

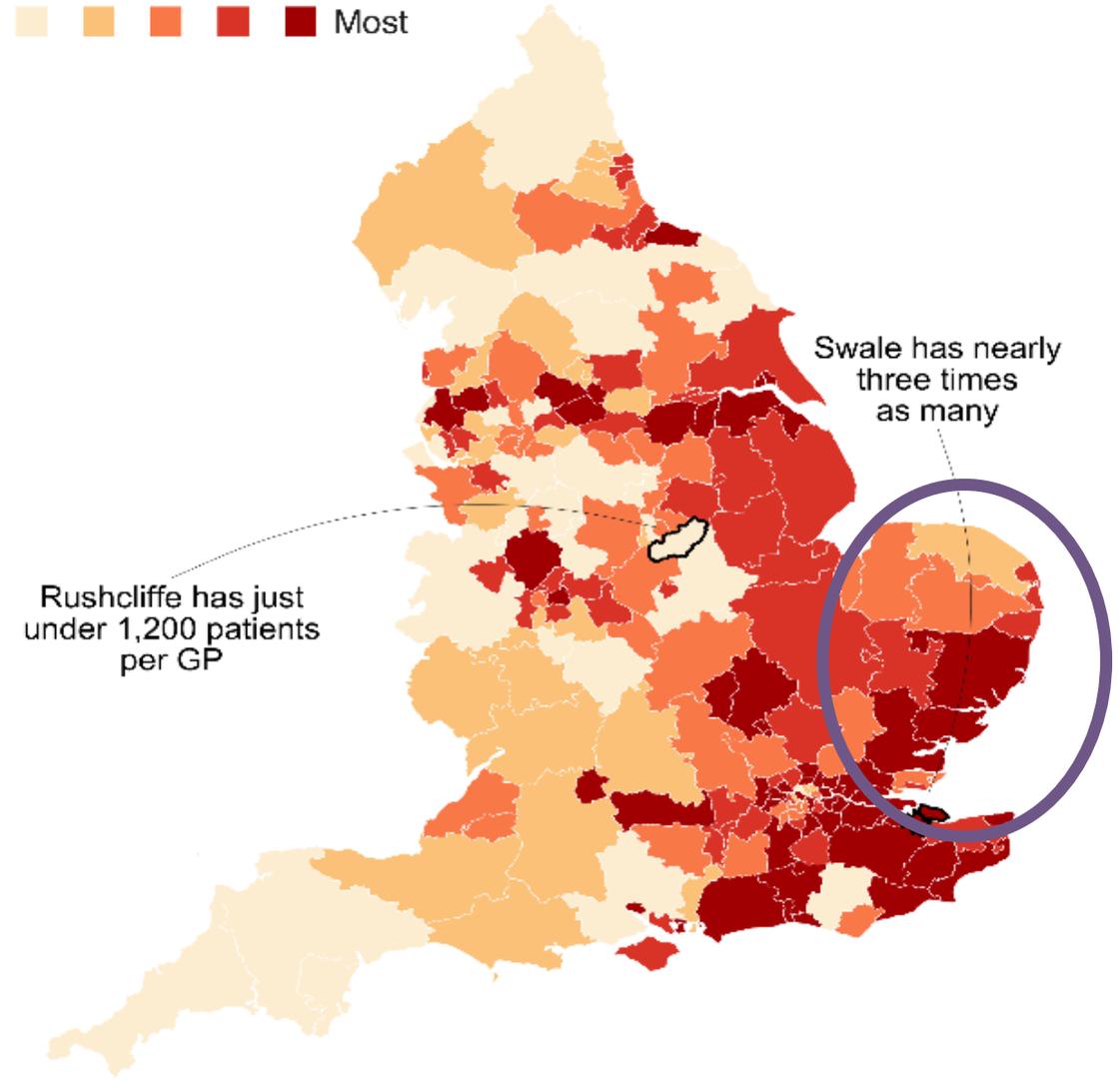
A CSP FCP update

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Fewest  Most



Rushcliffe has just under 1,200 patients per GP

Swale has nearly three times as many

Supporting implementation is work in progress

**Phased
Implementation**

**Further
understanding
through evaluation
and implementation**

**Evolving
support and
resources**

Physio in MSK pathway



FCP with general practice

What are FCPs?

Advanced MSK physios, attached to GP practices, booked by patients through regular GP booking. In 20 min consultations they provide advice, diagnosis, order tests, and analyse results. They can refer to orthopaedics, rheumatology and pain teams.

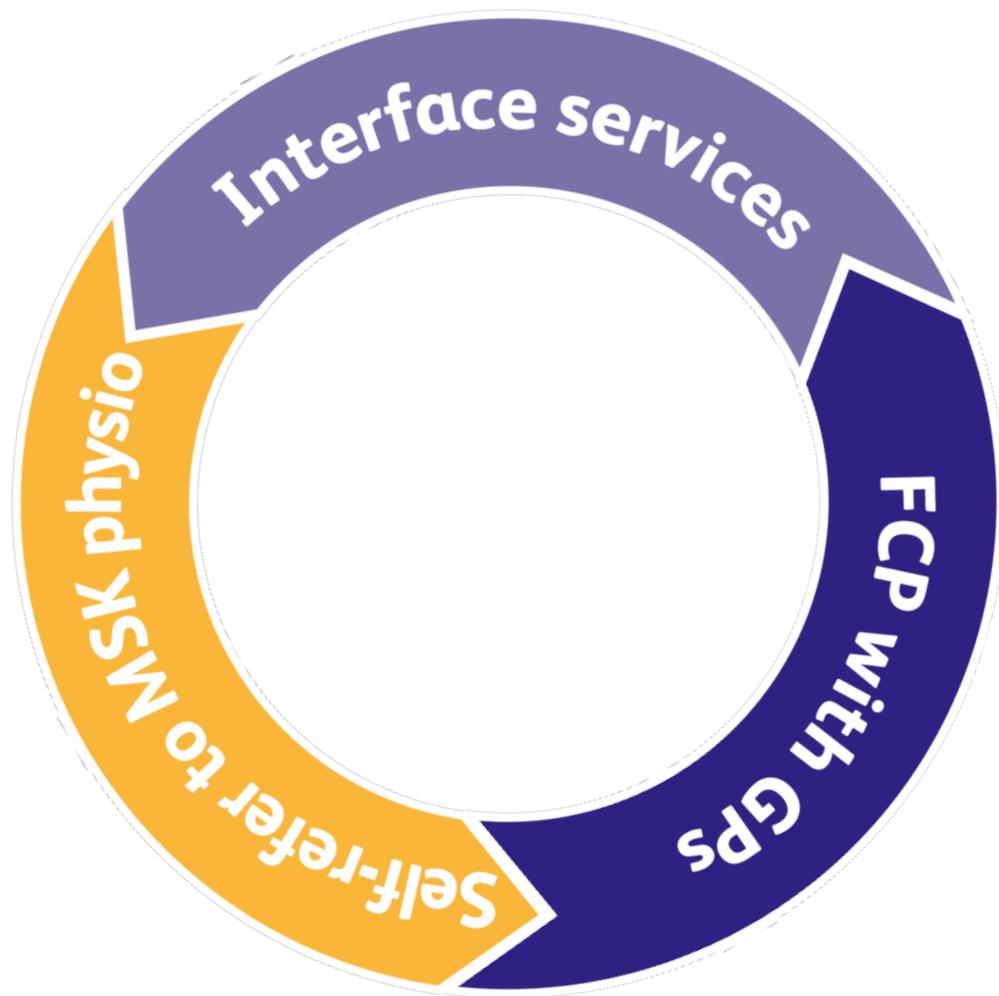
What don't FCPS do?

They don't provide physio treatment sessions. They can't provide longer appointments or access some tests that might be needed for some patients with complex cases.

What is the added value of FCPs?

Reduced GP workload; patients seen quickly and directly; reduced steps on the pathway for the 70% who only need expert advice and self-care; less referrals, testing and prescribing.

Physio in MSK pathway



Self-refer to MSK physio /physio teams

What is it?

A means of accessing physio services directly for advice and sessions of physio treatment.

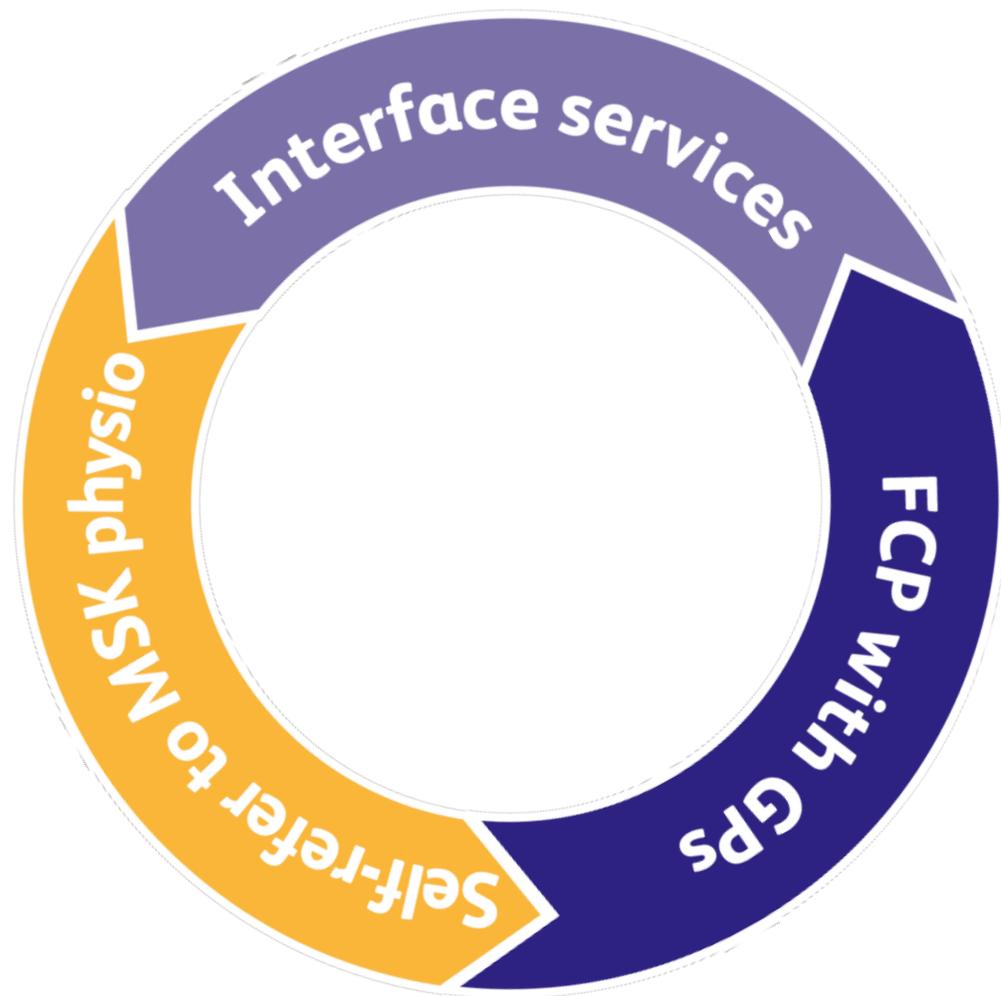
What can't it do?

Reduce demand on GPs significantly – because most people with an MSK issue will still go to their GP first even if they can self-refer. Can't usually order or analyse tests, or make a referral directly to orthopaedic rheumatology or pain consultants.

What's its value?

Enabling people with MSK health issues who know what the problem is, confident that they need physio, and confident to access this without going to the GP first.

Physio in MSK pathway



Interface services

What is it?

Advanced MSK physios who can take referrals from GPs, provide expert advice, order and analyse tests, triage and make referrals directly to orthopaedics, rheumatology and pain teams, based in secondary care.

What's its value?

Reducing unnecessary testing and referrals to orthopaedic and rheumatology consultants. They can provide people with complex MSK conditions longer appointments and a wider set of tests than with FCP.

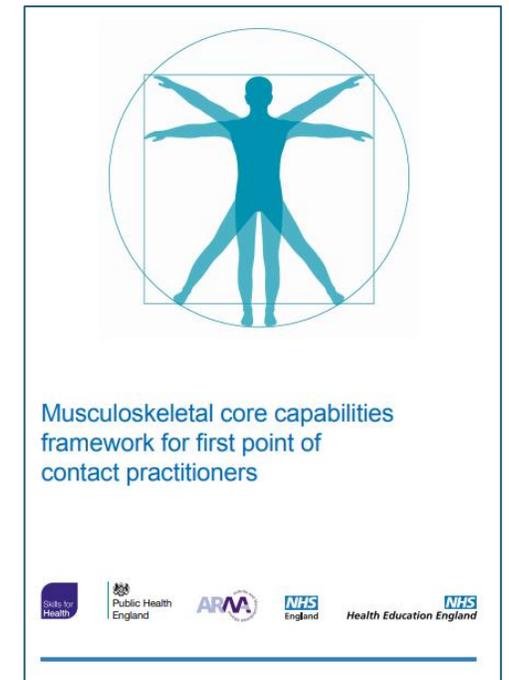
What can't it do?

Reduce demand on GPs and offer rapid and direct access to patients.

Workforce

Developing work on Advanced Clinical Practice in MSK

- **MSK Core Capabilities Framework:** for self-peer-and employer-based assessment > skillsforhealth.org.uk
- **Master's modules on FCP** (either standalone or as part of MSc courses)
- **E-learning:** free modules on FCP related areas and on Person Centred Approaches > e-lfh.org.uk



Current Educational Options & Frameworks?...

E-learning?



On the job?



Taught Modules?



Mentorship?

FCP Training Levels

	Level 1	Level 2	Level 3
Who	Band 8a/b - ACP level MSK specialists, injecting/ prescribing/testing in 2° Care	Bands 7&8 very experienced MSK not qualified in injection/ prescribing/ tests	Bands 6 & 7 not at AP level
Needs	1°Care /FCP readiness: <ul style="list-style-type: none"> • Multi system approach/ managing risk in primary care; • Personalised care • 1°Care systems, IT, data; • population health, • mental health; • social prescribing 	1°Care / FCP readiness (see ←) Courses or modules for injection /wider systems / NMP/ MSK public health	Full ACP training – MSc or ACP apprenticeship, multi-prof appropriate modules or alternative MSc with work-based learning/ application
How	Short courses / CPD GP mentor/work-based learning and e-learning	Multiple modules/ PGDip PLUS GP mentor/work-based learning and e-learning	MSc ACP / ACP Apprenticeship (2-3 yrs) Mainly F2F /taught includes GP mentor/work-based learning

The FCP workforce for 2020 & beyond

Full roll out dependent on expansion of FCP posts

- NHSE's Long Term Plan and GP contract framework commits to this

100% reimbursement through the ARRS

First wave of FCPs = existing advanced practice roles in MSK community & triage services.

Physiotherapy is growing: **40% more graduate education places** since 2015

The pipeline of supply for FCP roles is being developed

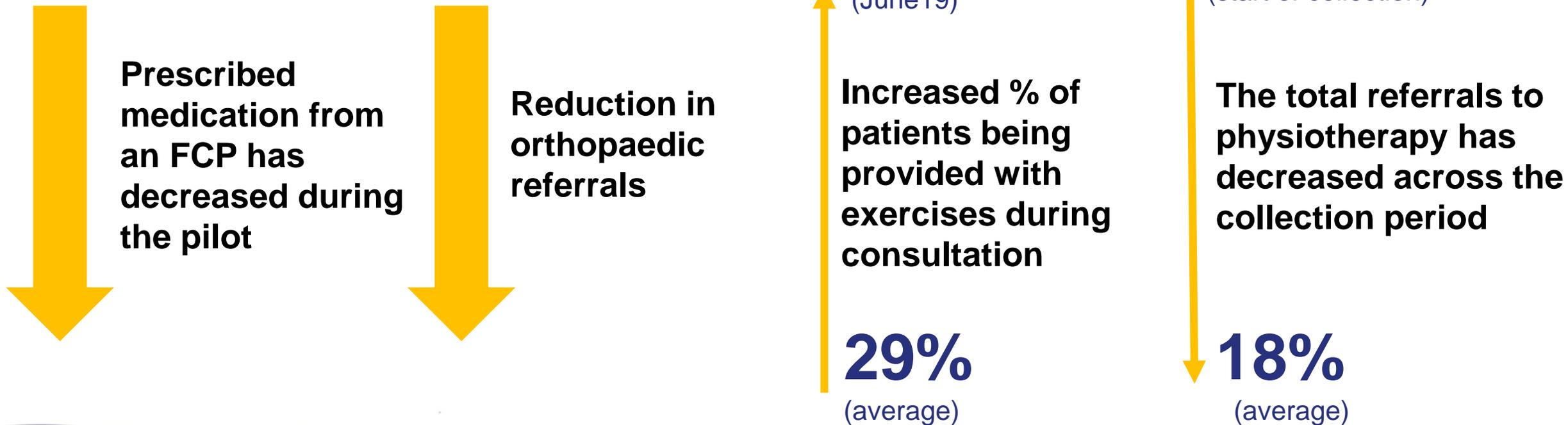
NHS England Evaluation

Summer 2018: 41 out of 42 STPs put forward an existing or new FCP service for evaluation. Cited in Long Term Plan in 2019. Consists of:

- **Local context questionnaire** (re: services' funding, governance, staffing, providers)
- **FCP appointment data** captured on practices' clinical data systems
- Experiences and clinical outcomes of **patients** (PROMs and PREMs), **GPs** and **physiotherapists** from digital systems and patient interviews

Interim Evaluation

A large proportion of patients seen by FCP's do not require further follow-up by GPs or referral to Secondary Care after their appointments



Phase 3 Evaluation

Purpose: to test the hypothesis that

- FCPs improved the experience of patients with MSK conditions,
- Reduced the pressure on GPs workload
- Streamlined pathways of care by avoiding unnecessary onward referrals.

Objectives:

- Identified from the High Impact Intervention document and wider published literature.
- Final criteria were agreed by all key stakeholders including the Primary Care Patient and Public Involvement (PPIE) Group.

Interim Evaluation



■ received sufficient information on condition and self-care



■ had confidence in FCP's competency to assess problem



■ extremely likely to recommend to friends & family

Emerging themes -Primary Care interviews

Communication	Patient understanding of FCP	Embeddedness	Contribution of FCP	Scope & model of FCP service
<ul style="list-style-type: none">• Advertising• Signposting• Shared record systems and processes• Care navigation training	<ul style="list-style-type: none">• Poor patients awareness of FCP• Patients had a lack of understanding physiotherapy and FCP• These factors lead to patient uncertainty	<ul style="list-style-type: none">• It took some time for the FCP service to become embedded in the culture	<ul style="list-style-type: none">• Data collection was essential to evidence efficacy• Patients were satisfied• Staff were satisfied• The MSK expertise of the FCP was welcomed• Unburdening the GP is complex	<ul style="list-style-type: none">• Perceived benefits to the 'open-access' model of general practice care• Little evidence of GP protectionism• Advanced practice skills• Individual professional development

The CSP's Priorities on FCP Implementation

- Supporting FCP implementation with NHSE/I & HEE
- Developing workforce
- Leading on evaluation (at national and local levels)
- Working with Higher Education Institutes on workforce development
- Providing resources
- Enabling peer support
- Informing and influencing public policy



Resources @ csp.org.uk/fcp

- **Implementation guidance for FCPs**
- **GP Reception materials**
- **Data collection guidance** (and templates for Emis, SystemOne & Vision)
- **Job description** information
- **Videos** of FCP services (from HEE)
- **Frequently Asked Questions** on FCP
- **Case studies** at innovations.csp.org.uk

