

Harnessing policy changing research from the UK to implement & evaluate new models of allied health-led primary care in Australia: time for change?

Prof Nadine Foster

**National Allied Health Virtual Research Forum
30th April 2024**



Strengthening Medicare Taskforce

The Minister for Health and Aged Care established the Strengthening Medicare Taskforce to provide recommendations on the highest priority improvements to primary care.

Strengthening Medicare
Taskforce Report
December 2022



- Increase access to primary care
- Encourage multidisciplinary team-based care
- Increase commissioning of allied health services
- Learn from both international & local best practice, and invest in research

Primary Care Contexts

UK

- Increasingly complex health needs
- >1 m appts every day
- 56,000 GPs (27,500 FTE)
- 8,131 general practices

- Primary care 'crisis'
- Retiring GPs, small pipeline
- Fewer & larger practices with MDTs

- 67 million people
- *1 GP for every 2,436 patients*
- (66,000 physiotherapists)
- Full scope & enhanced scope for AHPs
 - Expanded self-referral / direct access pathways
 - Physiotherapists can issue fit notes since 2022
 - Allied-Health First Contact Practitioners (FCPs)



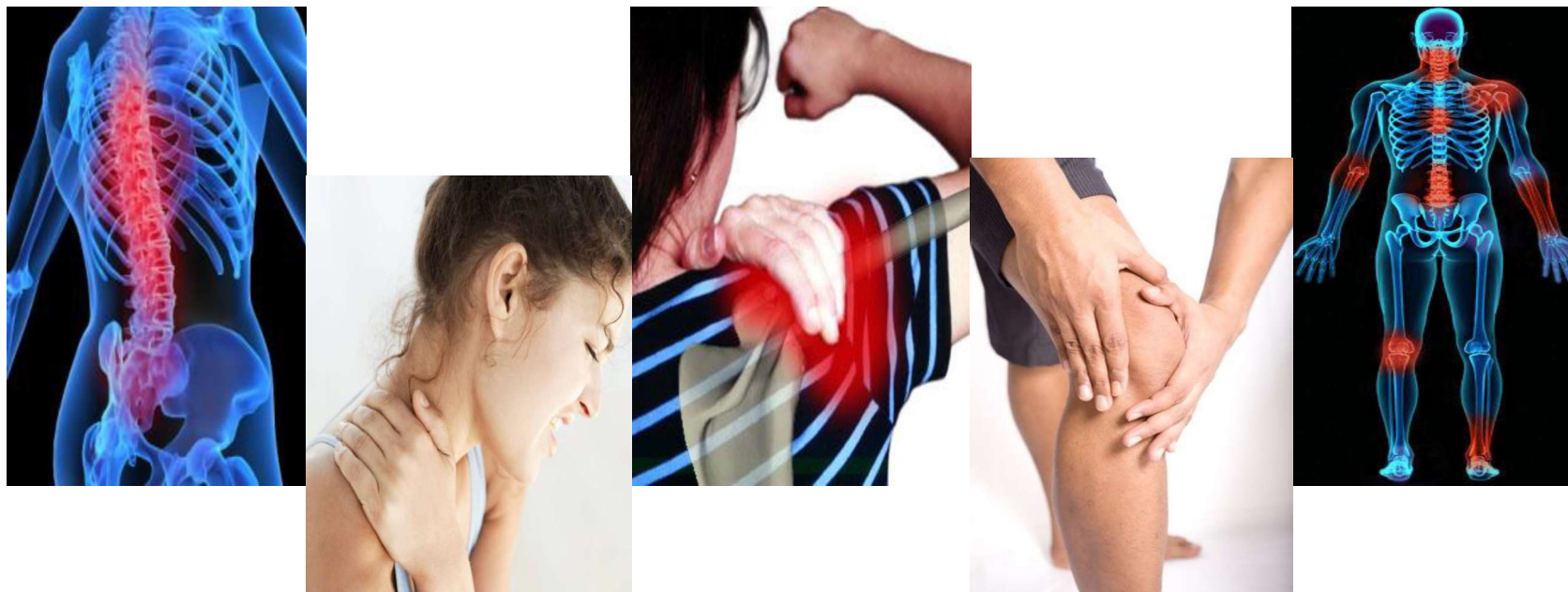
Different

Australia

- Increasingly complex health needs
- 1.08 m appts every day
- 32,000 GPs (27,000 FTE)
- 7,200 general practices

- Accessing primary care is harder
- Disjointed services, hard to navigate
- Only 15% medical graduates choose GP

- 26 million people
- *1 GP for every 962 patients*
- (42,000 physiotherapists)
- Primary care physiotherapy mostly a private workforce, disconnected from GPs
- Workforce not working together in teams and not to full scope



Musculoskeletal pain

Account for 14 - 25% of GP consultations

Direct access to physiotherapy & FCP models in primary care – key solutions

3 research studies

A systematic review of non-medical MSK triage & direct access services

A cluster RCT with 978 patients including HE analysis of direct access

An implementation study evaluating the FCP model of care

Systematic review of non-medical practitioner MSK triage & direct access models of care 2020



PLOS ONE

RESEARCH ARTICLE

A systematic review and evidence synthesis of non-medical triage, self-referral and direct access services for patients with musculoskeletal pain

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OPEN ACCESS

Abstract

Introduction

The demand for musculoskeletal (MSK) care is rising, and is a growing challenge for general practice. Direct access to physiotherapy and other healthcare services may offer appropriate care for MSK pain patients but there is uncertainty regarding the effectiveness or effi-

8 databases, 26 studies: USA > UK > Netherlands > Sweden (**None in Australia**)
62,775 pts in NMP models of care vs 57,501 pts in GP-led care

3 main approaches

Open access – where pts by request gain direct access to NMP

Combination – open direct access to NMP with triage process assessing suitability

Service pathway – pts free to choose GP-led care and/or direct access to NMP

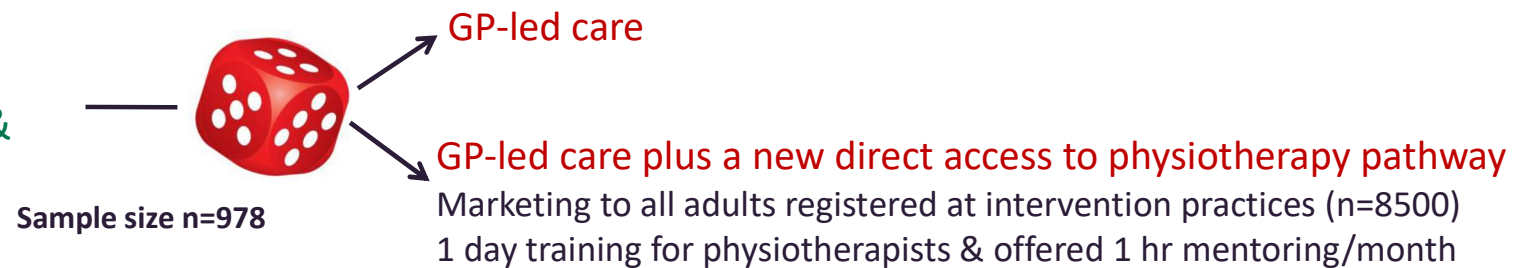
Direct access patients had similar characteristics to those accessing GP-led care
Patient outcomes (pain, disability) not different between direct access v GP-led
Lower healthcare use & less time off work in direct access patients vs GP-led care

“Comparable clinical outcomes, lower healthcare consumption, 10-20% lower healthcare costs, helping manage GP workload”

Cluster RCT of adding direct access to physiotherapy to usual GP-led care for MSK pain 2017

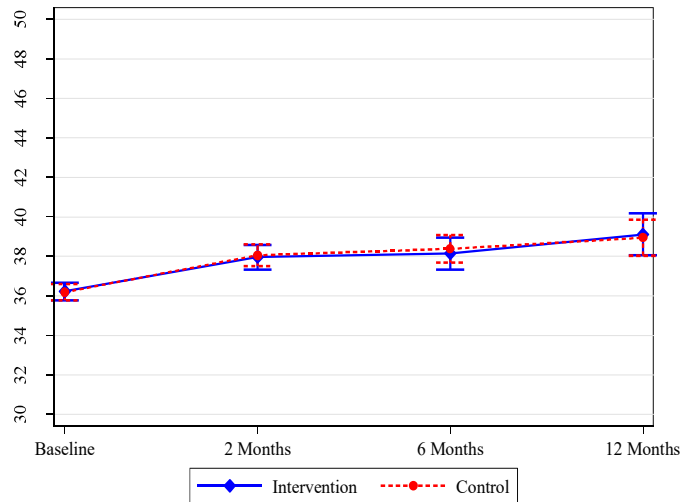
A pragmatic, non-inferiority, cluster RCT in GP & physiotherapy services, data collected at baseline, 2, 6 & 12 months

4 UK general practices (total patient population 24,949) & one physiotherapy service



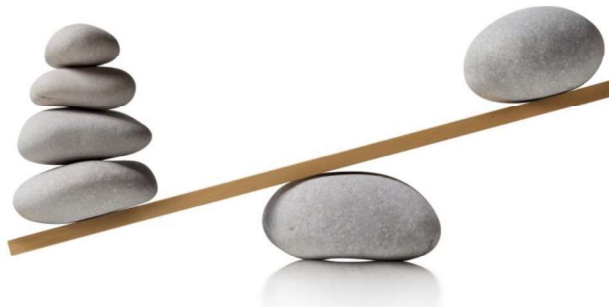
- Comparable pt characteristics: mean age 57 yrs, 58% female, 45% in paid work, 74% subacute/chronic MSK pain
- No SAEs & no evidence of missed serious pathologies
- Only 4% of self-referrers deemed unsuitable during physiotherapy triage
- 90% of physiotherapy caseload in intervention practices came via self-referral (either 'true' or 'recommended')
- No increase in waiting times for physiotherapy

Cluster RCT of adding direct access to physiotherapy to usual GP-led care for MSK pain 2017



- Similar physical health outcome (SF36 PCS) adjusted for baseline scores, age, sex, widespread pain & GP practice


Usual GP-led care
more GP visits
more orthopaedic & rheumatology visits
more prescriptions
more surgery



Direct access pathway
more physiotherapy visits
fewer days off work
lower NHS costs (11.22 GBP saved per patient)


Implementation study of the FCP model of care 2021

- **FCP – a primary care model** where MSK physiotherapists undertake the first patient consultation, to enhance MSK care and free-up GP capacity for other patients
- **In 2019, the NHS Long-Term Plan** committed to roll-out FCP model of care across NHS England by 2023/2024
- **NHS England led a pilot of FCP services & commissioned our team to evaluate it**
- **National, mixed methods 24-month service evaluation**
- **Data collected**
 - online PROMs/PREMs over 3 months
 - FCP, GP, patient, general practice staff interviews




ELSEVIER

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Physiotherapy 

Expert article

Evaluation of the First Contact Physiotherapy (FCP) model of primary care: patient characteristics and outcomes 

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Abstract

Objective First Contact Physiotherapy (FCP) is a primary care model where expert musculoskeletal (MSK) physiotherapists undertake the first patient consultation, to enhance MSK-patient care and free-up GP capacity. The authors report the quantitative findings from the FCP National Evaluation (Phase 3) which evaluated the FCP model against success criteria.

Design and setting A mixed-methods 24-month service evaluation involving 40 FCP sites and 240 FCPs across England.

Methods An online platform collected patient-reported experience and outcomes following the FCP consultation and at 1, 2 and 3-months follow-up. These included the Keele STarT MSK Tool, pain intensity (0–10 NRS scale), Musculoskeletal Health Questionnaire (MSK-HQ, range 0–56), and Friends-and-Family Test.

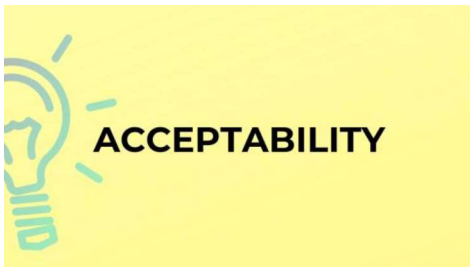
Results Over 13 months, 2825 patients were invited by email and 24% ($n=680$) completed their initial questionnaire. Their mean age was 56.2 (SD 14.9), 61% were female, ethnicity was 97% white, mean pain intensity was 6.1 (SD 2.13) and mean MSK-HQ score was 33.8 (SD 9.5). At 3-months follow-up ($n=370$) there was a 2.8 (CI 2.5 to 3.1) mean pain intensity reduction from baseline, a mean 7.1 (6.0 to 8.2) score improvement in MSK-HQ and 64% reporting overall improvement (much better/better) since seeing the FCP. One of the six success criteria was not met; 29% of those in employment reported receiving specific work advice from the FCP (target $\geq 75\%$).

Conclusion Ahead of the planned scale-up of the FCP primary care model across the UK, this evaluation provides useful data on patients who access this service, their short-term clinical outcomes and whether key success criteria are being met.

Implementation study of the FCP model of care

RESULTS

- 240 FCPs from 40 services participated (median FCPs per service = 4)
- >6,800 patient appointments with FCPs
- >2,400 asked to complete PREMS/PROMS surveys, 680 responses



- 98% reported having confidence in the FCP's competency to assess them
- 93% reported receiving sufficient info about their MSK condition
- 94% would recommend the FCP service

OUTCOMES



- Global improvement in symptoms - 58% (month 1) to 64% (month 3)
- Pain reduced at 3 months - 2.8 from baseline (MIC is 2)
- Better MSK health at 3 months - MSK-HQ of 7.1 (MIC is 6)
- 80% of patients didn't go on to see their GP after consulting the FCP
- 21% reduction in orthopaedic referrals per day
- 12% fewer drug prescriptions given by FCPs vs GPs
- **RoI** of £0.81-£2.37 for every £1 spent on implementing FCP services

These models of modernising access & expanding the GP team are:



- safe
- do not overload services nor increase waiting times
- provide non-inferior clinical outcomes
- yield high patient satisfaction
- are cost-effective

NICE now recommends

- **Self-referral** – patients can either refer themselves directly into existing physiotherapy services or see a physiotherapist in general practice
- **FCP roles** – experienced physiotherapists working alongside GPs as the first point of contact for MSK patients



To learn from the UK evidence?

To develop, implement & evaluate these models of care in Australia?

To provide high-quality, policy-ready research in Australia?



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