Advanced Physiotherapy Practitioners in Primary Care

Betsi Cadwaladr University Health Board
Cathy Wynne
Rob Caine
Anna Doran
Stormont Murray

Project Aims

- Advanced Physiotherapy Practitioners to take on the primary care Musculo-skeletal workload - reducing GP workload
- Improve patient experience by early access to MSK expertise
- Ensure secondary care referrals are appropriately targeted to the correct service
- Reduce overall MSK referrals into secondary care

Why was it chosen

- To improve patient access to MSK expertise
- To reduce increasing GP workload, resulting from recruitment difficulties in General Practice
- Transfer of MSK services from secondary care to primary care
- Streamline MSK pathway from Primary to Secondary care and reduce overall referrals

In a successful service

- APPs will see the majority of MSK patients as a 1st point of contact in primary care
- GP MSK caseload will be reduced
- Secondary care referrals will be more targeted
- Patients will have rapid access to MSK services
- There will be an overall reduction in MSK referrals to secondary care services

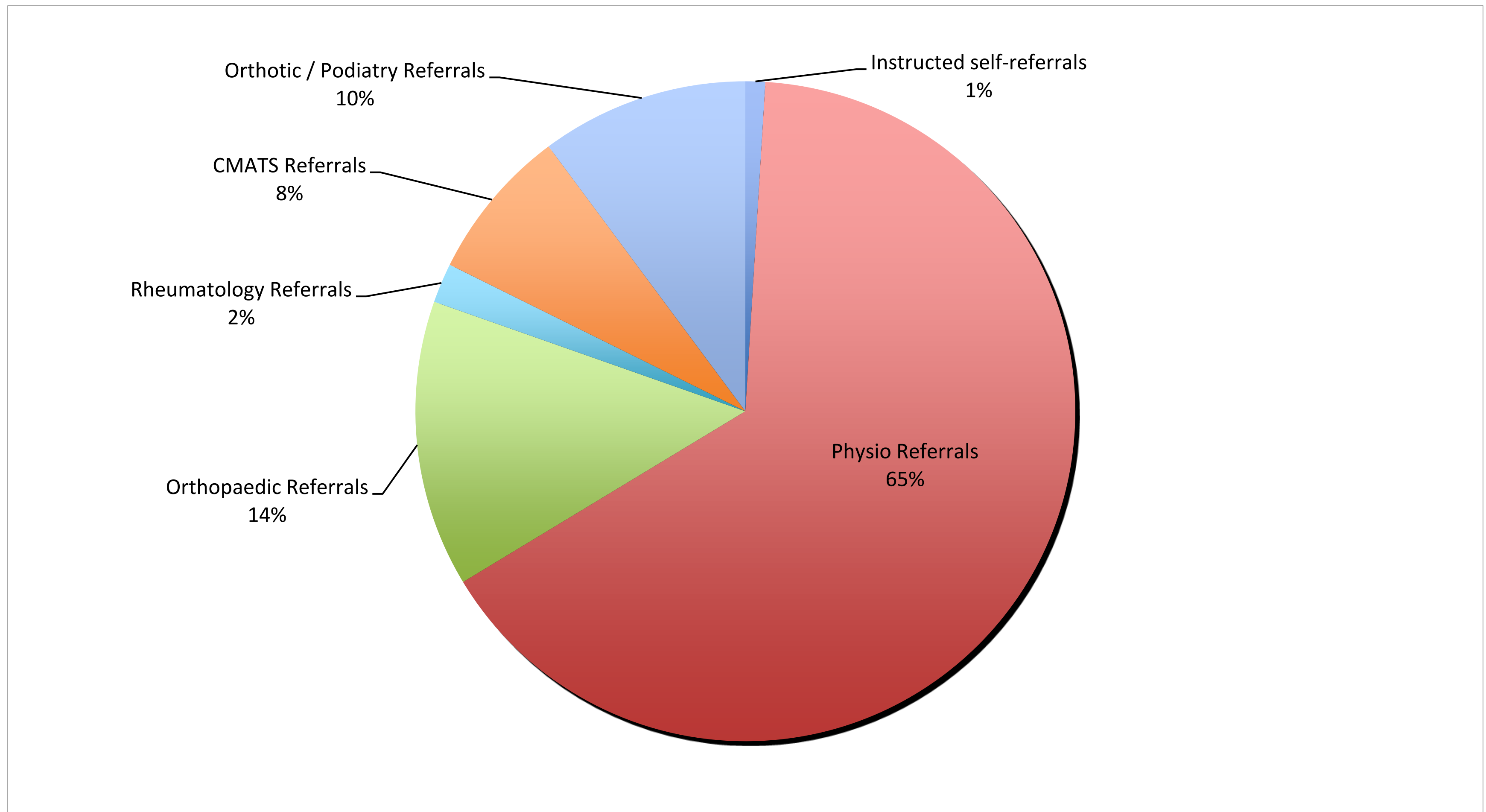
Outcome measures

APP Treatment and referral figures April 2015-March 2016

- *3548 available appointments*
- *2902 (82%) utilised appointments*
- *19 (<1%) appointments required additional GP input*
- *270 (9%) referrals to physio*
- *58 (2%) referrals to orthopaedics*
- *32 (1%) referrals to CMATS*
- *42 (<2%) referrals to podiatry*
- *Only 15% of all patients seen were referred on to secondary care*
- *Increased SC referrals by 32*(<2%), compared to re-trial data*
- *Excellent PSQ results and feedback letters*

Breakdown of referrals into Secondary Care from APPs

(15% of total patients seen)



Balancing measures, effects else where in the system

- Early signs that demand for local consultant led injection clinics in secondary care has reduced by approx 75%. Clinics have been reduced from once a week to once a month
- All current APPs have been recruited locally from secondary care –loss of experienced staff in SC may cause a skills gap
- Potential increased complexity of secondary care physiotherapy case load, as simple problems seen in PC
- Reduced GP MSK caseload may result in de-skilling (However APPs in PC offer a training resource)

Current learning points

Service very well received by pts and GPs, still early days from a data collection perspective but early results are promising

No reasons why the model cannot be made to work in any area

No significant barriers to rollout in other areas, funding recruitment and training issue can all be overcome locally

Moving services from sc to pc, early access to MSK expertise in pt locality, more targeted use of resources.

Current learning points(cont'd...)

- *As the service has bedded in, demand has increased.*
- *Practices require increased input (to prevent local W/L)*
- *More practices are requesting the service.*
- *It is vital that as we grow the service we are able to maintain the quality .*

Ministerial Priorities

- APPs reducing the GP case load will assist local service sustainability
- APPs in primary care allows patients rapid and local access to MSK expertise
- APPs in primary care, is moving MSK services out of hospitals into a community setting

Next Steps

Moving Forward

The interest from GP clusters in the service is high , more clusters are now allocating funds to role out service to a wider area

Continued funding is required to upskill the physiotherapy workforce in NMP, non-medical referrals rights, injection skills , blood result interpretation

Working with IT systems to produce robust data collection, now Collating first point of contact information

Barriers;

recruitment , some applicants may require additional training

Training ; time delays until staff fully functioning in role

Current data has some promising trends, but more data is required for statistical significance.

Discussion – 21st Sept 2016

- Physios have at least 5 years experience in MSK work – MSC level of skills
- Slight increase in referrals to 2ry care – physio understands benefits of specialist services
- Seeing reduction in admissions to hospitals
- Lots of patients using service - demand increasing as 'word gets around'; physio seen as MSK resource within practice
- Some risk of depleting 2ry care workforce - but transfer of workload? Leads to more targeted resource
- Service is addressing issue of both primary (tendency to self-help) and secondary care ('fix me' mode) MSK demand. Whole system change needed – earlier interventions, promote self care/lifestyle changes/self-referrals; refer to the right service first time
- Self-referral services – better to implement through GP systems as then capture data
- Can we demonstrate that by seeing people early that we are preventing deterioration into more serious condition?
- Front desk not always triaging patients, so people still sometimes see GP first. Starting to advise patients of the options – introduce choice. Need for effective triage
- Is the service bringing in demand that would have normally gone private? Don't think so.
- Service is purchased through BCU - therefore governance/liability, training, etc are covered through HB (as opposed to employing directly by practice or cluster)
- Use of peer review systems
- Potential to make better use of technicians etc for follow up within practice
- Workforce issue - need to up-skill physios as skills required are not part of the basic skill set of a physiotherapist: joint infections, pxing, blood test interpretation. Time delays in recruitment due to additional skill requirements
- ? review physio training to incorporate additional skills – difficult to develop these as an undergraduate