Sociocultural challenges faced in implementing self-referral physiotherapy in primary care - a qualitative study of staff opinions

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The research was supported by the NIHR Collaboration for Leadership in Applied Health Research and Care East Midlands (CLAHRC EM). The views expressed are those of the author(s) and not necessarily those of the NHS, the NIHR or the Department of Health
Starting to unravel the complexities behind the bleedin’ obvious

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I wouldn’t see my GP with toothache

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“The cornerstone” is crumbling

1. Demographic changes
2. Patient expectations
3. Recruitment and retention
4. Finances
GP workloads hit ‘unsustainable’ levels as study shows doctors dealing with more consultations than ever. Doctors’ leaders claim the sector is in ‘crisis’ and warn that general practice is nearing ‘saturation point’.

GPs at crisis point as new figures reveal 'unsustainable' pressures from immigration and ageing population.
Improved clinical outcomes

Patient satisfaction high

Considerable financial savings demonstrated
Aims:

Identify value of self-referral physiotherapy

Explore the impact of self-referral physiotherapy

Understand barriers to implementation
Methodology:

Context: 12-months, 2 GP practices

Design: Qualitative design

Participants: Purposive samples, 2 physiotherapists, 4 GPs, 8 administrators

Procedures: Interviews & focus groups, 20-40 minutes, semi-structured, confidentiality and anonymity preserved

Analytic procedure: Transcribed verbatim, inductive thematic analysis, initial codes leading to themes
Results

- Effecting cultural change
- Working practice
- Musculoskeletal expertise
All participants spoke of managing patient expectations, how existing perceptions could be problematic and the imperative of addressing this.

Doctor as "legitimate choice"

Issues for administration staff

“I guess that there’s still this culture that patients perceive the GP at the top of the hierarchy in terms of clinical experience... hopefully with the pilot that we’ve done here... they may start to recognise that, in actual fact, ‘if I’ve hurt my back or hurt my knee, I’d be much better going to see the physio’...” (PT1)

“If a doctor says to them, ‘you’ll be better off seeing the physio’ they’ll take the doctors word for it, more that the receptionist’s” (Admin1)
Physiotherapists need to reconceptualise their professional role.

Supporting this; interest from professional body, access to GP records, adjustment of clinical practice, understanding of inter-professional roles.
Both GPs and physiotherapists discussed corollary effects of self-referral in terms of achieving cultural change.

“...It sort of increases the message that actually primary care is a team offering to the citizen rather that a GP offering...We’ve had the nurse within primary care for a while...we have health care assistants...this is another bit of the offering. So...it builds on that cultural change that is required across the system. You know, it fits with that left shift out of hospital...It’s not GP, it is truly the primary care team” (GP4)
All participants spoke of the benefits of self-referral physio as a strategy to manage the increasing demands faced in primary care.

Redistributing the workload

‘Unburdening’ the GP
Working practice

Redistributing the workload

“We always need appointments...It was brilliant when you were doing telephone triage because you’d think, ‘Cor, I’ve got another appointment I can put them in’” (Nurse1)

“It does help us...move patients along quicker...and takes pressure off us...” (Admin2)
Working practice

‘Unburdening’ the GP

“I think estimates range in the prevalence of musculoskeletal work in general practice...probably 20-30 percent. But...quite often that’s one of a whole number of problems that they might bring to their GP. So it might be nice to think that seeing a physiotherapist might free the GP for more time, but...quite often with the patient groups they may see the extra thing they see in. So it may not have saved much time. It’s a hard thing to quantify” (GP3)

“There are so many confounding things around GP workloads...it’s really difficult to prove definitely that it’s taken lots of work off. I’d say my feeling is, logically, common sense that’s the case, but actually doing that in an absolute rigorous way would be extremely hard...nailing it to an exact number’s pretty difficult” (GP4)
“We was a bit, at first, unsure. We didn’t want to make a mistake...because we was worried that we was booking them in with the physio when it could be something else...So in the beginning it was abit hit and miss...and we weren’t booking as many in as we should” (Admin1)
Musculoskeletal expertise

Risk of ‘red flags’

Physiotherapists as experts
Musculoskeletal expertise

Risk of ‘red flags’

Generally unfounded with caveat of seniority

Still some concern?

“...I worry a little bit if you were putting in more junior, maybe cheaper, physiotherapists in, that they might not be as effective...[the physio] has taken the patient and taken ownership of them...and if it was someone less experienced I might find that we were getting more patients bounced back to us” (GP2)

“This is an extended role...I think this needs to be a senior member of staff...and in an ideal world someone who's got some sort of postgraduate training in advanced practice skills. Otherwise you are just trying to do it on the cheap, and maybe the quality of care might not be so good” (PT1)

“The patient’s history is taken, quite a thorough exam is performed and then there’s a plan of action quite clearly documented (GP3)
Musculoskeletal expertise

Physiotherapists as experts

“Actually, a lot of GPs do not have great MSK skills... Patients are quick to pick up on that side of things and say... 'I'd like to see a specialist'. But actually, if they're seeing a physio who is very knowledgeable... it ticks that worry in their head” (GP4)

“My impression is that sometimes GPs may tend to use things like orthopaedics or diagnostics more, and the patient's not necessarily needing that and therefore that slows the patient journey, maybe makes it a bit more convoluted” (PT1)

“I always read on [electronic notes] what they’ve done and what’s happened, just to learn myself... I look at their assessments and their outcomes” (Nurse 1)

“It’s interesting to read [the physio’s] thoughts on things. And that definitely up-skills us if we’re reading about special tests that have been done” (GP2)
Lesson 1: A change in ‘culture’ is essential for all if the service is to be deemed a rational choice by patients

Lesson 2: Practices must be cognisant of the critical role played by administration staff in allowing this service to ‘normalise’

Lesson 3: If services are built and promoted on the premise that they will reduce GP workload by 30%, they will arguably fail to meet that target

Lesson 4: Self-referral provides an opportunity to develop expertise in MSK across the team- but must be mindful for de-skilling the GP

Lesson 5: Issues of responsibility and accountability can be addressed
I wouldn’t see my GP with toothache

#Iwouldn’tsee.my.GP.with.toothache
Thank you