

Connect Health

Annual Quality Account 2021/22

Community NHS, MSK, Persistent
Pain, Rheumatology & Mental Health
Services



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Introduction

Connect Health is the largest specialist provider of community musculoskeletal (MSK) services in England, inclusive of Rheumatology and persistent pain. We deliver services across 35 CCG areas and our established Single Point of Access (SPOA) Patient Care Coordination centre currently manages over 300,000 patient referrals per annum. We continue to expand and are increasingly recognised for the provision of high quality, safe, cost-effective and innovative approaches to care for NHS patients.

Our consultant-led, multi-disciplinary teams operate to the highest clinical standards, supported by the latest technology to enable patients have swift access to services and receive seamless care. Using bespoke systems, patient referrals are quickly processed through our Patient Care Coordination centre, where we ensure patients with musculoskeletal conditions are seen by the right people, in the right place, at the right time. This is crucial to improving clinical outcomes and patient experience, where better care in the community is delivered locally and conveniently and ensuring any unnecessary hospital appointments are avoided.

Our services are evidence-based and include self-management tools for patients, telephone/video and web-based advice and guidance, access to diagnostics, face-to-face and virtual assessment, treatment and rehabilitation options, as well as up to date information resources for patients and GPs. This is supported by informatics services, providing unrivalled data insight into the clinical, operational and financial outcomes from our services.

Connect Health services include the following:

- Established Referral Access and Signposting Service operating as a single point of access (SPOA), supported by central Patient Care Coordination (PCC)
- A patient telephone/video triage, assessment and advice service ("PhysioLine")
- A clinically developed Chatbot MSK Triage tool: "PhysioNow®"
- Multidisciplinary Team (MDT) clinical triage
- GP advice line and eRS advice and guidance function
- Practice based rehabilitation and physiotherapy including self-referral by patients
- Specialist Hand Therapy, Podiatry, Women's Health and Hydrotherapy services
- Community MSK Specialist assessment and treatment services known as "CATS" or Clinical Interface Service
- Community-based Specialist Consultant outpatient services including Sport & Exercise Medicine and Orthopaedics
- Community Rheumatology and Osteoporosis (Denosumab injection therapy) services
- Interdisciplinary Persistent Pain Services
- A public health campaign, "Flippin' Pain™" that engages both public and professional audiences in a contemporary understanding of pain science and the biopsychosocial model of health, <https://www.flippinpain.co.uk/>
- Community-based mobile musculoskeletal diagnostic ultrasound, joint and soft tissue injections (including ultrasound-guided injections)
- Neurophysiology service for Carpal Tunnel Syndrome
- Gym-based rehabilitation
- Community Mental Health - IAPT and IAPT compliant Counselling services
- Community Strength and Balance Group Otago Exercise programmes, 'Postural Stability', for falls prevention in older people

1.1 Statement on Quality from the CEO

I am pleased, on behalf of Connect Health, to provide our Quality Account for 2021/2022. This Annual Quality Account looks back on how we have delivered high quality care across our community services highlighting several specific achievements over the last twelve months. This Quality Account provides us with an opportunity to highlight those areas we want to focus on over the next twelve months.



The Covid-19 Pandemic has had a huge impact on healthcare during the previous two years. Many limits and restrictions were eliminated on April 4th, 2022 for the general public but for healthcare practitioners at the point of contact with patients, a number of limitations and impacts continue. Connect Health is continuing to implement all of the relevant requirements and recommendations, but we have eased the rules for non-clinical workers. While Covid is still very much in circulation as I write this report, the impact of current Omicron strain appears to be reducing, enabled by the majority of our employees having been fully vaccinated. The chance for colleagues to meet face to face again, under less constrained circumstances, is much appreciated, benefiting psychological well-being and the delivery of our services and priorities.

Notwithstanding the impact of the pandemic, Connect Health has continued to focus on the quality and continual improvement of the services we provide. Key indicators of this are:

ISO 9001 Accreditation

We are proud to maintain this achievement as it demonstrates our desire and focus on continuous improvement to benefit our 3 stakeholders: colleagues, patients and customers. It is a good example of Connect Health's competency, efficiency, evidence-based practise and supports delivery of our vision and strategic objectives.

Regulatory Compliance

Connect Health has undergone significant positive change throughout 2021-2022 with regard to its approach to governance and risk management. We have transformed how our people, processes, technology and data work effectively together to provide insight, assurance and learning, from service through to our Board of Directors.

NHS Digital Compliance

Connect Health is registered with NHS Digital and undertakes annual accreditation to ensure that the IT systems, processes and colleagues involved with handling patient data, information and records are safe and that security is maintained and handled in line with regulatory and good practice standards.

Connect Health received a DSP assessment status of 'Standards Met' against the 2021/2022 standards in March 2022. This provides patients and commissioners with confidence that all data and records held and/or transferred by Connect Health are in line with NHS Standards and in keeping with the Data Protection Act and the General Data Protection Regulations (as of May 2018).

Contribution to National Audit and Research

As a national healthcare provider of community-based specialist MSK, Pain and Rheumatology services, Connect Health have developed market-leading data reporting capability. Our live Data

Warehouse updates daily providing easily accessible data dashboards with a wealth of contemporaneous data informing continuous improvement, reduction in unwarranted clinical treatment variation and hence better outcomes for patients.

Clinical Governance

At Connect Health, clinical governance is at the heart of our business and our culture. It is used to support our patient-professional partnership, to ensure consistent delivery of high quality, safe and effective services, with excellent clinical outcomes and patient experience. We are passionate about protecting patient safety and being innovative with our systems and processes.

A new post of Director Clinical Governance and Risk was created and appointed to in August 2021. This allows Clinical Governance to be discussed at the senior levels of the organisation and shows the organisations commitment to ongoing quality improvement. The post holder is also the Director responsible for Infection, Prevention and Control and our Director of Nursing.

Connect Health has also completed a full review of the Incidents Management policy to align it with the Datix system and to ensure systems for sharing lessons learnt are more robust. The serious incident process has also been reviewed and updated to make sure that Connect Health manages root cause analysis investigations in time and with meaningful actions, to improve patient safety and experience.

Connect Health is committed to adopting the new Patient Safety Investigations Response Framework (PSIRF) as released by NHS Improvement in early 2020. While implementation has been delayed, Connect Health is ready to implement these changes once they come into force. We have remained up to date with the project and will appoint an organisational Patient Safety Specialist in the coming months.

Equality, Diversity, Inclusion (EDI)

Connect Health is committed to developing, supporting, and sustaining a diverse workforce that is representative of the communities served and to delivering healthcare services that respects and responds to the diversity of the local populations served. We do not discriminate on grounds of gender, gender identity, race, ethnic origin, colour, nationality, national origin, disability, sexual orientation, religion, or age.

Improving Quality Audit and Quality Reporting

Our approach to quality improvement (QI) is based on audit and research, with the findings of the latter informing the future with a mechanism to understand the impact. The research infrastructure at Connect Health and impact of clinical practice guidelines across MSK, Rheumatology and Pain is driven by QIPP. It provides oversight and co-ordination of clinical audit activity across clinical delivery and fosters a multi-professional culture of quality improvement and innovation, working collaboratively and strategically across business functions including Operations, Governance and Clinical Delivery.

The Academy

A National Clinical Education Lead has been appointed to drive the education agenda throughout the organisation across all clinical and operational aspects of Connect Health.

Since the appointment, 11 national curriculum streams have been established for all MSK clinicians and operational leaders. Each curriculum stream is mapped onto key professional competency frameworks from both internal and external sources. This drives the direction and meaning of the education delivered and ensures our staff have the right skills to fulfil their job

role. It also provides a clear progression for MSK clinicians through the business from new graduate to advanced practitioner and beyond.

Increasing Access to Psychological Therapies (IAPT)

At Connect Health we understand optimal health encompasses both physical and mental health. We continue to develop and grow our mental health services, in support of our vision of integrated and seamless care. Our counselling and IAPT services support those experiencing depression and anxiety using evidence based psychological treatment.

Our IAPT services are delivered using a stepped care model. It is based on the principle that people should be offered the least intrusive intervention appropriate to their needs first. People experiencing mild depression or anxiety may benefit from a course of low intensity delivered by psychological wellbeing practitioners (PWP). Individuals who do not reach full recovery at this level can be 'stepped up' and offered a course of high intensity treatment delivered by BABCP accredited Cognitive Behavioural Therapists and BACP accredited counsellors.

We are continuing to establish highly effective partnerships with NHS and third sector organisations. The combination of skills and resources this provides allows us to deliver high quality whilst also managing the financial pressures that are common across the healthcare system. We fully expect to deliver more services in partnership as we go forward. Connect Health is committed to continual improvement, listening and responding to the experiences of our patients and partners and using this insight to develop and refresh our Clinical Governance Objectives and Clinical Strategy.

**Mike Turner,
CEO**

1.2 Chief Medical Officer's Statement

The last 2 years in healthcare have been significantly influenced by the Pandemic of Covid-19. As of April 4th 2022, England lifted many of the restrictions and requirements on the public but less so on healthcare providers at the interface between staff and patients. Connect Health continues to apply all recommendations in that interaction but have relaxed the requirements for those staff in our non-clinical areas. Whilst Covid remains prevalent as I write this report, the current Omicron strain is less potent and most of our workforce are fully vaccinated with booster added. The opportunity to meet colleagues under less restrictive conditions is welcomed, as psychological well-being, as we have all learned, is important and has been somewhat challenged in the past 2 years. Getting together is important.



During the last 12 months we have been through a clinical restructure that, whilst still in its infancy, is already paying dividends in terms of continuing to be an innovative, pioneering and quality clinical provider to the NHS. Our establishment of national heads of MSK, Rheumatology and Pain have provided a layer of leadership and focus for development that is already stimulating change. Each "Head" is currently working with their teams on optimising their pathway, considering changes in clinical research and practice alongside new delivery methods and guidance, some of which have been stimulated by the needs of delivering in Covid but alongside a recognition of the need to return to face-to-face contact for many patients. As always, patients are central to how we deliver and change our model.

Our mental health services have expanded in the last year, supported by the recruitment of a senior clinician into a Director of Mental Health Services role and to build on our IAPT compliant counselling service launched last year, we are now commissioned to deliver a formal IAPT service in East Yorkshire. The close relationship of mental health and physical health is one which I have seen in my clinical practice going back to my 23 years as a GP but one which has been challenging to bridge in both directions. We are excited at Connect Health to be doing that in all our MSK services now and our delivery of formal mental health services helps enormously. Having all interactions based on health coaching and patient activation and self-management, is an aspiration we will be embarking on in the coming year.

Having started in the NHS in 1993 as a sole physiotherapy provider, we now include as colleagues growing numbers of nurses, psychologists, rehabilitation therapists, occupational therapists, osteopaths, counsellors and a variety of doctors either "GP with Extended Role" or medical consultants. We appointed an Osteopath as Clinical Lead in one of our MSK services during the year who also has a Chiropractor as a team member. This a clear statement of our multi-disciplinary approach which we believe is an essential reaction to the recruitment crisis in the NHS. All clinicians practice of any professional group use an evidence-based approach resulting in high standards of care. Whilst still promoting Physiotherapy as a key professional group, we see the place of other professionals, who may not have always been seen as mainstream in the NHS, as essential for the wellbeing of the NHS itself and we will continue to pioneer in this area.

Our Flippin' Pain™ (www.flippinpain.co.uk/), initiative goes from strength to strength. Much delayed by Covid, we finally held our first Flippin' Pain cycling peloton tour across Lincolnshire. Spreading the word on what Chronic Pain is and isn't and how to live a productive life despite

pain, was delivered in many towns across the county visited by the Peloton. In the Peloton were a variety of people interested and experts in pain but crucially none more so than patients in pain, who completed the whole or part of the long trip. There is nothing so strong as peer examples which is the basis of the Flippin' Pain initiative. Moving forward we are extending out from Lincolnshire with plans for tours and events. In addition, we are planning on applying the method and approach of Flippin' Pain to other medical conditions in discussion with commissioners.

Finally, we have taken several steps in using technology more in our pathways as per the NHS Plan. Our PhysioNow triage tool is now in all our services providing triage to patients 24 hours a day and 7 days a week, with our audits showing the tool successfully directs patients to the right person, first time. Our new DECon tool is allowing patients to play a greater part in managing their pathway: booking and changing appointments online and contributing their clinical history direct to their clinical notes before they consult with our clinicians. There are more developments in planning but in addition, we attend to those digitally excluded with better personal care through traditional routes.

So, whilst COVID-19 has undoubtedly changed how services will be delivered in the future, our community based, data-rich evidence-based approach continues to produce excellent patient outcomes. This is an agenda we will pursue further in the coming year to help meet the NHS Long Term Plan and contribute to NHS recovery from Covid as a full and dedicated partner to the NHS.

Dr Graeme Wilkes, Consultant (SEM)
Chief Medical Officer

1.3 Statement of Assurance

We confirm that this, our Quality Account for 2021-2022, presents a true picture of the quality of services we provide, that the information is reliable and accurate and there are proper controls over the collection and reporting of data.

We confirm that this Quality Account conforms to the Department of Health guidance and is open to scrutiny and review.



1st June 2022
Mike Turner
CEO



1st June 2022
Dr Graeme Wilkes, Consultant (SEM)
Chief Medical Officer

1.4 Connect Health's COVID-19 Pandemic Response

In February 2020, as the Coronavirus pandemic hit the UK, Connect Health quickly established our methodology for supporting our colleagues and patients. Decisions were made in the Connect Coronavirus Planning Group (CCPG) and involved Connect Health's Executive and Senior Management Team.

We had an incident response plan which we used in order to ensure a flexible, effective response to an increased impact while ensuring safety of colleagues and patients, minimising the interruption to our service delivery model. This allowed us to coordinate our activities across services nationally and look at ways we could support the NHS response, potentially beyond delivering our commissioned services.

Our colleagues' safety was of paramount importance throughout the pandemic, and we continued to follow Government guidance and often took a more cautious approach in order to safeguard our colleagues and patients.

As the pandemic progressed, Connect Health worked hard to ensure we could continue to provide care to patients where there was demand. To support this aim, we took various approaches:

- Where clinically appropriate, F2F appointments were offered in our NHS services and we found that demand increased steadily across all services as time progressed.
- We offered a suite of virtual resources including telephone & video appointments, Physitrack programmes for self-management, live rehab sessions on Facebook and virtual group sessions including pain management resources.
- We continually implemented all COVID-19 precautions such as the patient screening questions, new venues were risk assessed and COVID safety measures put in place before use and colleague COVID-19 risk assessments were completed.
- All government and NHS guidelines were followed, including those relating to PPE, social distancing, testing and response to a positive COVID-19 case.

In order to ensure our colleagues were informed and supported, we continued with our communication strategy, involving regular messages from our Chief Medical Officer & Director of Clinical Delivery, and Executive and these messages were varied in their format – email, live Q&A session, video message and also varied in the topics covered, updating colleagues about the business performance and outlook, providing guidance and information about the COVID-19 situation such as, Lateral Flow Testing, accessing vaccines etc. We also involved colleagues in shaping the return to work at the appropriate time and introduce a Hybrid Working Policy to give colleagues the flexibility to choose their working pattern & locations.

1.5 Further Information and Feedback

If you would like any of the following:

- to give us feedback on any aspect of this Quality Account
- a hard copy of this quality account
- a copy to read it in a different language
- to talk to someone about your experiences of our community MSK services

- to find out more about how to access our services

Please email generalenquiries@connecthealth.co.uk or phone 0191 250 4580.

Service specific Information

For each of our NHS services, the website details:

- Services on offer
- Meet the team – photos and bios
- Patient guides and information in PDF to download
- Detailed information about each clinic – full contact information, directions, parking, opening hours, what to do on arrival, additional services, frequently asked questions
- Patient resources – informative and educational videos, PDFs and links to credible websites
- If you have any questions or require assistance in accessing our website, please email: integratedgovernance@connecthealth.co.uk or phone 0191 250 4580.



1.6 Connect Health's Green Plan

Connect Health's Green Plan has been created and uploaded to our website where it can be located via the following link: [Connect Health Green Plan - Connect Health](#).

1.7 Quality Assurance and Quality Management

Quality Assurance at Connect Health is our number one priority. Our service standards are benchmarked against local and national regulatory and legal requirements, as well as those defined through specific bodies and organisations such as the Chartered Society of Physiotherapy (CSP), the Nursing and Midwifery Council (NMC), the General Medical Council (GMC), the Health and Care Professions Council (HCPC), the Care Quality Commission (CQC) and the NHS Information Centre, NHS Digital.

We undertake routine structured audits of our services, as well as external accreditation and inspections. Our quality audits are aligned to our ISO 9001 standard, with whom we are registered. These mirror the requirements for CQC compliance as well as guidance from centres of excellence, for example the National Institute for Health and Care Excellence (NICE). We aim to deliver consistently high standards to all our stakeholders, not least to the patients who put their trust in our care.

Our Raising Concerns (Whistle Blowing) Policy and Duty of Candour Policy were reviewed and updated this year and continue to underpin our commitment to just culture, where we impress upon our colleagues the importance of speaking up whenever they have concerns, learning from any incidents and feedback and apologising openly when we are at fault, in order that we can improve services for the future benefit of those who receive our care.

1.7.1 ISO Accreditation

Connect Health have successfully attained ISO9001:2015 since 2017, for the provision of MSK, rheumatology and pain management services. It is an internationally recognised quality standard, which requires a business to monitor, measure and improve performance and service delivery, with set criteria for documentation, evaluation and implementation of services.

We are proud of this achievement as it demonstrates the desire and focus on continuous improvement to benefit our 3 stakeholders: colleagues, patients and taxpayers. It is further proof of the competence, efficiency, evidence-based practice and dedication of Connect Health and all colleagues, supporting our vision and strategic objectives.

The following notable positive findings were identified from the last audit, carried out in July 2021:

- There is good evidence of how the organisation has adapted service provision and working practices to respond to the challenges of the Covid 19 outbreak, providing remote services and utilising this period to drive long term changes to benefit the needs of patients and staff. It was clear that there is a focus on the health and wellbeing of staff with evidence shared and discussed including the provision of an Employee Assistance Programme, Wellbeing Policy, Wellness Action Plans, Stress Risk Assessments and lots of good evidence of sharing information, tips and stories to promote wellbeing via Workplace, the Bee Connected Newsletter.
- There continues to be a clear culture of continuous improvement and innovation which was demonstrated in numerous areas throughout the assessment.
- There is good evidence of ongoing employee satisfaction as seen from the results of the recent Great Place to Work Staff Survey completed at the end of 2020. The results

show that 90% of the workforce feel Connect Health is a great place to work which is up 10% from the previous survey in 2018.

1.8 Regulatory Compliance

1.8.1 Care Quality Commission (CQC) Inspections and Compliance

Connect Health are a CQC regulated provider of Community Musculoskeletal (MSK), Rheumatology, Podiatry and Pain Management Services to NHS patients. We have a robust approach to internal quality assurance monitoring so that we can benchmark ourselves internally and externally. Assuring good quality service delivery is of primary importance to Connect Health. Evidencing quality assurance allows us to govern, regulate and improve the services provided by our administrative, clinical and managerial/leadership colleagues.

Connect Health has undergone significant positive change throughout 2021/2022 in regard to its approach to governance and risk management. We have transformed how our people, processes, technology and data work effectively together to provide insight, assurance and learning, from service through to our Board of Directors.

Connect Health is registered with the (CQC) under the following Regulated Activities:

CQC Registration	Reference Number
CQC Organisation Identification number	1-151592833
1. Transport services, triage and medical advice provided remotely	FR25212_2_2
2. Diagnostic and screening procedures	FR25212_2_3
3. Treatment of disease, disorder or injury	FR25212_2_1

Since our registration with the CQC in 2011, Connect Health has had 3 inspections, all of which demonstrated Connect Health have met the required CQC standards.

Our current CQC rating is Good overall with Outstanding in the Well-Led domain. As such, no enforcement notices or improvement plans have been issued by CQC to Connect Health and we have no ongoing CQC investigations.

For our most recent (May 2021) report, see [Connect Health Limited \(cqc.org.uk\)](https://www.cqc.org.uk/public/inspections/2021/151592833). The overall summary of the CQC's inspection can be seen below:

Overall Summary:

Ratings

Overall rating for this location		Good	●
Are services safe?		Good	●
Are services effective?		Good	●
Are services caring?		Good	●
Are services responsive to people's needs?		Good	●
Are services well-led?		Outstanding	☆

This service is rated as Good overall and Outstanding for the well-led key question. (At the previous inspection (04/2018 to 05/2018) the service was not rated due to Care Quality Commission's methodology at the time but found to be compliant in all key questions).

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Outstanding

We carried out an announced comprehensive inspection at Connect Health Limited. This was as part of our inspection programme as Independent Health services were previously unrated.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of regulated activities and services and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Connect Health Limited provides physiotherapy services, which are not within CQC's scope of registration. Therefore, we did not inspect or report on these services.

The Director of NHS Services is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection we found:

- *The service had good systems to manage risk so that safety incidents were less likely to happen. When they did happen, the service learned from them and improved their processes.*
- *The service routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.*
- *Staff involved and treated people with compassion, kindness, dignity and respect.*
- *Patients were able to access care and treatment from the service within an appropriate timescale for their needs.*
- *The leadership, management and governance of the organisation assured the delivery of high-quality and person-centred care, supported learning and innovation, and promoted an open and fair culture. They responded to incidents and learned lessons that they shared across the organisation, for example with the implementation of a new clinical governance structure.*
- *We found very high levels of staff satisfaction and confidence in their seniors.*
- *Leaders collaborated with external partners in order to improve their service.*
- *Leaders demonstrated that they were committed to improving patient care, they had set up a quality improvement group and had a strong focus on staff training and development.*
- *The provider had a strong focus on continuous improvement and innovation, with the aim of improving the quality of the services they delivered.*

1.8.2 NHS Digital Compliance (DSP Toolkit)

Connect Health is registered with NHS Digital and undertakes annual accreditation to ensure that the IT systems, processes and colleagues involved with handling patient data, information and records are safe, security is maintained and handled in line with regulatory and good practice standards. This is achieved via the Data Security and Protection (DSP) Toolkit. The DSP Toolkit is an online self-assessment tool that enables organisations to measure and publish their performance against the National Data Guardian's ten data security standards. All organisations that have access to NHS patient data and systems must use this toolkit to provide assurance that they are practising good data security and that personal information is handled correctly.

Connect Health received a DSP assessment status of 'Standards Met' against the 2021/2022 standards in March 2022. This provides patients and commissioners with confidence that all data and records held and/or transferred by Connect Health are in line with NHS Standards and in keeping with the Data Protection Act and the General Data Protection Regulations (as of May 2018).

Connect Health have successfully renewed its Cyber Essentials certification in April and intend on applying for CE+ in June. At the beginning of this year we also implemented Nessus Pro to scan our estate for vulnerabilities on a monthly basis. Any results are reviewed as part of our Information Security Forum and remedial work planned and prioritised.

1.8.3 NHS Provider Licence (NHS Improvement)

In November 2016, Connect Health became registered with Monitor which provided us with an NHS Provider Licence to deliver services for our NHS contracts. Confirmation of adherence is submitted via self-certification against G6 Licence Conditions, which is required annually, 2

months after the end of Connect Health's financial year in August. Since 2016, Connect Health has met all the requirements from NHS Improvement (formally Monitor) and met all the relevant criteria for ongoing registration and approval of our NHS Provider Licence.



1.9 Contribution to National Audit Databases and Research

Connect Health are committed to being involved in relevant national audit programmes and we continue to contribute to the National Clinical Audit and Patient Outcomes Programme (NCAPOP), which includes the National Joint Registry (NJR).

As a national healthcare provider of community-based specialist MSK, Pain and Rheumatology services, Connect Health have developed market-leading data reporting capability. Our live Data Warehouse updates daily, providing easily accessible data dashboards with a wealth of contemporaneous data informing continuous improvement, reduction in unwarranted clinical treatment variation and hence better outcomes for patients. Data can be individualised to meet the needs of clinicians, commissioners, internal governance and performance monitoring. Benchmarking of clinicians, services and regional and national musculoskeletal service provision, adjusted for local demographics, is key to ensuring service performance, quality and safety is maximised to benefit patients, taxpayers and colleagues.

Given our data rich environment, research and external dissemination of the learning we gain is important to us and allows benchmarking amongst providers.

Research Output

Connect Health continues to establish itself as an organisation publishing research on a regular basis, with the outcomes used to understand the impact on clinical delivery and the development of effective patient treatment programmes, at a local and national level. This work is led by our QIPP group. The remit of this group is to provide strategic oversight to our research, QI, audit programme and guideline utilisation.

Over the 2021-22 period we have published 12 research papers in peer-reviewed journals in the fields of Occupational Health, MSK, Pain and Rheumatology. In addition, we have successfully submitted and presented 10 abstracts as posters within national and international scientific conferences.

1.10 Clinical Governance

At Connect Health, clinical governance is at the heart of our business and our culture. It is used to support our patient-professional partnership, to ensure consistent delivery of high quality, safe and effective services, with excellent clinical outcomes and patient experience. We are passionate about protecting patient safety and being innovative with our systems and processes.

The Clinical Governance Framework (CGF) provides the organisation with cohesive structures within which clinical practice is delivered and measured. It also provides a vehicle for the safe implementation of change, based on service needs, incorporating colleague and patient feedback and evidence-based practice. This allows the organisation to effectively meet the needs of its stakeholders including patients, commissioners, GPs and colleagues.

Our clinical leadership structure allows local ownership and accountability of clinical governance. Our meeting structure enables the reporting, monitoring and learning from floor-to-Board-to-floor on all areas of risk to patient safety, clinical effectiveness and patient experience. These include:

- Integrated Quality, Audit and Compliance Group
- Clinical Governance Committee
- Clinical Operations Group
- Clinical Audit/Guidelines/Research Group (QIPP)
- Medicines Management Group
- National Safeguarding Panel
- Risk Management Committee

The board gains assurance on the effectiveness of the clinical governance processes via our assurance committee, the Integrated Quality, Audit and Compliance Committee (IQACC) that is chaired by an independent Non-Executive Director. A regular report is received by the board which includes Patient Stories. The leadership team have also committed to doing regular walk arounds of our services to increase visibility and to increase awareness of any issues affecting local services.

Developments in Clinical Governance

Over the course of 2021-22, Connect Health continued our integration of Datix Cloud IQ, an industry leading web-based patient safety and risk platform. Datix is used across the NHS in approximately 80% of NHS trusts and is seen as the gold standard for monitoring of incidents and complaints. Connect Health went live with Datix in April 2020 and implemented the Enterprise Risk Management Module in 2021.

A new post of Director of Nursing, Clinical Governance and Risk was created and appointed to in August 2021. This allows Clinical Governance to be discussed at the senior levels of the organisation and shows the organisations commitment to ongoing quality improvement. The post holder is also the Director responsible for Infection, Prevention and Control.

Connect Health has also completed a full review of the Incidents Management policy to align it with the Datix system and to ensure systems for sharing lessons learnt are more robust. The serious incident process has also been reviewed and updated to make sure that Connect Health manages root cause analysis investigations in time and with meaningful actions, to improve patient safety and experience.

Following implementation of an updated Incidents and Feedback policy in 2020/2021, Connect Health focussed on improving the quality of Investigations and data within these processes. This year saw the introduction of more robust monitoring and reporting of incidents. As part of this, Connect Health implemented a 'Thematic Review' process for the investigation and correction of recurring incidents across the organisation. This involved collating the top 10 recurring incident themes across administration and clinical teams. These are now logged nationally and any new incidents or feedback are linked to the overall record. This allows us to focus investigative capacity on overarching themes instead of lengthy investigations into individual issues. These are reported regularly to the Clinical Governance Committee and shared with the wider business.

The management of Complaints improved in 2020/2021 due to improved reporting and monitoring alongside new templates for response as well as specific training sessions delivered to relevant colleagues in the organisation.

The culture of risk management has continued to develop throughout the organisation during the year. Risk registers form the basis of each governance meeting and are central to the effective functioning of the day-to-day business. There are formal links between the incidents

and complaint actions and risk management to ensure mitigation is monitored. In this financial year we have implemented a national Risk Management Committee to ensure ongoing monitoring of controls at Director level of the organisation. We have also developed an organisational Board Assurance Framework (BAF) which is being used to inform future objectives and strategy.

Our approach to and management of risk has significantly improved over the course of this year and we hope to build on this into the next year.

Connect Health is committed to adopting the new Patient Safety Investigations Response Framework (PSIRF). While implementation has been delayed, Connect Health is ready to implement these changes once they come into force. We have remained up to date with the project and will appoint an organisational Patient Safety Specialist in the coming months.

Quality Assurance and Our Audit Programme

Connect Health's quality assurance and audit programmes provide Connect Health and our service commissioners with the opportunity to:

- Measure performance against local and contractual quality standards
- Benchmark quality standards between services for comparison
- Benchmark against external standards (where these are published)
- Identify service improvements to meet or improve standards of care
- Participate in future national audit and research - such as through Healthcare Quality Innovations Project (HQIP)

Our audit cycle feeds into our process for continuous improvement, ensuring standards are maintained, delivery is re-evaluated and future healthcare models are developed from the lessons we have learnt or evidence from external sources, to derive continued benefits for patients, commissioners and colleagues.

The quality of our services is reviewed quarterly at Connect Health's Clinical Governance Committee meetings, as well as at local and regional COG and Contract Service Review meetings with the Clinical Commissioning Groups (CCGs). Connect Health's Patient Safety and Quality Group was established to allow for detailed discussions around patient safety issues and feeds into the Clinical Governance Group directly.

Audits completed and learnt from across the organisation and in each region in 2020/2021 were:

- Clinical Record Quality
- Infection control
- Medicines Management - injection therapy
- Medicines Management - prescriptions
- Diagnostic imaging referrals safety and quality
- Triage quality
- Right place, right time (MSK, Rheum, Pain, ESWT)
- Secondary care outcomes
- Confirmed serious diagnoses
- Safeguarding children and adults at risk
- Quality of incidents
- Quality of complaints
- Physio Partner Report Quality Assurance
- Fitness for Work/Return to Work programmes

- Workplace Assessments

The quality of our services is reviewed at our Patient Safety and Quality Group which reports monthly at Connect Health's Clinical Governance Committee meeting, and at local and regional Clinical Operations Group and Contract Service Review meetings with the Clinical Commissioning Groups (CCGs). Improving quality audit and reporting is further discussed in section 2.

Equality, Diversity, Inclusion (EDI)

At Connect Health, we aim to deliver healthcare services that are accessible and inclusive to everyone, in an environment characterised by dignity and mutual respect. To help us fulfil our commitment in this area to our patients and our workforce, we developed our first Equality Diversity & Inclusion five year strategy, the BeeYourself objectives are outlined below:

- **Bee Service Equal** - The diverse needs of all Connect Health patients & communities are met equally. All patients, the public and communities feel positive about using Connect Health's services.
- **Bee Workforce Equal** - Develop and retain a fully diverse Connect Health workforce at all levels and within all occupations.
- **Bee Equal, Diverse & Inclusive by Mainstreaming** – EDI is fully integrated into all activities and everyone who works at Connect Health actively promotes EDI through their day-to-day work. EDI is at the heart of everything the organisation does.
- **Bee Progressive of EDI through Governance, policy, and decision-making** – Governance, policy and decision making supports the progression and advancement of equality, diversity, and inclusion as well as the protection of human rights.

Year 1 of delivering the EDI strategy has included:

- Set up Gender Equality Working Group
- Set up BAME Working Group
- Set up Disability Working Group
- Set up LGBTQ+ Working Group
- Implementation of Mentorship Programme
- Committed to the CBI Race Ratio Campaign
- Committed to the Race At Work Charter
- Development of EDI Assurance Framework
- Delivery of Health Inequalities Webinar

Equality, diversity and inclusion for our workforce means placing great value on the rich diversity and creative potential that people with different backgrounds and abilities bring. Our culture values the contribution of every single person and is one in which an individual's success depends on personal merit and performance. As an organisation, we are required to report on equality, diversity and inclusion workforce-related issues to ensure we treat all individuals fairly. We report our gender pay gap annually and Workforce Race Equality Standard.

Connect Health believe that by listening to people who use and care about our services, we can understand their diverse health needs better and focus on and respond to, what matters to them most. We are committed to working in partnership with patients, carers, public, third sector and communities in supporting people to live healthier lives. We are committed to Learning as an organisation and understand the importance of our mandatory training of EDI and Unconscious Bias.

Being service equal links directly into the NHS Equality Delivery System 2 (EDS2) which is an NHS framework to support and progress EDI. Some of our services are already working towards evidencing what they are doing locally and we are committed to using EDS2 to support our 'Be Service Equal' objective across services. Not only is it important to track progress for EDS2 we believe it is good practice. Health Inequalities action plans are being developed at a local level in our services. Both EDS2 and Health Inequalities requires working with and listening to local people in our service areas and engaging with communities. Reaching out to seldom heard communities is key for us to be able to deliver accessible care and to contribute to work towards eliminating the health inequalities gaps. We recognise that eliminating barriers to access our services requires more work and we are currently in the process of setting up an Accessibility Working Group to drive actions to break down barriers. No one is hard to reach; we understand that we just have to be knocking on the right doors.



Section 2

Review of our Quality
Performance & Quality
Improvements for 2021/2022
(Key Successes and
Achievements)



2.1 Review of National Actions & Improvement Plans from 2020/2021

In last year's Quality Account, we cited three distinct key areas for development and improvement priorities for 2019/2020. These included:

1. Improve Quality Audit & Quality Reporting
2. Improve Clinical Effectiveness through Evidence Based Treatment (Guidelines and Rationale)

A summary of the progress made on the above, over the past year, is as follows:

2.1.1 Improving Quality Audit and Quality Reporting

Our approach to quality improvement (QI) is based on audit and research, with the findings of the latter informing the future with a mechanism to understand the impact. The research infrastructure at Connect Health and impact of clinical practice guidelines across MSK, Rheumatology and Pain, is driven by QIPP. It provides oversight and co-ordination of clinical audit activity across clinical delivery and fosters a multi-professional culture of quality improvement and innovation, working collaboratively and strategically across business functions including Operations, Governance and Clinical Delivery.

The QIPP group also ensures that recommendations are made regarding respective infrastructure, in terms of research and associated clinical audit that reflects the requirements of NHS providers under NHS Health Research Authority (NHS HRA). Our approach to QI allows Connect Health's clinical research strategy to be delivered effectively by monitoring projects and publications in accordance with ethical principles.

The QIPP Group has been instrumental in driving innovation and involving our clinical colleagues to participate in QI projects and deliver some outstanding results and solutions that are improving clinical quality, systems thinking and quality of life for our patients.

Key findings include:

- Our most research active year in terms of production, output, and dissemination.
- A year-on-year improvement across all clinical audits, in parallel to making the audit criteria more robust and stretching.
- Sustained clinical quality above the national average with an EQ5D score shift of +0.19.
- The largest score shift on EQ5D (+0.21) was seen in our two largest integrated services, Herts Valleys and Southwest-Essex.
- Within our South West Essex Rheumatology Service a quality improvement project resulted in over 90% of suspected spondyloarthritis patients having positive Diagnosis in Secondary care. This initiative and the results have been accepted for publication at EULAR 2022.

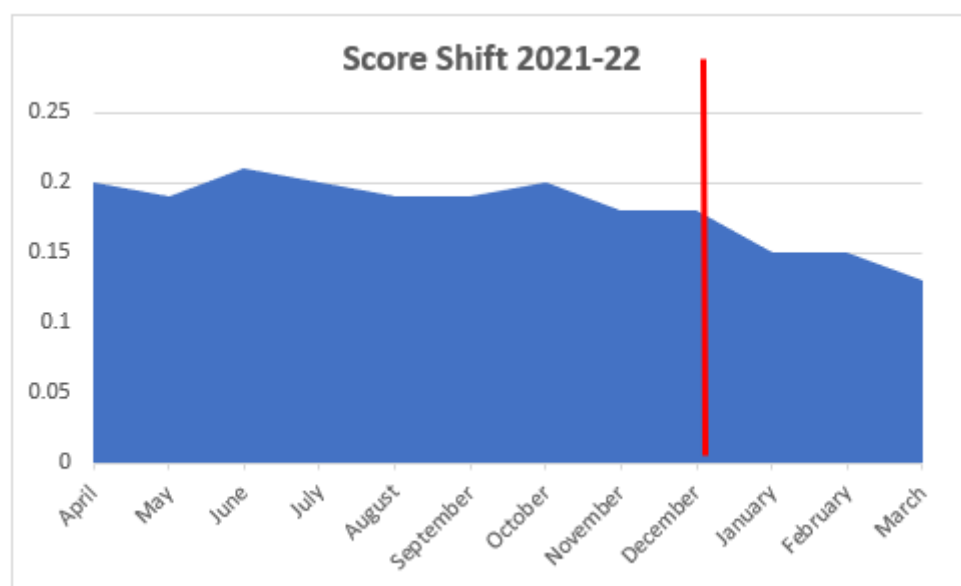
2.1.2 Improving Clinical Effectiveness through Evidence Based Treatment

Connect Health clinicians have access to our unique and innovative 10/10 clinical support tools to guide them in reducing unwarranted clinical variation and ensuring all patients receive evidence informed care. There are fifteen tools currently focusing on MSK presentations. These were reviewed and updated in 2020-2021 and are due for review in 2022-2023. We currently monitor our outcomes via the collection of EQ5D patient reported outcome data.

Performance feedback can be given at clinician service, regional and national level for each of the 15 conditions for which we have support tools. We have also maintained our focus on ensuring that collection rates are maximised to ensure accuracy and credibility of the data.

The following slides for 2021/2022 EQ5D results illustrate our progress:

Figure 2 – EQ5D Score Shift Changes



The above chart shows the average monthly score shift across all our contracts. This averages 0.19, a slight drop off from 2020-2021 (+0.20), however, this period of time includes the increased demand seen on community services as the NHS begins to recover as a system from COVID-19, including increased patient complexity.

The red line denotes the point in which we stopped mandating the manual collection of EQ5D by clinicians. We did this for two reasons; to minimise the pressures on our workforce to allow more time to be spent in appointments on clinical care and; as we changed how we captured PROMS across our services (see below).

New PROMS and Collection Method (MSK/Pain)

In January 2022, we changed what and how we collect data and outcome metrics to assure, inform and improve the design and quality of our clinical care. Since January, we have become the first provider of community MSK services to fully adopt the proposed national MSK dataset from Best MSK Health and Keele University, as well as introducing an enhanced suite of Pain PROMS (Patient Reported Outcome Measures).

This will mean that in future, we are able to report beyond EQ5D and PSEQ. This enhanced suite of metrics includes PROMS, PREMS (Patient Reported Experience Measures) and baseline clinical factors which are captured electronically ahead of appointments via weblink, accessed by either email or text. Since then, we have had a national response rate of 35% for full baseline completion with ~14,000 complete datasets (across MSK and Pain). This is before we look to optimise collection methods and how to increase our response rate at subsequent time points. We will then be collecting outcomes at discharge, 3-months post-discharge and a year post-discharge as standard. Through this optimisation work, we will be co-producing solutions with those with lived experience to improve access as well as reduce inequalities e.g., for those who may have difficulty with digital collection.

Currently, the outcomes measures can be completed in 120+ different languages, with the person choosing their preference.

Under this new approach, we have moved to a collection method that provides us with greater accuracy and both breadth/depth of insight. There will be a period of maturity required to understand and harness the potential and this is at an early stage of development.

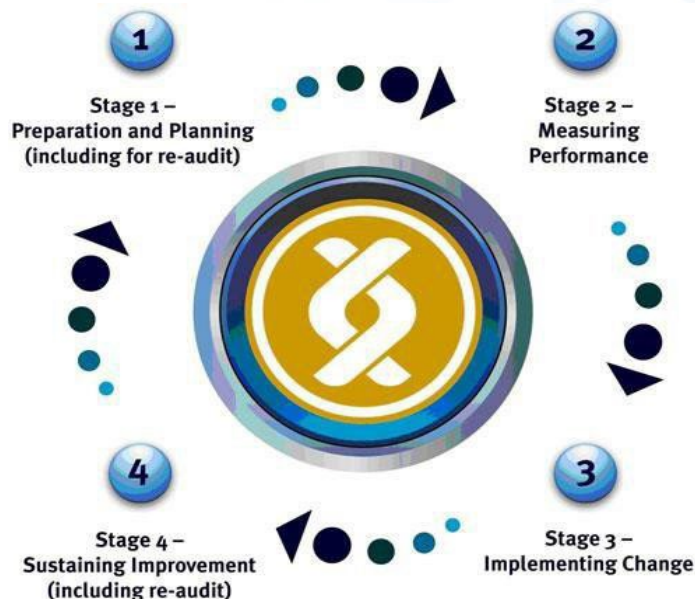
2.2 Result of Our Clinical Audits

Following on from the change in audit approach in 2020/2021, which focused on improving the robustness of our audit methodology as well as ensuring a clear root cause analysis drives the formulation of actions, we have continued to see meaningful improvement across our clinical audits.

The results for each audit can be seen in the table below, with some areas not meeting the required standards, however overall, there is an improvement compared to 2020/2021. A continued focus on our audit approach and meaningful improvement is underway, with a task and finish group looking at how this can be progressed.

Audit	Internal Quality Standard	Attainment
Infection Prevention and Control	100%	99%
Clinical Records	90%	93%
Injection Therapy (MSK)	100%	96%
Prescribing (Rheum/Pain)	100%	97%
Clinical triage	90%	98%
Diagnostic Requesting	95%	86%

Patient Reported Outcome Measures (PROMS) – EQ5D



Measuring and recording the outcomes of patients' clinical care is essential for service providers to ensure that the care delivered is optimally effective.

We have seen significant improvement in the past 12 months at Connect Health regarding the method by which PROMs is gathered from healthcare systems. This information can then be evaluated at a personal, regional or national level for benchmarking and reflective continuous professional development for clinicians.

We are evaluating additional PROMs for use in our services based on emerging scientific evidence/new tools and/or separate tools for niche groups of patients (such as rheumatology services).

2.3 Measuring Patient Experience

Providing excellent patient-centred care is at the heart of Connect Health's clinical philosophy of healthcare, as well as its clinical strategy. This means providing a positive patient experience as well as good clinical outcomes of care.

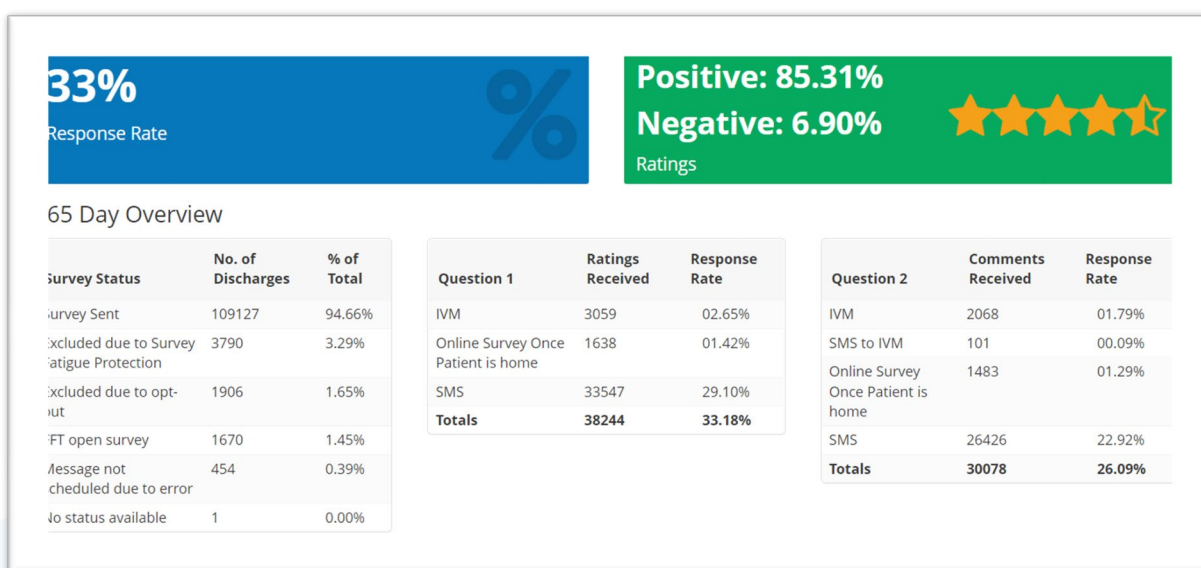
During 2021/2022 we placed a focus on two areas of patient feedback. The first is Friends and Family Test (FFT) which is collected by an independent source (as implemented in 2018/2019). The second is the NHS Choices website on which any service-user can access and leave feedback.

Our feedback on the NHS Choices website has progressed from being an average 2 stars at the start of the year, to being 3.5 stars now; a strong and independent indication that user experience has improved during the year.

With regards to FFT, we can break feedback down by contract, service-line (virtual consultation, physiotherapy, CATs, pain, rheumatology, etc) and by individual clinician. Once

again, we set service-wide benchmarks in terms of performance objectives (based on 2019/2020 results) to encourage all clinical and operational colleagues to focus on improving patient experience. We continue to break down both the response rates and quality scores by service, location and clinician, which means we can provide positive, meaningful feedback to clinicians on their performance, from their patients' perspectives.

Across all our services, 85.31% of our 38,244 respondents (compared to 86.02% of our 36,125 respondents in 2020/2021) would recommend our services to friends or family. Only 6.9% would not. This is based on a 33.0% response rate. All the above metrics are consistent with those reported in last year's Quality Account.



Positive:

- Staff attitude = 13,435
- Implementation of care = 7950 mentions

Negative:

- Staff attitude = 1958 mentions
- Environment = 1887 mentions

2.4 Contributions to Regional Quality Development, National Conferences and Research

With the development of our data warehouse and our ever-increasing patient numbers, our clinical leadership team have been able to not only focus on using this for internal improvement but start to look at disseminating learning to benefit the wider Musculoskeletal provider and commissioner world both in the UK and world-wide. To enable this, we have, through partnerships, made our data available to the researchers and students at:

- St George's University London

- Queen Mary University London (QMUL)
- Northumbria University
- Keele University
- Oxford University
- Royal National Orthopaedic Hospital, Stanmore

Details of some of the projects underway or planned with the above institutions can be found in section 2.4.2.

Connect Health can influence care at source, in the community across our numerous NHS and occupational contracts. We see that we have a responsibility to do this for our key stakeholders of:

- Patients
- UK taxpayers and Employers for our Occupational contracts
- Our colleagues

During 2020/2021 we have constantly disseminated key learning and messages from our data and philosophy of care. This has included dissemination education via our academy, to ensure that clinical and operational education was delivered through our faculty remotely, despite the COVID-19 pandemic. The use of infographics via social media and on our website, as well as presenting these around the UK, are demonstrated through the examples below:

2.4.1 Contribution to National Conferences/Education

Gail Sowden, Head of Pain and Consultant Physiotherapist

- Invited speaker. Webinar. The importance of outcomes and what to measure. Physiotherapy Pain Association. Tuesday 10th May 7.00PM to 8.30PM.
- Invited presentation. Persistent Pain. The revision course for the FSEM PCRMM diploma in MSK Medicine. 2nd April 2022.
- Invited Speaker. Virtual Consultations. Their place in a post- covid world as we reset and recover back to better. Connect Health Changes webinar. 13th October 2021.
- Convenor. Webinar. Post-COVID-19 Syndrome or Long-COVID: The Pandemic After The Pandemic. British Pain Society 2021 17.06.21. 6.30PM to 8.00PM.
- Invited Speaker. Pain Management in the Time of COVID-19. Faculty of Pain Medicine of the Royal College of Anaesthetists. 22nd December 2021.

Helen Robson, Clinical Integration and Transformation Lead

- Invited speaker. Webinar CSP North East. Developing Leadership and Digital Transformation skills. 5th October 2021
- Invited speaker. Digital Health Rewired. A TOPOL Masterclass. 16th March 2022

Prof. Cormac Ryan, Community Pain Champion, Flippin' Pain

- Invited Speaker. Pain: A Public Health Approach. International Virtual Pain Summit 18th -19th June 2020
- Invited Speaker. Flippin' Pain: a public health approach to persistent pain. Physiotherapy Pain Association Louis Gifford Memorial Lecture. 12th Nov 2020
- Invited Speaker. Flippin' Pain: A Public Health Campaign. Chartered Society of Physiotherapy North East Webinar 13.10.20.

- Invited Speaker. Flippin Pain: A public health Campaign. AHSN North East & Cumbria Back Pain Event, 10th of Feb 2021.
- Invited Speaker. Ministry of Defense, Pain Working Groups Pain Management Series. Flippin Pain: Pain Science for Dummies.

2.4.2 The Academy

A National Clinical Education Lead was appointed to drive the education agenda throughout the business across all clinical and operational aspects of Connect Health.

Since the appointment, 11 national curriculum streams have been established for all MSK clinicians and operational leaders. Each curriculum stream is mapped onto key professional competency frameworks from both internal and external sources. This drives the direction and meaning of the education delivered and ensures our staff have the right skills to fulfil their job role. It also provides a clear progression for MSK clinicians through the business from new graduate to advanced practitioner and beyond.

The attendance and interaction of the session has been excellent and allows a continual culture of learning to evolve. In 2021 there were over 178 live interactive sessions planned, delivered by 70 multi-professional faculty members across more than 7 different professions.

To accompany the development of these programmes, a digital infrastructure has been put in place that includes an Academy website (www.connectclinicalacademy.com) and the utilisation of Google Classrooms. These platforms allow learners to extend their learning experience and offer opportunities to test their knowledge through multiple choice questionnaires and reflection.

Through collaboration with clinical and operational leaders, 5% blocked time was agreed for all clinical and operational staff (outside of the graduate programme which is afforded 10%) to undertake onward professional development. This time is to be pro-rata so improves the equity of access to learning for all, regardless of how many hours or what days they work for the business. There is also a shift in the culture to include things such as supervision, peer learning and reflections as an important part of onward development as a pose to just 'taught' sessions. Colleagues are able to utilise their 5% across all 4 pillars of practice and have freedom over how they utilise their blocked time for development.

The National Clinical Education Lead will spearhead further developments to progress the multi-professional, inclusive, comprehensive blended programme of learning. There is a plan to involve other stakeholders such as patients to drive further innovation and relevance to practice through the education programme. Further work with HEIs and other key external stakeholders such as the MACP is underway to develop currency for completion of the Academy content, adding to the motivation of our clinical and operational staff to continue to develop.

We have aligned our education in particular to have relevance to Health Education England's Roadmap to Advanced practice. This puts us in an excellent position to ensure our staff have every opportunity to complete their portfolios for First Contact Practice and Advanced Practice alike in the time frames set out by HEE.

All of the above should drive the clinical and operational quality within the business and aid with recruitment and retention.



the connect academy

What is the Academy?
The Academy aims to place Connect Health as world leading in the delivery of post graduate education and continued professional development (CPD) outside of higher education institutes (HEIs) in the healthcare industry.

The Academy is the vehicle that will deliver the education needs for Connect Health as a whole. The term 'The Academy' should refer to education that is delivered through the National Education Team via remote and face to face means. It is the aim of the business to drive all education both clinical and operational through this medium to maintain quality and consistency in content and delivery.

The Academy's unique approach will lean on contemporary evidence to implement effective curriculum design as well as maximise the effectiveness of individual teaching sessions for members of staff. We aim to utilise our strengths of a multiprofessional workforce to enhance the learning experience of all involved, both in clinical and non-clinical roles.

The ultimate aim of the Academy is to provide a high quality, easily accessible, measurable education structure to maximise the potential of Connect Health members of staff and improve patient care.

Academy

strategic aims.

The Academy has set out 10 strategic aims to deliver over the coming years. These pertain to curriculum design and delivery as well as external Academy delivery.

blocked time.

To allow for the delivery and attendance to the planned curriculum Connect have committed to providing 10% blocked time for new graduates and 5% blocked time for all other clinical staff.

delivery methods.

The Academy website houses all of the recorded teaching delivery in an easy to navigate, accessible, high quality format. To compliment the website each level of education is linked to a 'Digital Classroom' which is where documentation, feedback and interactive assignments and questions can be posed to learners.

faculty.

The Academy faculty is made up of 70 of our clinical and operational staff who deliver sessions based on their extensive knowledge, skills and experience in a particular area. All faculty members receive training via the Academy on effective delivery of education both face to face and virtually.

competencies & curriculum.


A flexible curriculum has been designed based on the competency frameworks of core MSK, Pain, Rheumatology, Occupational health along with Operational and Leadership frameworks across the multiprofessional workforce. The curriculum is linked to these internal frameworks as well as key external competency frameworks such as the IFCMPT standards and the MSK Core Capabilities Framework. This structure provides a clear progression of development for staff through their career.





Ashley James - National Clinical Education Lead

Digital Delivery



Welcome to the Connect Health Academy

Module 6 - Clinical Reasoning

Module 5 - Lx & LL Objective Assessment

Module 4 - Cx/Tx & UL Objective Assessment

Module 3 - Red Flags

Welcome to Connect's Clinical Academy Advancing Level 7

Advancing Advanced Practice

Connect Health. 2020

2.4.3 Connect Health Medical Education Network

Connect Health actively contributes to regional education programmes across England, with the purpose of ensuring that those unable to attend national conferences have access to contemporary innovative practice ideas. Using a mix of Connect Health colleagues and prominent external speakers, the programme tours the country ensuring all regions are involved and we are building on our previous national programme below as we finalise our 2022/2023 programme of events.

<p>Spinal Red Flags #MSKEdNet</p> <p>Come and join us for a FREE evening of education in London courtesy of Connect MSK Education Network.</p> <p>Where: Wembley Centre for Health and Care, 116 Chaplin Road, Wembley, HA0 4UZ</p> <p>When: 26th June 6.30-8.30pm</p> <p>Follow the link to book your place now! Sign in and free refreshments from 6pm.</p> <p>@mskednet connecthealth.co.uk</p>		<p>1st South West Yorkshire APPN Regional Meeting #MSKEdNet</p> <p>Plus a Connect Health #MSKEdNet talk on Rheumatology</p> <p>Come and join us for a FREE evening of education courtesy of APPN and Connect MSK Education Network.</p> <p>Where: Dewsbury Health Centre, Wellington Road, Dewsbury, WF13 1HN</p> <p>When: 12th September 6.30-8.30pm</p> <p>Follow the link to book your place now! Sign in and free refreshments from 6pm.</p> <p>@mskednet connecthealth.co.uk</p>	
<p>Rheumatology: Clinical Tips for Physiotherapy #MSKEdNet</p> <p>Come and join us for a FREE evening of education in Newcastle courtesy of Connect MSK Education Network.</p> <p>Where: Connect Health, The Light Box, Quorum Business Park, Benton Lane, NE12 8EU</p> <p>When: 25th July 6.30-8.30pm</p> <p>Follow the link to book your place now! Sign in and free refreshments from 6pm.</p> <p>@mskednet connecthealth.co.uk</p>		<p>Anterior Knee Pain: A Practical Approach #MSKEdNet</p> <p>Come and join us for a FREE evening of education in Nottingham courtesy of Connect MSK Education Network.</p> <p>Where: Kilplin Room, NTU Events and Conferencing, 30 Burton Street, Nottingham, NG1 4BU</p> <p>When: 26th September 6.30-8.30pm</p> <p>Follow the link to book your place now! Sign in and free refreshments from 6pm.</p> <p>@mskednet connecthealth.co.uk</p>	
<p>Anterior Knee Pain: A Practical Approach #MSKEdNet</p> <p>Come and join us for a FREE evening of education in Dewsbury courtesy of Connect MSK Education Network.</p> <p>Where: Dewsbury Health Centre, Wellington Road, Dewsbury, WF13 1HN</p> <p>When: 11th July 6.30-8.30pm</p> <p>Follow the link to book your place now! Sign in and free refreshments from 6pm.</p> <p>@mskednet connecthealth.co.uk</p>		<p>Fit for Work, Fit for Life #MSKEdNet</p> <p>Come and join us for a FREE evening of education in London courtesy of Connect MSK Education Network.</p> <p>Where: Wembley Centre for Health and Care, 116 Chaplin Road, Wembley, HA0 4UZ</p> <p>When: 15th August 6.30-8.30pm</p> <p>Follow the link to book your place now! Sign in and free refreshments from 6pm.</p> <p>@mskednet connecthealth.co.uk</p>	

Pitfalls of Persistent Pain Management #MSKEdNet

Come and join us for a **FREE** evening of education in **Newcastle** courtesy of Connect MSK Education Network.

Where: Connect Health, The Light Box, Quorum Business Park, Benton Lane, NE12 8EU
When: 5th September 6.30-8.30pm

Follow the link to book your place now! Sign in and free refreshments from 6pm.

Topics Covered:

- Pain and the person
- Pain management - what are we trying to do?
- Patient cases Q&A

Presenter:
 Alice Morgan
 Advanced Physiotherapy Practitioner - Connect Health
 @painspeaking
 MSKeducation@connecthealth.co.uk

Connect
 @mskednet
 connecthealth.co.uk

Sub-acromial Impingement: Time to stop harming our patients #MSKEdNet

Come and join us for a **FREE** evening of education in Hertfordshire courtesy of Connect MSK Education Network.

Where: Wolsey House, Wolsey Road, Hemel Hempstead, HP2 4TU
When: 21st August 6.30-8.30pm

Follow the link to book your place now! Sign in and free refreshments from 6pm.

Topics Covered:

- The case for abandoning the term 'impingement'
- How the model of 'impingement' exposes our patients to potential harm
- The case for 'Rotator Cuff Related Shoulder Pain'

Presenter:
 Andrew Cuff
 Developing Consultant Physiotherapist & Clinical Lead - Connect Health
 @AndrewVCuff
 MSKeducation@connecthealth.co.uk

Connect
 @mskednet
 connecthealth.co.uk

2.4.4 Connect Health Education & Communication

Significant milestones

- December 2020 – The Academy was launched to support clinical and operational staff
- April 2020 - Launch of PhysioNow patient app – an AI-enabled triage tool
- May 2020 – Connect Health partners with Heath Management Limited to deliver on new NHS England Occupational Health framework during Covid-19
- May 2020 – Launch of Flippin' Pain™ website – a public health campaign aimed to change the way we think about, talk about and treat persistent pain. The website was co-produced by those affected by pain and healthcare professionals
- Connect Health e-health/digital pain innovations were highly rated by the NHS Change Challenge, before finally making it into the final list of the most impactful pain related innovations. See link: <https://bestmsk.crowdicity.com/blog/category/219908>.

News summary

- **1.6.21 Connect Health is featured in new NHS Covid-19 partnerships [report](#) with IHPN (Independent Healthcare Providers Network)**
 Working together during the second and third waves of Covid-19.
- <https://www.connecthealth.co.uk/news/new-nhs-covid-19-report-highlights-key-independent-provider-partnerships/>
- **16.6.21 The official British Association of Sport and Exercise Medicine magazine**

Dr Graeme Wilkes, Chief Medical Officer, writes about “Chronic Pain in Sport” and the Connect Health Change NICE chronic pain guidelines webinar summary is featured in a 4-page spread.

<https://library.myebook.com/BASEM/basem-today-55-summer-2021/3378/#page/34>

- **25.6.21 CQC results**

Connect Health achieves “outstanding” CQC rating in well-led category and “good” overall.

<https://www.connecthealth.co.uk/news/connect-health-achieves-outstanding-cqc-rating-in-well-led-category-and-good-overall/>

- **6.7.21 Connect Health’s Consultant Pharmacist appointed as Primary Care Pain representative for UKCPA**

Helen Liddell, Consultant Pharmacist, appointed as Primary Care Pain representative for the UK’s largest Clinical Pharmacy Community, the UKCPA (United Kingdom Clinical Pharmacists Association).

<https://www.connecthealth.co.uk/news/connect-healths-consultant-pharmacist-appointed-as-representative-for-ukcpa/>

- **1.10.21 “Motion is lotion”: Why movement could be the best solution for back pain – according to experts**

Ash James, Head of Clinical Education, featured in Metro article ahead of Backcare Awareness Week.

[Experts say movement could be the best solution for back pain | Metro News](#)

- **3.8.21 ISO9001 audit commends Connect Health for innovation and continuous improvement**

Connect Health has successfully maintained their ISO9001:2015 recertification, for the provision of MSK, rheumatology and pain management services, after being certified initially in 2017.

<https://www.connecthealth.co.uk/news/iso9001-audit-commends-connect-health/>

- **18.11.21 CSP Fellowship for Connect Health founder, Andrew Walton**

Andrew Walton, founder of Connect Health, was presented with a Fellowship from the Chartered Society of Physiotherapy (CSP) in recognition of his sustained contribution to the advancement of the physiotherapy profession.

<https://www.connecthealth.co.uk/news/csp-fellowship-for-connect-health-founder-andrew-walton/>

- **12.1.22 Raising standards in musculoskeletal health**

Andrew Cuff, Consultant Physiotherapist, is first to receive MACP validation.

<https://www.connecthealth.co.uk/news/raising-standards-in-musculoskeletal-health/>

- **10.2.22 Better Health at Work commends Connect Health for exemplary staff wellbeing practices**

Connect Health has received the ‘Maintaining Excellence’ accolade from North East Better Health at Work (BHAW) Awards, for the second year in a row.

<https://www.connecthealth.co.uk/news/better-health-at-work-commends-connect-health-for-exemplary-staff-wellbeing-practices/>

- **29.3.22 Allied Health Professional lands new national Rheumatology lead role at Connect Health**

Michael Dare appointed as Head of Rheumatology in new national role.

<https://www.connecthealth.co.uk/news/allied-health-professional-lands-new-national-rheumatology-lead-role-at-connect-health/>

Customer news

- **12.4.21 Healthwatch – Connect Health PhysioLine Service in West Hertfordshire**

Mystery Shop and Survey report.

<https://www.healthwatchhertfordshire.co.uk/report/2021-03-09/connect-health-mystery-shop-and-clinic-survey-physio-line-service-west>

- **17.5.21 PhysioNow in Wales: Evaluation summary**
Improving patient access to much needed care and advice through a pioneering digital healthcare pilot which supported over 1,000 musculoskeletal patients in Wales.
<https://www.connecthealth.co.uk/news/faster-access-to-physiotherapy/>
- **30.6.21 HSJ Partnership Awards finalists**
Connect Health were finalists in the category 'Best Healthcare Provider Partnership with the NHS' for their work with Brent CCG: 'Streamlining MSK Services in Brent', as well as with Herts Valleys CCG: 'Innovation in MSK to Preserve Services for Future Generations in Herts Valleys'.
<https://www.hsj.co.uk/partnership-awards/hsj-partnership-awards-2021-best-healthcare-provider-partnership-with-the-nhs/7030219.article>
- **20.7.21 Darlington Integrated Musculoskeletal Service case study**
Feature case study on the positive effects of introducing the single point of access (SPOA) on secondary care and diagnostics activity in Darlington.
<https://www.connecthealth.co.uk/case-studies/darlington/>
- **20.7.21 Northumberland JMAPS case study**
Northumbria Healthcare NHS Foundation Trust and Connect Health working in partnership to deliver Joint Musculoskeletal and Pain Service (JMAPS).
<https://www.connecthealth.co.uk/app/uploads/2021/07/Connect-Health-Case-Study-Northumbria-JMAPS.pdf>
- **8.2.22 Hertfordshire IAPT compliant Counselling Service**
Connect Health commenced working as part of the Hertfordshire IAPT Counselling Service Framework in May 2021.
<https://www.connecthealth.co.uk/case-studies/hertfordshire-iapt/>

Events

- **14.4.21 Connect Health Change webinar: Naughty or NICE - Chronic pain guidelines and their implications for the design and delivery of services**
<https://www.connecthealth.co.uk/connect-health-change/14-april/>
- **26.5.21 Connect Health Change webinar: The future of managing rheumatology conditions in the community**
<https://www.connecthealth.co.uk/connect-health-change/26-may/>
- **23.6.21 Connect Health Change webinar: System Recovery Webinar – now the hard work begins!**
<https://www.connecthealth.co.uk/connect-health-change/23-june/>
- **14.7.21 Connect Health Change webinar: Cultural Communities and Health Inequalities**
<https://www.connecthealth.co.uk/connect-health-change/14-july/>
- **29.9.21 Connect Health Change webinar: Long Covid rehab - The long road to recovery?**
<https://www.connecthealth.co.uk/connect-health-change/29-september/>
- **13.10.21 Connect Health Change webinar: Virtual Consultations and their place in a post covid world**
<https://www.connecthealth.co.uk/connect-health-change/13-october/>
- **17.11.21 Connect Health Change webinar: Unwarranted variation – the productivity saviour?**
<https://www.connecthealth.co.uk/connect-health-change/17-november/>

- **9.2.22 Connect Health Change webinar: Mental Health – are we doing enough?**
<https://www.connecthealth.co.uk/connect-health-change/9-february/>
- **15.2.22 Why rethinking pain really matters - Flippin' Pain 3-part webinar event series in association with the Scottish Government and NHS Scotland**
Featured in Scottish Daily Express.
https://www.scottishdailyexpress.co.uk/lifestyle/health/edinburgh-mum-two-opens-up-26247276?utm_source=twitter.com&utm_medium=social&utm_campaign=sharebar
- **16.3.22 Connect Health Change webinar: Health Inequalities – unfair and avoidable**
<https://www.connecthealth.co.uk/connect-health-change/16-march/>

Connect Health people stories

- **12.5.21 Staff wellbeing, support and communication between colleagues during Covid has been the biggest benefit**
Shamina Martin, Pain Nurse Specialist in Lincolnshire, shares how she came to work in pain services, the support received and the impact of the pandemic on effectively supporting people living in persistent pain.
<https://www.connecthealth.co.uk/people/shamina-martin/>
- **25.5.21 Connect Health is the perfect place for someone from abroad used to working in other healthcare systems. There are very supportive, friendly colleagues**
Dr Krisztina Szabo-Kocsis, Consultant Rheumatologist, South West Essex Community Rheumatology Service, Connect Health, tells us how, having worked in her native Hungary, she is now thriving on the challenge of developing the service.
<https://www.connecthealth.co.uk/people/krisztina-szabo-kocsis/>
- **1.6.21 South Shields physio set to retire after treating 100,000 patients during 30-year career**
A physiotherapist who has helped more than 100,000 people in South Tyneside during a career spanning three decades is set to retire after a year like no other.
<https://www.shieldsgazette.com/news/people/south-shields-physio-set-to-retire-after-treating-100000-patients-during-30-year-career-3256827>
- **10.8.21 Connect Health is forward thinking, evidence based, focused on wellbeing and it's good fun**
Rebecca Gray, Senior MSK Physiotherapist, South Tyneside talks about how she has progressed to senior MSK physio through the Advanced Development Programme (ADP).
<https://www.connecthealth.co.uk/people/rebecca-gray/>
- **8.11.21 Helping patients live a meaningful life with persistent pain**
Dr Suzanne Roberts, Psychotherapist at the Wolverhampton Integrated MSK and Pain Service, explains how after 20 years nursing in the NHS she retrained as a psychotherapist and is now focussing her energy on helping patients live a meaningful life with persistent pain.
<https://www.connecthealth.co.uk/people/suzanne-roberts/>
- **10.12.21 Working for Connect Health enables professional growth as a clinician**
Sophie Coggins, occupational therapist specialising in chronic pain at Connect Health Pain Services, talks about her fascinating journey to finding the job she loves. She highlights there is a great sense of trust and feels abundantly valued and respected as a clinician.
<https://www.connecthealth.co.uk/people/sophie-coggins/>

- **11.2.22 Connect Health's Graduate Development Programme fast tracked my career**
 Quratulain Basit (Annie), Senior MSK Clinician at Connect Health, tells us about her journey from Pakistan to the UK, and how her career got a boost after joining the Graduate Development Programme (GDP).
<https://www.connecthealth.co.uk/people/quratulain-basit/>

Patient stories

- **24.5.21 Patient story – Barbara: The videos were wonderful and the girl was amazing. You could see exactly what she was doing**
 Retired medical secretary, Barbara, explains how a niggling back pain flare up was solved with physiotherapy advice, without having to leave her home.
<https://www.connecthealth.co.uk/case-studies/the-videos-were-wonderful-and-the-girl-was-amazing-you-could-see-exactly-what-she-was-doing/>
- **3.6.21 Patient story – Jacky: PhysioNow® picks up serious spinal tumour through routine physio assessment**
 Jacky received her diagnosis just 12 days after completing her initial assessment thanks to PhysioNow.
<https://www.connecthealth.co.uk/case-studies/physionow-picks-up-spinal-metastases-from-cancer-through-routine-physio-assessment/>
- **3.6.21 Patient story – Joe: PhysioNow identifies a potentially serious condition on a Friday afternoon, enabling immediate treatment outside working hours, saving 3-day delay to assessment**
 PhysioNow detected a possible significant condition at the end of normal working hours, enabling Joe to receive quicker access to clinical advice and CES investigation.
<https://www.connecthealth.co.uk/case-studies/physionow-identifies-a-potentially-serious-condition-on-a-friday-afternoon-enabling-immediate-treatment-outside-working-hours-saving-3-day-delay-to-assessment/>
- **3.3.22 Patient story – Sylvie: Going on the PMP course meant I was surrounded by people going through the same thing and I didn't feel alone**
 Sylvie, 46, from Lincolnshire tells how Connect Health's Pain Management Programme (PMP) has helped her enjoy life again.
<https://www.connecthealth.co.uk/case-studies/going-on-the-pmp-course-meant-i-was-surrounded-by-people-going-through-the-same-thing-and-i-didnt-feel-alone/>

2.4.5 Research at Connect Health

Connect Health continues to establish itself as organisation publishing research on a regular basis, with the outcomes used to understand the impact on clinical delivery and the development of effective patient treatment programmes, at a local and national level. This work is led-by our QIPP group. The remit of this group is to provide strategic oversight to our research, QI, audit programme and guideline utilisation.

With a focus on Quality Improvement in our 2021-2022 objectives, we have initiated a QI project in each of our services.

Below is an update of the recently completed research projects and those ongoing:

Project	Connect Health Lead	Institute involved	Stage of project
Case study: Bilateral Achilles Tendon rupture	Connor Murphy	Leicester - Dr Seth O'Neill	Final draft pre submission.
Case Study: Arteriovenous malformation, an unusual cause of Cauda Equina Syndrome symptoms	Louisa Johnson	Nottingham - Prof Roger Kerry and Alan Taylor	Planning
Cauda Equina Syndrome; a clinical vignette	Rob Tyer	Teesside University - Nick Lividas Diarmaid Fergusson	Ethics approval. Write up and finalising participant material.
Cauda Equina Syndrome; an audit of primary care	Rob Tyer	Manchester Metropolitan University - Prof James Selfe Chris Mercer Andy Bennett Andrew Cuff	Write up
Suspected Cauda Equina Syndrome, who you gonna call?: Evaluating the Impact of education and on-call support on referrals to A&E	Rob Tyer	nil	Accepted for PUK2020 – Presented and awaiting poster publication in Physiotherapy Journal

Project	Connect Health Lead	Institute involved	Stage of project
Musculoskeletal risk stratification tool to inform a discussion about face-to-face assessment during the COVID-19 pandemic	Andrea Ravindra Andrew Cuff Dr Ian Bernstein Dr Marwan Al-Dawoud	Nil	Published in BMJ Open Sport and Exercise Medicine http://dx.doi.org/10.1136/bmjsem-2020-000916
Should We Repeat Imaging If Clinical Suspicion is High in Axial Spondyloarthritis, A Case Report.	Dr Krisztina Szabo-Kocsis Mike Dare	Basildon University Hospital	Published in Global journal of Orthopaedics research DOI: 10.33552/GJOR.2020.02.000548
Polymyalgia rheumatica and large vessel vasculitis: a case report	Mike Dare Dr Krisztina Szabo-Kocsis		Published in Rheumatology Advances in Practice https://doi.org/10.1093/rap/rkaa049
Base of thumb osteoarthritis (BTOA) in UK interface services—a cohort and survey based study to assess current practice	Andrew Cuff , Helen Robson , Neil Marshall , Katharine Netherton , Andrea Ravindra , Hannah Davies ,	Benjamin J F Dean Nuffield Department of Orthopaedics, Rheumatology and Musculoskeletal Sciences (NDORMS), Botnar Research Centre, University of Oxford.	Accepted Manuscript in Rheumatology. https://doi.org/10.1093/rheumatology/keaa884

Project	Connect Health Lead	Institute involved	Stage of project
The relationship between readiness to change pain related exercise participation and perceived work function	Paul Shawcross	University of Derby	Final draft pre submission to the Journal of Occupational Rehabilitation
Study protocol for a randomized controlled trial of the effectiveness of adding motivational interviewing or stratified vocational advice intervention to usual case management on return to work for people with musculoskeletal disorders	Gail Sowden	Britt Elin Øiestad , Fiona Aanesen , Ida Løchting , Kjersti Storheim , Alexander Tingulstad , Tarjei L. Rysstad , Milada C. Småstuen , Anne Therese Tveter , Gwenllian Wynne-Jones , Egil A. Fors , Maurits van Tulder , Rigmor C. Berg , Nadine E. Foster & Margreth Grotle	Published in BMXC Musculoskeletal Disorders https://doi.org/10.1186/s12891-020-03475-z
Rapid implementation and improvement of a virtual student placement model in response to the COVID-19 pandemic	Rory Twogood	Elly Hares Matthew Wyatt Andrew Cuff	Published in BMJ Open Quality http://dx.doi.org/10.1136/bmjog-2020-001107
Potential project: Psychological Factors Predicting Self-Management in Chronic Pain	Dr Elizabeth Doherr / Georgina Forden (external)		Sent in March as an expression of interest and asked to add to tracker as a potential project.
AxSpA: On Early Diagnosis and pathway	Mike Dare	Deena Laila, Dexter Baah Dr Anurag Bharadwaj, Dr Anupama Nandagudi	Quality improvement project, poster submission in process.

Project	Connect Health Lead	Institute involved	Stage of project
Clinical and cost-effectiveness of bracing in symptomatic knee osteoarthritis management: protocol for a multicentre, primary care, randomised, parallel-group, superiority trial.	Gail Sowden	Holden MA, Callaghan M, Felson D, Birrell F, Nicholls E, Jowett S, Kigozi J, McBeth J, Borrelli B, Jinks C, Foster NE, Dziedzic K, Mallen C, Ingram C, Sutton A, Lawton S, Halliday N, Hartshorne L, Williams H, Browell R, Hudson H, Marshall M, Sowden G, Herron D, Asamane E, Peat G.	BMJ Open. 2021 Mar 26;11(3):e048196. doi: 10.1136/bmjopen-2020-048196. PMID: 33771832.
First Contact Practitioners' (FCPs) and General Practitioners' Perceptions Towards FCPs Delivering Vocational Advice to Patients with Musculoskeletal Conditions: A Qualitative Investigation of the Implementation Potential of the I-SWAP Initiative.	Gail Sowden	Saunders, B., Foster, N.E., Hill, J.C. Sowden G, Evans N, Bishop A, Stynes S, Dziedzic K , Campbell L , Rankin G , Salmon P , Wynne-Jones G .	J Occup Rehabil (2021). https://doi.org/10.1007/s10926-021-09992-
Barriers in early recognition and management of patients with Axial Spondyloarthritis: A Retrospective Review	Michael Dare		British Society of Rheumatology Abstract
Rheumatology Physiotherapy Capabilities Framework	Michael Dare	British Society of Rheumatology	British society of Rheumatology and The CSP.
Effectiveness of stratified treatment for back pain in Danish primary care: A randomized controlled trial	Gail Sowden	Lars Morsø , Kim Olsen Rose , Berit Schiøttz-Christensen , Sowden Gail , Jens Søndergaard , David H. Christiansen ,	Morsø, L., Olsen Rose, K., Schiøttz-Christensen, B., Sowden, G., Søndergaard, J., & Christiansen, D. H. (2021). Effectiveness of stratified treatment for back pain in Danish primary

Project	Connect Health Lead	Institute involved	Stage of project
			care: A randomized controlled trial. <i>European Journal of Pain</i> , 25, 2020–2038.
Patient experience of the diagnosis and management of patellofemoral pain: A qualitative exploration	Phil Barber	Simon David Lack, PT, PhD (Queen Mary University of London) Clare Bartholomew, MBBS (Queen Mary University of London) Amy Jessica Curran, MSc (Queen Mary University of London) Catherine Minns Lowe, PT, PhD (University of Hertfordshire) Dylan Morrissey, PT, PhD (Queen Mary University of London) Bradley Stephen Neal, PhD (Queen Mary University of London)	Accepted for publication in <i>Musculoskeletal Science and Practice</i>
The effects of pre-treatment anxiety and depression on outcomes for people experiencing chronic pain attending a multidisciplinary Pain Management Programme	Alice Morgan	Jared Copland, Population Health Research Institute, St George's, University of London Claire Taylor, Chronic Pain Service, St George's University Hospitals NHS Foundation Trust	Published in <i>Pain and Rehabilitation</i>
Recommendations on patient-facing websites in the United Kingdom regarding diagnostic imaging for low back, knee, and shoulder pain: a scoping review.	A/Prof Andrew Cuff	Tom Jesson, Connect Health Prof Lisa Dikomitis, University of Kent Prof Nadine Foster, University of Queensland	Published in <i>Patient Education, Counselling and Innovation</i>

Project	Connect Health Lead	Institute involved	Stage of project
		Dr Gill Yeowell, Manchester Metropolitan University Prof Chris Littlewood, Edgehill University	

Posters: Physio UK

An audit of the implementation of a pilot First Contact Practitioner service in South Tyneside (POSTER) MECC implementation in practice : A mixed method approach to public health interventions in MSK Community Services	South Tyneside	PhysioUK21	Accepted (<i>and published abstract in MSK Science and Practice</i>)
The impact of virtual and face to face patient consultations in MSK clinics on clinician perception of clinician consistency.	Croydon	PhysioUK21	Accepted
A New Development Model for Advanced Practice Musculoskeletal (MSK) Physiotherapists in an NHS Community Outpatients Service to Facilitate Effective Learning Improving referrals to secondary care through multi-disciplinary working in an MSK Interface Service	Hammersmith and Fulham	PhysioUK21	Accepted
PhysioNow – a digital musculoskeletal patient self-assessment application, transforming access to MSK physiotherapy services	Clinical Integration and Transformation	PhysioUK21	Accepted
A Spoonful of Sugar, Makes Arthroplasty Rates go Down": Addressing Hba1c at point of referral to reduce surgical cancellations	JMAPS	PhysioUK21	Accepted

Posters: EULAR

Identifying barriers in early recognition and management of patients with Axial Spondyloarthritis: A Retrospective Review	Michael Dare	EULAR 2022	Accepted
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2.4.6 Increasing Access to Psychological Therapies (IAPT)

At Connect Health we understand optimal health encompasses both physical and mental health. We continue to develop and grow our IAPT services to support those experiencing depression and anxiety using evidence based psychological treatment.

History

The IAPT programme was developed as a way of systematically organising the delivery of and access to psychological therapies within the NHS. The national implementation of the IAPT programme started in 2008 following the successful outcome of two pilot projects in 2006. IAPT has steadily grown since 2008 so that over 1.5 million people were able to access services in 2019/2020. The Five Year Forward View for Mental Health and The NHS Long Term Plan commit the NHS to further expand the IAPT programme so that 1.9 million people per annum will be able to access the services by the end of 2023/2024.

What are IAPT Services?

IAPT services have the following 3 key elements:

1. Evidence based psychological therapies at the appropriate 'dose' (number of sessions): this is to ensure that the recommended NICE treatments are matched to the mental health problem and that the intensity and duration of delivery is designed to optimise outcome.
2. Appropriate trained and supervised workforce: where high quality care is delivered by clinicians who are trained to an agreed level of competence and accredited in the specific therapies they deliver and who receive weekly, outcome focused supervision by a senior practitioner.
3. Routine outcome monitoring: where session by session routine measures are administered so that patients and the treating clinicians can have up to date information on clinical progress.

IAPT Structure

Our IAPT services are delivered using a stepped care model. It is based on the principle that people should be offered the least intrusive intervention appropriate to their needs first. People experiencing mild depression or anxiety may benefit from a course of low intensity delivered by psychological wellbeing practitioners (PWP). Individuals who do not reach full recovery at this level can be 'stepped up' and offered a course of high intensity treatment delivered by BABCP accredited Cognitive Behavioural Therapists and BACP accredited counsellors.

Conditions Treated in our IAPT Services

We provide support for adults with depression and anxiety disorders that can be managed effectively in a uni-professional context. NICE recommended treatments are delivered by a single competent clinician, with or without concurrent pharmacological treatment, which is typically managed by the GP.

We provide Core IAPT services for people with the following common mental health problems:

- Depression
- Generalised anxiety disorder
- Agoraphobia
- Body dysmorphia
- Health anxiety
- Obsessive Compulsive Disorder

- Panic Disorder
- PTSD
- Social Anxiety
- Specific phobias.

Outside our Core IAPT service we also deliver IAPT compliant counselling for depression. The service is delivered by BACP accredited counsellors who have received additional IAPT approved training. We also have ambitions to deliver services to people experiencing Long Term Conditions (LTCs) and Medically Unexplained Conditions (MUS) in line with The Five Year Forward Plan. We will develop IAPT-LTC services that focus on people who have LTC in the context of depression and anxiety.

Overview of depression, anxiety and other disorders:

Conditions	Description
Agoraphobia	Characterised by fear or avoidance of specific situations or activities that the person worries may trigger panic-like symptoms, or from which the person believes escape might be difficult or embarrassing, or where help may not be available. Specific feared situations can include leaving the house, being in open or crowded places or using public transport.
Body dysmorphic disorder	Characterised by a preoccupation with an imagined defect in one's appearance or, in the case of a slight physical anomaly, the person's concern is markedly excessive. Time-consuming behaviours such as mirror-gazing, comparing features with those of others, excessive camouflaging tactics, and avoidance of social situations and intimacy are common, with a significant impact on the person's levels of distress and/or occupational and social functioning.
Depression	A mental health problem characterised by pervasive low mood, a loss of interest and enjoyment in ordinary things, and a range of associated emotional, physical and behavioural symptoms. Depressive episodes can vary in severity, from mild to severe
Generalised anxiety disorder	An anxiety disorder characterised by persistent and excessive worry (apprehensive expectation) about many different things, and difficulty controlling that worry. This is often accompanied by restlessness, difficulties with concentration, irritability, muscular tension and disturbed sleep.
Health Anxiety	A central feature is a persistent preoccupation with the possibility that the person has, or will have, a serious physical health problem. Normal or commonplace physical symptoms are often interpreted as abnormal and distressing, or as indicators of serious illness.
Obsessive compulsive disorder	Characterised by the recurrent presence of either an obsession (a person's own unwanted thought, image or impulse that repeatedly enters the mind and is difficult to get rid of) or compulsions (repetitive behaviours or mental acts that the person feels driven to perform, often in an attempt to expel or 'neutralise' an obsessive thought). Usually, a person has both obsessions and compulsions
Panic disorder	Repeated and unexpected attacks of intense anxiety

	accompanied by physical symptoms. There is a marked fear of future attacks and this can result in avoidance of situations that may provoke a panic attack.
Post-traumatic stress disorder (PTSD)	The name given to one set of psychological and physical problems that can develop in response to particular threatening or distressing events, such as physical, sexual or emotional abuse, severe accidents, disasters and military action. Typical features of PTSD include repeated and intrusive distressing memories that can cause a feeling of 'reliving or re-experiencing' the trauma, emotional detachment and social withdrawal, avoidance of reminders and sleep disturbance
Social anxiety disorder	Characterised by intense fear of social or performance situations that results in considerable distress and in turn impacts on a person's ability to function effectively in aspects of their daily life. Central to the disorder is the fear that the person will do or say something that will lead to being judged negatively by others and being embarrassed or humiliated. Feared situations are avoided or endured with intense distress.
Specific Phobias	An extreme and persistent fear of a specific object or situation that is out of proportion to the actual danger or threat. This can include a fear of heights, flying, particular animals, seeing blood or receiving an injection.

Monitoring Clinical outcomes and activity

Clinical outcome measures are collected at every single session. This is a key characteristic of an IAPT service. Before IAPT, most psychological therapy services only aimed to collect symptom measures at the beginning and at the end of treatment. However as not all patients finish therapy when expected, a large number of data was missing. The IAPT programme solves this problem by making session by session data collection a mandatory aspect of service delivery.

- The purpose of IAPT data collection is as follows:
- Ensures equitable use of IAPT services
- Monitoring and supporting the delivery of NICE- recommended care
- Providing information about progress to clinicians
- Helps people chart their progress towards recovery
- Enhances engagement in collaborative decision-making
- Supports Supervision
- Enhances the overall quality and cost effectiveness of the service

IAPT Outcome Measures and Problem Descriptors

Main Mental health problem (problem descriptor)	Depression symptom measure	Recommended measure for anxiety symptom	Cut of score	Measure of disability
Agoraphobia	PHQ-9	MI	Above 2.3	WSAS
Body dysmorphic disorder	PHQ-9	BIQ	40 and above	WSAS
depression	PHQ-9	GAD-7	10 and above	WSAS

Main Mental health problem (problem descriptor)	Depression symptom measure	Recommended measure for anxiety symptom	Cut of score	Measure of disability
Generalised anxiety disorder	PHQ-9	GAD-7	8 and above	WSAS
Health anxiety	PHQ-9	HAI	18 and above	WSAS
OCD	PHQ-9	OCI	40 and above	WSAS
Panic disorder	PHQ-9	PDSS	8 and above	WSAS
PTSD	PHQ-9	PCL-5	32 and above	WSAS
Social anxiety	PHQ-9	SPIN	19 and above	WSAS

Patient Experience Questionnaire

It is important that patients have the chance to give feedback on the quality of the care they received. PEQs are specially designed to provide this opportunity. All IAPT patients are asked to complete the assessment PEQ at the end of their last assessment contact and the Treatment PEQ at the end of their course of treatment. The PEQ is never completed in the presence of the clinician. In addition to the collection of PEQs we encourage our clinicians to facilitate a relationship where people feel confident to voice concerns about the progress of their treatment.

Waiting time standards

The national waiting time standard for the IAPT programme refers to the period of time between the date that an initial referral was received and the start of the course of treatment. Of the referrals that have a course of treatment, 75% should have their first treatment session within 6 weeks, and 95% within 18 weeks. This minimum standard has been established because there is good evidence that patients are more likely to benefit from a course of treatment if it is delivered promptly.

Recovery Standards

The national recovery rate standard is that a minimum of 50% of eligible referrals should move to recovery. Recovery in IAPT is measured in terms of 'caseness' – a term which means a referred person has symptoms of depression or anxiety that exceed a defined threshold, as measured by data set outcome measures. A person has moved to recovery if their symptoms were considered at clinical caseness at the start of their treatment and below caseness at the end of their treatment. Recovery rates are calculated based on paired-data outcomes for both the depression (PHQ-9) and the relevant anxiety measure. It is critically important to ensure complete and accurate problem descriptors paired with the correct disorder specific measure, so that these can be counted in the recovery rate. A person is considered recovered if their scores on the depression and/or the relevant anxiety measure are above the clinical cut-off on either at the start of treatment, and their scores on both are below the clinical cut-off at the end of treatment. IAPT operates a policy of only claiming demonstrated recovery. This means that the small number of patients who have missing post-treatment data are coded as having not recovered.

2.5 Our Commitment to Our Colleagues

Outstanding People

Connect Health now employs over 700 people; this is approximately 450 clinicians and 250 management and back-office support functions (including our Patient Care Coordination Centre). Having motivated and engaged colleagues across the organisation is vital to our success.

Our HR Vision is to continue to have Outstanding People, which is defined below:

Outstanding People

To ensure we attract and retain colleagues who are engaged and valued and exceed expectations through living our values

1

Broadening our reach, value and employer brand to a diverse range of candidates and colleagues

2

Providing an exceptional People service focused on delivery, engagement and compliance

3

Developing inspirational leadership and high performing teams across the organisation

4

Fostering a strong sense of community amongst our colleagues

Key initiatives to support the strategy have included:

Hiring the best people - our Resourcing Team have increased the number of hires to the business with 230 external hires made between July 2019 and April 2020, whilst reducing the cost per hire by 52.3%. There has also been a significant reduction in locum usage over the course of the year. Our candidate experience measures are strong with a high rating where candidates have 'felt valued as a candidate throughout the recruitment process. Our Graduate Development programme has also been another great success with 29 appointments (including some colleagues on to our first graduate pain programme)

Looking after our colleagues - reward and recognition is a continual focus with an increase in E-cards being sent in the business and the introduction of long service awards and 'Bees Knees' awards, which award people for living our company values. As well as receiving the continuing excellence award for Better Health at Work, we have also signed the Time to Change employer pledge and have a strong focus on mental health initiatives and support for our colleagues.

Compliance - continual improvements in compliance and risk management take place which has included a robust overpayments recovery process, improvements to our workforce compliance checks and IR35 readiness, despite this being postponed for a year. Our Learning and Development Team have also improved mandatory learning compliance from 88% to 97% in 9 months.

Employer Brand



We continue to enhance our Bee-Inspired employer brand. Our Bee Celebrated colleague celebration events were our biggest yet with new award categories and 210 nominations received. Over 500 colleagues attended these events and feedback was excellent. Our Bees Knees awards (which see quarterly winners of colleagues who have demonstrated our values) have been linked to our E-cards and have seen a fantastic increase in colleagues recognising each other. Our colleague benefits site 'Bee Rewarded' which allows colleagues to access discounts on shopping, days out, holidays, technology and so forth, has resulted in our colleagues saving £8,917.

Colleague Development

This year we are delivering a leadership programme to 23 members of our leadership community and we have increased our number of apprenticeships to 26 across the business.

Our colleague Hub, learning Zone, where colleagues access e-learning has been developed to launch a suite of People Manager themed eLearning modules in addition to relaunching our people manager face to face sessions.

Our approach to Performance Management, 'Bee Who You Want to Be' rolled out 2 years ago, saw us move away from traditional performance management to a more agile approach putting the colleague at the centre. The new approach includes quarterly goal setting and check ins, feedback and meaningful conversation and introducing the concept of job crafting to colleagues across Connect Health. This job crafting approach allows us to focus on career, development and wellbeing. We have now completed a full year of 'Bee Who You Want to Be' with some excellent job crafting conversations taking place around Wellbeing, Relationships and Recognition.

2020 Clinical Colleague Survey

A survey was launched with our clinical colleagues to survey all colleagues working within an NHS setting. Highlights of our 2020 pulse survey are shown below:

- I am supported to fulfil my career aspirations – up 18% to 92%
- I enjoy working for Connect Health – up 16% to 84%
- I look forward to coming to work here – up 19% to 88%
- Connect Health is a Great Place to Work – up 13% to 91%

Value	Descriptor
People Centred	Listening, caring, understanding and respecting our patients, colleagues and stakeholders Being open, honest, trustworthy and transparent
Pioneering	Innovative and forward-thinking market leaders, having the courage to be bold

Dynamic	Energetic with a can-do approach, flexible and agile. Having the strength and determination to succeed. Adaptable and focused on our priorities
Quality	Constantly providing excellence and a cost effective and competitive service, offering value for money

These values run as a golden thread through our approach to attraction and selection, recognition and performance management.

Key cultural initiatives include:

- Colleague Voice – the feedback of our colleagues is of utmost importance and this is sought through our Great Place to Work survey and regular ‘pulse’ surveying such as wellbeing surveys during the COVID-19 pandemic. In 2020, 90% of our colleagues rated Connect Health in the Great Place to Work survey as a great place to work.
- We will enhance our approach to colleague voice through the establishment of a new colleague ‘forum’ representing the voice of clinical and non-clinical colleagues.
- Multi professional workforce strategy – as we grow and diversify our focus is on ensuring that our approach is non-Physio centric so all feel included.
- Diversity and Inclusion focus including the establishment of a new Steering Group. A key priority is to lead this from a people perspective to ensure we have a representative workforce who feel valued and included and that we embrace the impact that diversity of thinking and background can bring.
- New ways of working are emerging following the COVID-19 pandemic and our approach will be to move to a more agile workforce model with a blend of office/face to face work and virtual. Our leaders need to be able to lead remotely and our focus on developing the right parameters and support to enable to this new type of workforce.
- Effective Teams – our focus will be on engaged and effective teams working together towards common goals.
- Colleague communications – through the introduction of Workplace we have a social media platform to communicate with our colleagues and we are delivering communications through varied methods including video and written. A key focus now needs to be the streamlining of messaging to avoid information overload and to ensure key messages are heard. With remote working, the importance of this is particularly strong.
- Cultural and engagement planning will be a priority as we continue to grow, diversify and acquire and this need to be considered in the context of the new world of agile and remote working.

Section 3

Quality Developments and
Improvement Priorities for
2021/2022



3.1 National Improvements & Developments

3.1.1 Clinical Care

1. 10/10 Clinical Support Tools

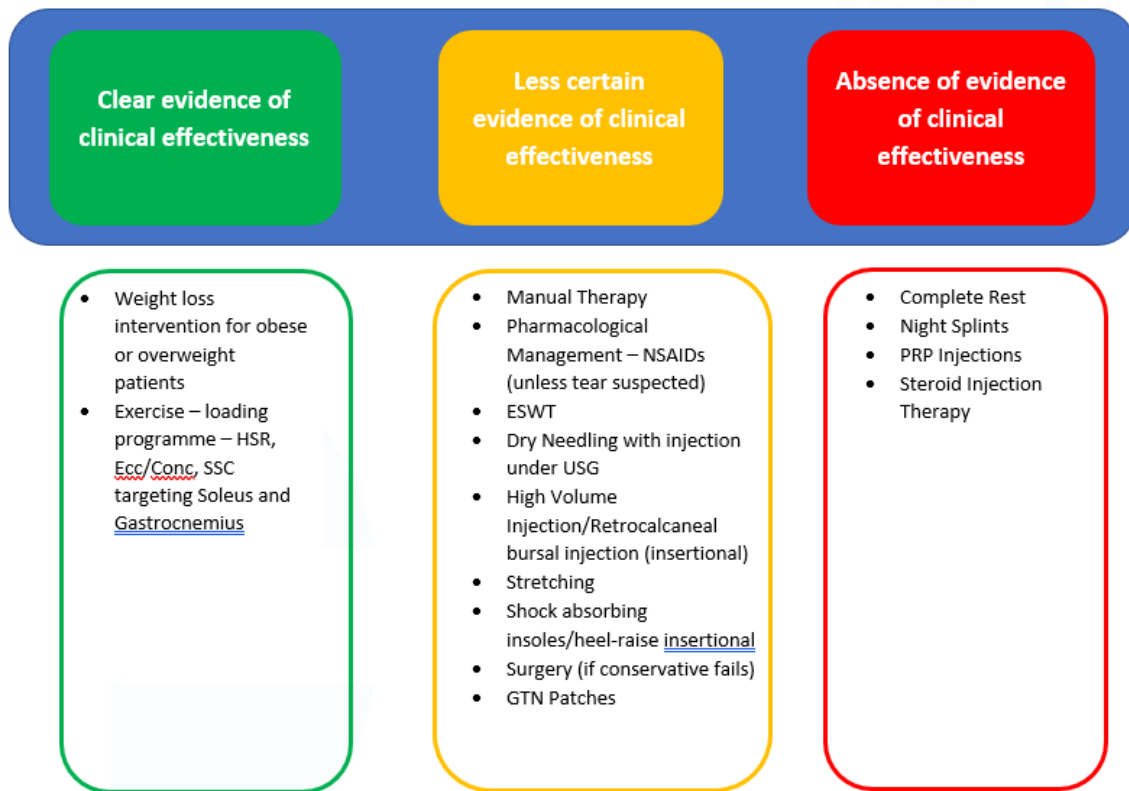
Clinicians developed our 10 out of 10 (10/10) clinical support tools in 2016 using the best available evidence for each clinical condition. The aims of the clinical support tools are to:

- reduce unwarranted variation in treatments for common MSK conditions nationally
- ensure that we were offering evidence-informed treatments to our patients
- aid clinicians by compiling high quality evidence and recommendations into an easy to use and accessible format.

The initial 10 guidelines were published in 2017. This was extended to the five next most common MSK conditions, so we now have 15 clinical support tools covering,

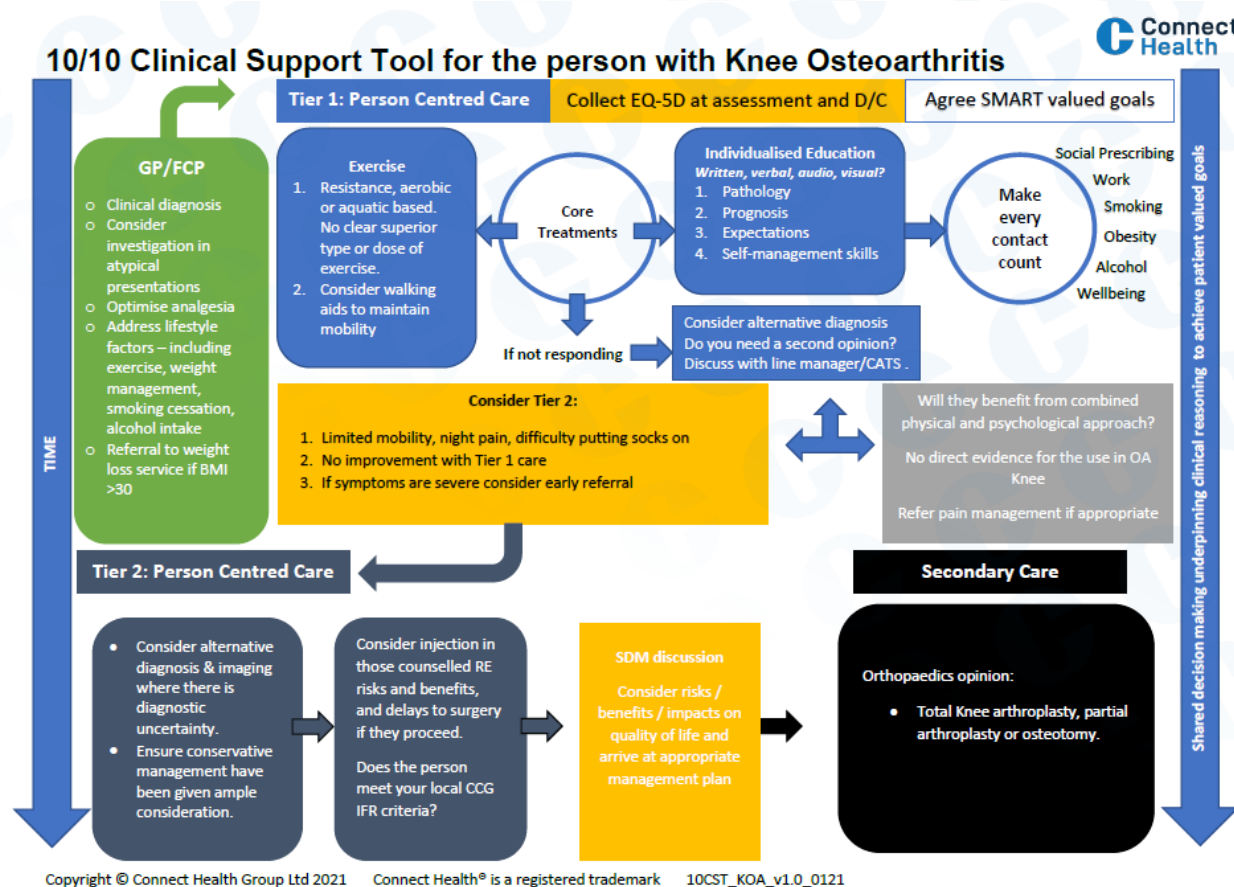
- Frozen Shoulder
- Carpal Tunnel Syndrome
- Osteoarthritis Base of Thumb
- De Quervain's Tenosynovitis
- Ankle ligament injury
- Low back pain
- Neck pain
- Hip Osteoarthritis
- Knee Osteoarthritis
- Greater trochanteric pain syndrome
- Patellofemoral pain
- Sub-acromial pain syndrome
- Lateral epicondylitis
- Plantar fasciitis
- Achilles tendinopathy

These clinical support tools have RAG-rated management options where “green” treatments have clear evidence of clinical effectiveness and minimal known risk, amber have treatments where the evidence of clinical effectiveness is less clear and improbable risk and “red” are treatments that have an absence of evidence of clinical effectiveness and/or there is a probable risk associated with the intervention.



The 10/10 clinical support tools are featured in colleagues' education sessions and their use is monitored via clinical supervision and audit. Since implementing clinical support tools in the organisation, we have seen an increased EQ5D score shift across all conditions covered in the guidelines which suggests that these tools have improved patient care and outcomes.

During 2019/2020, we performed a full review of the content and format of the clinical support tools to update them based on changes in the evidence base and a review of the appropriateness of the RAG rating criteria. We also shared them externally with Primary Care colleagues. Initial feedback is that the sharing of these tools has enhanced the knowledge and skills of colleagues in primary care to identify and manage some of the more common MSK conditions.



3. Use of Patient Groups

A plan for 2019/2020 was to develop group consultations in a new innovative way. The model has been successfully used in primary care for long term conditions but not widely practiced across most of MSK providers in the UK operating groups, including Connect Health.

Connect Health committed to pilot this new way of working in terms of group consultations in our Croydon MSK Service. The pilot went live in January 2020 for people experiencing Osteoarthritis of the knee. Since inception the pilot has expanded to include Sub-acromial shoulder pain

Initial patient and colleague feedback has been very positive. The local commissioning body has also voiced their approval with this new model of care. Our plan for 2020/2021 is to roll the new model out across all our MSK services and further investigate the impact it has on our model of service delivery from both a clinical and operational perspective.

4. New models of care

Connect Health continues to develop new ways of providing care in a more cost-effective way in innovative contracts/pathways in partnership with Clinical Commissioning Groups (CCGs) and NHS Trusts.

In Community Rheumatology we have rapidly innovated the way we deliver care in response to COVID-19. In response to the initial lockdown in early 2020 our services went virtual almost

overnight offering telephone and Video consultations without interrupting patient care. Our current model offers a Hybrid Approach of both Virtual and face to face consultations depending on clinical need and patient preference.

We have also adopted a hybrid model of the Patient initiated follow up (PIFU) where patients can contact for a follow up when needed in between their allocated annual reviews for those with long term stable Rheumatic disease.

Also in response to Covid-19, we accelerated our blended digital and telehealth pain developments at pace and scale to provide Digital and Virtual PRISM (Pain education and practical advice and tips for self-management) and Virtual Pain Management Programmes across our pain services. These have further evolved and developed iteratively, in response to patient and clinician feedback and clinical outcomes. In addition to face-to-face individual and group-based pain management/rehabilitation, we also provide PRISM, online Pain Management Programmes as well as an asynchronous ehealth pain programme. We are currently piloting the feasibility of a 12-module pain webApp, aimed at supporting patients to live better with pain. Connect Health ehealth/digital pain innovations were highly rated by the NHS Change Challenge, before finally making it into the final list of the most impactful pain related innovations. See link: <https://bestmsk.crowdcity.com/blog/category/219908>.

Further to the achievements stated in our previous Quality Account, we have taken the public health approach to persistent pain under the banner “Flippin’ Pain™”. We planned to deliver a large-scale engagement event with partner organisations like Versus Arthritis in June 2020. The event was a bike-peloton roadshow through the combined counties of Lincolnshire with expert speakers, interactive stands and plenty of opportunities for public and healthcare professionals to engage in the campaign. Unfortunately, due to COVID 19 we have had to postpone this event. Nevertheless, the planning and work that has gone into it has reaped results already:

- We have held more than 3 large scale public events
- Large charities have supported the work
- We have been invited to present on the Flippin’ Pain™ concept at STP/ICS boards across the country

5. Patient App

During 2019/2020 we launched our patient App (named PhysioNow). This was in partnership with EQL, a Google-backed NHS Digital Health London Accelerator Programme. PhysioNow gives our patients more choice when accessing our service, alongside greater flexibility & immediate access to information and resources. PhysioNow carries out a symptom check and directs patient on to the correct pathway, whether that is a red flag condition which will be directed to A&E, a self-management treatment plan or a recommendation for a face to face appointment with a clinician.

Despite COVID 19 delaying its launch across all services, we have to date seen 118 patients completing PhysioNow with 95% recommending it to their friends and family. During 2020/2021 Connect Health will scale PhysioNow across all our services as a digital triage option for patients to access as an adjunct to our more traditional referral access pathways.

6. Virtual Consultations

Part of the NHS 10-year plan is about optimising patient appointments; one way it suggests tackling this is using virtual consultations. This is something we were very keen to implement,

to make it easier for patients to access good quality consultations without needing to leave their home.

Following a period of due diligence, we accelerated the launch of our virtual consultation platform in March 2020 just ahead of the COVID pandemic and resulting lockdown. As part of 'back to better' approach to embedding learning from the pandemic, we now have ability to offer blended clinics with choice of face-to-face or virtual consultations, both one-to-one or group-based, informed by patient preference and clinical need, in line with the long term plan.

3.1.2 Technology Innovation

Throughout 2021/2022, Connect Health have continued to drive our technology innovation; our journey of data driven automation and digital care has transformed the way we work. Using digital and our data warehouse as the driving force, many processes have been automated and the concept of digital care is now embedded. Rich insight from a variety of sources and systems now allows evidence-based decision making to improve operational and clinical standards to the benefit of staff and patients.

Azure DevOps to manage change and projects

This year we have continued to innovate by expanding the use of Microsoft Azure DevOps to deliver all change, projects and IM&T 2nd line support activity. Our Agile Scrum framework includes a specifically tailored Idea to Done process which is completely digital from submission of a 'front door' webform for change/projects or a service desk ticket for 2nd line support. Using software from within our cloud-based Microsoft estate is part of our overarching IMT strategy, enhances our ability to quickly and easily collaborate and assign work items and the built-in tracking functionality of Azure DevOps is fully auditable, supporting our ISO9001 certification.

We have been keen to enhance our maturity in the way we use DevOps and so, as part of a strategic pillar for 'Delivery & Change', we have established a working group to continually review what works well and seek areas for improvement. Some of the key initiatives in flight are as follows:

- Review of the front door webform to enhance the requirements gathering stage and improve stakeholder engagement with the idea to done process.
- Introduction of 'Checks & Balances' dashboards to provide quality controls against our data integrity.
- Interactive workshops with delivery teams and business stakeholders to enhance our working knowledge of Agile delivery and improve consistency.

Data Warehouse

Our Data Warehouse is the heartbeat of the organisation and it is the single source of reactive and proactive processes from mandatory and contractual data reporting, internal performance reporting across the business to driving and orchestrating processes such as automated patient registrations, digital triages, automated appointment booking and automated communications with patients as well as significant integration with Microsoft Teams to allow individual and group video appointments (that people thought would only be popular during periods of lockdown!).

It draws together information from many operational and clinical systems allowing us to join many different data sources to provide a greater depth of insight across more areas of the business than ever before.

We have recently accelerated our integration capabilities around Application Programming Interface (API) and Secure Sockets Layering (SSL) with many different NHS systems giving unparalleled integration with the NHS. This allows us to access more data and create more data driven process than ever before, directly communicating with NHS systems.

We have developed our own in-house application, called CHAD (Connect Health Automated Datalink). CHAD orchestrates all data led processes run by the data warehouse. These include:

- The ETL processes from source systems to maintain up to date data tables and associated reports and dashboards.
- The process for automating patient registrations and appointment bookings – working in tandem with our virtual workers from the Robotic Process Automation team.
- Identifying appropriate patients for digital triage (based on clinical logic) and then processing the results for reporting and moving the patient to the correct next step of their care pathway.
- Identifying the correct patients to send communications to so they are aware of their appointments and are reminded to turn up or be by their phone or computer at the right time.
- Generating links and processing the returns of online questionnaires and assessments to ensure patients are moved on to the next step of their treatment safely and efficiently.
- Generating automatic Microsoft Teams links for video appointments so patients and clinicians are invited at the point of booking.

Our live report server is a Power BI Centre of Excellence that allows users Role Based Access to data that is relevant to them. Using data warehouse tables, scripted reports are always available covering a wide range of topics from contractual KPI reports that evidence our performance to commissioners and customers, to mandatory data submissions to the NHS, internal performance and monitoring reports and financial reports. We are currently in the process of moving to cloud-based reporting and sharing of data, including exploration of Artificial Intelligence and Natural Language Questioning – further empowering users and patients.

Use of data

As an organisation we have embraced the use of data from top to bottom and made it a critical part of our strategy. We now use our data not only for reporting and insight, but also to drive many operational processes.

Data is used by clinical and operational leads to constantly refine patient care pathways based on the best patient outcomes. We have analysed more than 500,000 patient journeys to understand the different outcomes and pathways and then ensured our data capture covers all aspects of the patient journey. Having such a variety and depth of data available to us has played a key role in managing our service through this time. It has provided clear information on our current service demands and insight into what may be on the horizon so we can plan to best support our patients, colleagues, and partners.

The data is also used to give us a holistic view of all our patients, where they are in their pathway, detailed data on waiting lists and open pathways – with the primary focus of patient safety and quality of care.

Brilliant data and brilliant use of data has moved us to today's new world of data driven processes and decisions, transforming the way we deliver operationally and clinically. We now have a fully digital care pathway where many patients are registered, triaged, and booked for their appointment from the comfort of their smartphones – freeing up time for humans in healthcare to do what they do best, caring for patients.

There is trust and confidence in the data we hold, how it is used and in the benefits it brings from an efficiencies perspective, as well as improving patient experiences and outcomes. It has driven a huge cultural change across the business and has opened many eyes to the power of the data we hold. It not only tells us what's happened, but what we should do next. The opportunities provided by brilliant data are now understood and being exploited to the benefit of staff and, most importantly, patients.

Patient Experience Technology

During 2021/2022 we have built strongly on our experience of launching PhysioNow® and developed several patient-facing digital solutions; all of these solutions have been designed for ease of accessibility and use, as well as to allow clinicians to focus their consultations on patient care rather than completing administrative process tasks. Below are some key examples of these solutions.

Digitally Enhanced Clinical Consultations (DECon)

This project was delivered as part of the TOPOL fellowships programme with our Clinical Integration and Transformation Lead being part of this prestigious programme last year. The premise behind DECon was to provide tier 2 MSK patients the ability to provide information about their condition in advance of a clinical consultation and that this information would be easily accessible to the clinician as well as reducing the data input burden on clinicians.

The project was co-designed with patient groups and clinicians, and we identified key requirements around the accessibility of the solution with translation coming up regularly. Clinicians were keen to see how the information provided could be added to clinical letters.

Digitally enhanced consultations are now live across all our tier 2 MSK services (14 CCG localities). We have a 35% completion rate on average at present which, based on national data sets, is a good response rate and we are looking at how we optimise messages and the portal to increase the uptake. We have 117 languages which can be translated by typing and seven by voice dictation. The form can be dictated into or typed into and meets NHS accessibility guidelines for screen readers, etc. We have managed to get the information transferred within 24 hours of submission via an API to our core clinical system, Systm1, and any information provided by the patient can also be directly pulled into the clinical letter produced. Overall clinician and patient feedback have been positive.

Digital Patient Self-Management (DPSM)

DPSM, currently in development and launching in 2022, will allow patients and clinicians to create, track and update individual rehabilitation/self-management plans digitally and in real-time with a facility for two-way communication and allowing for supported self-management. This solution will be developed for our MSK and pain services and will link seamlessly with the other technologies we are using, for example, from PhysioNow® if a patient is identified as suitable for self-management, we will be able to direct them straight into our DPSM solution through use of our data warehouse technology and APIs.

Electronic Patient Reported Outcome Measures (E-PROMS)

This year we have moved from clinicians manually collecting and inputting PROMS to a completely automated solution. Patients now receive a link to our patient portal seven days

prior to their initial consultation, which allows them to complete the E-PROMS and DECon at their preferred time. They get a follow up set of E-PROMS at discharge, three months post discharge and 12 months post discharge. This allows us to track data longer than ever before and monitor the impact of interventions over a longer period. Using our Systm1 API the E-PROMS are written directly into our electronic patient record for the clinician to see and utilise in their consultation.

We have rolled this out across MSK and pain services and are now also able to capture more PROMS than previously.

PhysioNow®

We have continued to build on our self-assessment application with our partners, EQL. Current focus is on improving the stratification of patients to supported self-management in preparation for our DPSM offering. To end of March 2022, we have had 97,821 patients offered PhysioNow and 70,626 patients completed.

Physitrack automation

This year we have also automated common exercise programme assignment for our 10 most common clinical conditions. This allows clinicians to send appropriate standardised exercises and educational content via Physitrack. The use of an API between our systems and Physitrack ensures that patients are getting good quality and accurate information about how to manage their condition, but it also saves clinicians' time as they no longer need to register the patient themselves in Physitrack, it is all done by the codes the clinician selects on their clinical template in Systm1.

Robotic Process Automation (RPA) Infrastructure

Following on from the successful implementation of automation across the business, this year we have also stepped up our focus on RPA infrastructure and evolution of our virtual workforce platform. Current RPA platform is hosted, maintained, and supported in our supplier's (Blue Prism) Azure infrastructure. This has been the case since implementation of RPA three years ago, as Connect Health's Azure infrastructure was very much in its infancy, and there was limited team resource to cover support and maintenance. During procurement, it was our most favoured option so we could focus on identifying and developing opportunities of automation use cases in the business.

Improving the infrastructure was focussed on four key areas:

1. **Scalability**
Improving the capability to change in size or scale. Having more control of our platform infrastructure to quickly scale up production in bursts of capacity, upgrading virtual machines/servers to maximise performance output whilst reducing the reliance on a third-party supplier.
2. **Utilisation**
Ensuring we are making effective and practical use of our virtual workforce, with improved orchestration of processes utilising the data warehouse and CHAD integration. Full access to back-end database meaning real-time view of all processing inputs/outputs for better Management Information.
3. **Maintenance**
More accessibility and control of RPA platform infrastructure, bringing all support needs in-house which reduces the reliance on third-party support whilst also ensuring VMs, Servers etc are all updated to industry standard specifications.

4. Cost

All the above benefits but at less cost. Bringing all infrastructure support and maintenance in-house allowed for significant licence cost reduction on the new platform as we have no reliance on third-party supplier. Savings gained mean we can invest in more enhancements, upgrades, and additional tooling so we have more firepower in our automation arsenal for future development opportunities.

As a result of this project, we successfully completed a proof-of-concept build – building a single virtual worker platform hosted in our own Azure environment, importing a simple use case then robustly testing end to end. This provided the foundations of our new Blue Prism Enterprise platform, hosting seven digital workers (robots) where we have successfully migrated multiple processes and are now running much of our RPA automation estate through this new platform. We will be running completely on our new platform by the end of May 2022.

3.1.3 Developing Colleagues

Multi-professional Workforce

Connect Health have continued to place a focus on its multi-professional workforce during 2021/2022 and now employ 49 rehab therapists, close to 15 nurses, 6 doctors and 10 psychological therapists. Furthermore, we now have a Director of Nursing and Director of Mental Health to help drive the business forward and give greater recognition and a stronger voice to these groups of colleagues within Connect Health.

We adapted our colleagues' competency frameworks, developed new multi-professional core pain and rheumatology competencies, revised the supervision policy and developed related systems, processes and training and developed Academy curricula and general clinical governance to better reflect the multi-professional nature of our workforce and to ensure safe and effective care.

Student Physiotherapists

Connect Health continues to support student placements, regularly taking student physiotherapists and sports therapists on clinical placement. Up to March 2020 these were all traditional, face to face placements. The arrival of the COVID-19 pandemic caused major disruption to health care student placements with widespread cancellations. In response, Connect Health rapidly developed a virtual placement model that allowed students to complete their placements fully remotely, thus allowing them to continue their studies and graduate into the workforce at a time of pressing demand for rehabilitation services. This model of placement allowed students who had returned to their home countries during the pandemic, students with caring commitments and students who were advised to 'shield', to all complete a clinical placement despite COVID-19.

This virtual placement model was piloted in mid-May 2020 to great success and between 18th May – 31st July 2020 117 students from 7 HEIs had started a virtual placement with Connect Health. As of July 2020, a quality improvement paper on this process of rapid innovation and implementation was in draft format and the formalisation of a national student coordinator role was being considered to enable continuation of remote placement delivery at scale throughout the COVID-19 pandemic to help address the issue of a widespread placement shortfall.

Virtual Student Placements

As mentioned above, COVID-19 affected many students, jeopardising graduation and their chance of fulfilling clinical placement hours. Connect Health's virtual student placement

initiative was launched and within the space of 4 weeks, accepted 60 students in partnership with Brunel University, Kings College London, and St George's University.

This ground-breaking initiative is unique in structure and size by offering three different elements completely virtually, thus enabling students to complete a placement from wherever they were based during the pandemic. We enabled students to shadow virtual clinics across the company, utilised The Academy resources and launched our student academy in Workplace from Facebook, our internal communications platform, giving access to teaching from 400 clinicians and a broad range of exciting educational resources. Furthermore, students ran regular Facebook Live exercise classes to support patients with their rehabilitation during COVID-19. This offered a lifeline to those students who were unable to progress with their studies and was vital to those students unable to work in Trusts during COVID-19 due to shielding themselves or a relative. The initiative also gained international appeal as some students had to return home due to COVID-19, to places including Canada, Barcelona, Ireland and Singapore. Interestingly, patients from all over the world are joining the Facebook rehab and exercise classes.



Glossary of Terms

Care Quality Commission (CQC)

The Care Quality Commission is the independent regulator of health and social care in England. It regulates health and adult social care services whether provided by the NHS, local authorities, private companies or voluntary organisations. Visit: www.cqc.org.uk.

Chartered Society of Physiotherapy

Chartered society of physiotherapy (CSP) is the professional governing body for physiotherapists as a profession. Further they are the trade union for physiotherapists. <http://www.csp.org.uk/>.

Clinical audits

A systematic process for setting and monitoring standards of clinical care.

'Guidelines' define what the best clinical practice should be, 'audit' investigates whether best practice is being carried out and makes recommendations for improvement.

Community services

Health services provided in the community, for example health visiting, school nursing, community nursing, special dental services, physiotherapy, podiatry (foot care).

Flippin' Pain™

A chronic pain focused public health campaign, aimed at raising awareness and improving the understanding of chronic pain.

Green Plan

Green Plans provide a structured way for healthcare providers to set out the carbon reduction initiatives that are already underway and their plans for the subsequent three years.

Healthcare

Healthcare includes all forms of healthcare provided for individuals, whether relating to physical or mental health.

Health care and professions council (HCPC)

Health care and professions council (HCPC) are the professional regulator for physiotherapists as an allied health professional. They are responsible for registration and re-registration for licence to practice for physiotherapists and ensure that all registered physiotherapists adhere to the Standards of proficiency (Fitness to practice). Further the HCPC approve the quality of training programmes and maintain a register of professionals who have met the proficiency standards to practice. <http://www.hpc-uk.org/>.

HQIP

Healthcare Quality Improvement Partnership. Visit: <http://www.hqip.org.uk/>.

Increasing Access to Psychological Therapies (IAPT)

Increasing Access to Psychological Therapies (IAPT) services provide evidence-based psychological therapies to people with anxiety disorders and depression.

Musculoskeletal (MSK)

Parts of the body involved with movement and function, such as bones, joints, muscles, ligaments, tendons, nerves.

National Institute of Health and Clinical Excellence (NICE)

NICE provides guidance, sets quality standards and manages a national database to improve people's health and prevent and treat ill health. NICE makes recommendations to the NHS regarding:

- New and existing medicines, treatments and procedure
- Treating and caring for people with specific diseases and conditions
- How to improve people's health and prevent illness and disease Visit: www.nice.org.uk

Patient Reported Experience Measures (PREMs)

Patient Reported Experience Measures are used to assess the quality of healthcare experiences, focusing on patients. These measures help healthcare providers, commissioners and other stakeholders to make informed changes to their services.

Patient Reported Outcomes (PROMs)

PROMs assess the quality of care delivered to patients by measuring outcomes or the tangible effect of care on the patient.

PhysioLine

A patient telephone/video triage, assessment and advice service, providing remote consultations by telephone/video call.

PhysioNow®

A clinically-led Chatbot MSK Triage Tool, which allows patients to share information about their condition via an intuitive app which then directs them to the correct pathway.

Physiotherapy

Registered and qualified practitioners skilled in the assessment and treatment of conditions relating to the human body, that limit or impair movement and function (temporarily or permanently).

Physitrack

A digital tool to increase patient engagement that provides effective home exercise prescription and outcome tracking for physical rehabilitation and prevention.

Research

Clinical research and clinical trials are an everyday part of the NHS. The people who do research are mostly the same doctors and other health professionals who treat people. A clinical trial is a particular type of research that tests one treatment against another. It may involve either patients or people in good health, or both.

Rheumatology

Registered and qualified practitioners skilled in the assessment and treatment of rheumatism, arthritis and other disorders of the joints, muscles and ligaments.

Safeguarding

A term used in conjunction with measures that are taken to protect, safeguard and promote the health and welfare of children and adults at risk, ensuring they live free from harm, abuse and neglect.

Single Point of Access (SPOA)

Single point of access provides a first point of contact for patients wishing to access community services. SPOA helps professionals arrange the right care for urgent and non-urgent referrals, helping to prevent avoidable hospital admissions and effectively manage long-term conditions in the community.



Further Information and Feedback

If you would like any of the following:

- to give us feedback on any aspect of this Quality Account
- a hard copy of this quality account
- a copy to read it in a different language
- to talk to someone about your experiences of our community MSK services
- to find out more about how to access our services,

Please email generalenquiries@connecthealth.co.uk or phone 0191 250 4580.

Central Office: The Light Box (Q2), Quorum Park, Benton Lane, Newcastle upon Tyne, NE12 8EU.

