First contact advanced Physiotherapy in Primary Care.

Part of a solution for the GP crisis?

Amanda Hensman-Crook
Why?

• 50% of the GP workforce are retiring/go ing part time within the next 5 years and recruitment a problem

• Improving the appropriateness of referral and conversion rate to surgery for secondary care essential.

• Overuse of investigations

• Over prescribing of NSAIDs and CDs for MSK conditions

• Public health and frailty need addressing upstream
What it is

- First contact direct from reception
- Assessment/diagnosis/triage
- Education/exercises/advice
- Evidence based (audit/research)
- Mentorship/Education of MDT
What it isn’t

• A hands on treatment/follow up service

• A GP referred system

• A threat to GPs autonomy

• A replacement or threat to the core physiotherapy team
Competencies

- Injector
- Orders and interpret x-rays/ ultrasound scans/ MRI scans, bloods
- non medical prescriber (in time)
- Has a broad background knowledge of co-morbidities as well as MSK expertise
- Delivers management of frailty and public health issues
- Educator
How it works

- GP sessions: 4 hour block = 1 session
- Number of sessions depends on practice size, roughly 20% -30% of patient workload on average
- 20 minute appointments - 10 face to face contacts/session
- 4 telephone consultations
- 2 admin breaks: 20 minutes
- Clinical meetings (education both ways)
Outcomes

Outcomes year 1,2 and 3 average %

Exs/Advice
Injection
Referal to Physio
Referal to GP
Referal to Cons
Bloods
Xray

5/14-12/14
5/15-12/15
5/16-12/16
Injections

• Number of injections prior to the post (2013-14) =98, increasing to 190 injections in the first year (2014-15)

• In the last financial year they generated more than £14,000 for the practice

• Patients are being kept away for longer/or preventing cold operative procedures.

• Secondary care gain slots to see cases to convert to surgery
Prescribing data
Referral to secondary care
Patient satisfaction

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“innovative model of adding in the extended scope physiotherapist within the general practice team represents a step change in the way musculoskeletal conditions are managed in primary care. In the same way that practice nurses became part of the core GP practice team in the 1980s, it is long overdue that physiotherapists also join us.”

• Angus Tallini
• More training posts for physiotherapists available
• HEE have developed a Masters module specific to the role
• Development of a national framework
• Joint publication between the BMA, RCGP and CSP regarding implementation of physiotherapy roles into
• National data template development for EMIS, System One and Vision
• NHSE, HEE and RCGP backing
Any Questions?