

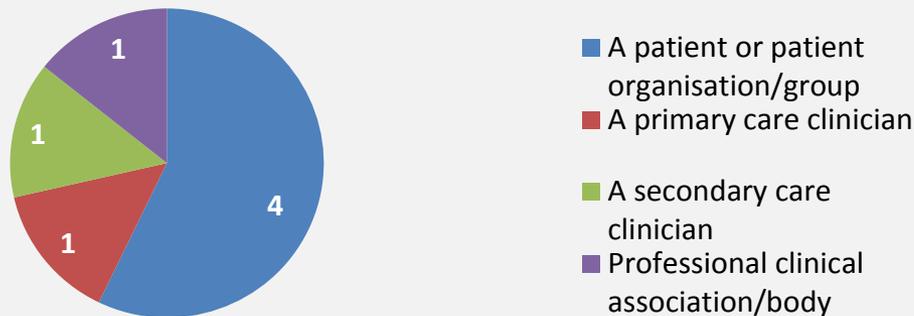
APPENDIX 5B

Analysis of sense check and feedback phase for London Choosing Wisely draft policy for:

Knee arthroscopy

Results of the sense check policy

- The **draft London policy for knee arthroscopy was circulated to key stakeholders** with a request to share the online feedback form with their own networks and interested parties
- The **sense check was open for a 4 week period** (13 August – 10 September), extended from 2 weeks to accommodate the summer period.
- 12 respondents opened the survey, but **only 7 fully completed it**. No additional responses were received over email. The breakdown of the 12 respondents is as follows:



- **This online feedback reflects a small sample size** with proportionally little input from clinician audience groups.
- The average score across questions 4 – 10 for the knee arthroscopy policy was 3.98 out of 5, where 1 is the lowest rating and 5 is the highest.

Updates to the Policy

- Key comments were discussed with the Task and Finish Group Chair with refinements made as necessary:
 - The title of the policy has been updated to note that it relates to knee arthroscopy with particular reference to osteoarthritis.
 - A line has been included to explain why meniscectomy is still referenced in the policy i.e. whilst evidence on meniscectomy was reviewed, there insufficient evidence on which to base commissioning criteria on, at this point.
 - The terminology of 'exclusions' to the policy has been amended to 'The policy does not apply to' to make the policy clearer.
 - The wording on use of imaging, in the Advice to Primary Care section, has been strengthened, using NICE guidance.
 - The wording on corticosteroid injections, in the Advice to Primary Care section, has been updated to state that they can provide 'pain relief' rather than 'effective pain relief' as previously stated.

Summary - sense check and feedback phase

- As part of the development of each draft policy a sense check and feedback phase has been introduced to ensure that the draft policy is easy to follow and use, and ensure that patients will receive the most effective clinically appropriate treatment available to them.
- Stakeholders (listed below) were invited to comment on the draft policy via an online feedback form. Specifically, the online feedback form was aimed to receive comments on how easy the draft policy was to follow and on the clarity of the language used.
- The link to the online feedback form was sent to the following audience groups with a request to share the online feedback form with their own networks and interested parties (for example, key CCG colleagues, primary and secondary care colleagues, local patient groups, professional associations, and referral management centres):
 - London's STP clinical leads
 - Members of the London Choosing Wisely Programme Board (which includes London's STP PoLCE leads)
 - London Choosing Wisely Task and Finish Group members or contributors who had developed the draft policy
 - London Choosing Wisely Steering Group patient representatives
 - London's Healthwatch networks and patient-facing organisations
 - Relevant royal colleges and professional associations (including the BMA's London executive)

Summary - questions

The following is an extract of the London Choosing Wisely feedback and sense check phase online form questions for knee arthroscopy:

Section 1: About you

1. In what capacity are you responding to this survey?

- A patient or patient organisation/group
- A primary care clinician
- A secondary care clinician
- A referral management centre
- A commissioner
- Professional clinical association/body
- Other (please state)

2. Which part of London do you work (clinician) or live (public/patient):

- East London
- North London
- North West London
- South East London
- South West London

3. Please provide your e-mail address so that we can keep you informed about the development of London Choosing Wisely policies:

Summary - questions

Section 2: Feedback questions on the draft policy

Please rate the following [Qs 4 – 9] on a scale of 1 to 5 where 1 is the lowest and 5 is the highest:

- 1) Strongly disagree
- 2) Somewhat disagree
- 3) Neither agree nor disagree
- 4) Somewhat agree
- 5) Strongly agree
- 6) Unable to rate (N/A)

Note: through the online feedback form there is an options comment box for all questions asking for the reason for that rating.

4. The draft policy is clear and unambiguous.
5. The draft policy is easy to follow and supports dialogue between the patient and clinician about decisions including treatment or referral.
6. It is clear which conditions this draft policy applies to.
7. The draft policy is clear on when treatments or referral should be offered to patients.
8. The draft policy reflects the commissioning codes you are currently using.
9. The draft policy can be easily implemented as part of your local compliance process.
10. It is clear how the draft London Choosing Wisely policy compares with local policies currently in place across London.
11. [Comment box]. Please use the following comment box to add any additional observations you may have about the policy – for example, you may wish to comment on how easy it is to follow or the clarity of the language used.

Summary – overall response

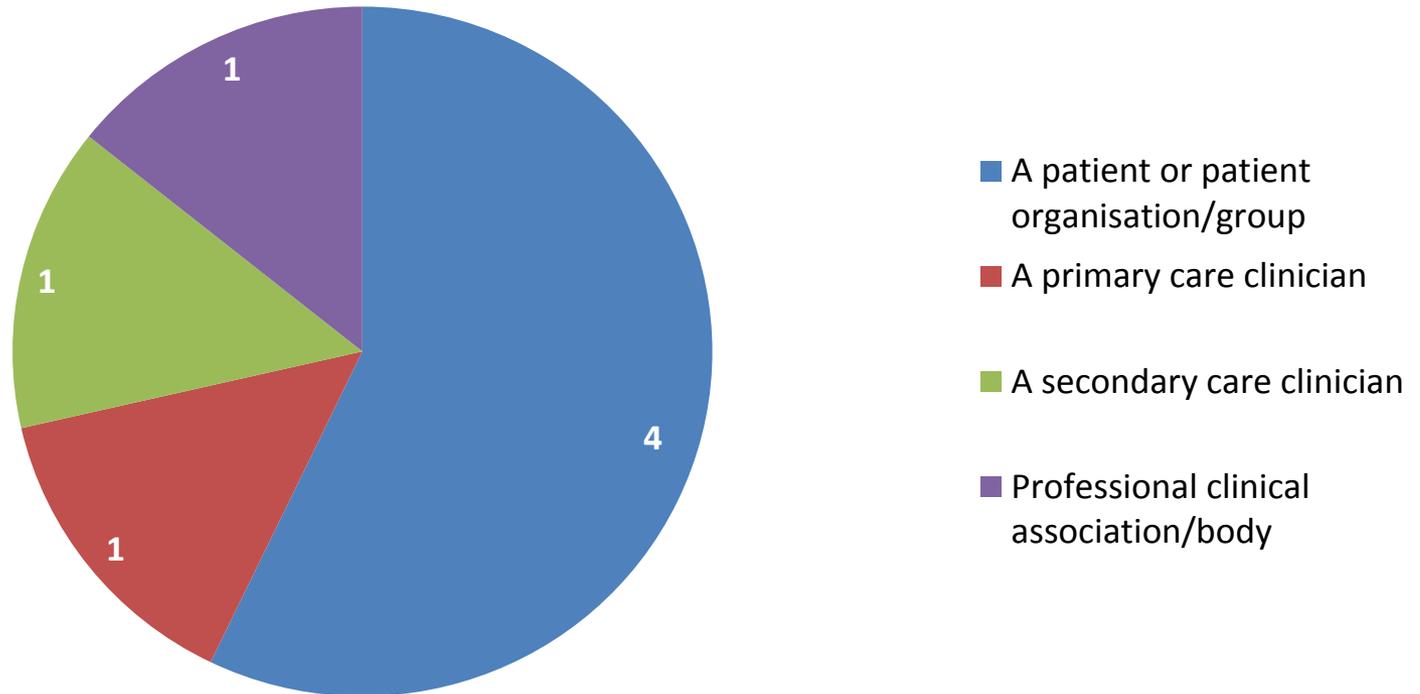
Procedure	sense check phase opened	sense check phase closed	Number of responses
Knee arthroscopy	13 August 2018	9am Monday, 10 September 2018	7 responses (all completed online)

Task and Finish Group members should note:

- This online feedback reflects a small sample size with proportionally little input from clinician audience groups.
- There were 12 online responses but only 7 completed the online feedback form, i.e. 5 individuals exited the survey without any response to questions 4-11.
- There were no additional responses were received.
- The sense check and feedback phase of the programme was launched for an extended period to allow for the August holiday period.
- The average score across questions 4 – 10 was: 3.98.

Analysis – question 1

Question 1: In what capacity are you responding to this survey?



Total number of completed online form responses:

7

Analysis – question 2

Question 2: Which part of London do you work (clinician) or live (public/patient):

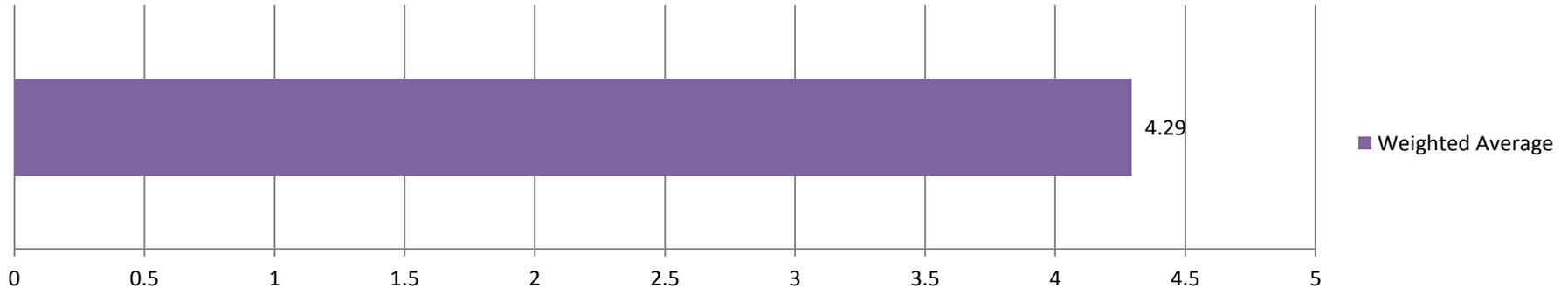


Total number of online responses:

7

Analysis – question 4

Question 4: The draft policy is clear and unambiguous.



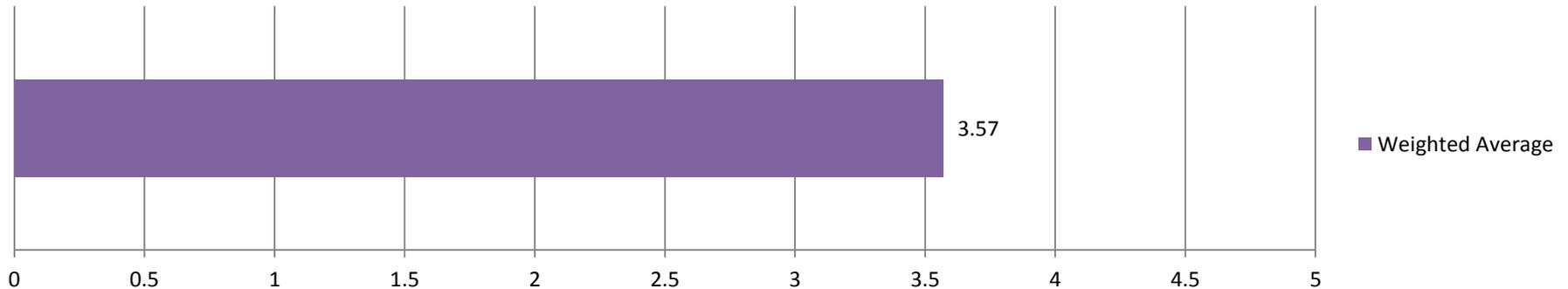
Total responses to question: 7

Themes and comments by audience group:

PPI	Primary care clinicians	Secondary care clinicians	Professional bodies
<ul style="list-style-type: none">• The policy is very limited.• Many patients with loose bodies and / or debris benefit from surgery.• Conservative treatment is fine in a lot of cases if access to physiotherapy is available but more often there are long delays in accessing it.• There is no mention of other providers for initial referrals.		<ul style="list-style-type: none">• The title refers to “knee arthroscopy” but the text all refers to “knee arthroscopy in the context of osteoarthritis”.	

Analysis – question 5

Question 5: The draft policy is easy to follow and supports dialogue between the patient and clinician about decisions including treatment or referral.



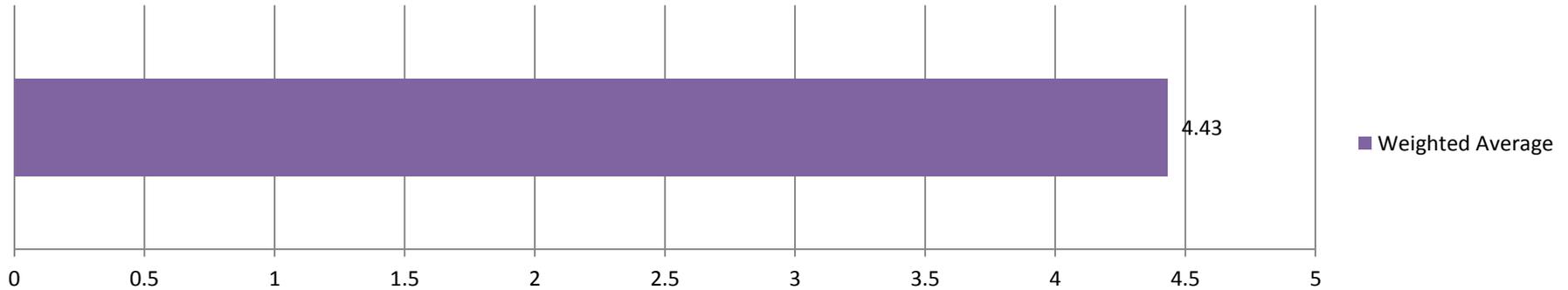
Total responses to question: 7

Themes and comments by audience group:

PPI	Primary care clinicians	Secondary care clinicians	Professional bodies
Competing views: i) Covers very adequately especially in view of the overuse of Arthroscopy in recent times ii) There seems very little flexibility for clinical decisions by consultants.		The title refers to “knee arthroscopy” but the text all refers to “knee arthroscopy in the context of osteoarthritis”.	

Analysis – question 6

Question 6: It is clear which conditions this draft policy applies to.



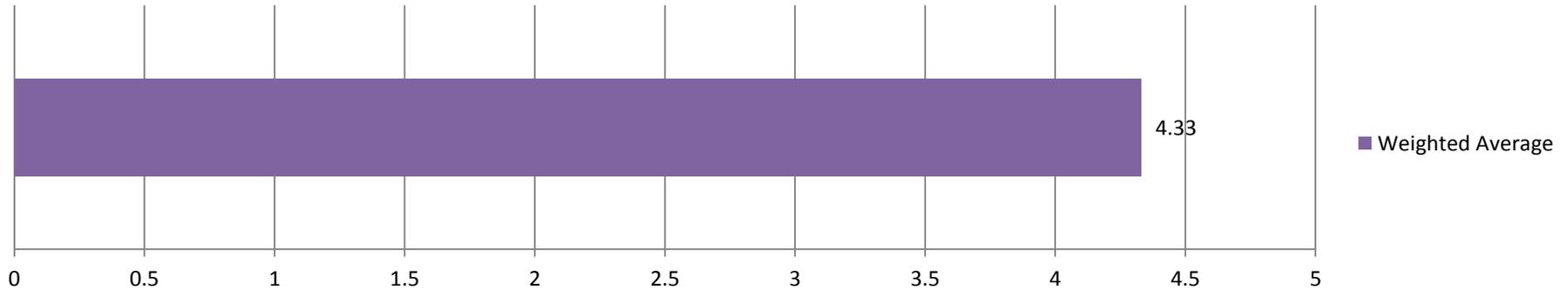
Total responses to question: 7

Themes and comments by audience group:

PPI	Primary care clinicians	Secondary care clinicians	Professional bodies
The conditions are too specific to locking of the knee without clarifying the meniscal tear symptoms.		The title refers to “knee arthroscopy” but the text all refers to “knee arthroscopy in the context of osteoarthritis”.	

Analysis – question 7

Question 7: The draft policy is clear on when treatments or referral should be offered to patients.



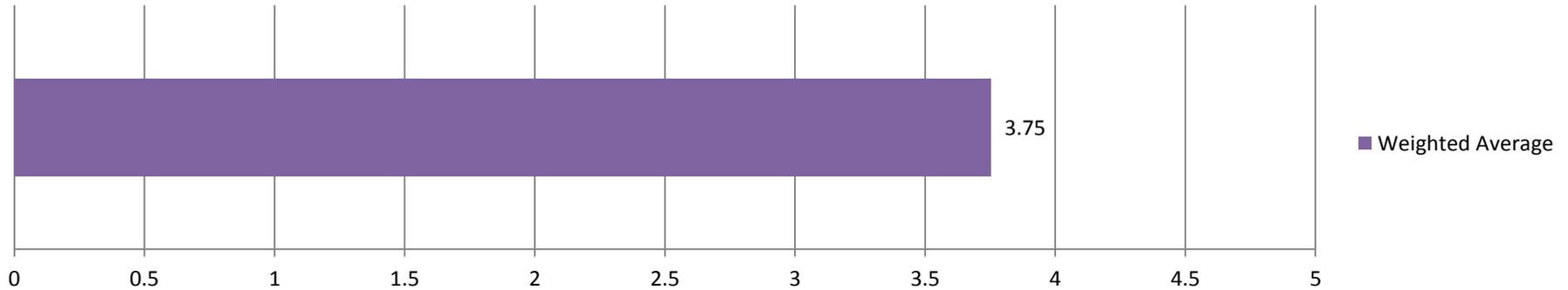
Total responses to question: 7

Themes and comments by audience group:

PPI	Primary care clinicians	Secondary care clinicians	Professional bodies
Early intervention prevents poor gait patterns and pain which lead to muscle wasting. Plus one view that as a cost cutting exercise it is explicit.			

Analysis – question 8

Question 8: The draft policy reflects the commissioning codes you are currently using.



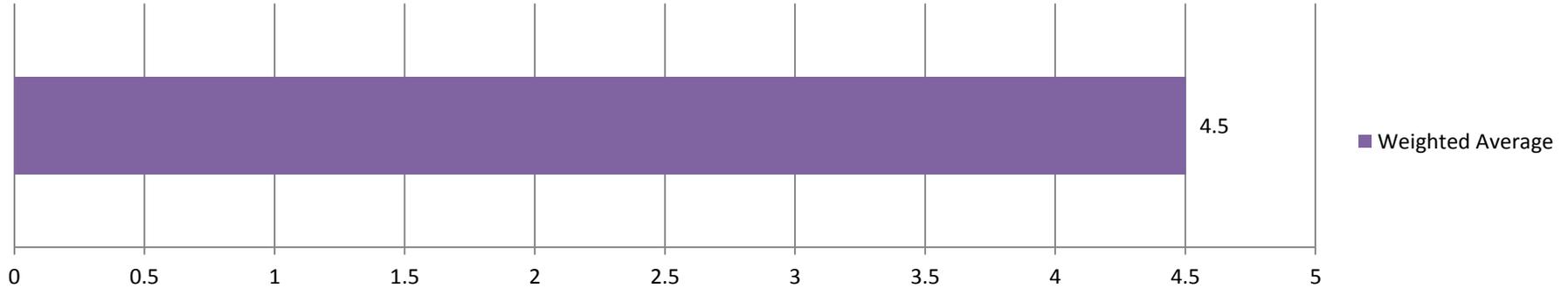
Total responses to question: 7

Themes and comments by audience group:

PPI	Primary care clinicians	Secondary care clinicians	Professional bodies
A PLCV policy is invidious.			

Analysis – question 9

Question 9: The draft policy can be easily implemented as part of your local compliance process.



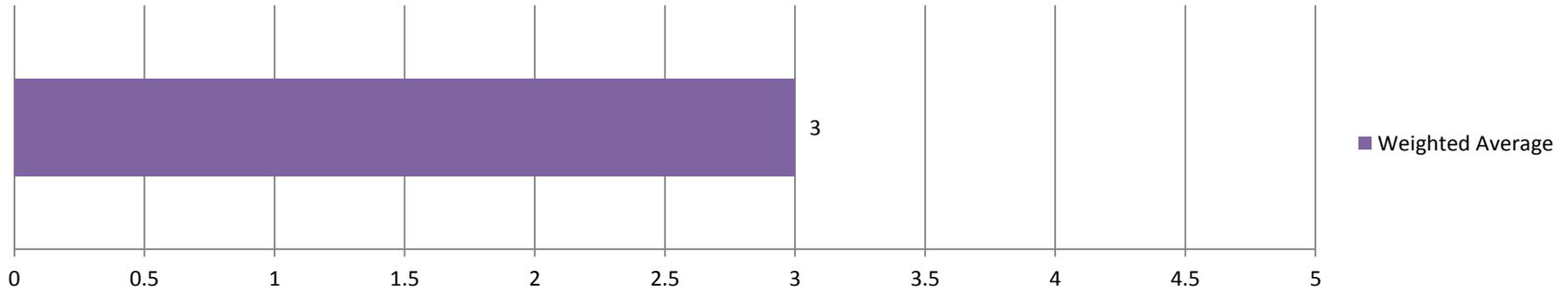
Total responses to question: 7

Themes and comments by audience group:

PPI	Primary care clinicians	Secondary care clinicians	Professional bodies
One view: Private providers need to be agreeable to all changes.		Yes - assuming that the text is read carefully	

Analysis – question 10

Question 9: It is clear how the draft London Choosing Wisely policy compares with local policies currently in place across London.



Total responses to question: 7

Themes and comments by audience group:

PPI	Primary care clinicians	Secondary care clinicians	Professional bodies

Analysis – question 11

Question 11: [Comment box]. Please use the following comment box to add any additional observations you may have about the policy – for example, you may wish to comment on how easy it is to follow or the clarity of the language used.

Total responses to question: 5

PPI	Primary care clinicians	Professional bodies
<ul style="list-style-type: none">The policy is too repetitive.	<ul style="list-style-type: none">APM is the tricky area that remains a little ambiguous and can lead to some contention	<p>See BOA response for full details – in summary:</p> <ul style="list-style-type: none">The start of the document relating to “Criteria for Commissioning” is unclearIn some cases primary care may not correctly diagnose a patient and there could be a potentially treatable condition which might be diagnosed by the xray.In most cases, a patient reaching a physiotherapist under the NHS within 3 months of starting conservative treatment for such symptoms is remote