First Contact MSK Physiotherapy within Primary Care in Taunton
A Clinical Review and Service Evaluation
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**Background**

- Increasing pressures on primary care due to aging population and a potential workforce crisis.¹
- 30% of consultations in primary care are musculoskeletal (MSK) related.²
- NHS Somerset CCG data shows 26.1% of full time equivalent (FTE) GPs are due to retire in the next 5 years.³
- First contact MSK physiotherapist (FCP) roles are proposed as a solution to provide a streamlined and cost-effective service in primary care; promoting self-management, enhancing patient care and reducing GP workload.⁴

**Methods**

- Data was collected at French Weir Health Centre (FWHC) between Sept 2015 and Dec 2017 and Warwick House Medical Centre (WHMC) between Sept 2016 and Dec 2017.
- Each practice offered 8 x 20 min appointments per session and the physiotherapist was able to request investigations, provide injection therapy and prescribe across both sites.
- The number of sessions per site differed across GP practices (FWHC = 0.5 WTE and WHMC = 0.2 WTE) but ratio of population per session was similar at FWHC (3226) and WHMC (3525).

**Results**

**Patient Satisfaction Questionnaire**

(n = 215 - Likert scale of 0 = strongly disagree and 5 = strongly agree)

- ‘I felt listened to’ mean = 4.9
- ‘I was happy with the outcome’ mean = 4.6
- ‘I found the consultation helpful’ mean = 4.7

**Outcome of Contact (%)**

**Composition of Contacts**

**Number of Patient Contacts in Intermediate Care**

- The FCP role is effective in independently managing MSK conditions, whilst providing appropriate triage and management.
- The benefits of the role extend beyond primary care by reducing the demand on intermediate/secondary care services and accelerating the patient pathway.
- There is a need to establish the impact of the role on a larger scale e.g. effects on RTT, referrals to physiotherapy, ED attendances and conversion rates of surgical referrals.

**References**