

Meet the changemakers... and get involved

Musculoskeletal

Questions and answers

Tuesday 13 March 2018 18.00-20.30

Jurys Inn, Wellesley Road, Croydon

In association with



Sean Crilly, Commissioning Lead (2)

Tom Chan, Clinical Lead (4)

John Davey, Healthwatch Croydon Chair and Facilitator (8)

Yasir Anwer, General Practitioner (9)

Sean Crilly: The changes are to do with Musculoskeletal services. There are two ways of getting treated at the moment, apart from the GP. You can go to a service provided by the hospital or the community integrated musculoskeletal service. If you have a condition that needs more than that, that service can refer you to a hospital of your choice. We had a survey where, to get into the community service, we found that there were long waiting times.

People felt they had little time and opportunity for appointments and didn't feel they got much guidance in handling their condition. The other challenge is that we have a lot of people who have an appointment with a consultant and then are discharged straight away, and we feel this isn't efficient. We missed a national target the year before last. If we create more efficient use of time, we think we can reach that target. We want to get people to be treated at the right place and right time, rather than a high number of people necessarily going to hospital. We want to do that by getting better resources for patients to care for themselves, an electronic system over the current referral one, groupwork, and more training and support for people in GP practices. We want more resources in physiotherapy around primary care.

Sean Crilly: We want that to mean, for you as patients, if you need to see physiotherapists or to go to the hospital for actual treatment, you won't need to wait as long.

John Davey: Questions?

Female Patient 1: A lot of people are sent to physio, like me, and I haven't met one person who has said that was beneficial. I hate to be negative but people don't find it effective at all. It seems like it's a waste of time. Then, several weeks later, the problem is still there. I don't know if more assessment should be done of the person's complaint.

Tom Chan, Clinical Lead: Any other comments to add to that?

Male Patient 1: Just to throw something in on that, is it that they do the exercises with you, and send you away with the sheets to do that yourself? That's different from having regular exercise and having support throughout. It's not the same commitment to do it with people you know and get into the rhythm.

Female Patient 1: I think that's not the right treatment for the problem you are complaining about.

Tom Chan, Clinical Lead: I'm a GP, so this morning about half of those were musculoskeletal patients. It's a very common thing. If someone comes with that pain, we examine you first, and maybe give advice. The key thing is to get feedback from you first. The follow up with the GP is crucial. If you're not happy with the follow-up, that's when we think about sending you to physiotherapy. There are different ways, it could be one-on-one, or a group exercise. I too have heard from my patients that they aren't getting the one-to-one care they want. Having said that, there's also been positive feedback. With what you're saying, we're trying to change the service in terms of where we put physios. We'd done it partly, where we have put physios in each of those practices, so it's local to the patients. We've also set those physios very high standards, in terms of how quickly they need to see patients. It's frustrating to us as GPs to have long waiting times as well. The stats given were an average of about 13 days. That's been very rewarding to hear that that works. I've heard stories where the patient has just had to walk down the road to see the physio, then a week later again, and after that, they've felt better. I can't promise you'll get that all the time, but that's what we aim to do.

Tom Chan, Clinical Lead: Having said that, there are some MSK conditions that never go away, and we have to understand that. There are patients I've had for 10 years, who have had back pains. The key things in those situations are pain control, weight loss, and management. I hope the answer helps you to understand what the future holds, and we're excited about seeing improvements.

John Davey: My question is about the type of treatments. I've never been able to get access to physio, so I'm impressed by what you say. I'm a great believer in physio. One of the experiences I've had and have heard of is that NHS physios have a hands-off approach. They will do a consultation, advice on exercises, and there might be follow-up, but no hands-on treatment. Whereas, the private physios I go to, the treatment tends to be hands-on. With physio, you have to believe the treatment will help you. That's absolutely crucial.

Sean Crilly: When we were doing the pilot, we did a six months review, and they've seen about 3,000 patients in the year. At the six months review, there were 90% of patients who made a full or very good recovery. There might be a cohort of people who, physio isn't the answer. It's about sustainability, so we don't expect the patients being seen in the same way each time. There will be some that need more, and some that needs less. It's about what works for patients. The typical patient will have three-and-a-half appointments.

John Davey: Is there a hands-off policy?

Tom Chan, Clinical Lead: We're talking about physio-culture there, and I don't know enough about the culture. I just wonder whether it's because in private, they have more time, so can do more with you. It's also very operator-dependent, so I do get your point, and I'll ask about it.

Female Patient 2: Can we talk about the chronic conditions like severe arthritis? What is happening around that?

Sean Crilly: This plan is simply about orthopaedics, which is about the bulk of people who will be helped and cured by the treatment or go on to more treatment. We do know there is a bulk of patients in rheumatology and pain management, and we've already started discussing this.

Female Patient 2: What patient involvement is there?

Tom Chan, Clinical Lead: There are 3 groups.

Female Patient 2: Is it representative of conditions?

Tom Chan, Clinical Lead: There look at your rheumatology and pain, and all of that sorts. The issue about pain as well, we really want to push the hospital about that. We're seeing service experts being put into the plan. They are young and ambitious and want to do things, which is always good. To hear that, makes me feel happy. We're getting more ideas and more new technology, so we are looking forward to doing more things.

Sean Crilly: Chronic pain is very much within that.

Female Patient 2: Are we looking at providing at the hubs where there's opportunities to do more? The premises are there.

John Davey: In terms of group activities, that would be one. Could that be a feature of it?

Tom Chan, Clinical Lead: That is something we are looking into. The whole point is that it's a group of patients who share about their difficulties, usually about 10 people. It's been piloted with the diabetics setting. We have talked about it being in MSK as well, because pain management there is very important. There are cases the pain will never go away, and it is about how to manage it on a daily basis. Sometimes, if you're trying to do it yourself, it's not easy. If you're doing it as a group, there is more encouragement. We need that kind of setting, and group consultations provide that kind of environment.

Sean Crilly: Some of the services address that pain element. It's mainly around arthritis, not necessarily chronic pain. The hospital has that kind of service. If we're talking about chronic pain where the interventions with the hospitals or surgery are exhausted, that's where to start. We're starting to think about what local services we would have for a psychological based programme. We're also looking at where people in pain will talk about how to help other patients. We're at very early stages.

Tom Chan, Clinical Lead: We're working on the pain part even more now.

Female Patient 2: On average, do GPs know about these referral opportunities?

Tom Chan, Clinical Lead: Not so much. Traditionally, what a GP does to do with pain is trying to manage it, and maybe refer to a physio. We're now trying to clear up a path where the system is more worked out, we're going to get the GPs together and tell them this is.

Yasir Anwer: I often see patients come in about painkillers and knowing how to refer them to this scheme would be useful.

Tom Chan, Clinical Lead: Maybe it's not just MSK but also other conditions pharmacists need to know more about.

Yasir Anwer: There are cases patients don't know what it's all about.

Sean Crilly: For a GP, as there's too much information they need to know at any given time, we have a programme and when they put a patient into it, they see the relevant information.

Yasir Anwer: Often it's local knowledge that helps us with our networking within surgeries. It's amazing what can be picked up within feedback that is not picked up.

Female Patient 2: It's hopeful. My frustration is that I know how long the fixes take. When you get to my age, you realise that when you'll benefit from these things is a long way off.

Tom Chan, Clinical Lead: Any final comments?

Sean Crilly: It's not always that it takes a long time, but it takes a bit of time to listen to patients and know what the problem is. You need to listen to doctors in the system, patients using the service, so that takes time. If you find the wrong problem, you get the wrong solutions.

Questions from other sessions

Sean Crilly: He introduced the musculoskeletal services plan : We are trying to keep people well and avoid surgeries The Patient Survey July 2016 responses were that there were long waiting times, little choice of appointment date and location; and not much written advice on how people can manage their condition.

Patient 3: There is a lack of physiotherapy resources.

Sean Crilly: A new physiotherapy pilot initiated last year was developed to put physiotherapists in local GP surgeries. Since it is just a pilot to see the efficacy of the plan, we hope it to be set out to be permanent.

Patient 4: What sort of timescale are the physiotherapist expected to be provided in terms of sustainability?

Sean Crilly: There is no shortage of physiotherapists nationwide. Specifically, in Croydon; resources has been misused.