STANDARDISED NATIONAL DATA COLLECTION FOR FIRST CONTACT PHYSIOTHERAPY PRACTITIONERS

Amanda Hensman-Crook

To honour the NHS Mandate; 'to identify opportunities for regular collection of data about incidence, prevalence, clinical activity and outcomes of MSK services in England' (section 7.3).

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Introduction

This paper is a collaborative piece of work which has involved Health Education England, The Chartered Society of Physiotherapy, Michael Folan (NHS Digital), Euan McComiskie (Professional Adviser (Health Informatics, CSP), Paul Layte (PRIMIS), EMIS support, Nicola Chapman (Clinical Interface Manager, Windermere Health Centre), Neil Langridge (Consultant Physiotherapist), Massimo Barcellona (Consultant Physiotherapist) and other CSP members from across the UK.

To honour the NHS Mandate; 'to identify opportunities for regular collection of data about incidence, prevalence, clinical activity and outcomes of MSK services in England' (section 7.3) initiates the basis of designing a national universal template to capture coded outcome data for First Contact Practitioner (FCP) from all general practice data systems. It has been designed to capture data of the specific role, ensuring that it is not patient identifiable, so that can be collected via a freedom of information request as required.

As a new role in Primary care that is developing throughout UK, it is essential to capture standardised outcome data on a large scale to ensure reliable and robust evidence of its' effectiveness. It is also important to identify any areas that may not be working as well, so we can adapt to improve service delivery for all stakeholders.

It was initially developed and tested through EMIS read codes, and is being transcribed to read codes in Vision, to CTV3 in System One and SNOMED for systems using SNOMED (for example, EPIC, Cerner and Lorenzo). That way in principle any First contact post holder can import the template with the help of their local configuration support, enabling a national picture of inputs and outputs in different demographic groups and service set ups.

Data collection needs to address the effect of the First Contact service to the Patient, Primary Care, Secondary Care, Allied Health services and the wider Health care system including the 3rd sector. This can be looked at in terms of;

- Cost of service delivery
- Patient safety
- Patient experience
- Clinical effectiveness
- Productivity

During the design of data to be collected, these parameters were carefully considered alongside the need to provide a user friendly, accountable and time efficient way for clinicians to record their notes, for benchmarking and for research.

Fulfilling the NHS Mandate (section 7.3)

- Cost of service delivery needs to demonstrate:
    1. That streamlining the MSK service in primary care by seeing the right person at the right time, upstream, direct from reception, will prevent unnecessary steps in the wider healthcare system.
    2. Evidence of cost efficiency by reducing investigations, pharmaceutical costs and on costs related to public health and Long- term conditions.
    3. Reduced referral to secondary care
    4. That it saves GP practices the cost of referral to secondary cares an improved conversion rate to surgery.
    5. Upstream preventative care by the coding of exercises and advise, lifestyle discussion and referral to lifestyle services to show that the education of LTC/public health issues has an impact on unplanned admissions and overall cost in expected long term patient outcomes.
    6. Financial gain to GP practices can also be shown with injection data as pay per injection to the practice, which can be offset from their outgoing costs.
    7. That peripheral injections in primary care correlates with a drop in secondary care, to show that capacity is created in secondary care to see patients to be listed for surgery.

- Patient safety needs to demonstrate:
    1. Built compulsory boxes for red flags, informed consent, history, symptoms and examination
    2. Data showing a reduction of prescribing CDs/NSAIDs.
    3. A reduction in x-rays – to show a reduction on associated health risk.
    4. Non MSK effectively identified through expert MSK and broader co morbidity knowledge. This can be shown through blood investigation and referral to other non MSK services/ re referral to GP

- Clinical effectiveness needs to demonstrate:
    1. Exercises/advice/public health discussion (lifestyle discussion) all coded in template
    2. A reduction in investigations
    3. A reduction of first referral into secondary care
    4. Numbers of peripheral injections taken from secondary care
    5. A reduction of core physiotherapy referrals
    6. Improved quality of referral and management of LTC and public health conditions
    7. Whether patients are largely first contacts by documenting follow ups.
    8. Capacity in clinics.

- Patient experience to demonstrate:
    1. By capturing patients upstream it streamlines care preventing unnecessary extra steps in the care pathway
    2. Being seen direct from reception close to home improves patient choice

- Productivity to demonstrate:
    1. The number of appointments per year face to face and telephone consultations so improving GP capacity.
    2. Improved GP education around MSK – this can be seen globally by collecting numbers of referral to secondary care, investigations and pharmacy for the whole practice in comparison to prior to FCP
    3. Number of DNAs
    4. A Streamlined MSK pathway; improved referral to secondary care and conversion rate to surgery
    5. Number of follow ups (can work out how many 1st contacts by this)
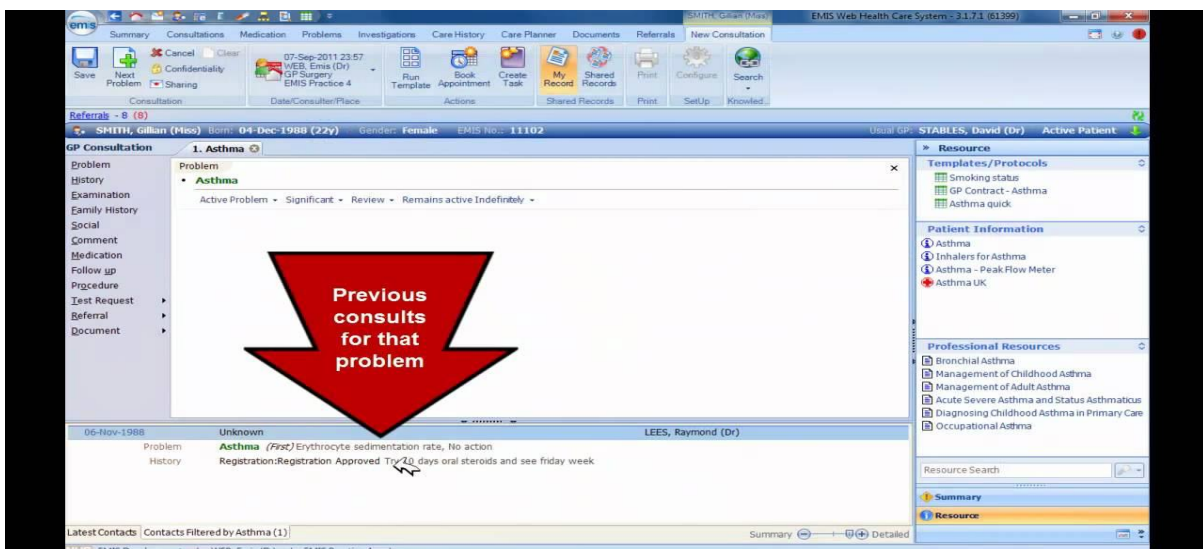
EMIS Data Template

The template is accessed from the usual GP system front screen for a new consultation, and can be used adjunct to the regular consultation, so a continuous dialogue is recorded. The template access can be seen on the pictorial bar at the top of the screen as 'Run Template'.

It is important that the template becomes part of the regular consultation screen when saved, because the sentinel code of the condition is recorded under 'Problem', which cannot be transferred into a template.

The usual EMIS front screen is seen below with the 'Problem' listed as 'Asthma'. The red arrow shows that the sentinel problem is accessed from the system to display previous consultations of the same condition when you select the condition under that heading, this allows important information for decision making for the continuation care and care planning for, in this case 'Asthma'.

In terms of data collection, it allows a global view of the practice system, showing a gross number of consultations in the practice that has seen a Patient for the same condition in terms of numbers.

This can be tested before and after a First Contact post has been established to see if there has been an effect on a particular group of patients and can give an indication of case mix of the FCP.

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EMIS Template Front screen

The data Template is divided into 5 sections for logical note keeping;

1. Examination
2. Referrals to Secondary Care
3. Referrals for investigations
4. Interventions
5. Presenting status (Follow up/DNA)

On the front screen of the template below, you can see that under the 'EXAMINATION' label, there is a ticked box that says 'in – house physio'. This is the identification box for the role that is accessed to draw data from. Ideally it would say 'FCP', but at present there is no code for this, but not an insurmountable problem for the systems operators to develop one if requested.

Next to each of the tick box options, is a text box to write in. There are a finite number of characters that can be written in each box (much like 'Twitter'), but once 'save' is pressed once and the template information is exported onto the regular consultation front screen, truncated text can be added as a continuation of dialogue for as many characters as needed. The consultation is fully saved on the second time 'save' is pressed.

EMIS Template Drop Boxes

Where there is an arrow at the end of one of the options, when the box is clicked on, some options will drop down. When you click on one of the options, it will appear with a text box to write in.

Below is the 'EXAMINATION' section. Everything in this section is mandatory to ensure safety and accountability.

Note below when no text has been added in the 'EXAMINATION' box and the drop box in 'REFERRALS' is opened, a warning that 'red flags' have not been completed is highlighted.

The other two drop boxes are for 'REFERRALS TO SECONDARY CARE' and 'REFERRALS FOR INVESTIGATIONS'. Again, a text box will appear when selected for qualifying information.
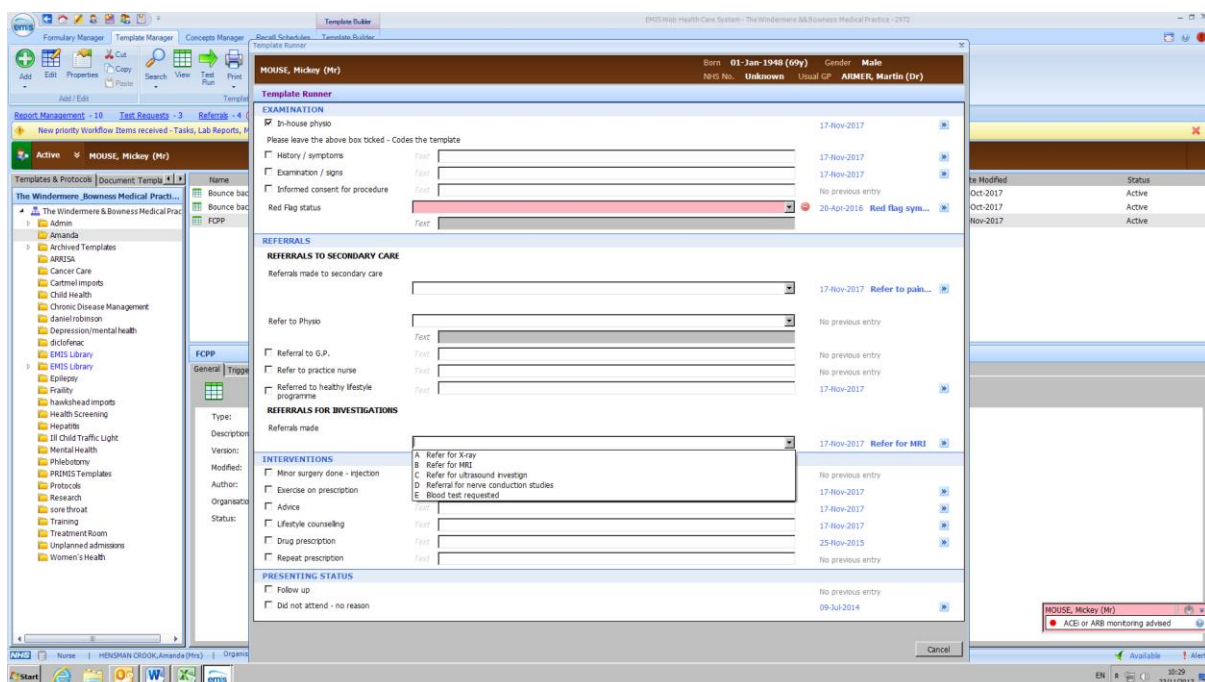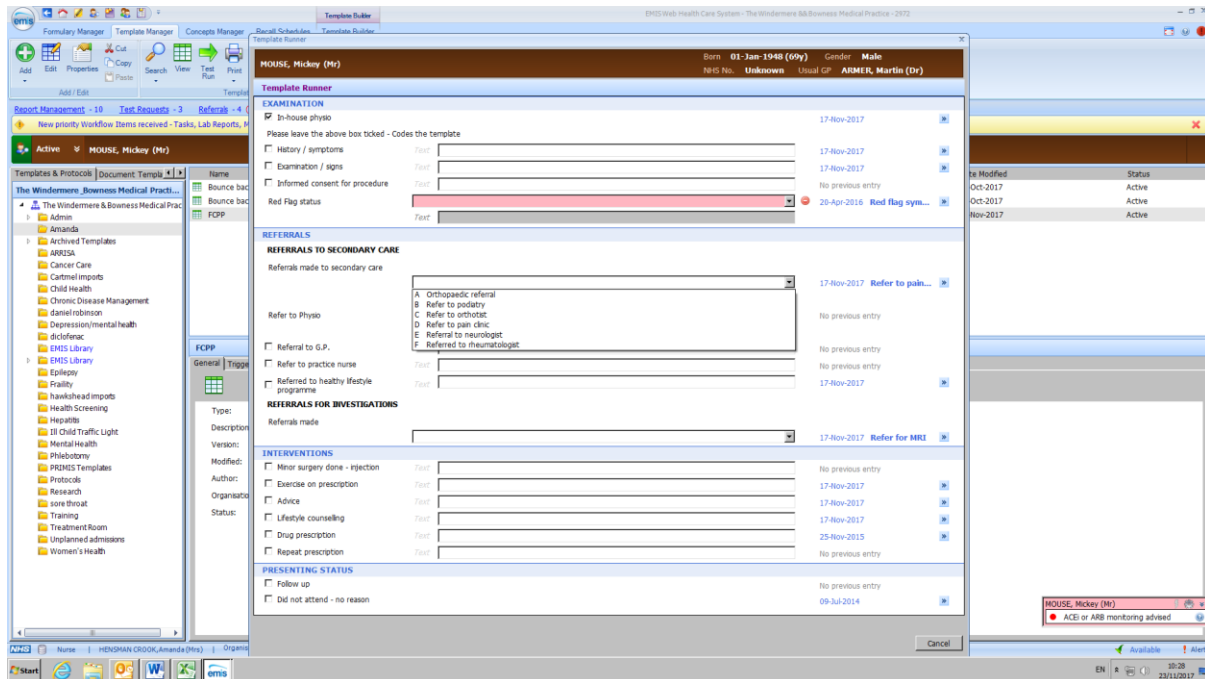
Referrals for secondary care and investigations are done from the 'consultation front screen' (see above) using 'Test Request', 'Referral' and 'Documents' in the left hand box, all have drop boxes. Again, using the consultation front screen and template in tangent is necessary.

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System One Template

The System One template has also been developed in a basic form with the correct coding. It looks similar to the EMIS template front screen and has drop boxes as for EMIS and the opportunity to write text by clicking on the pen icon.

Vision Template

CONTENT TO BE ADDED AT A LATER DATE

Outcome codes on FCP Template for EMIS, V2, V3 and SCT

To ensure the data is standardised, one code for each outcome has been selected for the templates. Below is the data being collected and the codes that will be used across the systems to support this. The V2, V3 and SCT are relevant to your IT support if building a template.

EMIS Codes

EMIS codes	V2 Code	V2 Term Code	V2 term
8H54	8H54.	00	Orthopaedic referral
8H4B	8H4B.	00	Referred to rheumatologist
8H7X	8H7X.	00	Refer to podiatry
8H7S	8H7S.	00	Refer to orthotist
8H69	8H69.	00	Refer to pain clinic
8H4h	8H4h.	00	Referral to neurologist
8H77	8H77.	00	Refer to physiotherapist
8H62	8H62.	00	Referral to G.P.
8H71	8H71.	00	Refer to practice nurse
8HQ1	8HQ1.	00	Refer for X-ray
8HQ3-1	8HQ3.	11	Refer for MRI
8HQ2	8HQ2.	00	Refer for ultrasound investigation
8HRE	8HRE.	00	Refer nerve conduction studies
4131	4131	00.	Blood test requested
8Hlu	8Hlu.	00.	Refer healthy lifestyle programme
9877	9877	00	Minor surgery done - injection
8BAAH			
671	671..	00	Counselling - general
67H	67H..	00	Lifestyle counselling
9c0H	9c0H.	00	Follow up
8B21	8B21.	00	Drug prescription

8B4-1	8B4..	11	Repeat prescription
9N42	9N42.	00	Did not attend - no reason
892	892..	00	Informed consent for procedure
EMISNQNO116			
EMISNQRE451			
9D15	9D15.	00	eMED3 (2010) new stat iss, NFW

CV3 Codes

CTV3 code	CTV3 Term Code	CTV3 Term
8H54.	Y79lv	Orthopaedic referral
8H4B.	Y79jc	Referred to rheumatologist
XaAdU	YaW3a	Refer to podiatry
XaBT9	Y79j8	Refer to orthotist
8H69.	Y79jL	Refer to pain clinic
XaBTU	Yaalm	Referral to neurologist
XaBT0	Y79ij	Refer to physiotherapist
8H62.	Y79jE	Referral to G.P.
XaBSm	Y79id	Refer to practice nurse
8HQ1.	Y79mv	Refer for X-ray
8HQ3.	Yao76	Refer for MRI
8HQ2.	Y79mw	Refer for ultrasound investigation
XaQjo	YatI9	Refer nerve conduction studies
XaK6t	YanK4	Blood test requested
Xaam2	Yawbm	Refer healthy lifestyle programme
XE2K8	YM1fH	Minor surgery done - injection
671..	Y74xQ	Counselling - general
XaEFY	YaeXF	Lifestyle counselling
XaIjm	YalF1	Follow up

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8B21.	Y79fs	Drug prescription
Xa1d9	Y79h1	Repeat prescription
XE2NM	Y7AL5	Did not attend - no reason
892..	YaRjL	Informed consent for procedure
XaX1E	YatuQ	eMED3 (2010) new stat iss, NFW

SCT Codes

SCT Concept ID	SCT Description	SCT Description ID
183545006	Orthopaedic referral	283646018
183526002	Referred to rheumatologist	283615017
306160005	Refer to podiatry	449067012
308455005	Refer to orthotist	451796010
183568002	Refer to pain clinic	283685013
308474002	Referral to neurologist	451827017
308447003	Refer to physiotherapist	451780012
183561008	Referral to G.P.	283677016
308435009	Refer to practice nurse	451764019
183830008	Refer for X-ray	284032012
183832000	Refer for MRI	345921000000113
183831007	Refer for ultrasound investigation	2883184012
512481000000100	Referral for nerve conduction studies	1139661000000118
413672003	Blood test requested	2534090019
892281000000101	Referral to healthy lifestyle programme	2297611000000117
270224008	Minor surgery done - injection	404991018
409063005	Counselling	2469090018
313204009	Lifestyle counselling	457062019

308273005	Follow up	1490644010
182817000	Drug prescription	282619019
182918009	Repeated prescription	282764012
270426007	Did not attend - no reason	405044018
182771004	Informed consent for procedure	282559011
751481000000104	eMED3 (2010) new statement issued, not fit for work	1653351000000114

NB: If you are building a template for FCP for any system, including secondary care, the codes above together with this document will make sense to the IT department to create a template for you.

How to export and import FCP templates

NB: Remember if you save the template to your computer (without opening the .xmsl document) and send to IT, they can do this for you.

Once a template is made, it is very easy to export it via each CCG to each GP practice for the FCP to import with the help from IT support.

To import the EMIS template:

- The template needs to be saved somewhere on your computer or network. If it arrived in a zip file attached to an email you need to open the zip file.
- Select the template (**the file name will end with .xml**), right-click on it and select Copy.
- Find somewhere on your computer (perhaps the Desktop), right-click and Paste.
- From the EMIS main screen, click on the EMIS button, then **Configuration** and **Template Manager,** select the folder you want to import the template to and then click **Import**.
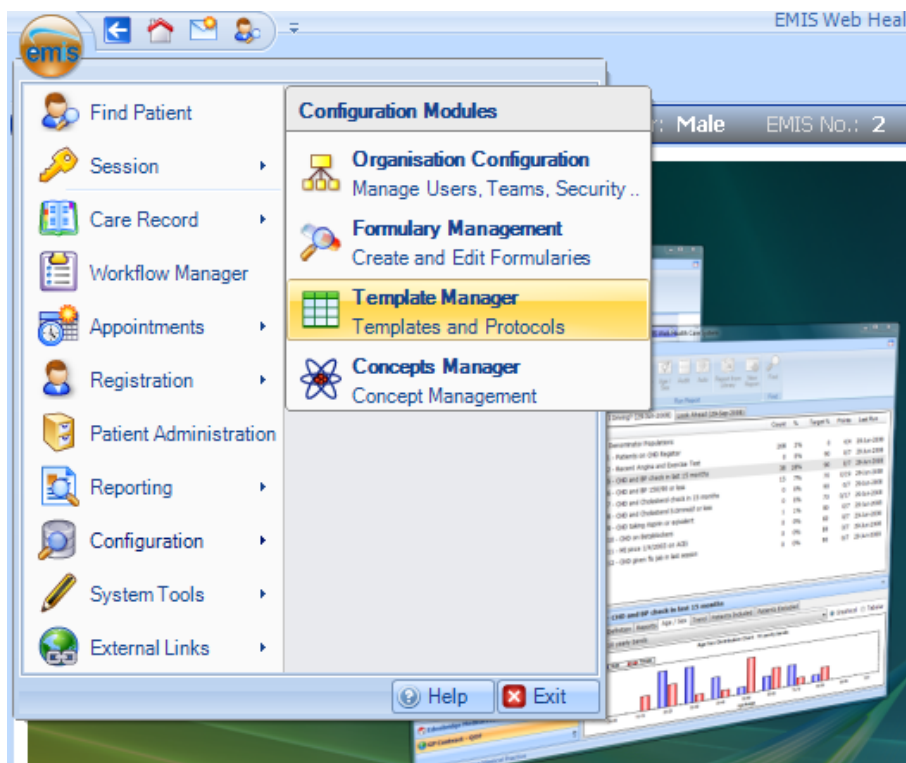
To import the System One template:

Step 1 – Save the template to your computer

Step 2 - Setup > Data Entry > New Template Maintenance

Step 3 - Import Template

Step 4 - Select the s1 FCPP template from wherever you saved it. Follow instructions on the "Template Downloads" if you haven't yet done this.

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Step 5 - Tell S1 where to put the template 'New template category)

Step 6 - And save it to your system and click 'OK'

Step 7 - Find the new template and publish it locally
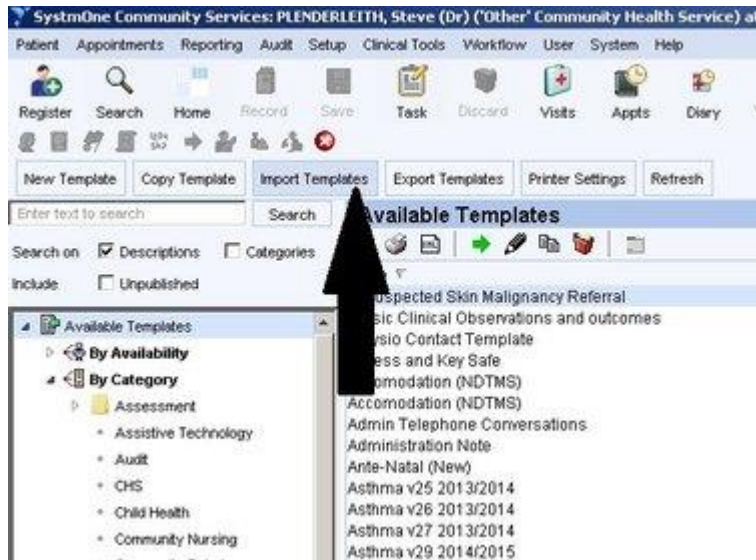
To import the Vision template:

CONTENT TO BE ADDED AT A LATER DATE

Examples of Results from an EMIS search from the template

Information can be collected from a particular timescale – see below. It is broken down into population count and gender

Report Name: FCPP data usage for November 2017
Parent Population: FCPP data usage
Last Run: 07-Dec-2017 09:21
Relative Date: 07-Dec-2017 09:20
Population Count: 75
Males: 31
Females: 44

Data can be collected as numbers for parameters requested, or in a spreadsheet form as below;

15-May-1940	16-Nov-2017	In-house physio	16-Nov-2017	No red flag symptoms
08-Jan-1969	16-Nov-2017	In-house physio	16-Nov-2017	No red flag symptoms
03-Jan-1947	21-Nov-2017	In-house physio	21-Nov-2017	No red flag symptoms

21-Nov-2017	Refer to physiotherapist	for soon appointment as affecting work and sleep
23-Nov-2017	Orthopaedic referral	referred to Mr Freudmann
23-Nov-2017	Minor surgery done - injection	left sh jt injection
23-Nov-2017	Minor surgery done - injection	depomedrone 40mg/ml, 40mg right knee jt
23-Nov-2017	Minor surgery done - injection	left trochenteric bursa

Summary regarding template information

The templates fulfil the NHS mandate for 'regular collection of data about incidence, prevalence, clinical activity and outcomes'. It is a standardised outcome measure that can be used across all IT systems and provide a national picture of how the FCP service is performing in every demographic group, and each FCP service model. There are a number of other outcomes that are difficult to capture within the template, some examples of which are listed below, but it provides a significant amount of useful data as a helpful starting point as FCP rolls out across England.

- Prescription in terms of stopping prescription drugs, and comparison to GP prescription costs for a comparable cohort of patients. This information will be more easily accessed once the primary care electronic systems recognise Allied Health Professionals.
- Longer term outcomes, for example, did our intervention regarding a public health issue and referral to lifestyle have a positive overall effect on their health so reducing on costs of health care/reduction of unplanned admissions in the future.
- Collecting source of referral data from reception. There is not currently a fool proof way of electronically recording whether a person has been booked in directly from reception unless they booked online, or differentiate between referrals from the GP/Nurse/AHP/internally or from external sources, but below is a way of gathering some useful data electronically;
    - 'Booking reasons' in EMIS are searchable and reportable. The system can prompt receptionists to enter a selection from 4 pre-defined booking reason options;
        - 'MSK – Direct from reception'
        - 'MSK – GP Suggested' (only where the patient has been advised to book an appointment with me, not where they simply advertised i.e. 'if this doesn't settle down come and see the physio)
        - 'MSK – Physio suggested' (where I have specifically requested the patient make a return appointment)
        - 'MSK PN suggested' (to capture PN or other HCP within the surgery)
- EMIS, System One and Vision and a number of other system suppliers are developing analytics software to supplement and upgrade their current systems. This change will hopefully enable us to collect data allowing us to define services and lead us to understand the impact of our services on other parts of the person's health and care journey.
- A validated patient satisfaction survey does not currently exist within primary care computer systems. This would have to be done separately and submitted from each CCG if requested.

Further evaluation of the impact of FCPs on primary care and other parts of the health and care system in due course. Some examples of where additional information could be gathered from wider systems are included below;

- Case mix before and after the role has been established. This does rely heavily on the GP recording a 'problem' for every individual condition that they see, rather than listing conditions within the text when there are a number of issues to discuss in a consultation.

Report Name: GP Appointments JC
Parent Population: GP Appointments – JC (from 1st April 2017 to present)
Last Run: 07-Dec-2017 09:21
Relative Date: 07-Dec-2017 09:20
Population Count: 1102
Males: 381
Females: 721

Type of Consultation	Clinical Codes' Code Term								
GP Surgery		Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total
	Essential hypertension	0	18	10	6	0	0	0	34
	Asthma	0	9	11	7	0	0	0	27
	Skin lesion	0	12	5	7	0	0	0	24
	Unknown	0	8	6	7	0	0	0	21
	Anxiety with depression	0	10	6	5	0	0	0	21
	Contraception	0	12	4	4	0	0	0	20
	Low back pain	0	11	3	6	0	0	0	20
	Knee osteoarthritis NOS	0	11	6	2	0	0	0	19
	Chest infection	0	3	5	9	0	0	0	17
	Cough	0	6	7	4	0	0	0	17
	Seborrhoeic dermatitis	0	3	5	9	0	0	0	17

- Demand – After the FCP encounter as the patient returned to the practice for a GP consultation, with the same problem, within a given time scale (i.e. acute pain timescales) – A particular 'problem' can be looked at e.g. for low back pain and information can be provided showing the patient's journey for the condition over a selected time period. See below;

Report Name: Low back pain / Sciatica Auto Report
Parent Population: Low back pain / Sciatica since 1st April 2017
Last Run: 07-Dec-2017 10:33
Relative Date: 07-Dec-2017 10:33
Population Count: 178
Males: 80
Females: 98

Age	Date of Birth	Count	Code Term	Date	User Details' Forenames
88	12-May-1929	1	Low back pain	08-Aug-2017	Julie
31	10-Feb-1986	3	Low back pain	22-May-2017	Alison
			Low back pain	23-May-2017	Amanda
			Low back pain	04-Jul-2017	Amanda
53	13-Jun-1964	1	Low back pain	30-Oct-2017	Alison
84	04-Mar-1933	1	Low back pain	04-Apr-2017	Amanda
85	21-Feb-1932	2	Acute back pain with sciatica	30-May-2017	Lisa
			Acute back pain with sciatica	21-Jun-2017	Julie
47	02-Apr-1970	1	Low back pain	12-May-2017	Jim
66	03-May-1951	1	Low back pain	16-May-2017	Amanda
78	04-Feb-1939	3	Low back pain	18-Jul-2017	Alex
			Low back pain	02-Aug-2017	Alison
			Low back pain	10-Aug-2017	Amanda
37	25-Jun-1980	1	Low back pain	29-Aug-2017	Amanda
64	04-Feb-1953	1	Pain in lumbar spine	05-Dec-2017	Alex

Help with these searches can be given from your IT support or from the service providers;

EMIS: https://www.emishealth.com/services/training-and-support/

System One: https://www.tpp-uk.com/products/systmone

Vision: https://www.visionhealth.co.uk/general-practice/