



Musculoskeletal  
Partnership Event

Friday 24 November

09:00 – 15:00

Holiday Inn Reading  
South, J11

# First point of contact physiotherapy in primary care; *we can help if you want us to?*

**Rob Goodwin** (*Clinical Lead Physiotherapist,  
PhD candidate*)

**NHS**  
Nottingham City  
Clinical Commissioning Group

 The University of  
Nottingham  
UNITED KINGDOM • CHINA • MALAYSIA

**CLAHRC**  
East Midlands

 **CityCare**  
Building Healthier Communities

# “The cornerstone” is crumbling

1

Demographic  
changes

2

Patient  
expectations

3

Recruitment  
and retention

4

Finances

**THE  INDEPENDENT**

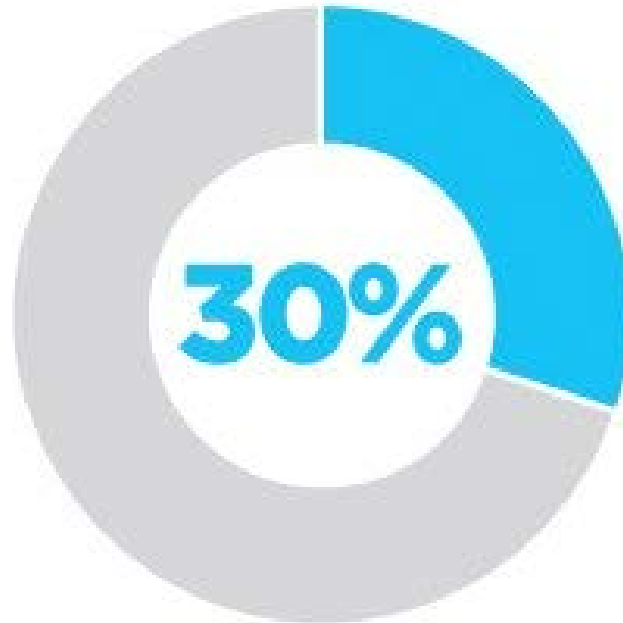
**GP workloads hit 'unsustainable' levels as study shows doctors dealing with more consultations than ever**  
Doctors' leaders claim the sector is in 'crisis' and warn that general practice is nearing 'saturation point'

# The Daily Telegraph



GPs at crisis point as new figures reveal 'unsustainable' pressures from immigration and ageing population

# GP Musculoskeletal burden



Up to **30%** of GP consultations are for **musculoskeletal problems**. Self-referral frees up time

# The role of self-referral physiotherapy



*Future models will expand the leadership of primary care to include **nurses, therapists and other community based professionals**. It could also offer some care in fundamentally different ways, making fuller use of digital technologies, **new skills and roles, and offering greater convenience for patients**.*

NHS England, 2014: 19

# 1<sup>st</sup> Line Physiotherapy

- 2 GP practices
- 2 half days clinics
- Pre-launch training
- Outcome measures
- Evaluation

20 minute  
appointments  
Maximum capacity of 9  
new patients per clinic

EQ 5D  
GROC  
Patient satisfaction

6 months  
Qualitative evaluation

# Descriptive demographic data of patients

	Inner City Practice- Physiotherapy	Inner City Practice- GP	University Practice- Physiotherapy	University Practice- GP
Number of patients	219	50	336	50
Average age	49.6	54.7	24.8	23.7
Male: Female	89: 130	20: 30	176: 158	26: 24
<b>Chronicity</b>				
<i>Less than 4 weeks</i>	79 (36.1%)		126 (37.5%)	
<i>More than 4 weeks</i>	140 (63.9%)		210 (62.5%)	
<b>Region</b>				
<i>Hip</i>	21 (10%)	2 (4%)	12 (4%)	0 (0%)
<i>Knee</i>	33 (15%)	8 (16%)	80 (24%)	17 (34%)
<i>Low back pain</i>	66 (30%)	18 (36%)	70 (21%)	16 (32%)
<i>Lower limb- other</i>	19 (10%)	1 (2%)	69 (21%)	2 (4%)
<i>Neck</i>	21 (10%)	5 (10%)	40 (12%)	5 (10%)
<i>Shoulder</i>	37 (15%)	7 (14%)	41 (12%)	3 (6%)
<i>Upper limb- other</i>	22 (10%)	9 (18%)	24 (6%)	7 (14%)
<i>Average number of appointments</i>	1.22	2.22	1.09	1.66

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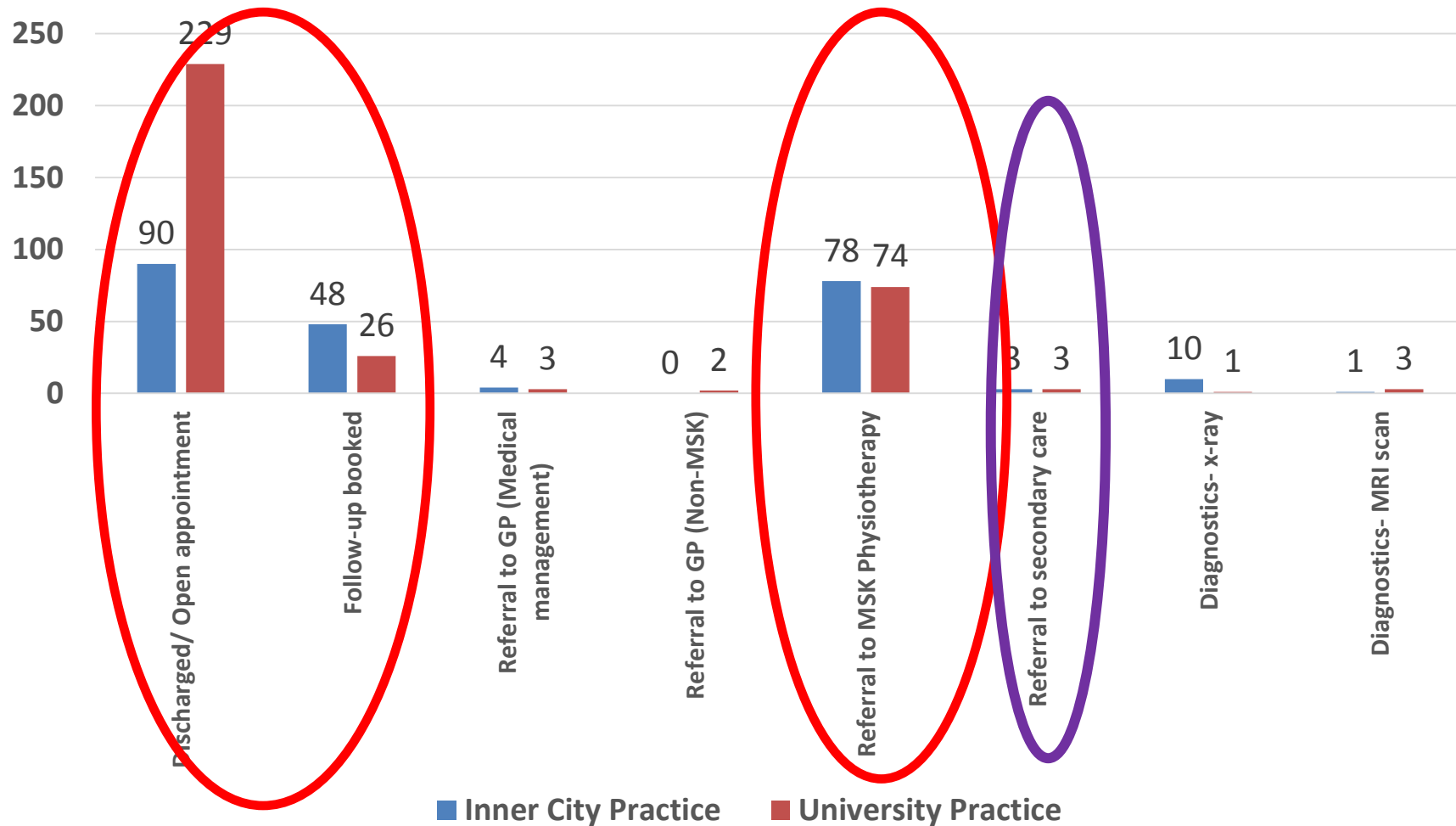
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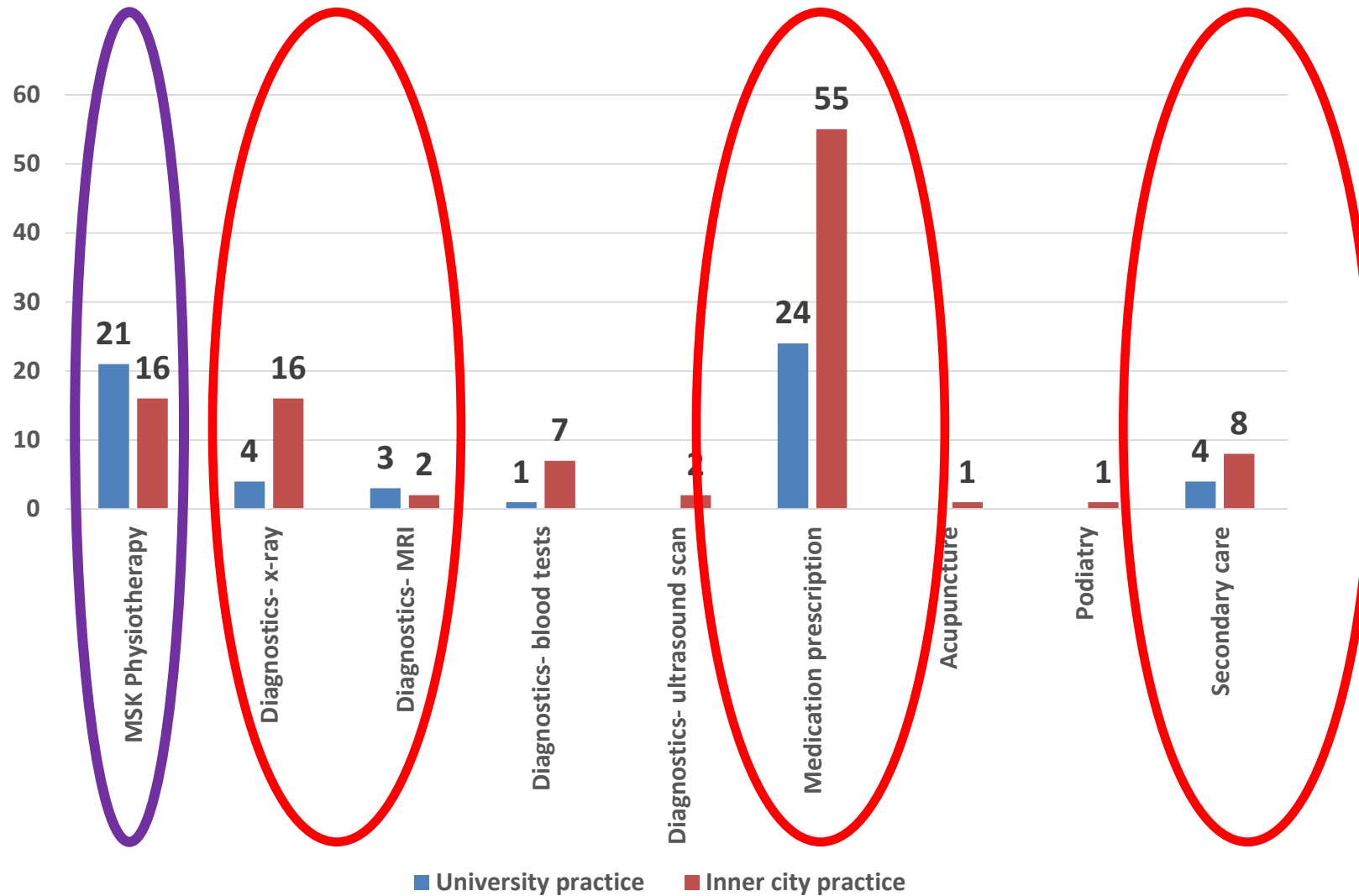
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**Graph 1: Resource utilisation and referral pattern of 1st Line Physiotherapy service within Inner City Practice (n=219) and University Practice (n=336)**



# Resource utilisation and referral pattern of GPs within Inner City Practice (n=50) and University Practice (n=50)



**Cost per average episode of care for service offered (GP care or 1<sup>st</sup> Line Physiotherapy care) and practice (Inner city practice or university practice)**

Unit	University Practice- Physiotherapy (n=336)	University Practice- GP (n=50)	Inner City Practice- Physiotherapy (n=219)	Inner City Practice- GP (n=50)
Clinical cost (GP consultation, Physio consultation)	3,272.48	3,818.00	2,413.68	5,106.00
MRI	429.00	429.00	143.00	286.00
X-ray	31.00	124.00	310.00	496.00
Secondary care	9,255.00	12,340.00	9,255.00	24,680.00
Podiatry	0	0	0	65.19
Blood test	0	16.23	0	113.61
Ultrasound	0	0	0	91.40
Acupuncture	0	0	0	305.00
Physiotherapy	5,619.56	1,594.74	5,923.32	1,215.04
GP care	381.80	0	408.48	0
Total cost	18,988.84	18,321.97	18,453.48	32,358.24
Standard deviation	290.75	902.93	357.88	1151.96
<b>Average cost per episode of care</b>	<b>56.51</b>	<b>366.44</b>	<b>84.26</b>	<b>647.16</b>

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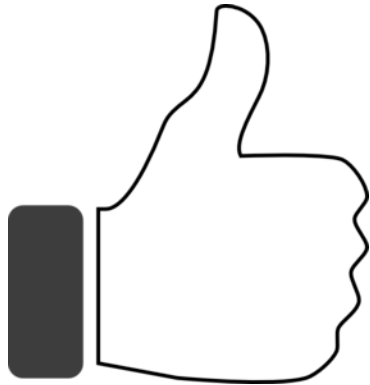
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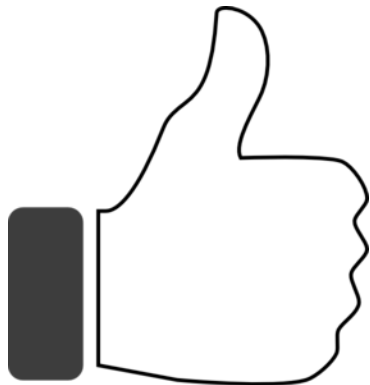
# Patient outcomes

## Clinical outcomes

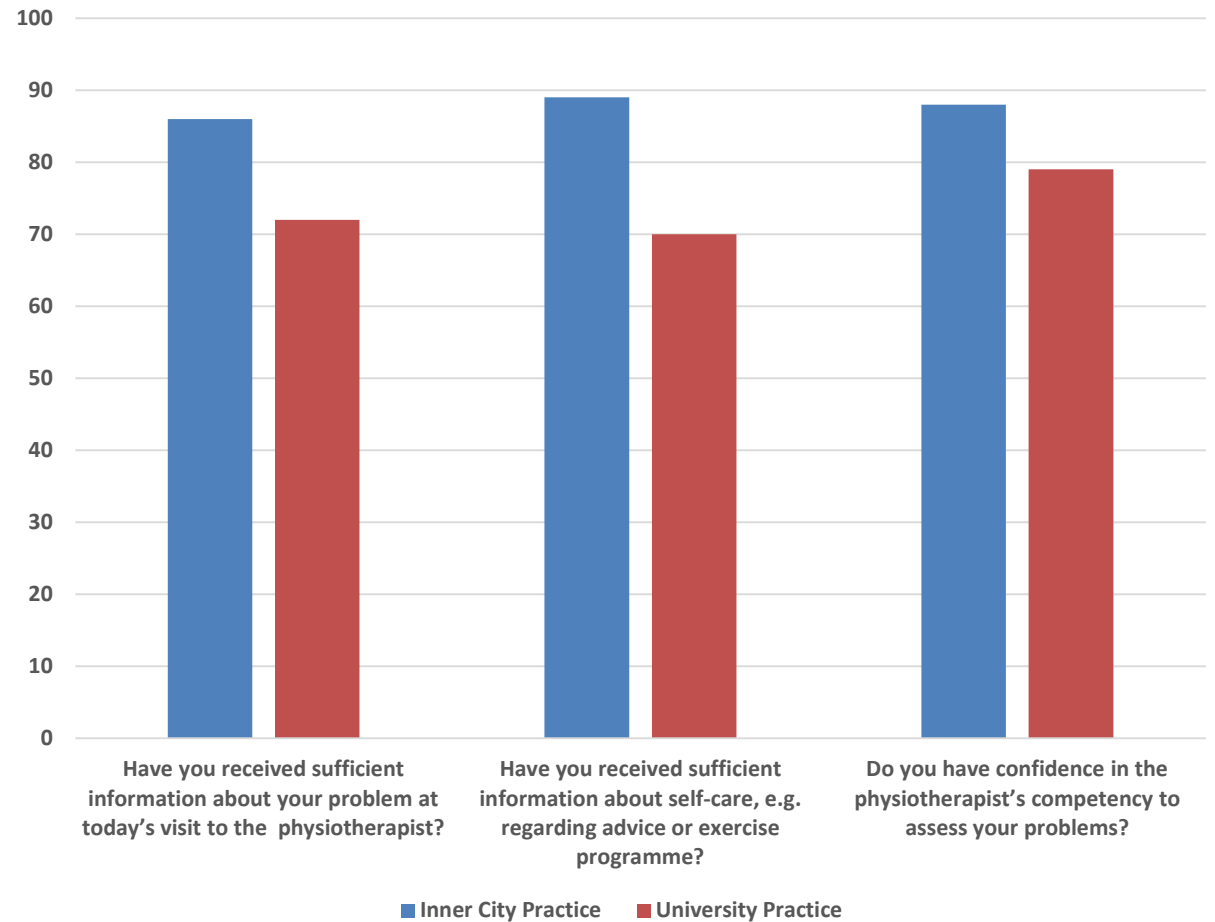
- EQ-5D



- GROC



## Patient satisfaction





# Roll out



- 20 GP practices
- 2, half day sessions per week in each practice
- Band 6 physiotherapists?!

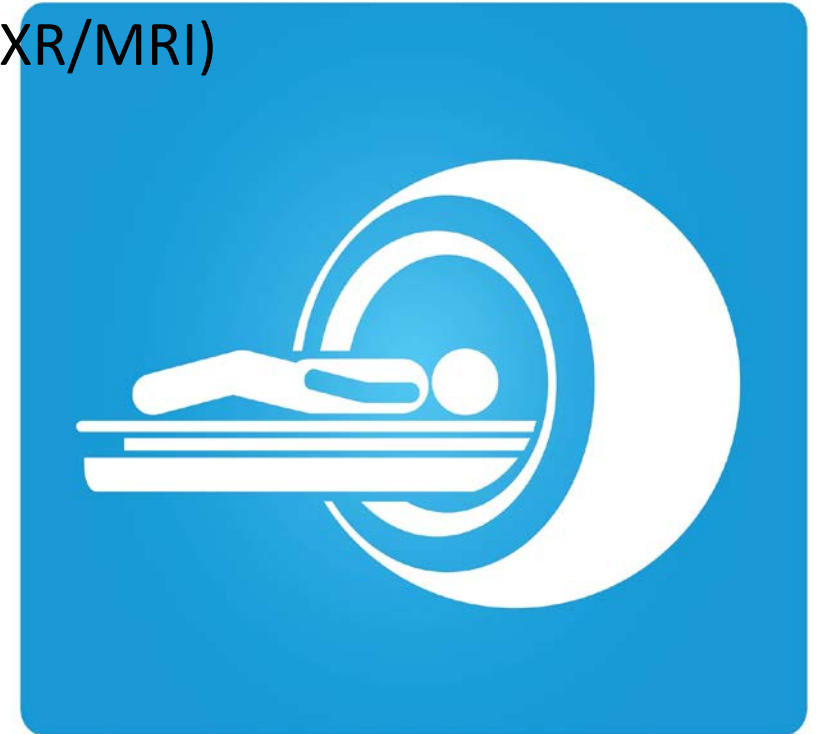
# Results

- December 2015 to March 2017
- 10788 initial assessments
- **Vast majority managed within physiotherapy services:**
  - 44% of patients required no further treatment and were discharged following assessment and advice,
  - 25% had a follow up in 1<sup>st</sup> Line Physiotherapy service
  - 27% were referred for additional physiotherapy,
  - 3 % of patients returned for further treatment after having been advised to self-manage.
- 3% referred to other primary care or rehab services such as podiatry, NBPT, women's health, healthy change etc.



# Results

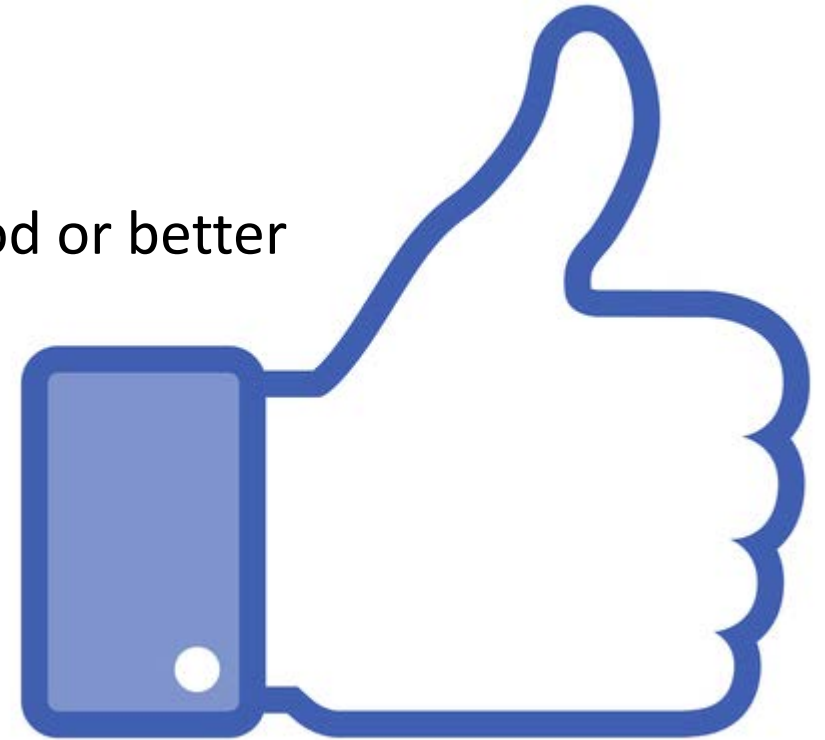
- 1% were recommended for secondary care.
- 8% of patients required further medical input or were identified as having red flags- 14 patients sent to A&E (most common reasons being Achilles rupture or suspected cauda equina)
- 2% recommended for further investigations (XR/MRI)



# Results

## Patient satisfaction

- 600 satisfaction surveys issued with 372 responses
- 100% of patients respondents rated the service as good or better
- Approximately 97% felt supported and well informed



## GP satisfaction

- 100 GP surveys were distributed and 42 completed questionnaires were returned.
- 100% of respondents were satisfied or very satisfied with the service
- 90% reporting a reduction in MSK workload since the introduction of the service?

And so....



# Lessons Learned

1. Effective relationships
2. Central leadership
3. Cultural change
4. First point of contact

# Sociocultural challenges faced in implementing self-referral physiotherapy in primary care- a qualitative study of staff opinions

**Rob Goodwin** (*PhD candidate, Clinical Lead Physiotherapist*)

*Dr Fiona Moffatt, Professor Pip Logan, Dr Paul Hendrick*



The research was supported by the NIHR Collaboration for Leadership in Applied Health Research and Care East Midlands (CLAHRC EM). The views expressed are those of the author(s) and not necessarily those of the NHS, the NIHR or the Department of Health

## Methodology:

Context; 12-months, 2 GP practices

Design; Qualitative design

Participants; Purposive samples, 2 physiotherapists, 4 GPs, 8 administrators

Procedures; Interviews & focus groups, 20-40 minutes, semi-structured, confidentiality and anonymity preserved

Analytic procedure; Transcribed verbatim, inductive thematic analysis, initial codes leading to themes



# Results

```
graph TD; Results[Results] --- Effecting[Effecting cultural change]; Results --- Working[Working practice]; Results --- Musculoskeletal[Musculoskeletal expertise];
```

Effecting  
cultural change

Working  
practice

Musculoskeletal  
expertise

# Implication to practice

**Lesson 1:** A change in 'culture' is essential for all if the service is to be deemed a rational choice by patients

**Lesson 2:** Practices must be cognisant of the critical role played by administration staff in allowing this service to 'normalise'

**Lesson 3:** If services are built and promoted on the premise that they will reduce GP workload by 30%, they will arguably fail to meet that target

**Lesson 4:** Self-referral provides an opportunity to develop expertise in MSK across the team- but must be mindful for de-skilling the GP

**Lesson 5:** Issues of responsibility and accountability can be addressed