



Assessment Report

CUSTOMER SERVICE EXCELLENCE

Pennine MSK Partnership Limited

3 SUR





1. EXECUTIVE SUMMARY

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.

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:		Date(s) of audit(s):	25-02-2020, 26-02-2020
Lead Assessor:	Bob Mandy	Additional team member(s):	
Type of Assessment:	Annual Review		
Review of Certification Claims	Claims are accurate and in accordance with SGS guidance		



2. CONTEXT

Pennine MSK Partnership Limited {PMSK} 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 been operating for a number of years and are highly valued by the CCG, GPs and most importantly patients.

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

Since the last visit PMSK the service has remained broadly the same but there have been a number of staff changes. The leavers have been replaced by either experienced clinicians or by training up and promoting from within the organisation. This approach is clearly working well in practice.

Recruitment:

Verity Macmillan – Secretarial Team Leader

Rachael Dixon – Secretary

Claire Burtonwood – Office Assistant

Emma Hughes – Pharmacist

Harpreet Kaur - Rheumatology Nurse Specialist

Sarah Fox – Clinical Specialist Physiotherapist

Dr Paul McCabe – Consultant Rheumatologist

Kimberley Pickersgill – Office Assistant



Leavers:

Rachel Holden – Secretarial Team Leader

Rachel Marsh - Secretary

Amy Jones - Secretary

Penny Storrs – Rheumatology Nurse Specialist

Karen Partridge – Rheumatology Nurse Specialist

Julianna Webber – Rheumatology Nurse Specialist

Dr Peter Klimiuk – Consultant Rheumatologist

Changes:

Linda Bailey was working with PMSK as a Health Care Assistant, she has recently completed her Assistant Practitioner qualification and been promoted to Assistant Practitioner.

Danielle Whitmore was working as Outpatient Lead Nurse but is now training in the role of Rheumatology Nurse Specialist

Shelley Clarke was promoted from Secretary to Secretarial Team Leader.

Laura Craven and Callum Whitworth have been promoted from office assistants to secretaries.

3. METHOD OF ASSESSMENT

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

The on-site assessment commenced with an opening meeting.

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

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



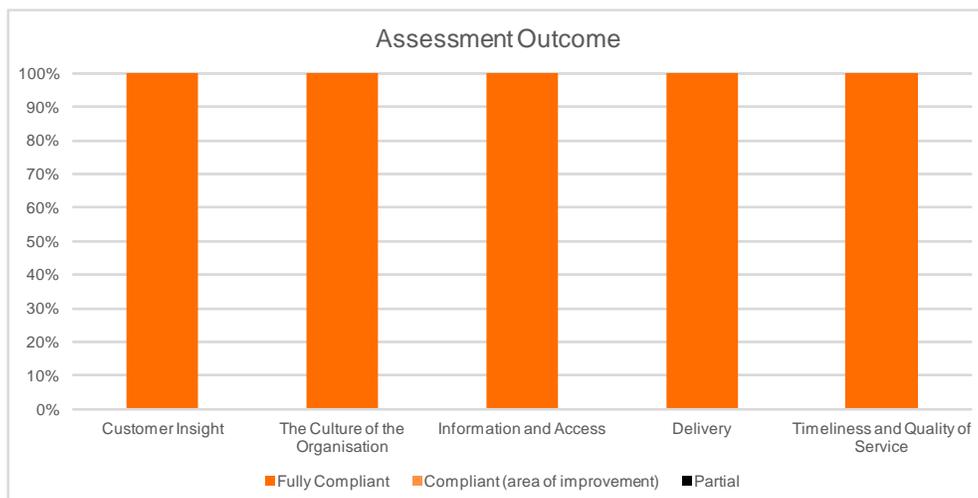
The assessment resulted in the raising of no partial compliances. A number of observations are listed in Section 7 of this report.

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	0
4	3	0	0	0
5	2	0	0	0

Number of good practices awarded during the assessment	9
--	---

Have the partial compliance(s) raised at the last assessment been closed?	N/A
---	-----

Criterion	Maximum number of partial compliances	Actual number of non-compliances	Actual number of partial compliances	Actual number of Areas for Improvement	Fully Compliant
1 Customer Insight	2	0	0	0	11
2 The Culture of the Organisation	2	0	0	0	11
3 Information and Access	2	0	0	0	12
4 Delivery	3	0	0	0	13
5 Timeliness and Quality of Service	2	0	0	0	10





6. AREAS OF PARTIAL COMPLIANCE

CRITERION 1

None raised

CRITERION 2

None raised

CRITERION 3

None raised

CRITERION 4

None raised

CRITERION 5

None raised

7. OBSERVATIONS

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

- None noted

Areas of Good Practice

- The recently introduced Pennine Care Physio Triage has had a positive impact on the patient journey. Following detailed research PMSK found that 40% of GP referrals into the Orthopaedic pathway were only seen once and then discharged. A simple referral and triage guide has been introduced and tested over a three-month period. This resulted in a 10%

or approximately 100 per month of all referrals could be redirected to Physiotherapy.

- PMSK has a robust recruitment policy with a mixture of experienced recruits and training and promoting from within. The recruitment of a pharmacist has taken some of the burden of nurses and was funded by efficiency savings.
- The drive to reduce opioid prescribing is a positive move to prevent addiction to these drugs. It is being aided by GPs offering alternatives to opioid prescriptions.
- The alcohol and tobacco CQUIN are being rolled out across the service with staff trained to deliver this intervention. In the last six months clinicians have asked over 2,045 patients whether they drink or smoke. Of the 508 patients who confirmed they smoke 279 have been offered a brief intervention. Of the 260 who were recorded as drinking to excess 195 were offered brief interventions. As part of their holistic approach to patient care patients are also offered the opportunity to join Slimming World if appropriate.
- PMSK has developed a pathway for Giant Cell Arteritis. Whilst this is a relatively rare condition it can cause blindness, stroke or death. January 2020 guidance states that potential sufferers from GCA should be seen within three days. The pathway has been created to ensure that this can happen. It will be interesting to see if CCGs across the country can achieve these tight deadlines.
- SystemOne has been enhanced to allow data to be entered on to a patient record in a structured way. This has been achieved by the development of templates by admin and clinical staff. The templates ensure a consistent approach to record keeping and reports can be produced for service development or to inform business cases.
- Customer feedback is gained from Friends and family, waiting room surveys, read coded comments, carpal tunnel surgery and persistent pain group feedback. All feedback recorded is very positive demonstrating a very high level of customer satisfaction.
- Complaints are recorded and analysed and there are very few with all be resolved in line with the complaints process.



- There is a monthly review of all key areas of PMSK that is presented to the SMT and then to all staff. This is a comprehensive review with the feedback appreciated by all staff.

Areas of Compliance Plus

- 1.1.1 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. The addition of a pharmacist and the work done on the Giant Cell Arteritis Pathway are further examples of how MSKP continue to enhance the service offering.

Areas of Compliance Plus from 2018 and 2019 assessments

3.3.2 At the time of the last assessment Right Path was a pilot in conjunction with Newcastle University. The study was looking at referrals for paediatric MSK conditions which are sent through to specialist centres. Currently children are sent to Central Manchester Children's Hospital. Waiting times are long at the specialist centers and it was felt that many patients could be safely and more appropriately seen and assessed in local clinics. The pilot study was launched in September 2016 with referrals being triaged by expert health professionals (nurse, physio or podiatrist). Those children with a lower limb, non-inflammatory condition who are eligible to be seen locally are appointed to be seen by a physiotherapist or podiatrist experienced in paediatric MSK (provided by Pennine Care Foundation Trust). Waiting times are down from 14 weeks to 2 weeks and feedback from patients and parents looks very positive so far. This is a unique approach; it is being looked at by the Department of Health and could be rolled out nationally. The pilot has finished, and the service has been given the go ahead to continue indefinitely. The conclusions drawn from the pilot was that the approach is beneficial to patients and is a more cost-effective way to deliver the service. The pilot has also now finished in North Tyneside and they are also continuing with this methodology for delivering the service. The partnership has been nominated for a national award for this work and interest has been shown from across the UK and from as far away as South Africa. Still continuing and embedded in the processes



3.3.2 The Right Path Musculoskeletal Triage Guidance for Children and Young People was presented as evidence for this assessment. It has been produced by PMSK and their partner Newcastle University and its use was explained to me by Jill Firth. It is clearly an excellent aid to following the Right Path process.

3.4.1 The Persistent Pain Pathway was introduced in June 2015 and continues to be an area of best practice and compliance plus. There is now a much greater analysis of the options open to patients. These can be clinical, physiological and or social. Many patients were on a pain relief regime of an injection every six months. Patients are now given a nurse's telephone consultation two weeks after an injection. They are then offered options other than returning six months later for the next injection. 70% of patients consulted have opted for different strategies that are beneficial to each patient but also has resulted in a cost saving of £0.5 million. This will continue but there are obviously budgets that need to be adhered to.



8. ACTION PLANNING & NEXT STEPS

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.