

A man with curly brown hair and a beard, wearing light blue scrubs, is looking at a tablet held by a woman with long blonde hair, also wearing light blue scrubs. They are standing in front of a modern building with large windows. The image is overlaid with a purple rectangular box containing text.

# **INTRODUCING OSTEOPATHS TO PRIMARY CARE**

## **The role of the First Contact Practitioner**

November 2020

A Pilot Evaluation

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**The First Contact Practitioner (FCP) role is a key component of the NHS Long Term Plan (NHS England, 2019), which aims to integrate primary and secondary care services to improve accuracy of referrals and reduce the burden of musculoskeletal (MSK) health (among other goals).**



# 1. Authors

## Tim Allardyce

### Consultant Physiotherapist and First Contact Practitioner, Surrey Physio

Tim Allardyce is a Clinical Director of Surrey Physio, a group of physiotherapy clinics who supply physiotherapists and osteopaths to the NHS. Surrey Physio has been running FCP contracts since 2018, and performed over 25,000 FCP consultations. Tim qualified as an osteopath in 2002 and Chartered Physiotherapist in 2005. In 2012, he achieved a Masters in Sports Physiotherapy from Bath University. He is a Non-Medical Prescriber (London South Bank University, 2016) and Injection Therapist (University of Essex, 2017). In 2018, he was appointed to the Board of the Osteopathic Foundation.

## Ben Coffey

### Consultant Physiotherapist and First Contact Practitioner, Surrey Physio

Ben Coffey is the Clinical Lead for FCP, managing a team of over 15 FCPs across 4 localities including NE Hampshire, Surrey Heath, Croydon, Wandsworth, Merton and Lambeth. Ben set up the first FCP service in NE Hampshire with Salus Medical, the GP Federation, in 2018. Ben has authored the complete training manual for FCPs, 22 live videos of FCP sessions, and guidance on Advanced Clinical Practice.

## Luke Woodward

### First Contact Practitioner Service Lead, Surrey Physio

Luke Woodward is the FCP Service Lead for Surrey Physio in Croydon, Wandsworth, Merton and Lambeth. Luke is also involved in service redesign, especially around FCP, helping clinicians to integrate into Primary Care, and supporting training of the team. Luke was responsible for launching and implementing the FCP pilot, as well as data collection from the clinicians and patients.

## 2. Executive Summary

The following pilot was funded by the Osteopathic Foundation to support the implementation of osteopathic practice into primary care. The First Contact Practitioner (FCP) role is a key component of the NHS Long Term Plan (NHS England, 2019), which aims to integrate primary and secondary care services to improve accuracy of referrals and reduce the burden of musculoskeletal (MSK) health (among other goals). NHS England (2017) have stated that any Allied Health Professional (AHP) with skills relevant to the role can operate as an FCP, offering diagnostic services out of GP surgeries nationwide. Despite a shortage in workforce of physiotherapists (Chartered Society of Physiotherapy, 2019, 2020) there has been no other service that has task-shifted the role to an osteopath, even though osteopathic education is in line with the Four Pillars of Advanced Clinical Practice (NHS, 2017). The MSK Core Capabilities Framework (NHS, 2019) has been provided by NHS England to guide and support the role of the FCP in primary care, therefore, an osteopath can work in accordance with the requirements of the role. The pilot recruited 4 part-time osteopaths to run FCP clinics out of 4 GP surgeries in the Clapham, Balham, Tooting and Furzedown areas of London.

The pilot collected data regarding referral outcomes, waiting times, patient feedback, and cost analysis over a period of 4 months. During this time, the COVID-19 pandemic led to social restrictions and changes to the way consultations at the GP surgeries took place. Although the pilot services were quick to adapt to these changes, it is important to take into account the impact they had on how FCPs operate in primary care and the conclusions which can be drawn from the results. Interviews were conducted with osteopaths who took part in the pilot. These results were analysed to draw conclusions and make recommendations.

The evaluation, conducted in-line with the Standardised National Data Collection for First Contact Practitioners (Hensman-Crook, 2018) concludes that the FCP osteopaths (FCPOs) were able to produce outcomes comparable to other FCP pilots e.g. a reduction in secondary referrals, low waiting times, and an ability to manage patients without GP intervention. The osteopaths felt the FCP role supported their continued professional development and particularly enjoyed the opportunity to work as part of a multi-disciplinary team. Patient, practitioner and peer feedback was consistently positive, and the services are set to continue running following the data collection period. As the first pilot of its kind, the following report forges a new path ahead and will hopefully inspire further development work to address potential challenges of the FCPO role and determine relevant policy and training needs in the future. Consideration should be given to the impact of COVID-19 and the limitations of this pilot to guide further investigation and strengthen its influence.

# 3. Review – Introducing First Contact Practitioners to Primary Care

## What is an FCP?

A First Contact Practitioner Service is provided by a registered health professional who is the first point of contact for patients, providing new expertise and increased capacity to general practice, and providing patients with faster access to the right care. A First Contact Practitioner (FCP) is a qualified autonomous clinical practitioner who is able to assess, diagnose, treat and discharge a person without a medical referral, where appropriate (NHS England and NHS Improvement, 2019).

Patients are typically signposted by the GP receptionist, care navigator, online triage software, or they can self-refer through their registered practice. The goal of introducing FCP services is to reduce GP waiting times by ensuring patients are seen by the 'right person, first time' as well as promoting lifestyle changes and self-care which reduces the national burden of MSK health. The proposed benefits of implementing an FCP service model include:

- Reduced burden on GP services
- Reduced burden on secondary care services
- Financial savings for CCGs
- Freeing up of NHS resources, including staff, equipment, and space
- Reduced waiting times for orthopaedics, pain services, rheumatology, community physiotherapy and CMATS (Clinical Musculoskeletal Assessment and Treatment Services)
- Improved accuracy of secondary care referrals
- Developed conversion rate to surgery when referrals are required
- Better links with local voluntary sector and patient groups to ensure the continued support of individuals with MSK conditions
- Treatment timescales are quicker leading to improved patient outcomes
- Overall improvement of population health and patient care

FCP services are also reported to deliver a return on investment of £0.81-£2.37 for every £1 spent on implementing FCP services (Davies C, 2017); with some studies suggesting an even higher return according to Public Health England.

The FCP service model has been implemented alongside a new MSK core capabilities framework (NHS, 2019), to support the integration of primary and secondary care services. This is to ensure comprehensive and efficient diagnosis, treatment, and care to manage the escalating burden of MSK health complaints and associated co-morbidities.

The FCP model does not replace secondary physiotherapy services which continue to offer rehabilitation or medical treatment options as needed. Rather it is a first contact consultation service which assesses and diagnoses MSK complaints, referring patients on to get the right care, as well as offering lifestyle support and guidance.

## Why have FCPs been introduced?

NHS England (2017) reports that patients with musculoskeletal complaints make up to 30% of GP consultations and 10% of all GP referrals from primary to secondary care. Jordan et al (2010) examined consultations in four GP practices and showed 6% of patients consulting with back pain each year, with one in seven consultations caused by MSK conditions.

MSK health complaints have a significant impact on quality of life; with the highest reported impact after neurological conditions and mental health, in the NHS GP Survey (NHS, 2015). Associated with several health comorbidities such as diabetes, obesity, and mental illness, MSK complaints account for £4.76 billion NHS spending each year, constituting the third largest NHS spending budget (NHS, 2017). MSK complaints also lead to 30 million working days lost each year: a considerable impact on the UK's economy (Newland et al., 2020).

Risk of poor MSK health is associated with factors such as physical inactivity and reduced social contact; factors which become more likely as people age. Aging not only increases the likelihood of developing an MSK complaint but can also exacerbate existing conditions leading to poor quality of life, increased long-term burden on health services and in many cases, early death. With the number of people over the age of 90 currently two and a half times what it was in 1985, the general population of the UK is getting older (NHS, 2017). The burden of MSK health is already substantial, however, as the population continues to age, the weight of the problem is set to increase.

The solution supported by NHS England is to integrate primary and secondary care services to improve the accuracy of referral and treatment, manage mental and physical health in tandem, and encourage people to better manage their MSK health from home. By supporting closer links with community services and enabling patients to seek an MSK health practitioner directly, the burden of MSK conditions begins to look more manageable (NHS, 2019).

In the report by NHS England and NHS Improvement, Elective Care High Impact Interventions: First Contact Practitioner for MSK Services in 2019, it was stated that "FCP services improve MSK pathways, improve onward referral practice, and enhance patient experience and outcomes. Rolling out FCP services will reduce the existing GP workload burden, assist with GP staff recruitment and retention efforts, and build on the good work completed by the CCGs in relation to the 2017/18 MSK Triage High Impact Interventions.

### How have FCPs been integrated into primary care?

In 2018/19 the NHS England national and regional teams supported the roll out of interventions and schemes that will help Clinical Commissioning Groups (CCGs) to deliver High Impact Interventions. This included the development of FCP services to ensure that, where appropriate, patients with MSK conditions are seen by the right person in a primary care setting and they receive appropriate care in a more timely manner (NHS England, NHS Improvement, 2019).

### Primary Care Networks (PCNs) –

As part of the NHS Long Term Plan (NHS, 2019), by the end of 2019, 'Primary Care Networks' (PCNs) were fully implemented around the UK, as an essential building block of new 'Integrated Care Systems'. Networks of GP surgeries have been grouped together according to geographical location, usually covering between 30 – 50,000 registered patients per network. PCNs aim to support better links between primary health, mental health and social care as well as maintaining strong working relationships with local secondary and hospital services. Taking a more integrated approach improves the accuracy and speed of referrals as patients are more likely to be seen in the right place, by the right person, first time. It is hoped that this will reduce the burden on an already strained healthcare system, as well as reducing patient waiting times and improving quality of care. There is also an increased emphasis on lifestyle guidance and voluntary support which has been shown to improve longer term health outcomes as well as speeding up recovery from ailment or illness.

The goal of a PCN is to improve access to care and reduce unnecessary burden on GPs or secondary services, therefore, each PCN has been given funding for healthcare professionals "additional roles" in addition to the standard GP or nurse. This includes link workers, paramedics, pharmacists and first contact practitioners. A single FCP may operate weekly clinics across multiple surgeries within several PCNs, however, NHS England (2019) have published plans to ensure that every surgery has access to at least one FCP by April 2024.

### MSK Core Capabilities Framework –

FCPs have not been left to carve out a pathway alone; the MSK Core Capabilities Framework (NHS, 2019) has been developed by the Health Education England and NHS England Medical Directorate to support best practice when introducing MSK practitioners into the patient pathway at a much earlier stage.

Many health professionals such as GPs, have been working in accordance with similar principles for some time whereas for others they provide additional guidance for continued professional development.

The framework sets standards for consistent, safe, and effective MSK practice within a multi-disciplinary setting. This can be applied in primary, secondary and community care, as well as emergency care or occupational health services. This framework underpins the implementation of the first contact practitioner model of service delivery.

The aim of the MSK core capabilities framework is to define the role and responsibilities of the MSK practitioner in a primary care setting. The framework has four domains:

**Domain A.** Person-Centred Approaches

**Domain B.** Assessment, Investigation and Diagnosis

**Domain C.** Condition Management, Interventions and Prevention

**Domain D.** Service and Professional Development

These domains set the scope the first contact practitioner role; to assess and diagnose MSK health complaints and offer advice rather than full rehabilitation or treatment. The Core Capabilities outlined in this framework require that MSK practitioners are able to make time limited assessment and identify the correct referral pathway where appropriate. This may include the support of medical professionals or lifestyle advice and guidance to mitigate further complaints. To ensure that MSK practitioners have the experience and training to be able to adhere to these Core Competencies, FCPs are typically advanced level or Band 7 – 8a Physiotherapists.

## Initial Data from FCP Pilots

As the FCP service model continues to be implemented across the UK, several groups have already collected and published data evaluating their effectiveness. These initial pilot studies primarily explore the cost-effectiveness of the FCP service as well as the accuracy of referrals, waiting times and general patient satisfaction. As these factors help to demonstrate whether the implementation of FCP services has achieved its primary aims, they are highly relevant to the sustainability of the model. Further research to help understand where some of the strengths and limitations lie would be useful, if hoping to strengthen FCP or similar services in the future.

The outcome of an initial FCP appointment is the dominant focus of published data as it is important when understanding the effectiveness of a service to explore its impact within the wider healthcare system. Many FCP pilots report that most cases are successfully discharged through the FCP service alone e.g. Salmon et al. (2017) document 97% of cases which dramatically reduced the need for secondary referrals. Downie et al. (2019) reports that 60.4% of cases over a 2-year pilot were prescribed self-management, which supports the premise of getting expert advice and guidance early, to reduce the need for further support. Akehurst et al. (2019) report that 80% of cases were discharged after an initial FCP assessment.

Many pilots have reported to have saved money by running FCP services in conjunction with PCNs. For example, Horne et al. (2019) reported to have saved their local NHS Trust £500,000 in 6 months through reduced investigations and secondary referrals. In the same pilot, wait times for physiotherapy treatment was reduced from 17 to 8 weeks.

Finally, patient satisfaction is an essential part of quality and effective healthcare. Many people have reported feeling listened to and to be enjoying improved access to services (Morely & Ker, 2019). Akehurst et al. (2019) report that 100% of their patients would recommend their service to friends and family, and 97% would use the service run by Salmon et al. (2017) again.

## 4. Defining the Role; Allied Health Practitioners

The Allied Health Professions (AHP) are a group of 14 occupations which combine to make the third largest workforce across health and social care in the UK. Collectively, they are recognised by NHS England and protected by law, with each occupation reporting to its own regulatory body. The professions include:

- Art, Drama and Music therapists
- Occupational therapists
- Dieticians
- Orthoptists
- Chiropodists/Podiatrists
- Paramedics
- Radiographers
- Physiotherapists
- Osteopaths
- Operating Department Practitioners
- Paramedics
- Radiographers
- Prosthetists and Orthotists
- Speech and Language Therapists

Grouping these professions together has allowed central bodies such as NHS England to incorporate AHPs into long term planning e.g. the NHS Long Term Plan (NHS, 2019). This document acknowledges that the best quality health care comes from a cohesive multi-disciplinary approach which includes a range of professions. Programs such as 'Implementing AHPs into Action' (NHS, 2017) have been developed to support the continued professional development and leadership skills of AHPs as they are incorporated into primary and secondary care services. There has also been an increased focus on developing frameworks e.g. MSK Core Capabilities Framework (as described in the previous section) to support this integration. This includes the first contact practitioner model of primary care.

NHS Health Education England define the role of the MSK First Contact Practitioner as being from a range of Allied Health professions. Typically, FCP positions are filled by physiotherapists at the band 7 or 8a level. This standard has been set to ensure that FCPs have the skills and experience necessary to be able to assess, diagnose and make an accurate clinical decision in a restricted time frame. MSK health assessment does not necessarily require the same skills as treatment or rehabilitation, and physiotherapists trained to this level are in short supply and difficult to recruit. The Chartered Society of Physiotherapy (2019, 2020) suggests that an additional 500 physiotherapists need to be trained annually to address workforce shortage.

### Osteopathy in the NHS

Successful models of osteopathic practice and multi-disciplinary MSK practice already exist in the NHS (Newland et al, 2020). As an established health discipline, osteopathy constitutes the same fundamental approach to MSK assessment and diagnosis as physiotherapy. Qualified to a BSc or MSc level, osteopathic training covers anatomy, physiology, pharmacology, nutrition, pathology, diagnostic methods and over 1000 hours of clinical practice. Osteopathic treatment is known for being holistic and 'hands on' compared to the focus on exercise and rehabilitation seen in physiotherapy. A holistic approach to healthcare fits with the MSK Core Capabilities Framework (NHS, 2019) as lifestyle guidance is also recommended to support long-term recovery.

NHS Health A-Z (2020) states that "Osteopathy is a way of detecting, treating and preventing health problems", and continues "Most people who see an osteopath do so for help with conditions that affect the muscles, bones and joints, such as lower back pain, uncomplicated neck pain (as opposed to neck pain after an injury such as whiplash), shoulder pain and elbow pain (for example, tennis elbow), arthritis, problems with the pelvis, hips and legs, sports injuries, muscle and joint pain associated with driving, work or pregnancy."



As previously established the FCP role is not a treatment service. It therefore stands to reason that the considerable cross over in diagnostic approach makes osteopaths equally suitable in the role of an FCP.

In 2017, osteopaths became listed as AHPs, with an increasing number now operating as clinicians within the NHS. The reason for such a delay in implementation is currently unknown although the challenges have been discussed elsewhere (Newland et al., 2020). NHS England state that any AHP can perform the role of an FCP (NHS Networks, 2017), therefore, if working in accordance with the MSK Core Capabilities Framework (NHS, 2019), osteopaths could be sharing the role of the MSK FCP in primary care. With some PCNs actively limiting FCP recruitment to physiotherapists only, it

is an important step for the osteopathic discipline to establish osteopaths as capable of performing the role. The following pilot aims to demonstrate the effectiveness of the first contact practitioner osteopath (FCPO).

An independent review of the Role of Osteopaths as AHPs within the NHS (Newland et al, 2020) stated that “with early assessment and intervention, osteopaths, along with other allied health professions, have the potential to reduce the duration of symptoms for many patients, benefiting also the NHS and – as patients get back to work – the wider economy”. The report goes on to conclude: “Once qualified, it is in primary care that osteopaths can make the biggest contribution to patient care and NHS efficiency.”



## 5. Context of Pilot

### Accountability

The following pilot is funded by the Osteopathic Foundation in collaboration with Surrey Physio. The oF is a charitable body funding osteopathic education and research. Through the mixture of direct funding and support, the oF facilitates productive relationships both within and outside of the profession. Whilst Surrey Physio comprises a group of successful MSK clinics who already provide FCP services to several PCNs in the North East Hampshire and Surrey areas.

The current pilot is not formally classified as research as it took place without ethical review. Rather, the services run by Surrey Physio follow the same protocol as any other FCP service, following the guidance of the MSK Core Capabilities framework (NHS, 2019) and employing osteopaths as AHPs, as recommended by NHS England (NHS Networks, 2017). Training specific to the role was given to all AHPs employed as FCPs to ensure best practice. Data collected was in line with a service audit (no identifiable patient information was collected) and the current report is written as a general evaluation of the implementation of the service.





## 6. Selection Criteria

Osteopaths selected to be part of the FCPO pilot were initially advertised through the Institute of Osteopathy e-bulletins, and through social media channels. A job description was provided to all osteopaths with a list of key responsibilities, as mentioned in the upcoming paragraph. Adverts were published by the Institute of Osteopathy and applications were submitted with an expression of interest and CV.

It was decided that all osteopaths involved in the pilot must meet the criteria of the Health Education England and NHS England Capability Framework (Musculoskeletal Core Capabilities Framework, 2019).

First Contact Practitioner Osteopaths must be a minimum of five years qualified, will have advanced skills to assess, diagnose, treat and manage MSK problems, as well as being able to spot red flags and non-MSK conditions. FCPOs would see patients at first point of contact (not via their GP, but based in a GP practice), to establish an accurate diagnosis and management plan, with joined-up pathways of care. FCPOs would be expected to work independently, but with supervision during the early stages, and peer support throughout the process. Eighteen applications were received.

Of the four FCPOs recruited, it should be noted that three had prior experience of working in NHS services which may have supported their adjustment to the role in primary care. 1 has been working as an Any Qualified Provider (AQP) within the same PCN/GP surgery so, had pre-established working relationships which are likely to have aided transition.

### Key role responsibilities for FCPOs are:

- To work as part of a multi-disciplinary team in a patient facing role, using your expert knowledge of MSK issues, to create stronger links for wider MSK services.
- To assess, diagnosis, triage via patient self-referrals or referrals from a professional within the primary care network. You will need to have the responsibility for managing a complex case load (including patients with long term conditions, co-morbidities and multi-factorial needs).
- To be confident to request investigations (such as x-rays and blood tests) to facilitate diagnosis.
- To be comfortable to develop an integrated and tailored care programmes using shared decision making, and provide a range of treatment options, including self-management, and specific exercise advice using tools such as Rehab My Patient and Rehab Me.
- These programmes will facilitate behavioural change, optimise patient's physical activity and mobility, support fulfilment of personal goals and independence and reduce the need for pharmacological interventions.
- To be required to provide learning opportunities for the whole multi-professional team within primary care.
- To be confident to liaise with secondary care MSK services, as required, to support the management of patients in primary care.
- Using professional judgement to take responsibility for making and justifying decisions in unpredictable situations, and sometimes with contradictory test results or information.
- To be required to help manage complex interactions, including working with patients with particular psychosocial and mental health needs and with colleagues across primary care teams, sectors and setting.
- To be accountable for decisions and actions via General Osteopathic Council registration, and supported by the Pilot team who will provide a professional culture of peer networking/review and engagement in evidence-based practice.
- To have the skills to record, maintain and log data to be used to form a Pilot report.

Osteopaths were required to have an enhanced Disclosure and Barring Service (DBS) check prior to starting the pilot.

## Selection Criteria for GP Practices

There were no specific selection criteria for GP practices, except to have an appropriate room, treatment table, and computer system with EMIS.

In one location, an osteopath was working in the role of AQP Neck and Back pain services to Wandsworth CCG.

## Training

Surrey Physio provide their own FCP Training Programme and 74-page FCP Training Manual to assist with the development of the role from Senior Physiotherapist to First Contact Practitioner. This manual was used for the purposes of ensuring that osteopaths met or were working towards the Four Pillars of Advanced Practice.

## Training during mobilisation:

The following training was completed by the FCPOs prior to starting at the GP Practice:

- Two four-hour sessions of live FCP shadowing.
- One four-hour session of live FCP supervised.
- Watching 22 Live FCP sessions (recorded).
- Completion of a Training Checklist (see appendix 1).
- Completion of Statutory and Mandatory Training
  - Conflict Resolution Training Level I.
  - Data Security Awareness Training and Survey Level I.
  - Equality and Diversity and Human Rights Training Level I.
  - Fire Safety training Level I.
  - Infection Prevention and Control Training Level I and II.
  - Health, Safety and Welfare Training Level I.
  - Moving and Handling Level I and II.
  - Radicalisation Prevention Training Level I, II and III.
  - Resuscitation Adults Training Level II
  - Resuscitation Paediatric Training Level II.
  - Resuscitation Newborn Training Level II
  - Safeguarding Adults Training Level I and II.
  - Safeguarding Children Training Level I and II.
  - Mental Capacity Training.
  - Confidentiality Training.
- Completion of Ionising Radiation (Medical Exposure) Regulations (E-IRMER)
- Completion of MSK Primary Care e-learning
  - What is Primary Care
  - Identification of the ill and at Risk
  - Mental Health in Primary Care
  - Complex Decision-making Managing Patients with Comorbidity
  - Public Health
  - Persistent Pain
  - Overview of Medicines and Prescribing
  - Serious Pathology of the Spine



- EMIS
  - How to use the software
  - Inputting consultation notes
  - Onward referral
  - Writing letters directly from EMIS
  - Fit Notes
  - Checking medical history
  - Investigations and Documents
  - Integration with DXS, AccuRx and DocMan.
- Red Flag Training
- Pharmacology and Blood Test Interpretation

Once the service had launched, FCPOs were also required to do the following training if they had not already:

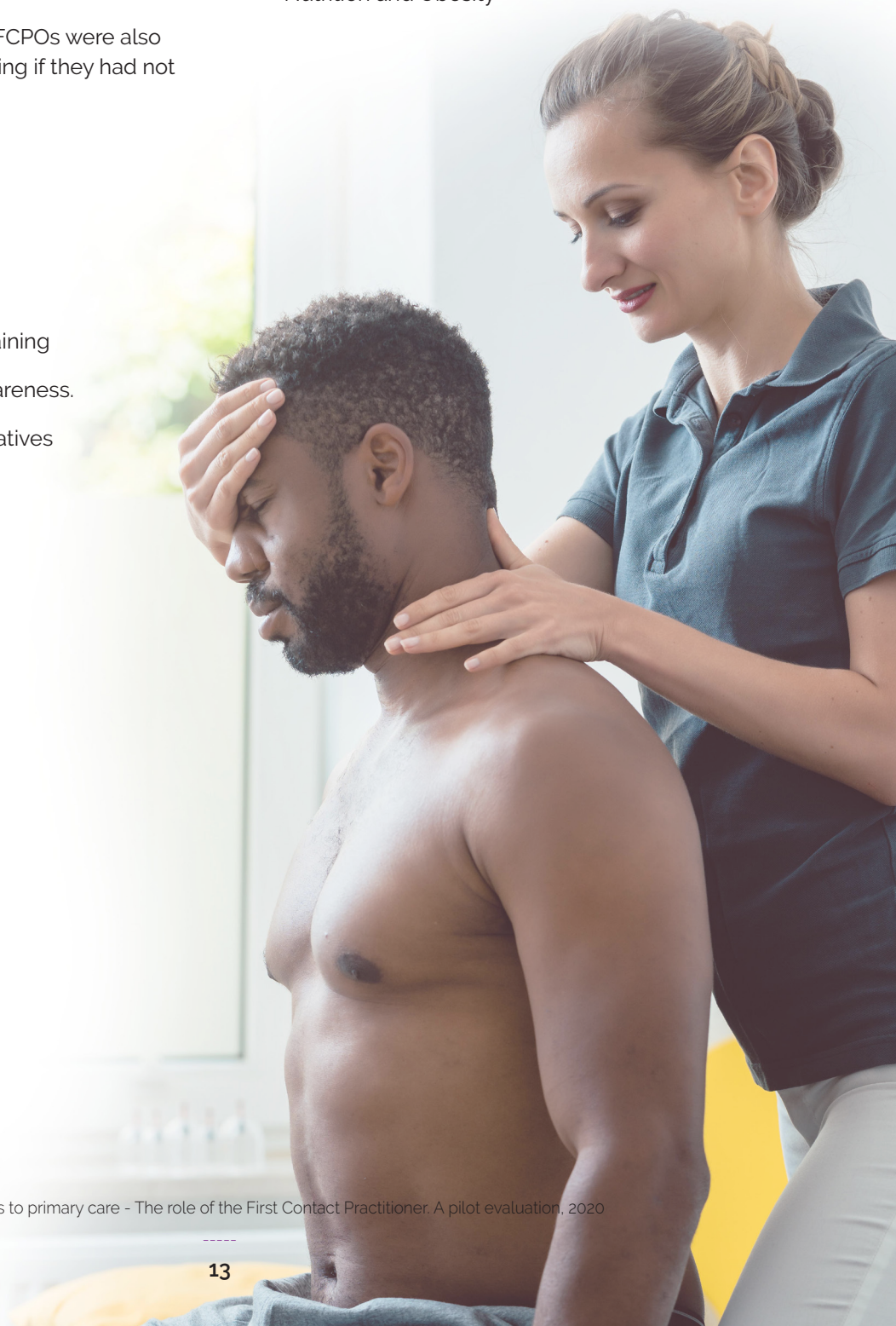
- Informed Consent Training.
- Complaints Training
- Confidentiality Training
- Chaperone Training
- Clinical Risk Management Training
- Whistleblowing Training/Awareness.
- Effective Commissioning Initiatives

Towards the end of the Pilot:

- Interview with the FCPO

Optional Training:

- Making Every Contact Count
- Breaking Down the Barriers
- Communicating with Empathy
- Mental Capacity and Consent
- Leadership for Clinicians
- Nutrition and Obesity



## 7. Pilot FCP Services

### Where?

Four GP practices were approached to be part of the FCPO pilot. Following meetings with the Practice Management Team and Senior Partners at the GP surgeries, all four agreed to be part of the pilot.

The following evaluation includes audit data from:

- Grafton Square Surgery (Clapham PCN, Lambeth CCG)
- Bridge Lane Surgery (Battersea PCN, Wandsworth CCG)
- Bedford Hill Medical Practice (Balham, Tooting and Furzedown PCN, Wandsworth CCG)
- Thurleigh Road Practice (Nightingale PCN, Wandsworth CCG)

### When?

The pilot service started in January 2020 and collected data up to May 2020.

### Who?

The FCP service offered bi-weekly clinics in each practice run by a band 7 (equivalent) level osteopath. Candidates were required to have completed Statutory and Mandatory Training, E-IRMER, MSK Primary Care e-learning and EMIS training prior to commencement of the role.

FCPOs were recruited externally and hired on a part-time basis to cover each practice. They were then offered specialist FCP training provided by SHMC prior to commencing the role and management through SHMC internal management structures. Strong working relationships have been established between SHMC and PCN leads, as well as between the FCP service and primary and secondary care.

### How?

Patients were mostly referred through GP receptionist but could also self-refer where appropriate. Some referrals were made by the GP, especially during COVID-19. Due to COVID-19 social restrictions, most FCP consultations were transferred to teleconference from March 2020, however, from May, all consultations offered by the participating surgeries were conducted in this way. Referrals are made to secondary services through the internal EMIS system and FCPs regularly engage with other members of the multi-disciplinary team.

### Exclusion Criteria:

- Children under the age of 16.
- High risk pregnancies;
- Where serious pathology is suspected, see list below (referrals to be made to appropriate secondary care or other provider):
- Suspected infection (including, but not exclusively red, pain, hot swollen, temperature, feels unwell);
- Suspected neoplasm (including, but not exclusively more specific symptoms such as weight loss, night sweats, constant unremitting pain, feels unwell);
- Suspected fracture / acute trauma;
- Acute cord compression / cauda equina syndrome (including but not exclusively symptoms of bowel and bladder disturbance, saddle anaesthesia, gait disturbance);
- Inflammatory arthropathy - acute or chronic;
- Candidates for prosthetic revision surgery.

It should be noted, any patient could come in, so the exclusion criteria may not necessarily be applicable in every case.

## What?

Data collected for audit is confidential and does not contain patient identifiable information. The data collection framework was based on indicators used in previous pilots in combination with guidance from the 'Standardised national data collection for first contact physiotherapists (v2)' (CSP, 2019). The data used for this evaluation includes:

- Number of cases seen
- Waiting time for appointment (collected from EMIS)
- Referrals made (direction)
- Number of cases receiving self-management advice
- Number of repeat visits
- Number of cases 'discharged' via FCP

A patient feedback survey was also administered via Google Forms using SMS (AccuRx) and telephone feedback.

Finally, for the purpose of this evaluation, short semi-structured interviews were conducted with 3 participating osteopaths to gain further insights into their experiences of the role (appendix 2). This data shall be used to guide further development of the role going forward to encourage recruitment and ensure staff retention.

## Software

FCPs were supported with a number of software options to assist the smooth running of the service.

**EMIS** – available in the majority of GP practices, EMIS is a complete practice management solution allowing the full medical record to be stored. It allows the recording of medication, consultation notes, and onward referrals.

**Rehab My Patient** – for bespoke exercise prescription allowing FCPOs to quickly prescribe exercises from a database of over 3000 images and videos, and over 470 MSK advice sheets. Rehab My Patient allows fast and specific exercise prescription, and Tele Rehab for video calls.

**Rehab Me** – a solution specifically for FCPs to signpost patients to a video exercise course. Not bespoke, but useful during a one-stop FCP session prior to or to bridge the gap between FCP and community physiotherapy referral. Ideally suits the FCP role where appointment times are generally shorter (15 or 20 minutes in length).

**AccuRx** – integrating directly with EMIS, it allows SMS sending to patients, useful for recommending products that might support the health of the patient, advice sheets or signposting to Rehab Me. AccuRx also allows Tele Health (with webcam, or using a smart phone).

**DXS** – integrating directly with EMIS, DXS allows referrals to be sent, and provides advice and guidance information for patients.



## 8. Results

### Audit Data

Audit data was collected over a four-month period by the FCPOs in post at participating GP practices (Grafton Square Surgery, Thurleigh Road Practice, Bedford Hill Medical Centre, and Bridge Lane Group Practice). The scope of data refers mainly to the outcome of FCPO consultations e.g. direction of referral or discharge.

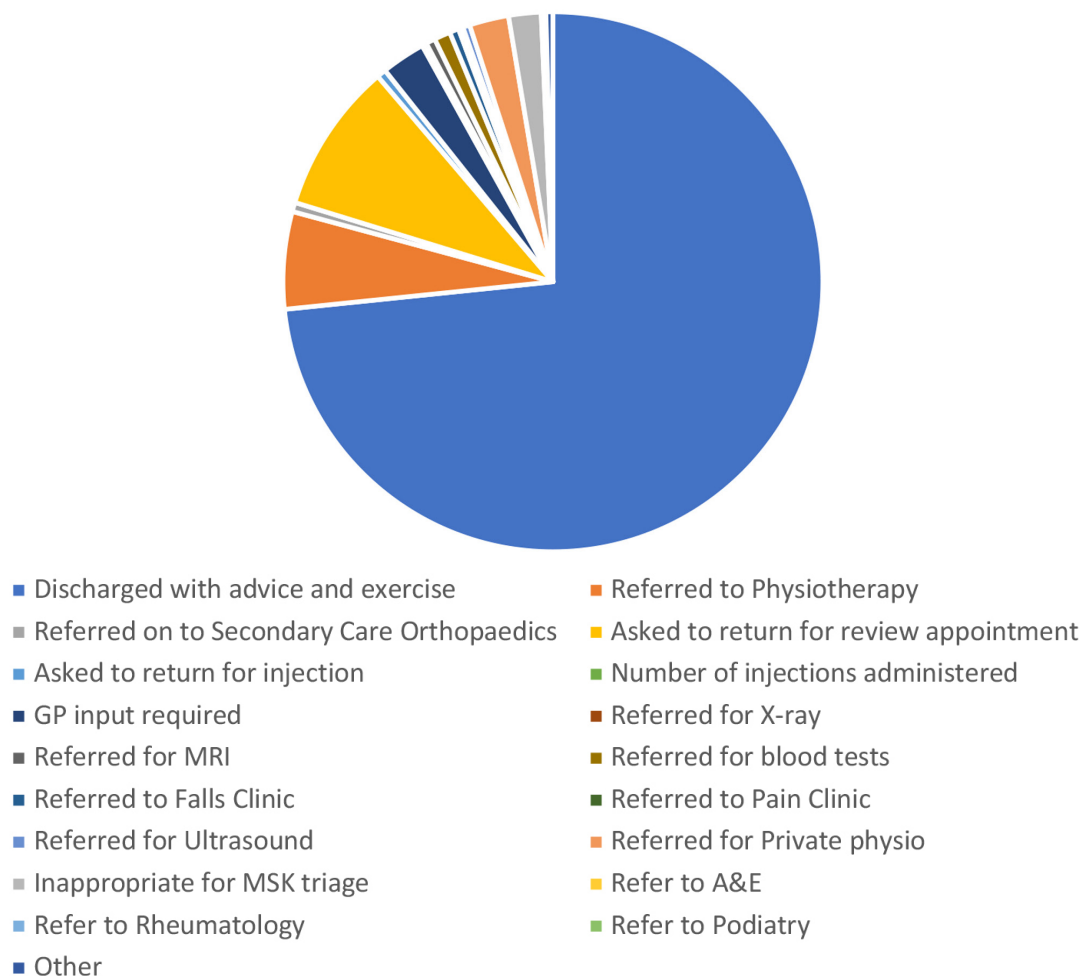
On March 23rd 2020, The Prime Minister announced a lockdown across the Country due to the worsening COVID-19 virus pandemic. As a result of this, data was split between Pre-COVID-19 (before March 23rd 2020), and during COVID-19 (from March 23rd 2020 to the end of the pilot).

Categories	PRE-COVID-19	DURING COVID-19	TOTAL
Discharged with advice and exercise	141	388	469
Referred to Physiotherapy	37	5	32
Referred on to Secondary Care Orthopaedics	4	0	4
Asked to return for review appointment and then discharged with advice and exercises	14	51	65
Asked to return for injection	4	0	4
Number of injections administered	0	0	0
GP input required	8	11	19
Referred for X-ray	2	0	2
Referred for MRI	4	0	4
Referred for blood tests	2	5	7
Referred to Falls Clinic	4	0	4
Referred to Pain Clinic	2	0	2
Referred for Ultrasound	3	0	3
Referred for Private physio	5	12	17
Inappropriate for MSK triage	5	9	14
Refer to A&E	2	0	2
Refer to Rheumatology	0	0	0
Refer to Podiatry	0	0	0
Other	2	1	3
<b>Total Patients Seen</b>	<b>192</b>	<b>402</b>	<b>594</b>
<b>DNAs recorded</b>	<b>14</b>	<b>16</b>	<b>30</b>
<b>Number of Sessions</b>	<b>20</b>	<b>36</b>	<b>52</b>

Of the 594 patients seen overall, the vast majority (89%) were discharged with advice, guidance and exercises recommended by the FCPOs. Exercise programmes were prescribed using 'Rehab My Patient'; a specialist MSK software which allows patients to access their bespoke exercise programmes online.



## Outcomes following the FCPO appointment Pre- and During COVID-19



Of the onward referrals, 7% were referred to community NHS physiotherapy, however, it should be noted that this figure was significantly higher Pre-COVID-19 (19%) compared to during COVID-19 (1%).

10% of patients were asked to attend a second session, and just 1% of patients were referred to secondary care. DNA rate was averaged at just over 5%, but was lower during COVID-19.

Generally, the referrals from the reception team and online were appropriate with just 2.3% of appointments deemed inappropriate by the clinician. GP input was required in 3% of patients. 97% of patients were managed independently by the FCPO without GP intervention.

## Waiting Times

99% of waiting times were between 1 and 7 days. Just 2 appointments were booked outside of the 7 days. Although the majority of the FCPO sessions were highly utilised, the clinicians did report that sessions would often be filled the same day or previous day.

Waiting Times	1 Day	2-7 Days	8-14 Days	14-21 Days
Grafton Square Surgery	18	33	0	0
Bridge Lane Group Practice	61	6	0	0
Bedford Hill Medical Centre	19	17	2	0
Thurleigh Road Practice	9	44	0	0

## Cost Analysis

The FCPO service cost £42,000 (not including on-costs) for a whole-time equivalent (WTE) worker, although this was pro-rata for the equivalent number of sessions performed by each FCPO. This is based on 1 WTE FCP supporting a Primary Care Network with a population of 30,000-50,000.

The Agenda for Change (2020) Band 7 pay salary ranges from £38,890 for <1 year experience, to £44,503 for 8+ years' experience, and not taking into account London weighting.

This would indicate that the annual salary for an osteopath compared to a band 7 physiotherapist would be within the same pay scale.

The current DES reimbursement for a Band 7 or 8a physiotherapist is £55,670. The total cost of the 1 WTE osteopath would be £50,400 based on the costs of this pilot, falling within the reimbursement amount.

## Patient Feedback Questionnaires

Of the 95 responses received, 95% of patients felt that the FCPO listened to them, were approachable, easy to talk to and showed kindness, while just 2% were neutral and 1% negative. 94% of patients strongly agreed or agreed that they would recommend the service to friends or family.

Questions	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	TOTAL
1. Treated with care and respect:- The clinician listened attentively to what I said. The clinician was very approachable and easy to talk to. The clinician treated me kindly.	79	11	2	2	1	95
2. Satisfaction:- I'm likely to recommend this service to friends and family if they need similar care or treatment.	78	11	4	1	1	95
3. Given sufficient information:- I received sufficient information about my condition or self-care.	85	5	3	2	0	95
4. Confidence to manage yourself:- I feel confident in being able to manage my health condition by myself.	64	9	6	10	6	95
5. Overall Improvement:- My health condition improved following the session	62	10	9	8	6	95

95% of patients strongly agreed or agreed that they were given sufficient information or self-care support, with just 2% disagreeing. 76% of patients felt they now had the confidence to self-manage their condition, and 75% strongly agreed or agreed that their condition had improved following the FCPO session.

## FCPO Interviews

Three FCPOs who took part in the pilot were interviewed using a short semi-structured interview schedule which sought to further explore their experiences of the role. Questions were asked about recruitment as well as strengths and challenges of the position so far. It should be noted that as this is an internal evaluation, there is the potential for respondent bias as the interviews could not be anonymised. The FCPOs gave supportive reflections and helpful feedback, however, to add value to conclusion in combination with other data.

## Issues with Staff Retention

It should be noted that the pilot initially funded two FCPO posts, however, one of the first osteopaths to be recruited left the position after only one month. A further two FCPO posts were funded. This highlights the potential difficulty some osteopaths may have in the adjusting to a role in primary care, with poor job satisfaction threatening vital staff retention. As recruitment is already an issue in MSK public healthcare, it is essential that due attention is given to introducing the new FCP role, whether it be through additional training, ongoing supervision, or the dissemination of evaluation results.

## Multi-disciplinary working

All three of the osteopaths interviewed cited the value of multi-disciplinary working as a main attraction to the FCPO role. This was seen as positive for continued professional development although it was also suggested that it felt validating to have GPs recognise the osteopath's skills and expertise.

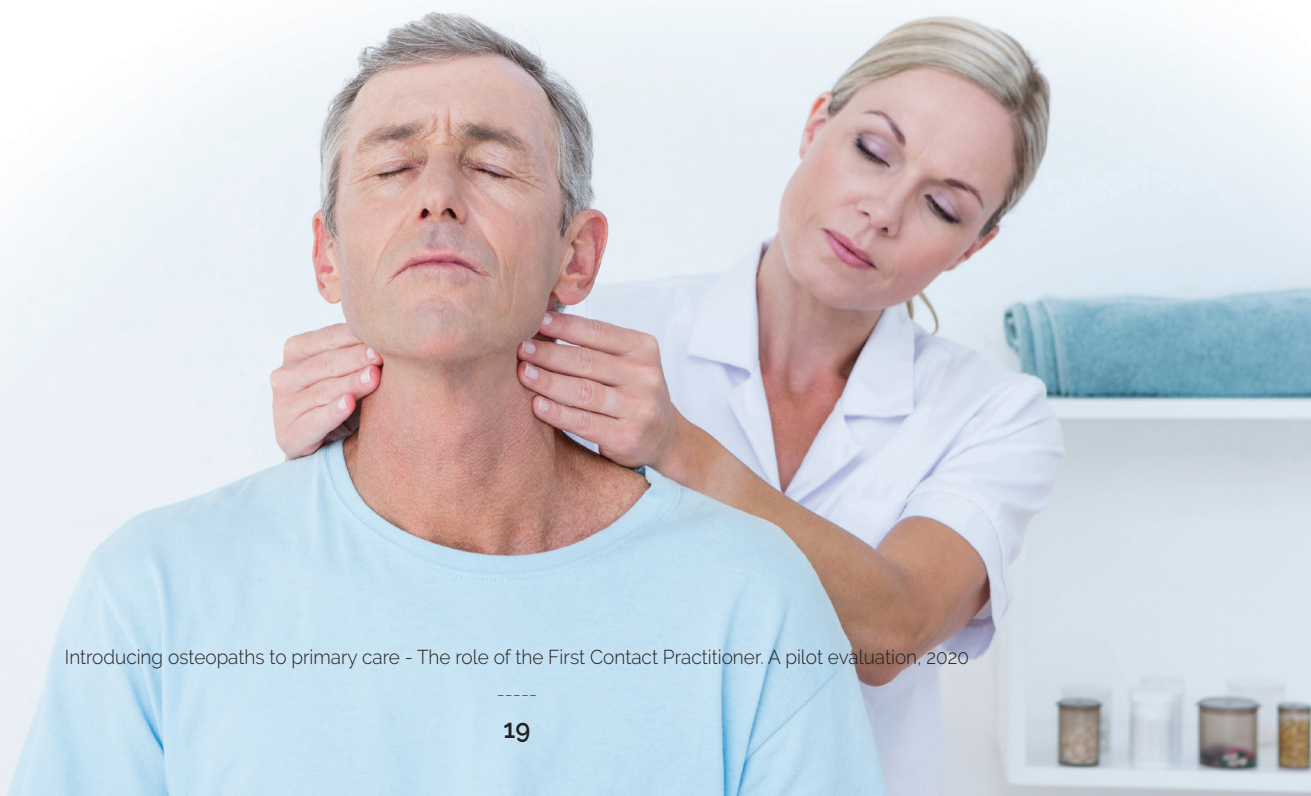
*"It is a great opportunity to learn and work alongside very knowledgeable GPs who are happy to share their knowledge and are equally keen to learn about and utilise my skills in order to maximise and utilise available resources."*

Communication was cited as a potential challenge in this area, however, as the importance of establishing a 'shared language' between osteopaths and GPs was also discussed. Being able to effectively communicate with a primary care setting under significant time constraints is a potential adjustment issue for osteopaths new to the FCPO role.

*"Working in a multi-disciplinary team it's important that everyone speaks the same language. So, you will need to adopt orthopaedic terminology when talking to patients, colleagues and when documenting consultations."*

Finally, the value of the FCPO role for continued professional development building on the diagnostic and assessment skills of an osteopath was cited as a main benefit. To expand the role of the osteopath and give the profession greater weighting within primary care services, providing a time-limited diagnostic service may be crucial.

*"FCP sharpens your diagnostic game. Working with GPs gives you a clear understanding of your clinical strengths and weaknesses in a way that working alone in my private practice could never give me."*



## 9. Strengths and Limitations

### Strengths

The pilot is essential for supporting better implementation of the NHS Long Term Plan (NHS, 2019) which aims to strengthen healthcare systems using multidisciplinary working and integrated care. Since 2017, osteopaths have been listed as AHPs which enables them to perform the role of an FCP, however, very few (if any) GP surgeries have adopted this strategy to make up the shortfall of physiotherapists. The FCPO pilot demonstrates the following strengths:

- Increased positive exposure to osteopathy for PCN leads, primary care workers e.g. GPs and receptionists and patients who may have previously been unfamiliar with the practice.
- Demonstrable evidence that osteopaths can fulfil the role of an FCP leading to the same benefits of service at no extra cost.
- Professional development for experienced osteopaths through sharpening of diagnostic skills and multi-disciplinary experience within the public health sector.
- Providing a practical solution to issues of recruitment of MSK practitioners within primary care.
- Inspiring further development work to better support osteopaths and evidence the effectiveness of service, thus promoting acceptance of the profession within the public health sector.

### Limitations

The current pilot should be deemed a starting point for further development of systems to better support the integration of osteopathy into primary care. It is important to consider limitations, however, to clarify where further work is needed to strengthen the movement going forward. In particular, it should be noted that the COVID-19 pandemic has significantly changed how FCP services operate. This subsequently changed the context of the pilot mid-way through the data collection period which may have caused uncontrolled variables to impact results. That being said, the FCPO service has quickly adapted to what will likely be long-term changes to how primary care services operate e.g. digitalization, evidencing the strength of the MSK core competencies framework to standardize clinical practice. Further limitations are as follows:

- The current evaluation was not submitted for ethical review meaning that data comparing the performance of osteopaths and physiotherapists, or interviewing patients to gain further insight into first-hand experience of the FCPO service etc. could not be obtained. These points are potential areas for future research to better understand how to optimise the service provided.
- During COVID-19 There was limited opportunity to provide continued professional development through multidisciplinary team meetings/ training days which were not operational due to social distancing regulations.



## 10. Discussion

The results show that the FCPO service is comparable to other pilots where physiotherapists performed the FCP role. This is in terms of cost-analysis as well as referral outcomes and patient feedback.

### The impact of COVID-19 and changes to primary care services

It is important to acknowledge that during the course of this pilot, social restrictions and subsequent changes to the delivery of primary care came into effect as a result of the global COVID-19 pandemic. The way the FCP service was implemented subsequently changed from the start to end of the data collection period. These changes reflect a current trend in the development of primary care and are discussed further in a report to the Institute of Osteopathy (Grice, 2020). They include but are not limited to:

- **A focus on telemedicine**

Despite being brought into effect due to the need for social distancing, telemedicine also has the advantage of saving considerable time and money. Some might argue that there was a lean toward implementing such technology before the pandemic. As of May 2020, all routine primary care consultations are now conducted via teleconference. This includes the MSK FCP service. Although there may be some challenges to making accurate assessment and diagnosis of MSK health in this way, this change allows for more patients to be seen for less funding whilst mitigating the risk of virus transmission. It is important to consider how this may affect the framework and training underlying the FCP role, however, as some cases may require further in-person assessment before being able to make an accurate referral to secondary care.

- **A tendency toward larger multi-practitioner practices**

Single practitioner clinics use valuable space and resources which could be more efficiently allocated elsewhere. MSK practitioners operating out of GP surgeries was a trend already growing before the COVID-19 pandemic, but multi-disciplinary teams working together to share information and resources has become

even more necessary in its wake. This supports a more holistic, preventative approach to healthcare as put forward by the NHS Long Term Plan.

- **A trend toward contracting practitioners rather than employing**

Since the Lansley reforms of the Health and Social Care Act 2012, the Ministry of Health has aimed to decentralise decision making about resource allocation. Instead, responsibility has been given to CCGs individually, encouraging them to buy specialist services contractually rather than employ specialists. The Any Qualified Provider (AQP) program enabled CCGs to employ MSK practitioners directly which was a part of this strategy. AQP is now in limited effect, however, decentralised contracted services are maintained as a way of effectively managing resources and funding at times of crisis.

### How the Data was Impacted by COVID-19

There are significant differences between the onward referrals Pre-COVID-19 and during COVID-19, with the latter showing a significant decline in numbers. This is due to a number of outpatient hospital services shutting down to re-distribute workforce. Referrals to community physiotherapy services were 1% because the community physiotherapy teams were redeployed to respiratory wards. The same can be said for referrals to secondary care orthopaedics, injections and imaging, which all reduced because these services were either not available or not recommended during COVID-19.

One local NHS Hospital Trust contacted the Pilot team directly to request that patients be strongly encouraged to self-manage with exercises, advice and guidance, which could suggest why 388 of 402 patients (97%) were discharged with advice, guidance and exercises during COVID-19 compared to 73% Pre-COVID-19. The average of 89% sits comfortably in the ballpark of 60.4% of cases (Downie et al., 2019) and 97% (Salmon et al.,

2017) reported elsewhere. If the data collection period were to be extended, the strength of this result could be improved to ensure it is a consistent outcome and was not caused by COVID-19 social restrictions.

There were significant reductions in referrals to secondary care. Other pilots reported significant reduction in referrals to secondary care and as referrals were minimal for the FCPO service, it can be hypothesised that this is a positive outcome comparable to other FCP pilots. It can be confirmed that waiting times were low, with 99% of patients seen within 7 days, and there were minimal inappropriate triage referrals which meets the aims of the service in showing improved access and accuracy of primary care for patients.

It should be noted that around 3% of referrals remained within primary care i.e. GP input. This demonstrates positive integration of the FCPOs with other primary care physicians; an outcome supported by the FCPOs during interview. The osteopaths all cited multi-disciplinary working as an enjoyable part of the FCPO role, facilitating continued professional development as well as supporting existing primary care structures. This

outcome is supported by an independent review published by the Institute of Osteopathy; 'The role of Osteopaths as Allied Health Professionals in the National Health Service' (Newland et al., 2020) which found multi-disciplinary working to be an essential part of integrating osteopathy into NHS care. It should be noted that as one FCPO left the role mid-way through the pilot, that further study is needed to determine the challenges which may affect staff retention. It is unclear whether this event was a result of stresses related to COVID-19 restrictions or the role itself. Further training or development of the job role may be needed to ensure greater job satisfaction and better staff retention going forward.

## Challenges

The main challenge was staff cover. The GP practices were keen to ensure continuity of service delivery, and on occasion where a FCPO was unable to provide the service, this led to the challenge of using one of the other FCPOs to cover. Fortunately, having three osteopaths available allowed cover without cancelling sessions. This was especially useful in early March 2020, when one FCPO needed to isolate for 14 days.



# 11. Key Findings and Recommendations

As a result of the FCPO pilot, the following key findings can be summarised to form the overall conclusion. These points include recommendations for further work or development of the FCPO role to help manage the limitations of the pilot and support optimised integration of osteopathy into primary care in the future.

- The FCP role is suitable to be undertaken by any AHP with skills and training appropriate to the role. Osteopaths undertake the same core training as physiotherapists and therefore are able to work in accordance with the MSK Core Capabilities Framework.

*Additional training or assessment of how FCPs work in accordance with the MSK Core Capabilities Framework may be appropriate for any FCP or FCPO service nationwide.*

- FCPOs operate the same service with comparable cost effectiveness, referral outcomes and patient feedback to any other FCP service in primary care. Waiting times and secondary care referrals are reduced which meets the requirements of the NHS Long Term Plan (2019) in supporting better integration of primary and secondary care services as well as reducing the burden of MSK health.

*Further data collection or research in this area is needed to strengthen this result and determine potential challenges specific to the osteopath in the FCP role.*

- Osteopaths have the potential to develop their skills through the FCPO role and the pilot has demonstrated positive integration within multi-disciplinary teams.

*Further training may be needed to support other aspects of the role which osteopaths may find less enjoyable, to ensure ongoing staff retention. As for any FCP, splitting the role between diagnostic and treatment services is found to increase job satisfaction. Further training should be sought inline with Advanced Clinical Practice.*

- The FCPO service adapted very quickly and successfully to the impact of COVID-19; however, the outcome of the pilot is also limited by it. Developing the FCP role to incorporate new systems and protocol may take time and adjustments at all levels.

*Further evaluation of the impact digital consultations may have on MSK health assessment is needed to further develop all aspects of the FCP role in the future.*

- The FCPO used a pooled staff approach, with FCPOs covering each other's sessions in case of illness or annual leave.

*A pooled staff approach is a preferred method of supporting General Practice, who seem keen on wrap-around cover to maintain continuity of providing appointments to patients.*

- The FCP+ "FCP Plus" Service should be given consideration or further pilot testing to see if community rehabilitation and FCP can be integrated within primary care.

*An FCP plus model could encourage mixed-roles and improve clinician satisfaction and motivation.*



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# 13. Appendices

## Appendix 1: Training Checklist for First Contact Practitioners

Name:	Training		Signed off by Consultant Physio		
	Trained (see)	Trained by (initials)	Used (do)	Initials	Date
<b>INTRODUCTION</b>					
Who's who at the GP surgery					
Fire Escape and Evacuation					
Meet GP Partners					
Meet the Practice Manager					
GP Practice policies & procedures					
<b>ADMINISTRATIVE TASKS</b>					
Logging into Windows/passwords					
Using PMS					
Using our Intranet					
Telephone & call procedure to Reception/clinicians					
Using EMIS					
EMIS Training Video					
<b>COMMUNICATION &amp; CUSTOMER SERVICE</b>					
Welcoming patients					
Preventing / managing complaints Training Video					
Consent Training Video					
Shared Decision Making Training Video					
Teamwork					
Offering a 5-star service					
<b>CLINICAL</b>					
Working in Time – planning the Consultation					
Pathways (onward referral options)					
Letter writing					
New patient assessment					
Injection Training (University Course, if applicable)					
Injection Safe Practice Guidelines (Document)					
Injection Therapy Policy (Document)					
Using Rehab Me					
Use of exercise software (Rehab My Patient)					
Reporting Faulty Med Equipt					

**STATUTORY AND MANDATORY TRAINING**

Conflict Resolution – Level 1

Data Security Awareness Course and Survey – Level 1

Equality and Diversity and Human Rights – Level 1

Fire Safety – Level 1

Infection Prevention and Control Levels 1 and 2

Health, Safety and Welfare – Level 1

Moving and Handling – Level 1 and Level 2

Preventing Radicalisation Levels 1, 2 and 3

Resuscitation – Level 1

Resuscitation Adults – Level 2

Resuscitation Paediatric – Level 2

Resuscitation Newborn – Level 2

Safeguarding Adults – Level 1 and 2

Safeguarding Children – Level 1 and 2

**ADDITIONAL TRAINING**Ionising Radiation (Medical Exposure)  
Regulations IRMER

Making Every Contact Count

Clinical Risk Management Training

Breaking Down the Barriers (Mental Health)

Communicating with Empathy

Leadership for Clinicians

Mental Capacity and Consent

National Registration and Smart Card Policy

NHS E-referral Service

Nutrition and Obesity

**FEEDBACK ON TRAINING FROM THE TRAINEE**

Did we miss anything?

Is there anything we could do better?

Any other comments?

Signed

# Musculoskeletal First Contact Practitioner Osteopath (FCPO) service in a primary care setting

## A service evaluation

### Background

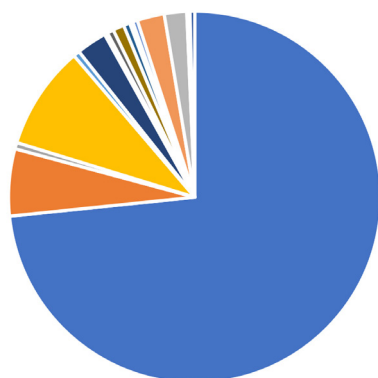
- Increasing pressures on primary care due to aging population and a potential workforce crisis<sup>1</sup>
- 30% of consultations in primary care relate to musculoskeletal (MSK) presentations<sup>2</sup>
- NHS Somerset CCG data<sup>3</sup> shows 26.1% of full time equivalent (FTE) GPs are due to retire in the next 5 years
- First Contact MSK Practitioners (FCP) have been introduced to provide a streamlined and cost-effective service, promoting self-management, enhancing patient care and reducing GP workload<sup>4</sup>

### Methods

- A team of four osteopaths provided FCPO services (independently, but with supervision during the early stages, and peer support throughout the process) in four GP practices in Lambeth and Wandsworth during COVID-19.
- Patients were seen by the FCPO team as their first point of contact (i.e. in a GP practice, but not via their GP), to establish an accurate diagnosis and management plan, with joined-up pathways of care.
- Data collection covered a four-month period from January to May 2020, followed by an analysis of referral outcomes, waiting times, patient feedback, and cost analysis.

## RESULTS

### Outcomes following FCPO consultation



- Discharged with advice and exercise
- Referred to Physiotherapy
- Referred on to Secondary Care Orthopaedics
- Asked to return for review appointment
- Asked to return for injection
- Number of injections administered
- GP input required
- Referred for MRI
- Referred to Pain Clinic
- Referred to Falls Clinic
- Referred for Private physio
- Referred for Ultrasound
- Referred for blood tests
- Referred for X-ray
- Inappropriate for MSK triage
- Refer to A&E
- Refer to Rheumatology
- Refer to Podiatry
- Other

### Patient Satisfaction

- 94%** of patients agreed that they would recommend the service to friends or family
- 76%** felt they now had the confidence to self-manage their condition
- 95%** agreed that they were given sufficient self-care support
- 75%** agreed that their condition had improved following the FCPO session

### Outcome of the pilot

- 594 patients were seen by the FCPOs, with the majority (n=469) being discharged with advice and exercises
- 97% of patients were managed independently by a FCPO without the need for GP intervention. Just 1% required referral to secondary care
- 99% of patients were seen within 7 days

### Conclusion

- Osteopaths in the FCPO role are effective in independently triaging and managing MSK conditions
- The evaluation, conducted in-line with the Standardised National Data Collection for First Contact Practitioners concludes that the FCPOs were able to produce outcomes comparable to other FCP pilots in terms of a reduction in secondary referrals, low waiting times, cost, excellent patient and peer feedback and an ability to manage patients without GP intervention. This meets the requirements of the NHS Long Term Plan (2019)
- Although the service was quick to adapt to COVID-19 (including the implementation of telemedicine), it is important to take into account the impact the pandemic had on how the FCPOs operated in primary care and the conclusions which can be drawn from the results.

### Contact

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# **INTRODUCING OSTEOPATHS TO PRIMARY CARE**

## **The role of the First Contact Practitioner**

A Pilot Evaluation