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Stories of change

INTEGRATING SERVICES TO PROVIDE BETTER CARE FOR PATIENTS IN NORTH TEES AND HARTLEPOOL

Building relationships across services including rheumatology, nurses, physiotherapists and other MSK clinicians, service leads, and patients has led to more joined up and timely care.



What we did

The integrated MSK service at the Foundation Trust has linked up to work more closely with pain management and rheumatology services. We went through a collective coaching process to tackle some of the complex challenges across our systems. Together, we have created a new pathway that went live in October 2020. There is now a single point of access, where the MSK leads triage everyone who comes through the service. Other changes include:

1. Steroid injections moved to physiotherapists to add to rheumatology capacity.
2. MSK services signpost people to wider support such as ESCAPE-pain.
3. Redirected people experiencing fibromyalgia and hypermobility to MSK services.
4. A 'ghost' referral system has been set up so people can digest information and activate support a time that is right for them, rather than being sent an appointment automatically.

Our motivation

Waiting times were long. Services weren't provided at the right place or the right time for patients. Not all patients found review appointments helpful or necessary. Rheumatology capacity was not well utilised for a wholly rheumatology caseload.

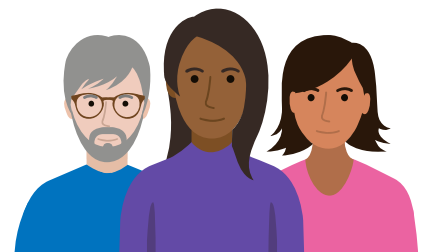


The difference we are making

We only have a small amount of evidence. We have reduced the number of referrals into rheumatology by 18-20%. Those patients will have a better range of options in the MSK service.

What's next?

We are working hard on a virtual hub, to make sure patients are getting the best possible information at the earliest possible time.





Making change happen

The stakeholders from Integrated Care System for this work included rheumatology, nurses, MSK clinicians, service leads and patients. We got together and outlined what challenges we faced. Then we split into smaller groups to come up with some quick wins. We decided to create a new pathway. In order to support this, the Trust decided to support a coaching approach for service leads and clinicians. We used a company called 'Think On' to coach us. Our facilitator guided us, kept us on track and held us accountable to the changes we agreed on. This process removed the learnt mental history about old dynamics and ways of working across teams and opened our minds to new ways of doing things together. It allowed us to be exploratory and look for solutions. From that, we decided to develop a single point of access for every patient who was referred into our services collectively. We agreed on the components for keeping patients safe and set up lots of safety nets accordingly.

I have had to embed all the new ways of working into processes, like IT. It was like mind gymnastics! It has been extra challenging because IT and admin have been caught up with covid recovery. We struggled to test the electronic referral service, which we've had to review. We triage all new referrals once or twice a day, flagging appropriate referrals to rheumatology.

We probably made a mistake at the start by not inviting GP's into the coaching. We are still questioning whether we should have had patients involved for that part too. Having included patients in the initial stakeholder discussions, we are working to become more experienced and confident with patient involvement as a Trust.

Linking patients to different pathways to the Community Pain Management Clinics is really important and we continue to work to improve this.

**VERSUS
ARTHRITIS**

"Even if we didn't all agree with the final decision about what would change across the services, because we'd been part of the process together, it has been easier for everyone to support it."

Top tips

- Having the time to step back and look at what you are doing together is invaluable. Coaching did this for us, and helped us think about what needs to change, and why. A high-quality facilitator really helped.
- Taking a gamble to release clinicians and service leads for two consecutive days was a risk, but it paid off.
- Connections with people are crucial. One miscommunication can put those barriers back up. The harder we've worked on our relationships, the lower the barriers across teams have got.
- Involve GPs and patients from the start.



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