

Advanced Practice

Physiotherapists

in

**GP
Practices**

A 'how-to' guide for implementation

***“The service
has been
great, easy
to access
and they
are very
helpful”***

Service users
NHS Tayside

Background

The 2018 General Medical Services Contract in Scotland, published in November 2017 outlined a 3-year plan for a transformative redesign of primary care services. The Scottish Government agreed and jointly designed the new contract with NHS Boards and the Scottish GP Committee of the British Medical Association. The contract provides a refocusing of the GP role as expert medical generalists enabling roles historically carried out by GPs to be carried out by members of a wider primary care multi-disciplinary team – where it is safe, appropriate, and improves patient care. As a direct result, there has been a significant increase in numbers of advanced practice musculoskeletal (MSK) physiotherapists working in primary care in Scotland as the first point of contact.

Introduction

Advance Practice Physiotherapists (APP) working in GP practices are highly skilled and regulated MSK practitioners. This means that a patient presenting to a GP practice with an MSK condition can see a physiotherapist at their first appointment, accelerating their MSK assessment, treatment plan and (if appropriate) investigations and referral, along with saving both time and resources within primary care teams.

The site and spread of APP roles in GP services across Scotland has been significant. However, to ensure sustainable, quality services consideration must be given to the entire MSK pathway and it requires key stakeholders to work together to plan and develop sustainable APP services that address local patient needs, workforce challenges and maximise efficiency in the local system.

Rationale

Advanced Practice Physiotherapists working within primary care have extensive expertise in the clinical assessment, diagnosis and management of musculoskeletal (MSK) conditions. Patients are therefore able to see the most appropriately skilled healthcare professional, in a primary care setting as their first point of contact. This not only improves the patient experience but also frees up GP time to lead, manage and spend on other patients. APPs don't need supervising and have their own insurance cover. Many can independently prescribe, provide injection therapy and should soon be able to issue fit notes.

The Right person:

- APPs are regulated, advanced and autonomous health professionals trained to provide expert MSK assessment, diagnosis and first-line treatment, self-care advice and if required, appropriate onward referral
- APP roles require advanced level skills to manage individuals with undifferentiated diagnoses at the start of the pathway recognising the uncertainty and potential complexity of patients. This includes being aware of potential presentations of systemic disease and the assessment of factors associated with serious pathology
- APPs working at this level have the confidence and expertise to assess, diagnose and provide first-line treatments within the appointment time without increasing referrals into secondary care or back to the GP

The Right place:

- APPs are based in primary care and can be accessed in the same way as GPs (i.e. via the receptionist or the practice's online booking system) or through a local triage process
- Most MSK pathways present a number of routes for patients to access the care they need. Typically, the patient received first-line treatment from their GP before being referred to an MSK service providing physiotherapy for treatment and before the decision is taken for onward referral to secondary care. Although APPs can refer to the same MSK services as GPs,

Scottish Definition

Advanced AHP practice is delivered by experienced, registered practitioners who have progressed their knowledge, skills and behaviours beyond those required for senior AHP practice.

It is underpinned by a Master's level award, or equivalent evidence of learning, that encompasses the four pillars of clinical practice, leadership and management, education and research, and leads to the demonstration of core and area-specific capabilities relevant to scope of practice and role.

It is characterised by a high degree of autonomy in practice and the ability to make decisions independently. It is manifested in the ability to analyse complex problems in a range of contexts and settings; the synthesis and interpretation of information (including that is incomplete or ambiguous, and relating to the evidence base); the management of risk; and the formulation and progression of new approaches to service delivery to enhance people's experiences and outcomes of care.

“The service has been great, easy to access and they are very helpful”

Service users NHS Fife

evidence shows that having the APP at the front of the pathway streamlines and accelerates the patient's journey allowing quicker treatment and response and immediate management within the first appointment. Only a small proportion of patients requiring onward referral and an even smaller number needing referral to a GP.

Myth Buster

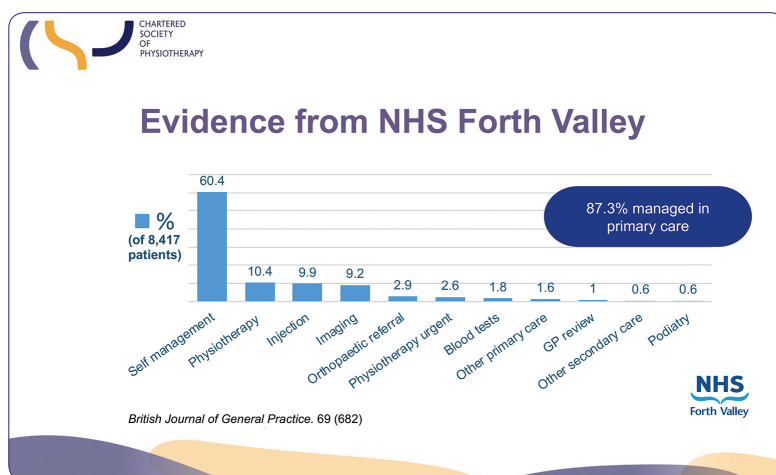
These roles are not the same as self-referral / direct access physiotherapy services. Self-referral services are accessed by people who know they need physiotherapy. APPs in primary care provide assessment, diagnosis and management advice. Because the majority of people with an MSK issue still go to their GP first, even when they can self-refer, these services do not significantly reduce demand on GPs. Furthermore, unlike most self-referral services APP's have access to referral pathways, further investigations such as scans and additional tests.

The Evidence

NHS Forth Valley was an early implementer of these roles in Scotland. Their 2-year evaluation was published in the British Journal of General Practice in 2019. Similar findings have been shown in other Boards across Scotland.

Key Findings

- The majority of patients are managed with self-care advice only with no onward referrals or investigations requested
- Positioning MSK APPs in primary care reduces the number of investigations (for imaging and blood tests), prescriptions and referrals to physiotherapy than usually requested in primary care
- Fewer orthopaedic referrals are made however an improved conversion rate to surgery has been demonstrated



Data Collection

Across Scotland, boards have been collecting impact data to inform safety, efficacy and future modelling of the MSK APP role in primary care. Most of this data is currently collected and reviewed locally. Consistency of measures and the outcomes collected are therefore limited by the lack of standardisation resulting in an inability to benchmark services.

NHS Scotland are working with the Chartered Society of Physiotherapy and ISD to implement a standardised data collection template to enable inclusion in the national MSK performance data reports and possible inclusion in the primary care data returns.

'With new and evolving services like these, it is essential that meaningful, standardised data is collected to demonstrate impact. If you don't count, you do not count!'

Euan McComiskie, Health Informatics Lead, CSP

Improving the Patient Pathway / Stakeholder Engagement

Several Policy enablers, including the Quality Strategy, 18 week RTT, and Shifting the Balance of Care have driven considerable progress in supporting NHS Boards in Scotland to redesign AHP MSK Pathways. The publication of the “Allied Health Professional Musculoskeletal Pathway Minimum Standards: A Framework for Action 2015-2016” provided support to the national musculoskeletal redesign work streams in delivering improvement and reducing unnecessary variation for service users and staff in the National Health Service (NHS) Scotland. As a system solution, this represents a new way of working, the implementation of APP primary care roles needs proactive, co-ordinated communication and engagement with a wide range of stakeholders. This requires clear and open conversations about what the system is hoping to achieve and how this might happen.

It is therefore imperative that the introduction of APPs in primary care involves all stakeholders and is not achieved at the expense of other services within the MSK patient

pathway. Within NHS boards, there is an obligation to comply with the staff governance standard, which places an obligation on board to ensure staff are involved in decisions, which affect them and have the opportunity to influence such decisions. The staff impacted by the introduction of APP might be wider than those involved in the MSK pathway. All MSK services, GPs, practice teams, secondary care consultants and patient participation groups / representatives should be involved. Stakeholder engagement should include the wider primary and secondary care teams.

Prior to implementation considerable work must be done to review and fully understand the current MSK pathway, models of care, staff deployment, levels of referrals and investigations and compare gap analysis with national guidelines and good practice examples.

NHS Ayrshire and Arran ran a series of redesign events, engaging all stakeholders and using lean methodologies, informed MSK pathways. Advanced practitioners who previously worked in acute services now deliver clinics across all primary care sites, a successful shift in the balance of care. The clinical pathways have delivered a significant impact on Orthopaedic waiting times and was cost neutral.

Judith Reid,
Consultant Physiotherapist NHSAA

Funding

In March 2017, the Cabinet Secretary for Health and Sport announced that in addition to the funding for the provision of general medical services, funding in direct support of general practice would increase annually by £250 million by the end 2021-22.

The Memorandum of Understanding (MoU) between Scottish Government, British Medical Association, Integration Authorities and NHS Boards provides the basis for the development by HSCPs, as part of their statutory Strategic Planning responsibilities, of clear HSCP Primary Care Improvement Plans, setting out how additional funding will be used and the timescales for the reconfiguration of services currently delivered under GMS contracts. Where appropriate these resources will be allocated to HSCPs through their NHS Board partners in line with the Scottish Government’s National Resource Allocation formula (based on population need and taking account of geography and of life circumstances, including deprivation).

Additional investment is intended to provide additional MDT staff, which should, where

appropriate, be aligned to GP practices to provide direct support to these practices under the oversight of GPs as senior clinicians. The MoU clearly outlines Musculoskeletal focused physiotherapy services as required additional professional roles, to provide services for groups of patients with specific needs that can be delivered by other professionals as first point of contact in the practice and/or community setting (as part of the wider MDT).

By 2021 specialist professionals, including first contact physiotherapists will work within the local MDT to see patients at the first point of contact, as well as assessing, diagnosing and delivering treatment, as agreed with GPs and within an agreed model or system of care. Service configuration may vary dependent upon local geography, demographics and demand.

Grading

The context in which the APP operates will determine the grade of a specific APP post. The levels of skills and responsibility required are advanced and would indicate a minimum of Band 7. In many cases, the scope of the role means it will be graded as a Band 8a. Agenda for Change banding is based on a national scheme applied by local job evaluation processes.

Governance considerations

Appropriate governance arrangements are key to the success and sustainability of APP primary care posts. Consideration should be given to:

- Standard service level agreement
- Evaluation collection, reporting and review procedures
- Shared protocols to support the safe management of patients presenting with systemic conditions and serious findings that may require early diagnosis and intervention
- Procedures to cover for annual, unexpected or sick leave
- Format for clinic documentation, standardised examination tools, protocols for patient correspondence, communication with other services / stakeholders
- Agreed procedures for:
 - case reviews
 - investigation referral and review, injection therapy
 - independent prescribing
 - complaints and serious incident reporting
 - facilities for the APP

‘We are faced with the challenge of ensuring that clinical governance meets the needs of managers in terms of accountability, assurance and risk management, whilst ensuring that clinicians themselves feel empowered to have ownership of their own clinical governance and development in a supportive and trusting environment’

Debbie Crerar,
Lead Physiotherapist
Midlothian HSCP

Induction

As with any new staff member working in primary care, a thorough induction programme is required for APPs. This may be delivered through a range of methods, such as meetings, shadowing and in-house training. The induction should include opportunities to:

- Introduce the APP to the primary care team, wider MSK service and key local services that he or she may encounter when supporting patients

- Ensure all members of the primary care team (including receptionists) understand the APP's role, the appointment booking criteria and care navigation
- Familiarise the APP with the relevant guidance, policies, digital systems and equipment
- Ensure an awareness of the local support services within the social care and voluntary sectors
- As regulated healthcare professionals, APPs will be required to engage in appropriate continuing professional development (CPD) activities and must ensure that they only take on roles that they have the knowledge, training and experience to deliver. We would also encourage that those new to this primary care role, have a period of mentorship as part of an extended induction programme or as an ongoing support. This will support effective integration into the primary care team and ensure that there is clarity on responsibilities and duties.

Booking appointments and service promotion

The physiotherapist should provide both reception and practice staff with training and ongoing advice. This will enable colleagues to identify patients who can most appropriately see a physiotherapist. It may be helpful to develop a script together, so that there is consistency in how questions are asked and how responses are delivered. It is important to invest time in this process, as patients may require some explanation from reception staff as to how their problem will be dealt with. Receptionists have an important role to play in marketing the service effectively and offering patients appointments with the physiotherapist. Crucially, the primary care team must understand that APP is not a service that primarily receives referrals from GPs nor is it a replacement for traditional physiotherapy treatment.

Multi-disciplinary Vs Parallel working

There are a broad range of practical considerations and decisions to take into account

‘Working over several sites makes team working difficult with less opportunity to spend time with the practice team to improve understanding of everyone’s role and to work together to best meet patient needs. We found that there were additional pressures on staff to ensure all tasks were completed at the end of each clinic and that they were ready to start in the next location on time. With the unpredictable nature of the work this can be very difficult at times!’

Fiona Rough,
APP Clinical Lead, NHSGGC

when setting up primary care APP services. Things as simple as where the physiotherapist/s will be located are all dependent on local circumstances. Understanding the local patient population will shape many of the practical decisions when developing a service.

However, anecdotal evidence to date would suggest that true multi-disciplinary working is lost when the APP tries to spread themselves too thinly and covers more than three practices. While we are aware of models where APPs are covering up to 7 practices we believe this constitutes parallel working, the benefits of which still need to be determined. A single APP covering multiple practices is not in keeping with the aims of the GMS contract and is likely to result in the loss of patient facing activities due to the additional time needed for clinical administration and significant travel.

The CSP is committed to the development of MSK APP posts in all areas; urban, remote and rural. Much work remains to be done to fully understand appropriate models in the more remote and rural areas of Scotland.

Sustainability of core services / Staff development

APPs by definition work across all 4 pillars of practice; clinical practice, leadership, research and development and facilitation of learning. Job planning must therefore be realistic to ensure time is built into these posts to reflect the range of the role and the responsibilities associated with it. It is therefore not possible to work at an advanced practice level only offering clinical interventions.

In many areas it is the most senior and experienced staff who have been appointed to the APP posts. Where these posts sit separately to core MSK services, the risk is that more junior staff are left isolated in these services with limited opportunity for succession planning and learning and development opportunities from more experienced colleagues. This drives up waiting lists and puts additional pressure on core services. Furthermore, where Boards have recruited, significant numbers of APP posts, recruitment to vacated MSK posts has been difficult and not always possible, again increasing waiting lists.

As stated above it is important that the whole patient pathway is considered at the planning stages for these roles which will include succession planning and facilitation of learning.

Other key considerations

- **Space**

Securing a dedicated clinical space for APP consultations is vital for sustainability.

The majority of APPs operate from a room within the GP practice. If the FCP is working across a hub of practices, the APP may work in all the surgeries (and therefore require a space in each) or require patients to come to the surgery where a dedicated space is available. Where space in the practice is not available, reasonable adjustments may be made (e.g. a room in a community hub or hospital within close proximity of the general practice). Considerations about space should also be made ahead of any expansions to the practice team.

- **Equipment**

This usually includes IT and telephone access, a plinth to examine patients, and basic medical assessment equipment.

- **Clinical systems**

In order to provide a patient-centred approach to care, the APP requires full access to the primary care electronic patient record (EPR). They would also require access to systems for referral, investigation request and review, interpreting services, prescribing medications and appointment booking.

- **Chaperoning**

To ensure that a patient's safety, privacy and dignity are protected during examinations by the APP, the local chaperoning policy for the Primary Care Team should also apply to the APP role.



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OF
PHYSIOTHERAPY
SCOTLAND

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