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SELF-REFERRAL TO PHYSIOTHERAPY – THE FACTS
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POLICY CONTEXT

- Self referral is a system of access that allows patients to refer themselves to a physiotherapist directly without having to see or be prompted by another healthcare practitioner. This relates to telephone, electronic technology or face to face services (Holdsworth and Webster 2006).
- Self-referral is completely in line with all the current healthcare policies throughout the UK. It embodies the choice agenda, encourages autonomous decision making and behaviour in patients, promotes self-management and is focused on shifting the paradigm from secondary to primary care.
- Self-referral is safe. Physiotherapists are competent and capable of acting as first point of contact practitioners legally and professionally without the need for further training or education.
- Self-referral is not the same as immediate access. Neither is it a two-tiered system. Self referral does not mean preferential access – it is simply a way of widening access, adding another option that may suit some patients more
- Self referral has benefits for patients (fewer healthcare interventions, lower personal costs, less time off work, more satisfied, more autonomy) for physiotherapy services (more efficient, greater staff recruitment and retention) and health services (more cost-effective, less GP consultation time, lower prescribing, investigations, secondary referral)
- Self referral is happening already. Pilot services have run and been fully evaluated across Scotland. There is currently a pilot scheme running in England which will build on the results from Scotland, this meets a commitment in the *Our health, our care, our say* White Paper (January 2006).

IMPACT ON DEMAND

- Introducing patient self-referral to physiotherapy does not result in an increase in the overall referral rate except in services that have been historically under-providing.
- The average rate of referral to physiotherapy within Scotland has been identified as being 53.5 per 1,000 of the population but does vary according to geographical setting. This is the rate also experienced by other English sites such as Huntingdon
- Lower rates of referral occur in urban areas with the highest rates of overall referral occurring in more rural areas.



- Approximately 22-25% of all referrals will be true self-referrals (this rate has also been reported in Holland where self-referral was introduced as national policy in 2006).
- In systems of self-referral, approximately 18-20 per cent of referrals will be for patients whose GP has suggested to them that they should refer themselves for physiotherapy (which removes the need to write a referral and is quite understandable).

WHO REFERS THEMSELVES?

- Patients irrespective of age, gender, socio-economic status and geographical setting refer themselves to physiotherapy.
- Self-referring patients experience half the work absence of GP referrals.
- Self referring patients are more autonomous in their behaviour, wanting advice about self management rather than active treatment.
- Self-referring patients are more compliant with treatment and exercise and attend regularly.

WHAT TYPES OF CONDITIONS CAN SELF-REFERRAL HELP MANAGE?

- One in every four or five GP consultations relates to a musculoskeletal condition. Physiotherapy is the treatment of choice for musculoskeletal conditions.
- The majority of conditions seen by physiotherapists in the out-patient setting are musculoskeletal in origin (over 90 per cent)
- Neurological, urological and other conditions are also appropriate for self-referral.
- Physiotherapists are ideally placed to contribute significantly to the management of long-term conditions. They provide advice and treatment locally and support patients in becoming confident in self-management programmes. Self-referring patients with long-term conditions are able to access these services more readily as and when they need them, easing the burden on other healthcare services - particularly GPs, diagnostics and prescribing budgets.
- To date, more patients with back and neck problems have referred themselves

SERVICE EFFICIENCY

- Self-referral is cost-effective. Self-referral episodes of physiotherapy care cost more than 25 per cent less. This is due to less GP contact, increased physiotherapy contact efficiency (less non-attendance and fewer wasted appointments, reduced prescribing costs, X-rays and referral to specialist secondary services).



- There are significant savings to be made in GP time in systems of self-referral (in Scotland, over 400 weeks of GP time was saved in one year, with savings based on a 22 per cent self-referral rate – this saving would increase 11-fold if extrapolated to the UK).

WHAT DO PEOPLE THINK ABOUT IT?

- Self-referral is strongly supported by the public, clinicians and service users
- Physiotherapy is highly valued by both service and non-service users
- The CSP does recognise that some patients do not feel confident in their ability to determine if and when referral to physiotherapy is appropriate and that, quite understandably, they need their GP or other healthcare practitioner to assist them.

MORE INFORMATION ABOUT SELF-REFERRAL

The CSP's [Sharing Effective Physiotherapy Practice database](#) includes a number of examples relating to physiotherapy.

A number of significant pieces of research on self-referral have been published in [Physiotherapy](#).

The Department of Health's [Allied Health Professions Bulletin](#) gives a summary of the self referral project in England.