



Assessment Report

CUSTOMER SERVICE EXCELLENCE

Pennine MSK Partnership

2 SUR



1. EXECUTIVE SUMMARY

The assessment method used was a full remote assessment due to the current circumstances of the Covid19 Pandemic

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 remotely.

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:	Ms Rachel Chrisham		
Site(s) assessed:	Remote assessment	Date(s) of audit(s):	15-02-2022, 18-02-2022



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) continues 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 continued to provide the service throughout the pandemic making increased use of remote consultations and developing innovative tools to allow patients to support themselves. However, they have gradually increased the number of face to face appointments as COVID restrictions have been eased. COVID risk assessments have continued with all Government guidelines being followed. This has ensured the health and safety of all staff and patients.

There have been a number of starters and leavers across PMSK including significant changes at board level. Dave Pilbury, Sarah Critchley, Dr Robert Ley and Dr Shelley Grumbridge have been promoted to Directors and joined the board of Directors on 1st January 2022. This is in readiness for the 31st March when the executive, founder Directors will retire from their roles. They are also therefore currently recruiting for a Managing Director & Chief Financial Officer to replace Ann Todd. Ann will stay in post until the handover is complete.

3. METHOD OF ASSESSMENT

The assessment method used was a full remote assessment due to the current circumstances of the Covid19 Pandemic. Evidence was submitted electronically via email and the assessment interviews took place via Teams Meetings.

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 remotely 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 conducted as a Teams meeting.

The assessment activity and observations 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

5. ON-SITE ASSESSMENT

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

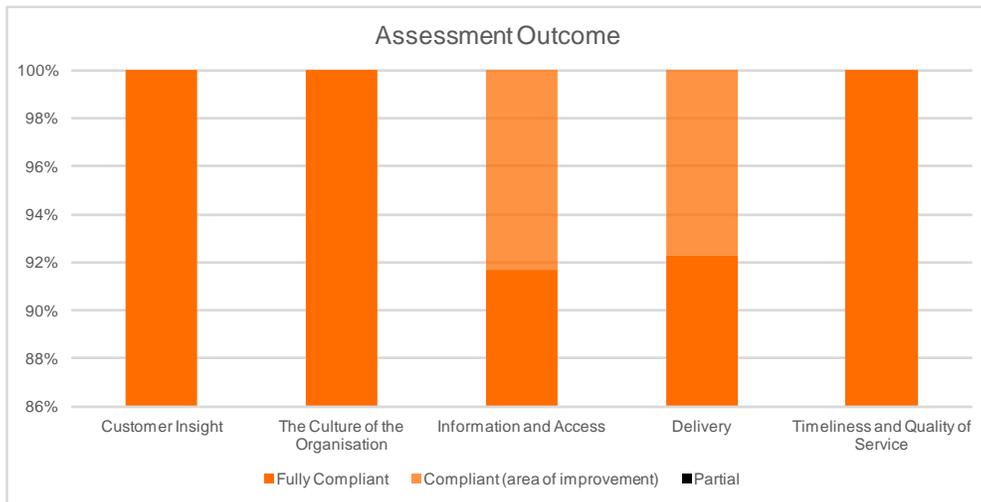
The assessment resulted in the raising of no partial compliances. A number of observations are listed in Section 7 of this report.

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	1
5	2	0	0	0

Number of good practices awarded during the assessment	8
--------------------------------------------------------	---

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	1	11
4 Delivery	3	0	0	1	12
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

- 3.2.1 Whilst the PMSK website is well presented and informative it needs to be updated. The website page “Our Story” does not show the changes at director level. The promotion of Dave Pilbury, Sarah Critchley, Robert Ley and Shelley Grumbridge to the board of Directors on 1st January 2022 is not mentioned. However, the website will be updated once Companies House has been advised regarding these appointments. Ann Todd is preparing the appropriate notifications to Companies House this month as she has just returned from leave.
- 4.1.2 Whilst the latest figures for patients failing to attend appointments was generally within the 10% target this was missed in one area according to the December 2021 figures:
 - Orthopaedics appointments 8%
 - Rheumatology appointments 4%
 - Persistent Pain appointments 19%*

*Currently there is no DNA target for persistent pain but this is not made clear on the website

Areas of Good Practice

- PMSK were awarded the CSE standard in March 2009 and they have offered an excellent service to the people of Oldham since their inception. They have had a consistent high quality founder team at board level who will be retiring this year. It is good to see that their roles will be taken up by long standing PMSK clinicians to continue to drive PMSK forward.

- There are high standards set across the organisation and they continue to meet them in most cases. It is good to see that these results are published on the website. The December 2021 information is already posted.
- There are high levels of customer satisfaction. PMSK gathers information via text and telephone and also via monthly surveys on the clinical floor. The latest feedback showed 95% of patients are extremely likely to recommend PMSK to friends and family.
- PMSK management has continued to give staff welfare and wellbeing a high priority. They have made sure that they have kept in touch with all staff whether working at home or in the office to talk through any concerns they may have. To gain further information a staff survey was carried out last month. Once all the feedback has been received and analysed action will be taken to address any problem areas identified by staff. In addition it was good to see that PMSK have continued to recognise and reward staff who have gone the extra mile in their work. They are chosen based on feedback from patients and colleagues on a monthly basis.
- There are now more face to face clinics as the pandemic restrictions are relaxed. However the lessons learned through having to use remote consultations are being taken forward and there is likely to be a hybrid approach in the future. This will be based on patient views as some have already said that they are more comfortable with telephone appointments.
- When analysing figures over a few months it was noticed that whilst PMSK were triaging approximately 1000 referrals per month they were only receiving approximately 800 new referrals per month via the appointment booking centre. This was issue is a good example of how PMSK are constantly looking for problems within their processes and looking to resolve them. The outcome of their analysis in this case was:
 1. COVID had changed behaviours of GP's as so many consultations were being done remotely they were forgetting to provide the patient with the information needed to book their appointment.
 2. Booking centre staff had experienced a high turnaround of staff and not all staff were aware of correct procedure.
 3. Booking centre staff were discharging patients after only a few weeks of referral.

Actions taken:

- Liaised with CCG primary care team to send out communication to all GP practices to remind them of process. Suggested best practice for secretaries to text details to patient on day they added the referral to e-referrals.
- Raised as patient safety issue with CCG quality team.
- Appointment booking centre manager asked to stop any of our referrals being ended as we were putting process in place to pick these up.
- Report created on e-referrals to pick up all referrals where patient had not yet booked an appointment.
- Staff allocated each week to contact patient to check referral still needed and book appropriate appointment.
- Dave Pilbury has continued his work with Versus Arthritis in conjunction with Keele University. He has helped to develop a suite of support tools to help people with back, shoulder, hip and knee pain. The work has been commissioned by NHS England and there is now a five year contract in place to continue the work. The tools have been trialed with 80 patients in Oldham with the results fed back to the oversight panel. Dave showed me some of the tools and they are clearly an impressive aid to people suffering in this way. There is an easy to access website where PDFs for each of the eight tools can be downloaded by those suffering with pain.
- PMSK has been exploring better ways to engage digitally with their patients. This has partly been driven by the restrictions placed on the service by the pandemic restrictions but also on patients wishes. Four ways of engaging with patients were explained to me during the assessment. All have merits and will enhance the patient experience. These four digital platforms were:
 - AccuRx is a NHS approved digital supplier initially used for video consultations. Use is being expanded to include pre-set messaging to encourage vaccine uptake; medicines information and support for Making Every Contact Count including referrals for support with weight loss, smoking cessation and mental health.
 - BSR ePROMS platform enables patients to access a range of measures. (Internal tests found that patients had to be registered for repeated measures and the interface was not user friendly so not rolled out. However they continue to register patients for electronically



generated PROMs as part of the National Early Inflammatory Arthritis Audit)

- Manchester Digital Pain Mannikin App supports people across ethnic backgrounds with MSK conditions to report their pain quickly and accurately on their smart phone.
- Remote Monitoring of Rheumatoid Arthritis (REMORA2) App has been funded by NIHR and is a collaboration with the University of Manchester. REMORA1 is the only published example internationally of tracked daily symptoms integrated into an electronic health record.

Areas of Compliance Plus

All areas of compliance plus raised in previous years have been carried over as PMSK continues to provide the service as explained below. In addition the area of compliance plus raised against CSE element 1.1.1 has been enhanced by PMSK's response to the Covid-19 pandemic. Since March 2020 PMSK management and staff have continued to provide the service to all patients taking into account the lockdowns and Government guidance. The service is being delivered following strict health and safety risk assessed rules with using full PPE and the vast majority of staff having been inoculated against the virus. To date no staff or patients have tested positive as a result of their work and contact with patients.

- 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.