ED KIRBY
The Story of
KEV
and
LOU
The brief from their evil manager...

- Release GP time through re-allocating appointments for patients with MSK problems
- Improve conversion rates to surgery
- Improve the use of imaging
- Prevent short-term problems becoming long-term conditions

Will I get opportunities to develop experience, learning and skills?
Setting up at Kev’s GP Practice

FCP means you get a highly experienced physio in your practice

Yes I can do injections

MRI scans..... no problem

.....By the way I’m now an APP not an ESP

Oooh, Impressive

?!?
3 months later......

- injections
- MRI’s
- Complex Patients
Meanwhile……

The receptionist said you’d give me a massage!

Grrrrr…
The 6 month meeting with evil manager.....

The GP’s might love you Kev, but:

• **GP contacts** for MSK haven’t changed
• **Referrals** to physio and orthopaedics have gone up
• **Injections** have increased
• You are seeing too many follow-ups

This is a **FIRST** contact service
The 6 month meeting with evil manager.....

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hehehe.....
• **Lessons:**
  
  • The type of referrals determines the success or failure of the service.

  • The best way to influence this is locally. The message and constant feedback that the clinician gives to the practice determines the referrals.

  • The FCP service needs to integrate with current services and pathway eg. Tier 2 services.

  • Embargo slots