

## Case Study:

# Whole Systems Rapid Improvement for Warrington PCT CSU: Musculoskeletal Primary Care Orthopaedic Service (PCOS)

**Key Ideas:** Whole Systems Rapid Improvement Events, Health Sector, NHS, Primary Care, Orthopaedic triage service, musculoskeletal physiotherapy, podiatry, biomechanics, Independent Sector Treatment Company, Secondary Care, Process Mapping, 18 weeks, Productivity Improvement, Service Redesign, Business Case, Tricordant Approach.

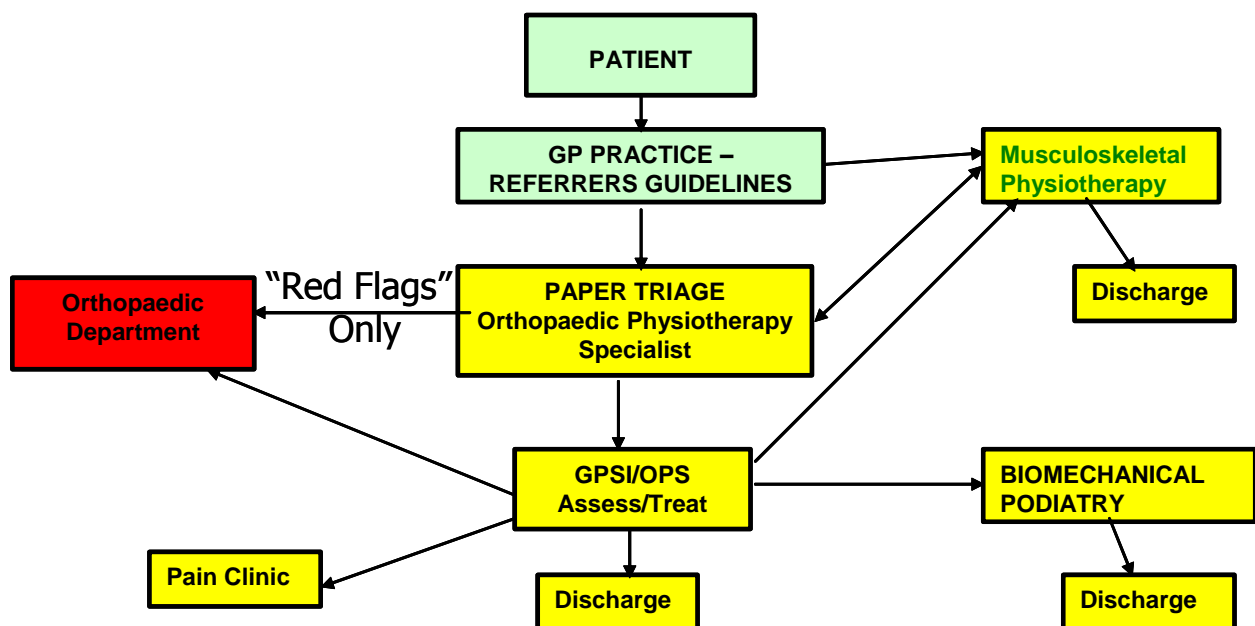
## Background

The Community Services Unit (CSU) is an arms-length unit within the PCT which is responsible for the provision of a range of community services. It has approximately 850 staff and an operating budget of £18m. The aim of the CSU is to provide high quality healthcare that meets the needs of the community and improves the wellbeing of local people.

One of the services which the CSU provides is the Primary Care Orthopaedic Service (PCOS). PCOS was originally established to ensure that orthopaedic referrals are seen by the most appropriate clinician, thereby reducing the number of referrals to secondary care. The service aims to:

- Manage the demand of orthopaedic referrals to Secondary Care
- Provide orthopaedic assessment and management in Primary Care.
- Triage GP referrals and refer to the appropriate service or provide assessment and treatment by an orthopaedic physiotherapy specialist or GP with special interest in orthopaedics, or refer to another more appropriate service.

A basic overview of the Primary Care Orthopaedic Service Pathway was as follows:



Since the start a number of issues became apparent within and around this service, these were:

- Communication and relationships between the local PCT and PBC commissioners were been difficult at times.
- The service was seen by some GPs and hospital staff as an unwelcome bottleneck preventing or slowing referrals and putting RTT18 (referral to treatment 18 week target) achievement at risk.
- The service was seen to limit communication and learning between GP's & consultants.
- The service was seen by some GP's as a non-value adding check of their referrals.
- There were long waiting time within the service and within the linked services of MSK physiotherapy & biomechanics.
- Staff within the service felt unsupported, frustrated and were becoming increasingly unmotivated.
- There was little clinical audit between services and along the orthopaedic pathway.

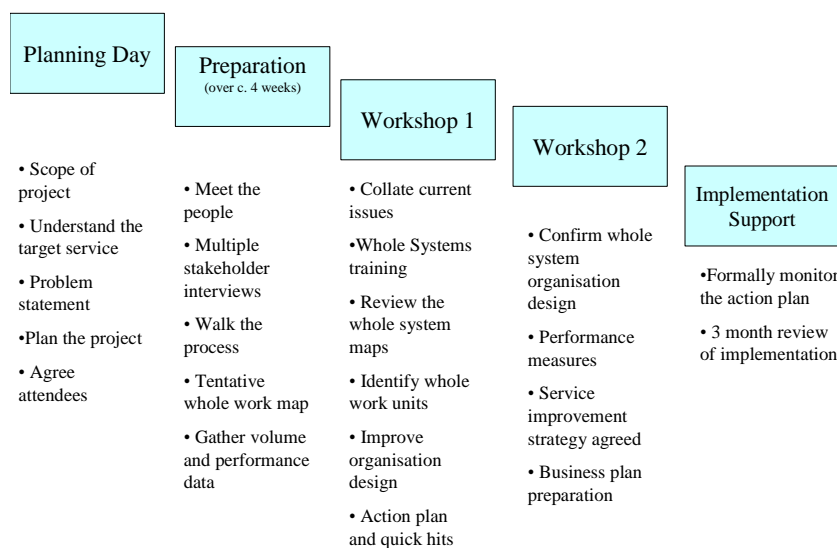
In response to the initial briefing in November 2007 from CSU staff, Tricordant were asked to review the organisation and performance of PCOS and the linked services and to run a 'Lean Whole System Rapid Improvement Event'.

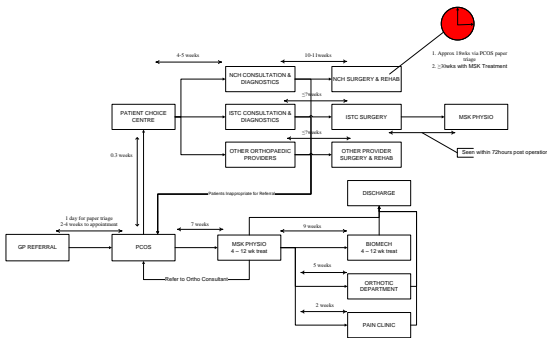
## Approach

Tricordant is a 'whole systems' organisation development consultancy which works with [complex organisations within Health, Industry, Government and the Service Sector](#). Tricordant has developed an approach to 'Lean Whole Systems Rapid Improvement Events' which enables local stakeholders to work together around a complex service or key issue and to agree joint improvement actions. Timescales are kept short and a sense of urgency and energy is deliberately created. The approach combines expert group facilitation, whole systems analysis and the application of lean principles where appropriate.

This approach was applied and the resulting project was conducted over an 8 week period and followed the process shown in the chart below:

## Project Process

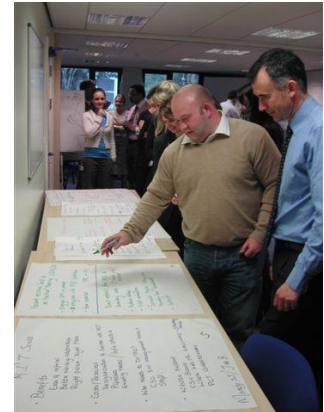




30 stakeholders from PCOS and the linked services, North Cheshire Hospital Trust, Cheshire and Merseyside NHS treatment centre, as well as PCT & PBC commissioners and PEC board members, were interviewed prior to the workshop. Statistical data was analysed and whole work maps of the individual and combined processes drawn-up.

During the first workshop the statistical data, stakeholder perspectives

and service pathways detailed during the interviews were fed back to the participants as a means to clarify and confirm the current state of the service. Best practice lessons from a variety of case studies, and the 18week and Closer to Home websites, were reviewed. Participants were encouraged to identify which lessons/elements from these case studies and sources would be most beneficial to the future CSU Orthopaedic Service.



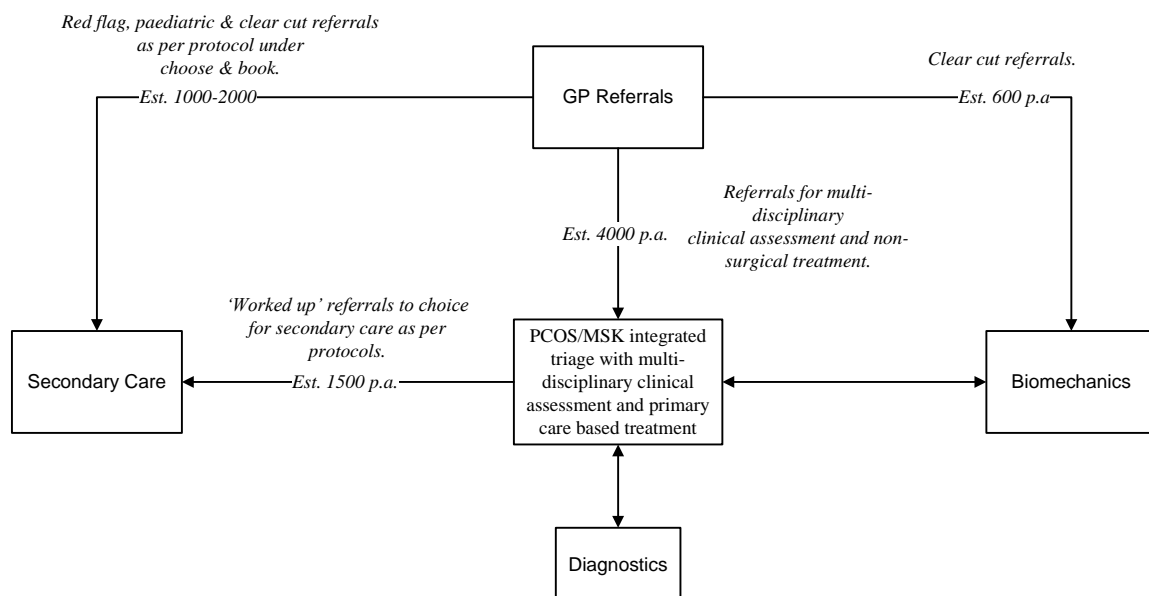
After introducing the Tricordant lean whole systems approach and tools, the participants began revising the purpose of PCOS and developing a new vision for the future of CSU Orthopaedic Services.

### Revised PCOS Purpose and Vision

A clarified purpose and vision for PCOS was agreed:

Within the whole orthopaedics system, to develop expertise and resources to:

- Act as an agent of PCT/PBC commissioning
- Support, advise and educate GPs
- Extend safe and appropriate primary care based orthopaedic treatment
- Ensure right patients are directed to right service to meet their needs including secondary care
- Ensure that secondary care referrals are fast and appropriately worked-up





Any “Quick Hits” that could be completed between the two workshops were adopted by the various stakeholders for implementation. The common vision and a detailed action plan were defined and taken forward to the next workshop. The second workshop reviewed the output of the first workshop, detailed any further issues which had arisen and planned the way forward.

The main changes required to achieve this vision were identified as:

- Development of protocols and commissioning specifications
- Give access to diagnostics but ensuring to understand the scope, protocols required and demand & capacity impact on diagnostics.
- Merger of the PCOS and MSK physiotherapy services
- Re-branding of the PCOS service – including new name
- Systems for whole system review of information and performance, learning and development
- Professional education and CPD for GPs and PCOS staff
- Post-op follow up
- Developing electronic flows and single shared information sources
- Developing multi-disciplinary team for orthopaedic assessments in PCOS
- Long term view of requirements for sustainable demand and capacity

### **Benefits**

The following were seen as the benefits of the recommended changes:

#### **Quantifiable**

- Achievement of the community aspect of 18 weeks pathway [agreed at 4 weeks] – estimate from 25% compliance [before recent 07/08 non-recurrent investment] to 90%
- Increase in primary care based treatment so reducing secondary care referrals by an estimated 5% against status quo
- Simplified overall system reducing opportunity for dual referrals etc so reducing unnecessary admin and referrals etc. This is difficult to measure but likely to give some additional capacity to cope with underlying demand increase.

#### **Patient**

- Improved access times for patients to primary care multi-disciplinary orthopaedic assessments and then secondary care if needed.
- Improves access, quality and scope of conservative MSK treatments available in primary care thereby avoiding surgery, reducing pain and improving mobility and functioning.

#### **Organisational Improvements**

- Increased access to diagnostics
- Clearly defined and understood purpose
- Clearly defined measures and targets
- A lean, flowing, continuously improving system
- Increased clinical and admin capacity to meet current and future demand
- Empowered managers and staff
- Improved staff continuous professional development, mentoring & training
- Increased staff motivation
- Improved audit and learning loops linking between services and along the orthopaedic pathway
- Reduced DNA (Did Not Attend) rate



## **Across Organisation Boundaries**

- Improved cross organisational working
- Agreed protocols for referrals across system [embedded in map of medicine as far as possible]
- More appropriate secondary care referrals
- Faster community assessment to support achievement of 18 weeks pathways
- Improved opportunity for GP education and feedback
- Better cross system audit, outcome and performance monitoring

If you would like to learn more about this case study or would like Tricordant to help your organisation please contact: Alastair Mitchell-Baker, Director, Tricordant Ltd, [alastair@tricordant.com](mailto:alastair@tricordant.com), Tel: 07775684868.