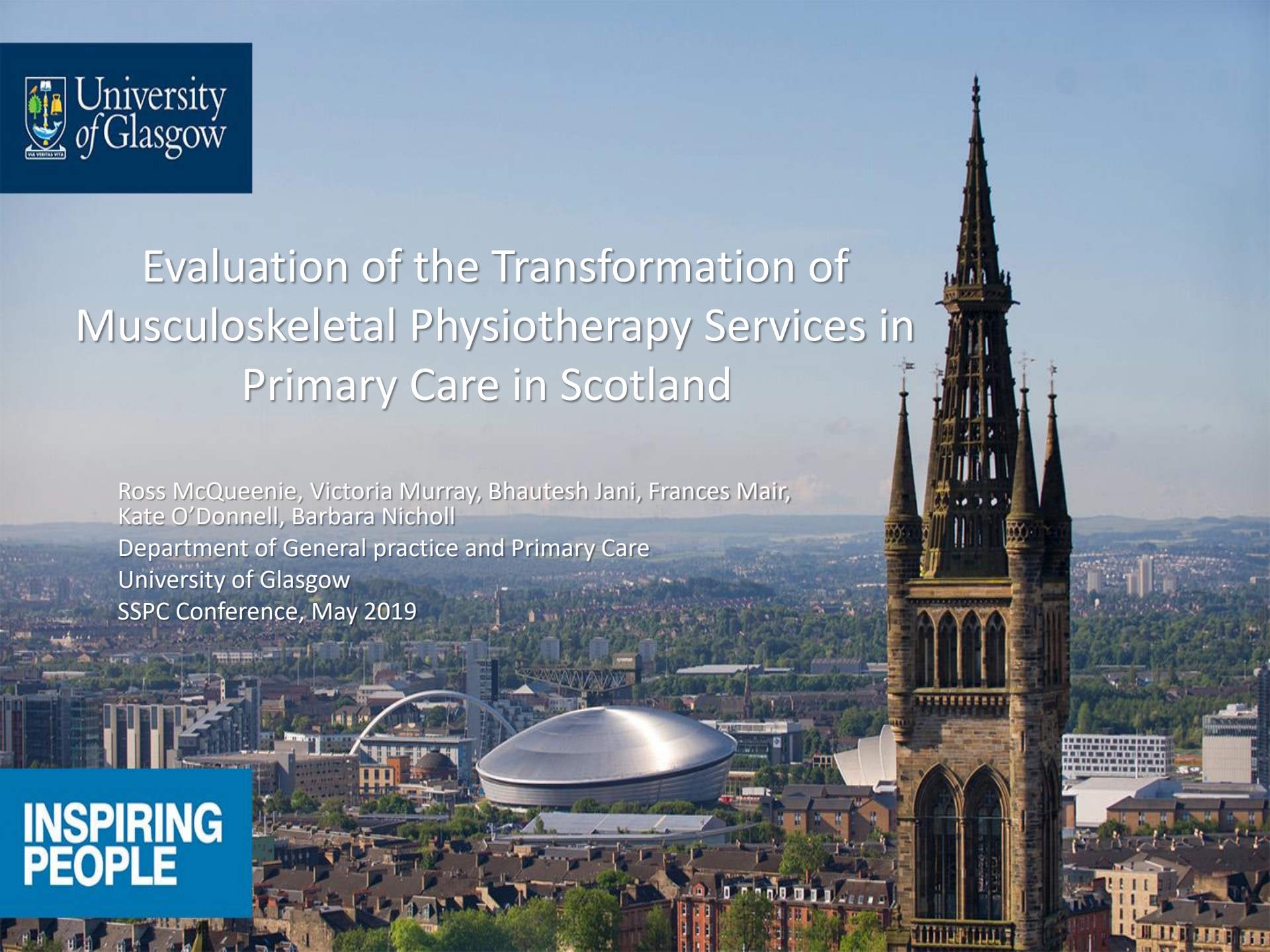

Evaluation of the Transformation of Musculoskeletal Physiotherapy Services in Primary Care in Scotland

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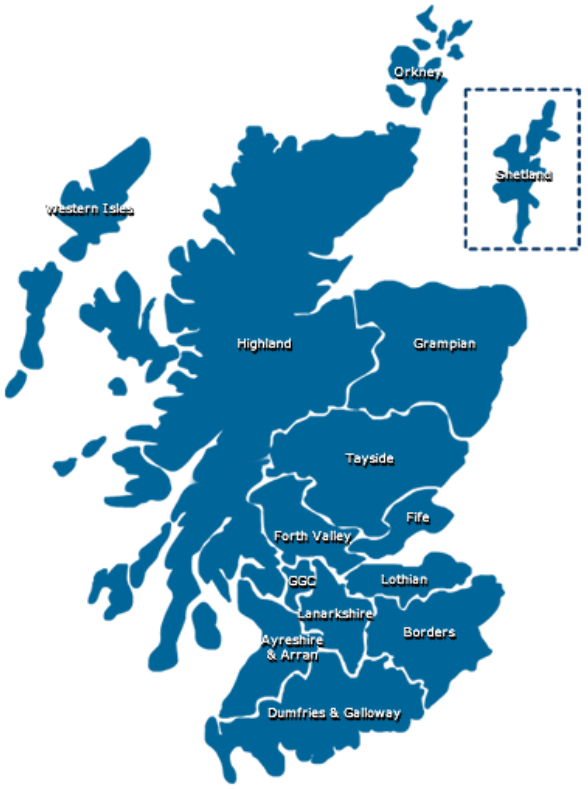
INSPIRING PEOPLE

Musculoskeletal (MSK) problems in Scotland

- MSK conditions account for between 18% and 33% of the appointments of a general practitioner (GP)[1]
- 400,000[1] referrals to secondary care MSK
- Impacts on waiting times, patient experience of access and investigations
- In 2010, the Scottish Government sought to make significant changes to Scotland's MSK services with the introduction of the 'National Delivery Plan for Allied Health Professionals in Scotland, 2012-2015'
  - *National Allied Health Professional MSK 4 Week Target*[1], which sought to provide a significant redesign of MSK services
- July 2016: the Scottish Government awarded Primary Care Transformation Funds (PCTF) and Primary Care Funds for Mental Health (PCFMH) to Health boards in Scotland to test new models of care.



1. Cree, S. (2014) 4 Weeks: Rapid access to allied health professional MSK. NHS Scotland.

MSK Evaluation Aims

1. Understand primary care transformation in relation to MSK and the contexts in which new models of care were being tested

2. Identify key sites for further in-depth exploration (the case study 'deep dives') , and in relation to these:

- Identify the barriers and facilitators to implementation and sustainability
- Identify impacts (both intended and unintended) for patients, practitioners and the wider health system

MSK Evaluation Methods

- Work was carried out in two phases:
  - **Phase 1** sought to identify and understand the tests of change that were being implemented and their expected impacts and identify “deep dives” for further in-depth exploration.
  - **Phase 2** explored the early impacts, key learnings, spread and likely sustainability in relation to the selected deep-dives.
  - **42** interviews with key informants were carried out (**18** in Phase 1 and **24** in Phase 2).
  - Thematically coded and analysed

MSK Evaluation Results

- **Phase 1** scoping exercise identified **35** new models of MSK primary care across the 14 regional Scottish Health boards. Across the health boards, there were two predominant models:

  1. Advanced Physiotherapy Practitioners (APPs): physiotherapists working within primary care as a first point of patient contact.

  2. NHS 24 Musculoskeletal Advice and Triage Service (MATS): A telephone advice and triage service operated by fully trained call operators, nurses and physiotherapists.

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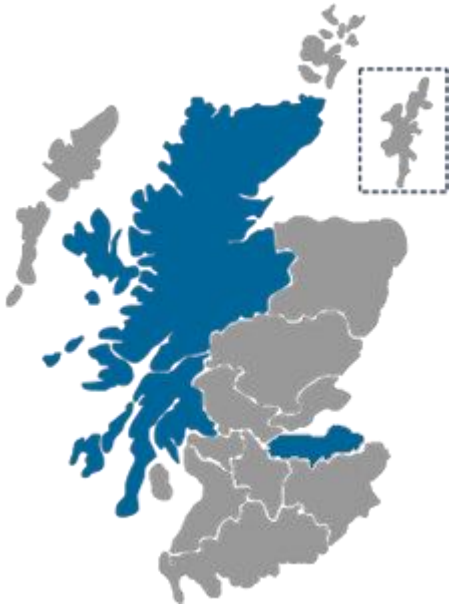
MSK Evaluation Results

- Three “deep dives” for **Phase 2** were identified: NHS Highlands, NHS Lothian, NHS 24 MATS



- Across the deep dives, key barriers and facilitators were identified for the new models at three stages:
    1. Planning and development
    2. Implementation
    3. Sustainability and expansion

1. Barriers to planning and development across both new models of care

Availability of staff to carry out new roles

"I'd say some of the key challenges coming back to the workforce issue so, within the physiotherapists services, making sure that there are the right clinicians, and training them appropriately, the time, the governance structures and so and so forth."

MSK Lothian Interviewee 1

Finding funding to support new models of care

"[We had to] beg and borrow little bits of money to transform physiotherapy services"

MSK Highlands Interviewee 40

1. Facilitators of planning and development across both new models of care

Positive buy-in of existing clinical staff

"We picked a Practice that we knew would be very welcoming of having physio there and was very pro-active in having physio there and, along with having them in the GP practice, having audit time alongside it as well so that they were able to audit the impact of their service."

MSK Highlands Interviewee 1

Close working relationships with other clinicians

"We…have regular meetings on Tuesdays that we all come together to … air any concerns of any kind of recurring themes that are, that are building up … whether it be … problems with just how the diaries have been built or whether … people [are] being put in appropriately or … just being put in with nurse practitioners instead of MSK APPs.."

MSK Lothian Interviewee 17

2. Barriers to implementation across both new models of care

Resources including staff, accommodation and funding

"Staffing and probably funding to a certain extent as well you know obviously when you're implementing […] a new service you […] need that ability […] to get the staff in and get the […] the appropriate training for the staff and […] doing that in a timely manner so that you're […] able to get up and running as quickly as possible so I definitely think […] they're probably the biggest barriers I would say."

MSK Lothian Interviewee 17

Difficulty in adapting to new working conditions

"You've got 20 minute appointments and you're so if you've got a full day do you know I've got 18 patients in a full day so do you know all you really need is 1 patient, 2 patients to potentially go slightly awry and you're maybe needing to speak to the duty doctor or escalate them and then you're chasing your tail for the rest of the day so it's definitely, it's a much, much higher, higher level of stress I would say you know and much more pressure."

MSK Lothian Interviewee 17

2. Facilitators of implementation across both new models of care

Availability of appropriate resources

"Well as I say we've actually got the infrastructure, well you know we've got the room, it's a nice building, we've got the IT, it's a nice place to work, these things would hopefully be facilitators"

MSK Highlands Interviewee 24

Good in-practice communication between staff

"They're always on hand like you can go and speak to them, you can go and pick their brains about something or if you're just not really 100% sure you know it's, it seems to be fairly easy to get them to come in to have a look at the patient while you've got the patient there which has been really good you know that's, that's, I've learnt a huge amount from that."

MSK Lothian Interviewee 16

3. Barriers to sustainability and expansion across both new models of care

Resources including staff, accommodation and funding

"Really the challenges is going to be around sustainability of the services, making sure that there are enough, appropriately trained, physiotherapists coming in to do these roles, and that the….sort of traineeship and apprenticeship type models that we move on are appropriately developed, the funding's appropriate there, to make sure that the staff can get to that level. I think that's going to be the key challenge."

MSK Lothian Interviewee 2

Coping with systems which do not work in the local context

"It's been really hard work, I'd say, psychologically, to cope with something [MATS] that's made things worse, whatever the good intentions were behind it in the first place."

MSK Highlands Interviewee 3

3. Facilitators of sustainability and expansion across both new models of care

Recognition of roles from other clinicians such as GPs

"There's huge respect for the role already. And, I think the data currently out so far is very, very impressive. And, I think GPs are already very much on board […] they want a slice of the action."

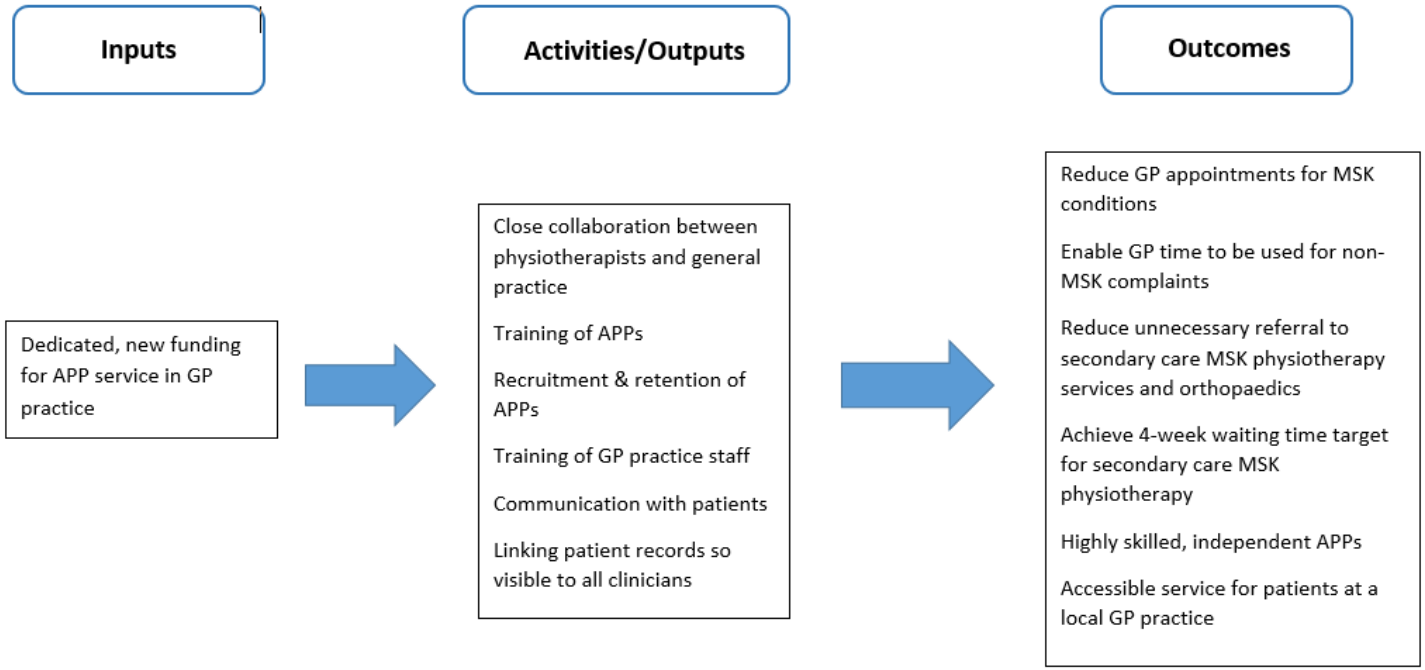
MSK Lothian Interviewee 3

Ability to expand current roles and responsibilities

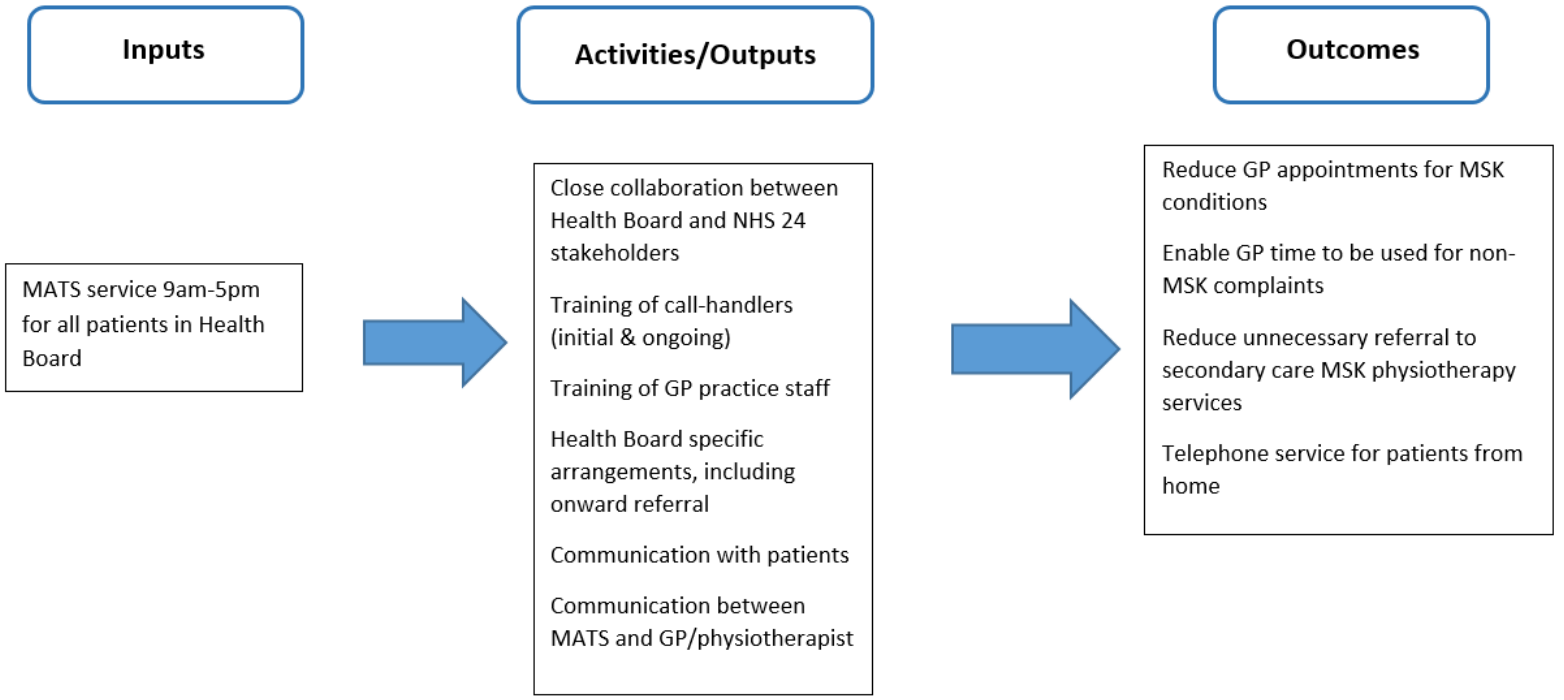
"We're potentially going to be expanding to potentially doing sort of some paediatric clinics in terms of musculoskeletal paediatric clinics and you know [names colleague] has obviously identified the course that the 3 of us are going to try and go along to and you know give us the training in terms of building up our competency to be able to see these patients."

MSK Lothian Interviewee 17

Logic Model for APP



Logic Model for NHS MATS



Conclusions

- Change is needed both in Scotland and internationally to accommodate the rising demand on MSK services.
- We have performed the first study into MSK transformation by carrying out interviews across Scotland to identify new models of care in MSK physiotherapy.
- We identified barriers and facilitators for planning and development, implementation and sustainability and expansion in these new models of care.
  - Participants identified positive buy-in and successful interactions with existing clinical staff as facilitators to success of these models.
  - Conversely, the predominant barrier in these models were resources – staff, accommodation and funding.
- Provision of appropriate resources including accommodation, training and funding for staff, along with good communication with existing clinicians are crucial for successful sustainability and expansion of these services

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University of Glasgow MSC in Primary Care
https://www.gla.ac.uk/postgraduate/taught/primarycare/

Discussion Points

1. Do you think the new ways of working discussed here will help deal with stresses placed on primary and secondary care by patients who require physiotherapy?

2. What should happen in health boards where these new ways of working might not operate easily? (e.g. in rural areas)

3. How can the barriers of resources, accommodation and staffing be overcome?

4. Who should fund these new ways of working? Primary care? Secondary care?

5. Are there new ways of working not discussed here that you believe can improve physiotherapy access within primary care?

Discussion Points cont

1. Should other conditions be treated by non-GPs in general practice?
   - mental health?
2. Should non illness related care (e.g. links workers, “generalist social practitioners”) be treated routinely within general practice?