



Assessment Report

CUSTOMER SERVICE EXCELLENCE



Pennine MSK Partnership Limited

Address:	Integrated Care Centre, New Radcliffe Street, Oldham, Greater Manchester, OL1 1NL		
Standard(s):	CSE	Accreditation Body(s)	UKAS
Representative:	Rachel Chrisham		
Site(s) audited:	Integrated Care Centre	Date(s) of audit(s):	27/2/2014
Effective No. of Personnel	106	No. of sites:	1
Lead auditor:	Bob Mandy	Additional team member(s):	N/A
Type of Assessment:			
Certificate Outcome	<input type="checkbox"/> Granted <input type="checkbox"/> Withheld	<input checked="" type="checkbox"/> Continued <input type="checkbox"/> Suspended	
Certification Claims are accurate and in accordance with SGS guidance	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

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1. EXECUTIVE SUMMARY

Pennine MSK Partnership Limited has continued to provide an excellent service for the community. This was highlighted by the British Society of Rheumatology recognising them as a “Best Practice Model – Outstanding for Community Service” in 2013.

They are still a unique organisation within the NHS but they have a steady stream of visitors to see what the service offers and PMSK staff are giving presentations across the country. Most recently they have given talks in Bedford and London. It is encouraging to hear that whilst the service has not been replicated anywhere aspects of the service are being taken on board.

The number of staff has remained similar to a year ago with some leaving and further staff being recruited to enhance the service. All recruits have to fit into the customer focused nature of PMSK in addition to their clinical qualifications.

Following the assessment, Pennine MSK Partnership Limited were found to have a deep understanding of, and commitment to, Customer Service Excellence. The commitment was displayed from Senior Management levels through to operations and front line staff.

I would like to take this opportunity to thank those people involved in the overall assessment process. It has been a pleasure meeting with your team and having the opportunity to observe your service in action.

During the assessment (no Non or Partial compliances with the standard were identified.

As a result of these findings:

“Award of the **Customer Service Excellence** Standard has been recommended” Yes No

2. METHOD OF ASSESSMENT

The assessment was undertaken in two stages; the first was a review of your self assessment pack. This review enabled the assessor to gain an understanding of how the organisation had met the requirements of the Customer Service Excellence standard.

The next stage was an on-site assessment. The objective of this part of the assessment was to obtain evidence demonstrating that the applicant was meeting the requirements of the standard, within the area covered by the scope of the application. This evidence was obtained through a documentation review as well as interviews with staff, customers, representatives of partner organisations, and senior management.

During the assessment process the criteria are scored on a four-band scale:

COMPLIANCE PLUS - Behaviours or practices which exceed the requirements of the standard and are viewed as exceptional or as exemplar to others, either within the applicant's organisation or in the wider public service arena.

COMPLIANT - Your organisation has a variety of good quality evidence which demonstrates that you comply fully with this element. The evidence which reflects compliance is consistent throughout and is embedded in the culture of the organisation.

PARTIAL COMPLIANCE - Your organisation has some evidence but there are significant gaps. The gaps could include:

- Parts of the applicant's organisation which are currently not compliant and/or
- Areas where the quality of the evidence is poor or incomplete and/or
- Areas which have begun to be addressed and are subject to significant further development and/or
- Areas where compliance has only been evident for a very short period of time

NON COMPLIANT - Your organisation has little or no evidence of compliance or, what evidence you do have refers solely to a small (minor) part of your organisation.

The current scheme allows applicants a maximum number of partial compliances, equating to a pass mark of 80% for all criteria.

3. OPENING MEETING

The on-site assessment commenced with an opening meeting.

The assessment activity and the partial / non compliances were discussed. The itinerary, which had been forwarded to Pennine MSK Partnership Limited in advance, was agreed. The organisation was informed that all information obtained during the assessment would be treated as strictly confidential.

The scope of Assessment was confirmed as: “Pennine MSK Partnership Limited”

4. ON-SITE ASSESSMENT

The Assessor was accompanied throughout the assessment by Rachel Chrisham and other Personnel within the organisation were involved when assessing activities within their responsibility.

The assessment resulted in the raising of no non or partial compliances. A number of observations are listed in Section 7 of this report.

Criterion	Number of Elements	Maximum number of Partial compliance	Actual number of non compliance	Actual number of partial compliance
1	11	2	0	0
2	11	2	0	0
3	12	2	0	0
4	13	3	0	0
5	10	2	0	0

5. AREAS OF NON / PARTIAL COMPLIANCE

CRITERION 1

None

CRITERION 2

None

CRITERION 3

None

CRITERION 4

None

CRITERION 5

None

6. OBSERVATIONS

During the site assessment, the following general observations were made. These include: positive areas scored as compliance plus; observations of good practice; opportunities for improvement identified throughout the entire assessment process, as listed below.

Areas for Improvement

PMSK have continually looked to improve the channels of communication and have recently started using social media. Whilst this is praiseworthy they should develop processes to control the output to customers on the internet.

Areas of Good Practice

The website has been improved again since the 2013 visit and is even more informative and easy to navigate. It was good to see that PMSK now have their up to date performance figures on it. It also explains what the patients can expect from the service and celebrates the success stories.

All patients interviewed praised the service. This included the treatment they received, the attitude of the staff and the facilities. They had all previously been treated in local hospitals and all commented on how much better the service is at PMSK.

The MSK facilities are excellent. The recent CQC report showed that PMSK passed all five areas of their audit. The report on the facilities "Safety and suitability of premises" was complimentary both from the inspection team and customers interviewed. This was also my view during the visit.

There are good working relationships with all business partners. An example of the way this has been enhanced is the BUPA contract. This was a new contract 12 months ago but they are now working in partnership. There are now agreed KPIs for each aspect of the BUPA homecare. This is summarized in the BUPA 555 standards which has a deadline for each part of the service for each patient. The performance against this is discussed at regular meetings between PMSK and BUPA.

PMSK is proactive in promoting initiatives to the community. They host the regular national Lupus meetings and they are promoting the adverse effects of smoking on Rheumatoid Arthritis.

The Balanced Business Scorecard is being well used across PMSK to monitor performance and give regular feedback to staff. Smart objectives have been introduced to the admin work particularly letter writing. This has improved efficiency and provides a more effective service for the patients.

The competency framework and the TNA is a good way to show clinical staff what they need to do to advance further in their careers. It also highlights any gaps that there are in the service delivery.

The “Shared Decision Making” is a national initiative but it is working well in PMSK. Clinical staff have been trained in the process and is appreciated by patients.

PMSK is involved in a number of projects to gather information both locally and nationally. This is being used to improve the service and is also good for benchmarking the different types of treatment. This is proving effective in that it is improving the quality of life for patients.

The PMSK model is spreading further across the NHS although not in the same format and more consultants are offering their services to PMSK.

It is a strength of the partnership that all employees are part of the customer focused culture. Recruitment is partly based on clinical competencies but staff are expected to have a customer friendly attitude.

There are good reward and recognition processes in place and these are appreciated by staff.

Areas of Compliance Plus

The British Society of Rheumatology recognised Pennine MSK Partnership as a “Best Practice Model – Outstanding for Community Service” in 2013. This was recognised through the following process:

The challenge

- Primary care clinicians identified a trend of disinvestment in musculoskeletal services provided by the local secondary care providers.
- Service capacity could not meet demand and waiting times were increasing.

The solution

- Pennine MSK Partnership, working with the CCG, implemented a programme budget approach for the MSK pathway.
- The service covers a diverse population, including high numbers of ethnic minorities and asylum seekers, and is delivered through a population-based approach to MSK care, working closely with the CCG and the local community.
- The service aims to deliver better value through evidence-based, NICE-compliant care.
- Referrals are taken from general practice, who choose and book the service, as well as physiotherapists, podiatrists and the OUT client

The service profile

- The service is community-based across several sites with well-established relationships with other co-located providers.
- New patients are triaged within 24 hours to identify the appropriate pathway, and assessed within 1-3 weeks for onward consultant management within 1-2 weeks.
- Treat to target therapies delivered by nurse-led pathways facilitate shared decision making, appropriate escalation to DMARDS, flare management and access to biologic drugs for those eligible.
- Home administration service for subcutaneous biologics drugs and an infusion service for intravenous biologic therapies (treated as day cases by previous providers).
- Rapid access to the MDT as well as psychological medicine with annual review.
- Telephone advice along with self-management programmes with Arthritis Care and NRAS.
- The service provides support and education for general practice.
- Links with secondary care are well-developed, enabling rapid access to beds where appropriate.

Service performance and outcomes

- Mean waiting time from referral to first outpatient appointment has been reduced from 45 days to 19 days.
- 69% of patients have DAS-28 score performed every 4-6 weeks (compared to 31% previously).

Patient focus and satisfaction

- Patients are increasingly empowered through shared decision making.
- Once referred, patients have direct access to services via self-referral and advice line provision.
- A customer care manager gathers, collates and acts upon compliments, complaints and criticisms.
- 100 randomly selected patients are surveyed each month to measure patient satisfaction.
- 96% of those surveyed recently stated they were either completely satisfied or satisfied.
- The service has been awarded the Customer Service Excellence award annually by the Cabinet Office 2008-2013. It has met all standards set by the Care Quality Commission who noted that patient views and experiences are taken into account in service provision.

7. ACTION PLANNING

The achievement of Customer Service Excellence is an on-going activity and it is important that Pennine MSK Partnership Limited continues to meet the elements of the criteria throughout the three years the Hallmark is awarded for. Efforts must be made by Customer Service Excellence Holders to continually improve their service.

Your next steps:

On-going review

It is a requirement of the Customer Service Excellence scheme that Holders must inform SGS of any major changes in the service provision covered by the scope of the certificate. This includes reorganisation or mergers.

In addition, SGS must be informed should the certified service experience a significant increase in customer complaints or critical press coverage.

If you are in doubt at any stage, we strongly recommend contacting the Customer Service Team for advice on the significance of any service or organisational change, or issues surrounding customer complaints.

SGS will visit within the next 12 months for the Annual Review.

SGS recommends that Pennine MSK Partnership Limited retains a copy of this report to aid continuous improvement, and as a reference document for future assessment reviews.