

STANDARDISED NATIONAL DATA COLLECTION FOR FIRST CONTACT PHYSIOTHERAPY PRACTITIONERS (2nd Edition)

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To honour the NHS Mandate; ‘to identify opportunities for regular collection of data about incidence, prevalence, clinical activity and outcomes of MSK services in England’ (section 7.3).

The original guidance "*Standardised National Data Collection for First Contact Physiotherapy Practitioners*" was authored by Amanda Hensman-Crook and published by Health Education England (HEE) in May 2018 as part of the national pilot and evaluation of First Contact Practitioners (FCP). It was subsequently publicised by both the Chartered Society of Physiotherapy (CSP) and NHS England (NHSE). In February 2019, this guidance was revised by Euan McComiskie, Health Informatics Lead at the CSP, in conjunction with Amanda Hensman-Crook, following the development and sharing of the FCP data templates.

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Introduction

This guidance was first published in May 2018 as part of NHS England's evaluation of FCP. The original premise of this work was to honour the NHS Mandate; 'to identify opportunities for regular collection of data about incidence, prevalence, clinical activity and outcomes of MSK services in England' (section 7.3). This initiated the basis of designing national universal templates to capture coded output data for First Contact Practitioner (FCP) services from the three primary care data systems most commonly used in England. The templates were designed to capture data of appointment output in a format that included no patient-identifiable data, and so enabling services to use their data for reports and freedom of information requests, as required.

As a new role in primary care that is developing throughout UK, it is essential to capture standardised output data on a large scale to ensure reliable and robust evidence of its effectiveness. It is also important to identify any areas that may not be working as well, so we can adapt to improve service delivery for all stakeholders.

Further importance was put on this work with the inclusion of the national FCP evaluation in the NHS England Long Term Plan (www.longtermplan.nhs.uk).

The templates were initially developed and tested through EMIS read codes. They were then transcribed to read codes in Vision, to CTV3 in SystemOne and SNOMED for systems using SNOMED (for example, EPIC, Cerner and Lorenzo). That way, in principle, any FCP post holder can import the data collection templates (with the help of their local configuration support) enabling a national picture of inputs and outputs in different demographic groups and service set ups. Since the original guidance in May 2018, the CSP and NHSE evaluation teams have developed reporting templates for EMIS, Vision and SystemOne. All three data collection and data reporting templates are available on the FutureNHS platform (www.future.nhs.uk) as well as the CSP's FCP forum (www.csp.org.uk/icsp/fcp).

Data collection needs to address the impact of the FCP service on the patient, primary care, secondary care, allied health services and the wider health care system including the third sector. This can be looked at in terms of;

- Cost of service delivery
- Patient safety
- Patient experience
- Clinical effectiveness
- Productivity

During the design of the data collection templates, these parameters were carefully considered alongside the need to provide a user friendly, accountable and time efficient way for clinicians to record their notes, for benchmarking and for research.

Fulfilling the NHS Mandate (section 7.3)

Cost of service delivery needs to demonstrate:

1. that FCP is streamlining the MSK service in primary care by enabling patients to see the right person at the right time and direct from reception, to prevent unnecessary steps in the wider healthcare system.
2. evidence of cost efficiency by reducing investigations, pharmaceutical costs and ongoing costs related to public health and long-term conditions (LTC).
3. reduced referrals to secondary care.
4. that FCP saves GP practices the cost of referral to secondary care and an improved conversion rate to surgery.
5. upstream preventative care (by the coding of exercises and advice, lifestyle discussion and referral to lifestyle services) to show that the education of LTC/public health issues reduces unplanned admissions and overall costs in expected patient outcomes.
6. financial gain to GP practices as pay per injection to the practice can be offset from their outgoing costs.
7. that peripheral injections in primary care correlates with a drop in secondary care (to show that capacity is created in secondary care to see patients to be listed for surgery).

Patient safety needs to demonstrate:

1. appropriate consideration and recording of red flags, informed consent, history, symptoms and examination
2. reduction of prescribing controlled drugs (CDs) and non-steroidal anti-inflammatory drugs (NSAIDs).
3. reduction in x-rays to show a reduction on associated health risk.
4. non-MSK conditions effectively identified through expert MSK and broader co-morbidity knowledge. This can be shown through blood investigations and referrals to other non-MSK services/ re-referrals to the GP.

Clinical effectiveness needs to demonstrate:

1. impact of exercises/advice/public health (and lifestyle) discussions.
2. reduction in investigations.
3. reduction of first referral into secondary care.
4. numbers of peripheral injections taken from secondary care.
5. reduction of core physiotherapy referrals.
6. improved quality of referral and management of LTC and public health conditions.
7. whether patients are largely first contacts by documenting follow ups.
8. capacity in clinics.

Patient experience needs to demonstrate:

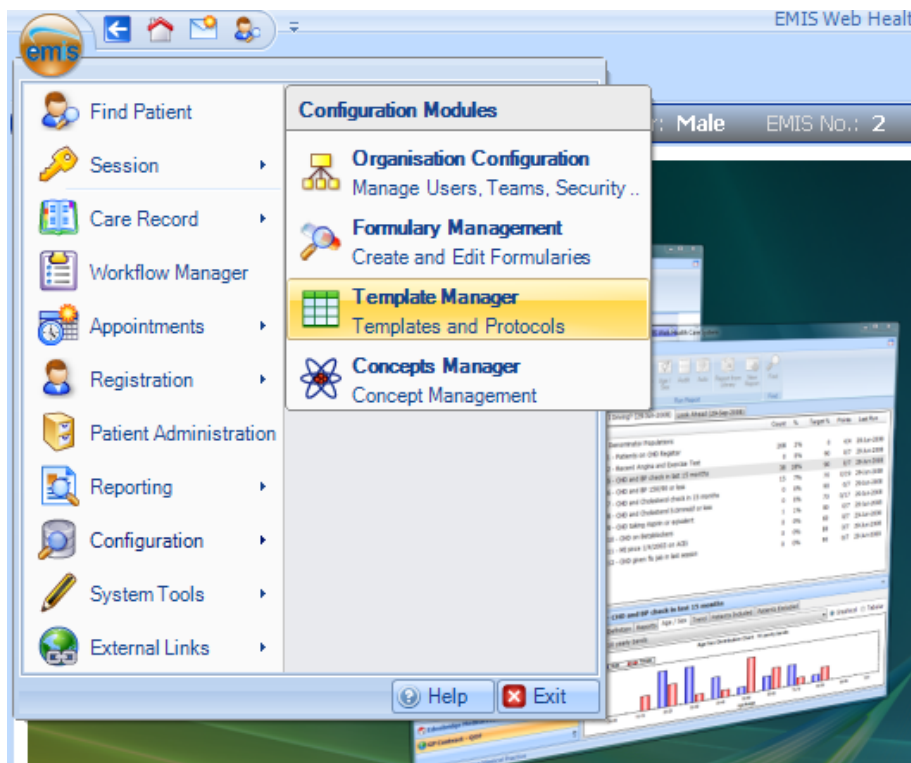
1. that FCP streamlines care preventing unnecessary extra steps in the care pathway.
2. that being seen direct from reception, and closer to home, improves patient choice.

Productivity to demonstrate:

1. number of appointments per year face to face and telephone consultations so improving GP capacity.
2. improved GP education around MSK – this can be seen globally by collecting numbers of referral to secondary care, investigations and pharmacy for the whole practice in comparison to prior to FCP.
3. number of DNAs.
4. streamlined MSK pathway; improved referral to secondary care and conversion rate to surgery.
5. number of follow ups (can work out how many first contacts by this).

EMIS Data Template importing

- Save the template on your computer or network. If it arrived in a zip file attached to an email you need to open and unzip.
- Select the template (the file name will end with **.xml**), right-click on it and select *Copy*.
- Find somewhere on your computer (perhaps the Desktop), right-click and *Paste*.
- From the EMIS main screen, click on the EMIS button, then go to **Configuration** and **Template Manager**, select the folder you want to import the template to and then click **Import**.



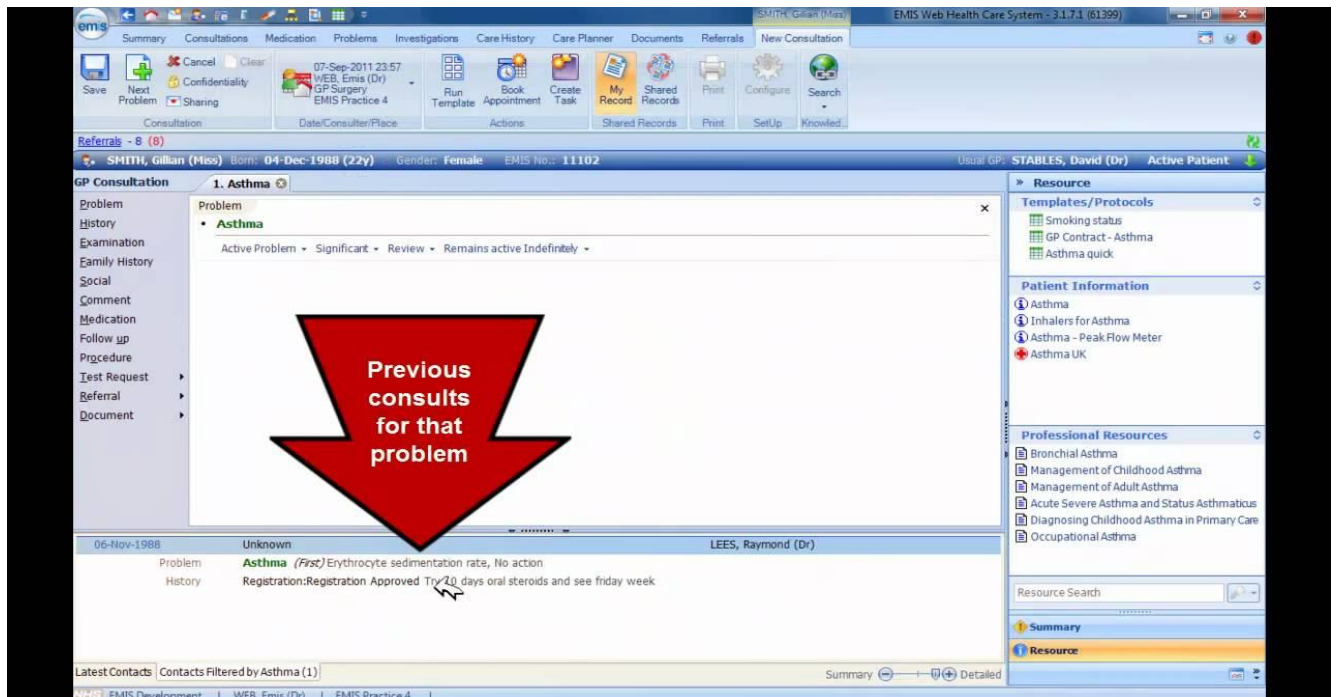
The template is accessed from the usual GP system front screen for a new consultation, and can be used adjunct to the regular consultation, so a continuous dialogue is recorded. The template access can be seen on the pictorial bar at the top of the screen as **'Run Template'**.

It is important that the template becomes part of the regular consultation screen when saved, because the sentinel code of the condition is recorded under **'Problem'**, which cannot be transferred into a template.

The usual EMIS front screen is seen below with the 'Problem' listed as 'Asthma'. The red arrow shows that the sentinel problem is accessed from the system to display previous consultations of the same condition when you select the condition under that heading. This allows important information for decision making for the continuation care and care planning for, in this case 'Asthma'.

In terms of data collection, it allows a global view of the practice system, showing the gross number of consultations a patient has attended for the same condition within the same practice.

This can be tested before and after a First Contact post has been established to see if there has been an effect on a particular group of patients. It can also give an indication of the FCP's case mix.

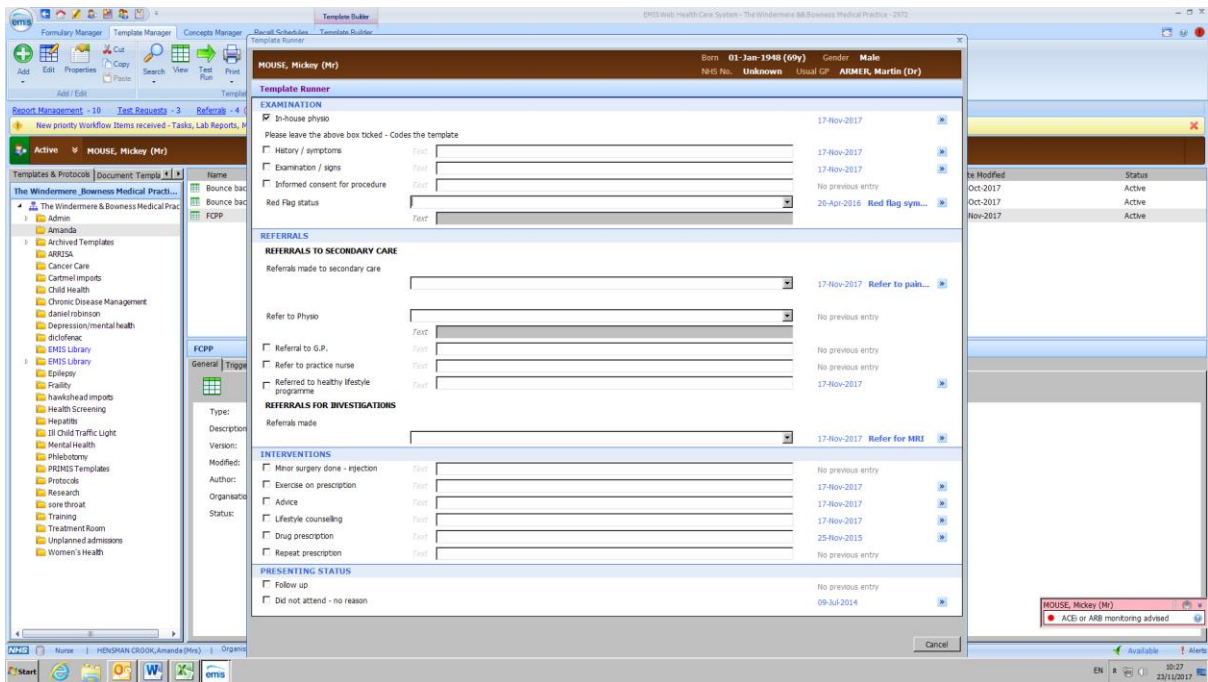


EMIS Template Front screen

The data Template is divided into five sections for logical note keeping;

1. Examination
2. Referrals to secondary care
3. Referrals for investigations
4. Interventions
5. Presenting status (follow up/DNA)

On the front screen of the template below, you can see that under the 'Examination' label, there is a ticked box that says 'in-house physio'. This is the identification box for the role that is accessed to draw data from. Ideally it would say 'FCP', but at present there is no code for this. System operators can develop this if necessary.

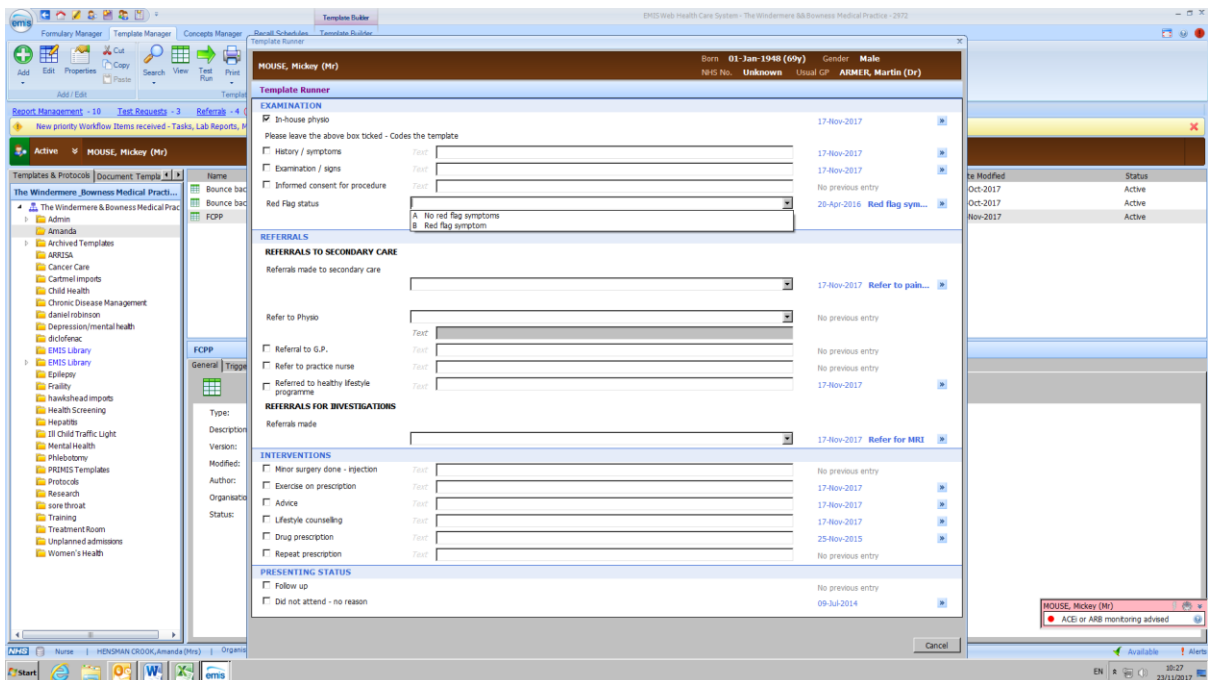


Next to each of the tick box options, is a text box to write in. A finite number of characters can be written in each box (much like 'Twitter'), but once 'save' is pressed and the template information is exported onto the regular consultation front screen, truncated text can be added as a continuation of dialogue for as many characters as needed. The consultation is fully saved on the second time 'save' is pressed.

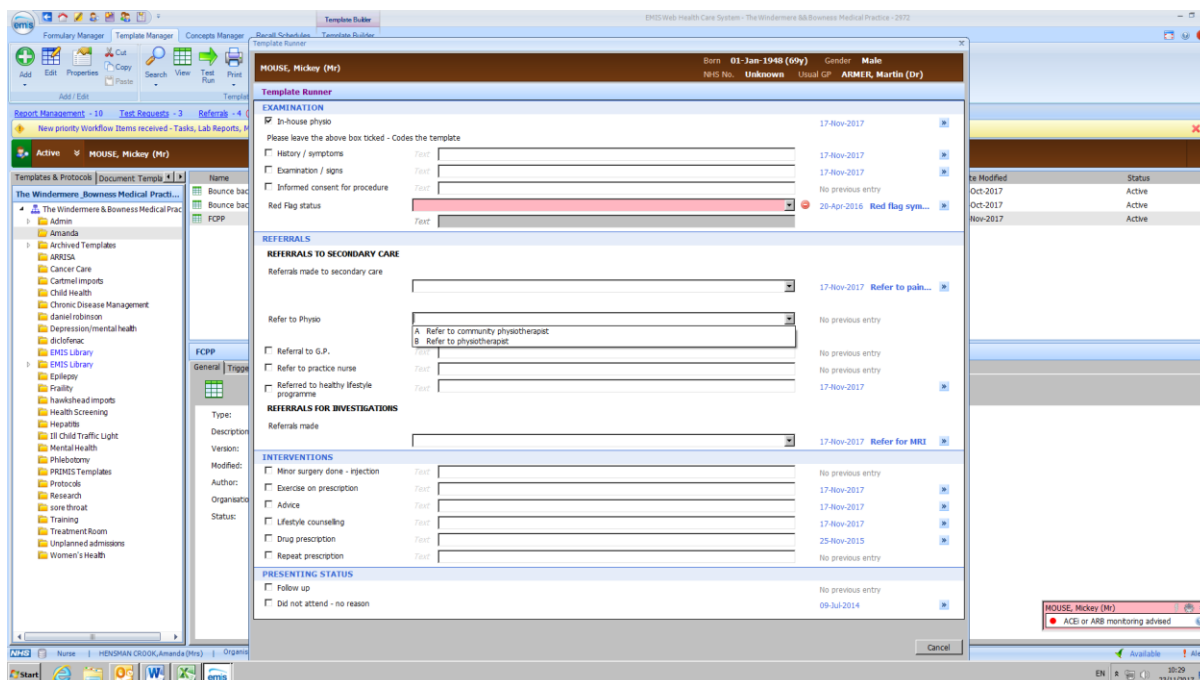
EMIS Template Drop Boxes

Some of the options, when the box is clicked on, provide drop down menu options. When you click on one of the menu options, a text box to write in will appear.

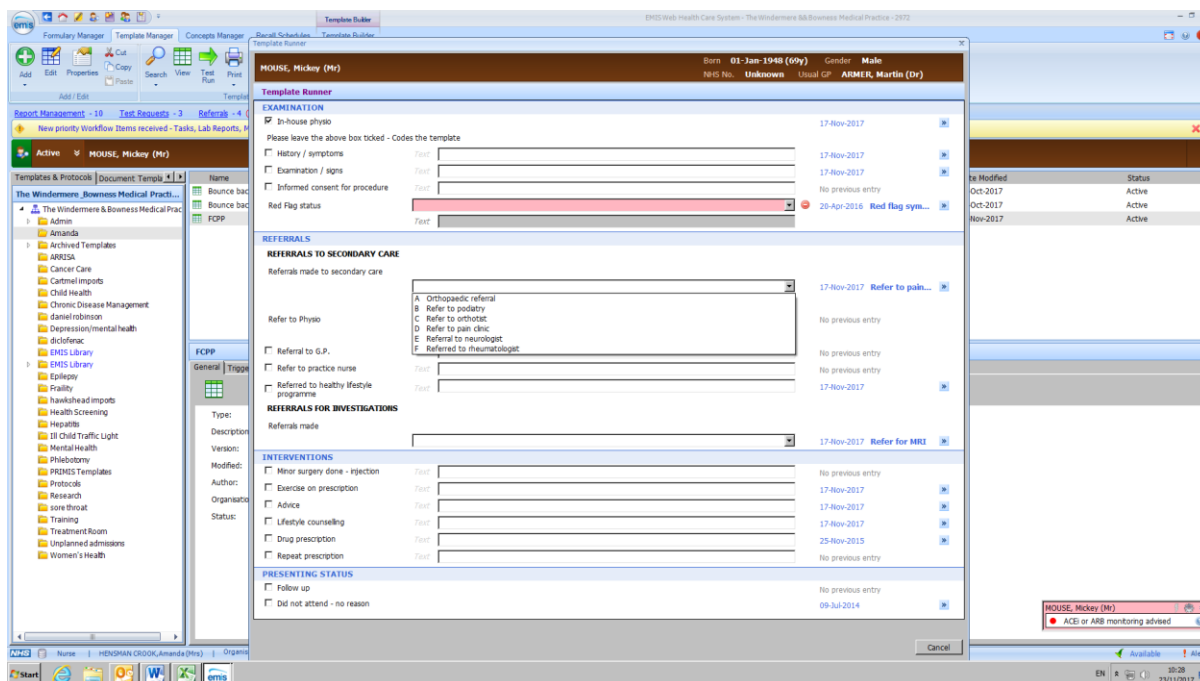
Below is the 'Examination' section. Everything in this section is mandatory to ensure safety and accountability.

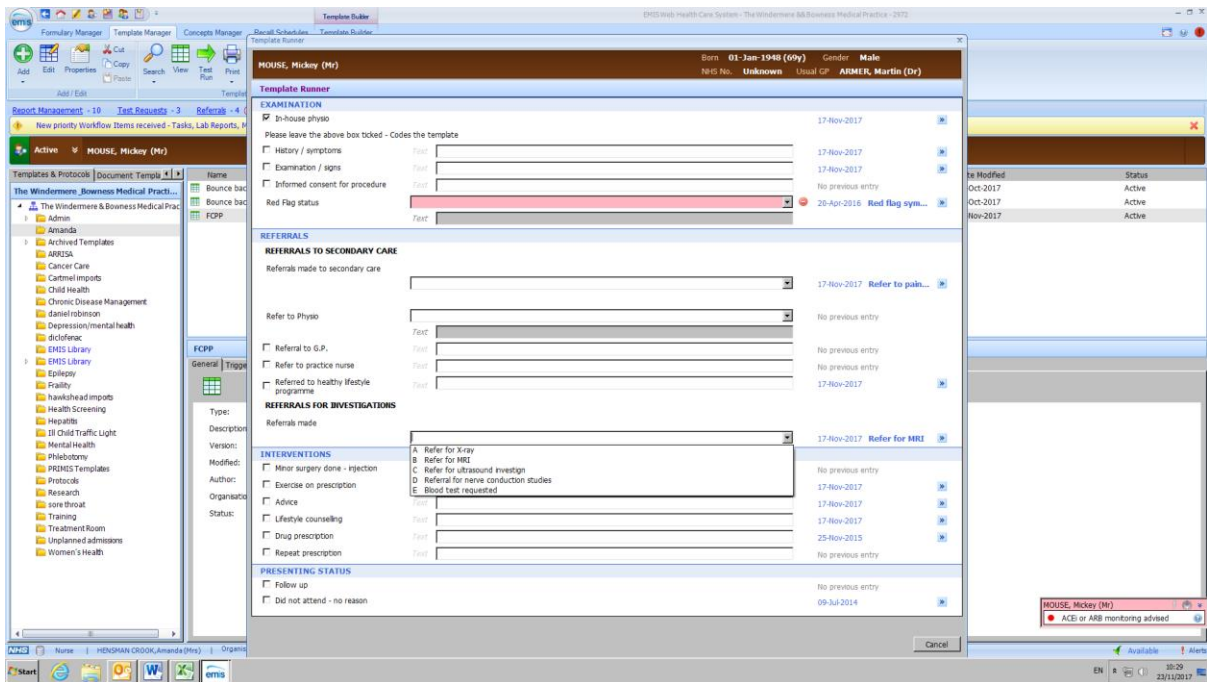


Note that when no text has been added in the 'Examination' box and the drop box in 'Referrals' is opened, a warning that 'red flags' have not been completed is highlighted.



The other two drop boxes are for 'Referrals to secondary care' and 'Referrals for Investigations'. Again, a text box will appear when selected for qualifying information.





Referrals for secondary care and investigations are entered on the 'consultation front screen' (see above) using 'Test Request', 'Referral' and 'Documents' in the left hand box, all of which have drop boxes. Again, it is necessary to use the consultation front screen and template in tangent.

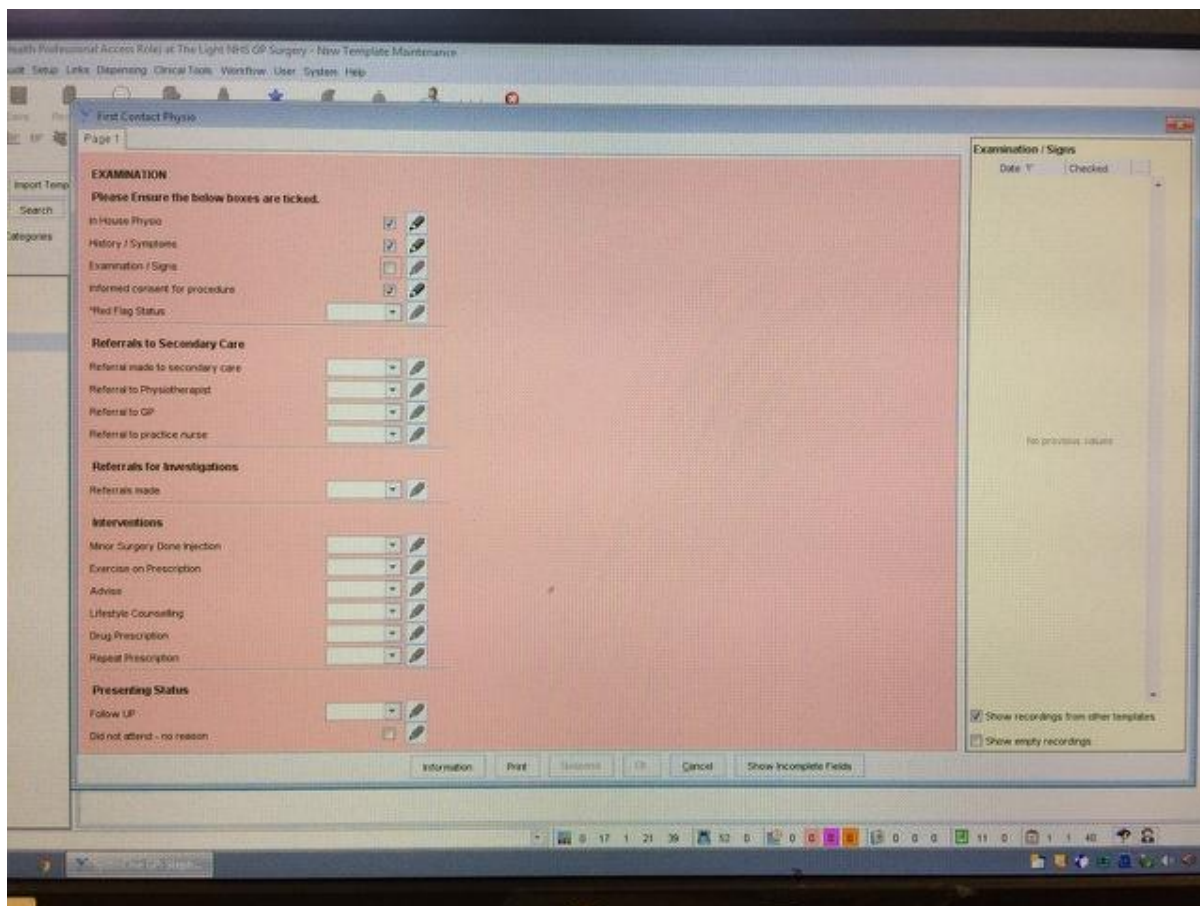
EMIS Reporting Template

The instructions for importing and running the EMIS reporting template are included in the embedded document below.



**Importing FCP
reports into EMIS Wel**

The SystemOne template was developed in a basic form with the correct coding. It looks similar to the EMIS template front screen and has drop boxes and fields to add text by clicking on the pencil icon.



SystemOne Template importing

Step 1 - Save the template to your computer.

Step 2 - **Setup > Data Entry > New Template Maintenance.**

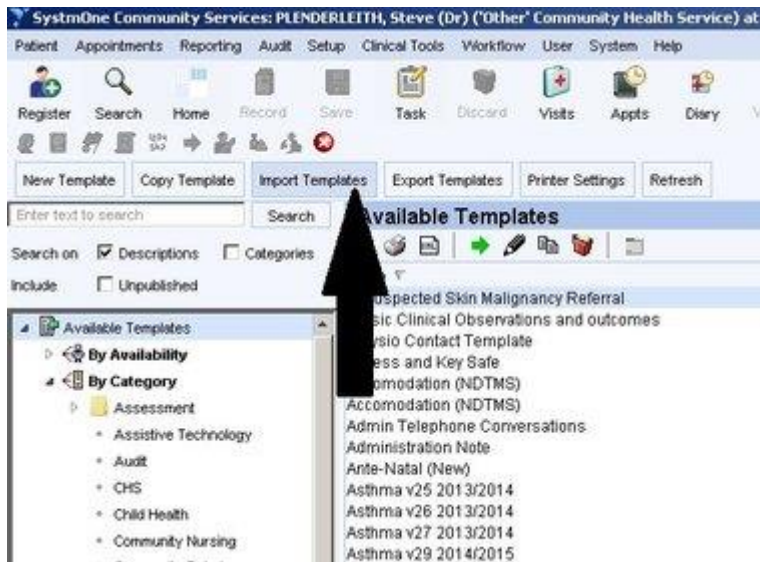
Step 3 - **Import Template.**

Step 4 - Select the s1 FCPP template from wherever you saved it. Follow instructions on the **Template Downloads** if you haven't yet done this.

Step 5 - Tell SystemOne where to put the template (**New Template Category**).

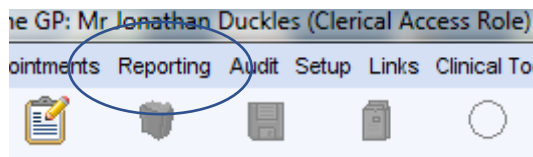
Step 6 - Save it to your system and click '**OK**'.

Step 7 - Find the new template and publish it locally.

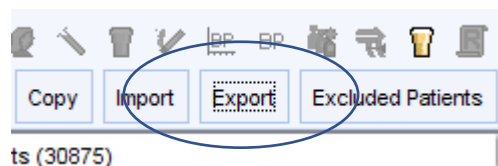


SystemOne Reporting Template

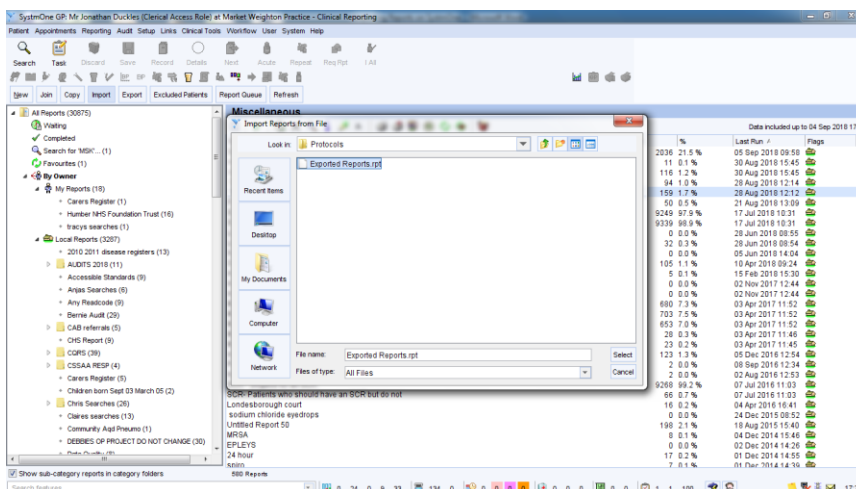
1. Save the report (.rpt file) to your desktop.
2. Go to **Reporting** tab on SystmOne.



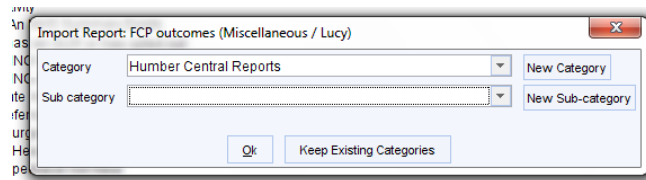
3. Open **Export** in the toolbar.



4. Locate .rpt file on the desk top and click 'select'.



5. Select report location.



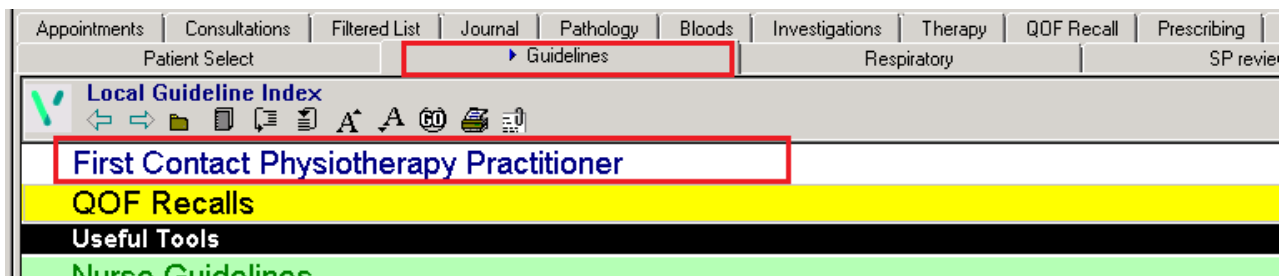
6. The report will be ready to run.

Vision

The Vision patient record is organised as a series of tabs, making it easy to click between areas of the patient record. There is also a side panel to the top left of the patient record that enables you to easily filter aspects of the patient record.

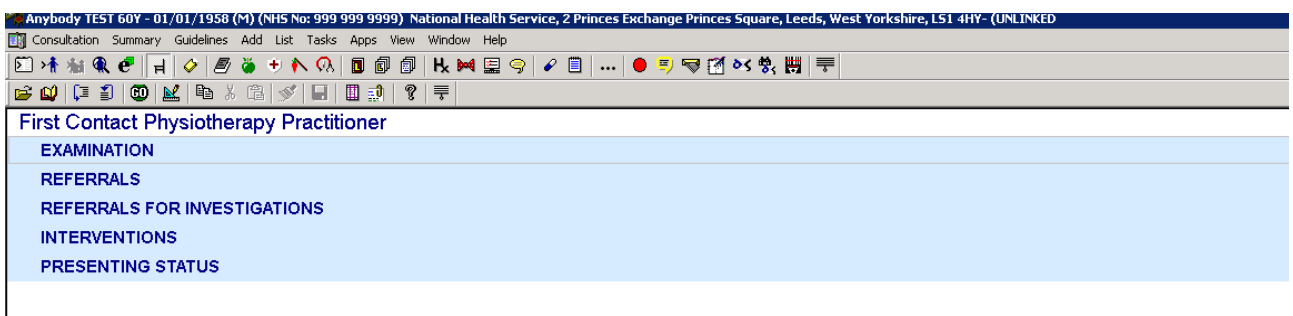


To access the *FCPP* (*First Contact Physiotherapy Practitioner*) guideline, click on the 'Guidelines' tab and then double click on the line that says 'First Contact Physiotherapy Practitioner'.



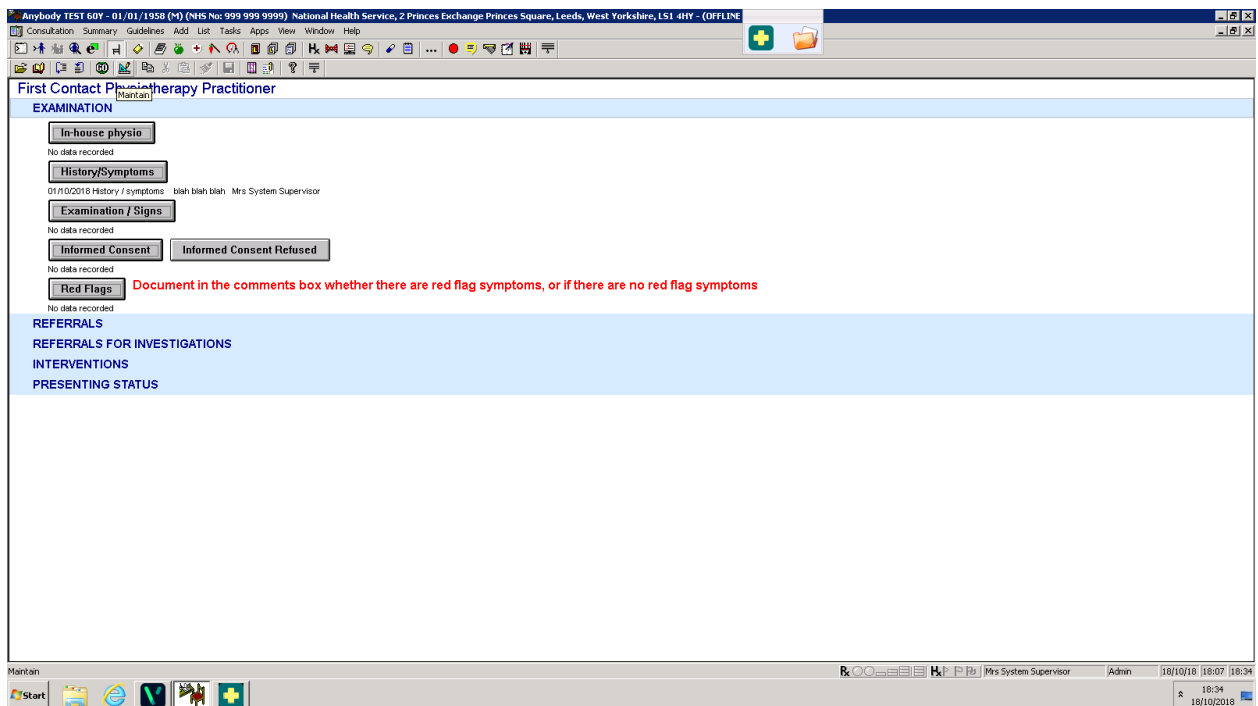
The template is divided into the same sections as the EMIS and System One templates:

1. Examination
2. Referrals
3. Referrals for investigations
4. Interventions
5. Presenting status



The main difference is that data is added using “buttons” rather than being presented in a table format.

Click on the header for each section to expand the section.



Previous entries for the same Read code over the last year are listed below each button:



01/10/2018 History / symptoms blah blah blah Mrs System Supervisor

Important instructions are written on the guideline in red and must be adhered to. For example:



Document in the comments box whether there are red flag symptoms, or if there are no red flag symptoms

No data recorded

To add data, click on a button. Type free text comments in the **Comment** box and click on ‘OK’ to save the entry.

History - Add

Event Date: 18 October 2018 Clinician: Supervisor, Mrs System Private
 In Practice

Read Term for Characteristic: 9NJ3.00 In-house physio

Comment: **Enter freetext comments here**

Type of Characteristic: Administration Episode Type: New event Priority: 3

End Date: []

Buttons: Another, **OK**, Cancel, Help

Some buttons give you the option to select from a drop down menu (if applicable) as well as adding free text to the 'Notes' box. Click on 'OK' to save.

Advice Given - Add

Date: 18 October 2018 Clinician: Supervisor, Mrs System Private
 In Practice

Read Term: 67H..00 Lifestyle counselling

Type of advice given: Advice

Notes: **Add freetext here**

Advice dropdown menu:
 <None>
 <None>
 Alcohol
 Smoking
 Diet
 Family History

Buttons: OK, Cancel, Help

Referral buttons give you the option of adding a referral letter using the envelope icon. If you simply want to add free text, click on the notepad icon instead. Click **OK** to save.

Referral - Add

Date of Referral: 18 October 2018
 Clinician: Locum, Dr Federated
 Private
 In Practice
 Online Booking

Read Term for Referral Reason: 8H54.00 Orthopaedic referral

Source: GP Referral
 Referral Type: Out Patient
 Attendance Type: First visit

Urgency: Routine
 Contract Status: PCG Contract
 Action Date: 08 November 2018

Status: <None>
 Booking Reference:

Provider:

Unit:
 Department:
 Consultant:
 NHS Specialty: General Surgery
 TP Specialty: Orthopaedic

click to add a letter
 click to add freetext

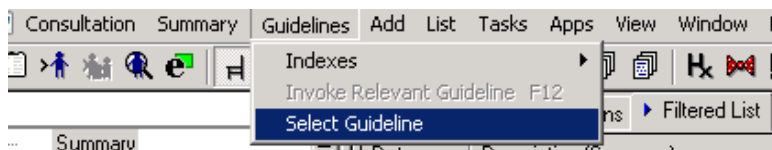
Default
 OK
 Cancel
 Help

Vision Template importing

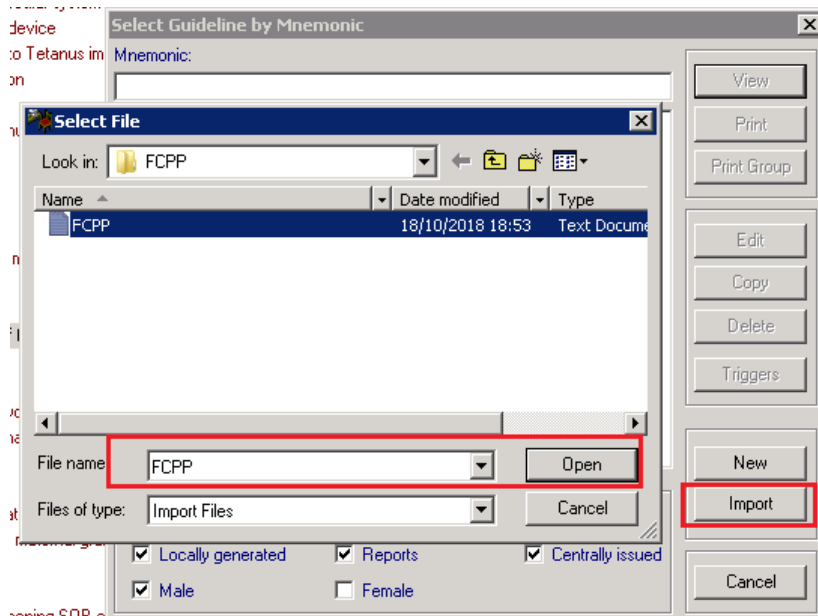
To import the Vision template:

In AEROS, save the FCPP folder to O:\DOWNLOAD\guidelines

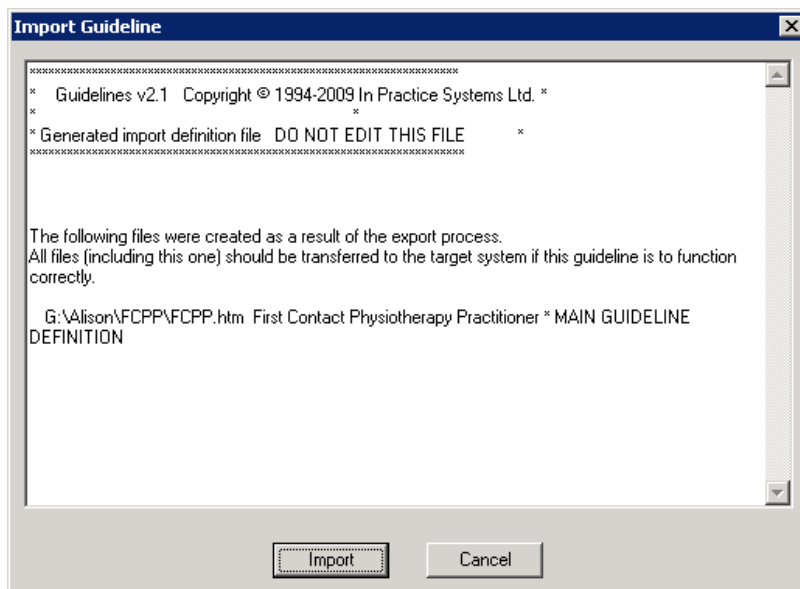
In the patient record, from the menu bar, click on 'Guidelines' – 'Select Guideline'.



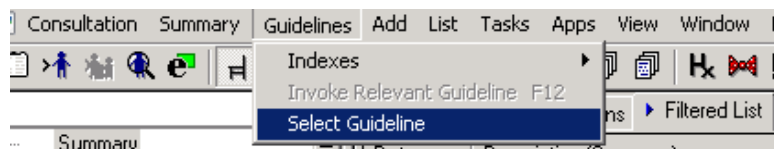
Click on the 'Import' button, browse to the correct folder (O:\DOWNLOAD\guidelines\FCPP), click on the FCPP text document and click 'Open'.



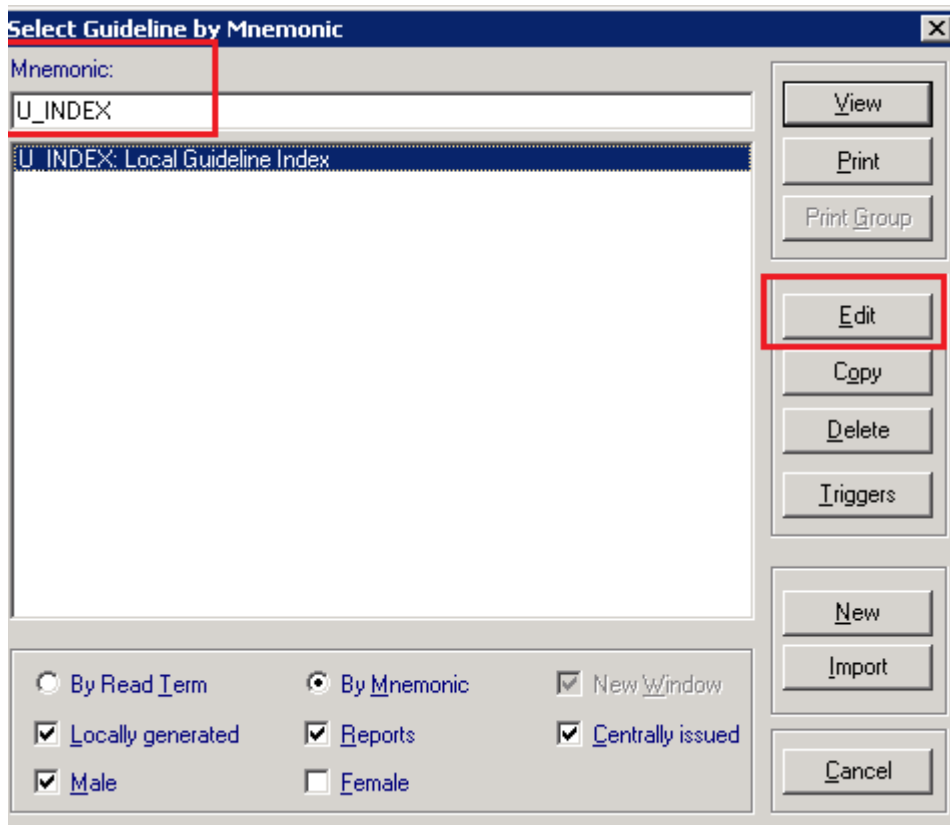
Click on 'Import'. The guideline now opens.



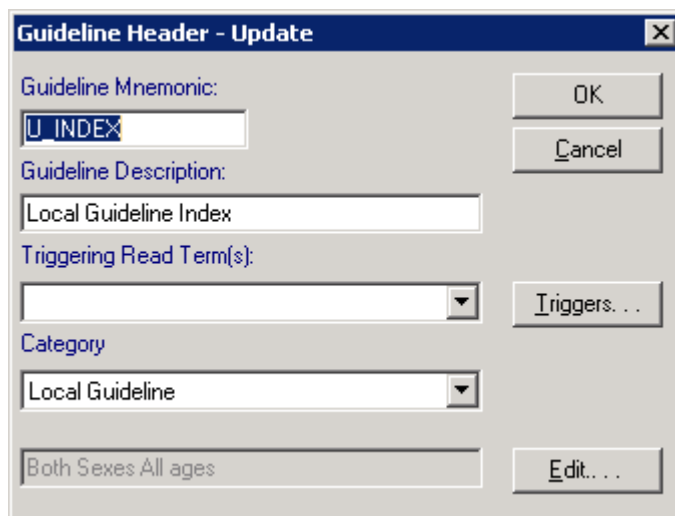
You now need to add the guideline to the guideline index. In the patient record from the menu bar, click on 'Guidelines' then 'Select Guideline'.



Type "U_INDEX" into the Mnemonic box and press enter/return. Click on 'Edit'.



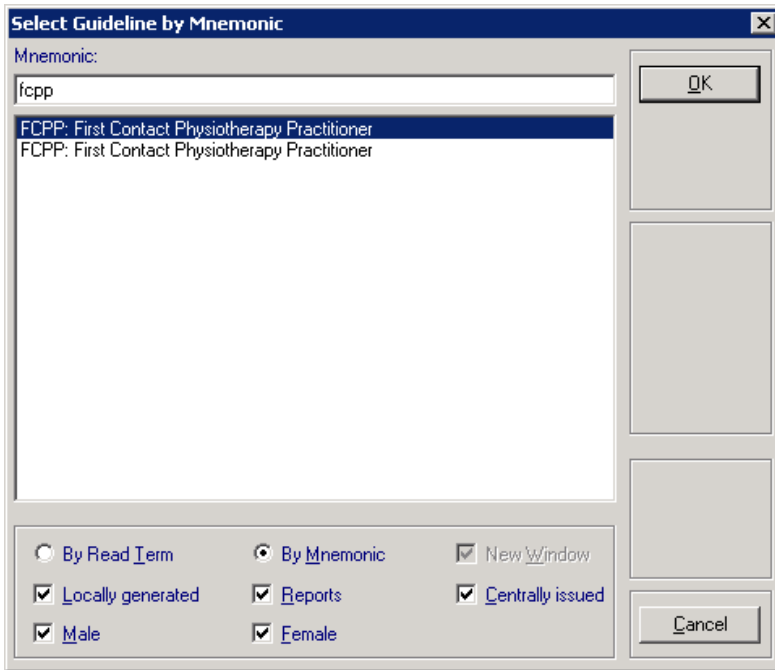
Click on 'OK'.



The practice main guideline index now shows. Pick the line below which you want to embed the guideline and click on the Filofax icon



Type FCPP into the Mnemonic box and press return/enter. Click on 'OK'.



The guideline is now embedded.



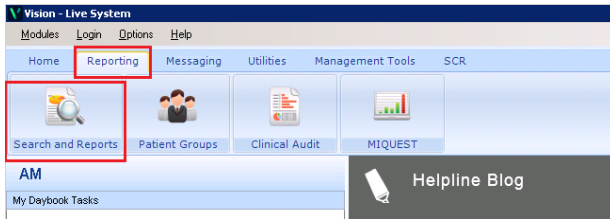
Click on the set-square icon on the menu bar to close the editing process.



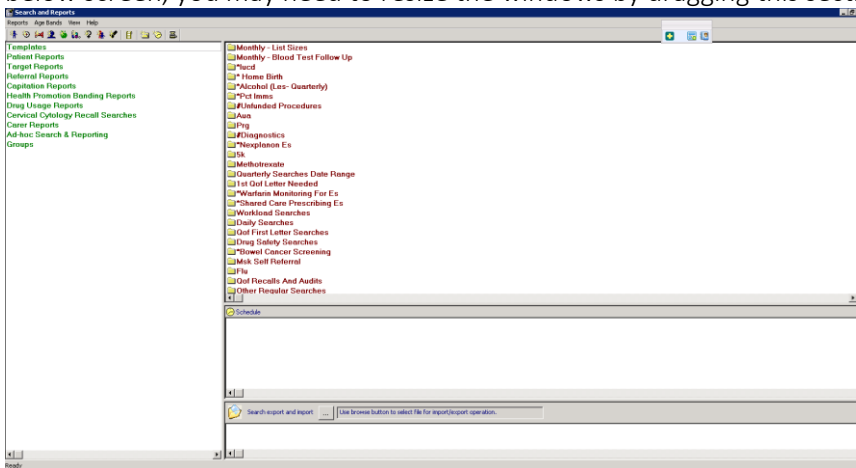
Vision Reporting Template

Save the file to an accessible location in AEROS

On the Vision main screen click on the 'Reporting' tab and then on 'Search and Reports'.



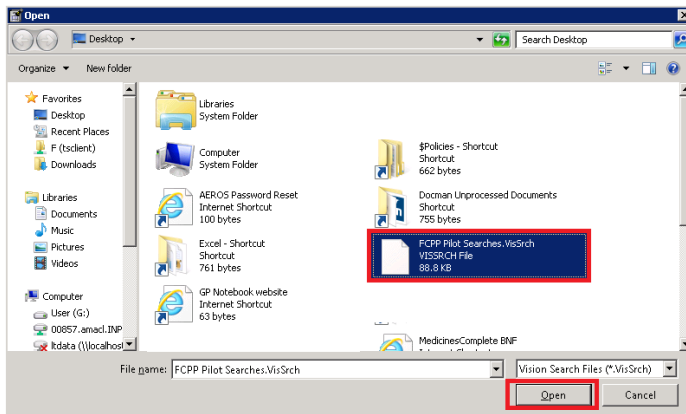
You will need to bring up the export/import window which is located on the bottom right of the below screen, you may need to resize the windows by dragging this section of the screen up.



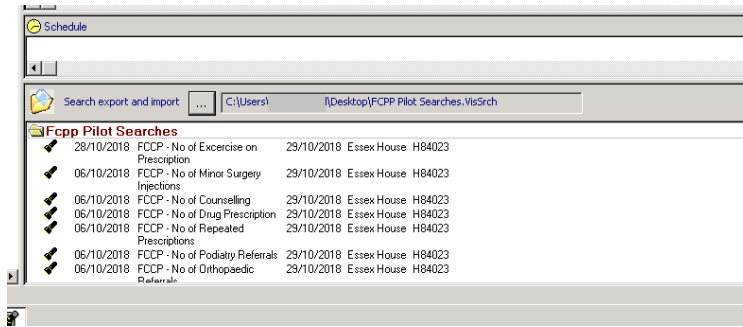
You will then need to click the 3-dot button to browse.



A screen similar to the following will appear. Browse to and highlight the folder you wish to import and click 'Open'.



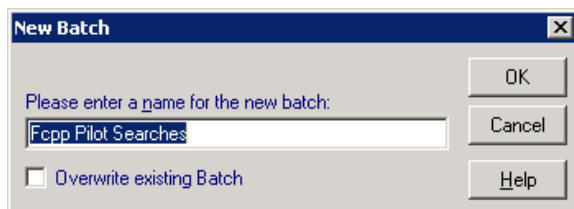
Once you have done this the files will appear in the window as shown below:



Right click on the folder and select 'Import' (as below).



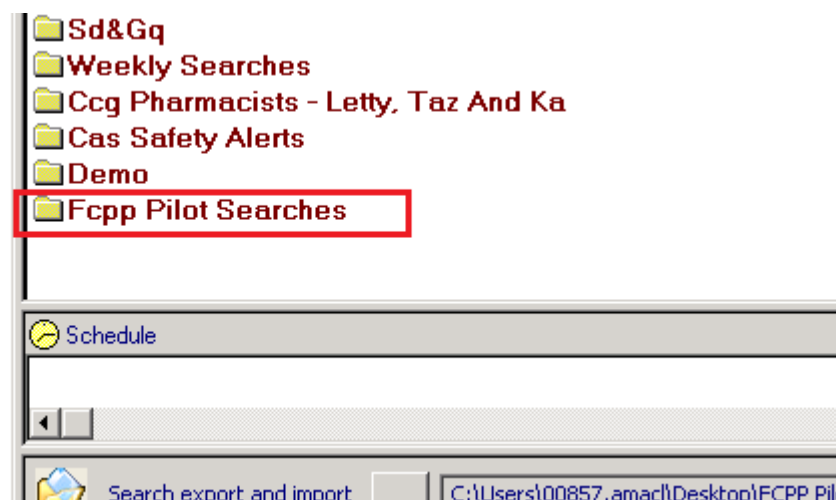
You are prompted to name the batches. You can leave this as is and click on 'OK'.



Confirmation that the batch has been imported appears.



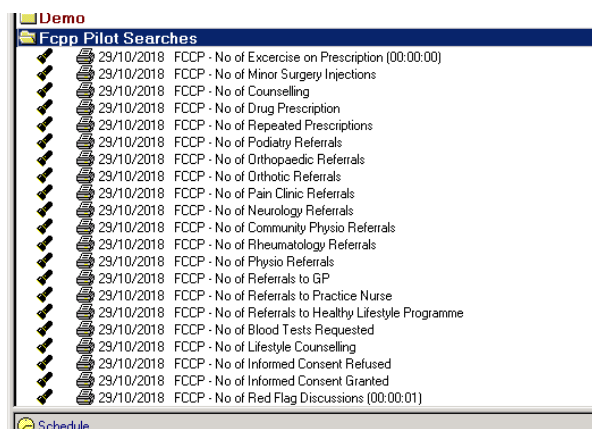
The batch of searches that you have imported will be at the bottom of the list of batches.



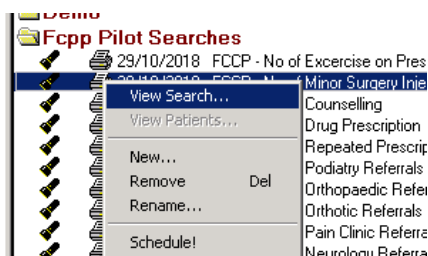
Running Searches

1) To run individual searches:

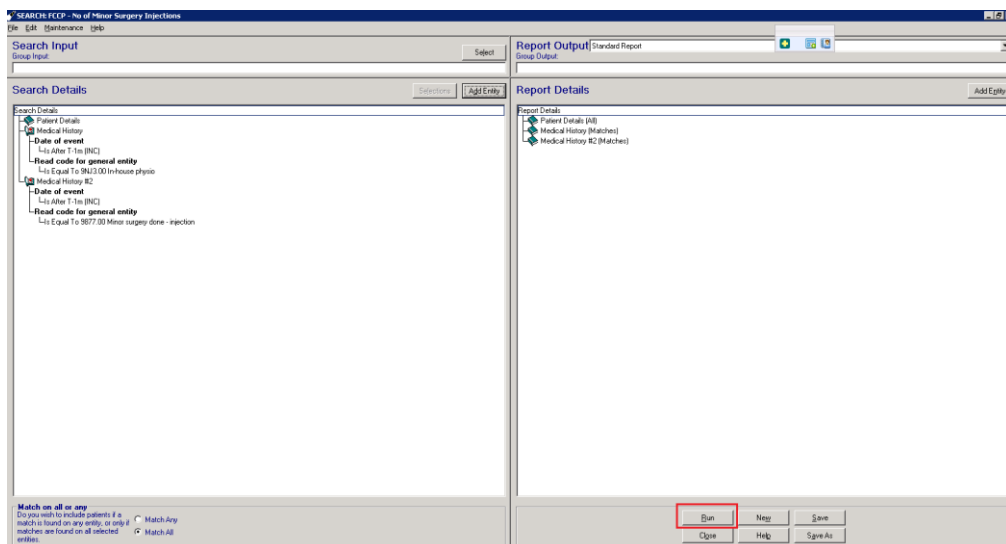
Left click on the folder to open the batch



Right-click on the search you wish to open and click on 'View Search'.



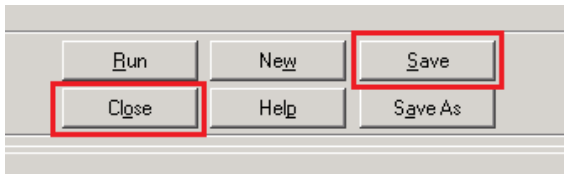
When the search opens, click on 'Run' to run the search.



If no patients are found who fit the criteria, a “no matches found from the search” box appears.

If patients are found, an anonymised list appears on the screen. Click on the 'Print' button to print this list, or the 'Close' button to close the list.

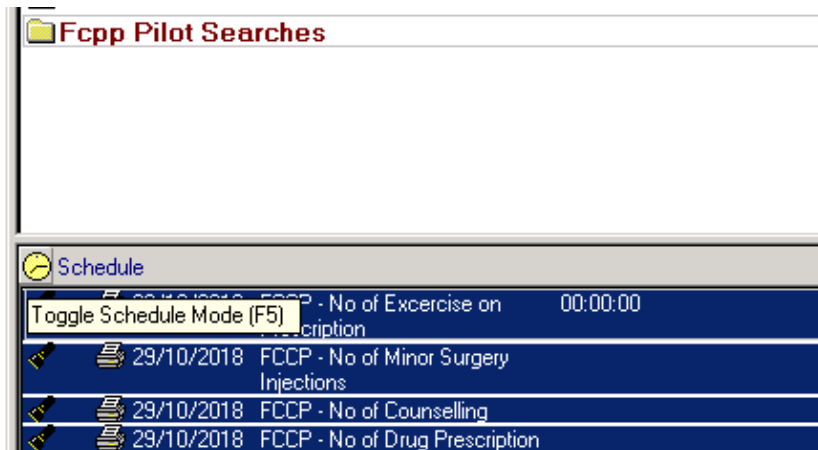
Click on the 'Save' button then the 'Close' button to close the search.



Repeat for the other searches in the batch.

2) To run the searches as a batch:

Left click on the batch folder and keep the button pressed whilst dragging the batch to the scheduler section. Release the button to drop the batch



Click on the clock to schedule the searches to run



Set a time that is a minute or two later than the current time and click 'Go'. The searches will automatically run at this time and if there are any patients found an anonymised list from each search will be printed. If no patients are found for a particular search, there will be no printout for that search.

Search and Reports			
Reports Age Bands View Help			
Start 17.03 Go			
29/10/2018	FCCP - No of Exercise on Prescription	00:00:00	
29/10/2018	FCCP - No of Minor Surgery Injections		
29/10/2018	FCCP - No of Counselling		
29/10/2018	FCCP - No of Drug Prescription		
29/10/2018	FCCP - No of Repeated Prescriptions		
29/10/2018	FCCP - No of Podiatry Referrals		
29/10/2018	FCCP - No of Orthopaedic Referrals		
29/10/2018	FCCP - No of Orthotic Referrals		
29/10/2018	FCCP - No of Pain Clinic Referrals		
29/10/2018	FCCP - No of Neurology Referrals		
29/10/2018	FCCP - No of Community Physio Referrals		
29/10/2018	FCCP - No of Rheumatology Referrals		
29/10/2018	FCCP - No of Physio Referrals	00:00:01	
29/10/2018	FCCP - No of Referrals to GP		
29/10/2018	FCCP - No of Referrals to Practice Nurse		
29/10/2018	FCCP - No of Referrals to Healthy Lifestyle Programme		
29/10/2018	FCCP - No of Blood Tests Requested	00:00:01	
29/10/2018	FCCP - No of Lifestyle Counselling		
29/10/2018	FCCP - No of Informed Consent Refused		
29/10/2018	FCCP - No of Informed Consent Granted		
29/10/2018	FCCP - No of Red Flag Discussions	00:00:01	

Outcome codes on FCP Template for EMIS, V2, V3 and SCT

To ensure the data is standardised, one code for each outcome has been selected for the templates, as listed below. The V2, V3 and SCT are relevant to your IT support if building a template.

EMIS Codes

EMIS codes	V2 Code	V2 Term Code	V2 term
8H54	8H54.	00	Orthopaedic referral
8H4B	8H4B.	00	Referred to rheumatologist
8H7X	8H7X.	00	Refer to podiatry
8H7S	8H7S.	00	Refer to orthotist
8H69	8H69.	00	Refer to pain clinic
8H4h	8H4h.	00	Referral to neurologist
8H77	8H77.	00	Refer to physiotherapist
8H62	8H62.	00	Referral to G.P.
8H71	8H71.	00	Refer to practice nurse
8HQ1	8HQ1.	00	Refer for X-ray
8HQ3-1	8HQ3.	11	Refer for MRI
8HQ2	8HQ2.	00	Refer for ultrasound investigation
8HRE	8HRE.	00	Refer nerve conduction studies
4131	4131	00	Blood test requested
8Hlu	8Hlu.	00	Refer healthy lifestyle programme
9877	9877	00	Minor surgery done - injection
671	671..	00	Counselling - general
67H	67H..	00	Lifestyle counselling

9c0H	9c0H.	00	Follow up
8B21	8B21.	00	Drug prescription
8B4-1	8B4..	11	Repeat prescription
9N42	9N42.	00	Did not attend - no reason
892	892..	00	Informed consent for procedure
9D15	9D15.	00	eMED3 (2010) new stat iss, NFW

CV3 Codes

CTV3 code	CTV3 Term Code	CTV3 Term
8H54.	Y79lv	Orthopaedic referral
8H4B.	Y79jc	Referred to rheumatologist
XaAdU	YaW3a	Refer to podiatry
XaBT9	Y79j8	Refer to orthotist
8H69.	Y79jL	Refer to pain clinic
XaBTU	Yaalm	Referral to neurologist
XaBT0	Y79ij	Refer to physiotherapist
8H62.	Y79jE	Referral to G.P.
XaBSm	Y79id	Refer to practice nurse
8HQ1.	Y79mv	Refer for X-ray
8HQ3.	Yao76	Refer for MRI
8HQ2.	Y79mw	Refer for ultrasound investigation
XaQjo	YatI9	Refer nerve conduction studies
XaK6t	YanK4	Blood test requested
Xaam2	Yawbm	Refer healthy lifestyle programme
XE2K8	YM1fH	Minor surgery done - injection
671..	Y74xQ	Counselling - general
XaEFY	YaeXF	Lifestyle counselling

Xaljm	YaIF1	Follow up
8B21.	Y79fs	Drug prescription
Xa1d9	Y79h1	Repeat prescription
XE2NM	Y7AL5	Did not attend - no reason
892..	YaRjL	Informed consent for procedure
XaX1E	YatuQ	eMED3 (2010) new stat iss, NFW

SCT Codes

SCT Concept ID	SCT Description	SCT Description ID
183545006	Orthopaedic referral	283646018
183526002	Referred to rheumatologist	283615017
306160005	Refer to podiatry	449067012
308455005	Refer to orthotist	451796010
183568002	Refer to pain clinic	283685013
308474002	Referral to neurologist	451827017
308447003	Refer to physiotherapist	451780012
183561008	Referral to G.P.	283677016
308435009	Refer to practice nurse	451764019
183830008	Refer for X-ray	284032012
183832000	Refer for MRI	345921000000113
183831007	Refer for ultrasound investigation	2883184012
512481000000100	Referral for nerve conduction studies	1139661000000118
413672003	Blood test requested	2534090019
892281000000101	Referral to healthy lifestyle programme	2297611000000117
270224008	Minor surgery done - injection	404991018
409063005	Counselling	2469090018
313204009	Lifestyle counselling	457062019

308273005	Follow up	1490644010
182817000	Drug prescription	282619019
182918009	Repeated prescription	282764012
270426007	Did not attend - no reason	405044018
182771004	Informed consent for procedure	282559011
751481000000104	eMED3 (2010) new statement issued, not fit for work	1653351000000114

NB: The codes above, together with this guidance, are intended for staff who build data templates and may not make sense to all clinicians. If you require assistance in imbedding these templates, please talk to, and share this document with, your local IT/software development team.

Summary regarding template information

The templates fulfil the NHS mandate for 'regular collection of data about incidence, prevalence, clinical activity and outcomes'. It is a standardised method that can be used across all IT systems and provides a national picture of how the FCP service is performing in every demographic group, and in each FCP service model. The templates can capture a significant amount of useful data, though there are a number of other outcomes that are difficult to capture within the template. Examples of which are listed below:

- *Prescription in terms of stopping prescription drugs and comparison to GP prescription costs for a comparable cohort of patients.* This information will be more easily accessed once the primary care electronic systems recognise Allied Health Professionals (AHPs).
- *Longer term outcomes.* For example, did our intervention regarding a public health issue and referral to lifestyle have a positive overall effect on their health so reducing on costs of health care/reduction of unplanned admissions in the future?
- *Collecting the source of referral data from reception.* Currently there is no fool proof way to electronically record whether a person has been booked in directly from reception (unless they booked online) or to differentiate between referrals from internal sources (e.g. GPs, nurses, or AHPs) or from external sources. However, the EMIS template can gather some useful data electronically using the following features:
 - 'Booking reasons' in EMIS are searchable and reportable. The system can prompt receptionists to enter a selection from 4 pre-defined booking reason options;
 1. 'MSK – Direct from reception'
 2. 'MSK – GP Suggested' (only where the patient has been advised to book an appointment with me, not where they simply advertised i.e. 'if this doesn't settle down come and see the physio')
 3. 'MSK – Physio suggested' (where I have specifically requested the patient make a return appointment)
 4. 'MSK PN suggested' (to capture practice nurse or other HCP within the surgery)
- EMIS, SystemOne and Vision and a number of other system suppliers are developing analytics software to supplement and upgrade their current systems. This change will hopefully enable improved data collection allowing better service definition and improved understand of service impact.
- *A validated patient satisfaction* survey does not currently exist within primary care computer systems. This needs to be conducted separately and submitted from each CCG, if requested.

Clearly, the governance and safety of establishing a new FCP service is important. For example, Phase 1 of the NHS England evaluation of FCPs checked that all participating services met the agreed criteria in terms of appropriate structures, finances, location, governance, competencies, incident reporting systems and notes auditing systems. Phase 2 will analyse appointment data collected through the FCP templates. Further evaluation of the impact of FCPs on primary care and other parts of the health and care system are being included in Phase 3 of the national evaluation with the CSP, Keele and Nottingham Universities. This phase began in January 2018 in England and focuses on the impact of FCP on the patient (in terms of experience, PREM and outcome, PROM), the GP, the GP team and the FCP. Impact on other services (with in

physiotherapy and out with the profession), will be shared with the NHS England evaluation team to supplement what was gathered in Phases 1 and 2. Phase 3 evaluation will extend to Scotland, Wales and Northern Ireland in summer 2019 and is expected to run until 2020.

Help with these searches can be given from your IT support or from the service providers:

- EMIS: www.emishealth.com/services/training-and-support/
- System One: www.tpp-uk.com/products/systmone
- Vision: www.visionhealth.co.uk/general-practice/

For further information and support for evaluating FCP services:

- Join the iCSP Forum: www.csp.org.uk/icsp/fcp (or email fcp@csp.org.uk for access)
- Join the futureNHS collaboration platform: www.future.nhs.uk