**Sheffield Musculoskeletal services**

**Pre-engagement evidence analysis**

We asked a wide range of local and national organisations to provide us with any feedback they had received about musculoskeletal services or what it was like to live with a musculoskeletal condition. The organisations included:

* NHS Sheffield CCG Complaints and Compliments
* Sheffield Teaching Hospital Patient Services
* Health Trainer Pain Management Programme
* Health Trainer Programme
* Pharmacies
* Expert Patients Programme (EPP)
* HealthWatch Sheffield
* Arthritis Care UK + Sheffield branch
* National Rheumatoid Arthritis Association UK + Sheffield branch
* British Orthopaedic Association
* British Rheumatology Society
* Primary Care Rheumatology
* British Pain Society
* The Arthritis and Musculoskeletal Alliance
* Arthritic Association
* Arthritis Research UK + Sheffield branch
* Age UK Sheffield branch
* Disability Sheffield
* Disability Action Alliance UK
* U3A
* Oddfellows
* Live Well Support Group for People With Chronic Pain & Illness

***Sheffield Teaching Hospitals Patient Services feedback***

533 complaints were received about Musculoskeletal services between April 2011 and March 2014. Of these, the highest numbers related to:

|  |  |
| --- | --- |
| **Subject of complaint** | **Number** |
| Cancellations | 57 |
| Delays | 56 |
| Outcome of surgery | 45 |
| Appropriateness of treatment | 45 |
| Attitude | 43 |
| General care | 42 |
| Communication | 38 |
| Waiting | 21 |
| Choice of treatment | 20 |

355 pieces of feedback were received via comments cards and website. 259 were positive and 96 were negative.

|  |  |
| --- | --- |
| **Subject of positive feedback** | **Number** |
| Staff attitude | 172 |
| General care | 108 |
| Waiting | 39 |
| Communication | 37 |
| Environment | 34 |
| Overall experience | 12 |

|  |  |
| --- | --- |
| **Subject of negative feedback** | **Number** |
| Staff attitude | 34 |
| General care | 24 |
| Waiting | 21 |
| Nutrition | 19 |
| Communication | 14 |

Compared to the overall amount of feedback received by the Trust, Musculoskeletal services account for approximately 12% of all complaints, and approximately 8% of all website feedback and comment cards.

***NHS Sheffield Clinical Commissioning Group complaints***

Thirteen complaints were received about musculoskeletal services between April 2011 and March 2014. These complaints related to:

|  |  |
| --- | --- |
| **Subject of complaint** | **Number** |
| Referral | 7 |
| Appointments – time and location | 2 |
| Delays | 2 |
| General care | 1 |
| Records | 1 |
| Individual Funding Request | 1 |

***Patient Opinion***

Sixty-six posts regarding musculoskeletal services or conditions were received between 1st April and 31st March 2014. The posts related to various services in secondary, primary and community care. The posts were analysed and coded into the following themes. The themes include both positive and negative sentiments unless stated. This gives an indication as to the importance of the theme rather than the performance of current services.

|  |  |
| --- | --- |
| Themes from posts | Number |
| Staff attitude | 36 |
| General care | 24 |
| Communication | 20 |
| Waiting and delays | 20 |
| Positive outcome | 16 |
| Quality of life | 16 |
| Information | 16 |
| After care | 16 |
| Treated as a whole | 9 |
| Diagnosis | 8 |
| Referral process and criteria | 7 |
| Privacy and dignity | 5 |
| Self-care | 4 |
| Choice | 4 |

***Health Trainers Chronic Pain Programme Evaluation report (August 2012)***

This report asked people who had chronic pain to describe the impact that it had on them.

* Upset. Low Morale. Depressed.
* Loss of activity in life. Loss of function. Couldn’t do the things I used to do.
* Takes over people’s lives.
* Feel like a burden.
* Isolation.

The report also asked people what helped, or would help, them to manage and live with their pain.

* Need to get out and talk to people in the same position.
* Health services to get treatment, but no support emotionally or how to cope with life. Advice on financial impact needed.
* Want to be listened to. Have the time to talk and understand health more.
* More control and confidence. Take an interest and control of my own health, including medication. Changing life to fit health and ability.
* Look at me as a whole.
* Being able to understand information.
* Realistic goals for me.

Positive outcomes identified

* Ability to return to a functional level
* Ability to be proactive
* Improved energy
* More stamina
* Improved mood
* Improved confidence
* Increased motivation
* Social support
* Learning to ask for help
* Connecting with people
* Developing insight
* Learning to pace oneself
* Managing the environment
* Learning alternative ways to manage
* Learning how to find information on the condition and how to manage it
* Weight loss
* Social interaction
* Reducing isolation

***Feedback from individuals***

* Misdiagnosis leading to unnecessary pain and incapacity.
* Financial and benefits advice within clinics for those who cannot work as a result.
* More informed choices.
* Waiting times for NHS treatment unacceptable.
* Monitor A&E readmissions for MSK.
* Positive checking system at 28 days from initial presentation to identify serious untreated injuries.
* Higher chairs with arms that I can get out of without having to ask someone for help. – Environment
* Self-opening doors into the passage at the Hallamshire and the unit. – Environment
* Service should stay in one place at the hospital. - Location

***Themes of analysis***

**Inconvenience** - People are most unhappy when they have experienced cancellations, delays and waits during their referral or treatment.

**Communication** – How people are communicated with is important to them. They value good staff attitude. They want clear information.

**Choice and involvement** – People want to understand, and have a choice over, their own health. They want to be seen as experts of their own health.

**Learn to live** – People want support to be able to live with their conditions, look after themselves and be able to do the things that they value. They want to be confident to live their lives.

**Convenience** – How services fit in with people’s lives is important to them. Times and locations of appointments are important.

**Treat me as a whole** - People want to be treated as an individual and their needs recognised, even if they are not clinical needs.

**Quality care** – People want good quality care from knowledgeable people. They want a diagnosis and want to know what this means for them.

**Peer support** – People want to be able to talk with others who have had similar experiences of living with musculoskeletal conditions.