

MSK self management smartphone app in General Practice

GPEP

Self-Management App for MSK Rehab



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Aims & Outcomes

To investigate if the GPEP musculoskeletal (MSK) self management app

1) is an acceptable alternative source of information for patients

75% Very satisfied with the app,
75% would recommend it to a friend or colleague
62.5% would otherwise have sought additional support from an NHS provider without access to the app

2) results in a reduction in physiotherapy/secondary care referrals, analgesia prescriptions, repeat attendances to general practice.

11% reduction in physiotherapy referrals
67% reduction in XR requests
26% reduction in analgesics prescription
70% reduction in GP re-attendance

30%

GP consultations related to MSK
108 million/year¹

85%

Do NOT require the skills of a GP &
would benefit simply from the right
advice and exercises²

Why MSK? Why an App?

30.8 million

Work days lost each year due to MSK conditions³



MOST

costly body system for the NHS⁴

GPs often struggle to deliver this effectively
within the consultation time constraints and
rehabilitation is delayed further whilst
waiting for a physiotherapy appointment

Method

A patient pilot was performed at a GP surgery (patient list size 10500) offering access to the GPEP app to patients contacting the surgery with a musculoskeletal condition over a 6 month period.

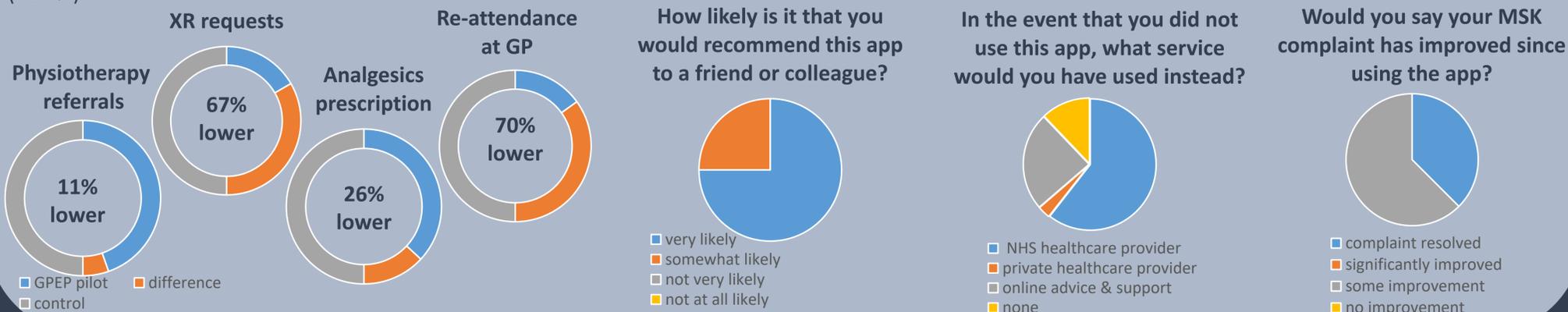
In addition to usual care patients GPs were given the additional option of signposting patients to the self management app. This was supported with a patient information leaflet and a website demonstrating how to access & navigate the app (www.gpep.co.uk).

A Read code was created and recorded in the patients notes to enable search and analysis of the required outcomes. Patients were requested to complete a user feedback questionnaire made available on line and in paper format.



Results

126 patients used the app, of which only 25 were referred to physiotherapy. Over the duration of the pilot 258 patients were referred to physiotherapy without being offered access to the self-management app. Despite the relatively low rate of sign posting there was a significant reduction in overall referrals to physiotherapy of 11% compared to the same 6 month period a year earlier. In comparison, the cohort of patients given access to the app had a reduction in onward referral (11%), analgesic prescriptions (26%) and GP re-attendance (70%) when compared to a randomly selected control group. 12 patients completed the user feedback questionnaire which is an acceptable return rate. 75% were very satisfied with the app, 75% would recommend it to a friend or colleague. 62.5% would otherwise have sought additional support from an NHS provider without access to the app. All reported benefit of either complete resolution (37.5) or some improvement (62.5%).



Conclusion

The author acknowledges the small size of this pilot and accepts the need for a larger study. However this pilot demonstrates the use of technology in the delivery of self-management advice to patients is essential in ensuring the rising wait for healthcare appointments does not begin to effect health outcomes through delayed treatment. The presentation and delivery of this information through an app is acceptable to patients and can be easily integrated into the current care pathway. For the team involved in developing and supporting the GPEP app this pilot has provided evidence to support the use of GPEP MSK self management app and will guide development for improved outcomes. It is clear, however, that to achieve full benefit any further integration of the self-management app into the clinical pathway should be accompanied by further signposting guidance for clinical staff.

References

- Department of Health (2006), A Joint Responsibility: doing it differently, pp 16
- Ludvigsson ML, Enthoven P. Evaluation of physiotherapists as primary assessors of patients with musculoskeletal disorders seeking primary health care. *Physiotherapy*. 2012; 98(2):131-7
- Office for National Statistics (ONS), "Sickness Absence Report 2016," 2016
- Department of Health Reference Costs 2015-16, pp11, table 3