

What percentage of patients re-attend to see a GP following an FCP consultation for a musculoskeletal condition?

Introduction

General practice faces an ever-increasing workload (1). Musculoskeletal (MSK) conditions equate to a third of a GP's caseload (2). First Contact Physiotherapists (FCPs) have been shown to be a clinically and cost-effective alternate to GP's for the assessment and management of MSK issues (1). However, there is a need to determine if FCP-models of care have a sustained and meaningful impact on GP workload (1,3).

Objective

To determine the percentage of patients who, having first seen an FCP for a musculoskeletal disorder, then re-attend to see a GP, Nurse Practitioner (NP) or Paramedic for the same issue within 12 weeks, and the reasons for their re-attendance.

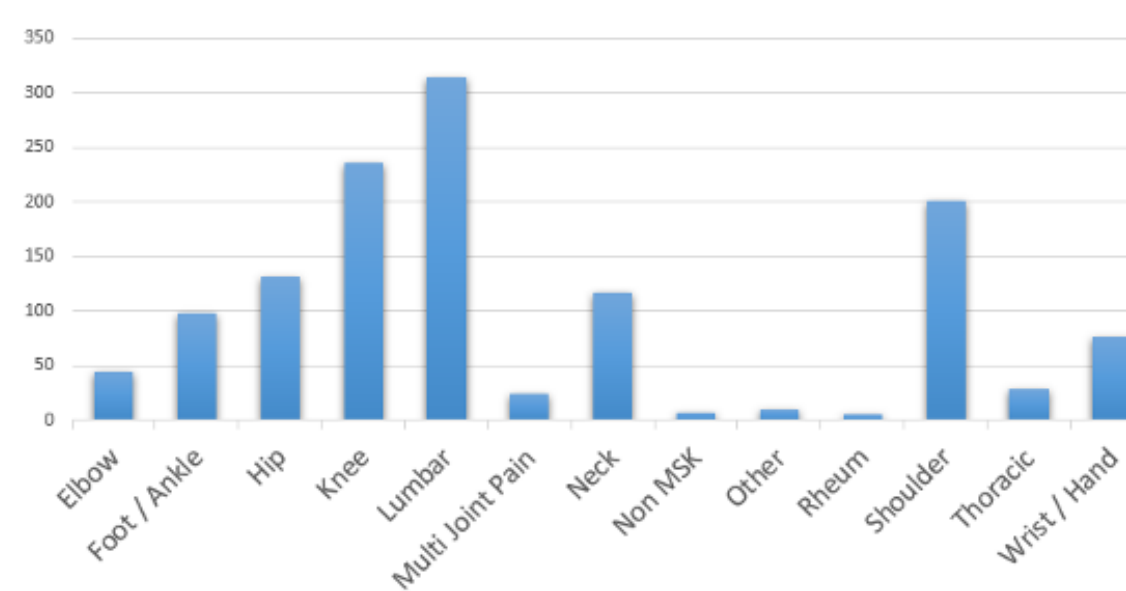
Methods

This was a retrospective outcome audit of patients attending an initial FCP appointment between 01 January and 30 April 2024. Consent for access to patient medical records was established by the named team lead (TL) prior to conducting the audit for their respective primary care network (PCN). A random sample of patients was achieved by analysing the record of every other patient until twenty-five samples per FCP had been achieved. Each TL was responsible for auditing two FCPs within their respective PCN. A total target sample of 3700 cases was calculated based on the number of eligible TL's. Auditor name, PCN/surgery name, patient demographic data and whether the patient re-attended with a GP/NP/Paramedic < 4 weeks after FCP appointment, 4-8 weeks after FCP appointment, or 8-12 weeks after FCP appointment were recorded using pre-designed online data collection form. Reasons for reattendance at each time point were recorded against pre-agreed criteria (analgesia prescribed, 2nd opinion, investigations, injection, med 3, worsening presentation).

Results: Patient Demographic Data

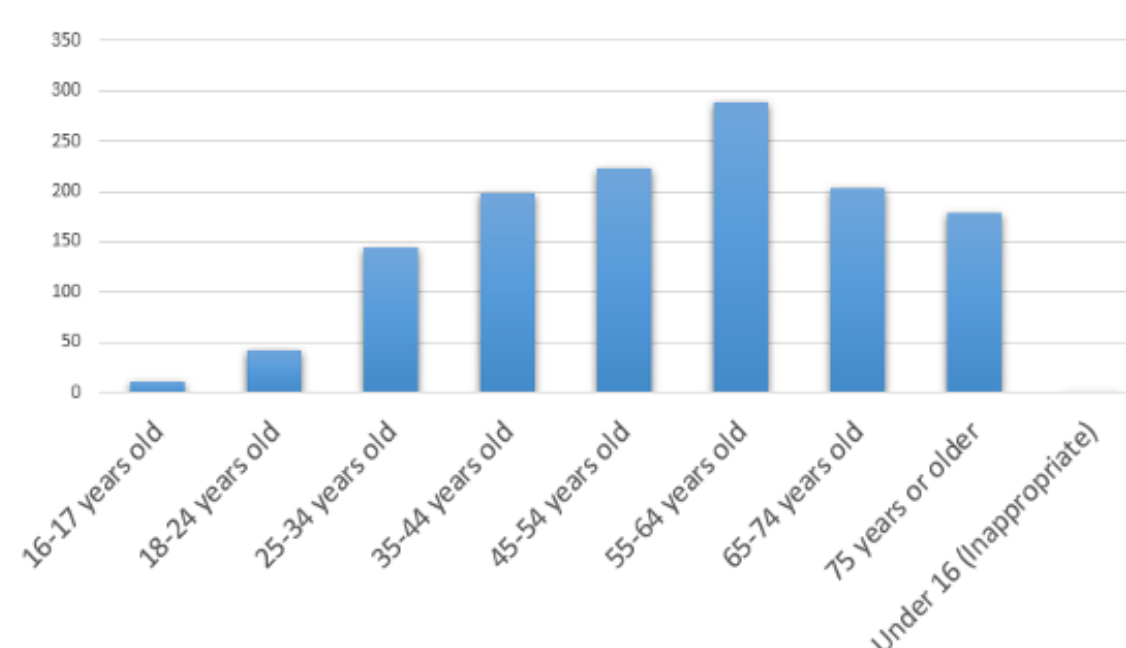
A total of 1646 cases were gathered between the period 01-08-24 – 01-10-24. 82% of consultations were face to face (F2F) and 18% were telephone consultation(s).

Lumbar spine was the most common problem assessed by FCPs and non-MSK causes were the least common problem seen.



Graph (1) Body part affected

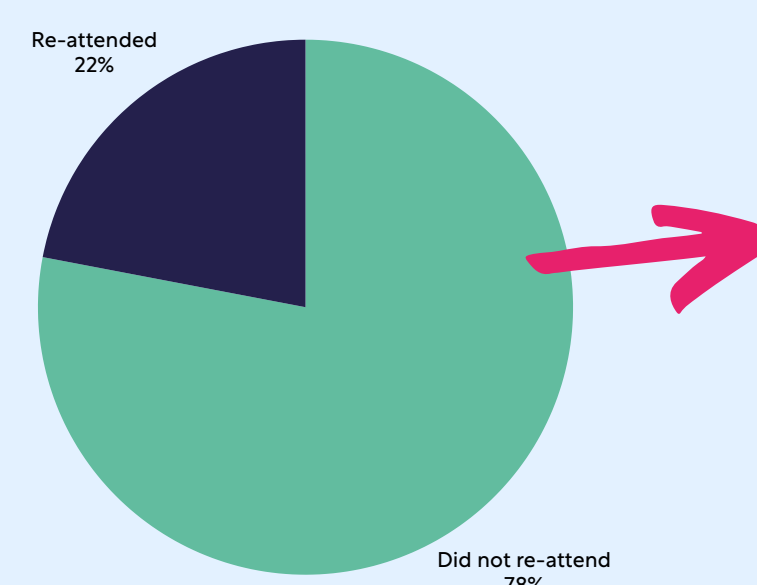
Those aged between 55-64 years old was the most common age-range seen, and those aged 16-17 years old was the least common age range seen.



Graph (2) Patient age-range(s)

Results: Overall Patient Reattendance Rate

We retrospectively analysed 1646 cases from 01 Jan – 30 April 2024. 1289 patients (78%) of patients seen by an FCP did not reconsult with a GP, NP or Paramedic over the following 12 weeks. 357 patients re-attended with a GP, NP or Paramedic at least once within 12 weeks of seeing an FCP for the same MSK disorder.



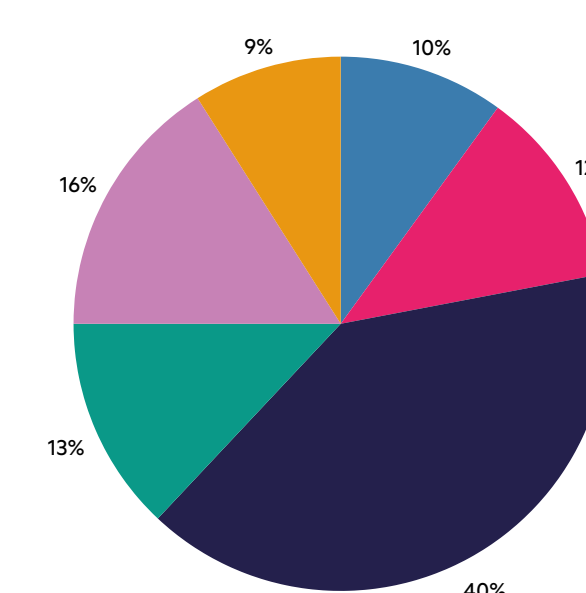
78%

Did not re-attend with GP/NP/Paramedic within 12 weeks of an FCP appointment

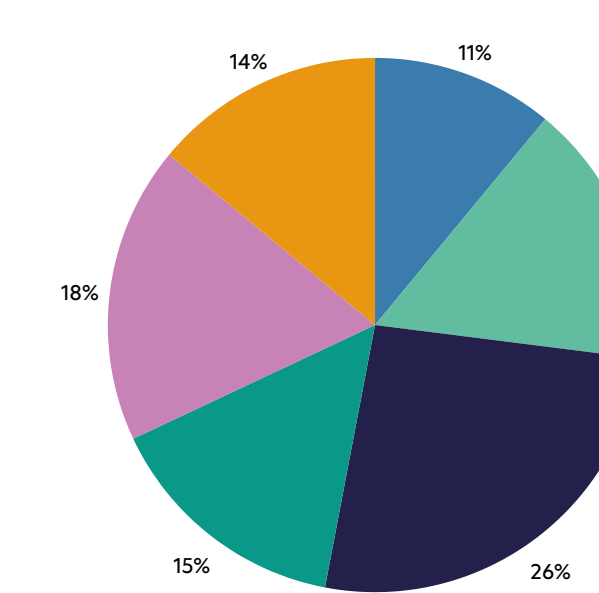
Results: Reasons for Patient Re-attendance Data

The reasons for re-attendance at each time point are presented below. Prescribed medication was the most common reason a patient re-attended within 4 weeks, and onward referral was the most common reason a patient re-attended between 8-12 weeks of an FCP appointment.

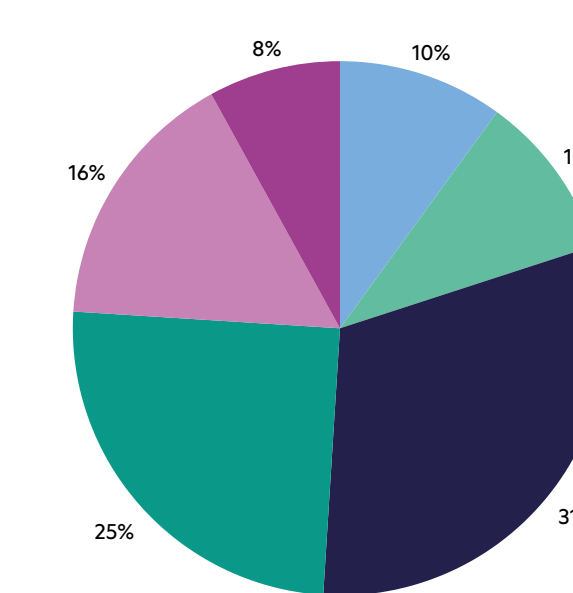
< 4 weeks after FCP



4-8 weeks after FCP



8-12 weeks after FCP



- Medication prescribed
- Onward referral
- Other
- Second opinion
- Steroid injection
- Worsening presentation
- Imaging requested
- Med 3 statement

Conclusion

78% of patients seen by an FCP did not then reattend to see a GP/NP/Paramedic for the same MSK condition within 12 weeks. This suggests that FCP-led models of care do have a significant impact in reducing the burden of MSK disorders on other members of the primary care team.

References

(1) Armstrong MJ, Wildman JM, Sowden S. **How to address the inverse care law and increase GP recruitment in areas of socioeconomic deprivation: a qualitative study of GP trainees' views and experiences in the UK.** BJGP Open. 2024 Jul29;8(2):BJGPO.2023.0201. doi:0.3399/BJGPO.2023.0201. PMID: 38128966; PMCID: PMC11300987.

(2) Morris L, Moule P, Pearson J, Foster D, Walsh N. **Patient acceptability of the physiotherapy first contact practitioner role in primary care: A realist informed qualitative study.** Musculoskeletal Care. 2021 Mar;19(1):38-51. doi: 10.1002/msc.1505. Epub 2020 Sep 28. PMID: 32989900.

(3) Stynes S, Jordan KP, Hill JC, Wynne-Jones G, Cottrell E, Foster NE, Goodwin R, Bishop A. **Evaluation of the First Contact Physiotherapy (FCP) model of primary care: patient characteristics and outcomes.** Physiotherapy. 2021 Dec;113:199-208. doi: 10.1016/j.physio.2021.08.002. Epub 2021 Aug 6. PMID: 34656297.