

# THINK PHYSIO

for primary care



CHARTERED  
SOCIETY  
OF  
PHYSIOTHERAPY

# FOR TEA

**M**usculoskeletal (MSK) health issues are the most common cause of repeat GP appointments<sup>(1)</sup> and account for around **1 in 5 of all GP appointments.**<sup>(2-4)</sup> The majority of the **GP's MSK caseload** can be dealt with effectively by a physiotherapist without any need to see the GP.<sup>(5,13)</sup>

MSK is the second most common cause of sickness absence;<sup>(6)</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>(7)</sup>

Physiotherapists are the most expert professional group regarding musculoskeletal issues with the exception of orthopaedic consultants.<sup>(8)</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>(9)</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>(10)</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.

Self-referral to physiotherapy is 25% cheaper to the health service than a GP referral<sup>(11)</sup> and has been fully evaluated and recommended by NICE.<sup>(12)</sup> 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 one Trust in Northern Ireland is currently providing self referral.

MSK accounts for around **1 in 5** of GP appointments. The majority could be dealt with by a physio.



## GPs

*Fewer* repeat appointments, less paperwork

*Less* money on locums

*More time* for other patients and to manage

## Patients

*Quick* access to experts

*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>



# MM GP



## South Eastern Trust Self Referral Pilot

The pilot in South Eastern Trust (SET) was introduced in June 2015 and evaluated over the course of a year. A total of **19,588 patients** who accessed physiotherapy were tracked and demonstrated high levels of service user satisfaction, patient empowerment and better clinical outcomes. A minimum of **615.92 GP hours** and an estimated cost **saving £88,693** was made during the 12 months for patients who would otherwise have seen their GP first. The evaluation recommended that self referral should be rolled out across all Northern Ireland trusts.<sup>(14)</sup>

## Expanding the GP's team

GPs and policy makers are recognising that physiotherapy can help meet patient needs in new and sustainable ways. Health and Well Being 2026 Delivering Together<sup>(15)</sup> outlines the Minister's vision for the future delivery of health and social care services in Northern Ireland. It states that future health interventions need a model that provides fully integrated multidisciplinary care including physiotherapists in primary care.

GP 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 trusts, 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>(16)</sup> There are numerous examples of where this model has been developed in England, Scotland and Wales.

## 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.

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## 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**, 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 clinics and **40%** to spinal specialists.

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**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 2% – 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.

***‘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



***‘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

Community rehabilitation reduces the number of people becoming needlessly disabled and prevented from leading active lives. It also reduces pressures on secondary care. But too often people receive intensive rehabilitation in hospital but have long waits when they get home, if it is available at all. In a study by the Stroke Association **45% of patients** said they felt abandoned when they left hospital.<sup>(19)</sup> While patients wait their recovery is halted and can reverse – causing lasting disability, distress and deterioration of health.

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.

## Respiratory

Pulmonary rehab for people with COPD reduces morbidity, mortality halves the time patients spend in hospital and reduces admissions by **26%**<sup>(17, 18)</sup>

The Western Health and Social Care Trust (HSC) respiratory care service is run by a multi-disciplinary team comprised of a consultant, a respiratory physiotherapist, an oxygen specialist nurse and a respiratory pharmacist. Outreach clinics include physiotherapy at home.

In four months the service has:

- **reduced by 38%** length of stay for respiratory inpatients at the South West Acute Hospital
- **£70 000 saved** on the respiratory drugs bill
- **100 admissions** prevented.

## Frail elderly

Half of all people who suffer a hip fracture are left with a permanent disability and can no longer live independently.<sup>(20)</sup>

Around **5,700** falls could be prevented in Northern Ireland each year, saving lives and **£8.2m** for the health service. Failing



to invest will mean the number of people each year who will need a care home admission after a fall will increase 26.9 per cent by 2020, costing the economy an additional **£4.4m** annually.<sup>(24)</sup>

## Acute care at home

A number of trusts are offering acute hospital care to older people within their own home or in nursing/residential home, with multi-disciplinary teams that include physiotherapists.

In its first year, the Southern Health and Social Care Trust's 'Acute Care at Home' service prevented around **400 hospital admissions** and has supported a much earlier discharge for around **100 people**.<sup>(21)</sup> Because of the success of the pilot, the service is now available across the Craigavon and Banbridge area, most of Armagh and Dungannon. With the continued support of Integrated Care Partnerships (ICP) will eventually be available throughout the Southern area.

East Belfast ICP established their 'Acute Care at Home' service in May 2015 and this has since been rolled out across Belfast. The integrated team, including physiotherapists, help older people aged 75+ to manage conditions such as chest infections, urinary tract infections, cellulitis and dehydration. The average length of service at home is **6 days**, compared to an average **11 day stay** in hospital. In 2015/16 274 older people were provided with care in their place of residence, avoiding admission and saving 3014 bed days.<sup>(22-23)</sup>



## FACT

Every year **5,700** serious falls could be prevented in Northern Ireland if everyone **65+** at risk of falling was referred to physiotherapy, saving the health service **£8.2 million**. Every **£1** invested brings a return of **£4**.<sup>(24)</sup> Group exercise programmes reduce falls by **29%** and individual exercise programmes by **32%**.<sup>(25)</sup>



## 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](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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