

THINK PHYSIO

for primary care



CHARTERED
SOCIETY
OF
PHYSIOTHERAPY

FOR TEA

Demand in primary care is increasing as the Scottish population is ageing, and working and living longer with more long term conditions. At the same time there is a UK-wide shortage of GPs. A greater role for physiotherapy in primary care offers an immediate solution, both as part of core teams within general practice and as providers of specialist rehabilitation in the community.

Improving MSK health in primary care

Musculoskeletal (MSK) health issues are the most common cause of repeat GP appointments ⁽¹⁾ and account for around **1 in 5 GP appointments**.⁽²⁻⁴⁾ The majority of the GP's MSK caseload can be seen safely and effectively by a physiotherapist without needing to be referred to the GP.^(5,10)

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 serious pathologies and act on them.

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.

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.⁽¹⁰⁾



Modernising access

Self-referral to physiotherapy allows patients to access services directly without having to see their GP or anyone else first.

While not yet universal, patients can self-refer for a musculoskeletal condition, such as back pain, in most places in Scotland –



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

MM GP



leading the way on this in the UK. Self-referral services are provided via NHS 24 and by primary and community based physiotherapy services operating a direct access system.

This route of access for patients has been fully evaluated and has been shown to **cut costs of each referral by 25%**⁽¹¹⁾ and does not increase demand. Its recommended by the Scottish Government and by NICE for England, Wales and Northern Ireland.⁽¹²⁾ But it isn't only MSK patients who would benefit from being able to self-refer. Evidence from other physiotherapy services, such as continence, also show similar positive outcomes.⁽¹³⁾

Expanding the GP's team to improve MSK healthcare

GPs and policy makers are recognising that physiotherapy can help meet patient needs in primary care in new and sustainable ways. Change is happening in Scotland 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 that further develops GP and physiotherapy services, enhancing patient care and reducing 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. 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 part of teams providing MSK services for the NHS they support integrated development of effective MSK services across primary, secondary and community care. The roles are usually carried out by physiotherapists with advanced practice skills and training.

An advanced practice physiotherapist costs **£54.11 per hour, a GP £130.71 per hour**.⁽¹⁴⁾

For example, a GP practice in Brechin has employed two physiotherapists qualified to independently prescribe to see MSK patients at the practice, two mornings each a week. In the first nine months, 390 patients have been seen – of which 87% were discharged with advice and support to self-manage, and 93% did not need to return to see the GP.

Although these roles are new, already over 8 out of 10 GPs have confidence in this model. The potential value and impact of extending this approach to service delivery is significant.⁽¹⁵⁾

Primary care in Forth Valley⁽¹⁶⁾

An 18-month pilot was launched in November 2015. Along with advanced nurse practitioners and a pharmacist, two physiotherapists with advanced practice skills, employed by Forth Valley NHS, work part time at the Bannockburn medical practice in Stirling and medical practice in Grangemouth.

They have taken on the GP MSK caseload, deciding on the best pathway for each patient. They provide advice, support with self-management, show exercises and administer injections. If necessary they order investigations (bloods, imaging) and refer to orthopedics, pain or rheumatology clinics.

NHS

Less testing and prescribing

Less secondary care referrals

Shorter waiting times in secondary care

Results so far show:

- **97% of patients** reported confidence and trust in the physiotherapists
- **75% able to self-manage** their musculoskeletal (MSK) condition subsequently
- **Referrals to orthopaedics** reduced down to 2%, and for imaging down to 6%
- **98.5% of appointments** with the physiotherapists are appropriate
- **Standard GP appointments** have risen from 10 to 15 minutes.

‘Through time we started to realise physiotherapists could provide injections at multiple anatomical sites for a wide range of conditions, physical assessment to identify the exact problem affecting the patient, organise MRI or advise on X-ray requirements, amongst other services.’

Christina Cairns
GP



‘With the new physiotherapists coming on board there has been an increase in patient satisfaction as patients are being seen quicker.

There appears to be fewer and more appropriate referrals going to secondary care, specifically orthopaedics. The physio practitioners encourage patients to self-manage and patient safety is enhanced through early identification of serious pathology’.

Kathleen Burns
Practice Manager



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.

For example, pulmonary rehab reduces morbidity, mortality, halves the time patients spend in hospital and reduces readmissions by **26%**.^(17,18)

Too often people receive intensive rehabilitation in hospital but then have long waits when they get home, if it's available at all. There are major variations in wait times for rehab in the community for stroke, hip

fracture and COPD, in some areas patients wait up to **18-21 weeks**. In a recent study by the Stroke Association **45% of patients** said they felt abandoned when they left hospital.⁽¹⁹⁾ 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.⁽²⁰⁾

To maximise independence and reduce disability, a patient's rehab needs to continue from hospital to home, be easy to re-access and rooted in the community.



Improving support for frail elderly patients in primary care

Physiotherapists with advance practice skills are also effective in managing complex cases in primary care settings. Where GP's have an enhanced services contract for patients with complex co-morbidities and multiple long-term conditions, and frequent primary care needs, physiotherapists can reduce reliance on GPs and unnecessary or inappropriate hospital admissions.

This project aims to

- **enhance** community case management for complex frequent primary care attendees
- **reduce** unnecessary or inappropriate health service use.
- **increase** the use of anticipatory care plans and
- **reduce** unnecessary hospital admissions.

For example, in NHS Lothian, Community Advanced Physiotherapy Practitioners have been employed to explore the

impact of case managing complex cases in a primary care setting. They work alongside a GP with two defined patient cohorts: a care home population where the GP has an enhanced services contract and patients living at home with complex co-morbidities and multiple long-term conditions.

Glasgow Respiratory Team

The Glasgow Community Respiratory team is a physiotherapy led service which supports people living with COPD in their own home and is

made up of physiotherapists, respiratory nurses, pharmacists, occupational therapists, dieticians and rehabilitation support workers. GPs utilise it as an alternative to patients going into hospital and facilitates early discharge from hospital.⁽²¹⁾

Together they have:

- **94% of urgent referrals** seen within one day
- **84% avoided** hospital admission
- **19% overall reduction** in admissions (two-year pilot)
- **Saving** of £3,000 per patient.



FACT

Every year **18,000** serious falls would be prevented if everyone over 65 in Scotland at risk of falling was referred to physiotherapy led prevention services, saving NHS Scotland **£27 million** every year. Every **£1** spent on physiotherapy-led falls prevention produces a **£4** return on investment.⁽²²⁾



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

CSP Scotland

49 North Castle Street
Edinburgh EH2 3BG
Tel: 0131 226 1441
Email: scotland@csp.org.uk

CSP Enquiries Team

Tel: 020 7306 6666
Email: enquiries@csp.org.uk

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