First Contact Musculoskeletal Physiotherapy Practitioner Pilot at Ravenscourt GP Practice

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Background

Patients with Musculoskeletal (MSK) problems place a high demand on GP appointments across primary care. The British Orthopaedic Association identify approximately 30% of a GP caseload are MSK problems.

This coupled with a fall in recruitment of GP’s in primary care led to the Ravenscourt GP practice in Barry, Vale of Glamorgan, to seek more innovative ways of meeting the demand for MSK consultations.

Multidisciplinary Team (MDT) Working

“...in line with the recommendations of the Primary Care Workforce Commission, multidisciplinary teams can harness the skills not only of GP’s but Physiotherapists.

We support the Commission’s vision of teams of professionals using their skills to meet the needs of patients much earlier in their journey through the NHS. This would allow GP’s to concentrate on the aspects of care that only they can provide. We expect GP leaders to be at the forefront of the development of multi-disciplinary teams”. (1)

The benefits identified by other first contact MSK services in other locations across the U.K. include:

- increased GP time for medical caseload
- less referrals into secondary care
- reduced prescription costs
- reduced referral for investigations

Innovative Pilot

In October 2015 a pilot physiotherapy service was introduced at Ravenscourt GP Surgery. This service is the first of it’s kind in Cardiff and the Vale. It offers direct access for patients with a MSK problem to have an assessment, early advice and exercises to manage their condition in the surgery, as an alternative to seeing their GP.

This pilot was approved for delivery by Primary Community and Intermediary Care (PCIC) clinical board and delivers 3 clinical sessions per week.

Patient Choice and Early access to a Physiotherapist

Patients accepting the offer of seeing a Physiotherapist instead of the GP for their musculoskeletal problem are offered an appointment either on the same day or the following day.

Patient Safety and Satisfaction

There is clear inclusion and exclusion criteria with a medical escalation process and ‘Hot Review’ embedded within the model. This ensures patients are not disadvantaged if a GP input is required ensuring patient safety and satisfaction.

At 3 months the Continuous Service Improvement (CSI) team sought early feedback from stakeholders, including patients, the physiotherapists providing the service, the lead GP Dr Roper, the practice manager and the receptionists at the surgery.

Patient Outcomes

At 6 months into the 12 month pilot, 569 patients have been seen by the Physiotherapists who would have otherwise been seen by the GP.

Patient comments

“put my worries at ease”
“quicker to rehabilitate”
“knowledge I needed”
“glad physio is on the premises”
“seen really quickly”
“Benefit lots of people”

Early access to self management advice and exercise

The majority of patients (47%) seen required advice and exercises to manage their problem.

A much smaller proportion required referral on for a course of Physiotherapy, orthopaedic opinion, or injection.

One of the themes that emerged from the CSI interviews was around the importance and value of patients being able to access a physiotherapist quickly. (2)

By offering early education, advice and exercise, patients felt informed to begin appropriate rehabilitation. This promotes self management and encourages patients to remain in work when possible. It could also reduce reliance on the need for painkillers.

For those that require onward referral to Physiotherapy or orthopaedics for instance, patients can get guidance on how best to appropriately manage their condition in the interim.

Reduced Prescription Costs

The GP’s felt they were prescribing less painkillers and had less consultations relating to medication side-effects. (2)

There is early indication that there may be a significant reduction in prescribing costs when comparing analgesia costs before and after the Physiotherapist started working in the practice.

Less onward referrals

A reduction in numbers of Orthopaedic and Physiotherapy referrals from the GP practice by about a quarter comparing before and after the pilot started suggests there is value in early access to a physiotherapist.

Conclusion

Physiotherapists are well placed to support GP’s, primary care and the wider healthcare system, by providing a first contact assessment, early advice and exercises to patients with musculoskeletal problems.

References

- 2) CSI SBAR report March (2016)