

MSK Outpatient Triage – Final IIA

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2. What has changed (update to previous interim IIA).

- The outpatient physiotherapy team moved their self-referring patients from phone only to a choice of phone and face to face appointments.
- In the early stages this service was offered in East Lothian Community Hospital on one day, and at Musselburgh Primary Care Centre on another day.
- As a result of the positive feedback this service was expanded to multiple clinics in the 4 current sites (either Haddington, Musselburgh, Dunbar, or North Berwick with a fixed location on specific days) covering the five weekdays.
- After reviewing recommended action 2 has been dismissed as implementing this would have a negative effect on equity of service. Details are in report below.

3. Briefly describe public involvement in this proposal to date and planned.

The service users have given positive feedback as noted in the satisfaction surveys included in below information.

4. Is the proposal considered strategic under the Fairer Scotland Duty?

Yes



5. Date of IIA

25th March 2024, 1200-1230 in person ELCH.

6. Who was present at the IIA? Identify facilitator, lead officer, report writer and any employee representative present and main stakeholder (e.g. Council, NHS)

Name	Job Title	Date of IIA training
Louise Dickson (Lead)	MSK Clinical Lead, Physiotherapy, ELHSCP	
Allison Bell (Chair and Report Writer)	MSK Team Lead, ELHSCP	March 2023
Alison Buchanan	Clinical Lead Occupational Therapist, Community and Inpatients	
Fiona Morrison	Live Well	
Maureen Allen	VCEL Chief Officer	
Rukhsana Ali	MILAN (Southeast Asian Community) Senior Welfare Manager	
Ryan Ferguson	Health Promotion Lead Exercise	
Lesley Berry	ELHSCP General Manager Rehabilitation	Completed
Tony Crooks	Interim Clinical Lead Mental Health	
Kirstie White	Occupational Therapy Team Manager	

7. Evidence available at the time of the IIA

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
Data on populations in need	<ul style="list-style-type: none"> • East Lothian Joint Strategic Needs Assessment report 2022 • MSK Test of Change Information  MSK Traing Test of Change IIA informatic •  Updates to Outpatient Physiother • East Lothian IJB Strategic Plan 2022-25 Engagement Feedback report 	<p>Evidence from the initial IIA, satisfaction questionnaires, and the updated PDF report attached show this successful test of change is inclusive and meets client needs.</p> <p>There are improved outcomes for patients who are triaged face to face or by phone at an allocated time within 48 hours. This meets client expectations as shown in the satisfaction surveys below.</p> <p>Many clients seek reassurance only and the face-to-face service means staff are better able to assess conditions at first hand. This leads to fewer referrals to the physio waiting list than phone triage.</p> <p>Waiting list time has been reduced for outpatient MSK physiotherapy for routine appointments.</p> <p>Face-to-face triage is preferable for people with learning disabilities, BSL users and other people requiring interpreted meetings. Many older people prefer face-to-face.</p> <p>However, there are advantages to phone triage for some people, for example, people in employment who struggle to make time to make a physical appointment, people in geographical areas who have difficulties with transport, carers, parents of young children etc. This service is still an option.</p>
Data on service uptake/access	Page 7, 8 and 9 Updates to	Over this period there has been a shift in additions to the MSK waiting list. Prior to this change this

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
	outpatient physiotherapy PDF	<p>conversion rate was 80%, on average since this change the conversion rate is 46.8%.</p> <p>This has reduced waiting list times and allowed ELHSCP to support orthopaedic acute services.</p>
Data on socio-economic disadvantage e.g. low income, low wealth, material deprivation, area deprivation.	Ward Profiles and Snapshots East Lothian Council	<p>This indicates that Musselburgh, Tranent and Prestonpans have the highest levels of deprivation. The Outpatient Triage evidence shows that 27% of all referrals come from patients at Musselburgh GP practices, 11% from Prestonpans and 9% from Tranent.</p> <p>The successful test of change has been reviewed in relation to accessibility. It has been compared with similar projects in other areas.</p> <p>Embedding physiotherapists into local practices will lead to a decrease in patient choice as some smaller practices would only have a limited number of hours at specific times. GP practices would not be covered for annual leave or sick leave resulting in an inequity of service.</p>
Data on equality outcomes		
Research/literature evidence	<ul style="list-style-type: none"> • Transforming Outpatient Services Change Package - Getting patients on the right 	

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
	<p>pathway through transforming Community Allied Health Professional (AHP) MSK services</p> <ul style="list-style-type: none"> • Musculoskeletal physiotherapy service standards 	
Public/patient/client experience information	Page 9 Updates to outpatient physiotherapy PDF	<p>Over 95% satisfaction reported in people feeling listened too, being given information in a way they could understand, being given enough time at their appointment, and being treated with care and concern. This is a strong indication that the APP team are working according to the NHS Lothian guidelines.</p> <p>A further prolonged patient satisfaction period was run over 3 weeks between November and December 2023. From this survey 89% of patients felt their needs were 'definitely' met during the appointment, 7% to some extent, 4% didn't know and no one said they were not at all met</p>
Evidence of inclusive engagement of people who use the service and involvement findings	As above	As above
Evidence of unmet need	As above	<p>The unmet needs highlighted in the interim IIA have been met. Patients continue to have choice of phone or face to face. Waiting lists have been reduced.</p>

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
		The service was able to accommodate the increased orthopaedic referrals as a result of this efficiency when the acute service hospital closed some of their services.
Good practice guidelines	<ul style="list-style-type: none"> • Transforming Outpatient Services Change Package - Getting patients on the right pathway through transforming Community Allied Health Professional (AHP) MSK services • Musculoskeletal physiotherapy service standards 	
Carbon emissions generated/reduced data		More face-to-face appointments will increase car and public transport use; however, early intervention and resolution of issues should offset this somewhat
Environmental data		Not applicable
Risk from cumulative impacts		Not applicable
Other (please specify)		-
Additional evidence required		-

8. In summary, what impacts were identified and which groups will they affect?

There are no changes to the positive or negative findings as noted below from initial interim IIA as patients can still use either phone or face to face triage options.

Equality, Health and Wellbeing and Human Rights	Affected populations
<p>Positive</p>	<p>Phone triage</p> <p>Phone triage can have a positive impact for people who are time-poor and/or economically poor or housebound, for example, working people, carers, parents. It can also be positive people who are geographically isolated, cannot afford transport to appointments, people on the autistic spectrum, people with agoraphobia, people with sight impairments, people with physical disabilities. It may also be more suitable for young people aged 16+ who cannot take time out of school or further education.</p> <p>Face-to-face triage</p> <p>Face-to-face triage can be positive for older people, people who require interpretation (for example, BSL, community language) and people with learning disabilities, including those who require some communication support.</p>

Equality, Health and Wellbeing and Human Rights	Affected populations
Negative	<p>Phone triage</p> <p>Phone triage could have negative impacts for people who are unable to afford longer phone calls, people who use BSL or do not have English as first language, people with learning disabilities.</p> <p>Face-to-face triage</p> <p>Face-to-face triage may have negative impacts on people who cannot afford to travel, who have poor access to public transport, people on the autistic spectrum, working people (particularly people who cannot afford to take time off for appointments), carers who cannot take time away from their cared-for person, parents with young children.</p>

Environment and Sustainability including climate change emissions and impacts	Affected populations
Positive	Phone triage reduces the use of personal and public transport.
Negative	Additional face-to-face triage increases use of

Environment and Sustainability including climate change emissions and impacts	Affected populations
	personal and public transport.

Economic	Affected populations
Positive	Neither option has a particular impact on the local economy, although phone triage does enable people to take less time off work.
Negative	-

- 9. Is any part of this policy/ service to be carried out wholly or partly by contractors and if so how will equality, human rights including children’s rights, environmental and sustainability issues be addressed?**

No

- 10. Consider how you will communicate information about this policy/ service change to children and young people and those affected by sensory impairment, speech impairment, low level literacy or numeracy, learning difficulties or English as a second language? Please provide a summary of the communications plan.**

Please see action 1 below.

- 11. Is the plan, programme, strategy or policy likely to result in significant environmental effects, either positive or negative? If yes, it is likely that a Strategic Environmental Assessment (SEA) will be required and the impacts identified in the IIA should be included in this. See section 2.10 in the Guidance for further information.**

No

- 12. Additional Information and Evidence Required**

None

- 13. Specific to this IIA only, what recommended actions have been, or will be, undertaken and by when? (these should be drawn from 7 – 11 above) Please complete:**

Specific actions (as a result of the IIA which may include financial implications, mitigating actions and risks of cumulative impacts)	Who will take them forward (name and job title)	Deadline for progressing	Review date
Outpatient Triage Lead officer to agree communications plan with Senior Communications Adviser	Craig Ferguson	Spring 2023	This action has been completed and closed
MSK Lead Officer to review evidence of test of change and arrange further IIA to assess next steps, including embedding physios in some GP practices	Allison Bell	June 2023	This action has been considered with information noted above and closed.

- 14. Are there any negative impacts in section 8 for which there are no identified mitigating actions?**

No

- 15. How will you monitor how this proposal affects different groups, including people with protected characteristics?**

Through user uptake data and user experience information.

- 16. Sign off by Head of Service**

Name 

Date 27/03/2024

- 17. Publication**

Completed and signed IIAs should be sent to:

integratedimpactassessments@edinburgh.gov.uk to be published on the Council website www.edinburgh.gov.uk/impactassessments

Edinburgh Integration Joint Board/Health and Social Care

sarah.bryson@edinburgh.gov.uk to be published at

www.edinburghhsc.scot/the-ijb/integrated-impact-assessments/