



Assessment Report

CUSTOMER SERVICE EXCELLENCE



The Government Standard

Pennine MSK Partnership

Ms R Chrisham
Hopwood House
The Vineyard, Lees Road
Oldham, Greater Manchester
OL4 1JN

Type of Assessment: Annual Review

Standard: Customer Service Excellence

Assessor(s): Bob Mandy

Certification is: Continued

SGS United Kingdom Ltd
SGS House
217-221 London Road
Camberley
Surrey
GU15 3EY

1. EXECUTIVE SUMMARY

Pennine MSK Partnership Ltd is a service set up in conjunction with NHS Oldham. PMSK is a team of professionals led by two GP's with special interest in Rheumatology and a Nurse Consultant provide this service together with Rheumatology Consultants, Orthopaedic Consultants, a Consultant Spinal Physiotherapist, Clinical Specialist Physiotherapists, Clinical Specialist Podiatrists, Rheumatology Nurses and an Occupational Therapist. They work very closely with Consultants at the Royal Oldham Hospital aiming to improve access and reduce waiting times.

The service has remained virtually unchanged since the last visit and is still delivering an excellent service to the community. However, there have been improvements made to the website to improve communications with the public and enhancements made across clinical service delivery. These changes are aimed at allowing patients to take more responsibility for their treatment through initiatives such as "Shared Decision Making". In addition PMSK now has CQC qualification and are approved to carryout minor hand operations.

PMSK is still seen as an example of best practice across the country with frequent visits from other PCTs.

There are nine new members of staff with four leaving PMSK since the 2012 CSE visit.

Following the assessment, Pennine MSK Partnership Limited were found to have a deep understanding and a commitment to Customer Service Excellence. The commitment was found from Senior Management levels through to operation 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 see your service in action.

During the assessment no Partial compliances with the standard was identified. Details of this can be found in section 5 of this report.

As a result of these findings:

“Award of the Customer Service Excellence Standard is continued.”

2. METHOD OF ASSESSMENT

The assessment was undertaken in two stages. The first was a review of your self assessment pack. This 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 that the applicant was meeting the requirements of the standard in the area covered by the scope of the application. This evidence was obtained from review of documentation and 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 that exceed the requirements the standard, and are viewed as exceptional or as an exemplar for others - either within the applicant's organisation or in the wider public service arena.

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

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

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

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

The current scheme allows applicants a maximum number of partial compliances that equates 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 in the strictest confidence.

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

4. ON-SITE ASSESSMENT

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

The assessment took place over one day.

The assessment resulted in the raising of no partial compliance. A number of observations are listed in Section 6 of this report.

Details of the partial compliance can be found in section 5 for Pennine MSK Partnership to address as appropriate.

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 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 can include positive areas scored as compliance plus, observations of good practice and opportunities for improvement that were seen over the entire assessment process: -

Areas for Improvement

- PMSK has accurate up to date performance information and they should consider putting this on the website particularly as it shows the organisation in such a positive light. This could include performance against standards and complaints management.
- It is good to see that CSE is publicised on the website and that the annual reports are published. However, PMSK should ensure that all of the findings are for public reading before putting it on the website.

Areas of Good Practice

- The website is much improved on last year. It is easy to access for the public and much more informative. The listing of all PMSK staff with a photo and a brief description of themselves and their role is a good idea. It makes the organisation appear transparent and available to the public.

- The drive towards involving the patients in decisions regarding their treatment is admirable. Shared Decision Making and booking appointments according to patient self pain management are good examples of this. Self injection at home is also working well in practice and is beneficial for those patients involved.
- The Balanced Score Card (BSC) has provided PMSK admin teams with valuable management information for some time but it was good to see that this is now being used for performance management. All admin staff now have regular one to ones where the BSC results are discussed.
- PMSK has good processes in place for complaints management but the clinical incidence audit is an example of best practice. It is normal to analyse things that have gone wrong but the Clinical Governance Manager has taken this a step further by carrying out a risk assessment of things that could potentially have caused a problem and then developing guidance and policy to avoid the problem. An example of this was a GP prescribing an incorrect drug from the drop down menu where there are two similarly named drugs one above the other. This did not cause a problem but GPs have now been made aware of this potential problem.
- It was good to note that complaints have gone down throughout 2012, with clinical complaints zero for much of the year. The Service Improvement Team reviews all complaints to look for trends and Jill Firth the Clinical Governance Lead analyses PMSK critical incidents to address any underlying problems. This has undoubtedly contributed to the downward trend in complaints
- PMSK continue to publicise their good work and they are working with some PCTs to develop a similar service. This is good news for the public due to the value for money service that this partnership approach provides.
- There is still a good rapport with patients and high levels of customer satisfaction. All patients interviewed were pleased with the service particularly when comparing it to previous hospital experience.
- There is a high level of training for staff including a recent drive to ensure that all have completed the customer care training.
- The Lupus UK meeting was such a success that there are now six monthly meetings planned for the future.
- Performance is published and dips in performance are addressed. For example when clinics had to be cancelled due to the recent bad weather this was quickly communicated to patients. They have now started using SMS to notify patients of problems and to remind them of appointment dates and times. This is having a positive effect on DNAs and PMSK are actively gathering patient's mobile telephone numbers to increase the coverage of this service.

- PMSK have now started to use Facebook for communicating with patients and whilst there has not been much take up on this to date it is good to see that they are always looking for new ways to keep in touch with patients.
- There are regular surveys, meetings and patient forums. These show a clear involvement of all stakeholders in reviewing and raising standards.
- PMSK provides detailed information prior to treatment both in leaflets and on the website. In addition all patients are briefed by staff prior to treatment. This is appreciated by all patients interviewed. It is also supported by the fact that 91% of customers were satisfied with the service they received according to the most recent survey information.
- PMSK is a market leader in the way they operate and promote the service across the country. They work with similar organisations to help them implement their partnership processes. They are currently in the running for a best practice award from the British Society for Rheumatology.

7. ACTION PLANNING

The achievement of Customer Service Excellence is an on-going activity and it is important that Pennine MSK Partnership continues to meet the elements of the criteria throughout the three years that the Hallmark is awarded. 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 change in the service provision covered by the scope of the certificate. This includes reorganisation or mergers.

In addition SGS must be informed if the certificated service begins to receive a significant increase of customer complaints or critical press coverage.

If you are in doubt we strongly recommend contacting the Customer Service Team for advice on the significance of any service or organisation change or issues around customer complaints.

SGS will visit within the next 12 months for the Annual Review. The Customer Service Team will contact you 4 months before the visit is due to arrange this.

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