

Thinking Differently for MSK Health

ARMA virtual conference 2021

The role of private practitioners in
community MSK Health

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Beginning with the end in mind

To be truly patient centred, all strategies and policies should be co-produced and take a system wide approach.

The current system of MSK provision is an unchangeable reality, therefore, to elevate both sectors to the heights we all aspire to, we must accept the reality and work together.

Introduction

- Ollie Coburn
 - Graduate Sport Rehabilitator, MSc Public Health – Registrar for BASRaT
 - Conflicts of interest
 - Private Practice, M20 Health
 - Managing Director of Freehab – a non profit social enterprise
- We'll cover
 - What does Private Practice (PP) contribute
 - The current challenges facing PP
 - Solutions
 - Questions

What does PP do brilliantly

- Primary contact
 - Many MSK patients appropriately assessed and managed without the need for NHS services. Reduces workload on primary and secondary care.
- Patient centred , flexible and adaptable
 - Not constrained by pathways and systems
 - Length and number of appointments allows for depth of assessment & rehab
 - Threshold for discharge may be better tailored to patients goals
- Patient choice
 - Choice of profession/therapy/intervention
 - Choice of location and type of facility
 - Choice of individual
 - Agency is high - majority see themselves as capable of making an appropriate choice
 - Recommendation is the most important factor in choosing a service

What does PP do brilliantly

- **Accessibility**

- Often based in local communities, close to patients homes or venues they would already be travelling to (or near).
- Home visits more widely available
- Speed of access and ease of scheduling
 - Acute conditions
 - Early intervention
 - Identification of serious pathology early

- **Facilities**

- As smaller organisations, there is an ability to update facilities and introduce new equipment quickly – consistent with contemporary practice e.g. Gym equipment
- Reinvestment by private businesses into facilities
- Based within alternative settings that provide access to equipment

- **Expertise**

- Specialist vs “generalist” – the very nature of PP is the latter
- Many have worked in a variety of settings prior to PP, including NHS and take that experience with them to PP

PP during Covid-19

- Collaboration
 - From individual practitioners to professional associations. The pandemic brought out the best of the PP community
- Additional workforce
 - Many stepped into temporary roles to assist NHS colleagues
- Continuity
 - Those whose businesses survived provided much needed continuity of MSK care to those who could not receive services elsewhere
 - Redeployment
 - Huge reduction in secondary care services
 - Cancellation of orthopedic procedures et al

Challenges

- Workforce and recruitment (shared challenge).
- Increasing demand and complexity
 - Many operating at capacity
 - Seeing an increase in severity of presenting conditions and comorbidities

Keyword ⇅	Avg. monthly searches ⇅	Analyze/Search
chiropractor	33,100	Analyze 🔍
osteopath	18,100	Analyze 🔍
physio	12,100	Analyze 🔍
physiotherapist	6,600	Analyze 🔍



● Chiropractor

Search term

● Physiotherapist

Search term

● Osteopath

Search term

+ Add comparison

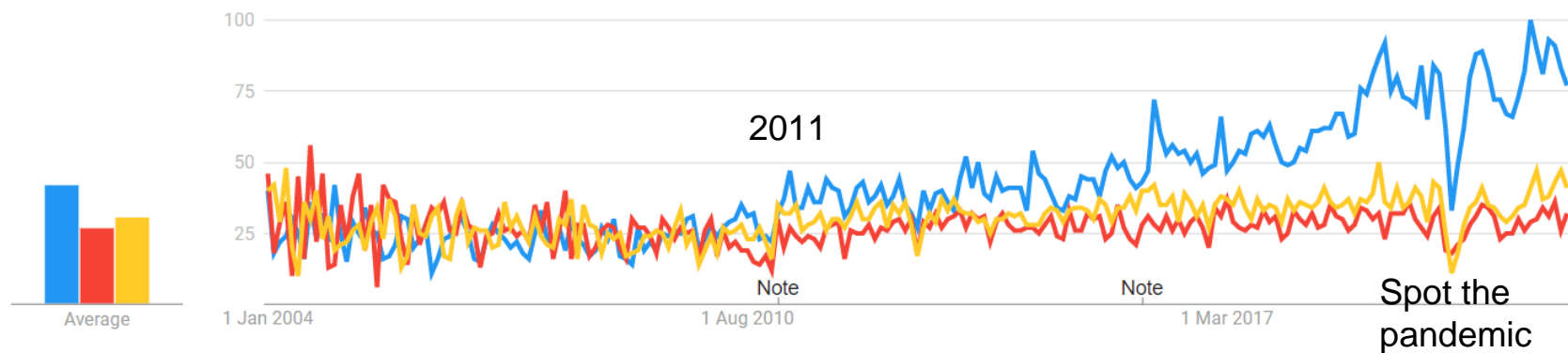
United Kingdom ▼

2004 – present ▼

All categories ▼

Web Search ▼

Interest over time ?



Challenges

- Concern for patients without the means to access care
 - Financial means
 - Accessibility
 - Agency
- Access to diagnostics, secondary care and other services
 - No option but to load pressure back on to NHS primary care
- Unwarranted variation in practice standards
 - Exists universally but how does PP “level up” collectively
- Issues around how patients find and verify private services
 - Advertising standards & poor regulation
 - The increasing issue of “social proof”

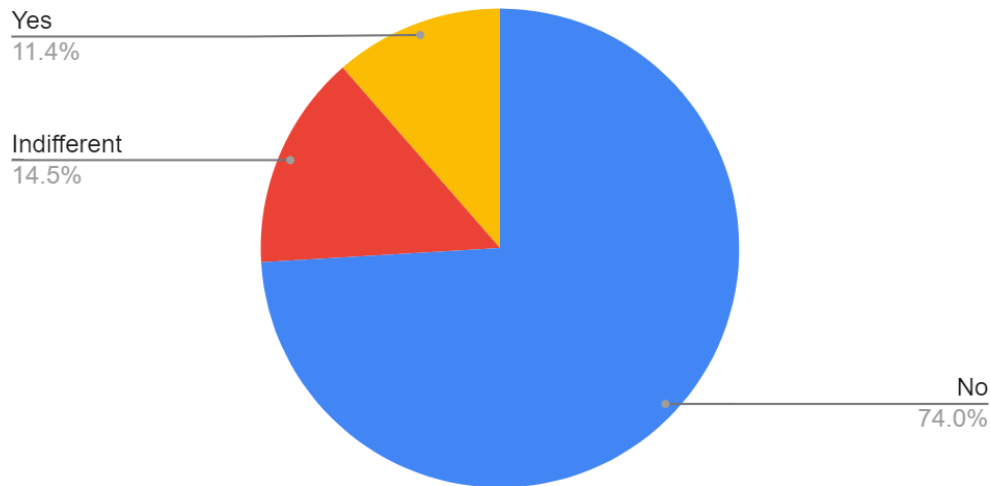
Challenges continued – Feeling valued

Q: “Private practitioners, do you feel valued by NHS colleagues and leaders?”

Poll reach 10,799 people.

289 votes.

- Yes 11%
- Indifferent 15%
- **No 74% (214 people)**



Solutions

Culture – Respect – Understanding – Communication

- Competency based recruitment
 - Examples with First Contact Practitioner and “MSK Clinician (B5)”
 - Best person for the patient
 - Best skill mix for the MDT
- Collaborative upskilling
 - E.g. NASS Allies is working with the Royal College of Chiropractors and Institute of Osteopathy to help reduce the 8.5 year delay to diagnosis for Axial Spondyloarthritis.
 - Improving the standard of referrals into NHS
 - Make the triage easier and reduce duplication
 - Expectation setting for each sector and, more importantly, PATIENTS

Solutions

Culture – Respect – Understanding – Communication

- Flexibility in commissioning
 - Many have critiqued AQP but a reformed version could remove the financial barrier to private sector care
- Signposting
 - Routine signposting at A&E and Primary Care that private MSK care is an option. Let patients make an informed choice. Signpost to appropriate directories.
 - Regulators, PSA Registers and Professional Body search tools
 - Those who choose private route (PMI or self-funded) will reduce demand on NHS, freeing up capacity
 - Needs appropriate reporting back to NHS for patient record (prev point on collaboration)

Final thought

Those of us with the privilege of influence must not allow ourselves to be constrained by the system; rather, we must acknowledge that WE are the ones who can CHANGE IT for the betterment of the patients it serves and the people that work in it.

Questions & Contact

Please book a meeting with me to learn more about BASRaT and Sport Rehabilitators. **Scan the QR code.**

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ARMA Private Practice Group

