What a MSK First Contact Practitioner can do for you?

ARMA Webinar

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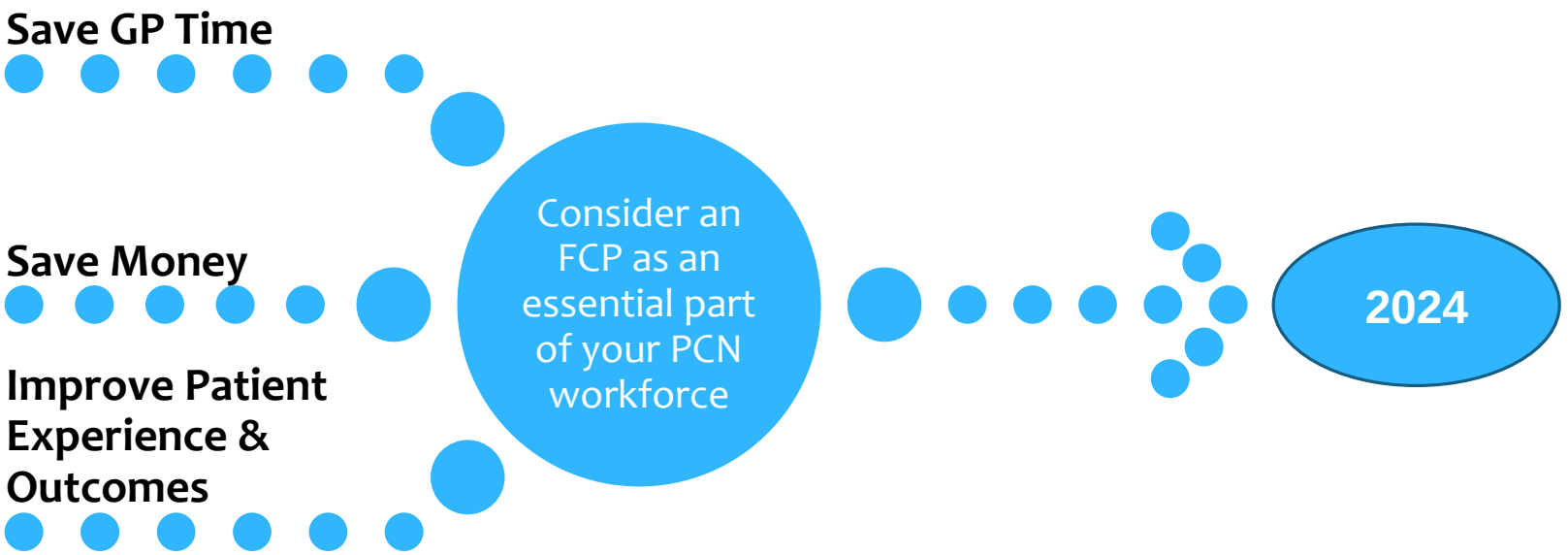
Why choose a FCP role?



What is a musculoskeletal First Contact Practitioner?

* First Contact Practitioners (FCPs) are advanced practitioners working within primary care with extensive expertise in the clinical assessment, diagnosis and management of musculoskeletal (MSK) conditions.
* FCPs see patients with (suspected or diagnosed) MSK conditions as the first point of contact, instead of a GP, and can be accessed directly by contacting the practice's reception
* There is a commitment in the NHS Long Term Plan for FCP services to be available within all health economies over the next 5 years.
* In Somerset we are progressing Physiotherapists to fulfil this role but there are other professional disciplines that are able to.

First Contact Practitioner - Case studies- Taunton

Background

Primary care is facing increasing pressures with an aging population and a potential workforce crisis due to issues with training and retention of staff. It is estimated that around 30% of consultations in primary care are musculoskeletal (MSK) related. NHS Somerset CCG data shows 26.1% of full time equivalent (FTE) GPs aged 55 and over are due to retire in the next 5 years. First contact MSK physiotherapists can provide a streamlined and cost-effective service in primary care by promoting self-management, improving patient care and reducing GP workload.

Methods

* Data was collected at French Weir Health Centre (FWHC) between September 2015 and December 2017 and Warwick House Medical Centre (WHMC) between September 2016 and December 2017.
* Each practice offered eight 20 minute appointments per session and the physiotherapists were able to request investigations, provide injection therapy and prescribe across both sites.
* The number of sessions per site differed across GP practices (FWHC = 0.5 WTE and WHMC = 0.2 WTE) with a population ratio per session at FWHC of 3226 patients per session, compared to 3525 patients per session at WHMC.

Results

* A total of 3287 consultations were provided by the FCP in two GP practices in Taunton.
* On average 40% of the contacts were seen by the FCP, 34% were referred to the FCP by a GP or nurse practitioner and 22% were follow-up consultations.

Results (continued)

* Across both GP practices 52.4% of patients were seen within seven days, increasing to 86.8% with a 0.5 FTE FCP at FWHC.
* In total 75.6% (2485) of patients were managed independently by the FCP with 14.7% and 6.1% referred to physiotherapy and intermediate/secondary care services respectively.
* The FCP roles coincided with a significant reduction in the number of patients seen in orthopaedic intermediate care services from both GP practices. For a 0.2 FTE this equated to 13.6% and 11.3% at WHMC and FWHC respectively. When the FTE increased to 0.5 at FWHC in late 2016, comparative year on year data demonstrated a 44.2% reduction.
* Excellent patient satisfaction was noted as patients felt listened to and found the consultation helpful with average satisfaction scores of 4.9 and 4.7 respectively (using a Likert scale of 0 = strongly disagree and 5 = strongly agree).

Conclusion

The pilot has demonstrated that the FCP role is clinically effective in independently managing MSK conditions, while providing appropriate triage and management in a prompt manner. The benefits of the role have been shown to extend beyond primary care by reducing the demand on intermediate/secondary care services and accelerating the patient pathway.

Save GP Time, Money and Improve Patient Experience

FCPs are autonomous, regulated practitioners, holding their own professional liability and don't require supervision or delegation from medical colleagues or others.

The Commissioning Guide (C.Davies, 2017) states directing patients to a physiotherapist as the first point of contact has been shown to

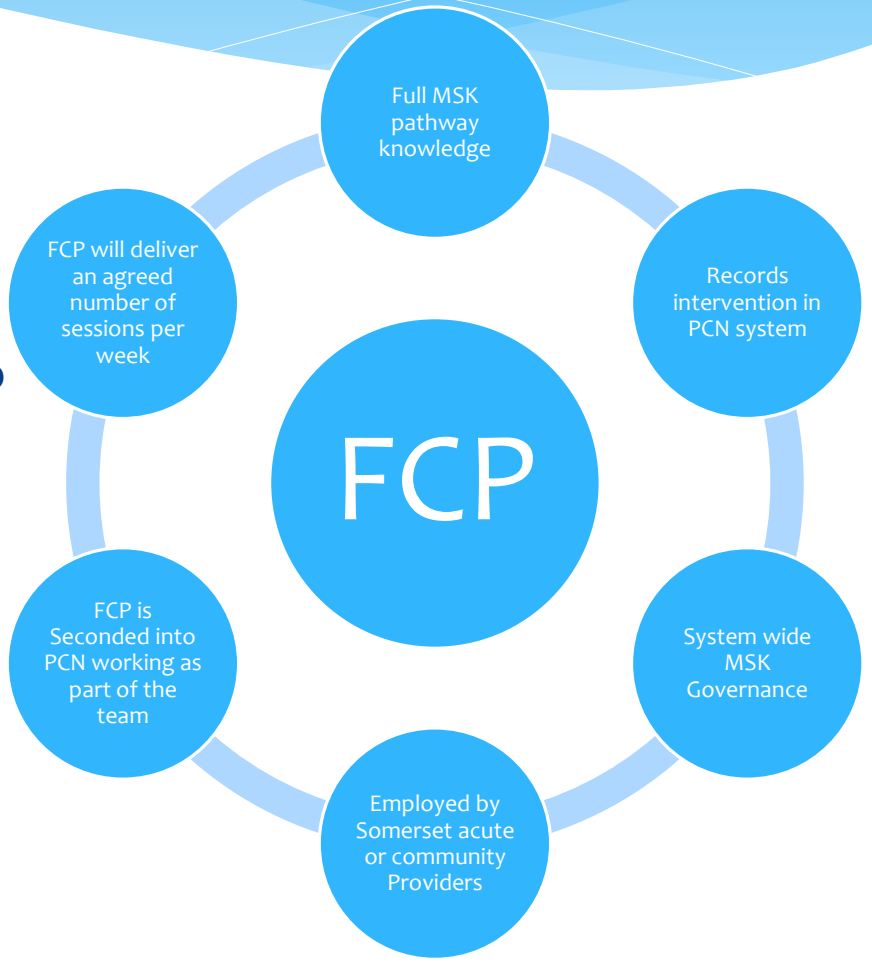
- release significant GP workload,
- enables patients to be seen promptly by a MSK expert,
- is cheaper than GP referral,
- improves secondary care referral rates and pathway behaviour,
- supports the drive towards self-management/ prevention, and
- has been fully evaluated and recommended by NICE as safe and effective.

Many advanced practice physiotherapists are qualified to prescribe independently, order investigations, carry out injection therapy and plan complex case management.

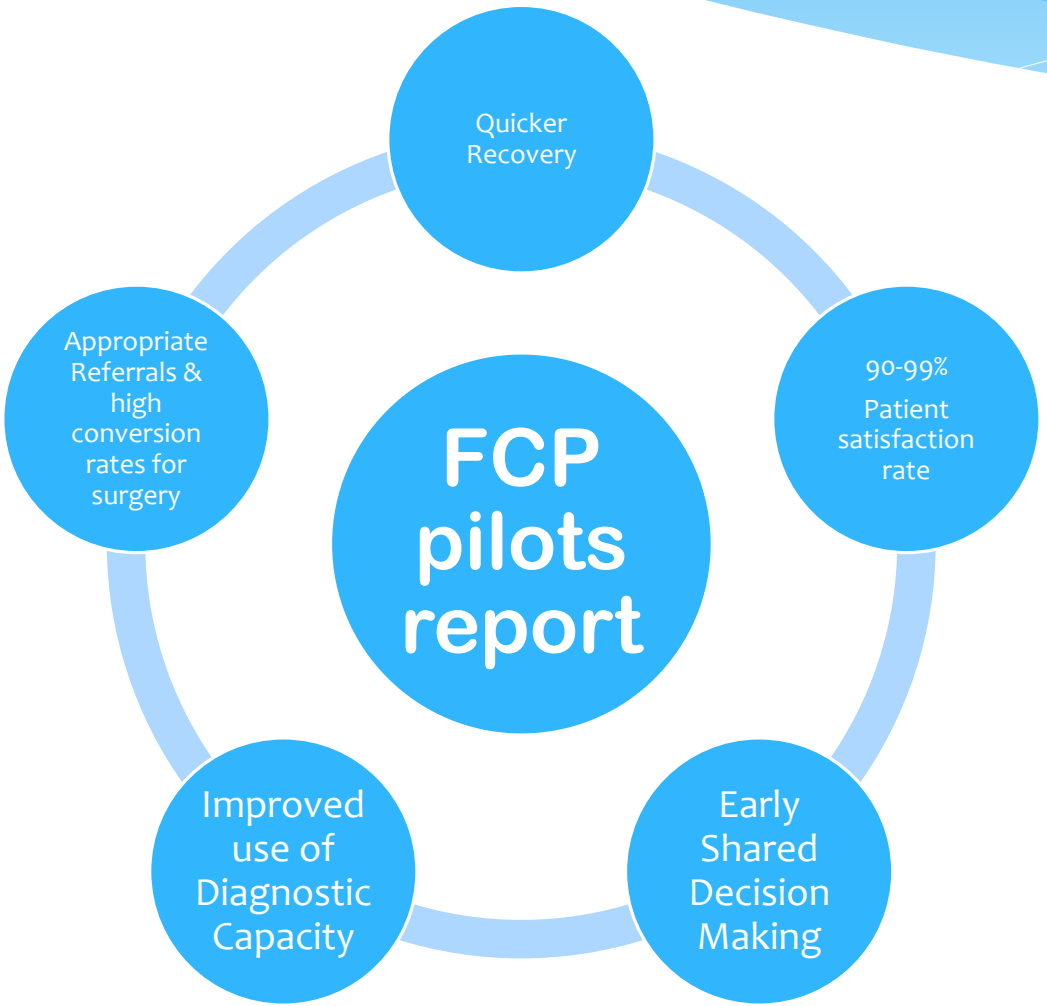
What's happening in Somerset around FCP?

Somerset has been an early adopter of this role in the first pilot several years ago with some local GP surgeries employing FCPs who have offered this service successfully and continue to contribute to the national evaluation that started in 2018.

Within 2019 representatives from across Somerset have collaborated as a cross system working group to develop a Somerset wide model.



Save GP Time, Money and Improve Patient Experience



- **NHSE model recommends 1 FTE FCP per PCN.**
- **This is approx. 60 appointments per week.**
- **Our current local provision is not at this scale but our local evaluation mirrors the successes of the national pilot.**

Clinical Case for Change

* The FCP role has the potential to reduce existing GP staff workload, increase practice capacity, **support faster access to advice and self care expertise**
* MSK demand is growing with £141m spent annually on GP consultations for back pain (ARMA, 2004).
* MSK issues are the **second largest cause of sickness absence and are a causal factor in depression**, which is the largest cause of sickness absence (ONS, 2016). Back pain alone is costing £434 per employee per year.
* Early access to physiotherapy and advice and - where necessary - treatment, **reduces sickness absence, accelerates recovery and improves the long-term health and wellbeing prospects of patients with MSK problems** (Addley et al, 2010; Boorman, 2009; NHS Employers, 2012).
* By being part of the GP team, the **FCP enhances the quality of care provided by the primary care workforce** through better MSK management and should reduce referrals into secondary care.

5-15%
of people with acute back pain end up with permanent disability

80% of the population will suffer with back pain at some point in their lifetime

17-30%
of GP appointments are for MSK problems

91%
of people with arthritis say they are not given enough information about exercise/self-care

90%
of acute back pain should resolve within six weeks if patients are supported appropriately

43%
of people with arthritis say they can manage their arthritis well

A Somerset FCP Model?

Our ambition is to provide a well organised, coherent system wide approach to all of the five reimbursable roles that PCNs can choose to buy into if they so wish.

Some workshops were held early 2019 to work towards a Somerset FCP model :

An option would be to continue with existing model of MSK Physiotherapists who are seconded out of either acute or community services to offer FCP sessions to a each PCN.

This approach benefits the whole health economy offering a clinician who is aware of the whole MSK pathway as well as being an attractive career pathway meaning we are more likely to be able to attract the levels of Physiotherapists to deliver this at scale.

This approach also offers system wide governance meaning there is a consistency and confidence around training, quality and safety across this pathway.

Some GPs that have worked with FCPs in this way are confident that this model is sound and could work across Somerset.

Dr. Stuart Baker who is a GP partner at French Weir Health Centre said 'having in-house advanced MSK physiotherapists has really transformed how we manage our patients with back, joint and musculoskeletal problems. It has been well received by patients and clinicians and something we would recommend to other primary care teams.'

Somerset FCP Model

FCPs will help us to realise our strategic aims of delivering specialised services, closer to home.

FCPs will signpost to community assets , empowering people to self manage through educating them about lifestyle changes they can make to stay well.

FCPs should improve outcomes and experience of people with MSK conditions and help reduce unnecessary demand on GPs.

Workforce resilience

By offering combined roles we can offer an attractive career pathway to FCP in Somerset

Excellent Quality

By having a Somerset model we offer consistency in process and workforce across the county

Somerset's system wide FCP approach offers a consistent governance framework and an excellent pool of highly skilled MSK clinicians

Existing Somerset model has FCP Physiotherapists employed by acute and community providers in split posts, delivering FCP sessions into GP practices.

This model benefits patients with FCPs working across whole MSK pathways offering holistic and informed interventions.

Opportunity for shared learning and support across teams

FCP will be part of Primary Care Network MDT

FCP can offer MSK education, sharing their knowledge and expertise within the practice as part of the Clinical MDT

FCP can document in your EMIS records system

FCP can work within your preferred local delivery model offering sessions from a lead setting or range of settings according to population need.

FCP can offer a diagnostic and treatment provision, with many people not requiring a further intervention.

VAT and funding models

Funding for MSK FCP will flow directly through the PCN DES Contract. As such, careful consideration is needed in terms of VAT and employment.

It has been suggested that 70% of cost of FCP is reimbursable upon proof of employment.

The FCP options outlined allow for a variety of solutions that each PCNs accountancy firm can check VAT exemption against:

* MSK FCP can be provided as a 'medical care' service to PCNs, undertaken by a 'registered healthcare professional'
* Governance and management can be provided centrally to ensure the service is not seen as the 'provision of staff' to the PCN
* Cost Sharing Groups may be an additional option. This is being explored by Somerset Primary Healthcare should it be required.
* Once a model is agreed, specific tax guidance can be requested.

Please note the above is not offered as financial advice. We would advise you seek independent financial advice to fully understand potential implications of differing models prior to decision making.

Thank-you

Questions?