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LUNCH & LEARN

First Contact Physiotherapy in Primary Care: Rollout, continuation, and the future considering the ARMA report

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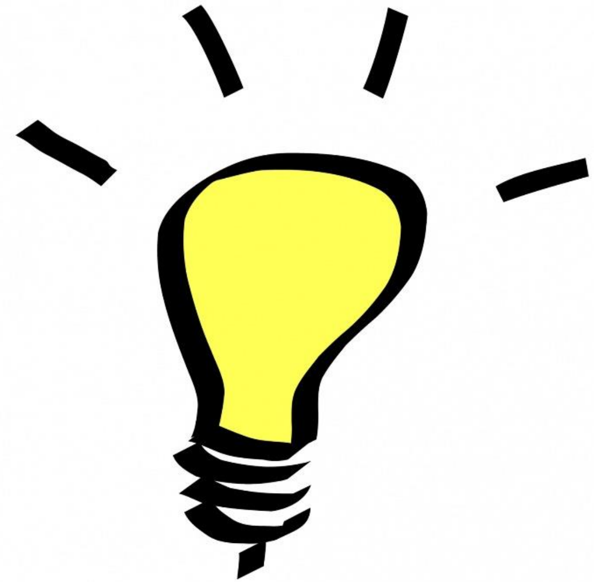
Lunch and Learn sessions

A space for health and care staff to come together to…

- share experiences
- learn something new relating to health and care
- focus on quality improvement
- be signposted to further resources



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Some protocols

- Webcams on at the start
- …then off unless invited
- Mute when not speaking
- Use chat for questions & contributions
- Listen with respect & be present
- Teach it forward
- Know that we are recording

First Contact Physiotherapy in Primary Care: Rollout, continuation, and the future considering the ARMA report - contents

- Introducing Well Up North Primary Care Network
- Recruiting the FCP team
- The HEE Roadmap to Practice
- Introducing the service to practices and patients
- Record keeping and data collection
- Protocol development and achieving a PGD
- Getting involved with the ICB, NHS confederation and the ARMA report
- Our key learnings
- Implementing the ARMA report findings and facing up to future challenges

Well Up North Primary Care Network

- Now seven member practices: Union Brae, Well Close, Wooler, Belford, Alnwick Medical Group, Greystoke and Gas House Lane.
- Approximately 65,000 registered patients
- Employs over 35 staff including the executive team, executive support, ARRS staff which includes First Contact Physiotherapists, Pharmacists, Pharmacy technicians, Mental Health Practitioners, Health and Wellbeing Coaches, and GP link workers/ social prescribers.

Setting up the FCP service & recruiting a workforce

- February 2021 – appointed to clinical lead role
- May 2021 – commenced role and completed National Roadmap supervisor training programme
- June 2021 – advertising for and recruiting staff
- July 2021 – educational visits to practices, embryonic commencement of FCP service

Setting up a service & recruiting a workforce

- September/ October 2021 – full team in situ, graduated into full clinics
- Up to Summer 2022 – stage 1 of roadmap to practice
- Up to Summer 2023 – stage 2 of roadmap to practice

Recruiting the team

- Minimum levels of experience, qualification and post-graduate working stipulated in job description/ network DES contract
- A focus on recruiting staff who reflected the population being served and who are in-step with local concerns, and local referral pathways. Using local contacts, we sought to encourage as many applicants as possible that reflected the population of the area – but first time we FAILED to appoint anyone at all.
- A second round of advertising ensued, and following this three outstanding candidates were appointed, taking the team to five.

The HEE Roadmap to practice

- Negotiating protected time
- Being clear in the recruitment process that it was an essential undertaking
- Recruiting a GP who was willing to supervise me and thus becoming overarching FCP service supervisor
- Completing the training course
- Providing timescales that were achievable whilst also maintaining and growing a clinical service

Staff and patient education

- Some staff and patients, especially in rural areas remain traditional in their views – wanting to see GPs.
- Key message – illustrating not only that we increased capacity, but increased expertise/ specialism
- Communicating that we too could refer for investigations, tests, and on to secondary care if necessary
- Aim to make it as easy as possible for staff with clear training, inclusion/ exclusion criteria, decision trees etc. and, vitally, offering regular updates as staff frequently change.
- Online and in-practice advertising of the service – social media, websites, posters etc.
- Engagement with Patient Participation Groups locally to demonstrate investment in the local communities in which we serve and utilisation of HEE resources to ensure consistency of information across the network.

Record keeping

- First contact practitioners are exposed to significant clinical risk, so red flag screening and excellent record keeping are vital to patient safety and good governance. To support this a bespoke template was developed internally

Appointment type data including establishing if the patient is appropriate for the service

RED FLAG SCREENING
Smoking status
Night sweats
Cancer history
Unexplained weight loss

Free text notes

Coded diagnosis
Shared decision-making process

Agreed plan

Appointment outcome data

FCP

Home | Consultation | Referrals

Appointment

Encounter
Type
1st / 2nd appt
Source
Inappropriate triage decision

Red Flags
Smoker (137R.) QOF
Never smoked tobacco (XE0oh) QOF

History

Examination

Diagnosis

Diagnosis
Shared decision making

Plan

Outcome
Referral to GP (8H62.)
Referral to practice phlebotomist (XaKv...
Referral to practice nurse (XaBSm)
Referral to pharmacist (XaAhp)
Referral to rheumatology service (XaA

Imaging
Radiology

Encounter
Date

No previous values

Show recordings from other templates
Show empty recordings

Event Details | Information | Print | Suspend | Ok | Cancel | Show Incomplete Fields

here to search

20°C

Data collection

- After developing a template and ensuring it is used rigorously for every consult data collection could then be commenced to understand our service and help shape its development
- Further to the data collection 200 patient feedback questionnaires and 40 staff feedback questionnaires were collected. These were examined carefully to ensure care was high quality and patient centred.

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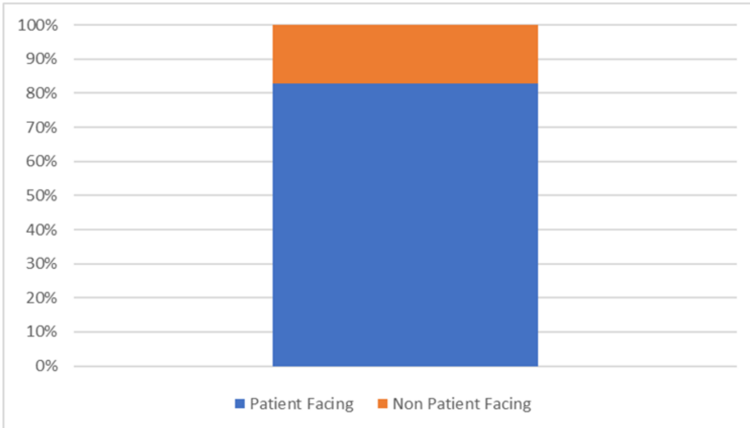
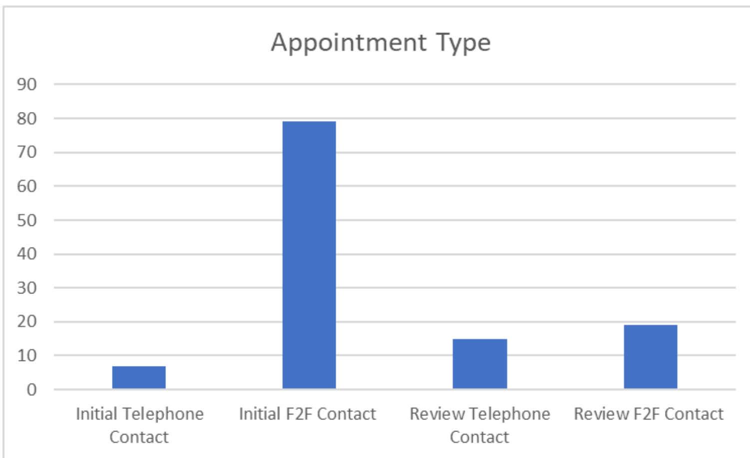
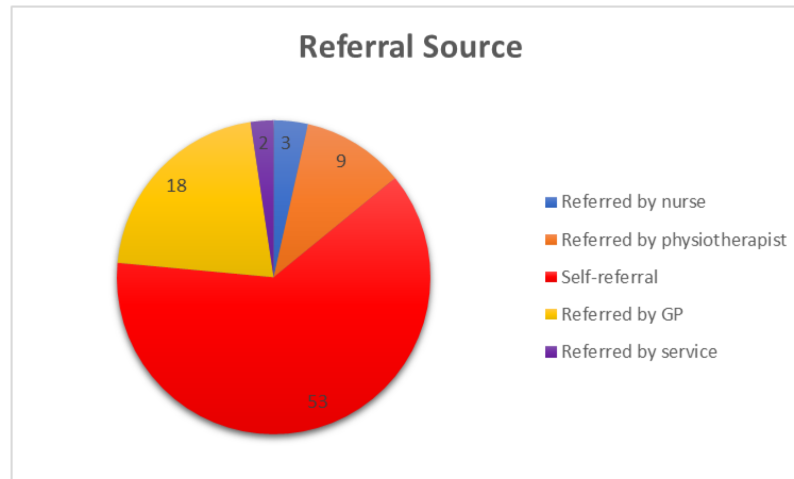
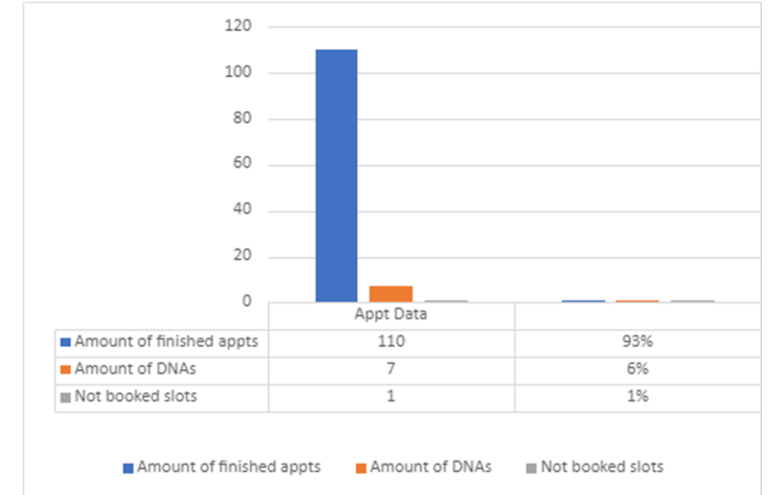
Data dashboard

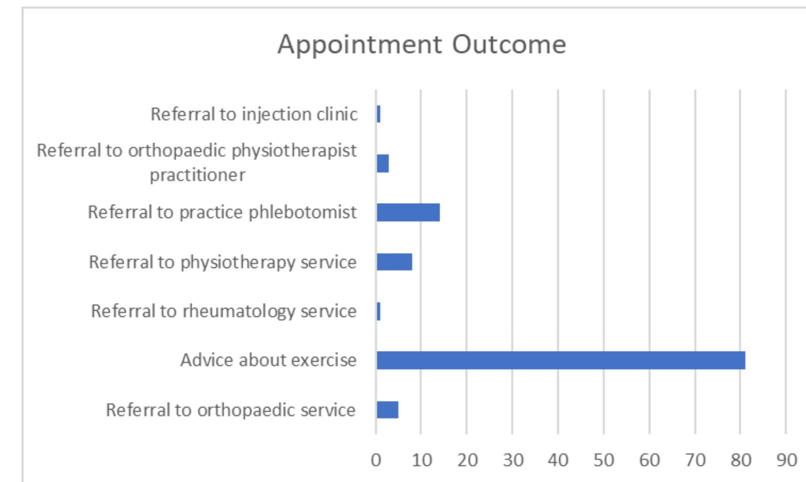




Helping us to understand:
Patient facing time
Appointment type
Utilisation
Referral source
Appointment outcome







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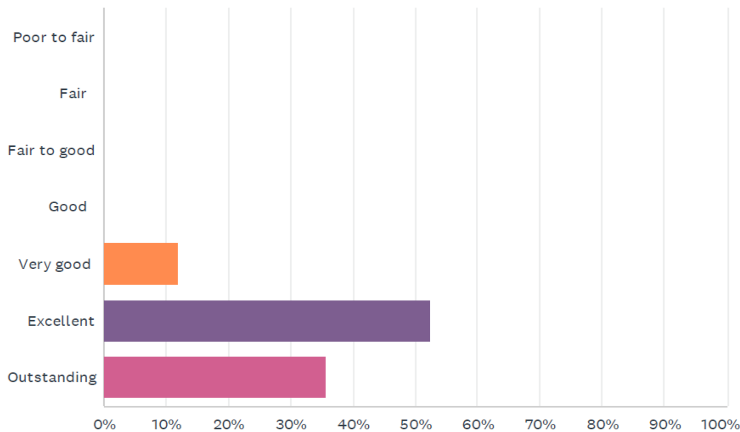
Patient feedback



Every member of staff gathered at least 40 feedback responses, covering all practices.

This response is representative of the total response of over 200 gathered in total.

Only 1 in over 200 rated their overall consultation as less than “good”.

Quality Improvement – Guideline/ Protocol development

- Three major pieces of work have been completed to support and develop the service

1. A Protocol For Fragility Fractures Detected by FCPs developed jointly with a GP – this involved surveying practices, working jointly to draw up a protocol, liaising with the local spinal orthopaedic team and rolling out suitable staff training. This work allows all the "work-up" to be completed by FCPs, avoiding the need for GP involvement – sparing appointments.
2. Achieving a PGD for the Primary Care network FCP team to complete therapeutic MSK injections without the need for individual PSD – again sparing GP and FCP time. This involved collaboration between myself and clinical lead pharmacist, building the case, writing the document and working with the ICB medicines committee.
3. Developing a Guideline to support to safe, consistent, evidence-based and well governed MSK injection therapy. Subsequently approved by the PCN executive, partner practices, and rolled out with an educational "tour".

Gaining recognition

- Sam Allen, chief executive of the ICB NENC, visited, took interest and invited us to present the service at a “World café” event
- Sir Liam Donaldson took note. 12 months later took further interest and graciously made the time to spend the morning with the team: observing a consultation, talking with staff, understanding our challenges, recognising the successes.
- NHS Confederation cited the service as the first case study in the paper “Assessing the impact and success of the Additional Roles Reimbursement scheme.”
- Invited to make evidence submission, which ultimately became the first recommendation, to/ from the ARMA (Arthritis and Musculoskeletal Alliance) inquiry into Musculoskeletal Health Inequalities and Deprivation, and being invited to the report launch on the Parliament estate in Westminster in April

Our key learnings

- Prioritise great communication over everything.
- Have a very clear purpose and vision, and although adaptability is important, trust your vision. You are the expert in your area.
- Assume nothing. Educate everyone. Communicate proactively, clearly, regularly and repeatedly.
- Demonstrate your usefulness. Understand the agendas of those you are working alongside. Listen to their stresses and challenges and attempt to mould (where feasible) your service to support this. Building good will is fundamental to your success. Nothing good happens in isolation.
- Focus on recruiting staff who reflect the cultural make-up of the population being served and who are in-step with local concerns (truly invested in the community), and vitally, do not make appointments just to “fill roles” or “ensure the budget is spent.” You will regret this.
- Collect and disseminate robust data regularly to build confidence in your service.

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Our key learnings

- Make staff education (and the protected time to do it) a pillar of your service. Make the case for it. Strive for excellence and prioritise sustainability (until a recent unfortunate accident our sickness rate was a 0% for the last 12 months). Your staff will pay you back in spades if you invest sincerely in the sustainability of their job.
- Seek feedback. From patients and multi-source staff feedback – clinical and non-clinical colleagues. And, vitally, no matter how much it stings, acknowledge it and learn from it.
- Ensure good governance with protocol and guidelines attempting to gain collaboration wherever possible. Utilise templates to maintain consistent, accurate and comprehensive records AND to harvest data to demonstrate your work and the impact you are making.
- Reach out to other organisations, individuals and potential partners to showcase your work, learn from theirs and contribute to progress in your field.

The ARMA report

- MSK health is fundamental to our wellbeing. It impacts every aspect of our lives. Throughout 2023 ARMA carried out an inquiry into inequalities in MSK health related to deprivation.
- ARMA issued a call for written evidence to healthcare professionals, MSK services, academic institutions, community and voluntary organisations. Four online oral evidence sessions were held with experts on MSK and health inequalities.
- An online survey was published online for people with lived experience. 339 responses were gained.

Key messages

- People with MSK conditions living in areas of deprivation experience health inequalities.
- They develop MSK conditions earlier, are more likely to have multiple conditions, more likely to be complex. More likely to need joint replacement, but less likely to get it. Marmot (2010) stated there is no biological basis for this, it is avoidable.
- Health inequalities are largely driven by the wider determinants of health.
- Only 20% of our health inequity relates to healthcare. The most significant social and economic factors influencing poor MSK health are: POVERTY, EDUCATION, EMPLOYMENT AND AN ENVIRONMENT THAT DETERS PHYSICAL ACTIVITY AND A HEALTHY DIET. The NHS alone cannot eliminate inequalities in health.
- Those with MSK conditions living with deprivation can be more concerned with putting food on the table or heating their home. If we are to tackle MSK health inequalities, we must all be very mindful of this wider context.
- The NHS can help to reduce health inequalities.

Two of the recommendations

- **Getting closer to and knowing our community**
- Moving into community spaces. EMPLOYING PEOPLE FROM THE LOCAL COMMUNITY TO ALLOW PATIENTS TO SEE THEMSELVES REFLECTED IN THE SERVICE AND GUARANTEE THAT PROFESSIONALS KNOW THE LOCAL FACILITIES AND SERVICES.
- Developing shared ownership of services with engagement and co-production. Involving PPGs.

What’s next? Looking at modifiable risk factors….

- Besides socio-economic factors there are modifiable risk factors significantly impacting health. **Being inactive has the biggest impact on healthy life expectancy, followed by living with obesity.** It's vital to remember that modifiable risk factors are not merely individual choice or lack of will power. Environment, culture, and food system all drive behaviours at a societal level.
- **Physical activity**
- Activity levels overall in England increased in 2023 in adults to pre-pandemic levels. However, in deprived areas – where it was already lower – levels are both below pre-pandemic (-3.1%) and 2015/16 levels (-2.6%).
- **Weight**
- In the most deprived quintile in England 30% of men and 40% of women are living with obesity compared with 21% of men and 19% of women in the least deprived quintile. Data suggests increasing levels of obesity are not cause by individual characteristics but reflect a food system that is unequal.
- **Education**
- Having no qualification is equivalent in impact to poverty. The number 1 Marmot principle is “Give every child the best start in life.”

What's next? Building relationships and skills

- Taken part in Northumberland County council Joint Strategic Needs Analysis – understand what we have, our challenges, our provision, our opportunity.
- In doing this it became clear our major opportunity was to develop a weight management programme, hosted locally, by our primary care MDT because living with obesity is clearly underpinning all of our other challenges (63.4% of adults in Northumberland are classified as overweight or obese).
- Furthermore, developing an MSK and general wellbeing approach by linking in with local High Schools – work underway.
- Provide opportunities for staff to become NHS Health and Wellbeing Champion to support colleagues and disseminate this information.

What's next?

- We look to tap into expertise in the area, locally and Nationally.
- We aim to continue our excellent in-person offering in all our practices every week. Continuing to offer 1000 in-person MSK appointments every month. We have hosted one of the first ever FCP student placements ever in late 2023 and hope to do that again.
- Simultaneously we are looking to evolve our offering, taking advantage of the Primary Care Network model, and develop a proactive, front-footed approach seeking out those who do not access us, and consider developing services to tackle our greatest challenges locally, close to home. Considering novel approaches such as being present in food banks, offering in-house weight management programmes as part of an MDT.

Education

- At the root of it all is education – of ourselves, of colleagues, of patients, of future service users, of community and wider society.

Thank you for attending and listening this afternoon

Useful resources

- https://arma.uk.net/msk-health-inequalities-equality/

- https://www.csp.org.uk/professional-clinical/improvement-innovation/first-contact-physiotherapy-0

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Tell us what you think!

Please give us your feedback on today's session, and if there's any topics or speakers you would to see in future:

Lunch & Learn Evaluation Form

The survey should only take 2 minutes of your time, but your answers are invaluable to us.

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