2023

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

Henning, Michael

Henning, M. and Lynch, Gethin. (2023). 'Improving patient and staff satisfaction of first contact physiotherapy by Increasing true 'first contact' appointments in north Devon', South West Clinical School Journal, 3 (3).
https://pearl.plymouth.ac.uk/handle/10026.1/21416

https://doi.org/10.24382/5mzr-zx20

University of Plymouth

All content in PEARL is protected by copyright law. Author manuscripts are made available in accordance with publisher policies. Please cite only the published version using the details provided on the item record or document. In the absence of an open licence (e.g. Creative Commons), permissions for further reuse of content should be sought from the publisher or author.
Improving patient and staff satisfaction of first contact physiotherapy by Increasing true ‘first contact’ appointments in north Devon

Michael Henning¹ and Gethin Lynch²

¹Orthopaedic Interface and First Contact Practitioner Physiotherapist, Royal Devon University Healthcare NHS Foundation Trust, BARNSTAPLE, EX31 4JB, UK ²Musculoskeletal Consultant and Orthopaedic Interface Clinical Lead, Royal Devon University Healthcare NHS Foundation Trust, BARNSTAPLE, EX31 4JB

Email: mike.henning@nhs.net
Submitted for publication: 28 September 2023
Accepted for publication: 28 September 2023
Published: 29 September 2023

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 at 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.

References

