

Osteoarthritis Hip & Knee Service

A Brave New World



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What



The problem:

- Large numbers of patients with OA hip or knee referred to Orthopaedic Outpatient clinics.
- Patients wait a long time.

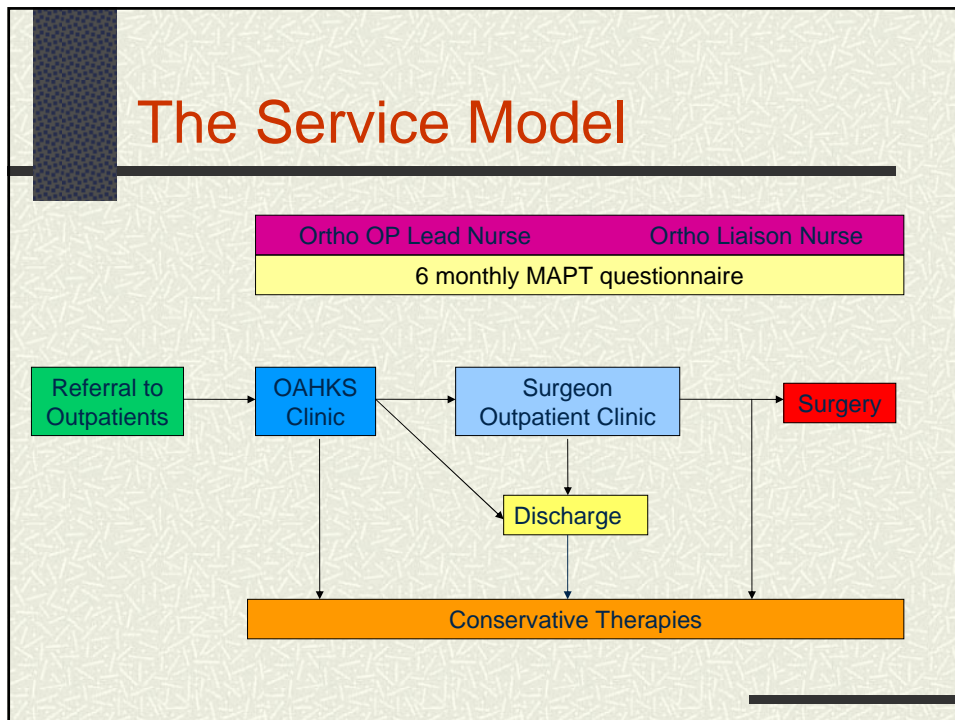
How



The proposal:

- Osteoarthritis Hip and Knee Service (OAHKS)
 - Provide early comprehensive assessment of patients and generate appropriate care plans.
 - Use physiotherapist and nurse to organise and run the clinic.
 - Utilise the Multi Attribute Prioritisation Tool (M.A.P.T) to help objectively rank patients.

The Service Model



Barriers



- # People – suitably skilled clinical staff
- # Personality – surgeons vs others.
 - Why is there funding for these projects but not necessarily more surgeons or theatre time??
 - Workforce redesign = turf war??
 - Is this another piecemeal solution, which only tackles part of the problem?

Enablers



- # People – existing skills vs up skilling
- # Personalities
- # **Clear** policies and procedures
- # Existing reform of orthopaedics
 - Triage/diagnostic codes and policies
 - Pre-existing physiotherapy led clinics
 - Review of theatre processes

If I could do it again, I'd...

- # Consider the location of clinics to make it more accessible to patients.
- # Consider setting up a true multidisciplinary clinic – “single point of entry”...
 - ‘One stop shop’

If I could do it again, I'd...

- # Consider why so many patients are referred to the surgeon?
 - GP education
- # Work to assist downstream treatment systems to cope with demand
 - Ensure consistent practice across sites
 - Ensure consistent communication across sites

Sustainability



- # Involve ALL stakeholders, especially surgeons at ALL levels of the process
- # Ask patients what sort of service they want.
- # Make patients accountable/responsible for themselves – offer them assistance to do this

Results



- # Happier, more empowered patients?
 - Increased patient and GP awareness of non-surgical options
- # Less patient/GP complaints?
 - Improved communication about patient management
- # More relevant info available at Surgeon appointments
(Than is currently received on most GP referrals)
- # Moving towards a more transparent process and single point of entry

Summary



- # OAHKS continues to evolve.
- # Work continues with surgeons and GP's to consider the best way to manage patients.

Any questions....?

