THINK PHYSIO
for primary care

Policy briefing Wales 2017
M usculoskeletal (MSK) health issues are the most common cause of repeat GP appointments\(^{(1)}\) and account for around 1 in 5 of all GP appointments.\(^{(2-4)}\) The majority of the GP’s MSK caseload can be dealt with effectively by a physiotherapist without any need to see the GP.\(^{(5,11)}\)

MSK is the second largest cause of sickness absence;\(^{(6)}\) 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.\(^{(7)}\)

Physiotherapists are the most expert professional group regarding musculoskeletal issues with the exception of orthopaedic consultants.\(^{(8)}\) 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).\(^{(9)}\)

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.\(^{(10)}\)

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 when actively marketed to 10,000 adults registered in practices in a trial, there was no increase in referral to physio or waiting times.\(^{(11)}\)
Betsi Cadwaladr University Health Board provides physiotherapy in over 50 GP practices and has 19 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, whereas 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 clinics and 40% to spinal specialists.

Expanding the GP’s team

GP 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.17

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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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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 Centre, Neath

'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

'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
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%. (18, 19)

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 study by the Stroke Association 45% of patients said they felt abandoned when they left hospital. (20)

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. (21)

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, saving the NHS £17 million. Every £1 invested brings a return of £4. (22) Group exercise programmes reduce falls by 29% and individual programmes by 32%. (23)
Further resources

Setting up GP physio roles
Practical guidance produced by the CSP with support from the BMA and the RCGP
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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This document can be made available in the Welsh language, and a format for people with sight impairments.

References


