



How have we impacted on Primary Care?

Transcript

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About 20 to 25 percent, about one in four or one in five appointments in primary care is actually to do with a musculoskeletal disorder. So that's a disorder that affects your muscles, bones, joints. And rather than having a GP who is completely competent, obviously, to look after these conditions. They said, why don't we use a physiotherapist who's already really experienced, so we're looking at people who are at least five years qualified, to be working in primary care to see patients with musculoskeletal disorders instead of the GP?

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So it's not doing physiotherapy in your GP practice, but it's actually seeing you instead of the GP to work out what's wrong with you, what you really care about, and how we can help you manage your condition, or if you actually do need more investigations or need referral on into a different part of health care. We as GPs have been really delighted with having physiotherapists join our team for many reasons, first of all, they are upskilling us in how we manage our own musculoskeletal conditions.

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But also they are really providing an amazing service for our patients and our patients are being seen by the right person at the right time.

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So really early on. We actually found the FCP team have been quite proactive in designing a service and they have thought through the integration, even from the initial stages. I think from what I hear, I think there has been a couple of pilots which obviously has helped in terms of developing the service. So from the very beginning, we talked about how the team will work with practice staff members in terms of educating them and who to refer and how to repair.

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And and they have been very active and constantly engaging with practices. And so I think it has been a really painless transition to using them. And I think I have only

good things to say about it. And we have to set up a few sort of critical pathways in terms of how to deal with the results or how to deal the referrals after the initial assessment. But the way we set the service up, I think, is very much a self-functioning unit.

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Once the patient goes to them, mostly they have the whole pathway resolved there it doesn't come back to the GP, for other things, which is a real attraction. And so usually either the patients are seen, assessed and discharged, which is most of them, or some of them get a follow up appointment maybe with further investigations, and some of them do get over the referral to the msk physiotherapy or to more specialist assessment.

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But most of them seem to happen without needing further input from the GP practices.

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The reason FCPs are important within primary care, it seems to be a real game changer, seems to have a really big impact on GP practices, not just for the patients, for all the practice staff. There are never going to be enough GP's and actually I don't think having FCPs is a second rate service. It's not like I'm sorry, you can't see a GP, so you'll have to see a physiotherapist. Actually, what we can bring to the patient journey seems to really be having a difference on the outcomes and on the patient journeys.

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It feels like, I've been working for a long time, but it feels like it's the first time it's true and working. It's me chatting to the doctors about patients and about how we manage them. It's the doctors coming to talk to me about how they manage their patients with MSK conditions. It's me talking to the practice nurses and the diabetic nurses about the implications of, for example, diabetes and frozen shoulder, but also talking to the sign-posters and work out how we use the community out there.

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You know, I'm a huge fan of things like Age Concern and Men in Sheds, but actually there's so much out there. And sometimes patients don't want just a medical option for their MSK problem. It's actually trying to really get under their skin and understand what's driving them, what's driving their musculoskeletal problems to continue. So I think it is true, MDT, when I talk to the doctors, they say it's actually upskilling MSK within the practice. I think it probably increases the profile of MSK within a practice.

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We're talking about it. We're involved in the practice meetings were involved in case conferences. And it seems really I think physios are quite problem solvers and I think seeing people holistically and working with the GPS and the other practice staff has been a really positive move.

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And one of the advantages of the FCP service sort of buying a service rather than recruiting one person and training them up so that they are sort of ready to get it from the start. Our patients are benefiting from actually seeing a clinician who is able to deal with a lot of things.

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And in turn, that helps with the workload of the GPs and clinicians in practice. And that is the key attraction of using the service for us.

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The model that I'm really excited about, and actually we're actually getting a lot of commendation for is having a portfolio role. So I think if you if you work as an FCP all the time, we're already having evidence of people burning out pretty quickly. So our staff and we've been really lucky with recruitment and retention because of this, are working across the whole pathways. So they're still working within physiotherapy, they're working in advanced practice clinics and they're working as FCPs now for the members of staff, that's really important.

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Stay connected to the pathways. You maintain your level of expertise, but also for patients, it means so I'm a spine advanced practitioner with my other hat on, and so if I see a spinal patient and actually I have that expertise to be managing them upwards, if they need a scan, I can organise that to the partnership. If I see a patient with arthritis in their knee, I know about the Escape Pain program happening within physiotherapy departments. So I think it's something about knowing the whole system and being having the connections with the whole system to make it important for patients care and moving quickly through the system. I love things which seem more efficient in terms of the way we use it as a health-economy and actually makes it better for the patient. It seems like a bit of a win-win situation to me. I think having the breadth of knowledge to know the whole system is really important.