

NHS Rotherham Clinical Commissioning

Operational executive: 9 March 2017

Strategic Clinical Executive: 14 March 2017

Primary Care Committee: 21 March 2017

Physiotherapy 1st in General Practice

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| Lead Executive: | Chris Edwards, Chief Officer |
| Lead Officer: | Jacqui Tuffnell, Head of Commissioning (Acute and Primary Care) |
| Lead GP: | Dr Avanthy Gunasekera – SCE lead for Primary Care |

Purpose:

To provide an update regarding the Physiotherapy 1st pilot in Rotherham and approve recommendations to continue the service for a further year.

Background:

Following receipt of a non-recurrent amount of money, a short pilot of Physio 1st was approved by the Primary Care Committee and this took place in February/March 2017 and evidenced a positive release of GP time. Physio First is a significant service for care navigating patients away from general practice (national evidence is that this navigates 10-15% of patients away from having to see a GP) and therefore implementation of care navigation is more difficult to achieve without this service in place. At the same time, a review of MSK had commenced to consider ways of reducing demand on the MSK service. Physio 1st is one of the options being considered by the MSK task and finish group and therefore a further pilot commenced in August 2017 with the intention to initially report back in December 2017. The MSK group were unable to quantify the data sufficiently for December 2017 and it was therefore agreed to continue the pilot until 31 March 2018 utilising monies received from NHS England and providing sufficient opportunity for sufficient analysis to determine the most appropriate option. A separate paper is being prepared relating to the MSK options however it is unlikely to support Physio 1st as an option for reducing demand.

Whilst the case for Physio First supporting demand management has not been proven. It has evidenced significant savings in GP time which supports a different objective of the CCG in relation to delivery of the GP Forward View. If rolled out across all 31 practices it is anticipated that at least 100 hours of GP time will be saved per week, if calculated at the minimum rate of £75 per hour this 'releases' £391,065 per annum. Physio First is a significant element of implementing care navigation across Rotherham and also fits with the Right person, right time approach of enabling the patient to be assessed quickly (normally within 2 days of contacting the practice). Patient feedback regarding the pilot has been extremely positive. NHS England funding of £140k has been identified to continue physio first non-recurrently and it is recommended that additional funding being provided for supporting the quality contract and localities (£130k) is utilised to enable Physio First to be provided fully for the next financial year. A decision will then be made regarding whether this is then funded recurrently by practices who will have experienced fully the benefits of Physio First.

Attached is the evaluation report for Physio First for the pilot utilising the period August – December 2017. The evaluation demonstrated positive patient outcomes. The pilot was well received by staff at the GP practices and patients. All but 1 patient who completed a satisfaction questionnaire said they would recommend the MSK 1st contact service to friends and family if they needed similar care. The the service overall was well received by patients with positive comments about the timely access to a MSK Advanced Physiotherapy Practitioner (APP) to receive comprehensive advice and education for their MSK condition and reducing

pressures on the availability of GP patient slots.

Only 1 of the 10 GP practices who commenced the pilot in August were accustomed to triaging patients into MSK physiotherapy 1st contact clinics at the GP practices. Not only did the practice staff embrace the change of practice during the pilot but patients were happy to see the MSK APP as an alternative to the GP. From the completed questionnaire received, 99% patients reported they were happy to be seen by the MSK APP instead of the GP.

Following the patients initial assessment with the MSK APP, 62% patients were provided with education and advice to self-manage their condition and no further follow up appointment was arranged. Out of the 116 patients (7%) who attended a follow up with the MSK APP, a further 38% patients were discharged to continue with self-management of their condition.

The outcomes reported by the MSK APP's during the pilot demonstrated that the MSK APP clinician's referred a total of 506 patients (458 patients from initial assessment and 48 patients after a follow up) for MSK physiotherapy treatment. This equates to 24% of the total number of contacts made with patients (1886 patient contacts). A total of 49 referrals were made into the MSK CATs service (40 patients from initial assessment and 9 patients after a follow up). This equates to 3% of the total number of contacts made with patients in the MSK physiotherapy 1st contact clinic. The 10 GP practices involved in the pilot referred a total of 2025 patients into the MSK physiotherapy and 753 patients into MSK CATs. Therefore 1519 MSK physiotherapy referrals and 704 MSK CATs referrals were received from a different source other than the MSK APP for example GP or ANP. It is therefore proposed that as part of the Physio 1st service, the clinicians will triage all referrals prior to onward referral. This has been tested at The Stag and a small number of referrals were avoided but overall has resulted in almost all patients being care navigated appropriately to Physio 1st.

Following review of the patients who were assessed in the MSK APP clinic, it came to light that some of the patients who were booked in to see the GP / ANP for a follow up were patients who needed their X-Ray results. This has highlighted that even though the physiotherapist requested the X-Ray, the results came back to the GP practice and a number of patients were booked in to see the GP / ANP for their results. It is therefore proposed that this is overcome by the hub arrangement as the results will return to the hub and not individual GP practice initially. The APP would then feedback results to patients via telephone contact as they have assessed the patient which would save time on a follow up appointment with a professional.

Analysis of key issues and of risks

It is proposed that the Physio First service is provided via Connect Healthcare Rotherham whose role is to develop at scale working in general practice across Rotherham. Connect Healthcare Rotherham would administrate the service. TRFT have been offered the opportunity to provide the physiotherapy resource on a sub-contract basis as it would be beneficial for the services to be aligned. TRFT are yet to confirm whether they will be providing the physiotherapy resource.

It is more difficult to provide services which are only contracted annually as physiotherapy is a shortage profession however every effort will be made to achieve this.

Currently Physio 1st is provided in the 10 practice locations of the original pilot. It is proposed to provide the service via 4 hubs to increase capacity and ensure efficient utilisation of slots, it is recognised that practices will be disappointed to not have this resource based within their practice.

Timescale – it will take at least 3 months to implement the new arrangements and therefore it is proposed to continue the existing arrangements until 30 June and not have a gap in provision.

If TRFT is unable to provide staffing beyond the end of March, it is proposed to obtain locum cover to continue the service.

Patient, Public and Stakeholder Involvement:

Care navigation including Physio 1st has been communicated via patient engagement events, in particular at the last AGM. It is acknowledged that it would be more preferable from a patient perspective to provide the Physio 1st service from each GP practice however this is not a viable financial option. As per the pilot, patient feedback forms will be issued for all attendances to understand any issues with location and transport for patient.

Equality impact

This new arrangement will provide full equity as all practices will be able to utilise Physio First instead of the current initial 10 practices who have commenced care navigation.

Financial Implications:

Physio First Contact in General Practice – anticipated costs are **£303,688** for 4.7wte Band 7 posts and 1wte Band 8a post (who will have management responsibilities for the service). Administrative support will be provided by the Federation – full year costs are expected to be £320,000.

Human Resource Implications:

No staff at TRFT are currently substantiated into Physio 1st. There will be requirement to recruit fixed term into these positions.

Procurement:

N/A.

Approval history:

This recommendation has been endorsed by the Operational Executive

Recommendations:

Primary care committee are asked to approve the recommendation to continue utilising funding from the GP Forward View and monies released from the quality contract to ensure the national requirements to deliver care navigation in GP Practice are met. The committee are also asked to support the recommendation that Connect Healthcare Rotherham facilitate the Physio 1st arrangements.