

First Contact Practitioner (FCP)
MSK Specialists in Primary Care

South East Essex Pilot Scheme

03/09/19

PROGRESS

- 0.5WTE B8a MSK specialist mobilised Jan 2019
- Other staff deployed once recruited and trained
- 2.5WTE B8a MSK specialists now embedded in one locality/PCN
- Services delivered from 4 host sites across the area
- Pilot extended until Sept 2020
- Recruitment underway for a further 2WTE B8a MSK specialists to mobilise the scheme in another PCN (starting October 2019)

IMPACT

- Between Jan to Jun 2019 the FCP service has:
 - Offered 1594 appointments, with 91% uptake (1450)
 - Discharged 81% of patients after the first appointment
 - Given 12% of patients exercises, 15% lifestyle counselling and 62% advice
 - Provided 158 injections within Primary Care (11%)
 - Seen a DNA rate of just 2%
 - Given a f/up to only 5% of the patients seen
 - Received 96% of FFT stating patients are extremely likely to recommend the service

Pilot site lessons

- Rapid patient flow – for FCP practitioners
- Impact on other services when staff are moved
- There may not be enough appropriately qualified clinicians to fill the FCP roles quickly
- Keep building supportive local hospital physio team - set trajectory for this to happen
- Patients may not yet be ready to self-book into the FCP clinics – old habits/practice etc.
- FCP services from separate providers will emerge so ensure communication with CCG/PCN – build alliance
- Finding room availability within GP practices can be difficult and will require practice readiness and PCN co-ordinated approach
- Difficult to cover 7 days a week – all day - everyday

Overcoming barriers

- Purpose of FCP and difference with just having traditional physio in GP practices – GP
- Agree access into GP practices IT systems
- Be aware of competing interest by keen GP practices – seek advice via CCG lead contact
- Agreeing skill level of FCPs and cost of delivery up front
- Do not underestimate the need for agreed Infrastructures before starting – IT, equipment, paperwork, data collection, etc.
- Integrating into GP set up

Top tips

- At the earliest stage find an ally and like minded CCG contacts
- Agree communication channels between CCG and Trust teams
- Get your colleagues at Trust level on board
- Measuring impact of FCP – Set up KPIs for GP / CCG and Trust
- Potentially expect increased patient flow to FCP before slowing again?
- Maintain close and continuous communication link with GPs so that FCP is used appropriately
- Seek admin / reception lead support from day 1 – best contact after CCG contact
- Have evidence of success

Role definition

- A Health Education England review stated FCP roles hosted by an acute service provided the best impact:
 - Reduced secondary care referral rates by bringing the MSK triage to Primary Care – front end
 - Free up GP and other practitioners time
 - Assist with GP staff recruitment and retention efforts
 - Experience MSK practitioner to lead service and deliver KPIs
 - Expectation to manage and develop musculoskeletal integrated team across primary and secondary care – to deliver maximum impact
 - Ensures FCPs build and maintain relationships with key stakeholders (GP staff, secondary care etc) across the system
 - Audit and Improve the streamlining of MSK pathways

Implementation

- SoP agreed between secondary and primary care
- Regular reporting at CCG and Acute Trust level
Decide which / what evaluation tools to use
- Agree regular catch up and initial evaluation
- Implement changes arising from initial evaluation
- Final evaluation – January 2020
- Decision on extension/termination/procurement - ongoing

EVIDENCE

- A review of recent and ongoing FCP pilots demonstrates:
 - Quicker recovery for patients with 50-70% discharged after one consultation
 - Integration of Shared Decision Making early into a patient's pathway
 - Improved use of diagnostic capacity with 3-5% cost reductions in plain X-rays and MRI scans ordered from general practice
 - More appropriate referrals to secondary care (improved conversion rates for orthopaedic surgery 80-99%)
 - Good patient experience with 90-99% satisfaction rates

NEXT STEPS

- Second pilot to go live in chosen PCN (Oct 19)
- Sharing of lists to be enabled within practices across the host PCN
- Consider scale up options in relation to the PCN DES and local MSK redesign
- Analyse impact of the scheme, reporting locally and to the STP
- Support PCNs with FCP recruitment