

# Implementing and evaluating a pilot physiotherapist-led osteoarthritis clinic in general practice

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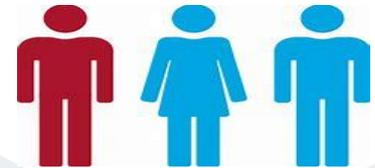
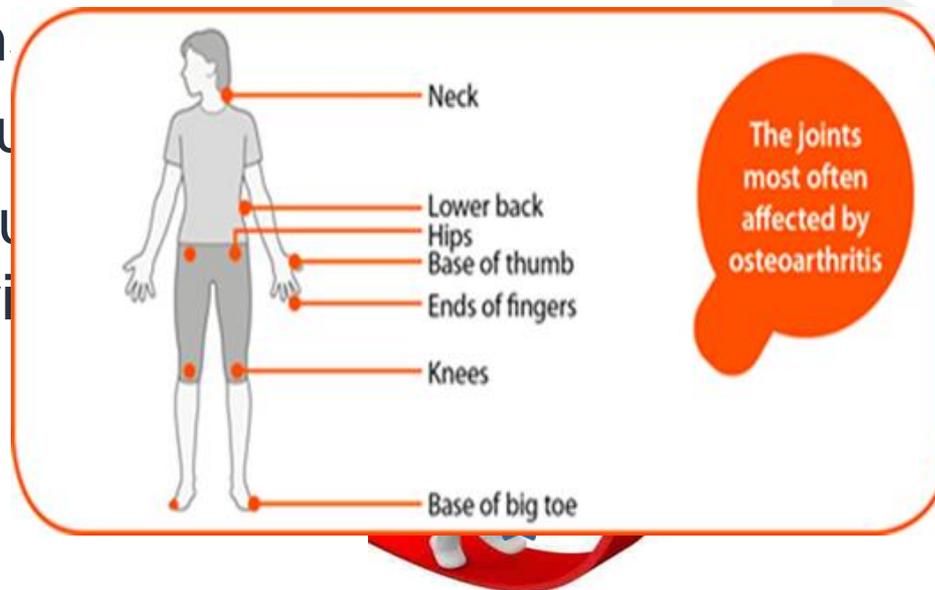
NIHR Academic Clinical Lecturer in Physiotherapy

# Talk aims:

- Introduce the burden of osteoarthritis (OA) in Primary Care
- Highlight the process of setting up the pilot general practice physiotherapy OA service
- Share service evaluation findings and conclusions

# OA in Primary Care

- Osteoarthritis (OA) is the most common musculoskeletal condition in older adults
- Around 1/3 of people over the age of 45 have con
- Major sou
- In the futu
- likely to ri



# NICE

- Advice and education about OA
- Weight loss if overweight
- Physical activity and exercise



# Quality Standards [QS87]

## June 2015

- [Statement 1](#). Adults aged 45 or over are diagnosed with OA clinically without investigations if they have activity-related joint pain and any morning joint stiffness lasts no longer than 30 minutes.
- [Statement 2](#). Adults newly diagnosed with OA have an assessment that includes pain, impact on daily activities and quality of life.
- [Statement 3](#). Adults with OA participate in developing a self-management plan that directs them to any support they may need.
- [Statement 4](#). Adults with OA are advised to participate in muscle strengthening and aerobic exercise.
- [Statement 5](#). Adults with OA who are overweight or obese are offered support to lose weight.
- [Statement 6](#). Adults with OA discuss and agree the timing of their next review with their primary healthcare team.
- [Statement 7](#). Adults with OA are supported with non-surgical core treatments for at least 3 months before any referral for consideration of joint surgery.
- [Statement 8](#). Healthcare professionals do not use scoring tools to identify which adults with OA are eligible for referral for consideration of joint surgery

# The OA challenge

- Competing with other comorbidities, time constraints and mixed GP attitudes regarding OA in primary care, people with OA do not always receive core treatments
- A recent large survey of 4059 participants who had consulted with joint pain/ OA in the last year revealed **23%** received written information, **9%** dieting support, and **13%** strengthening exercise
- So **how** can we improve OA care quality?



# Moving from research to implementation



- Integrated GP and practice nurse consultation
  - Diagnosis
  - support for self-management
- Model OA consultation
  - implements NICE guidelines in primary care
  - improves Quality Indicators of *OA care*
  - reduces NSAIDs and orthopaedic visits
  - no additional cost



# Physiotherapy OA champion in-practice model





# The process



## Engagement with Prof Krysia Dziezic regarding the idea

- Establish support team, identify pilot site, plan fit with JIGSAW, plan for service evaluation against the NICE quality standards



## Stakeholder and site work-up

- Support team: NHS managers, Health Informatics, Patients, Academics & MDT.  
- Practice negotiations, embedding an electronic template, training & marketing



## Service pilot

- 1 day a week from April 2017-August 2018.



## 10 month-service evaluation

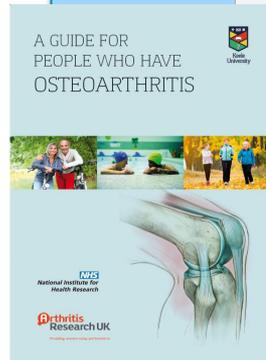
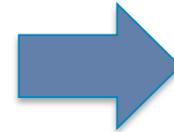
- Using patient questionnaires, electronic medical record template, medical records, staff and patient feedback regarding acceptability

# Physiotherapy in-practice model

## OA Template



- Up to 4 PT sessions (30 mins new pt, 20 for follow-up)
- NICE treatments and support for condition self-management



# The key ongoing role of patients and public

Service set up... service delivery...



# Summary evaluation findings



# PT service discharge questionnaires core data (n=37)

## Have you received...

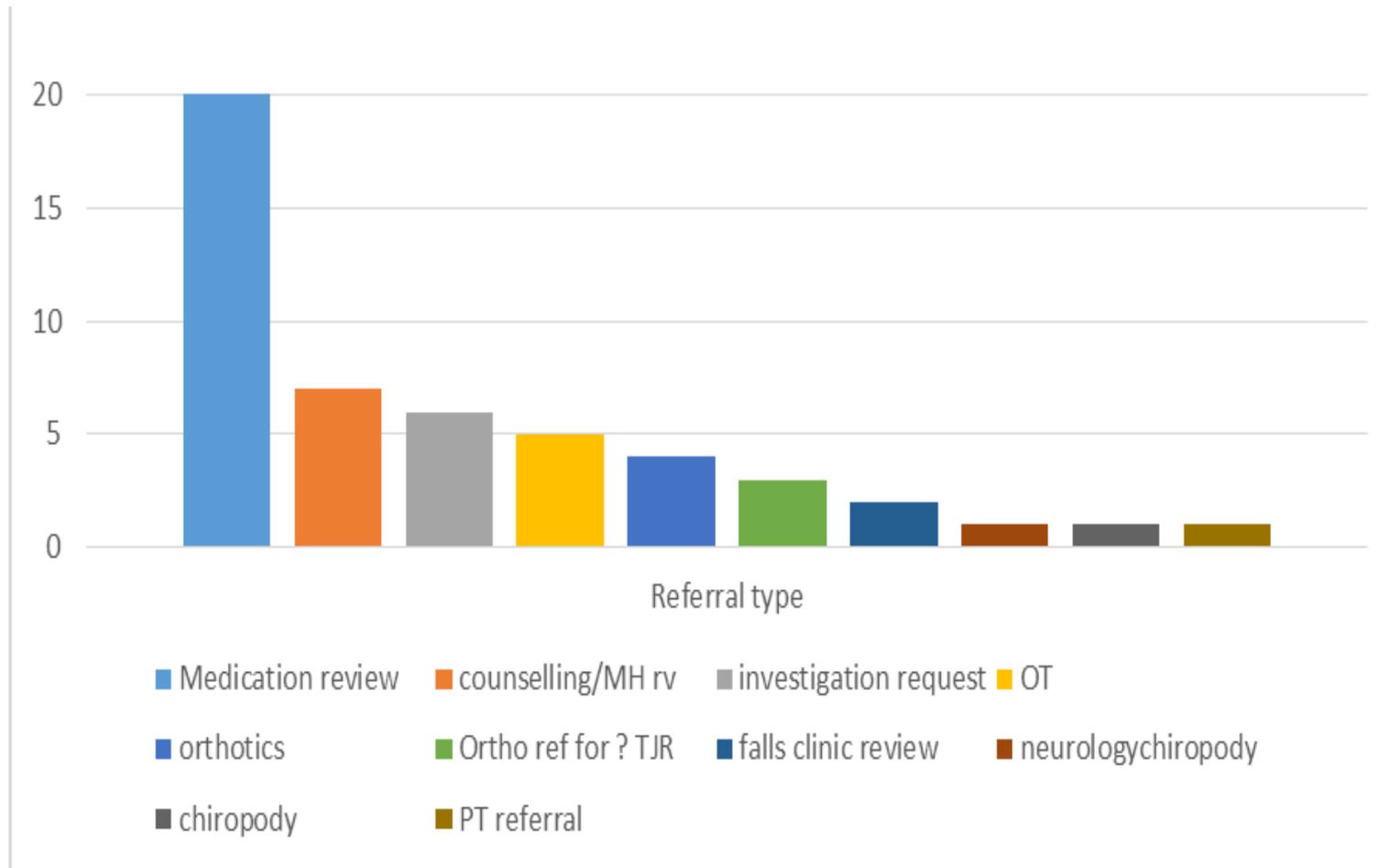
- Info about joint pain? **100%**
- Info about different treatment alternatives? **97%**
- Information about physical activity and exercise for joint pain? **100%**

## Have you been advised to lose weight?\*

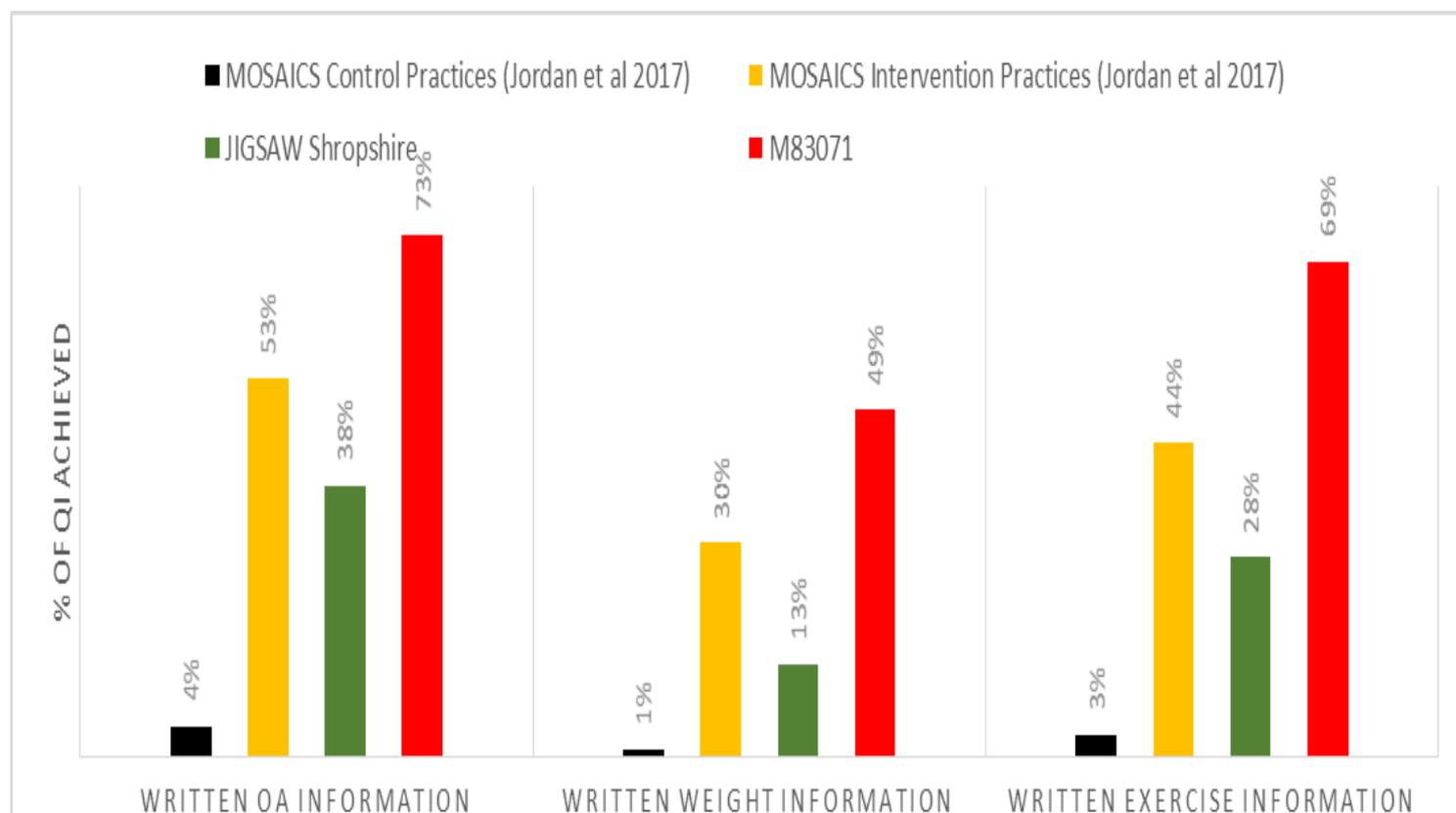
- Yes **49%**; No **14%**; not overweight **34%**;

\*Subject to missing data

# On ward referrals from the first 181



**Practice level data.** Of those people in whom the OA information, weight and/or exercise advice quality indicators were achieved the proportion provided this in the gold standard way, with verbal and written information.



Jordan et al 2017 *Osteoarthritis Cartilage*

# Summary narrative feedback

- Patients valued the new service (quality of OA support/ ease of access/ time and quality written information)
- GP partners gave positive service feedback they valued the support to further validate OA diagnosis and management decisions.
- They are now in discussions regarding how to implement similar services amongst local integrated practice hubs

# Limitations

- Pilot service evaluation data not research
- Not possible to pull specific ortho referral data
- Time to complete MSK HQ



# The next pieces of the JIGSAW...



Validating the physio service in another academic general practice and adding first-contact practitioner component

## JIGSAW-E

**Joint Implementation of Guidelines for Osteoarthritis in Western Europe**



# Conclusions

- Embedding a clinical-academic physiotherapy OA service into a general practice was feasible and acceptable **and** was effective in improving recorded quality of OA care.
- Comprehensive MDT support and public engagement was key in successfully setting up the service

## *Implications*

- This pilot facilitated local commissioning interest for future physiotherapy service solutions in primary care.

**THANK  
YOU**





# Acknowledgments

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primary care centre



*National Institute for  
Health Research*

Thanks to Prof Krysia Dziedzic, Dr Lizzie Cottrell, Helen Duffy, and the JIGSAW team, The Keele LINK group, Park Medical Centre partners, staff and Patient Practice Group

Jonathan Quicke is funded by a National Institute for Health Research (NIHR) Academic Clinical Lectureship in Physiotherapy awarded as part of Professor Christian Mallen's NIHR Research Professorship (NIHR-RP-2014-026). The views expressed are those of the author and not necessarily those of the NHS, the NIHR or the Department of Health and Social Care.

I welcome questions



# Keele OA “JIGSAW” key innovations



GP and Nurse Training

Model OA Consultation

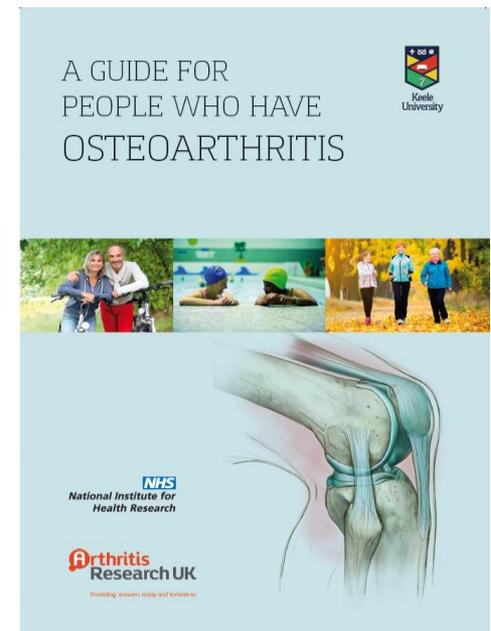
Keele OA Guidebook



**Patient** presenting with joint pain 45 years and over

**GP** makes, gives, explains diagnosis, analgesia, promotes self-management, gives guidebook, refers to nurse

**Practice Nurse** supports self-management; guidebook; goal setting, exercise, weight loss, pain control





# Main 10 month outcomes

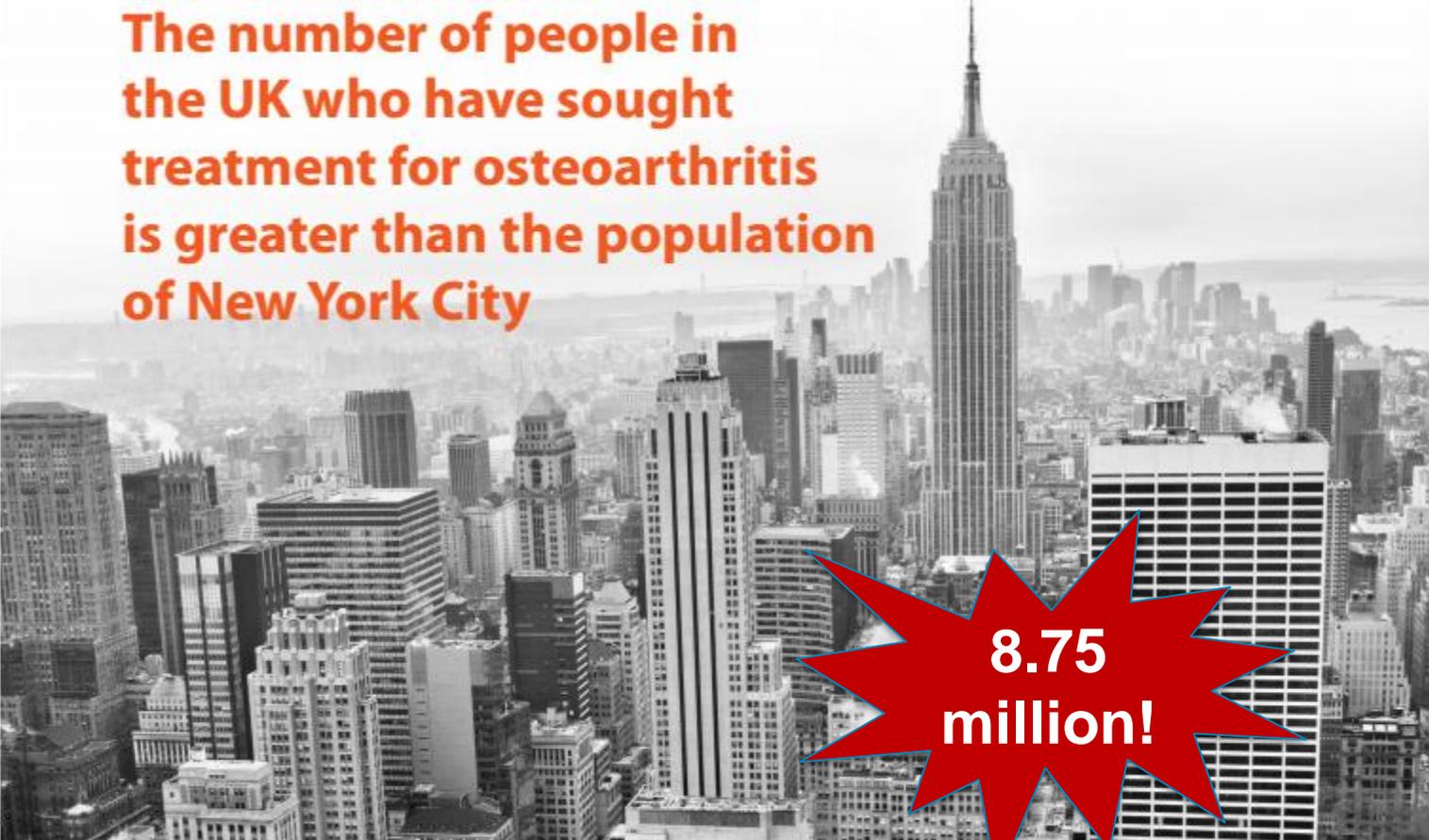
## Practice level

- Electronic template data (compared to other trial data and service evaluation data)

## Physio specific

- Attendance data
- Patient self-report discharge questionnaire
- Narrative feedback from patients and staff
- Some referral data

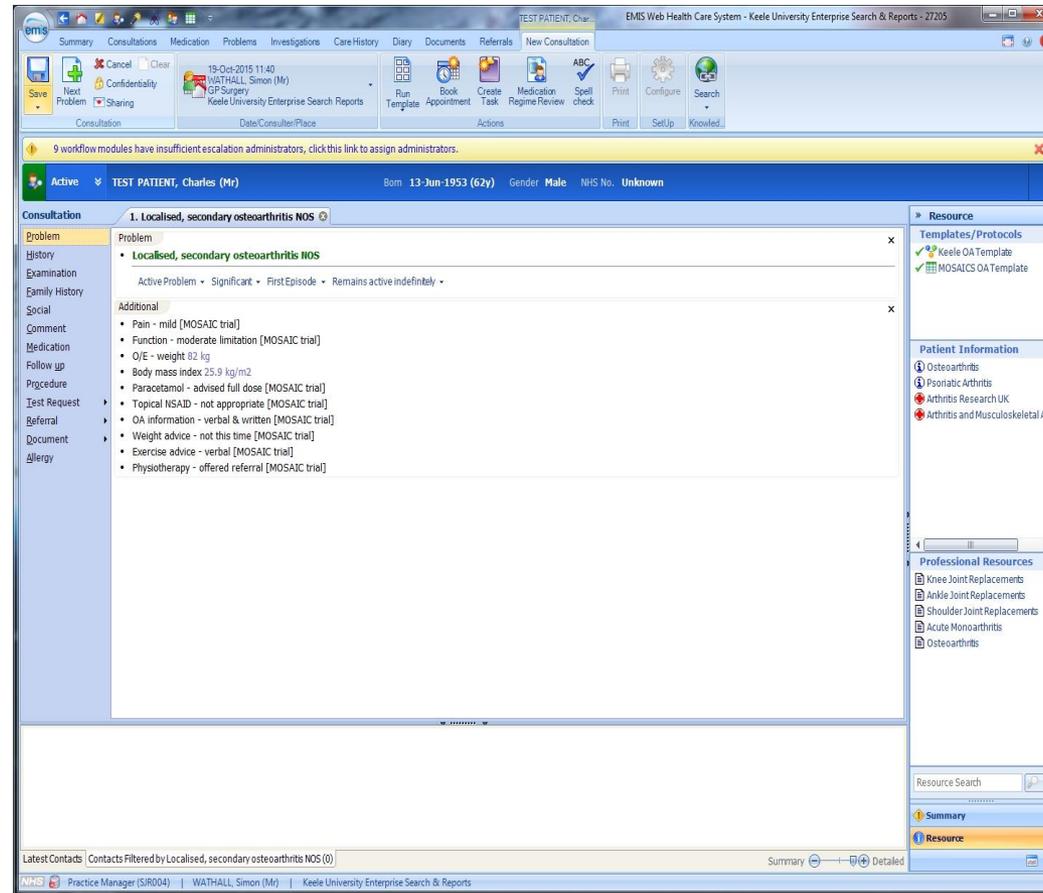
**The number of people in  
the UK who have sought  
treatment for osteoarthritis  
is greater than the population  
of New York City**



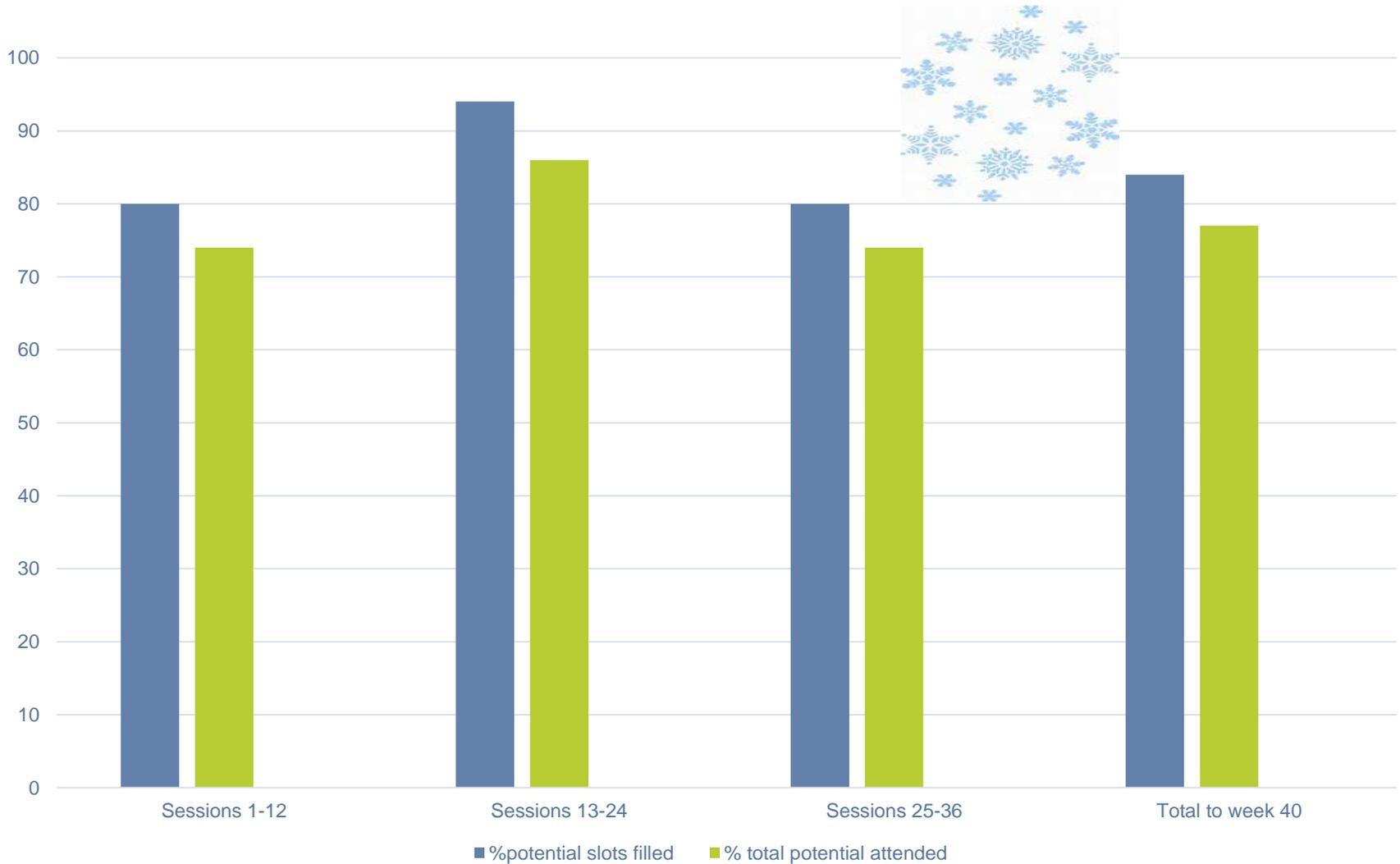
**8.75  
million!**

# The electronic template

- Template triggered by diagnosis “Read Codes” developed and tested in MOSAICS (Managing Osteoarthritis in Consultations Study).
- Clinician enters data based on the NICE quality standards
- Data is saved



# PT service appointments

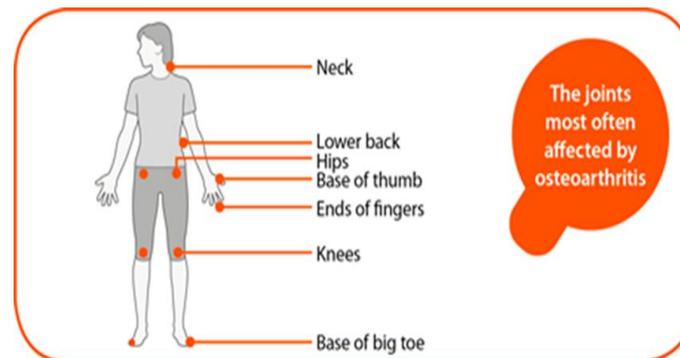


## Osteoarthritis (OA)

*“OA refers to a clinical syndrome of joint pain accompanied by varying degrees of functional limitation and reduced quality of life”*

A whole joint condition characterised by localised loss of cartilage, remodelling of nearby bone, associated inflammation and muscle weakness

Not progressive for everyone but flares are common





# JIGSAW-E

## Joint Implementation of Guidelines for Osteoarthritis in Western Europe

**Patient** presenting with joint pain 45 years and over

**GP** makes, gives, explains diagnosis, analgesia, promotes self-management, gives guidebook, refers to nurse

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# NICE Core Treatments for OA

