

Physiotherapy works ✓

for Primary Care Wales



FOR TEEA

Musculoskeletal (MSK) health issues are the most common cause of repeat GP appointments,⁽¹⁾ and account for **up to 30% of a GP caseload**⁽²⁾ – with an even higher proportion among older patients.⁽²⁾

85% of the GP's MSK caseload can be seen safely and effectively by a physiotherapist without needing to be referred to the GP.⁽³⁾

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

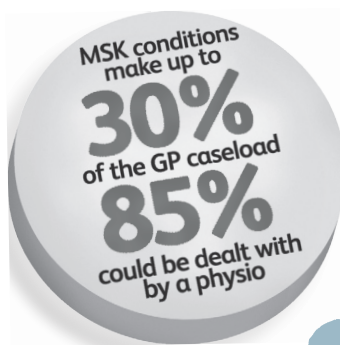
Physiotherapists are the most expert professional group regarding musculoskeletal issues with the exception of orthopaedic consultants.⁽⁶⁾ They have the same high safety record as GPs – and are trained to spot and act on red flags.

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

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**.⁽⁸⁾



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**.⁽⁹⁾

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

MGP



Modernising access

Self-referral to physiotherapy is a system whereby patients can access the service 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, not all health boards in Wales provide it. Four out of the seven health boards provide self-referral while the other three are making progress. Three health boards have information for the public about self-referral on their websites.^(10, 11, 12)

Self-referral to physiotherapy is **25% cheaper** to the NHS than a GP referral⁽¹³⁾ and has been fully evaluated and recommended by NICE.⁽¹⁴⁾

Expanding the GP's team

GPs and policy makers are recognising that physiotherapy can help meet patient needs in new and sustainable ways. Change is happening in Wales with GPs starting to bring 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 physiotherapy services, enhances patient care and reduces the GP workload.

Patients with MSK symptoms can opt to see the physiotherapist 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 general practice physiotherapists are part of teams providing MSK services for the NHS they support integrated development of effective MSK services across primary, secondary and community care.

Although these roles are new, already **over 8 out of 10 GPs** have confidence in this model.⁽¹⁵⁾

Abertawe Bro Morgannwg University Health Board

was one of the first to introduce self-referral in 2005.

They operate a 'Physio Direct' phone triage service across the health board and have found that of the 90% of patients referred on for further physiotherapy treatment, 65% of these were discharged on their first visit.

They also run a 'Physiotherapy Walk-in Clinic' in Swansea, Neath Port Talbot and Bridgend. This has cut waiting times for physiotherapy services and non-attendance by patients, and reduced the number of new to follow-up appointments from 1:5 to 1:3.

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Betsi Cadwaladr University Health Board

provides physiotherapy in over 40 GP practices and has 17 physiotherapists, all trained to independently prescribe. The service operates with advanced MSK practitioner physiotherapists at bands 7 and 8a.

Physiotherapists in this model see patients for 20 minutes, where GPs do 10 minute consultations.

A 3 month audit found that 30% more GP availability was created by employing general practice physiotherapists and less than 1% of patients seen needed to be referred on to the GP. Onwards referrals to secondary care have been reduced by 25% to rheumatology, 62% to pain clinic and 40% to spinal specialists.

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NHS

Less
testing and
prescribing

Less
secondary
care referrals

Shorter
waiting times
in secondary care

'Over the last 18 months we diverted all MSK queries to a diagnostic physio. This has saved hours of GP time and gives the patient a better, more informed service. It has been met with warm approval from patients and GPs alike. Our aim is to expand this service with further additions to the physio team. I don't believe primary care is sustainable without such investment in valued para-medical clinicians.'

Dr Heather Potter
GP Skewen Medical



'The service has proved to be incredibly popular and successful with patients and staff alike. It has had a very positive impact on the health of our patients here in Nefyn and the ability to refer patients promptly and appropriately has been very advantageous.'

Dr Arfon Williams
GP, Ty Doctor, Nefyn

'I have had extremely positive feedback from all the patients who have seen the physiotherapists. They feel seeing them in the surgery is convenient and the time gap between application to be seen and treated is short.'

Dr David Robyns-Owen
Treflan Surgery, Pwllheli



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 reduce readmissions by 26%.^(16,17)

Abertawe Bro Morgannwg University Health Board has rolled out pulmonary rehabilitation into community venues in each GP cluster starting from January 2016.

But too often people receive intensive rehabilitation in hospital but then have long waits when they get home, if it's

available at all. In a recent study by the Stroke Association 45 % of patients said they felt abandoned when they left hospital.⁽¹⁸⁾

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.⁽¹⁹⁾

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.

Cardiff and Vale University Health Board

provides an early supported discharge service for patients affected by stroke. Ongoing rehabilitation with patients in their own homes supports them to maximise their potential.

The Health Board also makes full use of support workers, as falls technicians. The falls technicians link between community resource teams and day hospital falls groups. They monitor people who have fallen and, following an evidence-based exercise programme, they support individual fallers within their localities.

Aneurin Bevan University Health Board

has developed an education service for patients diagnosed with osteoarthritis of the knee, providing a referral point for GPs. The education is delivered by physiotherapists, providing patients and carers with information to support them to manage their condition and make informed choices. Patients can self-refer directly from the education service to physiotherapy. Data from a pilot found the core interventions selected by patients were: exercise (52%), weight loss (27%) and physiotherapy (21%). Just 2% selected referral to orthopaedics.

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FACT

Every year **2,466** serious falls would be prevented in Wales if everyone 65+ at risk of falling was referred to physiotherapy and would save the NHS **£17 million**. Every **£1** invested brings a return of **£4**.⁽²⁰⁾ Group exercise programmes reduce falls by **29%** and individual programmes by **32%**.⁽²¹⁾





CHARTERED
SOCIETY
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

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

Advanced Practice Physiotherapy

Practical guidance from the CSP on the integration of advanced practice physiotherapists into services www.csp.org.uk/advancedpractice

Falls prevention

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

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A Welsh language version of this document is available.

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

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