Advanced Practice Physiotherapy In Primary Care

A new era...

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Advanced Physiotherapy Practitioner
The Problem

• Mass GP retirement & recruitment difficulties, especially so in rural North West Wales!!
• Areas of health and socioeconomic deprivation
• Rural North Wales (geographical / language)

The problem creates an opportunity…
An opportunity to benefit Primary Care

- 30% MSK caseload in primary care (Kumar & Clarke, 2012)
- Treat patients close to home: improving access
- Treat patients quicker: reducing chronicity

An opportunity to benefit Secondary Care

- Reduce onward referrals to MSK services
- Appropriate referrals through co-production
  
  *Right person, right time, first time*

- Reduce waiting times
  
  *Only do what is needed*
Model of Practice

- Train reception staff to triage
- Scheduled Clinics within the GP Surgery
- Advanced MSK assessment prior to referral.
- 20 minute slots. 10 -12 patients per session.
Workforce development

• Up skilling to meet the challenge of 1st contact

• Up skilling to be able to deliver the service
  – Soft tissue & joint injections
  – Non-medical prescribing
  – Bloods / fluid investigations
  – Radiology
Results at 3 years

- 30,672 patients seen across BCUHB.
- Secondary care referrals reduced by >5000 NP’s
- Extended skills utilised in 14% of cases
- 5% DNA rate.
- <1% referred back to GP.
- PSQ demonstrate excellent feedback
- Positive GP feedback
Patients Seen
(2016/17)

<table>
<thead>
<tr>
<th>1st Contact</th>
<th>Reviews</th>
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<tbody>
<tr>
<td>9696</td>
<td>2014</td>
</tr>
<tr>
<td>25131</td>
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Contacts with GP (2016/17)

- Patients seen: 25131
- Called in GP: 112
- Referred back to GP: 62
Secondary Care Referrals (2016/17)

- Patients seen: 25,131
- Ortho: 523
- CMATS: 256
- Physio: 2,233
Extended Scope Skills (2016/17)

- No of Injections provided: 45%
- No of prescriptions provided: 35%
- No of Bloods tests provided: 9%
- No of x-rays provided: 11%
## Primary Care Cost Savings (2016/17)

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>GP Seeing 9696 pts</td>
<td>£211,227</td>
</tr>
<tr>
<td>APP / ESP Seeing 9696 pts (1&lt;sup&gt;st&lt;/sup&gt; contact only)</td>
<td>£159,693</td>
</tr>
<tr>
<td>Primary Care Cost Saving</td>
<td>£51,534</td>
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WCCG referral rates into Orthopaedics & CMATS

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Referrals</th>
</tr>
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<tbody>
<tr>
<td>2014/15</td>
<td>16351</td>
</tr>
<tr>
<td>2015/16</td>
<td>15313</td>
</tr>
<tr>
<td>2016/17</td>
<td>13483</td>
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## Secondary Care Cost Savings

| Reduction in referrals into CMATS / Orthopaedics | 2015/16 = 1038  
|                                               | 2016/17 = 1830 |
| Cost Saving based on CMATS / Ortho NP appt = £130 | 2015/16 = £134,940  
|                                               | 2016/17 = £237,900 |
| Reduction in referrals into Physiotherapy       | 2016/17 = 2514 |
| Cost Saving based on physiotherapy NP appt = £58 | 2016/17 = £145,812 |
But more than this...

• We are seeing the patients quicker
• We are improving access to treatment by seeing them in their own community
• The right person, first time, every time
• Creating capacity for more medical cases to be seen more urgently by GP (30%)
• Avoiding unnecessary / inappropriate referral
Challenges

• Up-skilling physios to keep up with demand

• Backfilling physio posts in secondary care

• Burden on GPs and Practice Managers

• Data capturing (GP / Hospital IT systems)
Looking Forward...

• Areas of greatest need to areas of greatest impact.
• Measures of occupational absenteeism & presenteeism.
• MSK services to be provided in primary care in the future.
• Out of hours services, impacting on A&E.

Perhaps this is the first step is that process.
Thank you
References

- Bishop, A., Foster, N., & Croft, P. (2013). SAPC hot topic: is it a dangerous idea to make physiotherapists the gatekeepers of frontline primary care for all patients with musculoskeletal problems?. *Prim Health Care Res Dev, 14*(04), 413-415. [http://dx.doi.org/10.1017/s1463423613000364](http://dx.doi.org/10.1017/s1463423613000364)