

# Physiotherapy works ✓

*for Primary Care England*



# FOR TEA

**M**usculoskeletal (MSK) health issues are the most common cause of repeat GP appointments<sup>(1)</sup> and account for **up to 30% of a GP caseload**<sup>(2)</sup> – with an even higher proportion among older patients. <sup>(2)</sup> **85% of the GP's MSK caseload** can be dealt with effectively by a physiotherapist without any need to see the GP.<sup>(3)</sup>

MSK is the number one cause of sickness absence;<sup>(4)</sup> speeding up access to a physio is key to reducing this. The government is now actively looking into physios issuing fit notes – which would further reduce demand for GP appointments.<sup>(5)</sup>

Physiotherapists are the most expert professional group regarding musculoskeletal issues with the exception of orthopaedic consultants.<sup>(6)</sup> They have the same high safety record as GPs – and are trained to spot and act on red flags.

They are autonomous, regulated practitioners, holding their own professional liability cover (a benefit of CSP membership).<sup>(7)</sup>

They don't require supervision or delegation from medical colleagues or others and are experts in inter-professional and cross-agency working.

Many advanced practice physiotherapists are qualified to prescribe independently, order investigations, carry out injection therapy and plan complex case management.

An advanced practice physiotherapist costs **£54.11 per hour**, a GP **£130.71 per hour**.<sup>(8)</sup>

## Modernising access

Self-referral to physiotherapy allows patients to access services directly without having to see their GP or anyone else first. Patients can either refer themselves directly into existing physiotherapy services or see a physiotherapist based in general practice.

This is a tried and tested model, yet in spite of the evidence, and self-referral being available within the private sector for nearly 40 years, only **31% of all Clinical**



## GPs

**Fewer** repeat appointments, less paper work

**Less** money on locums

**More time** for other patients and to manage

## Patients

**Quick** access to specialists

**Confidence** on the right pathway

**Empowered** to self-manage

## FACT

When actively marketed to **10,000 adults** registered in practices in a trial, there was no increase in referral to physio or waiting times.<sup>(13)</sup>



# MGP



**Commissioning Groups** (CCGs) commission any self-referral physiotherapy.<sup>(9)</sup> The Health Select Committee inquiry into primary care called for self-referral to physiotherapy to be a priority for urgent reform.<sup>(10)</sup>

Self-referral to physiotherapy is **25% cheaper** to the NHS than a GP referral<sup>(11)</sup> and has been fully evaluated and recommended by NICE.<sup>(12)</sup>

## Expanding the GP's team

GPs and policy makers are recognising that physiotherapy can help meet patient needs in new and sustainable ways.

In General Practice Forward View, NHS England proposes primary care physiotherapy pilots.<sup>(5)</sup> In practice, change is already happening, with many GPs bringing in experienced physiotherapists to work alongside them as the first point of contact for their MSK patients.

General practice physiotherapy roles are a new form of self-referral which further develops GP and physio services, enhances patient care and reduces the GP workload.

Patients with MSK symptoms can opt to see the physio instead of the GP to assess, diagnose, advise and provide exercises and, when needed, carry out further investigations and refer on.

The roles are usually carried out by physiotherapists with advanced practice skills and training.

What is new is that this puts physiotherapy expertise at the start of the patient's journey, at the place they are most likely to seek help first.

Where GP physiotherapists are also part of teams providing MSK services for the NHS, this supports integration of MSK services across primary, secondary and community care.

Where there isn't an established orthopaedic triage service, these roles are substantially reducing referrals to secondary care and investigations. Even where such triage services are well established, general practice physiotherapy roles are still achieving significant savings.

Although these roles are new, already **over 8 out of 10 GPs** have confidence in this model.<sup>(14)</sup>

## Primary care Cheshire

Physiotherapy first is a joint initiative between Cheshire and Wirral Partnership NHS Foundation Trust and the Countess of Chester Hospital Foundation Trust.

36 GP surgeries in West Cheshire now give their patients the choice of seeing a physiotherapist when they first contact the practice with MSK symptoms.

They see around 1000 patients per month – roughly a quarter of the GPs MSK caseload. Under 3% are referred back to the GP for medication review or for non-MSK conditions, while over **six in ten** patients are discharged after one appointment with the general practice physio.

## Primary care Suffolk

AHP Suffolk, a social enterprise, has run a successful self-referral service in primary care for seven years, in that time pushing down waiting times to 1-2 weeks on average and reduced referrals for knee and hip replacements by **20%**.

The vast majority of patients refer themselves via an online portal. Physios are then able to rapidly triage patients setting them on the right pathway and making better use of the first face to face appointment, should one be necessary. It scores **97%** on the friends and family test and **88%** on patient satisfaction.

After consulting with patients, the service has gone further in using digital technology to support self-management by developing an exercise app. This will be designed to reduce the number of appointments and help people get better more quickly.

## NHS

**Less** testing and prescribing

**Less** secondary care referrals

**Shorter** waiting times in secondary care

Together they have:

- **Saved GP/locum time** – 84% of patients seen would have been seen by the GP – value £540k/year
- **Decreased** plain x-ray referrals by 5.9% – value £28k/year
- **Decreased** MRI referrals by 4.9% – value £83k/year
- **Decreased** orthopaedic referrals by 12% – value £70k/year
- **Reduced** referrals to physiotherapy services by 3% – after a year-on-year increase of 12% over the previous 5 years
- **High patient satisfaction** – 99% rated the service good or excellent, 97% had their issues addressed
- **High GP satisfaction** – 91% rated the benefit of the service to their practice as 8 or over with 45% scoring it 10 out of 10.

For more information contact: Alison Swanton,  
Head of Joint Therapies, email: [a.swanton@nhs.net](mailto:a.swanton@nhs.net)

***‘Physiotherapy first really complements how our GP’s work in practice. Patients with MSK problems no longer need to see a GP first. Our patients are very impressed with the quick access and very few need a re-referral to see a GP.’***

**Dr Chris Steere**, GP at  
Neston Medical Centre

As well as receiving a tailored exercise sheet, patients will receive a video that shows them how to do their exercises, be sent reminders and invited to log what they do – which is added to their notes.

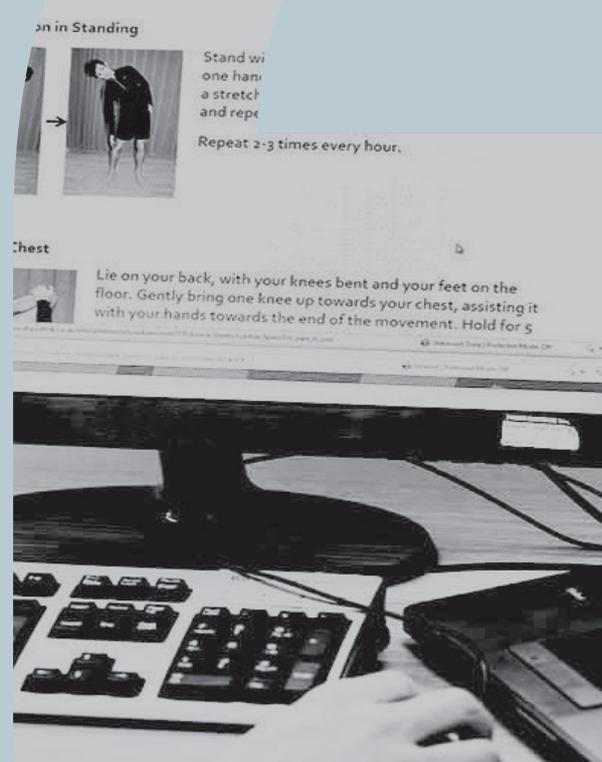
West Suffolk CCG is now working with AHP Suffolk to pilot a new MSK triage scheme in general practice. The pilot is expected to reduce the time that GPs spend with patients with MSK conditions, freeing time for non-MSK patients. MSK patients should also receive appropriate care faster than is possible through traditional primary care referrals – important for this group where a delay in specialist assessment can have serious adverse consequences.

For more information contact:  
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***‘Early indications from the pilot are positive and we are already considering extending the service to benefit all our GPs.’***

**Martin Bate**, Redesign  
Project Manager,  
West Suffolk CCG

AHP Suffolk, Photographer Andrew Hendry



**‘What I have learnt is that the community is a massive untouched resource. Rather than seeing our volunteers as patients or ex-patients, we see them as people with a life time of skills.’**

**Kylie Farbrace**, Specialist Physiotherapist,  
Hope Specialist Service, Grimsby

## Part of the community

The Hope Specialist Service in Grimsby is part of a social enterprise, Care Plus, and provides rehab programmes and support for patients with COPD and older people at risk of falls.

The team is made up of physios, occupational therapists, generic technical instructors, rehab assistants and **80 volunteers** – former patients and carers, who act as motivators and community educators.

When the service was established it took over Hope Street Medical Centre, a GP surgery in an area of high deprivation. The centre was run down and used to be a target for vandalism – **costing £3500**. Using Neighbourhood Renewal Funding, they turned it into a modern rehab centre and a valued asset for the local community.

With the volunteers they set up a charity – The Hope Street Trust – to do local fundraising to pay for community education, develop a gym, outdoor exercise facilities, a garden and a café – with gardening forming part of people’s rehab and produce from the garden used in the café.

Together they have:

- **Reduced** hospital admissions for every patient – saving £2600 a time
- **Significantly reduced** the number of hip fractures
- **Run volunteer led** quit smoking courses – quit rate 62% higher than the national average
- **Reduced levels of** anxiety and depression increasing confidence and ability to undertake daily activity.

## Backing rehab

Community rehabilitation reduces the number of people becoming needlessly disabled and prevented from leading active lives. It also reduces pressures on secondary care.

For example, pulmonary rehab reduces morbidity, mortality, halves the time patients spend in hospital and **reduces readmissions by 26%**.<sup>(15,16)</sup>

Too often people receive intensive rehabilitation in hospital but then have long waits when they get home, if it’s available at all. There are major variations in wait times for rehab in the community for stroke, hip fracture and COPD, in some

areas **patients wait up to 18-21 weeks**.<sup>(17)</sup>

In a recent study by the Stroke Association **45% of patients** said they felt abandoned when they left hospital.”<sup>(18)</sup>

While patients wait their recovery is halted and can reverse – causing lasting disability, distress and deterioration of health. Half of all people who suffer a hip fracture are left with a permanent disability and can no longer live independently.<sup>(19)</sup>

To maximise independence and reduce disability, a patient’s rehab needs to continue from hospital to home, be easy to refer back into and rooted in the community.



## FACT

Every year **160,000** serious falls would be prevented if everyone 65+ at risk of falling was referred to physiotherapy, would save the NHS **£252 million**. Every **£1** invested brings a return of **£4**.<sup>(20)</sup> Group exercise programmes reduce falls by **29%** and individual exercise programmes by **32%**.<sup>(21)</sup>





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OF  
PHYSIOTHERAPY

## Further resources

### Setting up GP physio roles

Practical guidance for clinicians setting up GP Physio roles – produced by the CSP with support from the BMA [www.csp.org.uk/primarycare](http://www.csp.org.uk/primarycare)

### Cost Calculator

To help calculate how much time and money can be saved by having GP physiotherapists as the first point of contact in surgeries [www.csp.org.uk/costcalculator](http://www.csp.org.uk/costcalculator)

### Advanced Practice Physiotherapy

Practical guidance from the CSP on the integration of advanced practice physiotherapists into services [www.csp.org.uk/advancedpractice](http://www.csp.org.uk/advancedpractice)

### Falls prevention

Modelling need by area – Falls Prevention Economic Model [www.csp.org.uk/costoffalls](http://www.csp.org.uk/costoffalls)  
Help for the public and health professionals to identify those at risk of falling: [www.csp.org.uk/getupandgo](http://www.csp.org.uk/getupandgo)

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This document can be made available in a format for people with sight problems.

## References

1. Department of Health. Musculoskeletal services framework: a joint responsibility: doing it differently. London: Department of Health; 2006. URL: [http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_4138412.pdf](http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4138412.pdf)
2. Briggs TWR. Getting it right first time (GIRFT): improving the quality of orthopaedic care within the National Health Service in England. London: British Orthopaedic Association; 2015. URL: [http://www.gettingitrightfirsttime.com/downloads/BriggsReportA4\\_FIN.pdf](http://www.gettingitrightfirsttime.com/downloads/BriggsReportA4_FIN.pdf)
3. Ludvigsson ML, Enthoven P. Evaluation of physiotherapists as primary assessors of patients with musculoskeletal disorders seeking primary health care. *Physiotherapy*. 2012; 98(2):131-7.
4. Office for National Statistics. Sickness absence in the labour market. London: Office for National Statistics; 2014. URL: <http://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/labourproductivity/articles/sicknessabsenceinthelabourmarket/2014-02-25>
5. Department of Health. General Practice Forward View. London: Department of Health; 2016. URL: <https://www.england.nhs.uk/ourwork/gpfv/>
6. Childs JD, Whitman JM, Sizer PS, et al. A description of physical therapists' knowledge in managing musculoskeletal conditions. *BMC Musculoskeletal Disorders*. 2005;6:32. URL: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1177956/>
7. The Chartered Society of Physiotherapy. CSP PLI scheme. London: The Chartered Society of Physiotherapy; 2016. URL: <http://www.csp.org.uk/professional-union/practice/insurance/csp-pli-scheme>
8. The Chartered Society of Physiotherapy. Physiotherapy cost calculator. London: The Chartered Society of Physiotherapy; 2016. URL: <http://www.csp.org.uk/professional-union/practice/evidence-base/physiotherapy-cost-calculator>
9. The Chartered Society of Physiotherapy. Unpublished data from a freedom of information request on patient self-referral to physiotherapy & community rehabilitation services. London: The Chartered Society of Physiotherapy; 2015.
10. House of Commons Health Committee. Primary Care: fourth report of session 2015-16. London: The Stationery Office; 2016. URL: <http://www.publications.parliament.uk/pa/cm201516/cmselect/cmhealth/408/408.pdf>
11. Holdsworth LK, Webster VS, McFadyen AK. What are the costs to NHS Scotland of self-referral to physiotherapy? Results of a national trial. *Physiotherapy*. 2007; 93(1):3-11.
12. The Chartered Society of Physiotherapy. Musculoskeletal physiotherapy: patient self-referral. London: NHS Evidence; 2012. URL: <http://www.csp.org.uk/documents/musculoskeletal-physiotherapy-patient-self-referral-qjpp-endorsed-pathway>
13. Bishop A, Tooth S, Protheroe J, et al. Direct access to physiotherapy for musculoskeletal problems in primary care: the stems pilot cluster randomised trial. *Physiotherapy: World Confederation for Physical Therapy Congress 2015 Abstracts*, Singapore, 1-4 May 2015. 2015;101(Supp.1):e152-e3. URL: <http://www.sciencedirect.com/science/article/pii/S0031940615003326>
14. Wallace F, Harper J, Sturgess H. Primary healthcare monitor 2016: Chartered Society of Physiotherapy. London: nfpSynergy; 2016.
15. Griffiths TL, Burr ML, Campbell IA, et al. Results at 1 year of outpatient multidisciplinary pulmonary rehabilitation: a randomised controlled trial. *Lancet*. 2000; 355(9201):362-8.
16. Seymour JM, Moore L, Jolley CJ, et al. Outpatient pulmonary rehabilitation following acute exacerbations of COPD. *Thorax*. 2010; 65(5):423-8.
17. The Chartered Society of Physiotherapy. Unpublished data from a freedom of information request on patient self-referral to physiotherapy & community rehabilitation services. London: The Chartered Society of Physiotherapy; 2016.
18. Stroke Association. A new era for stroke London: Stroke Association; 2016. URL: <https://www.stroke.org.uk/what-we-do/our-campaigns/new-era-stroke>
19. Age UK. Stop falling: start saving lives and money. London: Age UK. URL: [http://www.ageuk.org.uk/Documents/EN-B/Campaigns/Stop\\_falling\\_report\\_web.pdf?dtrk=true](http://www.ageuk.org.uk/Documents/EN-B/Campaigns/Stop_falling_report_web.pdf?dtrk=true)
20. The Chartered Society of Physiotherapy. The falls prevention economic model. London: The Chartered Society of Physiotherapy; 2014. URL: <http://www.csp.org.uk/documents/falls-prevention-economic-model>
21. Gillespie LD, Robertson MC, Gillespie WJ, et al. Interventions for preventing falls in older people living in the community. *Cochrane Database Syst Rev*. 2012(9):CD007146. URL: <http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD007146.pub3/abstract>