



# Assessment Report

## CUSTOMER SERVICE EXCELLENCE





## 1. EXECUTIVE SUMMARY

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Following the assessment, Pennine MSK Partnership 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.

The outcome of the assessment was -

**“Continued award of the Customer Service Excellence Standard has been recommended”**

Address:	Integrated Care Centre, New Radcliffe Street, Oldham, Greater Manchester, OL1 1NL		
Standard(s):	Customer Service Excellence	Accreditation Body(s)	UKAS
Representative:	Rachel Chrisham		
Site(s) assessed:	Single site	Date(s) of audit(s):	06-03-2019, 08-03-2019
Lead Assessor :	Bob Mandy	Additional team member(s):	N/A
Type of Assessment:	Annual Review		
Review of Certification Claims	Claims are accurate and in accordance with SGS guidance		

## 2. CONTEXT

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Pennine MSK Partnership Limited is a service commissioned by Oldham CCG to provide care for the patients of Oldham in orthopaedics, rheumatology and chronic pain in a community setting across several sites in and around Oldham.

They have a large multidisciplinary team of 80 Clinicians and 40 Operational staff who work in the service to provide an outstanding pathway of care for their patients.

Their multidisciplinary clinical team include, Rheumatology Consultants, Orthopaedic Consultants, Consultant Liaison Psychiatrists, Clinical Psychologists, GP's with special interest in Rheumatology and Chronic pain, Consultant Spinal Physiotherapist, Clinical Specialist Physiotherapists, Rheumatology Specialist Physiotherapists, Clinical Specialist Podiatrists, Rheumatology Nurse Specialists, Occupational Therapists and Cognitive Behavioural Therapists

Under a separate contract called 'Any Qualified Provider' they offer a Carpal Tunnel Surgery clinic at the Oldham Integrated Care Centre led by a Nurse Consultant.

The partnership is well established but continues to be proactive both in the community and nationally. The core clinical activities provide an excellent service and this year the assessor was shown the evidence regarding a number of projects that are detailed in this report.

## 3. METHOD OF ASSESSMENT

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

The next stage was to review the actual service delivered on-site. This was conducted through reviewing practice as well as speaking to staff, partners and customers. This included following customer journeys through your processes and how these aligned with customer insight.

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 the wider customer 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.

#### **4. OPENING MEETING**

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The on-site assessment commenced with an opening meeting.

The assessment activity and the partial compliances were discussed. The itinerary had been agreed with Pennine MSK Partnership Limited in advance. 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



## 5. ON-SITE ASSESSMENT

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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 partial compliances. A number of observations are listed in Section 7 of this report.

Criterion	Maximum number of Partial compliance	Actual number of non-compliance	Actual number of partial compliance	Actual number of Areas for Improvement
1	2	0	0	0
2	2	0	0	0
3	2	0	0	1
4	3	0	0	0
5	2	0	0	0

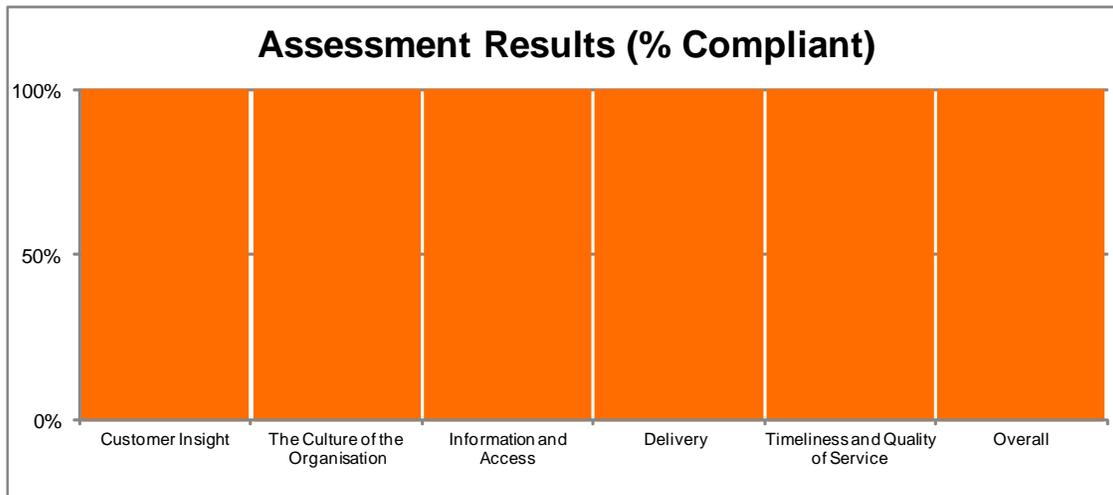
Number of good practices awarded during the assessment	9
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Have the partial compliance(s) raised at the last assessment been closed?	N/A
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Criterion	Maximum number of partial compliances	Number of non-compliances	Number of partial compliances	Number of Full compliances
1 Customer Insight	2	0	0	11
2 The Culture of the Organisation	2	0	0	11
3 Information and Access	2	0	0	12
4 Delivery	3	0	0	13
5 Timeliness and Quality of Service	2	0	0	10

Good practices awarded during the assessment	9
Compliance Plus awarded during the assessment	4



## 6. AREAS OF PARTIAL COMPLIANCE

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### CRITERION 1

None Raised

### CRITERION 2

None Raised

### CRITERION 3

None Raised

### CRITERION 4

None Raised

### CRITERION 5

None Raised

## 7. OBSERVATIONS

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

### Areas for Improvement

- The planned introduction of voice recognition in September 2018 that linked to SystemOne did not take place. Management had worked with the IT team to prepare for this change which would have improved the effectiveness and efficiency of some processes. However, they realised the IT infrastructure within the building was not powerful enough to process this software and was affecting other IT systems.

### Areas of Good Practice

- PMSK has a track record of looking for efficiency savings that are of benefit to their patients. An example of this and the way the change was implemented was the switch from Humira, a high cost drug for inflammatory arthritis to a biosimilar drug called Amgevita. The NHS England Commissioning Framework indicated that all patients should be switched within 12 months. Having decided that the alternative drug was just as effective a treatment PMSK informed the patients of the proposed change. Each patient received a letter in advance explaining the switch and inviting them to contact the advice line if they had any concerns or questions. To date 70 out of the 88 patients have switched to the new drug. The predicted cost saving in year 1 is £591,448 with a recurrent saving of £174,891 per annum reflecting the reduced price of Humira.
- Obesity is clearly a national high profile health issue and the SMT considered ideas for Commissioning for Quality and Innovation (CQUIN), and agreed to engage with a local slimming organisation and set up an SLA. The partnership is with Slimming World.
  - Patients who are overweight or struggling with weight management are offered 12 weeks free membership with Slimming World. This is paid for by Pennine MSK with the costs recovered through the CQUIN.

- Patients are informed of the scheme within their consultation with the MSK clinician and are provided with contact details.
- The patient can self-refer by contacting an advisor; they will be asked various questions and provided with details of their local group. If they are happy they are sent an information pack containing a coupon which they present at their local group entitling them to 12 weeks free membership.
- The scheme has proved very successful with 100 referral members. To date 58 have completed the course and an average weight loss of 13.1lbs.
- The scheme has now been extended to the workforce meaning staff (who meet the criteria) can also self-refer as above. Currently five members of staff are taking part. This is in line with the partnership's healthy living scheme for staff.
- Dave Pilbury, Clinical Specialist Physiotherapist in Rheumatology was chosen to be one of 14 national champions for the Versus Arthritis charity. Each champion has a particular area to work on and Dave's is Shared Decision Making. This is relevant to PMSK as this is something that is aimed for with all patients. The champions meet on a regular basis to share best practice across the UK.
- PMSK is providing Health Literacy training for all staff in May 2019. This is in line with national guidance from the Royal College of Medicine as writing letters directly to patients is in keeping with good medical practice and involves patients and their families fully in their care. We are hoping that patients will find the new format of letter more informative, supportive and useful.
- Zolendronic Acid is prescribed for patients suffering from osteoporosis. PMSK has more than 100 patients attending clinics and prescribed with this drug. However, it was felt that the route to getting treatment was inefficient with many steps and people involved. PMSK analysed the process and have implemented the Zolendronate Pathway. The revised referral process is dealt with by only one person and any problems are picked up during this appointment therefore the clinic also acts as a safety net. The new pathway was introduced two months ago and 10 to 12 patients are being seen each month. All patients have now been transferred onto the new pathway.

- The Board felt that it needed to have a more detailed understanding of how PMSK was performing across all aspects of the services that they deliver. To this end they carried out review of what they required to help them develop and deliver the short and long term strategies for the organisation.

To this end they:

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- Carried out research on best practice for assurance.
- Gained a full understanding of all the CQC domains and data already collected within the service beyond the CQC domains
- Developed a Directors assurance template
- Lead Directors identified for each domain
- Assessment of service against each domain and action plans put into place to ensure continual improvement

The template and the review process was presented as evidence for this assessment and appears to be a robust way for the Board to have up to date and reliable information to take the organisation forward.

- The redesigned Fracture Liaison Service is now in place and ensures that all Oldham patients, over the age of 50, that have had a low trauma fracture are referred to PMSK for screening of Osteoporosis. Until recently this information had to be gleaned from a spreadsheet provided by the A & E department. This listed all patients entering A & E and took many hours to go through to find very few relevant fractures. The Radiology Department now send a fortnightly report listing all patients over the age of 50 that have been found to have suffered a low trauma fracture. This identification process is far more efficient. Those patients are then contacted and screened for Osteoporosis. DEXA scanning, lifestyle advice or treatment can be implemented. Bone health advice is also sent to the GP's of patients who do not respond to PMSK correspondence as a safety net. The redesigned service is now running efficiently and has proved highly effective.
- Ultrasound scanning became a major part of Rheumatology assessments/ investigations and this was previously only done by an in-house sonographer, patients were also being referred externally to Pennine Acute Hospital Trust. Sarah Critchley (Lead Rheumatology Nurse) realised that if a nurse could scan, with their knowledge of the disease process, patients could be seen in a 'one stop shop'. At one appointment the scan could be done, the results could be explained and treatment could be implemented or changed. In addition the referral card was redesigned – if the patient was known to PMSK with a diagnosed disease they could be booked straight into one of the Nurse Scanning Clinics. These clinics are now run weekly basis and are more cost



effective than the previous way of working. In addition the patient pathway is reduced to one visit instead of waiting for eight to ten weeks for an appointment.

- There is a high level of customer satisfaction and this was confirmed by interviews with patients. Clinics are held on the second floor of the Integrated Care Centre. The February Operational Update Friends and Family Test highlighted some glowing reviews of the service, 93.79% positive comments with only 2.59% negative.

### **Areas of Compliance Plus**

- The partnership is well established but continues to be proactive both in the community and nationally. The core clinical activities provide an excellent service and this year the assessor was shown the evidence regarding a number of projects that are detailed in this report. These projects are listed above and demonstrate a culture that puts the patients first whilst looking for the most cost effective solutions. The projects listed above also demonstrate that the partnership is a leader in their field and seen as a model of best practice.

### **Areas of Compliance Plus from 2018 assessment**

- The Right Path Musculoskeletal Triage for Children and Young People was presented as evidence for the 2018 assessment having been transferred from a pilot to routine care. It continues to be an area of Compliance Plus and has also been awarded the BSR Best Practice Award 2018.
- The Persistent Pain Pathway was introduced in June 2015 and continues to be an area of best practice and compliance plus.



## 8. ACTION PLANNING & NEXT STEPS

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The achievement of Customer Service Excellence is an ongoing 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.

We recommend that you develop an action plan based on the findings of this report. The action plan does not need to be a separate document and is likely to be more effective if the actions are embedded in your normal improvement and service developments plans.

We will undertake an annual review that will look at your continued compliance with the Customer Service Excellence. As part of the review we will also look at progress on any findings of the previous assessments.

In addition to reviewing progress outlined above, we will also review the services delivery, done so by following customer journeys.

For more information on the annual review please refer to our document “Building on your Customer Service Excellence success – Preparing for the annual review”.

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.