



**Connect Health Pain Services (CHPS)
Limited
Annual Quality Account 2020/21**

Community Pain and MSK Services



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Introduction

Connect Health Pain Services (CHPS) Limited, formerly known as Inhealth Pain Management Solutions has a proven track record of meeting the expected key outcomes as a nationwide community chronic pain service provider. This has been consistently achieved by demonstrating:

- Patients improving their perception of pain management and gaining knowledge about how to take effective self-control
- A reduction in the use of medication (if appropriate) and/or more effective use of medication
- A reduction in the need for patients having to access specialist secondary care pain services

Our work has always been focused around helping our patients develop a positive outcome in their physical, psychological and/or social needs.

At CHPS we treat patients within a multi-disciplinary model and provide access to a range of disciplines and interventions that can deal with the physical, psychological and social needs of patients with chronic pain.

Our Senior management team have successfully developed a strategy around developing a cohesive clinical and operations team that can interact effectively with the existing local health economy as well as support the overall commissioning intentions and provision of services, ultimately to the benefit of the patients that are referred into our service.



1.1 Statement on Quality from the Chief Operating Officer

Connect Health Pain Management Solutions is pleased to provide our Quality Account for 2020/21. This document explains how we have delivered high quality care across our community services and highlights several specific achievements over the last twelve months. It also provides us an opportunity to highlight those areas we want to focus on over the next twelve months.

In what has inevitably been an unprecedented and challenging period given the impact of COVID-19 on our services and the communities we support, Connect Health was delighted to welcome CHPS into the group in December 2020. The combination of our experience and expertise provides a significant opportunity to continue the development of the services we provide to our patients, to ensure that they provide the best outcomes for our patients.



We are particularly pleased with the success of the virtual and digital services that have been provided to patients, allowing support and care to continue during the pandemic. The feedback from patients and colleagues alike has been positive and, in common with many healthcare providers, these new approaches are something we would like to retain, in support of recovery from the pandemic and beyond.

We are also pleased that the measures we use to assess patient outcomes and experience have continued to demonstrate the effectiveness of our services, notwithstanding the impact of the last year from the pandemic and beyond.

We continue to collect, analyse and review a broad range of information on the quality of all our services, within the 'three areas of quality' defined by the Department of Health:

- **Safety**
- **Clinical effectiveness**
- **Patient experience**

We use this information to manage the delivery of our services, to identify areas for improvement, to support the training and development of our colleagues and to measure our progress. We are continuing to invest in and develop our data and reporting capabilities, which continues to be transformative for the way we work. We are pleased to be engaged with NHS England's 'Making Data Count for the NHS' initiative.

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,
Chief Operating Officer

1.2 Chief Medical Officer's Statement

Connect Health welcomed our new colleagues from Pain Management Solutions part-way through this year following the acquisition to form Connect Health Pain Services (CHPS) specialising in Community Pain Management service provision. In bringing together the two leading providers of community pain services, we can now move even further forward at pace in providing leading and modern pain management to patients who have often found expertise and services difficult to access.



The two organisations have worked closely together for many years with mutual respect, each providing a fresh and modern approach to Chronic Pain Management. Joining forces together as CHPS will be a powerful means to benefit our key stakeholders – patients, the taxpayer and all the colleagues coming together to learn from each other and serve our patients.

As I write this statement in June 2021, we are hopefully exiting from the worst of COVID-19 as a nation and in healthcare where all providers have had to renew strategy, adapt and evolve. Pain Management Solutions and now CHPS have contributed positively during the COVID-19 pandemic in maintaining services to patients throughout and further developing online/ virtual tools and programmes. The ability to deliver Pain Management Programmes in various languages including for example Urdu has contributed to the important equality agenda before and during the pandemic, a very important feature to be celebrated.

The two CHPS mobile spinal injection units have been active during COVID-19 and in particular are providing a vital service to help solve the problem of recovering the long, long waiting lists for surgery. Several NHS Trusts are utilising this unique facility to ensure patients needing evidence-based spinal injections can receive them from the mobile units on their site, without using up much needed hospital operating theatre space, needed to tackle the waiting lists for vital operations. CHPS expect this requirement to continue for several years providing a key part in NHS recovery from the pandemic.

Pain Management Solutions had a strong track record in delivering results to their patients. In joining with Connect, patients and all colleagues will benefit from the advanced and continually evolving infrastructure at Connect Health. Access to our well-used 10/10 clinical guidelines and rich data use via our live Data Warehouse will benefit patient care further. Given our growing and increasingly diverse service delivery, our investment in a Clinical Academy is already paying dividends which will benefit CHPS colleagues and ultimately their patients. In addition to excellent internal educator resources, we are providing some eminent external speakers for our colleagues and opening the Academy up to external partners who provide integrated services with us.

Of particular mention is Flippin' Pain™ (www.flippinpain.co.uk), which is a pioneering initiative to increase public awareness of modern concepts in Chronic Pain self-management. Initially designed as part of the Lincolnshire Pain service during COVID-19, this has become a nationally recognised resource for both health professionals and people with persistent pain. The number of patients joining and actively contributing to Flippin' Pain™ has been incredible and a key part of the success. In the next year we will be considering the next step for Flippin' Pain™ with possible partnerships of other national organisations interested in pain to help

disseminate the resource to more people and health professionals. If successful, this could amount to true revolution in Pain understanding and self-management.

So, whilst COVID-19 has undoubtedly changed how services will be delivered in the future, CHPS as part of Connect Health will continue its quality delivery of community-based pain management, with a new data-rich evidence-based approach to produce excellent patient outcomes.

Dr Graeme Wilkes, Consultant (SEM)
Chief Medical Officer

1.3 Statement of Assurance

We confirm that this, our Quality Account for 2020/21, 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 May 2021
Mike Turner
Chief Operating Officer



1st May 2021
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.

On the 2 March 2020, we formed the CCPG to provide a coordinated response to the evolving situation and to support the containment & delay of COVID-19 in our colleagues and patients. It was our intention to minimise the impact of the virus on our colleagues for as long as possible, to allow us to continue providing care to our patients. The remit also covered emergency planning, if the virus does infect significant numbers of colleagues, impacting our ability to provide care to our patients in the normal timescale. We constantly reviewed guidance from PHE, WHO, IHPN and NHSE, as well as other relevant bodies, and used this to shape our response to the incident.

The CCPG created an Incident Response plan which outlined how we would and did deal with an increased impact on service delivery from COVID-19. The aim was 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, the CCPG decided very early in March that homeworking would be our preferred option for all colleagues. Mobilising our workforce for homeworking was a top priority. This firstly involved individually risk assessing all colleagues for home working capability, both physically and mentally. For some colleagues this was just not possible, and therefore alternative arrangements were made for them i.e., making office space safe, taking holidays and/or unpaid leave. Several colleague volunteers were redeployed into the NHS nightingale hospital for training. These colleagues had requested to support the front-line NHS and were supported by Connect Health to do this.

Throughout the pandemic, 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

A COVID-19 MSK Risk Stratification Tool was developed to assist clinicians prioritising face to face care of patients and the tool was published in the BMJ and assisted other national providers.

In order to ensure our colleagues were informed and supported, we launched a communication strategy, involving regular messages from our Chief Medical Officer, Director of Clinical Delivery, and Executive and Senior Management Team members, 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 Test & Trace, Lateral Flow Testing, accessing vaccines etc and giving updates about what the future work place & pattern of work may look like. We also provided well-being resources for colleagues to access in various formats and included some well-being checks in regular touchpoint meetings held between colleague & line manager.

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, please email: integratedgovernance@connecthealth.co.uk



1.6 Quality Assurance and Quality Management

Quality Assurance at Connect Health Pain Services Ltd 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 accreditation standards. These mirror the requirements for CQC compliance as well as other National Clinical Quality Standards (e.g. 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 Whistle Blowing Policy and Duty of Candour Policy underpin our no blame culture, where we impress upon our colleagues the importance of speaking up whenever they have concerns, learning from any errors or mistakes we make and apologising when we are at fault, in order that we can improve services for the future benefit of those who receive our care.

1.7 NHS Digital Compliance (IGSoC)

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

This is achieved via the Data Security and Protection (DSP) Toolkit, which replaced the previous Information Governance (IGSoC) toolkit in April 2018.

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.

CHPS received a DSP assessment status of 'Standards Met' against the 2020/21 standards in March 2021.

This provides patients and commissioners with confidence that all data and records held and/or transferred by CHPS are in line with NHS Standards and in keeping with the Data Protection Act and the General Data Protection Regulations (as of May 2018).

1.8 Clinical Governance

Clinical Governance is a framework which ensures that clinical care is delivered to the highest standards in accordance with current knowledge and guidance.

The Clinical cabinet (previously known as Clinical Governance Committee) oversees the Clinical Governance Process & is made up of the Head of Quality and Governance who is the CQC registered manager/Caldicott Guardian, Head of Training and Development, Regional Clinical Leads, Head of Psychology and Interventions Service lead and other members co-opted from time to time that include working groups on Accessing Information Standard, Medicine Management, Injection process improvement and PMP review.

The clinical cabinet follow a review to provide evidence-based treatment pathways and review current policies, procedures & guidelines for all staff that are available electronically on QMS. The clinical cabinet also monitor monthly audit schedule.

The Clinical Governance reporting process is facilitated through our IT activity dashboards, written reports/minutes/regular meetings that include weekly reports from all managers detailing clinic activity/capacity, staffing /HR issues, patient/staff compliments, clinical audits/complaints/incidents/suggestions/outcomes of MDT and PLT.

Our fortnightly Senior Management Team Meetings and Operations meetings are informed by these reports that also provide information for CCG quality dashboards.

The board gains assurance on the effectiveness of the clinical governance processes via an assurance committee called the Integrated Quality, Audit and Compliance Committee (IQACC) that is chaired by an independent Non-Executive Director.

COVID response – InHealth 2020

In early 2020, InHealth Pain Management Solutions responded at pace to the rapidly evolving situation with regards the COVID-19 pandemic. A daily 'Clinical and Operational COVID group' meeting was initiated to provide strategy, clinical and operational direction to the organisation. All staff were mobilised to work from home before the UK wide lockdown was put in place and clinical activity via remote working (telephone and video consultations) continued with little to no disruption. During the initial period of the pandemic local team meetings ran on a weekly basis via Microsoft teams with the opportunity to just have a cup of tea and chat with colleagues to maintain contact with each other during what was for many, difficult and isolating times. Reflecting on those meetings now and the way that the organisation has changed over the last 12 months reveals a closeness and unity amongst the teams that will be a legacy of the pandemic.

Following the mobilisation to remote working it quickly became apparent that our current laptops were not supportive of the increased software requirements therefore an immediate taskforce was set up to replace and upgrade all clinicians to support remote working. Risk assessments were also conducted with all clinicians to support them in their new working environment with equipment being provided where it was required.

From a business perspective, communication from InHealth during the pandemic was delivered by Geoff Searle, chief executive, via weekly videos sent out to all user emails. These provided a strong leadership message and reassured the teams regarding the business' direction through the pandemic. With the transition to Connect Health Pain services the service has benefited from Connect Health COVID-19 pandemic response from December 2020.

Governance framework under Connect Health

Since acquisition by Connect Health in December 2020, our clinical leadership structure allows local ownership and accountability of clinical governance by analysing, monitoring and reporting to ensure that standards of services meet local commissioner and national regulatory requirements.

Centrally, we have several groups with niche responsibility to monitor, regulate and govern specialist areas of risk to patient safety, clinical effectiveness or patient experience. These include:

- Clinical Governance Group
- Clinical Operations Group (COG)
- Clinical Audit/Guidelines/Research Group
- Medicines Management Group
- National Safeguarding Panel
- Patient Safety and Quality Group

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.

Section 2

Review of Performances &
Improvement Plans for
2020/21



2.1 Patient Safety

CHPS has been a part of The Patient Safety and Quality Group at Connect Health to account for the expansion of the business and the necessary development of the Clinical Governance Framework. The group oversees several areas of clinical risk management and patient experience and to support effective governance around the clinical governance department function. This includes the management of incidents, complaints, claims, subject access requests (SARs), the system to manage all safety alerts (both clinical and non-clinical) and effective policy management across the business. Subject matter includes infection prevention and control. The group plays a key role in identifying and sharing lessons learnt from the clinical risk management activities and will monitor relevant learning.

2.2 Risk Register

CHPS has a central risk register which captures risk in Pain and MSK service. These risks are discussed and updated in Clinical Cabinet and monthly SMT meetings. Key risks and the associated management plans are escalated to the IQACC to ensure they are appropriately actioned in a timely manner.

2.3 Incidents management

After acquisition by Connect Health in December 2020, CHPS went live with Datix in January 2021 and have already seen improvements in reporting and monitoring of patient safety incidents. Datix also allows us to introduce more specific reporting on key specialist areas, for example, health and safety, information governance and safeguarding, violence and aggression. Prior to Datix all the incidents were captured on Sentinel and were reviewed in weekly CLIC (Complaints, Litigation, Incidents and Compliments) meetings chaired by Head of Governance at Inhealth. Themes of the incidents are captured on Datix and actions to address improvements required are discussed at CLIC and reported through the Clinical Governance Committee up to Board.

2.4 Safeguarding

National Safeguarding Panel (NSP)

The NSP is responsible for policy and process monitoring within the organisation and ensuring timely and appropriate reporting of safeguarding concerns (of children and adults) both internally and externally. The panel meetings provide a formal process for those with senior safeguarding responsibility to assure the business that our infrastructure meets legal requirements, conforms to national policy and that any lessons learnt are evaluated and applied in practice. Meetings are attended by all Designated Safeguarding Officers (DSOs), including the CHPS DSO, and the Chief Medical Officer as the Board level lead for safeguarding.

2.5 Measuring Patient Experience

Since the resumption of collection of the Friends and Family questionnaire we have worked to gather as high a response rate as able. We collect Friends and Family monthly response rate has stayed stable between 18.09% of those contacted in January 2021 and 11.1% in April in most recent figures. We have seen a general positive trend in our responses with 78% patients rating our care as Very Good or Good (3343 responses = 4828% response rate). As the Friends and Family is anonymous by design, we encourage anyone reporting a poor or very poor response to contact us directly to seek to address their concerns. These Friends and Family responses varied across the 25 areas that we perform the Friends and Family questionnaire, all producing similarly positive response rates with a minority of responses being negative. Each regional Friends and Family questionnaire is reviewed by the local and regional clinical and contract managers to explore and respond to their regional landscape.

We were piloting the use of digital data collection methods using a platform called Smart Survey. Smart Survey is an online survey and data collection platform used by NHS organisations and holding appropriate level of data security with accreditation with the ICO, ISO 27001, UK Government G-cloud supplier and NHS digital toolkit. Use of digital platforms has allowed us to responsively ask changing questions of the patient users of the service. For instance, in recent months, we have asked patients about their thoughts on the use of face-to-face appointments, 42.9% giving a preference for face-to-face appointments in March rising to 48% in April across the organisations pain clinics. We have also asked patients about which appointments they would prefer with Pain Self-management 1-1 appointments having a preference in 22% and Physio 14%. Beyond this there is a range between 6.8% (Self-management groups) to 11.7% (Pain Medication) in April.

2.6 Patient Feedback

We also use the same platforms to collect feedback on the pain management groups that we run. The South Yorkshire, South Coast and Midlands Pain Management Programme (PMP) feedback has been collected over the last 12 months getting mostly positive feedback:

Rating	Overall, how was your experience of our Pain Management Program?
Very Good	57
Good	22
Average	5
Grand Total	84

Fig 1. PMP feedback.

We use similar platforms to collect feedback from our Midlands' Sleep management group. Use of the platform and the questions asked has been developed using Patient and Public Involvement. As part of this we have been working with Sheffield Hallam University on a multi-level Service Evaluation of experiences of the service in the last 15 months during the COVID-19 pandemic. This is funded in part through Sheffield Hallam University. The patient component is currently undergoing the IRAS application process and will proceed following approval via the NHS Research and Ethics Committee process.

2.7 Our Commitment to Our Colleagues/Staff Engagement

Staff engagement survey

Formerly InHealth Pain Management solutions and now Connect Health Pain services prides itself as an organisation that puts its clinicians at the heart of developing high quality and effective patient care.

As part of InHealth Pain Management Solutions, a staff survey was completed last June the results of which can be seen in Appendices 1-3. This year the plan will be to align to Connect Health group's staff survey also taking place in July.

There was a 74% participation in the survey in 2020, and the 5 key staff engagement questions including 'I know where to go for support regarding my health, safety and wellbeing' produced a 93% favourable response. From the comments received from the survey, steps have been taken and are continued to be taken to ensure that the staff feel listened to and supported in their workplace, one of the major aspects of this over the last 12 months has been the response to the COVID-19 pandemic and supporting staff to work safely from home with the equipment they require to do this. As InHealth Pain Management solutions was acquired by Connect Health Pain Services in December 2020 some of the comments on the survey regarding pay and annual leave have not been able to be addressed due to the legalities of the acquisition but are being addressed in the discovery phase of the transition process.

There has been a multi-level service evaluation exploring the effects of the development of distance and remote working on patients and Staff (clinical and organisational). The staff component of this is currently in the data gathering stage, collecting survey information and recruiting to semi-structured interviews. A thematic analysis will be developed working with Sheffield Hallam University to allow use to develop and continue to learn from an evolving situation. The involvement of an outside organisation is very valuable to support responsive insights and to support balanced and objective observations of our practice and learnings.

2.8 Complaints Management

Throughout 2020, CHPS has provided bespoke complaints management training targeting front line clinical leads and senior administration staff to ensure that staff have the correct skills and knowledge to ensure that complaints raised receive a timely, compassionate and robust response. The type of complaint by theme over that period is represented below:

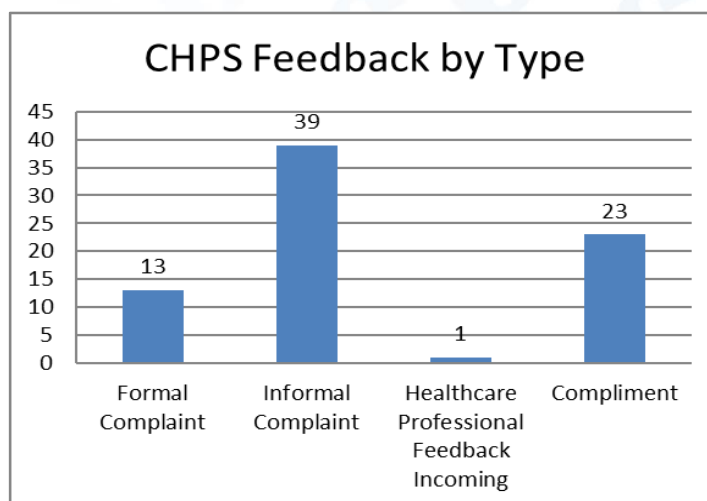


Figure 2. Complaint Feedback by 'type' for 2020.

Section 3

Quality Developments and
Improvement Priorities for
2020/21



3.1 National Improvements & Developments

3.1.1 Clinical Care

10/10 Guidelines

We started developing our 10/10 clinical guidelines in 2016; these were developed by clinicians using the best available evidence for each clinical condition. The aims of the clinical guidelines are to: reduce unwarranted variation in treatments for common MSK conditions nationally; ensure that we were offering the most evidence-based treatments to our patients; to aid clinicians by compiling high quality evidence and guidelines into an easy to use and access format.

The initial 10 guidelines were rolled out in 2017 and we then started work around the next 5 most common MSK conditions, so we now have 15 clinical guidelines in total covering:

1. Frozen Shoulder
2. Carpal Tunnel Syndrome
3. Osteoarthritis Base of Thumb
4. De Quervain's Tenosynovitis
5. Ankle ligament injury
6. Low back pain
7. Neck pain
8. Hip Osteoarthritis
9. Knee Osteoarthritis
10. Greater trochanteric pain syndrome
11. Patellofemoral pain
12. Sub-acromial pain syndrome
13. Lateral epicondylitis
14. Plantar fasciitis
15. Achilles' tendinopathy

All these evidence-based guidelines have RAG-rated treatment options where "green" treatments have a firm positive evidence base, amber have treatments where the evidence isn't clear and "red" are treatments demonstrated not to be effective.

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

During 2020 we performed a full review of all guidelines to update them based on the most recent evidence. Furthermore, we revised their format and content and 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.

Published EQ5D Clinical Outcomes

We published the EQ5D outcomes of a large cohort of 4,271 patients in 2017, setting a new benchmark of +0.20, meaning improvement for quality of care in physiotherapy as outlined above.

Having been performance-managing our colleagues on quantitative standards in collection rates, we are seeing collections rates for clinician discharges rising once again in 2019/20 to 69%.

- As we continue through 2021, we are expanding our PROM collection to include measures specific to our growing Pain and Rheumatology services. These measures should add value to our understanding of the effectiveness of these services at the patient-level.

Use of Patient Groups

A plan for 2019/20 was to develop group consultations in a new innovative way. The evidence-based on groups is not well known nor practiced across most of those 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 low back pain. Since inception the pilot has expended to include other conditions, namely:

- Osteoarthritis of the knee
- 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 2020/21 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.

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 covering:

- Community Rheumatology pathways
- Community Pain pathways

These are two areas of practice relatively un-touched by reform in comparison to the orthopaedic pathway which was stimulated by the MSK Framework document issues by the Department of Health as long ago as 2006.

In 2019 we developed a cost effective and innovative community-based pain pathway and on the back of a competitive procurement process, in which we were chosen as the preferred provider, we have partnered with Lincolnshire Clinical Commissioning Groups to implement a pathway to revolutionise the way in which persistent pain services are currently delivered.

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

Patient App

During 2019/20 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® conducts 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 2020/21 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.

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 are 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. We have now enabled > 300 clinicians to work from home using video-based consultations tools to supplement their consultations with patients.

Robotic Process Automation (RPA)

During 2019/20 we worked with “Thoughtonomy” & ESNEFT to introduce Robotic Process Automation into our business. Virtual workers were introduced into carefully selected areas of the business, where we can emulate the way people use business systems, the decisions made and the processes they follow, to augment, replace or digitise manual, repetitive work processes. This is about making time matter, so we can utilise our key assets - our people - where they are needed, to provide quality services to our patients.

Our main area of focus for RPA has been in Patient Care Coordination. We have successfully automated the registration of referral process for all our NHS services. To date some 50% of

the referrals we receive are processed via an automated route. This is the equivalent of close to 175,000 referrals per annum and has released close to 15 FTE colleagues from this high volume, low impact work to other more meaningful and value-add work within Patient Care Coordination.

As we look forward to 2020/21, we hope to further improve the percentage of referrals RPA can manage, alongside introducing RPA into other areas of the business e.g., HR, Finance.

3.1.2 Developing Colleagues

Multi-professional Workforce

Connect Health have placed a focus on its multi-professional workforce during 2019/20. We now employ > 20 rehab therapists, close to 10 nurses and 7 psychological therapists. Furthermore, we created and employed to Lead Nurse and Lead Psychologist posts 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 colleague's competency frameworks, supervision frameworks and general clinical governance to better reflect the multi-professional nature of our workforce to ensure safe and effective care.

Student Physiotherapists

Connect Health continues to grow its student placement offer, taking students on placement from a large variety of HEI's. During the recent COVID 19 pandemic we changed our model of student support rapidly to enable placements to continue. This involved moving all placements to being virtual/remote. We saw > 60 students from across the UK and internationally join these virtual placements, receiving thanks and recognition for our pioneering efforts from multiple senior sources.

Developing Consultant Physiotherapy (DCP) Roles

The introduction of the DCP program in 2018 was a first of its kind and a cutting-edge approach to how we invest in our Clinical and Operational Leaders of the future, which has recruited four colleagues, with three allocated to NHS Services and one to Occupational Health Services. The programme is forward thinking and was launched at a time when no clear consensus existed for consultant physiotherapists competency or development needs. As the DCP has gathered momentum we have been approached by various Academic institutions and Manchester Metropolitan University will now be involving us in the pilot of the Advanced Clinical Practice [Level 8] Consultant Level program for AHPs.

The DCP centres around innovation, productivity and prevention, structured around the five pillars of [R.E.A.C.H](#)

1. [R](#)esearch & Development
2. [E](#)ducation & Learning
3. [A](#)dvancements & Innovation
4. [C](#)linical Excellence & Leadership
5. [H](#)ealthcare and Service Design

The success of the DCP has many elements and the benefit to the organization has been evidenced in several ways. None more so than seeing Andrew Cuff (previous DCP) move successfully into a Consultant Physiotherapist post within Connect Health. Subsequently, Andrew was successful in obtaining a fully funded PhD studentship from Keele University. This studentship covered the cost of his tuition fees and as part of his appointment into the DCP programme, Andrew was provided a day of his working week to focus on undertaking this programme of research, which focuses on clinical reasoning and decision making in Primary Care. To date, Andrew has submitted the first of the four scheduled papers from his PhD which is currently under peer-review and has presented these findings at two conferences - one based in the UK and a pan-European conference held in the Netherlands.

Key projects that have been led, mentored and delivered from the DCP cohort since its inception are:

- National Diagnostic Guidance
- CATS Triage Standard Operating Procedures
- National Rheumatology Triage Guidance

R.E.A.C.H.

Developing Consultant Programme

A photograph of a person rock climbing on a steep, reddish-brown cliff face. The climber is wearing a harness and ropes, and is positioned on the right side of the image, reaching up towards the top of the frame. The background shows a clear blue sky and a body of water at the base of the cliff.**R**

Research &
Development

E

Education &
Learning

A

Advancements
& Innovation

C

Clinical
Excellence &
Leadership

H

Healthcare &
Service Design

Developing Consultant Physiotherapy Programme (2020)
Connect Health® is a registered trademark

Advanced Clinical Practice

10 colleagues have started Advanced Clinical Practice Apprenticeship programmes at two Universities (Manchester Metropolitan University & St Georges).

The programme is aligned with the four pillars that underpin Advanced Clinical Practice, introduced by the Multi-Professional Framework of Advanced Clinical Practice by Health Education England in 2017.

Upon completion of the course, colleagues will gain an Advanced Clinical Practice Masters qualification enabling them to work as an Advanced Clinical Practitioner working within a wider health and social care environment. Colleagues will graduate with the skills and knowledge to help drive service improvements, analyse and interpret clinical tests to help make a diagnosis, and improve patient care.

The Academy, Virtual Conference and Internal Communication during COVID-19

It was quickly recognised the ways of working would change and we needed to adapt to ensure that colleagues felt supported and informed during unprecedented times. The Senior Clinical and Operational teams quickly came together to move things forward.

- *Workplace by Facebook*
The internal communication platform 'WorkPlace by Facebook' was introduced at pace and scale and has made a significant impact on how we communicate with colleagues across all areas of the business. The investment in a dynamic and engaging platform to enhance communication with all colleagues, has proved to be a positive and informative resource, particularly during COVID-19
- *Connect with a Coffee via The Academy*
Every morning during the peak of COVID we were able to offer bite sized CPD from internal and external speakers from 7.50am to 8.10am every morning via Microsoft Teams. Due to the feedback, we have embedded this into business as usual and due to the session being recorded, they can be viewed on The Academy library at times that suit colleagues if unable to attend a session.
- *Connect with a Case via The Academy*
Clinical and Operational cases studies were presented 3 times per week towards the end of the working day to offer insight, support and exposure to the current challenges as well as interesting and routine cases that offered open discussion. Again, these are recorded to offer flexibility and access to all colleagues.
- *Virtual Conference*
We recognised that with colleagues being unable to attend various conferences and CPD, we decided to organise and run our first Virtual Conference with 6 streams, over 30 speakers across MSK, Rheumatology, Pain, Occupational Health, Exercise, Rehab and much more. 450 colleagues were invited and the conference was hosted via Microsoft teams, bringing our colleagues together during challenging times.
- *Virtual Student Placements*
COVID-19 has affected many students, jeopardising graduation and their chance of fulfilling clinical placement hours. Connect Health's virtual student placement initiative was launched and commenced on the 19th May 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 from the student's own home or dorms. We utilised The Academy and launched our student academy in Workplace from Facebook our internal communications platform, enabling access to teaching from 400 clinicians and a broad range of exciting educational resources. This offered a

lifeline to those students who were unable to progress to the third year of their course 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 have had to travel back home due to COVID-19, including Canada, Barcelona, Ireland and Singapore. Interestingly, patients from all over the world are joining virtual rehab and exercise classes.

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

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/>

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 Outcomes (PROMs)

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

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).

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.

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.

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, Quorum Park, Benton Lane, Newcastle upon Tyne, NE12 8EU







Appendix 1 - InHealth Group Staff Survey 2020: Comments Report for InHealth Pain Management








access admin annual appointments business care
 children clinical communication day difficult
 equipment face face-to-face feel give great
 health home improve increase inhealth
 issues job laptop laptops leave management
 manager members n/a nil opportunities pain
 patient patients pay people
 provide service services sick staff
 support team telephone time training
 work working

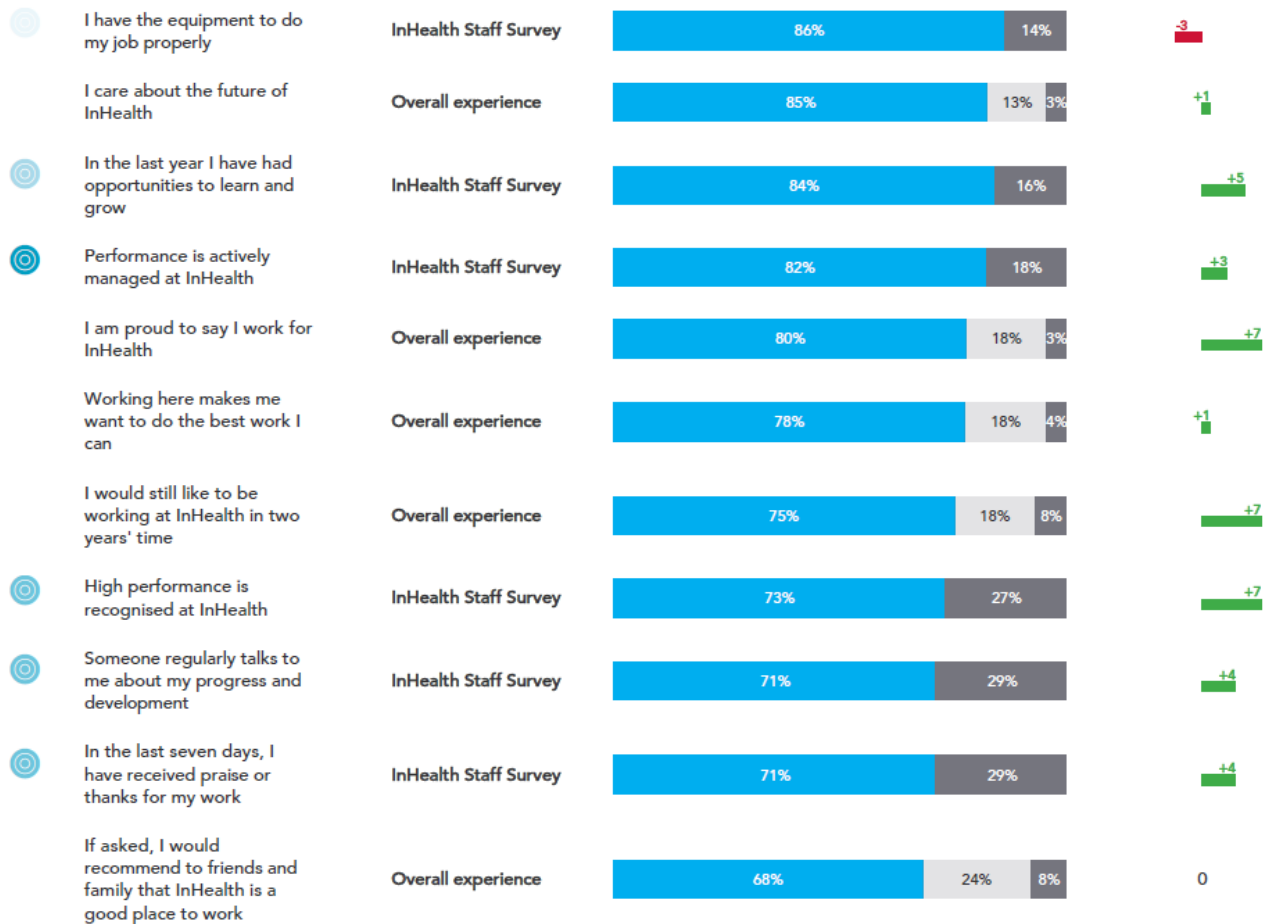
Rating	Comment
	Access to equipment they need to undertake their role in a timely manner.
	I would like more opportunities to learn different things related to my job. I would like to go on courses.
	In view of the current situation with the COVID-19 outbreak, I think those colleagues who are able to work from home and want to work from home should be given the option too once the pandemic is over. This will not only help employees save money on commuting but also help the environment by having less cars on the road.
	Better sick pay when off after emergency surgery
	Allocate admin staff to a geographically area or attach to a clinician so have a named member of staff to go to as and when required rather than a random person unfamiliar with type of patient, location, and requests
	Although the focus is on becoming One INHEALTH, for staff who are on TUPE and therefore different terms and conditions, there does still appear to be some division. I appreciate the financial impact of this however and understand the complexity, however when communication emails come out regarding staff benefits which TUPE staff are not entitled to, it feels as though we are not as valued.
	Increase annual leave allowance
	Provide better incentives
	Remove the organization from the typical Call Centre ethos at the PRC. We are a caring organization and therefore managers/team leaders should care for their staff. You can produce good figures without shouting and criticizing people. Constructive feedback with encouragement is much more effective. From what I have witnessed the worse is from some but certainly not all team leaders and those who are supposed to be training the staff. There are problems with retention of staff and this could be a symptom of the problem.
	Give me my yearly increase in pay please. Our company is making money (pain management solutions) Everything i.e bills has increased but pay has not.
	Nothing, all's good within my team
	The IT equipment
J	I cannot suggest anything as the company are extremely supportive and care about their staff.
	Improved allotment of annual leave for fulltime members of staff due to high levels of stress at work. Improved number of annual leave would improve work/home balance
	more annual leave or work life balance days

😊	improve systm one
😊	Equity across the group with benefits eg sick pay
😊	Pain Management Solutions need to be recognised for how efficient the small admin team work, A pay rise reflecting how skilled they are is more than needed.
😊	I am very new to InHealth, but have been very impressed by the amount of constant communication and feedback that occurs. I have felt very supported by my managers and other members of staff, in what it is really difficult time. I have also been really impressed by the amount of innovation that takes place daily. Each employee that I have come into contact with, has been keen to take on board new ideas and ways of working.
😊	Just continue to do what is being done.
😊	updating the equipment that we use to work from home- e.g. laptops and software
😊	I really enjoy my job and that's due to us having a brilliant team, time for more team building would be great post lockdown.
😊	Communication is excellent so keep that up.
😊	wider training opportunities such as funding mindfulness advanced courses / offer separate keyboard and screens for home working / offer mobile phones
😊	more annual leave or work life balance days
😊	I would have suggested more inhouse training but this has recently been addressed
😊	I am happy with the places I work including the working from home, which I feel could be utilised after the lockdown has lifted
😊	Nothing, all's good within my team
😊	give me my yearly increase in pay the same as NHS staff have. / Also I feel pain management solutions staff should also be given private health insurance we inhealth staff do as well.
😊	See above and with good quality administration support - this seems to be a little neglected and the people who are doing to role are overworked and unable to perform at high standard due to time constraints.
😊	Provide a little more time to achieve PDR objectives
😊	Improve admin efficiency
😊	Remember that the company is not just an imaging company and that there are other services that are assessment and treatment based. / / Continue with the virtual training to make sessions more inclusive for staff who work in the north of the country
😊	Set aside time on a regularly basis for individual personal development
😊	n/a
😊	I think what INHEALTH is doing currently is great and there is no need to do more of anything, just keep doing what you are doing.
😊	Small on-site gym facility to use at lunch-time or after work for office workers to mitigate the fact that we are sat for long periods. / / A bit inflexibility around shift patterns.
😊	More team building exercises.
😊	N/a
😊	I think In Health is a great place to work, Staff are very friendly so no issues here.
😊	Nothing
😊	n/a
😊	Reduce size of geographical areas covered by individual clinicians
J	Nothing
😊	In health is a good place to work.
😊	Give me my pay increase for this year please. Treat all staff fairly and equally by not discriminating separate staff from previous companies. I.e everyone should have the same perks and benefits such as private health insurance.

	Nothing, all's good within my team
	perhaps not have such tight timescale in clinic template which leaves little room for admin between patient
	Nil
	Not sure

Appendix 2 – Scorecard Report InHealth Pain Management

Impact	Question	Theme	Response favourability	Comparison
	Patient safety is a key priority at InHealth	InHealth Staff Survey	<div><div>99%</div><div>1%</div></div>	+3
	InHealth is doing a good job of maintaining services under the current circumstances	How we can support you during the Coronavirus crisis	<div><div>97%</div><div>3%</div></div>	+3
	I know what is expected of me at work	InHealth Staff Survey	<div><div>96%</div><div>4%</div></div>	0
	If one of your friends or family needed care or treatment, how likely are you to recommend InHealth's services to them	Service Recommendation	<div><div>95%</div><div>5%</div></div>	+1
	InHealth is focused on improving patient care	InHealth Staff Survey	<div><div>95%</div><div>5%</div></div>	+3
	There is someone at work who cares about me as a person	InHealth Staff Survey	<div><div>93%</div><div>7%</div></div>	+6
	My role at InHealth offers me interesting work and the opportunity to work well with others	InHealth Staff Survey	<div><div>92%</div><div>8%</div></div>	+3
	I'd describe InHealth as an organisation that cares for its people	How we can support you during the Coronavirus crisis	<div><div>92%</div><div>8%</div></div>	+8
	I understand the steps InHealth is taking to ensure my health and wellbeing at work	How we can support you during the Coronavirus crisis	<div><div>92%</div><div>8%</div></div>	+5
	I am satisfied with the flexible working arrangements being made by the organisation	How we can support you during the Coronavirus crisis	<div><div>92%</div><div>8%</div></div>	+6
	I have the information to do my job properly	InHealth Staff Survey	<div><div>92%</div><div>8%</div></div>	+1
	Equality and Diversity are valued at InHealth	InHealth Staff Survey	<div><div>92%</div><div>8%</div></div>	+1
	I know where to go to for support regarding my health, safety and wellbeing	How we can support you during the Coronavirus crisis	<div><div>91%</div><div>9%</div></div>	+2
	InHealth encourages innovative ideas to improve efficiency and patient care	InHealth Staff Survey	<div><div>91%</div><div>9%</div></div>	+6
	At work, I have the opportunity to do my best every day	InHealth Staff Survey	<div><div>90%</div><div>10%</div></div>	+1
	My manager is an effective leader of my team	InHealth Staff Survey	<div><div>87%</div><div>13%</div></div>	+1
	At work my opinions count	InHealth Staff Survey	<div><div>86%</div><div>14%</div></div>	+7



Appendix 3 – Insight Report InHealth Pain Management

Insight report (Level 4: InHealth Pain Management)






Focal point	Response favourability			Comparison
Engagement	<div> <div>77%</div> <div>18%</div> <div>5%</div> </div>			+3

Theme headlines

Themes	Response favourability			Comparison
InHealth Staff Survey	<div> <div>87%</div> <div>13%</div> </div>			+3
Service Recommendation	<div> <div>95%</div> <div>5%</div> </div>			+1
Overall experience	<div> <div>77%</div> <div>18%</div> <div>5%</div> </div>			+3
How we can support you during the Coronavirus crisis	<div> <div>92%</div> <div>8%</div> </div>			+5

Driver items

5 questions most impacting Engagement

Impact	Question	Theme	Response favourability		Comparison
	I know where to go to for support regarding my health, safety and wellbeing	How we can support you during the Coronavirus crisis	<div> <div>91%</div> <div>9%</div> </div>		+2
	My role at InHealth offers me interesting work and the opportunity to work well with others	InHealth Staff Survey	<div> <div>92%</div> <div>8%</div> </div>		+3
	InHealth is doing a good job of maintaining services under the current circumstances	How we can support you during the Coronavirus crisis	<div> <div>97%</div> <div>3%</div> </div>		+3
	If one of your friends or family needed care or treatment, how likely are you to recommend InHealth's services to them	Service Recommendation...	<div> <div>95%</div> <div>5%</div> </div>		+1
	I'd describe InHealth as an organisation that cares for its people	How we can support you during the Coronavirus crisis	<div> <div>92%</div> <div>8%</div> </div>		+8