

# The challenges and benefits of implementing a self-referral system

Sarah Bazin

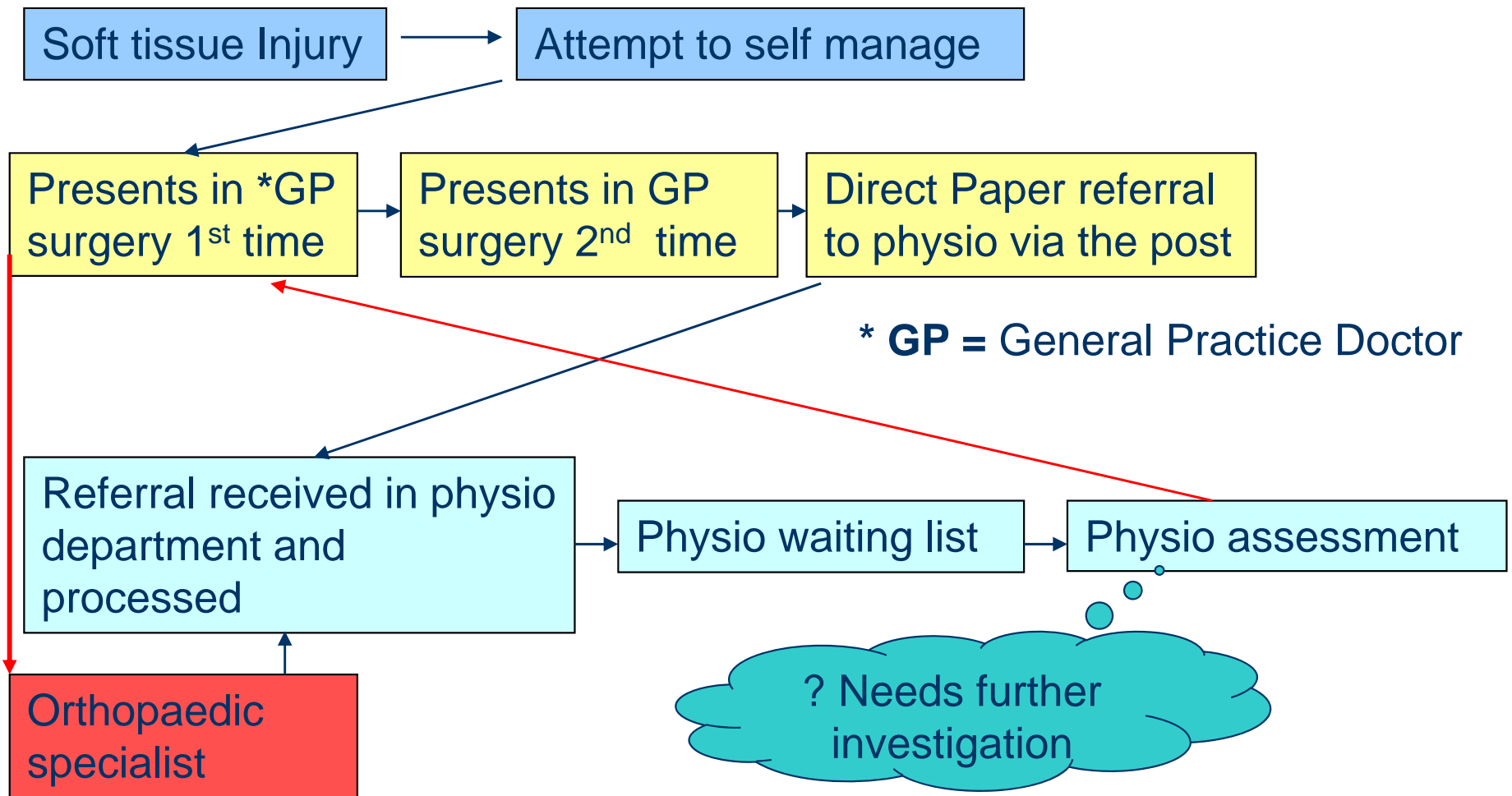
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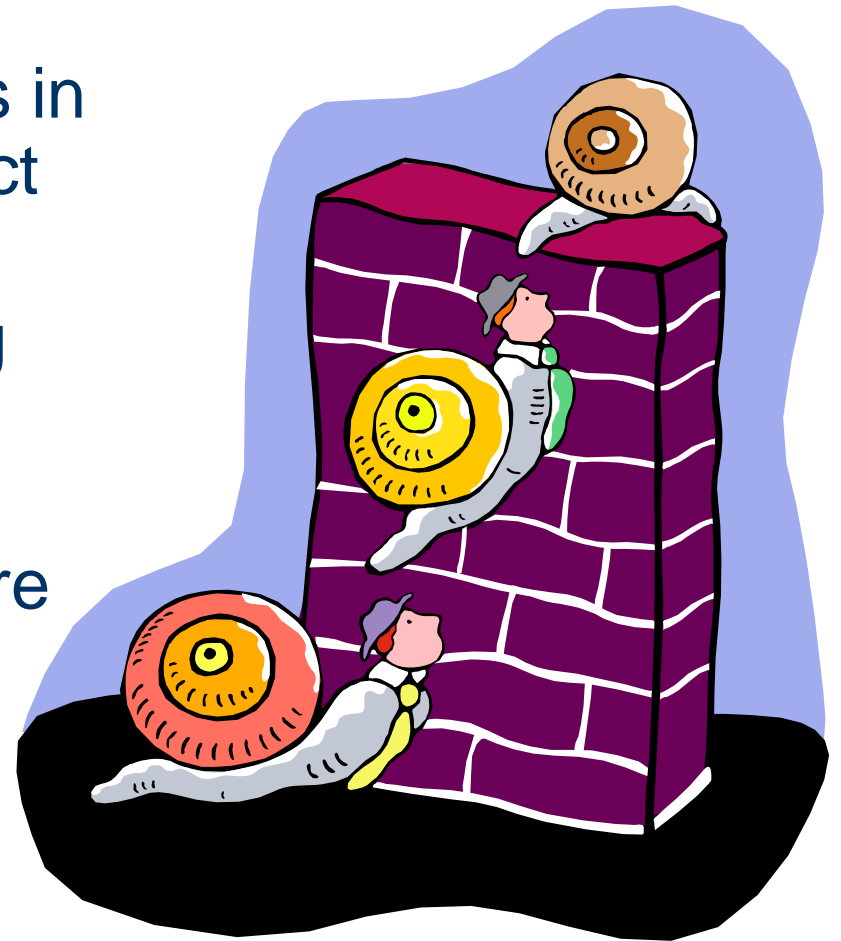
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# The Patient Journey – how things were



# Self referral physiotherapy

- Since 1977 physiotherapists in the UK have been able to act as 1<sup>st</sup> contact practitioners
- Over last 13 years changing role of physio's ie Extended Scope Practitioner
- In line with current healthcare policy – promoting patient choice, self management, shifting paradigm from secondary to primary care
- Evidence based



# Developments in Physiotherapy



***“Physiotherapists qualify as first-contact practitioners, able to assess, diagnose and treat a patient without the need for a referral. Their training beyond simply the musculoskeletal field means that they are well placed to work as first-contact practitioners but then also to provide specialist, advanced practice in the musculoskeletal field.”***

Musculoskeletal Services Framework

# Pilot background

- Scottish research led by Dr Lesley Holdsworth and Dr Val Webster looked at self-referral within the National Health Service (NHS) settings
- 26 General Practices between 2003 and 2005
- Over 3,000 patients involved
- Lower average cost per episode for self-referring patients
- Greater compliance

# Pilot sites

Response to advertisement in CSP Frontline publication

- Barnet Hospital
- Bridgewater and Burnham-on-Sea Hospitals
- Darent Valley Hospital
- Kings College Hospital
- Melksham Community Hospital
- Solihull Hospital

# Aim of pilot

- Access for patients
- Demand/private sector 'returners' to NHS services
- Decreasing Waiting times
- Ethnicity
- GP workload

# Challenges of setting up pilot

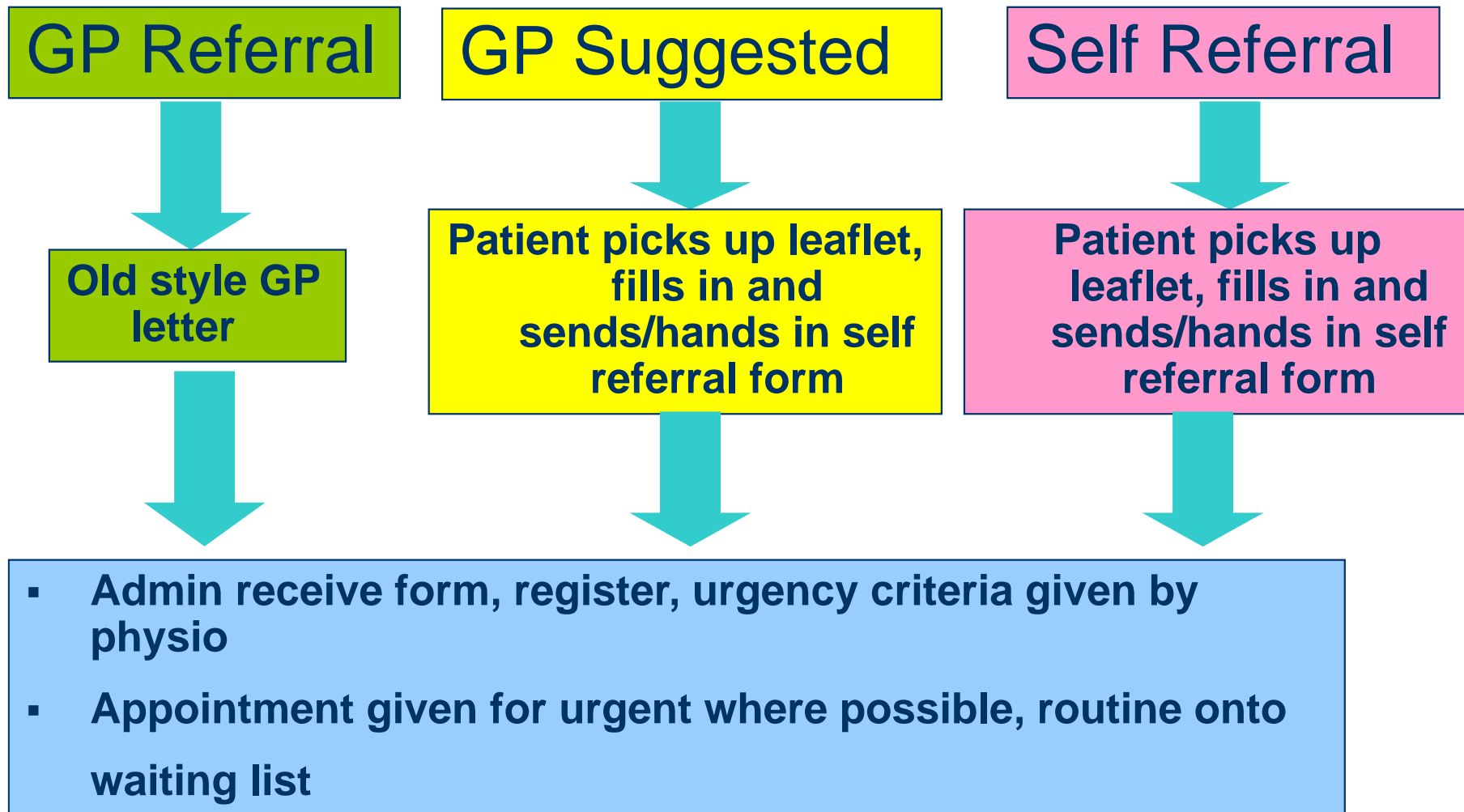
- Deciding the logistics
- Getting all players on board
- Agreeing the pathway with the GP practices
- Setting the parameters with the Reception staff
- Reduction in service waiting times implemented
- Agreeing new ways of working with Physios



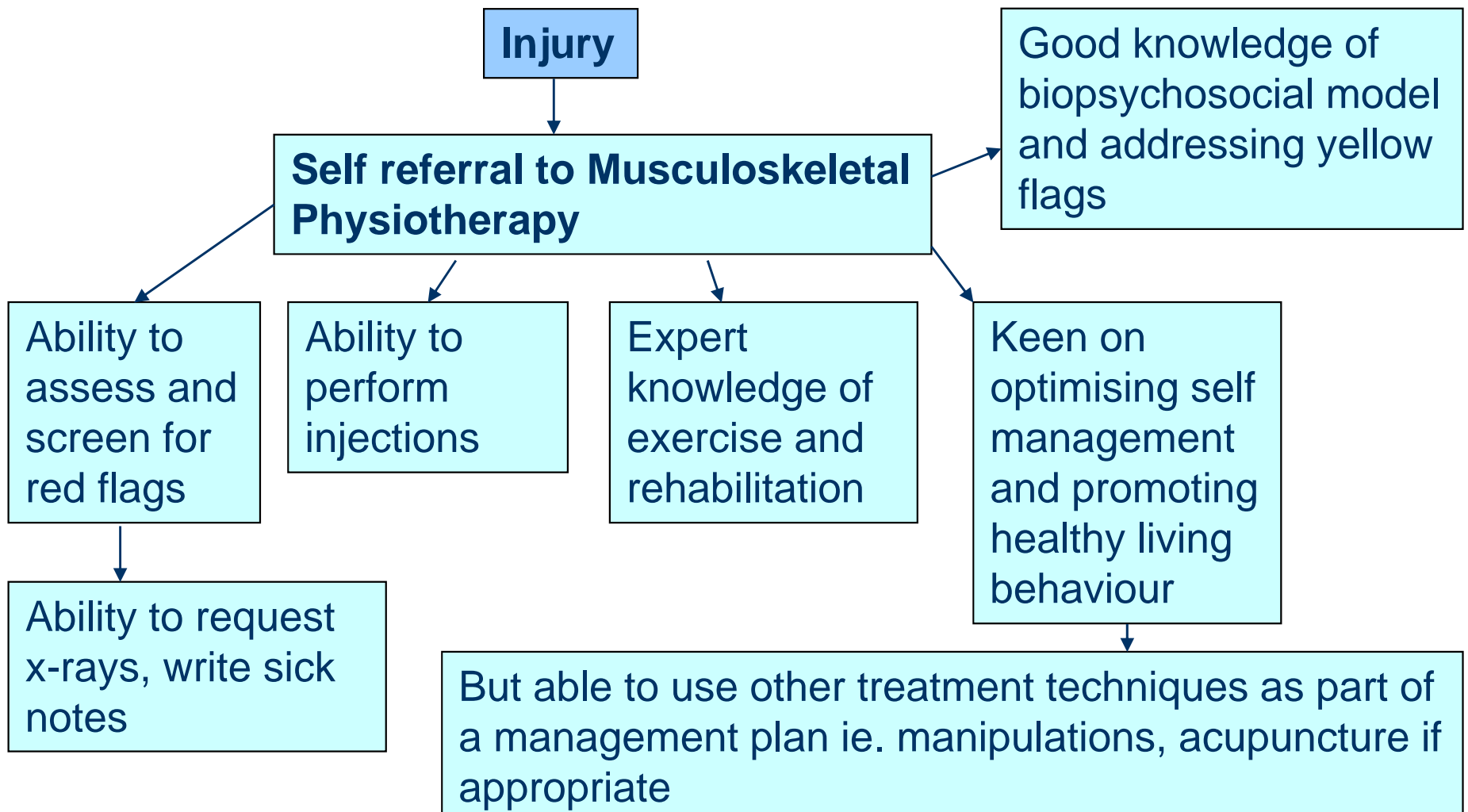
# How does it work?

Advertising – Posters, Leaflets, Websites

Musculoskeletal condition



# A Direct Access Specialist Musculoskeletal Service?



# Benefits



- **Patient benefits –  
fewer healthcare interventions, less time off work, improved autonomy, improved satisfaction**
- **Cost effective: GP/Physio comparison**
- **Streamlines pathway of care**
- **Saves GP and GP admin staff time,  
lower prescribing and investigation rates  
less referrals sent onto secondary care for orthopaedic opinion(Holdsworth and Webster 2006)**

# What do patients think of self referral?

**In depth consultation in a relaxed and unhurried way. Constructive advice for self-help and management for living with arthritis.**

**This service should continue to be offered for all patients...**

**Self referral is a good idea. I hope it continues.**

**I was hoping for some massage rather than exercises to do.**

**I was very pleased at the speed my self referral was dealt with.**

**Most appreciative of “personal exercise programme” given to me and explained.**

**Cost effective in terms of my time and commitments.**



# What else do patients think about self referral?

**I would prefer to make an appointment to see a physio without having to see my GP first:** 74% agreed or strongly agreed. 3% strongly disagreed.

**Physiotherapy can offer effective treatment for conditions such as back and neck, joint or soft tissue problems:** 92% agreed or strongly agreed.

**Patients can learn a lot about how to manage their health problems themselves:** 90% agreed or strongly agreed.

# Findings

Referral rates were:

- 23.4% self-referral
- 37.7% GP suggested referral
- 38.8% GP referrals
  - 3,794 patients participated in the pilots across the six sites
  - More self-referring patients and those referred at the suggestion of their GP were seen within two weeks than referred by GPs

# Implications for other professions

Allied Health Professional regional leads, professional bodies and pilot site representatives attended a workshop in March 2008 to share the outcomes of the pilot

- Self-referral can be an enabler – reducing waiting lists, self care, choice, shifting diagnostics and care into the community

# Conclusions

- All sites have found benefit from working within the pilot
- No site experienced a major rise in demand
- All sites are continuing with self-referrals at the end of the pilot