

# THINK PHYSIO

for primary care



CHARTERED  
SOCIETY  
OF  
PHYSIOTHERAPY

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# FOR TEAM GP

**M**usculoskeletal (MSK) health issues are the most common cause of repeat GP appointments<sup>(1)</sup> and account for around **1 in 5 of all GP appointments.**<sup>(2-4)</sup> The majority of the **GP's MSK caseload** can be dealt with effectively by a physiotherapist without any need to see the GP.<sup>(5,15)</sup>

MSK is the second largest cause of sickness absence;<sup>(6)</sup> speeding up access to a physio is key to reducing this. The government is now actively looking into physios issuing fit notes – which would further reduce demand for GP appointments.<sup>(7)</sup>

Physiotherapists are the most expert professional group regarding musculoskeletal issues with the exception of orthopaedic consultants.<sup>(8)</sup> They have the same high safety record as GPs – and are trained to spot and act on red flags.

They are autonomous, regulated practitioners, holding their own professional liability cover (a benefit of CSP membership).<sup>(9)</sup>

They don't require supervision or delegation from medical colleagues or others and are experts in inter-professional and cross-agency working.

Many advanced practice physiotherapists are qualified to prescribe independently, order investigations, carry out injection therapy and plan complex case management. An advanced practice physiotherapist costs **£54.11 per hour**, a GP **£130.71 per hour.**<sup>(10)</sup>

## Modernising access

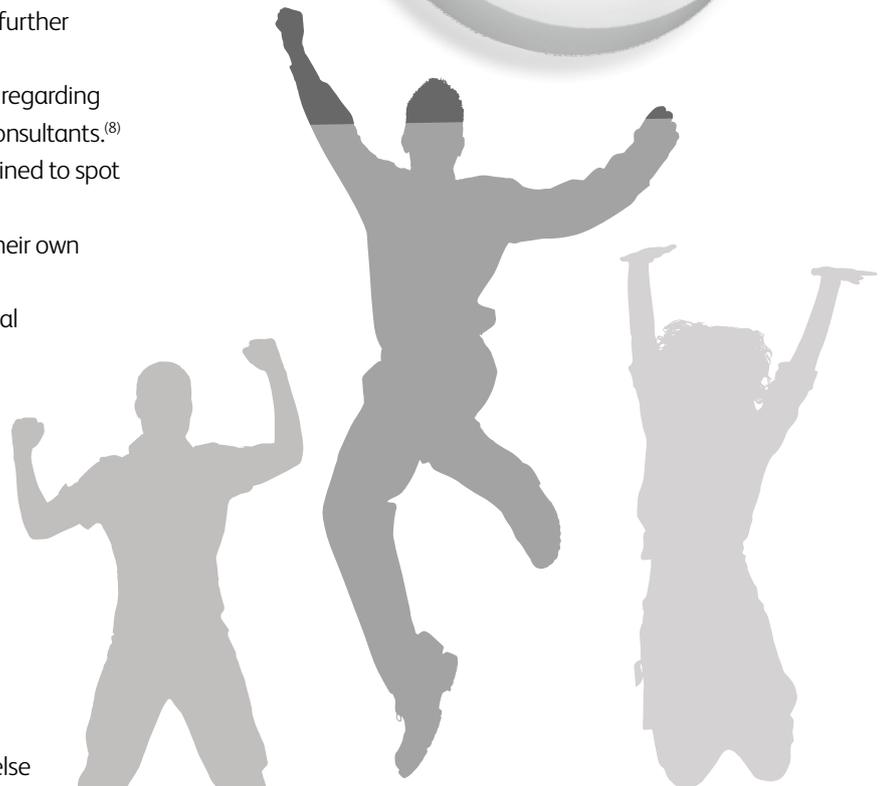
Self-referral to physiotherapy allows patients to access services directly without having to see their GP or anyone else first. Patients can either refer themselves directly into existing physiotherapy services or see a physiotherapist based in general practice.

This is a tried and tested model, yet in spite of the evidence, and self-referral being available within the private sector for nearly 40 years, only **31% of all Clinical Commissioning Groups (CCGs)** commission any self-referral physiotherapy.<sup>(11)</sup>

The Health Select Committee inquiry into primary care called for self-referral to physiotherapy to be a priority for urgent reform.<sup>(12)</sup>

Self-referral to physiotherapy is **25% cheaper** to the NHS than a GP referral<sup>(13)</sup> and has been fully evaluated and recommended by NICE.<sup>(14)</sup>

MSK accounts for around **1 in 5** of GP appointments. The majority could be dealt with by a physio.



## GPs

*Fewer* repeat appointments, less paperwork

*Less* money on locums

*More time* for other patients and to manage

## Patients

*Quick* access to experts

*Confidence* on the right pathway

*Empowered* to self-manage

## NHS

*Less* testing and prescribing

*Less* secondary care referrals

*Shorter* waiting times in secondary care

## FACT



When actively marketed to **10,000 adults registered in practices in a trial, there was no increase in referral to physio or waiting times.**<sup>(15)</sup>

### Expanding the GP's team

GPs and policy makers are recognising that physiotherapy can help meet patient needs in new and sustainable ways.

In General Practice Forward View, NHS England proposes primary care physiotherapy pilots.<sup>(7)</sup> In practice, change is already happening, with

many GPs bringing in experienced physiotherapists to work alongside them as the first point of contact for their MSK patients.

General practice physiotherapy roles are a new form of self-referral which further develops GP and physio services, enhances patient care and reduces the GP workload. Patients with MSK symptoms can opt to see the physio instead of the GP to assess, diagnose, advise and provide exercises and, when needed, carry out further investigations and refer on.

The roles are usually carried out by physiotherapists with advanced practice skills and training. What is new is that this puts physiotherapy expertise at the start of the patient's journey, at the place they are most likely to seek help first. Where GP physiotherapists are also part of teams providing MSK services for the NHS, this supports integration of MSK services across primary, secondary and community care.

Where there isn't an established orthopaedic triage service, these roles are substantially reducing referrals to secondary care and investigations. Even where such triage services are well established, general practice physiotherapy roles are still achieving significant savings.

Although these roles are new, already **over 8 out of 10 GPs** have confidence in this model.<sup>(16)</sup>

***“Physiotherapy first really complements how our GP's work in practice. Patients with MSK problems no longer need to see a GP first. Our patients are very impressed with the quick access and very few need a re-referral to see a GP.”***

**Dr Chris Steere**  
GP at Neston Medical Centre



### Primary care Cheshire

Physiotherapy first is a joint initiative between Cheshire and Wirral Partnership NHS Foundation Trust and the Countess of Chester Hospital Foundation Trust.

**36 GP surgeries** in West Cheshire now give their patients the choice of seeing a physiotherapist when they first contact the practice with MSK symptoms.

They see around **1000 patients per month** – roughly a quarter of the GPs MSK caseload. Under 3% are referred back to the GP for medication review or for non-MSK conditions, while over **six in ten** patients are discharged after one appointment with the general practice physio.

#### Together they have:

- **Saved GP/locum time** – 84% of patients seen would have been seen by the GP – value £540k per year
- **Decreased plain x-ray referrals by 5.9%** – value £28k per year
- **Decreased MRI referrals by 4.9%** – value £83k per year
- **Decreased orthopaedic referrals by 2%** – value £70k per year
- **Reduced referrals to physiotherapy services by 3%** – after a year-on-year increase of 12% over the previous 5 years
- **High patient satisfaction** – 99% rated the service good or excellent, 97% had their issues addressed
- **High GP satisfaction** – 91% rated the benefit of the service to their practice as 8 or over with 45% scoring it 10 out of 10.

#### For more information contact:

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## Primary care Suffolk

AHP Suffolk, a social enterprise, has run a successful self-referral service in primary care for seven years. In that time they have pushed down waiting times to **1-2 weeks on average** and reduced referrals for knee and hip replacements by **20%**.

The vast majority of patients refer themselves via an online portal. Physios are then able to rapidly triage patients setting them on the right pathway and making better use of the first face to face appointment, should one be necessary. It scores **97%** on the friends and family test and **88%** on patient satisfaction.

After consulting with patients, the service has gone further in using digital technology to support self-management by developing an exercise app. This is designed to reduce the number of appointments and help people get better more quickly.

As well as receiving a tailored exercise sheet, patients will receive a video that shows them how to do their exercises, be sent reminders and invited to log what they do – which is added to their notes.

West Suffolk CCG is now working with AHP Suffolk to pilot a new MSK triage scheme in general practice. The pilot is expected to reduce the time that GPs spend with patients with MSK conditions, freeing time for non-MSK patients. MSK patients should also receive appropriate care faster than is possible through traditional primary care referrals – important for this group where a delay in specialist assessment can have serious adverse consequences.

For more information contact:

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*“Early indications from the pilot are positive and we are already considering extending the service to benefit all our GPs.”*

## Martin Bate

Redesign Project Manager,  
West Suffolk CCG



AHP Suffolk, Photographer Andrew Hendry



## FACT

Every year **160,000** serious falls would be prevented if everyone 65+ at risk of falling was referred to physiotherapy, saving the NHS **£252 million**. Every **£1** invested brings a return of **£4**.<sup>(22)</sup> Group exercise programmes reduce falls by **29%** and individual exercise programmes by **32%**.<sup>(23)</sup>



# BACKING REHAB

Community rehabilitation reduces the number of people becoming needlessly disabled and prevented from leading active lives. It also reduces pressures on secondary care. For example, pulmonary rehab reduces morbidity, mortality, halves the time patients spend in hospital and **reduces readmissions by 26%**.<sup>(17,18)</sup>

Too often people receive intensive rehabilitation in hospital but then have long waits when they get home, if it's available at all. There are major variations in wait times for rehab in the community for stroke, hip fracture and COPD, in some areas **patients wait up to 18-21 weeks**.<sup>(19)</sup> In a study by the Stroke Association **45% of patients** said they felt abandoned when they left hospital.<sup>(20)</sup> While patients wait their recovery is halted and can reverse – causing lasting disability, distress and deterioration of health. Half of all people who suffer a hip fracture are left with a permanent disability and can no longer live independently.<sup>(21)</sup>

To maximise independence and reduce disability, a patient's rehab needs to continue from hospital to home, be easy to refer back into and rooted in the community.

*“Rather than seeing our volunteers as patients or ex-patients, we see them as people with a lifetime of skills.”*

**Kylie Farbrace**

Specialist Physiotherapist,  
Hope Specialist Service, Grimsby



## Part of the community

The Hope Specialist Service in Grimsby is part of a social enterprise, Care Plus. This provides rehab programmes and support for patients with COPD and older people at risk of falls at home and in care homes. The team is made up of physios, occupational therapists, generic technical instructors, rehab assistants and **80 volunteers** – former patients and carers, who act as motivators and community educators. When the service was established it took over Hope Street Medical Centre, a GP surgery in an area of high deprivation. The centre was run down and used to be a target for vandalism – **costing £3500 each month**. Using Neighbourhood Renewal Funding, they turned it into a modern rehab centre and a valued asset for the local community.

With the volunteers they set up a charity – The Hope Street Trust – to do local fundraising to pay for community education, develop a gym, outdoor exercise facilities, a garden and a café – with gardening forming part of people's rehab and produce from the garden used in the café.

Together they have:

- **Reduced hospital admissions** by 1 for every COPD patient - saving £2600 each time
- **Significantly reduced hip fractures** - 10 fewer hip fractures in local care homes January to March 2017, saving £26,000
- **Reduced levels** of anxiety and depression, increasing confidence and ability to undertake daily activity.

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## Further resources

### Setting up GP physio roles

Practical guidance produced by the CSP with support from the BMA and the RCGP  
[www.csp.org.uk/primarycare](http://www.csp.org.uk/primarycare)

### Cost calculator

To help calculate how much time and money can be saved by having GP physiotherapists as the first point of contact in surgeries  
[www.csp.org.uk/costcalculator](http://www.csp.org.uk/costcalculator)

### Advanced practice physiotherapy

Practical guidance from the CSP on the integration of advanced practice physiotherapists into services  
[www.csp.org.uk/advancedpractice](http://www.csp.org.uk/advancedpractice)

### Falls prevention

Modelling need by area – Falls Prevention Economic Model [www.csp.org.uk/costoffalls](http://www.csp.org.uk/costoffalls)  
Help for the public and health professionals to identify those at risk of falling:  
[www.csp.org.uk/getupandgo](http://www.csp.org.uk/getupandgo)

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