Physiotherapy Works

Self Referral
A MODEL FOR THE FUTURE

SELF-REFERRAL TO PHYSIOTHERAPY BECAME AVAILABLE IN 1978, YET ACROSS MUCH OF THE NHS PATIENTS MUST STILL SEE THEIR GP BEFORE ACCESSING TREATMENT.

Introduction
Patients can self-refer for a musculoskeletal condition, such as back pain, in most places in Scotland and two-thirds of Wales. But just three in 10 CCGs in England offer that option in any form and there is just one pilot scheme in Northern Ireland. However, with primary care under enormous pressure and seeking new patient-centered models of care, the case for making physiotherapists the first point of contact – whether working alongside GPs or in more traditional outpatient settings – has never been stronger.

Creating capacity
• Giving patients the choice to be assessed by a physiotherapist as their first point of contact frees up GPs for other cases
• Musculoskeletal conditions alone account for up to 30% of consultations in GP surgeries each year – more than 100 million appointments
• When other conditions, such as frailty and women’s health, are taken into consideration, the potential impact for the NHS is enormous.

Saving money
• Self-referral for an MSK problem cuts costs for the NHS by an average of £33 per patient
• This represents a saving of up to 25%
• Savings also come through fewer investigations, such as scans and x-rays, and lower levels of prescribing.

Improving patient outcomes...
• Self-referral helps prevent acute problems from becoming chronic and reduces long-term pain and disability
• It reduces the time people are off sick from work
• It also reduces waiting times and improves patient satisfaction.
In Torbay, North Devon, introducing **self-referral cut waiting times** from 10 weeks to within three days for **90% of patients**

...and putting patients in control

- It is an important route into advice and treatment for the growing numbers of people with at least one long-term condition
- It enables individuals to feel confident to more effectively manage their own condition and live independently.
- Giving patients the responsibility for their own referral is shown to cut Did Not Attend (DNA) rates and improve adherence to treatment plans.

**Putting it into practice**

**Working alongside GPs**

In West Wakefield physiotherapists are the first point of contact for patients with musculoskeletal pain and dysfunction.

The service, which has been running since late 2014 following a successful pilot, has expanded to six GP practices in West Wakefield and receives on average 900 referrals a month. By up-skilling reception staff to identify appropriate patients to be seen by physiotherapists, significant GP time has been saved.

**The rapid access service**

Patients referring themselves by telephone in the Torbay and Southern Devon Health and Care NHS Trust are offered an appointment with a physiotherapist within **72 hours**.

The waiting time prior to the introduction of rapid-access/self-referral was up to **10 weeks**.

The service cut DNAs by at least **70%** and reduced the number of follow-up appointments by more than **18%**.

**Telephone triage**

Self-referral is long-established in Scotland and all health boards offer either a full or partial service. Telephone triage is central to that, although many patients can also access services electronically.

NHS Tayside trialled the Musculoskeletal Advice and Triage Service (MATS), offering a telephone assessment by a physiotherapist to patients diverted from the national NHS 24 helpline.

By cutting the number of face-to-face follow-up appointments needed, the 39-week trial is estimated to have saved the equivalent of **182 working days** for the service. It halved waiting times and achieved high patient satisfaction levels.

**Drop-in clinic**

Abertawe Bro Morgannwg University Health Board set up a walk-in clinic in November 2009 for immediate, face-to-face musculoskeletal assessment and advice.

The service runs for two hours each weekday morning and has led to a significant reduction in the volume of follow-up appointments and an overall patient satisfaction rating of **9.6 out of 10**.

A ‘Physio Direct’ telephone service has since been established alongside the clinic for an hour a day to provide early advice and management for people with MSK problems.
More than **100 million**

GP appointments a year could be freed up by making physiotherapists the first point of contact for patients suffering back pain and other musculoskeletal problems.

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**Myth busters**

**The GP’s view**

Self-referral was rolled out across the Plymouth area in February 2015 after a successful trial. Dr Gary Lenden, a GP from Plymouth and Clinical Lead for the Western locality of Northern, Eastern and Western Devon Clinical Commissioning Group, said:

“Being able to self-refer makes patients feel empowered, because they have the chance to say exactly what symptoms they are experiencing and how it is affecting them. It also means people can be seen quicker, which is more convenient for them and prevents chronic issues developing.

“Hopefully this will reduce the need for prescriptions and expensive diagnostic tests. Allowing patients to self-refer also reduces the overall musculoskeletal workload for GP practices, which frees up appointment slots in busy clinics.”

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**Won’t this lead to a surge in referrals?**

**No** – the evidence shows that referrals do not increase significantly in the early stages of implementation. Indeed, self-referrers are shown to need fewer appointments so activity levels can actually reduce.

A rise in referrals can also reduce demand in the longer-term if patients with minor problems seek treatment sooner before they can become chronic.

**Aren’t there any safety concerns?**

**No** – Physiotherapists complete extensive training which includes serious pathology and would always refer a patient on to a medical specialist if they had concerns.

Self-referral has also been the primary route in to private treatment and many occupational health services for decades, further demonstrating its safe, effective nature.

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Recommendations for implementing self-referral

The patient voice
Patient satisfaction was recorded as high during the Department of Health’s pilot scheme in England and feedback was positive. (7)

"Cost-effective in terms of my time and commitments."

"I was pleased at the speed my self-referral was dealt with."

"Constructive advice for self-help and management for living with arthritis."

"In-depth consultation in a relaxed and unhurried way."

"This service should continue to be offered for all patients."

"Most appreciative of my ‘personal exercise programme’ given to me and explained."

Understand
existing referral patterns from local GPs

Establish
baseline data for activity, cost and outcomes

Reduce
waiting lists in preparation for self-referral

Ensure
all staff in the pathway understand and support the self-referral scheme

Identify
appropriate opportunities to signpost to self-referral

Engage
with development and design with online referral systems to allow self-referral.
"Physiotherapists can make a huge difference to patient care and NHS resources by working on the frontline of primary care"

Sue Rees
CSP Chair of Council

Acknowledgements
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8. Torbay and Southern Devon Health and Care NHS Trust. Information supplied to CSP.
9. West Wakefield Health and Wellbeing. Information supplied to CSP.
10. NHS Tayside. Information supplied to CSP.
11. Abertawe Bro Morgannwg University Health Board. Information supplied to CSP.
12. Northern, Eastern and Western Devon Clinical Commissioning Group. Information supplied to CSP.

www.csp.org.uk/selfreferral

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