



Digital Musculoskeletal (MSK) Triage/ Service

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1. Introduction

1.1 Problem Description

Following the pandemic demand for MSK services exceeds capacity and funded activity. Many of these patients are being advised to self-refer by their GP due to increasing pressure on primary care and patchy access to First Contact Physiotherapists. Other patients are sitting on surgical waiting lists and are living with pain and disability whilst they await surgical intervention. Many factors are driving up waiting times which is leading to poor patient experience and concern that outcomes and staff morale will also be impacted. Similarly, physiotherapy departments in secondary care are struggling with the increased number of referrals they receive from various departments within the hospital. Some of these patients can be self-managed at home and do not necessarily need face to face physio appointments. There is a national drive to reduce low value outpatient appointments, reducing visits by 30% (NHS Long Term Plan, 2019), and plans have been developed within NHSX to digitise, connect and transform care closer to home. These ambitions are echoed within NHS England's Best MSK Programme.

1.2 The solution

Remcare MSK triage is a user-friendly digital platform which patients can use from the comfort of their homes. It will provide a digital front door and allow easy and instant access for all MSK patients, so every patient receives the right care at the right time. Our assessment process consists of a detailed and real-time MSK health status assessment of patients using the Remcare (the patient-facing web application) to allow an instantaneous evidence-based risk stratification of every patient. Patients suitable for self-management will have 'on-demand' access to exercise videos and tailor-made goals to increase patient engagement and ownership of their MSK rehabilitation process. With this approach, waiting times to receive care will be significantly reduced and access to care will be increased, while delivering care in the comfort of patients' homes thus aiding the net zero target as well.

These questionnaires are designed to ascertain:

- Presence of red flags so patients can be diverted to emergency care
- Validation questionnaire to see if they still need help for their MSK condition (and discharge patients who no longer need support and redirect inappropriate referrals)
- Identify patients who are suitable for digital self management
- Patients needing face-to-face appointments or secondary care referral

The MSK assessment questionnaire is in line with Keele standardised MSK core data set. This comprises of questions to obtain the following information from patients:

- Demographics (to look out for health inequalities)
- Education and employment status
- Social circumstances (patients under care, autism, other physical and mental special needs)
- Baseline clinical factors such as:
 - Pain site (through online body diagrams)
 - Pain intensity using Numeric pain rating scale
 - Duration of symptoms
 - Previous history/surgery
 - Co-morbidities
 - Mobility aids normally used
- Functional status (MSK-HQ, EQ5D5L, etc.)
- Site specific PROMs questionnaires (Oxford Hip Score, Oswestry Disability index, etc)
- Healthcare utilization
- Qualitative patient satisfaction surveys

1.3. The value proposition

Our real-world effectiveness studies have shown the following results:

The service

- Reduction in need for face-to-face appointments in MSK clinics
- Reduce manpower required for triage of patients
- Reduction in time needed to assess patients
- Increase in patient throughput (with no increase in clinical staffing)
- Ability to preorder referrals and minimise footfall in the department
- Meet with local waiting list targets and KPIs

Patients

- Minimise disruption of patient lives by reducing need for unnecessary appointments
- Improve information delivery to patients thus helping with shared decision making and informed consent
- Early identification of deterioration of MSK condition
- Improved patient outcomes and self-management
- 95% patient satisfaction with the app and the digital service Clinicians
- Reduce staff burden
- 100% staff satisfaction

2. Our Service

Remcare is provided as a Software as a Service (SaaS) solution. The service is designed to support the digital transformation of pre-anaesthetic pathways through configurable, patient-centred digital tools and clinical workflow support. The service is delivered in a way that integrates into existing staffing models and local governance arrangements.

2.1 Service delivery and implementation

Remcare implementation begins with staff and patient engagement to understand local pathway pain points and expected outcomes. We provide consultation to identify the most effective route to digital transformation and align delivery with national priorities.

The solution is configured to customer requirements and staff are upskilled before deployment. The service is then monitored and iteratively improved through ongoing outcome evaluation.

The service enables organisations to:

- Understand pathway pain points and expected outcomes
- Define an appropriate digital transformation approach aligned to local needs
- Configure the solution to local clinical pathways and governance
- Upskill staff prior to go-live
- Monitor outcomes and iterate for continuous improvement

2.2 Maintenance and Support

Remcare provides remote maintenance and support to resolve faults or defects and a customer service desk to support users.

Support features include:

- Remote customer service desk for patients, clinical, and administrative staff
- Support for log-in and day-to-day functionality queries
- Remote maintenance to resolve identified faults or defects

2.3 Accessing support

Support is provided remotely via email and telephone between 8am and 4pm Monday to Friday through UK-based customer support.

2.4 Support response times

95% of calls will be responded immediately. Most common support requests will be dealt with during the initial phone call or within half a day.

2.5 Logging support calls

All incidents will be logged and assigned to a member of the support team and will be dealt with in the priority set out below. We aim for the abandonment rate of phone support to be less than 5%.

2.5.1 What happens after a support call or email has been logged

Once the support request has been logged, we will assess the severity of the request and the level of work required and then report back. The types of incidents and response times are set out below.

2.5.2 Types of incidents, severity and response times

Our response times are clearly defined in our SLA. Once a support request is logged, severity and required work are assessed, and the customer is informed of the next steps. Most issues are resolved within half a day, with other incidents are attended to immediately with a turnaround time of 1–5 days depending on severity.

2.6 Business Continuity Arrangements

Remcare operates on AWS with daily backups. Data can be recovered within one hour. In the event of primary server failure, load balancers switch to disaster recovery servers to maintain continuity with no loss of service.

2.7 Change management including Enhancements

We are flexible in accommodating any proposed changes to the scope of the service and if it is a major change we will come to an agreement with the customer to define the price and timelines of the changes proposed and further details of this process will be in line with our SLA.

2.8 Acceptance Testing

Enhancements are agreed with the customer, including User Acceptance Testing (UAT) scope and dates. UAT is performed in the development environment, followed by user testing. Once signed off, changes are implemented in the production environment.

2.9 Remcare availability and performance

Remcare is available 24 hours a day, 365 days a year, apart from essential maintenance, with a service uptime of 99.99%. System availability metrics and response time statistics are reported quarterly.

2.10 Interoperability Features

Remcare can operate as a stand-alone platform or integrate with local Trust IT systems via FHIR APIs and HL7 messaging. It supports data exchange in various formats and integrates with NHS Login and PDS using FHIR API.

3. Compliance

- UKCA Marked-Software as a medical device
- Clinical safety built in by design underpinned by DCB 0129 framework
- All data is encrypted in transit and at rest
- Hosting on secure UK-based AWS cloud servers with daily backups
- Log in to PWA and the cloud through a high-level password
- Patient validation of demographic details
- Cyber Essential plus compliant
- Penetration testing compliant
- Compliant with GDPR
- DSP toolkit compliant
- FHIR/ HL7 compliant APIs available for inter-operability and data transfer
- Robust business continuity plans with a 99.99% uptime
- Quality Management system in line with ISO13485 (awaiting full certification)
- Information Security Management System in line with ISO27001 (awaiting full certification)

For further information please contact: sales@remcare.co.uk

