

Key considerations for the implementation of patient self-referral

This document summarises the key considerations for planning and successfully implementing self-referral as a way for patients to access your physiotherapy service.

The points incorporate practical suggestions from the [Department of Health self-referral pilot sites and report](#).

1. Do you have a thorough understanding of the demographics of the local population?

- Ensure you know what the referral patterns are from your GPs. Are there pockets of under-referral?
- Consider what the current and future possible demand and capacity are for your service

2. Have you fully engaged with all key stakeholders?

- Get to know your GPs. Time invested in getting them on board is time well spent
- Finding a GP and practice manager champion is worth it
- Seek advice from relevant local patient groups
- Engage fully with managers
- Enter into dialogue with commissioners and other key stakeholders, using the information provided on the CSP website detailing the [benefits and cost-effective elements of self-referral](#), making it relevant to their needs

3. Have you made every effort to bring down your waiting list to meet locally agreed standards?

- Self referral does not lead to an increase in demand for physiotherapy, provided the service is adequately resourced (this has not been tested for other therapy services)
- Rates of referral may initially increase slightly, as is the case with any newly marketed service. These will level out within the first three months
- Knowledge of long waiting lists will discourage patients from referring themselves
- Physiotherapy staff were initially apprehensive about marketing the physiotherapy service in case there was a flood of patients. Once the pilot was

properly underway, they were reassured that they would not be overwhelmed with patients

4. Have you read existing research evidence and talked to services that already accept patients who self-refer?

- [CSP website self-referral section](#) includes experiences from around the UK, key information for GPs and other stakeholders, along with more guidance to get you started
- Department of Health report: [Self-referral pilots to musculoskeletal physiotherapy and the implications for improving access to other AHP services](#)
- Leaders and managers of Physiotherapy Services (Northern Ireland): [Self-referral factsheet](#)
- Examples from other AHPs

5. Do you have a communications and marketing plan?

A communications and marketing plan is fundamental to successfully implementing patient self-referral. Your plan should include:

A: A conversation with the Communications Lead for your organisation/Trust/CCG

Your communications lead can help you with:

- Media handling: proactively placing good news stories, dealing with enquiries and producing media releases
- Advising on links with stakeholders, such as local councils who could assist you in targeting the population
- Advising on links with stakeholders in the local community that you could use to market the new service
- Planning proactive communications around the organisation/Trust/CCG
- Getting material onto organisations' websites and other corporate communications tools – eg staff magazine
- Commissioning printing/advertising and patient information
- Assisting in engaging with patient groups
- Advice on best practice for resources in different formats e.g. Braille, large font

B: A range of opportunities to optimise marketing via the GP practice

- Are all the practice staff aware of the change in access opportunities to physiotherapy and are they promoting them to patients?
- The fact that leaflets are around in GP waiting rooms means that the service is “OK” and “quality assured” – some patients may collect leaflets for friends and family to use when necessary
- Make the most of the experience of GP practice managers. How about putting a leaflet about the new service and where to pick up a form in every letter and

repeat prescription in the practice – a simple and effective way to target a whole population

- Put an article about the new service in the GP practice newsletter or on the GP practice website
- If the GP practice has TV screens in the waiting room, consider making a short video

C: A range of opportunities to optimise marketing via the organisation/Trust/CCG?

- Have you put leaflet/referral form on the organisation/Trust/CCG website?
- Have you highlighted self-referral in the staff/organisation/Trust magazine
- Have you considered putting leaflets/flyers in the main reception of the hospital?
- Have you considered making local patient groups aware of the change in access to physiotherapy? (eg Arthritis Care)

D: Identifying and targeting patients who would not normally see info in GP practices

- Have you considered placing an advert in the local paper? Or asking the paper to run an article about the new method of access to physiotherapy
- Placing posters leaflets in shopping centres, community centres, colleges, transport hubs (ie train or bus stations, city car parks), sports centres/gyms/leisure centres, petrol stations, libraries, cycle shops, health food shops
- Consider linking in promotion of your self-referral service to other events that you might be running promotions for e.g. Back Care week, Street Physio, Workout at Work
- Supermarket advertising is OK in theory but in practice it is difficult to make your advert stand out from the crowd and patients do not presently expect NHS services to be advertised in this sort of location
- Also in places where people have already decided to pay for 'treatment' – eg hairdressers, dentist, beauty salons, opticians, pharmacies

E: Identifying and targeting the population where English is not the first language

- Engaging with community leaders, influential individuals
- Procuring translation services so that your poster is available in the most commonly used languages of the practice populations (your communications lead can advise on this)

F: A system of keeping your materials up to date in all places

- Be aware that the more places you have leaflets, the more leaflets you need and someone has to go round and keep them topped up. This can be time consuming
- Keep a list of all places where you advertise and check every few months or so to ensure that, where changes need to be made to your promotional materials, new versions are sent to replace the originals in those places

6. Are your monitoring and evaluation processes ready?

You will need accurate baseline data, which includes information on:

- Referral rate
- Access
- Waiting times
- Referral source
- Categorizing/grouping of patients
- Activity
- Outcome

If you do not have a sufficient range of baseline data, collect at least three months worth, prior to embarking on self-referral.

Take a look at the CSP's [outcomes and experience measures page](#) for guidance.

7. Do you have the support skills within your service?

- Skill mix is key. You must have the right clinical skills in the service and a suitable clinical support structure that all staff can contribute to
- Ensure someone within the service has the necessary project management and IT skills. You will need to create a database or spreadsheet for monitoring referrals and outcomes

8. Are all clinical staff prepared for a 3-month run-in period?

- Ensure everyone involved knows the parameters. For example, it is just a point of access, not a fast-track
- Getting all staff on board takes time. Consider a phased approach
- Spend time talking to staff, both clinical and administrative
- Have department working, or 'clusters', of staff

9. How will you demonstrate impact?

- Ensure you have full IT support
- Ensure the database/spreadsheet design is appropriate for the project and optimised for both data capture and data entry
- Agree data definitions and descriptions

Queries and questions arising on self-referral can be addressed by the CSP's professional advice service, which is accessed by contacting the Enquiry Handling Unit.

Opening hours are 9am to 5pm Monday to Friday.

Please contact the EHU by phone on 020 7306 6666 or email: enquiries@csp.org.uk