

THINK PHYSIO

for primary care



CHARTERED
SOCIETY
OF
PHYSIOTHERAPY

Policy briefing Wales 2017

FOR TEA

Musculoskeletal (MSK) health issues are the most common cause of repeat GP appointments⁽¹⁾ and account for around **1 in 5 of all GP appointments.**⁽²⁻⁴⁾

The majority of the **GP's MSK caseload** can be dealt with effectively by a physiotherapist without any need to see the GP.^(5,11)

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 and act on red flags.

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.

An advanced practice physiotherapist costs **£54.11 per hour**, a GP **£130.71 per hour.**⁽¹⁰⁾

Modernising access

Self-referral to physiotherapy is a system whereby patients can access the service directly without having to see their GP or anyone else first. Patients can either refer themselves



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.⁽¹¹⁾



MMGP



directly into existing physiotherapy services or see a physiotherapist based in general practice.

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, not all health boards in Wales provide it. Four out of the seven health boards provide self-referral while the other three are making progress.

Three health boards have information for the public about self-referral on their websites.^(12, 13, 14)

Self-referral to physiotherapy is **25% cheaper** to the NHS than a GP referral⁽¹⁵⁾ and has been fully evaluated and recommended by NICE.⁽¹⁶⁾

Expanding the GP's team

GPs and policy makers are recognising that physiotherapy can help meet patient needs in new and sustainable ways. Change is happening in Wales 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 which further develops GP and physiotherapy services, enhances patient care and reduces 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.

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 general practice 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.

Although these roles are new, already **over 8 out of 10 GPs** have confidence in this model.⁽¹⁷⁾

Abertawe Bro Morgannwg University Health Board

was one of the first to introduce self-referral in 2005.

They operate a 'Physio Direct' phone triage service across the health board and have found that of the **90%** of patients referred on for further physiotherapy treatment, **65%** of these were discharged on their first visit.

They also run a 'Physiotherapy Walk-in Clinic' in Swansea, Neath Port Talbot and Bridgend. This has cut waiting times for physiotherapy services and non-attendance by patients, and reduced the number of new to follow-up appointments from **1:5 to 1:3**.

For more information contact:
scott.hurford@wales.nhs.uk

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.

For more information contact:
email: cathy.wyenne@wales.nhs.uk
or robert.caine@wales.nhs.uk

NHS
Less
testing and
prescribing
Less
secondary
care referrals
Shorter
waiting times
in secondary care

‘Over the last 18 months we diverted all MSK queries to a diagnostic physio. This has saved hours of GP time and gives the patient a better, more informed service. It has been met with warm approval from patients and GPs alike. Our aim is to expand this service with further additions to the physio team. I don’t believe primary care is sustainable without such investment in valued para-medical clinicians.’

Dr Heather Potter
GP Skewen Medical Centre, Neath



‘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.

For example, pulmonary rehab reduces morbidity, mortality, halves the time patients spend in hospital and reduces readmissions by **26%**.^(18,19)

Abertawe Bro Morgannwg University Health Board has rolled out pulmonary rehabilitation into community venues in each GP cluster starting from January 2016.

But too often people receive intensive rehabilitation in hospital but then have long

waits when they get home, if it's available at all. In a study by the Stroke Association **45% of patients** said they felt abandoned when they left hospital.⁽²⁰⁾

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.⁽²¹⁾

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.



Cardiff and Vale University Health Board

provides an early supported discharge service for patients affected by stroke. Ongoing rehabilitation with patients in their own homes supports them to maximise their potential.

The Health Board also makes full use of support workers, as falls technicians. The falls technicians link between community resource teams and day hospital falls groups. They monitor people who have

fallen and, following an evidence-based exercise programme, they support individual fallers within their localities.

Aneurin Bevan University Health Board

has developed an education service for patients diagnosed with osteoarthritis of the knee, providing a referral point for GPs. The education is delivered by physiotherapists, providing patients and carers with

information to support them to manage their condition and make informed choices. Patients can self-refer directly from the education service to physiotherapy. Data from a pilot found the core interventions selected by patients were: exercise (**52%**), weight loss (**27%**) and physiotherapy (**21%**). Just **2%** selected referral to orthopaedics.

For more information contact:
email: sam.haworthbooth@wales.nhs.uk or rob.letchford@wales.nhs.uk



FACT

Every year **2,466** serious falls would be prevented in Wales if everyone **65+** at risk of falling was referred to physiotherapy, saving the NHS **£17million**. Every **£1** invested brings a return of **£4**.⁽²²⁾ Group exercise programmes reduce falls by **29%** and individual programmes by **32%**.⁽²³⁾



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 Wales

1 Cathedral Road
Cardiff CF11 9SD
Tel: 029 2038 2428/9
Email: wales@csp.org.uk

CSP Enquiries Team

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

**This document
can be made
available in the
Welsh language,
and a format for
people with sight
impairments.**

References

1. Department of Health. Musculoskeletal services framework: a joint responsibility: doing it differently. London: Department of Health; 2006. http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4138413
2. Arthritis Research UK National Primary Care Centre. What do general practitioners see? Musculoskeletal Matters. Bulletin no.1. Keele: Keele University; 2009. <https://www.keele.ac.uk/media/keeleuniversity/ri/primarycare/bulletins/MusculoskeletalMatters1.pdf>
3. Jordan K, Clarke AM, Symmons DP, et al. Measuring disease prevalence: a comparison of musculoskeletal disease using four general practice consultation databases. Br J Gen Pract. 2007;57(534):7-14.
4. Royal College of General Practitioners Birmingham Research Unit. Weekly returns service annual prevalence report 2007. London: Royal College of General Practitioners; 2007.
5. Ludvigsson ML, Enthoven P. Evaluation of physiotherapists as primary assessors of patients with musculoskeletal disorders seeking primary health care. Physiotherapy. 2012; 98(2):131-7.
6. Office for National Statistics. Sickness absence in the labour market. London: Office for National Statistics; 2016. <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/labourproductivity/articles/sicknessabsenceinthelabourmarket/2016>
7. Department of Health. General Practice Forward View. London: Department of Health; 2016. URL: <https://www.england.nhs.uk/ourwork/gp/fv/>
8. Childs JD, Whitman JM, Sizer PS, et al. A description of physical therapists' knowledge in managing musculoskeletal conditions. BMC Musculoskeletal Disorders. 2005;6:32-. <http://bmcmusculoskeletdisord.biomedcentral.com/articles/10.1186/1471-2474-6-32>
9. The Chartered Society of Physiotherapy. CSP PLI scheme. London: The Chartered Society of Physiotherapy; 2016. URL: <http://www.csp.org.uk/professional-union/practice/insurance/csp-pli-scheme>
10. The Chartered Society of Physiotherapy. Physiotherapy cost calculator. London: The Chartered Society of Physiotherapy; 2016. <http://www.csp.org.uk/professional-union/practice/evidence-base/physiotherapy-cost-calculator>
11. Bishop A, Ogollah RO, Jowett S, et al. STEMS pilot trial: a pilot cluster randomised controlled trial to investigate the addition of patient direct access to physiotherapy to usual GP-led primary care for adults with musculoskeletal pain. BMJ Open. 2017;7(3) URL: <http://bmjopen.bmj.com/content/bmjopen/7/3/e012987.full.pdf>
12. Bwrdd Iechyd Prifysgol Abertawe Bro Morgannwg. Hunanatgyfeiriad i ffisiotherapi. Caerdydd: GIG Cymru. URL: <http://www.wales.nhs.uk/sitesplus/863/page/39515>
13. Bwrdd Iechyd Prifysgol Betsi Cadwaladr. Hunanatgyfeiriad at ffisiotherapi cyhyroysgerbydol. Caerdydd: GIG Cymru. URL: <http://www.wales.nhs.uk/sitesplus/861/page/66746>
14. Bwrdd Iechyd Addysgu Powys. Hunanatgyfeiriad ffisiotherapi. Caerdydd: GIG Cymru. URL: <http://www.powys.thb.wales.nhs.uk/physiotherapy-self-referral>
15. Holdsworth LK, Webster VS, McFadyen AK. What are the costs to NHS Scotland of self-referral to physiotherapy? Results of a national trial. Physiotherapy. 2007; 93(1):3-11.
16. The Chartered Society of Physiotherapy. Musculoskeletal physiotherapy: patient self-referral. London: NHS Evidence; 2012. URL: <http://www.csp.org.uk/documents/musculoskeletal-physiotherapy-patient-self-referral-qipp-endorsed-pathway>
17. Wallace F, Harper J, Sturgess H. Primary healthcare monitor 2016: Chartered Society of Physiotherapy. London: nfpSynergy; 2016.
18. Griffiths TL, Burr ML, Campbell IA, et al. Results at 1 year of outpatient multidisciplinary pulmonary rehabilitation: a randomised controlled trial. Lancet. 2000; 355(9201):362-8.
19. Seymour JM, Moore L, Jolley CJ, et al. Outpatient pulmonary rehabilitation following acute exacerbations of COPD. Thorax. 2010; 65(5):423-8.
20. Stroke Association. A new era for stroke London: Stroke Association; 2016. URL: <https://www.stroke.org.uk/what-we-do/our-campaigns/new-era-stroke>
21. Age UK. Stop falling: start saving lives and money. London: Age UK. URL: http://www.ageuk.org.uk/documents/en-gb/campaigns/stop_falling_report_web.pdf?dtrk=true
22. The Chartered Society of Physiotherapy. The falls prevention economic model. London: The Chartered Society of Physiotherapy; 2014. URL: <http://www.csp.org.uk/documents/falls-prevention-economic-model>
23. Gillespie LD, Robertson MC, Gillespie WJ, et al. Interventions for preventing falls in older people living in the community. Cochrane Database Syst Rev. 2012(9):CD007146. <http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD007146.pub3/abstract;sessionid=2D6F6903793E2C631021E5FE74B39191.f04t04>