

Background

- Over the past two years, Primary Care Networks (PCNs) nationwide have employed physiotherapists as 'First Contact Practitioners' (FCPs).
- The Integrated Care Partnership (ICP) PCN adopted a 'dual triage' model where alongside seeing patients face to face, the FCP triages all referrals out of the practice to musculoskeletal services.
- The aim of this is to reduce the number of unnecessary referrals into secondary care and ensure the patient is seen in the right place, by the right person, the first time. This improves patient care, reduces costs and reduces orthopaedic waiting lists which have been significantly higher since the Covid-19 pandemic.

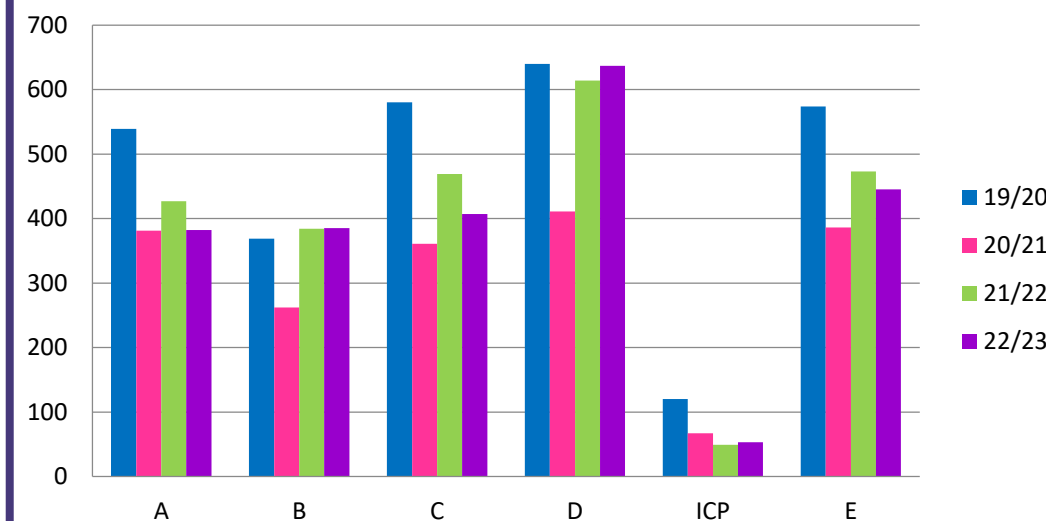
Aim

- The aim of this project was to evaluate how the role of the FCP had changed referral rates out of the practice, with the main focus on referrals to secondary care.

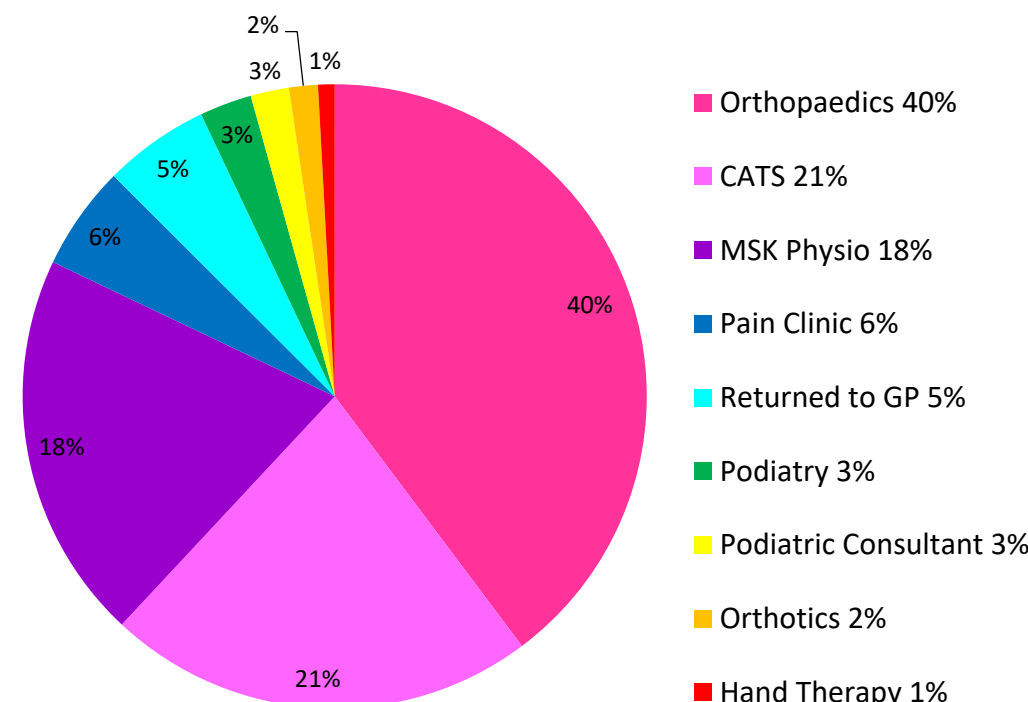
Method

- Every referral to the Musculoskeletal Clinical Assessment and Treatment Service (MCATs), Orthopaedics or Pain service made by a General Practitioner (GP) or Advanced Nurse Practitioner (ANP) in the PCN was triaged by an FCP to either orthopaedics, physiotherapy, podiatry, MCATS team or the pain clinic.
- Referrals that were incomplete or deemed non MSK in origin were returned to the GP.
- Data was collected and analysed retrospectively on a monthly and annual basis over two years (January 2021 - January 2023).

Referrals from primary care PCNs to orthopaedics per 10,000 of population



Referral destination after triage by FCP



Results

- Out of 2151 referrals triaged, 44% of patients were referred to a more appropriate part of the MSK pathway than secondary care. This means a better service for the patient who can receive appropriate treatment more quickly, huge cost savings for the NHS and a reduction in secondary care waiting times for those patients who are appropriate.
- This data shows a reduction in referrals out of the ICP from an average of 120 referrals in 2019/2020 to an average of 51 in 2021 – 2023 per month, a percentage reduction of 57.5%.
- Analysis of data in surrounding PCNs (A-E) who also employed FCPs at similar times but did not adopt the triage model has shown that their referral rates to secondary care have only dropped by 10-15% overall.

Conclusion

- The introduction of a dual triage model for musculoskeletal referrals by an FCP reduced referrals from the PCN to secondary care orthopaedic consultants by over 50%. This result demonstrates significant assumed cost savings and a reduction in waiting time for appropriate patients.

Impact

- This model could be rolled out to other PCNs locally and nationally, likely resulting in a significant reduction in orthopaedic waiting lists and a large cost saving to the NHS.