Patient direct access to musculoskeletal physiotherapy in primary care: perceptions of patients, general practitioners, physiotherapists and clinical commissioners in England

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Overview

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Background

- MSK problems: e.g. back pain, shoulder pain, osteoarthritis, are common and expensive
  - They are the leading cause of long-lasting loss of daily functioning and work [1, 2]

- Population is ageing
  - More people with MSK conditions
  - Increasing demand for MSK services [4, 5]

- UK primary care (esp. GPs) struggling to meet the current demand from patients

Aim

To explore the experiences /views of patients, general practitioners, physiotherapists and clinical commissioners on patient direct access to musculoskeletal physiotherapy in primary care

Direct access/study setting

- Follow-up study to the STEMS pilot trial [8]
  - 4 general practices in one town in North West England
    (2 had direct access; 2 did not but later introduced after trial)

- Initial substantial marketing of direct access for pilot trial (2 practices)
  - marketing did not continue after trial

- Self-referral: true or recommended (GP; practice; other HCPs)

Methods

Ethical approval: East Midlands and NHS Health Research Authority

Recruitment: NHS foundation health records

Participants – patients; GPs; physiotherapists; clinical commissioners

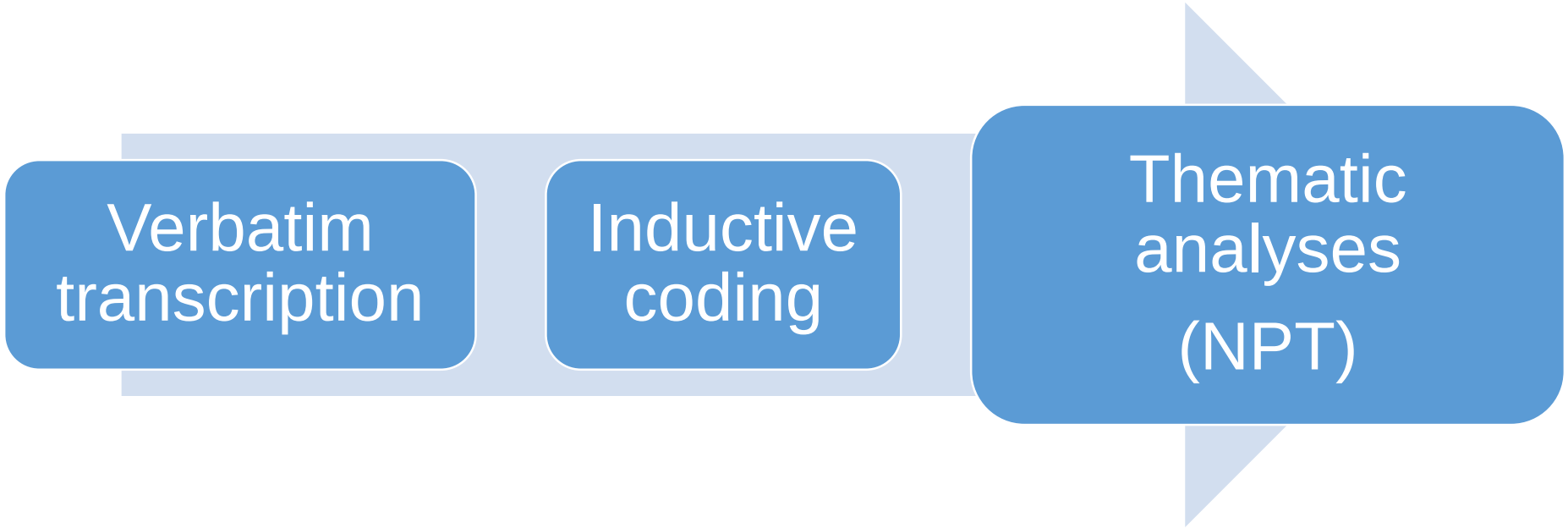
Patients: ≥18 years; recent direct access MSK physiotherapy;
Practitioners: implemented direct access

Sampling: Purposive

Design: 42 in-depth one-to-one semi-structured interviews

PPIE: study design, interview guides, participant facing documentation and data analysis

Data management and analysis



Theoretical underpinning: Normalisation Process Theory (NPT)

Participant characteristics

Patients: 22

Gender: 16 women; 6 men

Age: 36-86 years (mean: 63 years)

Referral route:
14 GP recommended
2 other HCP recommended
6 true self-referrals (5 women)

Health literacy: 'Good' except for two with 'poor' HL

Settings: low socio-economic area

Practitioners: 20

GPs: 6; primary care physiotherapists: 10; clinical commissioners: 4

Gender: 9 women; 11 men

Clinical experience: 2-34 years (GPs: 13-34 years; physiotherapists: 2-27 years)

Settings: low to high socio-economic areas

PT: physiotherapist; GP: general practitioner; C: clinical commissioner

Themes and subthemes

Themes	Understanding of the roles and scope of physiotherapy	Awareness and understanding of direct access	Clinical service integration and resources	Potential contribution of direct access
Subthemes	Who determines the need for physiotherapy?	GP: source of self-referral recommendation	Inter-disciplinary communication	Improved patient pathway
	Physiotherapy and diagnosis	Physiotherapy service: source of self-referral recommendation	Resources: training	Impact on other services
	Previous positive experiences of physiotherapy	Sustaining visibility	Resources: funding	Waiting times
	Who funds physiotherapy?	Understanding of direct access processes and pathways		Diverse patient needs

Themes and subthemes

Themes	Understanding of the roles and scope of physiotherapy
Subthemes	Who determines the need for physiotherapy?
	Physiotherapy and diagnosis
	Previous positive experiences of physiotherapy
	Who funds physiotherapy?

"Unless you go to your doctor and the doctor suggested physio, you wouldn't know whether to go or not. I mean the physios are not qualified doctors to tell you that you need it, are they? How would they [physiotherapists] know, if you don't go to the doctor first, that physio might make an injury worse? (P121)

"…if I was really unsure I would get doctor's appointment first…" (P102).
"…some new thing happens to me and I go to GP first…" (P108).
"I'd go to the doctor first if I had pains in my arms…it could be a heart problem…" (P52)
"…if it was a pre-existing condition then I probably would go to the physio…" (P144)

Themes and subthemes

Themes	Awareness and understanding of direct access
Subthemes	GP: source of self-referral recommendation
	Physiotherapy service: source of self-referral recommendation
	Sustaining visibility
	Understanding of direct access processes and pathways

"…I must have seen posters in the surgery…I don't think the GP actually ever told me…" (P108)

"I didn't know that you could just go straight to a physio. Is that recently or has that always been the case?" (P121)

"I only think that I would have to go through my GP to fill in that form because on the form I think it does ask for the GP's name…?" (P67)

"…multiple pathways…confusing What's the difference between brief intervention and a proper referral…?" (GPC1)

"… we were worried that opening up self-referral would increase the number of referrals coming in but that didn't actually happen… (PT4)

Themes and subthemes

Themes	Clinical service integration and resources
Subthemes	Inter-disciplinary communication
	Resources: training
	Resources: funding

"…hopefully we'll eventually have a bigger role in ordering x-rays, injections, non-medical prescribing, because that then cuts out our need to go to the GP as often… (PT8)

"…I can put in two physios and they are going to reduce the number of hip replacements that are required by 10… The problem is that the cost savings for the hospital of not doing 10 hip replacements are 10 x a bit of metal to put in someone's hip and that might only cost £1,000… You still need a surgeon, an anaesthetist, the nurses, the ODA. None of your costs change…" (GPC4)

"…not on the EMIS system…we can't see…physiotherapy records…" (GP2)
"So at first they [GPs] weren't happy with us having access to their domain, medical information…all coming down to agreement in data sharing…we're not quite there 100%" (PT2)

Themes and subthemes

Themes	Potential contribution of direct access
Subthemes	Improved patient pathway
	Impact on other services
	Waiting times
	Diverse patient needs

"…direct access…seems to reduce onward referral to other services, particularly orthopaedics…" (GPC4)
…but you need those steps in place…it just needs a review…" (PT10).

"…then you have to wait quite a long time…six weeks for the appointment to come" (P35)

"Maybe to apply to online…especially with going to work…" (P113)
"…the feedback we often get from the patients is… can't I book an appointment online?…so we are frustrating…probably the 40s and under…" (PTC2)
"…picking the phone up and saying can I have an appointment (P108)

Conclusion

- Patient direct access to MSK physiotherapy has the potential to promote effective and efficient patient care

- Currently, these may not be sufficiently achieved due to the identified professional/organisational barriers

Practice implications

- Physiotherapists may need to increase public awareness about physiotherapy, its scope of practice, and access routes
- GPs may need to promote physiotherapy and direct access with patients
- System changes in electronic health records is required to improve cross-disciplinary communication around direct access

Thank you for listening!

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References

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