Primary Care Transformation WebEx
1st Point of Contact MSK Physiotherapists in a GP Practice
05 October 2017
Webex Recording: View Recording

Presenters

Jennifer Wilson, Nurse Clinical Lead, Healthcare Improvement Scotland

Fiona Rough, Advanced Practice Physiotherapist, NHS Greater Glasgow & Clyde
  - See Fiona’s presentation here

Judith Reid, Consultant Physiotherapist in MSK, NHS Ayrshire & Arran
  - See Judith’s presentation here

Ruth Currie, Physio MSK Lead, NHS Lanarkshire
  - See Ruth’s presentation here

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Professions represented on the call:

<table>
<thead>
<tr>
<th>Profession</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>MSK Physio</td>
<td>26%</td>
</tr>
<tr>
<td>Physio (other)</td>
<td>2%</td>
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<tr>
<td>MSK Allied Health Professional (other)</td>
<td>2%</td>
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<tr>
<td>MSK Service Lead</td>
<td>7%</td>
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<tr>
<td>Other</td>
<td>47%</td>
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<tr>
<td>No answer</td>
<td>21%</td>
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</tbody>
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**Other professions identified in the chat box:**
Programme Manager (2), Practice Manager (2), Cluster Quality Lead (1), Improvement Advisor (2), Senior Information Analyst (1), Associate Improvement Advisor (1), GP Clinical Lead (1), GP & Primary Care Researcher (2), Finance & IT Manager (1), Primary Care Manager (1)

**Question:**
Where are you dialing in from?

**Where are you “dialling in” from?**
Presentation: Advanced Practitioner Physiotherapy (APP) as first point of contact in GP Surgeries (Fiona Rough, Advanced Practice Physiotherapist, NHS Greater Glasgow & Clyde)

From the chat box:
- What advice would you give to a board/practice looking to increase user awareness of the APP services available to them?
- How do we train our reception staff?
- How do we educate our patients about MSK Physio within GP practice as a 1st point of contact?

Presentation: MSK Physiotherapy 1st Point of Contact Role: PCTF Test of Change (Judith Reid, Consultant Physiotherapist in MSK, NHS Ayrshire & Arran)

From the chat box:
- Is there backfill for holiday/sick/maternity leave etc.?
- Where did your funding come from?
  - The funding for these tests has come from the Primary Care Transformation Fund
- In the speakers’ opinion, are MSK APPs worried by the relatively short duration of the primary care transformation fund money?

Presentation: Local Perspectives – Working as an APP in GP Cluster in NHS Lanarkshire (Ruth Currie, Physio MSK Lead, NHS Lanarkshire)

From the chat box:
- Interesting about keeping Physios employed in their original role, and working as an APP. How did you do this with differing contracts?
  - We found the same in Angus - we use two physios to cover the 0.5 WTE. So the staff also do general MSK.
- Good to see you tried to get the baseline data, Ruth. For interest, Inverclyde LIST analysts have looked at how this perception of whom Physios could see has changed - which it did over time. Also Govan is looking to gather a 4 week baseline data in advance of trying a similar test.
- In the Western Isles we have the Physio (Independent Prescriber and CSI injector) and the funding and the willingness of the GP’s and Practice staff - it’s just the arrangements to do with payment which is keeping us back! (Plus if we are asked to go through the AfC process with a new job description it’s going to delay us for some months.
  - In Angus the GP surgery is a 2c practice, therefore we are paid from the budget to employ GPs
  - In Forth Valley we have been doing this role for the past 2 years after the health board took over 2 failing practices. We have 4x 0.6 wte i.e. 1.2 wte per practice. Some of this is non-contact/ evaluation time. Each practice is 10000 population. We are band 8a and it is interesting that there is a mix here of banding 7/8 here in these roles. Is there a feeling that as a profession we should not sell ourselves short and support nationally would be appreciated?
  - We are 8a in Angus but main reason for that was we had to get going very quickly so we utilised our most experienced. We generally will be using B7s.
- These schemes seem to work-GPs and patients like them, they free valuable time. Do we need any more pilots? Medium to long term outcomes will be interesting in terms of drug and OPD referrals but we have enough to fund these on a sustainable basis
- Have you found a definition for "same day"? Anecdotally it seems to be 36 hours but wondered if you had come across this.
- We are constantly being asked to show the cost effectiveness of the service. The CSP cost calculator is unfortunately inadequate. How have others overcome this?
**Q&A Session:**

**Q:** Do you have any experience in providing backfill for holidays/sick leave/maternity leave etc.? Is it covered within the role?

A (Judith Reid): No cover at this moment within this particular test of change in NHS Ayrshire & Arran. It is based around succession planning for future. Fully intend to approach this on a cluster basis to be able to draw on assistance from other practices in future.

**Q:** How is training and signposting for reception staff handled in practices?

A (Ruth Currie): Majority of signposting in East Kilbride currently handled by reception staff. Patients access GP service either by phone or turning up at desk. When a patient contacts a practice, admin staff ask the right questions by using a script developed for anyone with a muscle or joint problem so that they can be assigned appropriately to the MSK Physio. Some patients are still seeing GPs first before being signposted to Physio, and this is a procedure that we are trying to limit to ensure that the patients come to see the MSK Physio first, when appropriate.

**Q:** Do you have any examples of appointments being made for drop-in sessions, and if so is there a waiting list for those appointments?

A (Judith Reid): We have provided urgent on-the-day appointments, and also asked (in line with the practice culture) that appointments are not booked any further than 2 weeks in advance, so as not to create a waiting list for the advanced practitioner Physio. There may be scope for other opportunities such as phone appointments, or using technology.

**Q:** What is the cost effectiveness of this service? The CSP Cost Calculator is unfortunately inadequate – how have others overcome this?

A (Judith Reid): Simply translating direct cost (eg. Cost of a physiotherapist versus direct cost of GP) doesn’t translate into huge savings, which is why it’s so important to do a Whole System Evaluation (prescription costs, onward referrals, future healthcare costs that are avoided due to immediate intervention.) These caveats explain why it’s difficult at present to chart the economic data needed to articulate full picture.

**Q:** How many Whole Time Equivalent (WTE) Physios are needed per 1000 patients?

A (Fiona Rough): Something that we are trying to establish at present in NHS Greater Glasgow & Clyde. At the moment, trying to define the scope. Fiona’s area covering population of 17,000 over 3 practices. Feeling that this is slightly high and not meeting full demand. Other example of 1 full-time Physio for population of 15,000. Estimating for WTE of 10 – 14,000 patients, but very much still in testing phase. If rolling out into full population of NHS GG&C, you would be looking at WTE of 90.5 physios for population (1 WTE serving 14,000 patients).

**Q:** Has anybody come up with a definition of a same-day appointment anecdotally? It seems like its 36 hours at present.

A (Ruth Currie): We would consider a same-day appointment being an appointment on the day (eg. If a patient phoned on 5th October, we would see them on 5th October). Current capacity for this or next-day appointments.

A (Jennifer Wilson): this is something for which clear definition is required. For example, GP practices in the past, there hasn’t been consistency (Emergency Appointments in some areas, Urgent in others. Too much variation).
From the chat box:

- Effectiveness can’t be measured in cost terms simply? Have waiting times for routine GP appointments fallen? Just as one example
- Data is also showing that there are fewer Fit notes required when people receive the right access quickly, and those people in turn require less access to all services
- Bannockburn HC employed 4 wte Advanced Nurse Practitioners and 1.5 Advanced Physio Practitioners 18 months ago and their GPs now have 15 min per appointment
- Fantastic topic, this. I think we are going to have train a lot more Physios!
- Regarding WTE per population, it is also looking like for the Physio to be a proactive MDT member the maximum number of practice is looking around 3
- Number of MSK Physios or APPs per 100 population is difficult to articulate, but a fairly simple calculation using WTE Physios (from ISD workforce data) and census data could give us that for health board areas
- MSK staff are leading the way for AHPs (and others) in using data to not only improve services but to revolutionise them. The very definition of leadership

Our next Primary Care Transformation WebEx:

Pharmacy in Primary Care

A session introduced by Alison Strath,
Principal Pharmaceutical Officer,
Scottish Government

WebEx: Thursday 23 November 2017,
4pm–5pm

WebEx Link: https://btevent.webex.com/btevent/onstage/g.php?MTID=e47a21635a87eda987dc3bad20d708af7
Dial-in number: 0800 169 0968
Passcode: 317 307 71#

For Outlook invitation, please email Andrew Clark, Project Officer, Healthcare Improvement Scotland – Andrew.clark@nhs.net
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