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#400WORDS – QUALITY IMPROVEMENT REPORT

## Improving patient and staff satisfaction of first contact physiotherapy by Increasing true ‘first contact’ appointments in north Devon

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### Context

The First Contact Physiotherapy (FCP) team of experienced physiotherapists work within a primary care setting, offering early assessment, diagnosis, and treatment for patients with musculoskeletal complaints (Stynes *et al.*, 2021).

### Problem Description

The FCP model aims to ensure patients see the most appropriate clinician first, whilst reducing GP workload (Downie *et al.*, 2019). Initial audits identified that whilst many patients were seen as true first contacts, 29% referrals to FCP came from GPs. Patient satisfaction questionnaires (PSQs) and staff feedback highlighted experiences and pathway satisfaction were greater with true first contact appointments.

### Key Measures for Improvement

The primary goal was to reduce the percentage of FCP contacts resulting from GP referrals. The target was to reduce from 29% (April 2021 to March 2022) to 25% in 12 months.

### Gathering Information

Data was collected over 24 months (April 2021 - March 2023), analysing the number and source of referrals. This data helped identify areas for improvement and targeted interventions.

## Analysis and Interpretation

Patient and staff feedback in May 2021 revealed that GP to FCP referrals led to frustration around a sub-optimal pathway, as patients often required rehabilitation and were more appropriate for direct referral to the outpatient physiotherapy service, rather than the FCP team.

## Strategy for Change

Regular education sessions for the GPs and wider practice staff were conducted, to emphasise appropriate patients for FCP and the scope of the role. Reception staff were educated to identify appropriate cases for FCP. These interventions are supported in the literature to optimise FCP models of care (Ingram *et al.*, 2021, Moffatt *et al.*, 2018). Data and patient feedback were shared with practice staff, emphasising the benefits of true first contacts. Re-education sessions were conducted for GPs, emphasising the FCP role and patient suitability criteria.

## Effects of Change

The target of reducing overall FCP contacts originating from GP referrals from 29% (1071/3737 appointments) to 25% (963/3869 appointments) in 12 months was met. This has led to a more efficient use of resources and greater staff and patient satisfaction.

## Next Steps

Continuous monitoring of referral patterns and education for GPs will be essential to sustain the improvement achieved. Collaboration between the FCP team, GPs, and reception staff will continue to be prioritised to ensure accurate signposting and optimise patient pathways. Regular audit and review processes will be implemented to assess the long-term effectiveness of the quality improvement measures and identify further areas for enhancement. This will include reviewing PSQs to assess impact on patient experience.

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