



4 Develop the team

Broadening the workforce - using direct access to physiotherapy as an alternative to seeing a GP

A musculoskeletal (MSK) practitioner (senior physiotherapist), based in a practice, supplies brief interventions of assessment, advice and exercise. A pilot, focusing on GP workload and therapy, looked at whether the role of the physiotherapist could help reduce the pressure on GP appointments and release time. Alongside this self-referral option which is face to face, patients can self-refer themselves for assessment and advice to a physiotherapy telephone service.

The idea

As an alternative to seeing their GP, patients were given the option to book themselves an assessment directly with the MSK practitioner. This could take place either face to face or over the phone. During the assessment the practitioner, where appropriate, was able to give:

- advice and exercises along with a self-management plan - patients were advised to return to the practice if they felt no improvements
- referral on for further physiotherapy
- referral on to an appropriate service e.g. podiatry.

After EMIS coding and searches proved unreliable, all GP consultations were investigated over a one week period for MSK problems that could have been dealt with by the physiotherapist. This led to the trial of a new self-referral system available to patients via telephone advice.

Impact

The greatest impact has been patients being able to self-refer via telephone.

- The baseline figure of MSK cases seen by a GP as first point of contact was 14.5 %. On re-evaluation this reduced to over half. The figure now stands at 6%, which suggests patients are choosing to self-refer through the telephone system rather than seeing their GP. More recent data for early 2017, shows that only 2.75% of GP workload each week is now MSK, where self-referral over the phone has been successfully implemented.
- Referrals from the practice into the telephone assessment and advice service have doubled.
- Over 30% of patients calling in to the service are now dealt with over the telephone, resulting in no increase in waiting times for usual care physiotherapy.
- The 20 minute, face to face, MSK practitioner sessions are proving popular. Uptake has reached capacity in the practice with 66% of patients dealt with in this single brief physiotherapy intervention.

Early indications show that a physiotherapist can be a cost effective member to the practice workforce. Similar pilots in other practices have shown cost savings to local health economies in terms of prescribing and placing patients on the correct pathway of care, investigations and secondary care referral. Feedback from patients has also been positive.

“A sensible way forward to save GP time.”

“A lot better than seeing a doctor for my problem as it ‘cuts out the middleman’, it saves time for everyone and lets someone who really needs to see a doctor have the appointment.”

“A specialised service which could ease the workload on GPs who are not able to be an expert in everything and will help patients.”

Implementation tips

Change your practice’s outgoing telephone message so patients are aware they can have quick and easy access to physiotherapy. This works best if one of the practice’s GPs records it. Do as much marketing as possible. This is a new choice for patients and it will take time for the message to filter through, as it did with the role of Advanced Nurse Practitioners. Continually promote the work with patient groups.