Local Perspectives:
Working as an APP in GP Cluster
NHS Lanarkshire

Ruth Currie (Physio MSK Lead)
Jane Ross (APP)
Sheila McGowan (APP)
Nicola Wightman (APP)
3 GP practices within adjoining buildings

Total practice population of 17,000

3 APPs in post (total wte = 1.09 wte)

Band 7
Practices chosen by GP Locality Lead after scoping exercise

• One practice single handed with GP resigning
  (since taken over by a larger practice)

• One practice lost a few GPs to retirement and ill health

• Proximity of practices within adjoining buildings
Impact for patients

- Early access to assessment, advice and management plan
- On the day appointments available
- Positive patient comments:
  ‘the service was first class and I was offered really useful advice and reassurance’
Impact for GP practices

- As yet unknown!
- Add any comments to date
Impact on NHS Lanarkshire
6 week report
ADVANCE PRACTICE PHYSIOTHERAPIST AS 1ST ASSESSOR IN GP PRACTICE

6 Week Report

- Booked to Date: 218
  - Male: 98
  - Female: 120
- Mean Age: 50
- Age Range: 10 – 92

**Clinic Visit / Outcomes**

<table>
<thead>
<tr>
<th>Outcome from Clinic Visit</th>
<th>#</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine 1:1 Physio</td>
<td>33</td>
</tr>
<tr>
<td>Urgent 1:1 Physio</td>
<td>13</td>
</tr>
<tr>
<td>Self Management &amp; Discharge</td>
<td>133</td>
</tr>
<tr>
<td>Ortho</td>
<td>2</td>
</tr>
<tr>
<td>Already on WL</td>
<td>9</td>
</tr>
<tr>
<td>GP for Meds</td>
<td>7</td>
</tr>
<tr>
<td>X-Ray</td>
<td>7</td>
</tr>
<tr>
<td>Injection from APP</td>
<td>1</td>
</tr>
<tr>
<td>Referral to Podiatry</td>
<td>2</td>
</tr>
<tr>
<td>A&amp;E</td>
<td>2</td>
</tr>
<tr>
<td>Inappropriate</td>
<td>2</td>
</tr>
</tbody>
</table>

**Utilisation per Practice**

- Patients: 98
  - Strathcalder: 46 (45%)
  - Calderlea: 74 (74%)
  - Lanarkshire Medical Group: 34% (21%)

**Start Date**

- 28th July 2017

**Appointments**

- Max Available / Day: 15
- Current Fill Rate: 10-13
**REFERRAL / BY BODY PART**

<table>
<thead>
<tr>
<th>Body Part</th>
<th>Referrals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foot</td>
<td>3</td>
</tr>
<tr>
<td>Ankle</td>
<td>7</td>
</tr>
<tr>
<td>Knee</td>
<td>32</td>
</tr>
<tr>
<td>Hip</td>
<td>12</td>
</tr>
<tr>
<td>Lumbar Spine</td>
<td>62</td>
</tr>
<tr>
<td>Thoracic Spine</td>
<td>5</td>
</tr>
<tr>
<td>Cervical Spine</td>
<td>35</td>
</tr>
<tr>
<td>Shoulder</td>
<td>31</td>
</tr>
<tr>
<td>Elbow</td>
<td>10</td>
</tr>
<tr>
<td>Wrist/Hand</td>
<td>5</td>
</tr>
<tr>
<td>Multi</td>
<td>4</td>
</tr>
<tr>
<td>Non-MSK</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>(Cellulitis)</td>
</tr>
<tr>
<td>Inappropriate</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>(Age 10)</td>
</tr>
</tbody>
</table>

**PATIENT COMMENTS**

"The service was first class - I was provided really useful advice and reassurance"

"Examination was thorough and unrushed"

"Thorough, professional, and very helpful"  "A useful addition to the practice"

**NEXT STEPS**

Revisit Script and Inclusion Criteria with GP and Reception staff

Patients DO NOT need to see GP first

**6 Week Report**

**Booked to Date**

- Male: 98
- Female: 120

Mean Age: 50

Age Range: 10 - 92
Biggest lessons:

• Ensure GP colleagues fully engaged and on board prior to implementation
• Communication plan with Practice Managers and Reception staff – they are your gate keepers!
• IT infrastructure
• Dedicated room within GP practices ideal
Clinical pick ups:

Non MSK
Add info

MSK
• Add info

• Cellulitis
Generic skills required

- add
Working relationship with MSK service

- Directly managed by MSK lead
- Referral directly into local MSK physiotherapy service
- 2 of the APPs are injection therapists
- MSK pathways embedded in practice
- Close working relationship with Extended Scope physiotherapists within Orthopaedics
Personal reflections from APPs new in role

• One each!
Sustainability concerns

- Funding model after the transformation funding comes to an end?
- Interest from many GP practices within NHS Lanarkshire
- Impact on core service – most experienced clinicians moving to APP roles outwith core service
- Succession planning
- Filling of band 5 posts
What is the makeup of your test – 1 physio per ?pop or 1 per 3 practices etc.
How were the practices chosen

Impact for patients
Impact for GP practice
Impact on wider organisation/community e.g. physio waits; ortho; imaging; prescribing etc. anything you have

What is biggest lesson – what to do, what not to do

Surprises?
Any big pick ups? e.g. caudia equine etc.

Other generic skills required
How does this fit in with wider MSK pathway
What’s it been like working as part of this new MDT, any other professional peer connections

Personal reflections