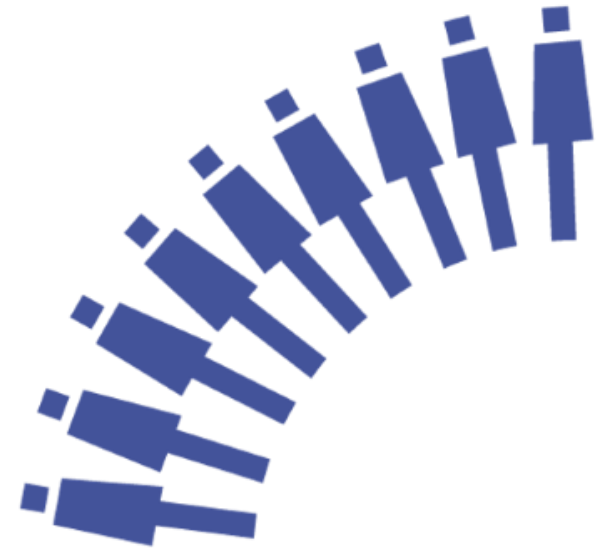




Combining digital innovation to create a scalable model of MSK physiotherapy as a first point of contact in general practice

Adam May

03/09/19



Combining digital innovation to create a scalable model of MSK physiotherapy as a first point of contact in general practice

Adam May, Operational Clinical Lead Physiotherapist

Background

There is a growing demand in general practitioner (GP) resources. Physiotherapists as a first point of contact (FPOC) have been shown to provide a safe, clinically efficacious and cost efficient alternative to GPs. Many pilots thus far have used extended scope physiotherapists (ESP) which extrapolated nationally would be expensive to employ, train and difficult to recruit, mirroring the GP crisis. Previous studies have shown only a small amount of ESP skills utilised in this environment.

Combining a self-referral website and senior physiotherapists, a scalable model has been created facilitating access to primary care, reducing pressure on GPs and improving appraisals of secondary care referrals.

Aims

1. Reduce pressure on primary care and secondary care services
2. Increased appropriateness of secondary care referrals
3. Expedite patient journey, reducing wasted time
4. Offer a cost efficient and scalable blueprint

Methods

- 3 senior physiotherapists embedded in GP clinics over a 7 month period
- Reception provided with algorithm signposting patients to self-referral web portal, first point of contact physiotherapist or indeed GP depending on need
- Physiotherapists act as first point of contact for MSK patients, instead of GP's (up to 30% GP caseload)
- Initially 30 minute appointments, latterly reduced to 20 minute
- Full assessment, advice & initiation rehabilitation with signposting to correct professional or pathway

Conclusion

Patient and GP questionnaires demonstrated excellent feedback in all categories. Showing the high levels of acceptability for both patients and clinicians of the service model.

Senior physiotherapists have delivered an effective model of FPOC at a cost of £22.75 per hour as opposed to ESP costing £30.50 per hour. Additionally FPOC has saved GP time by reducing MSK contacts. This represents an effective cost saving to the healthcare system. Appropriateness and referral rates to secondary care generated by pilot sites improved over the course of the study. As a result of FPOC a cost saving was provided to the local secondary care services.

FPOC combined with the self-referral web portal highlights that digital technology has enabled the scalability of this model.

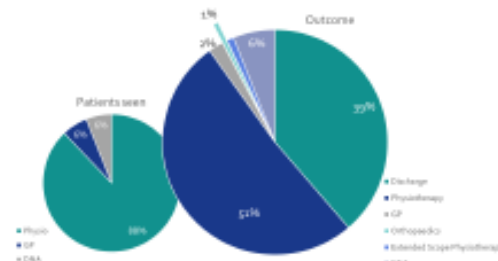
Key Messages

- This model delivers a safe and affordable means to ease GP and secondary care pressure
- Rapid access to the appropriate professional at the appropriate time
- A scalable service derived through embracing digital technology

Results

803 patients were seen during the trial period. Of these only 11 were referred back to their GP in the six months following. Only 8 (1%) patients required onward referral to Orthopaedics. 80% of patients seen were either discharged immediately or recommended further physiotherapy treatment.

No adverse events were reported during the trial.



Feedback

- NHS Friends and Family Score: 100%
- Excellent results from PSQ18
- 100% GPs agree that model saved appointments
- 100% GPs agree allows additional time to help patients with more complex requirements

Acknowledgements
West Suffolk Clinical Commissioning Group, West Suffolk House, Waters Way, Bury Saint Edmunds, IP11 1Y. GP practices including all involved staff. In-able Physiotherapy Staff

References
Smedley, J. and Willmott, L. (2014) 'Physiotherapy as a first point of contact in general practice: a solution to a growing problem?' Primary Health Care Research and Development, 15(3), 480-502.
The Chartered Society of Physiotherapy. Physiotherapy cost calculator. London: The Chartered Society of Physiotherapy, 2016. <http://www.csp.org.uk/chartered-society-of-physiotherapy/cost-calculator>
Wynn, C. and Gales, B. Advanced Practice Physiotherapy in Primary Care - A New Era. Poster presented at TS-WCPT - Advancing Physiotherapy 5th European Congress 2016 Nov. 11-12 Liverpool, UK.

Background

There is a growing demand in general practitioner (GP) resources. Physiotherapists as a first point of contact (FPOC) have been shown to provide a safe, clinically efficacious and cost efficient alternative to GP's. Many pilots thus far have used extended scope physiotherapists (ESP) which extrapolated nationally would be expensive to employ, train and difficult to recruit, mirroring the GP crisis. Previous studies have shown only a small amount of ESP skills utilised in this environment.

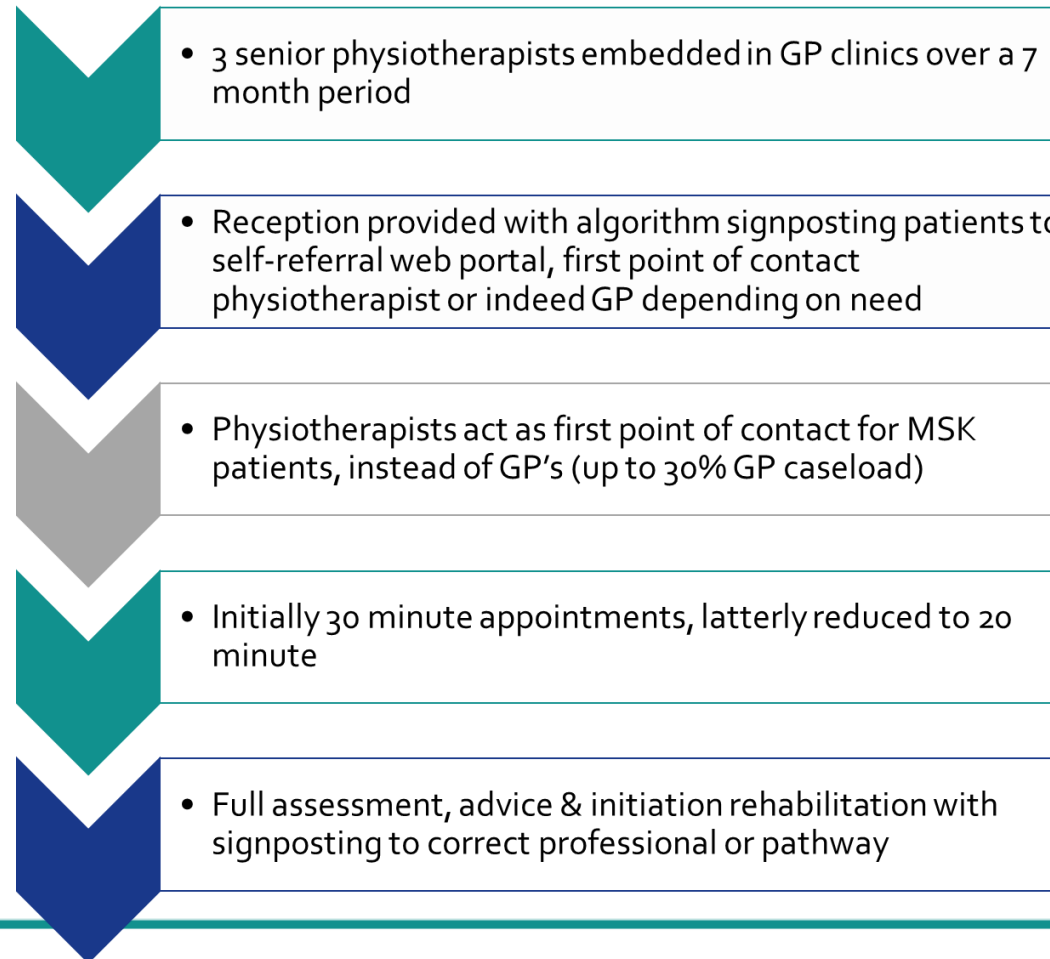
Combining a **self-referral website** and **senior physiotherapists**, a scalable model has been created facilitating access to primary care, reducing pressure on GP's and improving appraisers of secondary care referrals.



Aims

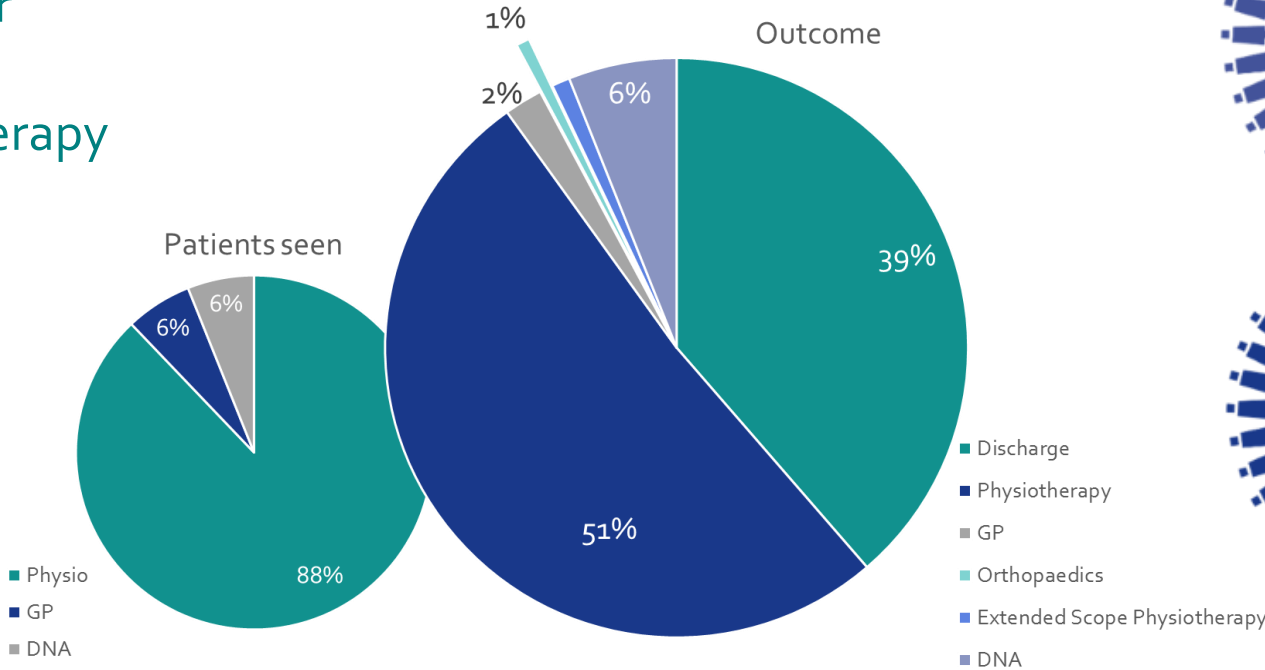
1. Reduce pressure on primary care and secondary care services
2. Increased appropriateness of secondary care referrals
3. Expedite patient journey, reducing wasted time
4. Offer a cost efficient and scalable blueprint

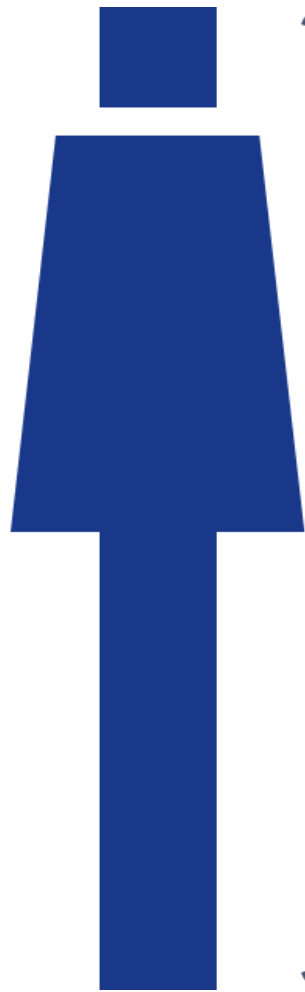
Method



Results

- 802 patients were seen
- 11 were referred back to their GP in the six months following.
- 8 (1%)patients required onward referral to Orthopaedics.
- 80% of patients seen were either discharged immediately or recommended further physiotherapy treatment.





48.5%
reduction in
referrals to
secondary
care



Feedback

- NHS Friends and Family Score: 100%
- Excellent results from PSQ18
- 100% GPs agree that model saved appointments
- 100% GPs agree allows additional time to help patients with more complex requirements

Key Messages

- This model delivers a safe and affordable means to ease GP and secondary care pressure
- Rapid access to the appropriate professional at the appropriate time
- A scalable service derived through embracing digital technology



Lessons taken forward

- Robust project plan (business plan, risk management, stakeholder engagement, liability insurances, full disclosure with GP's)
- Resilience for FPC clinics
- Resilience (backfill) for main physio contracts
- GP engagement (preventing 1st contact duplication)
- **Care Navigator engagement (receptionists)**

Current position

- Service 10 different GP clinics all slightly different models
- Staff studying MSc's or completing portfolios facilitated by e-learning via HEE portal
- Initial discussions with PCN's re: Physio contracting and liaising with social prescribers





- @neiljanridge
- @KMiddletonCSP
- @CSP_FCP
- @paulawoods5
- @AmandaHensman
- @sarahwithers20
- @RtHphysio

