent referrals to 40% and reduction in routine to 60%.
14. Priority is given to the urgent referrals, and it is becoming increasingly difficult to target the end of the routine waiting list. Table 1 below outlines the number of people waiting, maximum waiting time per patient and average wait in weeks.

Table 1:

	Number Waiting	Max Waiting Time (weeks)	Average Waits (weeks)
MSK Occupational Therapy	128	12	7
MSK Podiatry	629	17	10
MSK Physiotherapy	4841	36	14
Orthotics	558	49	13

14. A community MSK event is planned for May 2024 to target physiotherapy waiting times and try to reduce the number of routine referrals waiting more than 4 weeks.  
**WORKFORCE**
15. MSK services were significantly impacted during the COVID pandemic. All services were stopped and staff deployed to acute hospitals. Vacancy rates climbed during this time.
16. Recruitment to vacancies has been challenging, particularly in North and South Ayrshire due to the geography of these areas in relation to the central belt.
17. A review of skill mix and staff turnover has led to the development of static Band 5 physiotherapists, Band 4 Healthcare Support Worker Roles, training posts for succession planning.
18. Occupational Therapy is a small resource within MSK so any vacancy creates a direct impact on waiting times.
19. As part of the AHP Review an MSK workforce review has been undertaken using Demand Capacity Queue approach. Table 2 below highlights the WTE staffing required to clear the over 4 week waiting times.

Table 2:

**MSK Data forecasting requirement for additional registered substantive staffing in all 4 MSK specialties** 31<sup>st</sup> November 2023:

MSK Uni profession	Recurring WTE requirement to clear waiting list	WTE requirement for 6 months to clear over 4 week wait ONLY
Physiotherapy	7.18	11.35
Podiatry	0.83	0.1
Occupational Therapy	0.22	1.2
Orthotics *	0.86	1.4

\*Orthotics figure only for MSK outpatients and not inpatients

20. MSK is a targeted service that requires skilled and enhanced clinicians. There is currently no budget for training and development of staff. The workforce review has highlighted that attractiveness and retention of posts is linked to opportunities for continuing professional development and knowledge updates. A recommendation from the AHP review is to ring-fence a proportion of turnover underspend for training and development.
21. Physiotherapy locum cover has been utilised from January 24-March 24 to target the waiting times and reduce the number of referrals waiting.

## **PEOPLE WHO USE SERVICES AND CARERS IMPLICATIONS**

22. Waiting times have an impact on patient and their carers. The patient may have increased visits to other services such as AUCS, pharmacy and GP surgery due to long wait.
23. Function may be impacted by the persons MSK Condition, and this can impact on work, leisure and other activities of daily living.

## **FINANCIAL IMPLICATIONS**

24. It is recommended that a proportion of MSK underspend from staff turnover is ring-fenced for training and development of staff.
25. Further financial implications of service delivery have been considered as part of the wider AHP review that is pending publication.

## **HUMAN RESOURCE IMPLICATIONS**

26. Workforce improvements are ongoing. Improvements are focused on bank staff recruitment and block recruitment as part of the wider AHP workforce challenges.

## **POLICY/LEGAL IMPLICATIONS**

27. Public Health Scotland collate the monthly statistics for Allied Health Professional (AHP) led Musculoskeletal (MSK) services. These are benchmarked against the rest of Scotland and available to Scottish Government staff. Failure to meet the performance target impacts on the local and national reputation of services.

## **COMMUNITY PLANNING IMPLICATIONS**

28. MSK services rely on external agencies such as leisure to support ongoing rehabilitation in the community. The waiting times and workforce data supports the need to consider the demand for services across NHS Ayrshire and Arran.

## **EQUALITY IMPLICATIONS**

29. Consideration is given to waiting times on a pan Ayrshire basis to ensure that there is equality across the services.

## **RISK IMPLICATIONS**

30. The purpose of this paper is to highlight the current waiting times risks and associated challenge, impact, mitigations and future plans (Appendix 3). These risks are reviewed at the MSK GID meeting and feedback to AHP Governance Group monthly.

## **COMMUNICATIONS IMPLICATIONS**

31. MSK is hosted by East Ayrshire HSCP under lead partnership arrangements. It is planned to present the data to North and South Ayrshire HSCPs.

Lianne McInally

AHP Senior Manager  
22/01/2024

**Implementation officer**

Additional attachment: MSK Waiting Times Powerpoint Presentation

**Appendices 2 & 3 (Attached below)**

## Appendix 2 – Orthotics Challenge, Impact, mitigations and future plans

Orthotics services are currently delivered via service level agreement with a private contractor. An options appraisal in 2023 recommend an in-house Orthotics model and this has been approved for commencement end of February 2024.

Challenge	Impact	Mitigations	Future Plans
Current clinic capacity determined by availability of orthotics staff and private contractor scheduling. Health and Care Staffing review highlighted that clinics not functioning at 95% capacity as per SLA	<ul style="list-style-type: none"> <li>• Reduced capacity to address outpatient waiting list</li> <li>• Increasing complexity of patients waiting longer</li> <li>• Complaints from patients</li> </ul>	<ul style="list-style-type: none"> <li>• Options appraisal of Orthotics Service</li> <li>• Review of clinic slots to increase capacity</li> <li>• Review of complaints &amp; improvement plan</li> </ul>	Development of in-house Orthotics Model
Paper case recording – multiple datix evidence of delayed delivery of notes or notes missing	<ul style="list-style-type: none"> <li>• Clinic delays as paper case notes require admin support &amp; portering to clinics across A&amp;A</li> </ul>	<ul style="list-style-type: none"> <li>• Development of electronic patient record</li> <li>• Longer length of return to clinic for patients</li> </ul>	Electronic patient record commencing February 24.
Restart of outpatient clinics was delayed and restricted as new services in previous clinic slots	<ul style="list-style-type: none"> <li>• Reduced capacity to deliver outpatient clinics</li> <li>• Increasing Complexity</li> <li>• Staff Resilience and Wellbeing</li> </ul>	<ul style="list-style-type: none"> <li>• Raising risks at NHS Ayrshire and Arran accommodation group sessions with other AHP services regarding accommodation</li> </ul>	Accommodation review

<p>Manufacturing delays and increase costs due to BREXIT and COVID compounded by paper system</p>	<ul style="list-style-type: none"> <li>• Reduced availability of stock</li> <li>• Multiple clinic appointments for patients to refine orthosis</li> <li>• Delays in appointment and reduced capacity for new patients</li> <li>• Complaints</li> </ul>	<ul style="list-style-type: none"> <li>• Review of equipment with procurement</li> <li>• PECOS test of change to transfer all ordering from paper invoice to PECOS</li> <li>• Review of complaints</li> <li>• Development of new SOP</li> </ul>	<p>Continue improvements to be fully integrated with PECOS. Realistic Medicine approach. Equipment review.</p>
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### Appendix 3 – MSK Service Challenge, Impact, mitigations and future plans

Challenge	Impact	Mitigations	Future Plans
<p>Workforce Historic and Insufficient staff ing complement Availability of appropriately tr ained staff Significant delays in recruitment process</p>	<p>Reduced capacity</p>	<ul style="list-style-type: none"> <li>• Review of skill mix</li> <li>• Review of clinical education, development roles and student placement support</li> </ul>	<ul style="list-style-type: none"> <li>• Engage with recommendations of national AHP Workforce review</li> <li>• Consider learning from Health and Care Staffing Act</li> </ul>
<p>Reduced Capacity</p>	<p>Increase in waiting times</p>	<ul style="list-style-type: none"> <li>• DCAQ analysis</li> <li>• Patient Focussed Booking</li> <li>• Patient Initiated Reviews</li> <li>• Active Clinical Referral Triage</li> <li>• Referral Guidance</li> <li>• Utilisation of Community Assets – Versus Arthritis Project</li> <li>• Digital self-management</li> </ul>	<ul style="list-style-type: none"> <li>• Advice Only Referral</li> <li>• Locum recruitment</li> <li>• Community Drop In Session</li> <li>• Patient Initiated Access to optimise self-management (eConsult)</li> </ul>
<p>Whole System Interdependenc y</p>	<p>Increased demand Increasing C omplexity Staff Resilience and Wellbeing</p>	<ul style="list-style-type: none"> <li>• Increased targeted education group sessions</li> <li>• Clinical Supervision</li> </ul>	<p>Caring for Ayrshire Rehabilitation Pathway</p>



Confidence of data and lack of analytical support	Incorrect Performance Data	<ul style="list-style-type: none"><li>• Weekly Reports</li><li>• Business Intelligence co-operation</li></ul>	MSK Data on Pentana dashboard
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