Combining digital innovation to create a scalable model of MSK physiotherapy as a first point of contact in general practice

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03/09/19
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Background
There is a growing demand in general practitioner (GP) surgeries. Physiotherapists at the first point of contact (PoC) have been shown to provide safe, clinically effective, and cost-effective alternative to GPs. These clinics have proven successful in reducing patient waiting times and improving patient satisfaction with secondary care referrals.

Aims
1. Reduce pressures on primary care and secondary care services
2. Increase appropriate of secondary care referrals
3. Expedite patient journey, reducing waiting times
4. Offer accessible and scalable blueprint

Methods
- 5 senior physiotherapists embedded in GP clinics over a 17-month period
- Reception provided with algorithm suggesting patients to self-referral is possible, a point of contact physiotherapist or instead GP depending need
- Physiotherapists act as first point of contact for MSK patients, instead of GPs (upto 96% GP ceased)
- Initially 30-minute appointment, later reduced to 20 minutes
- Full assessment, advice & initiation of rehabilitation with signposting to correct professional or pathway

Key Messages
- The model delivers safe, affordable means to ease GP and secondary care pressures
- Rapid access to the appropriate professional at the appropriate time
- A scalable service delivered through embracing digital technology

Results
832 patients were seen during the trial period. Of these, only 12 were referred back to the GP in the six months following. Only 2% required onward referral to Orthopaedics. Both types of patients were either discharged immediately or recommended further physiotherapy treatment.

No adverse events were reported during the trial.

Feedback
- NICE Friends and Family Score: 90%
- Excellent results form patients
- South GPs agree that model saved appointments
- South GPs agree that additional time to help patients with more complex requirements

Conclusion
Patient and GP questionnaires demonstrated excellent feedback in all categories. Showing the high level of acceptability for both patients and doctors of the MSK physiotherapy model. The successful model of PoC at a cost of £375 per hour as opposed to GP costing £150 per hour. Additionally, PoC has saved GP time by reducing MSK contacts. This represents an effective cost-saving to the healthcare system, improved performance and reduced waiting times for secondary care. As a result of PoC, wait times were provided to the local secondary care services.

PoC combined with the self-referral web portal highlights that digital technology has enabled the feasibility of this model.
Background

There is a growing demand in general practitioner (GP) resources. Physiotherapists as a first point of contact (FPOC) have been shown to provide a safe, clinically efficacious and cost efficient alternative to GP's. Many pilots thus far have used extended scope physiotherapists (ESP) which extrapolated nationally would be expensive to employ, train and difficult to recruit, mirroring the GP crisis. Previous studies have shown only a small amount of ESP skills utilised in this environment.

Combining a self-referral website and senior physiotherapists, a scalable model has been created facilitating access to primary care, reducing pressure on GP's and improving appraisers of secondary care referrals.
Aims

1. Reduce pressure on primary care and secondary care services
2. Increased appropriateness of secondary care referrals
3. Expedite patient journey, reducing wasted time
4. Offer a cost efficient and scalable blueprint

Method

- 3 senior physiotherapists embedded in GP clinics over a 7 month period
- Reception provided with algorithm signposting patients to self-referral web portal, first point of contact physiotherapist or indeed GP depending on need
- Physiotherapists act as first point of contact for MSK patients, instead of GP’s (up to 30% GP caseload)
- Initially 30 minute appointments, latterly reduced to 20 minute
- Full assessment, advice & initiation rehabilitation with signposting to correct professional or pathway
Results

- 802 patients were seen
- 11 were referred back to their GP in the six months following.
- 8 (1%) patients required onward referral to Orthopaedics.
- 80% of patients seen were either discharged immediately or recommended further physiotherapy treatment.
48.5% reduction in referrals to secondary care
Feedback

- NHS Friends and Family Score: 100%
- Excellent results from PSQ18
- 100% GPs agree that model saved appointments
- 100% GPs agree allows additional time to help patients with more complex requirements

Key Messages

- This model delivers a safe and affordable means to ease GP and secondary care pressure
- Rapid access to the appropriate professional at the appropriate time
- A scalable service derived through embracing digital technology
Lessons taken forward

• Robust project plan (business plan, risk management, stakeholder engagement, liability insurances, full disclosure with GP’s)
• Resilience fpr FPC clinics
• Resilience (backfill) for main physio contracts
• GP engagement (preventing 1\textsuperscript{st} contact duplication)
• Care Navigator engagement (receptionists)

Current position

• Service 10 different GP clinics all slightly different models
• Staff studying MSc’s or completing portfolios facilitated by e-learning via HEE portal
• Initial discussions with PCN’s re: Physio contracting and liaising with social prescribers
• @neiljlanridge
• @KMiddletonCSP
• @CSP_FCP
• @paulawoods5
• @AmandaHensman
• @sarahwithers20
• @RtHphysio