



Primary Care Multidisciplinary Services:

**First Contact Physiotherapy
GP Practice Service Description &
Working Agreement**



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First Contact Physiotherapy in Primary Care – Service Description

The 2018 General Medical Services Contract (Scotland) includes an agreement that every GP practice will receive additional professional services including First Contact physiotherapy practitioners (FCPs) as first point of contact in the practice setting.¹ To support the delivery of the GMS contract, Borders Health and Social Care Partnership have agreed a Primary Care Improvement Plan (PCIP). This plan forms part of the programme of transformation of primary care, seeking to continuously improve the quality of treatment, support and community services provided to the population.

Scope of Service

A first contact musculoskeletal (MSK) service will be embedded within the practice teams to support effective workload management. Physiotherapists are an expert professional group with a high safety record and are trained to screen out serious pathology and act on their findings.

In the first instance resource has been allocated, in line with demonstrator boards, at 1 WTE (Whole time equivalent of 37,5 hours per week) Band 7 APP for a population of approximately 20 000, in some cases this may mean that the FCP will be spread across a number of practices. This will be reviewed as the PCIP progresses.

- Physiotherapists will have professional leadership and direct operational management from the Physiotherapy Clinical Lead.
- FCP's will be the first point of contact for patients and can be directed from reception team through straightforward communication process (see communication guide). Patients do not require to be seen by GPs before seeing the FCP.
- They will deliver evidence based interventions when required and refer on to secondary care services (e.g. Orthopaedics, Rheumatology, Pain service)
- FCPs will work under NHS Terms and Conditions. FCPs will require daily admin/ indirect time of 1 hour 30 minutes (based on a 7.5 hour day & pro-rata), and 4 hours per month for service CPD purpose.
 - FCP adhere to the four pillars of clinical practice and time allocations to achieve each KPI:
 - 4 Pillars to support Clinical practice:
 - Education
 - Continued Professional Development
 - Research
 - Leadership development

- Clinical practice should be based on best evidence principles as prescribed by WCPT (World Confederation for Physical Therapy) and CSP (Chartered Society of Physiotherapy UK) together with NICE guidelines.

The FCP will work with direction from GPs and practice managers to provide specific high quality and comprehensive assessments and interventions to those with musculoskeletal health problem.

Role and Remit -:

The FCPs will work independently within a practice to assess, diagnose and plan the management of patients with MSK conditions. The FCP will support GPs and other members of the multidisciplinary team by providing an opinion, advice and treatment pathway where required. The FCP is part of the triage team to support the patient to receive the “right treatment, at the right time from the right professional.”

The FCP does not act as a practice physiotherapist providing patients with quick access to ongoing physiotherapy. Patients who require ongoing physiotherapy treatment will be referred onto the MSK physiotherapy service either by means of patient self referral, via email/SCI gateway by the GP, FCP or clinician who originally assessed them.

FCP’s can request imaging and blood investigations. Imaging results can be interpreted and acted on by the FCP; blood results will require GP review.

Many FCPs will be able to provide steroid injections where appropriate. However, not all FCP’s will be able to provide this service. There are plans to train all staff in due course and injection therapy is available within some areas of the core physiotherapy MSK service.

Currently no FCP’s in the Borders are able to prescribe independently. Prescribing training may be completed in future if it would potentially further enhance service provision.

The aims of the FCP position in the primary care setting are:

1. Delivery of the GP contract specification outlined.
2. To improve the quality of treatment
3. Early access
4. Shortening the patient journey
5. Broaden patient access to affordable, quality health care
6. Management of musculoskeletal dysfunction and reduce secondary impairment
7. Support to all primary services provided to the practice population
8. Decrease prescription cost where alternative treatment modalities are in the best interest of the patient
9. Decrease referral to secondary care
10. Release GP time spent on MSK conditions

Specific requirements of FCP service include:

- A storage area for a limited amount of equipment/resources required by APP.
- As far as it is practical, NHS Borders will ensure availability of accommodation that FCP's have access to appropriately furnished consultation rooms over a weekly basis as part of the GP practice rota room allocation.
- First Contact Physiotherapists require a consultation room with a height adjustable couch, for clinical patient time.
- Non face-to-face sessions require desk space with IT support to work on Emis Web and a telephone for triage consultations, Computer and Printer.
- Practice support to print information leaflets/exercise protocols etc.
- Where appropriate, FCPs will be included in development/education sessions within the practice as part of the practice CPD and be involved in the practice review processes e.g. risk assessments and significant event analysis as well as opportunity to attend relevant CPD service training sessions.
- FCP clinical notes will be captured on the EMIS WEB system. Where the FCP is conducting virtual consultations and is not in the same building as the Patient GP, the FCP can communicate with the GP practice by either phone contact or the use of email via the Admin inbox.
- **PCIP exec group and Work stream Lead oversight:**
 - Audit and appraisal will be conducted annually in line with NHS governance and protocols.
 - All GP practices agree to participate in any ongoing audit or evaluation needs of the FCP service.

Exclusion Criteria:

- Acute Mental Health crises
- Acutely unwell
- Loss of balance and vestibular issues – *referral to long term conditions physiotherapy team*
- Lymphoedema – *referral to lymphoedema team*
- Medication reviews
- Palliative patients – *contact should be made with the patient's Palliative team*
- Patients who do not want to see a FCP
- **Reduced mobility and frailty, walking aid assessments and provision of walking aids** – *referral should be made through to Long Term Conditions physio team.*

- Children under 16
- Patient with a Rheumatological condition that only requires medical management
- Antenatal women, patient should be directed to their midwife who will advise them on who to contact. MSK conditions in antenatal care are managed by the Women's Health physiotherapist and core MSK staff.
- Postnatal women (*less than 6 weeks after delivery*) where the condition relates to the pregnancy as these should be managed by the Women's Health team.
- Housebound patients
- Pain from a suspected non-musculoskeletal cause (e.g. cardiac, malignancy, systemic infection)
- People only requiring prescriptions or fit note / medical reviews
- Neurological Conditions – *Referral to the long term conditions physiotherapy team*
- Respiratory Conditions – *Referral to the Respiratory Physiotherapy team.*
- Headaches
- **If a consultant letter has asked GP to refer to physiotherapy, referral should be made to the MSK Physio service.

Inclusion Criteria

FCPs will see any of these conditions regardless of whether the condition is acute or chronic.

Spinal

- Neck, thoracic and low back pain
- Sciatica/disc problem
- Referred arm pain from neck

Upper Limb

- Shoulder pain /Frozen shoulder/Sub-acromial impingement/Rotator cuff/AC joint
- Elbow pain/Tennis elbow/Golfers' elbow
- Wrist and hand pain/Dequervains/Carpal Tunnel Syndrome/Trigger fingers/OA of thumb and fingers

Lower Limb

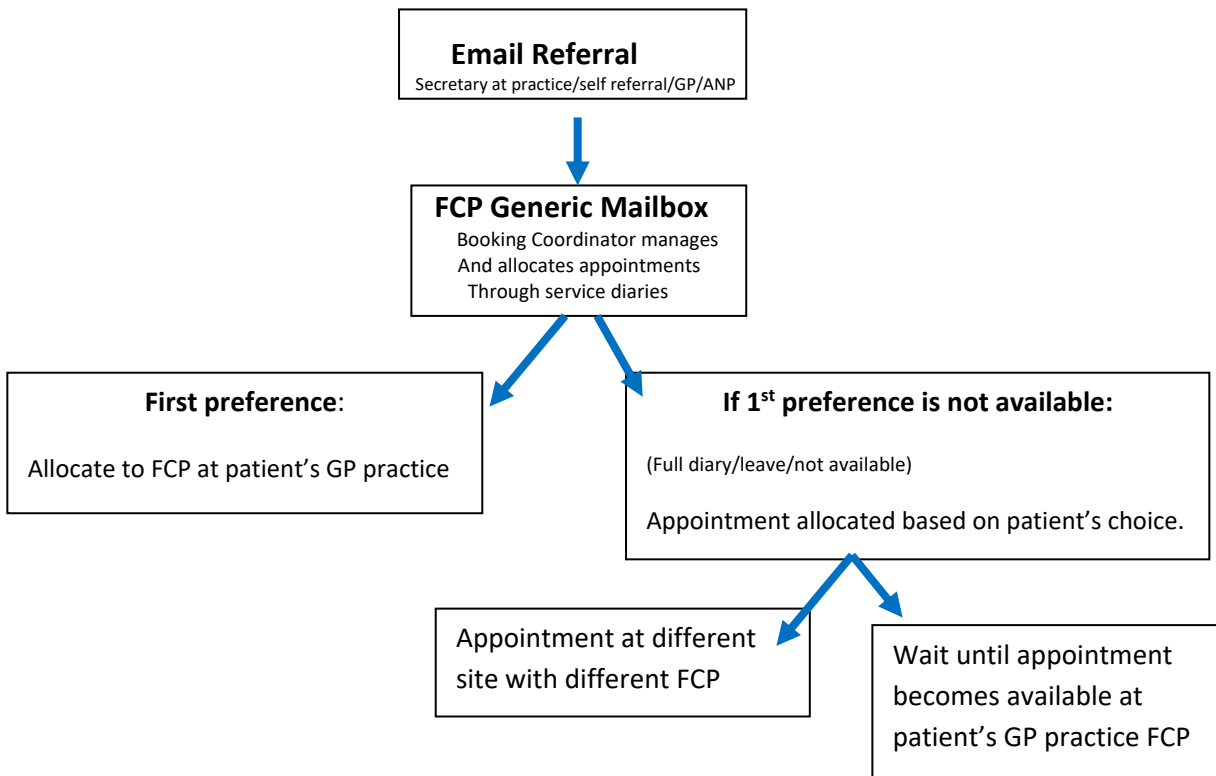
- Hip pain/Trochanteric bursitis/OA hip/groin strain
- Knee pain/ sprain/bursitis/patella femoral problems/OA knee
- Ankle pain/sprain/tendinitis/plantar fasciitis/arch pain/hallux valgus/metatarsalgia

General

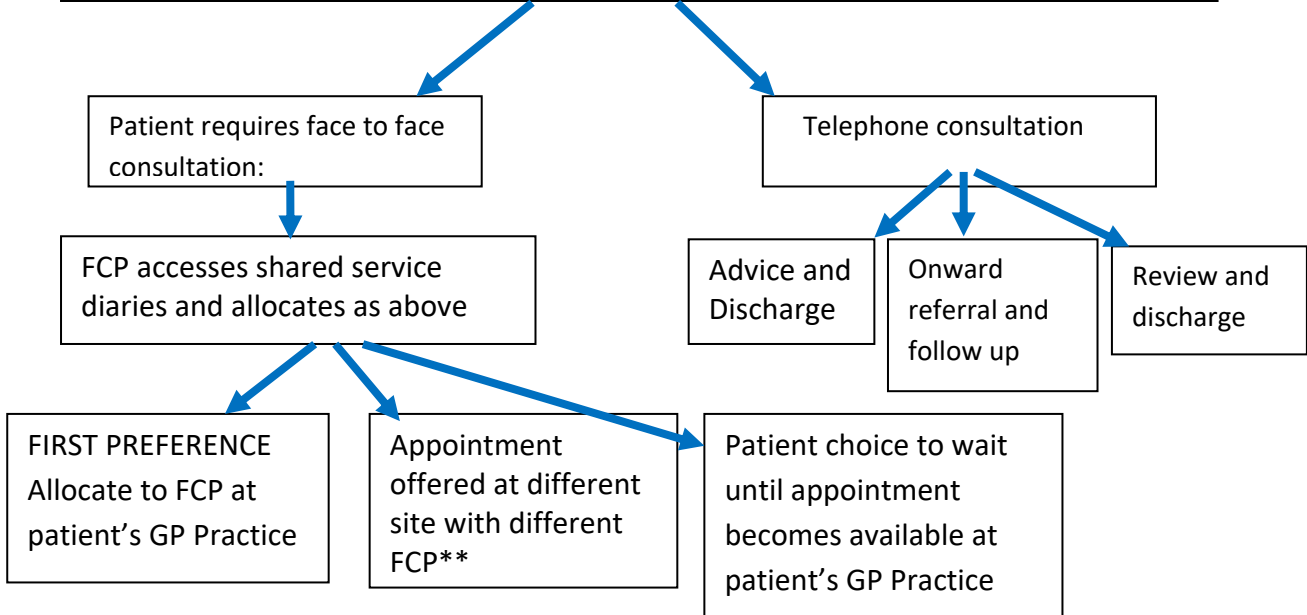
- Soft tissue injury/sprain/strain/repetitive strain/sport injury
- Possible problem with muscle, ligament, tendon, joint, bone or bursa
- Arthritis
- Patients whose mobility has changed/needs assessed
- Patient who is post-orthopaedic surgery who needs advice/assessment
- Hypermobility

Referral pathway:

FIRST CONTACT PHYSIOTHERAPY – CENTRAL REFERRAL AND BOOKING PROCESS

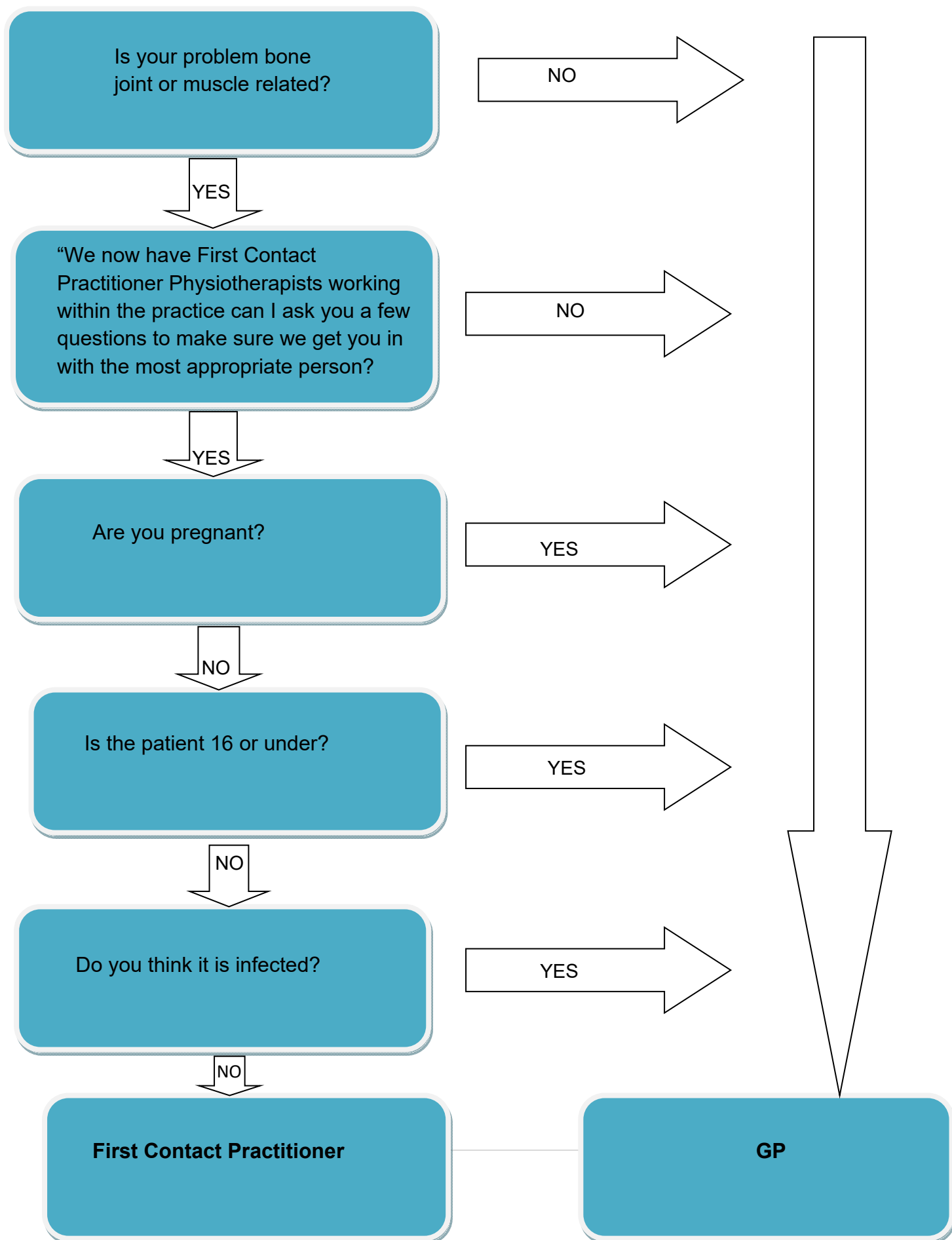


TRIAGE UNDERTAKEN BY FCP RECEIVING APPOINTMENT ALLOCATION



**** Where a patient is seen by an FCP at a different site, that FCP should contact the patient's own GP to discuss / seek advice regarding clinical queries or concerns**

Draft script for GP Reception



Contact Details

The most reliable way to contact the FCP service lead is by email in the first instance.

FCP Lead

Wilna-mari van Staden: Wilna-mari.vanStaden@borders.scot.nhs.uk

MSK Clinical pathways and resources can be found on the Ref Help pages.