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SOCIETY
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PHYSIOTHERAPY

First Contact Physiotherapy

Quick guides
to embed your
FCP service

**THINK
PHYSIO**
for primary care

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PMA

10 Top Tips

for establishing a **First Contact** physiotherapist into your GP Practice

Ensuring your musculoskeletal (MSK) first contact physiotherapist (FCP) is a part of your primary care team is essential for effective implementation. This ensures your practice and patients will appreciate the full benefits of having an FCP within the team whilst also supporting the wellbeing of your FCP.

- 1. Be prepared** - Before your FCP starts, plan how you will implement the service.
- 2. Identify a suitable clinic room** - close to the heart of the practice is helpful initially - and ensure access to IT is sorted ahead of your FCP arriving.
- 3. It is important to plan an induction** ahead of your FCP joining to help ensure everyone (clinical and non-clinical staff) knows who your FCP is, their role at the practice and the sessions they work. You can continue to spread the word about their role by using staff photos, profiles in practice newsletters and at staff meetings.
- 4. Widespread understanding** of the FCP role amongst staff is crucial. It will be helpful to organise for your FCP to spend sufficient time with other members of your wider primary care team, including reception colleagues. This will need to be repeated until your FCP service is well established.
- 5. Ensure formal supervision and support** is available from within the practice and your FCP knows when and how to access this.
- 6. Identify a member** of the practice team who will informally 'check in' with your FCP, particularly in the early days.
- 7. Support your FCP** to lead training sessions, both about their role but also to share their MSK expertise with the wider clinical team.
- 8. Invite your FCP to staff events** such as MDT case reviews, team meetings, education sessions and social events.
- 9. Give your FCP the opportunity to connect** and network with other FCPs within your PCN and further afield.
- 10. Don't forget** to continually promote your service to patients. There are lots of [GP resources](#) available but good staff knowledge of the FCP service is equally important.

FCP SERVICE IMPLEMENTATION CHECKLIST (CSP example)

This is an example checklist designed for you to think about what steps you need to take to implement an FCP service, from workforce planning to practical considerations to governance for FCP staff.

FCP service and workforce planning	Date	Notes
Define clinical model of service provision including skill mix required for service delivery supported by integration into the wider pathway with sustainable job planning.		
Develop recruitment and redeployment strategy.		
Develop job specification and job descriptions for Band 7 and/or Band 8a.		
Check the provision and scope of indemnity cover.		
Consider equality impact assessment.		
Review and ensure role aligns with Health Education England Roadmap (if in England), AHP Framework (if in Wales), Scottish education quality framework (if in Scotland) and Advanced AHP framework (if in NI)		
Stakeholder engagement	Date	Notes
Identify an executive sponsor(s) and clinical champion(s) who will advocate for FCP service development and encourage wider engagement.		
Seek input from a cross-system implementation team. (Stakeholders may include MSK service GPs, MSK Integrated Clinical Assessment and Treatment Service (ICATS) or similar triage services, practice managers and teams, secondary care consultants, CCG, STP and Federation leads, Primary Care Network clinical directors, patient participation groups/representatives, Primary care training hubs)		
Develop mechanisms for communicating with stakeholders (that include the wider primary and secondary care team) so to collect and respond to their views, concerns and expectations.		
Introduce the FCP service to the practice team (ensuring that they understand the role, the service's purpose and aims, and how it differs from other physiotherapy services).		
Practical considerations	Date	Notes
Agree clinic room availability and frequency of clinics with Practice Manager. Ensure facilities accessible for those with physical difficulties and facilities have appropriate infection control measures (hand washing) and sufficient space for in-person appointments.		
Provide appropriate equipment (e.g. printer, adjustable height plinth, computer, telephone)		
Agree diary template (appointment length, number of patient slots, amount of admin time, breaks, telephone slots, CPD / mentoring time in accordance with job plan).		

FCP SERVICE IMPLEMENTATION CHECKLIST (CSP example)

Provide full access to patient records within the Practice's EPR system (e.g. EMIS, System One, Vision) with training, as required.		
Arrange access to systems for appointment booking, referral, investigation request and review, interpreting services and (if applicable) prescribing medications.		
Agree clinical documentation standards.		
Ensure IT support is available to FCP(s).		
Ensure mechanisms for providing prescriptions and for issuing AHP Health and Work Reports.		
Provide access to interpreting services.		
Ensure the FCP has access to (virtual and paper) patient exercise and information materials and directories / information on local services and activities for social prescribing.		
Source injection equipment and ensure appropriate storage (if applicable).		
Protocols, procedures and safety	Date	Notes
Organise radiology requesting rights and determine responsibility for interpreting, following up and acting on results in routine and urgent cases. (Ensure standard operating procedures are agreed.)		
Organise requesting rights for blood testing and microbiology analysis and determine responsibility for interpreting, following up and acting on results in routine and urgent cases. (Ensure standard operating procedures are agreed.)		
Agree procedure for requesting and reviewing investigations.		
Ensure specific Patient Group Directions (PGDs) for non-prescribers (if applicable).		
Agree the supply and storage of injection equipment and medicines.		
Ensure that there is a Non-Medical Prescribing (NMP) policy in place.		
Ensure access to pathways for all services (including for social prescribing and reablement services).		
Ensure access to referral pathways for urgent or red flag secondary care referrals.		
Consider practice policies with reference to providing chaperones as requested or required.		
Agree clinical/medical emergency plan: adverse drug reactions, anaphylaxis, red flags, cardiac arrest, first aid and medical kit etc.		
Agree procedure for patient correspondence		
Agree non-face to face service delivery policy (video consultation, telephone appointments)		

FCP SERVICE IMPLEMENTATION CHECKLIST (CSP example)

Governance for FCP staff	Date	Notes
Ensure clear operational structures and line management are in place.		
Identify nominated individuals in the practice (and provider, if applicable) for overseeing clinical, administrative, indemnity and governance matters.		
Create and agree a training and development plan in line with Health Education England roadmap (if in England).		
Agree protected time for CPD.		
Create an induction programme for newly employed / contracted FCPs.		
Agree clinical support and supervision to ensure safety and development towards / maintenance of competence (e.g. mentorship, peer review, watched assessments and case reviews.)		
Ensure FCPs are invited to (primary care and pathway-based) MDT meetings.		
Ensure mechanisms are agreed for reporting and managing risks, incidents and complaints.		
Identify methods of reporting sickness and staff cover.		
Identify methods for requesting annual leave and staff cover.		
Ensure CQC adherence and liaise with practice manager regarding evidence required		
Ensure appropriate level of PLI depending on service model		
Ensure policies and procedures agreed: sickness, annual leave, whistle blower/freedom to speak up, complaints and complements, finance (including expenses if appropriate).		
Ensure mandatory training is accessible for staff		
Liaise with Patient Participation Group around implementation of service		
Care navigation and service promotion	Date	Notes
Update GP (online and telephone) booking systems to enable direct FCP appointments.		
Provide training and resources to primary care team on the FCP service and care navigation.		
Promote the service to the public using all available marketing channels (e.g. posters, signage, practice website and social media channels, waiting room television screens, the practice's patient newsletter, at patient / local events and via local media).		

FCP SERVICE IMPLEMENTATION CHECKLIST (CSP example)

Service evaluation and data collection	Date	Notes
Priorities and strategic direction set and communicated		
Agreed reporting mechanisms to stakeholders		
Agree data collection mechanisms including analysis and dissemination.		
Establish and discuss mechanisms to assess impact of the FCP service.		
Upload appropriate data collection and reporting templates.		
Allow protected time for service evaluation.		
Arrange procedures for the collection of patient experience and outcome data (using a Patient Satisfaction Questionnaire and/or alternative methods).		
If in England, please review Health Education England roadmap for templates.		
Consider other measures of quality and effectiveness (e.g. GP and staff feedback).		
Allow time for regular patient satisfaction surveys		
Agree schedule for audit (image requesting, record keeping, performance and safety KPI audit, prescribing)		

FCP STAFF INDUCTION CHECKLIST (CSP example)

This is an example checklist. As induction practices vary between employers and job roles (and on whether the FCP is contracted by a provider or employed directly), please adapt as required.

Introductions	Date(s) completed	Notes
Introductions to Practice team including practice manager, reception staff, secretaries, and IT support staff		
Introductions to clinicians within the multi-disciplinary team (MDT), for example: GPs, nurses, healthcare assistants, paramedics, pharmacist, phlebotomist and patient participation groups		
One-to-one introductions with key staff		
Shadowing appropriate staff (e.g. GP, practice nurse, FCP in another practice)		
Explanation of organisational structure and committee structures, systems and processes (GP PCN/Cluster/Federation/Trust structure)		
Introduction to Patient Participation Groups (PPG) in GP surgery		
Workplace orientation and risk management	Date completed	Notes
Security induction (including doors, keys, alarms, access codes and security of personal items)		
Health and safety induction (including emergency contact and fire procedures)		
Practice opening times		
Tour of the workplace including clinical rooms, admin rooms, kitchen, toilet, parking area and special requirements facilities (such as hearing loop, large print resources)		
Orientation of the practice's key documents and where to find them		
ID badge or pass (if relevant)		
Explanation of how to order / access clinical equipment (e.g. injection equipment, thermometer, BP sphygmomanometer)		

FCP STAFF INDUCTION CHECKLIST (CSP example)

Explanation of how to access an interpreter or chaperone		
Procedures for patient and staff emergencies (including alarms and anaphylactic and cardiac arrest equipment)		
Information on how to access improving access equipment (e.g. interpreting services and hearing loops)		
Infection control policy and introduction to lead clinician		
Health and safety policy and introduction to lead clinician		
Lone working policy		
Procedure for face to face, video and phone consultations (including any decision making tools or risk assessment tool/risk register)		
IT and phone systems	Date completed	Notes
Access and induction to a computer (with user account and password)		
Access and induction to the Practice's telephone system		
Access to the Practice's email system and GP email network		
Access to a Smart card (particularly if working across multiple practices)		
Access and induction to the Electronic Patient Record (EPR) system		
Access to clinical information systems		
Arrange access to local folders for data storage and patient information leaflets		
Arrange Prescribing authorisation / scripts		
Explanation of procedures for communicating with MDT and training as required (e.g. using EPR system, direct messaging)		
Explanations of procedures for patient correspondence (phone, email, accurx etc)		

FCP STAFF INDUCTION CHECKLIST (CSP example)

Patient referral and review processes	Date completed	Notes
Procedure for booking with GP for emergency and routine follow-ups		
Procedure for booking with other primary care staff: nurses, ANPs, pharmacists, paramedics, social prescribers etc.		
<p>Access to existing letter templates or methods for:</p> <ul style="list-style-type: none"> ● Secondary care referrals (and awareness of local clinical pathways) 		
<ul style="list-style-type: none"> ● Urgent and emergency referrals 		
<ul style="list-style-type: none"> ● MSK physiotherapy (both outpatient and community) 		
<ul style="list-style-type: none"> ● Other re-ablement services (e.g. falls services / occupational therapy / podiatry) 		
<ul style="list-style-type: none"> ● Talking therapies / mental health services 		
<ul style="list-style-type: none"> ● Smoking cessation / dietician / exercise referral 		
<ul style="list-style-type: none"> ● Local services for social prescribing (including key NHS, social and voluntary organisations in the area and how to signpost) 		
<ul style="list-style-type: none"> ● Patient and citizen safety procedures: mental health, addiction, violence, suicide risk 		
<ul style="list-style-type: none"> ● Clinical/medical emergency plan: adverse drug reactions, anaphylaxis, red flags, cardiac arrest, first aid and medical kit etc. 		
Investigations and interventions	Date completed	Notes
<p>Familiarisation with:</p> <ul style="list-style-type: none"> ● PGD and injection equipment and medicines 		
<ul style="list-style-type: none"> ● Aspiration protocol 		
<ul style="list-style-type: none"> ● Standard operation procedures for requesting and interpreting radiological investigations 		
<ul style="list-style-type: none"> ● Standard operation procedures for ordering and interpreting blood tests 		
<ul style="list-style-type: none"> ● Fit note procedures and consideration of AHP health and work report 		

FCP STAFF INDUCTION CHECKLIST (CSP example)

<ul style="list-style-type: none"> • The process for issuing or obtaining prescriptions 		
<ul style="list-style-type: none"> • Awareness of the local and National formularies and local medicines management 		
Governance	Date completed	Notes
Review of the FCP's job description and service specification. Examples can be found here		
Review of diary template and job plan (including CPD, meetings and supervision)		
Explain policies and procedures regarding sickness and absence		
Review of Health Education England Roadmap (if in England), AHP Framework (if in Wales), Scottish education quality framework (if in Scotland) and Advanced AHP framework (if in NI)		
Ensure CQC adherence and liaise with practice manager regarding evidence required		
Arrangements for appraisal and 1:1 line management meetings		
Arrangements for mandatory training		
Familiarisation with mechanisms for reporting and managing risks, incidents and complaints (including safeguarding and whistleblowing/freedom to speak up)		
Review of data collection mechanisms and responsibilities		
Review of patient orientated outcome measures		
Familiarisation of documentation procedures, standard and audit		
Aware of PLI cover (depending on employment model)		

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