CHARTERED SOCIETY OF PHYSIOTHERAPY

RCGP Royal College of General Practitioners

BMA

General Practice Physiotherapy posts

A guide for implementation and evaluation

Contents

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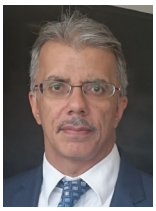

Dr Arvind Madan

General Practice is one of the great strengths of the NHS, valued greatly by patients for its access, versatility and effectiveness.

However, we have an increasingly ageing population, with more people living with more long-terms conditions. These population trends, combined with GP shortages, are placing the sector under ever-greater pressure. We therefore need to consider how we can use and target resources more effectively. This includes enabling more patients' care to be managed by a wider range of practitioners within the practice-based team.

Initiatives already show how a broad range of professions, including physiotherapists, can contribute to providing safe, effective, timely care. This includes being able to address some of the needs of the rising number of people living with muscular and joint pain. Musculoskeletal (MSK) conditions are characterised by pain, loss of movement and function. In turn, this impacts on individuals' quality of life, family and social relationships, and capacity to work. Delayed treatment risks patients developing a range of significant co-morbidities. The challenge – and need - is to seek new and innovative ways to deal with MSK problems effectively, efficiently and in a location close to home, so that patients receive convenient, early care.

Many GPs are already seeing the benefits of drawing in the expertise of experienced physiotherapists to work alongside them as the first point of contact for their MSK patients. Physiotherapists are able to advise on self-management, and initiate further investigations and referrals, when needed. This approach to service delivery puts physiotherapy expertise at the start of the pathway, where patients can most benefit from prompt specialist attention, in the place where they are most likely to seek help first.

I am pleased to support this CSP guidance. Endorsed by the BMA and the RCGP, it provides practical advice and recommendations on implementation and evaluation.

This is a real opportunity for physiotherapists and physiotherapy services to support GPs, enhance how patient care is delivered, and to build capacity, sustainability and diversity in the primary care work.

Dr Arvind Madan is the Director of Primary Care, NHS England

Catherine Pope

General Practice is under immense pressure and the existing workforce and resources in the NHS need to be used in new ways to meet this effectively. The physiotherapy profession has been rising to this challenge, working with GPs to develop new physiotherapy roles and service models in General Practice. General Practice physiotherapists have been shown to safely and effectively manage a musculoskeletal (MSK) caseload; enhancing the patient experience and freeing up GP time to lead, manage and spend with other patients.

As part of the primary care team physiotherapists can promote and implement the practice's approach to health promotion, early intervention, avoiding unnecessary medication, referrals and hospital admissions, and supporting patient self-management. The feedback from GPs and patients affirms that this is working in practice.

Whilst this guidance is focused specifically on MSK, physiotherapists have expertise to offer in many clinical areas to improve the health of the population, and I look forward to working with our partners in exploring how this can be utilised to better support General Practice. I am delighted to introduce this practical guidance for GPs, commissioners and physiotherapists to support implementation and thank colleagues at the BMA for working in partnership with the CSP on this.

Catherine Pope is the Chair of CSP Council

Dr Krishna Kasaraneni

In the context of ever rising GP workload and staff shortages, and the combined efforts of the BMA, NHS England and Health Education England to expand primary care workforce numbers and skill mix, the BMA welcomes this workforce initiative. It has the potential to reduce workload pressures for GPs and their practice staff, as well as improve patient access to skilled general practice musculoskeletal services.

The Chartered Society of Physiotherapy has produced this guidance for physiotherapists, GP practices and commissioners, in collaboration with the BMA GP Committee. We anticipate that this will help to ensure patients get swift diagnosis and treatment for musculoskeletal conditions through the increased commissioning and delivery of physiotherapy services in primary and community care settings.

The accompanying cost calculator, which enables practices and commissioners to determine how much could be saved in both cost and GP time through direct patient access to a physiotherapist, also offers an additional tool to enable local determination as to whether this would benefit patient populations across groups of GP practices. Where appropriate, GP time freed up by initiatives such as these will allow them to spend more time with those patients who have complex and, often, multiple care requirements. The GP Forward View, published in April 2016, contains a range of commitments to increase GP and primary care staff numbers. The BMA believes each initiative can have a positive incremental impact on the path to bringing intense workload pressures down to manageable levels. At the same time, this will ensure GP practices can maintain and improve high quality care for patients.

Dr Krishna Kasaraneni is the BMA UK GP Committee Policy Lead for Education, Training and Workforce

2 Introduction

The BMA, 'Urgent prescription for General Practice' makes clear its recommendations that an 'expanded workforce in and around the Practice' includes physiotherapists. This guidance is designed for those who are thinking about developing physiotherapy as a first point of contact service for patients in primary care, and those who have already set up such a service and want to evaluate its value and impact and identify further service improvements.

With an ageing population and increase in the numbers of people with multiple morbidities, the pressure and demands on primary care will continue to rise. GP surgeries now make 370 million consultations every year; 70 million more than five years ago. Despite this, GP numbers have remained relatively static during that time, if not decreased. [1]

Physiotherapists providing a first point of contact service means that patients presenting with a musculoskeletal (MSK) problem for a GP appointment are offered an appointment with a physiotherapist instead. Physiotherapists working in general practice are able to address the needs of a large proportion of the patient population. They have the clinical expertise and autonomy to assess, diagnose and treat patients with a range of conditions, including MSK, neurological and respiratory conditions. To access a range of case study examples which showcase how the physiotherapy role is working in General Practice: www.csp.org.uk/casestudies

It has been estimated that MSK conditions alone account for up to 30 % of GP consultations.[2] This is therefore an opportunity for physiotherapy services to support GPs and to build capacity and diversity in the primary care workforce through increasing physiotherapy roles in general practice settings.

This guidance is relevant to physiotherapists, GPs and those involved in funding and commissioning MSK services.

3 Redesigning the patient pathway

There are a number of opportunities for physiotherapy to assist in the primary care management of a range of conditions, so far services have primarily been developed to manage MSK. MSK pathways vary across the UK and diagram below aims broadly to demonstrate the change in patient pathways when primary care physiotherapy services are implemented. Sample timescales have been used, based on case study examples.

Traditional MSK pathway
Patient has an MSK problem
▼
Patient visits GP who offers analgesia and advice
▼
Patient returns to GP with unresolved problem
▼
Patient referred to physiotherapy, **6 week** wait. Then undertakes **4 weeks** of treatment
▼
Problem unresolved, patient referred to Interface service, **6 week** waiting time.
▼
Patient referred for diagnostic imaging and informed of results **5 weeks + 1 week**
▼
Referred for surgical opinion. Total waiting time for patient **22 weeks**

Pathway with primary care physiotherapy
Patient has an MSK problem
▼
Patient contacts GP surgery who offer appointment with a general practice physiotherapist
▼
Patient receives advice, analgesia, and **4 week** exercise prescription. At the same time is referred for imaging and informed of results
▼
Referred for surgical opinion. Total waiting time for patient **6 weeks**

4 Benefits to General Practice physiotherapy

Where General Practice physiotherapy services have been implemented, they have generated a range of benefits that enable patients to get the most out of one contact. Key benefits are outlined below.

For Patients

- Quick access to expert MSK assessment, diagnosis, treatment & advice
- Prevention of short-term problems becoming long-term conditions[3]
- Improved patient experience[3]
- A shorter pathway, so patients have fewer appointments to attend
- Simple logistics, so patients are less likely to miss appointments, or to suffer administrative errors
- Opportunity to gain lifestyle/physical activity advice
- Longer appointment times, meaning patients feel listened to, cared for and reassured
- Quicker support to aid patients' return to work, where appropriate[4]

For GPs

- Release of GP time through re-allocating appointments for patients with MSK problems – see Physiotherapy Cost Calculator to estimate time savings
- Reduced prescription costs[5]
- In-house MSK expertise gained
- Increased clinical leadership and service development capacity
- Support in meeting practice targets

For the local health economy

- Reduced number of MSK referrals into secondary care; this includes reduced demand and waiting times for orthopaedics, pain services, rheumatology, community physiotherapy and CMATS (Clinical Musculoskeletal Assessment and Treatment Services)[6]
- Improved use of imaging
- Improved conversion rate to surgery when referrals are required
- Improved links with local voluntary sector and patient groups to ensure the continued support of individuals with MSK conditions

For Physiotherapists

- Professionally stimulating and rewarding role and use of their professional knowledge and skills, including through stronger links with the multi-disciplinary team[7]
- Opportunities to develop and make use of their scope of practice and skills, including those relating to independent prescribing, injection therapy and imaging referral rights
- Opportunities to develop experience, learning and skills in service development, quality improvement and implementation science.

5 Evaluation

Providing physiotherapy services in general practice provides many benefits across healthcare systems, as demonstrated above. It is therefore essential that these benefits are captured in a broad and systematic fashion. Through doing so, stakeholders will be able to understand the benefits that most relate to them and appreciate the links across the healthcare system.

For example, providing physiotherapy at the first point of contact appears to reduce referrals to orthopaedic surgeons and increase the conversion rate to surgery for patients referred to secondary care. This benefits the CCG through decreased spend, reduced demand for orthopaedic surgery, and patients through better outcomes and experience. The approach below is suggested to enable a systematic process for capturing measures which will relate to multiple benefits.

Problem	Objective	Measure/s	Benefits
Why do things need to change?	How do you intend to change things to improve the identified problem?	What are you going to measure to evidence the objective has been achieved?	Providing the objective is achieved who and how will stakeholders benefit?

An example of an evaluation plan is provided in the pages that follow.

An example evaluation plan

	Problem	Objective/s	Measure/s	Benefits
1	Patients with simple acute MSK problems progress to become complex and chronic when care is not provided in a timely manner	• Increase access for patients to receive same day assessment and advice • Reduce waiting time for physiotherapy treatment when required	• Number of patients receiving same day assessment & advice • Waiting time for patients accessing community physiotherapy services	• Long term - reduction in service demand through fewer complex chronic presentations • Improved patient experience
2	The GP workforce does not have the supply to keep pace with growing demand from patients	• Reduce the demand for GP appointments through re-directing patients to physiotherapy when the patient's problem is appropriate	• Number of patient appointments which would have usually seen a GP • GP feedback on perception of workload stress • GP practice sickness absence rates • GP average appointment length	• Financial saving through physiotherapy being a cost-effective option • GPs have more time to spend on more complex patients • Patients receive greater quality of care • GPs less stressed therefore less likely to leave profession early
3	Patients are often referred to orthopaedic surgeons, when surgery is not the best option for them. This lengthens patient pathways and does not use NHS resource efficiently	• Reduce referrals to orthopaedics in secondary care • Increase conversion rate to surgery when patients are referred • Reduce the length of patients pathways	• Number of referrals to orthopaedics in secondary care • Conversion rate to surgery for patients referred by general practice physiotherapists • Average patient pathway length	• Financial saving through more efficient use of orthopaedic surgeons time • Improved patient experience through shorter pathways

4	Patients often frequently return into the healthcare system when they are not supported in their self-management	• Increase social prescribing to local voluntary and community sector organisations • Increase physical activity of local population	• Rates of social prescribing within GP practice • Physical activity levels as measured by local census	• Reduce demand to local healthcare system
5	Patients often receive investigations which are not necessary resulting in worry for the patient, cost to the local healthcare system and overall lengthened patient pathways. Poor imaging has also been shown to increase loss of function and lead to a greater chance of surgery	• Reduce referrals for unnecessary investigations • Increase incidence of positive diagnostic findings	• Referral rate to investigations such as XRAY, MRI, US • Incidence rate of positive diagnostic findings	• Reduced cost to secondary care • Reduced length of patient pathway • Improved patient experience
6	Patients are often prescribed analgesia which is ineffective and not supportive of a proactive self-management approach	• Reduce prescriptions for patients with MSK problems • Reduce prescriptions for strong opiate based analgesics	• Number of prescriptions • Types of prescriptions	• Reduced prescription costs • Able to use medications to support function, improving patient engagement with better pain management • Reduced incidence of side effects from medication
7	Patients often have difficulty access local services due to location and transportation	• Increase access to local services where patients would not need to travel as far to receive the care they need	• Average patient journey distance from place of residence	• Reduction in DNA rate for services • Improved patient experience
8	Patients frequently return to their GPs to sign fit notes. The patients may not be adequately supported with a return to work plan	• Increased access for patients who are not working, due to a condition that plans their recovery and return to work	• Return to work as a successful outcome • Number of days off work • Patient satisfaction	• Financial – savings through the whole system due to reduced time off work • Reduced pressure on the healthcare system and GP time • Improved patient experience

6 Funding physiotherapy posts in General Practice

Pump-priming

The majority of physiotherapy services already within General Practice were set up through pump-priming. Different sources of pump-priming have been available; e.g. NHS Vanguard funding and the Prime Minister's Challenge Fund. These funding sources are typically fixed-term and designed to foster and facilitate the adoption of innovative practice. It is expected that services funded via these routes evaluate their impact to show their value, which will then enable them to be funded through a 'business as usual' funding pathway.

Co-commissioning

From April 2016, half of all CCGs in England accepted full delegated responsibility for commissioning local primary care from NHS England. Co-commissioning aims to support the development of integrated out-of-hospital services based around the needs of local people. It is part of a wider strategy to join up care in and out of hospital. Considering this ambition, it seem reasonable to suggest that primary care-based physiotherapy services may well be commissioned by local CCGs via co-commissioning in the near future. This would be one way of enabling services that were initially funded through pump-priming to move to business-as-usual commissioning.

More detail on co-commissioning including which areas are involved can be found at: ***www.england.nhs.uk/commissioning/pc-co-comms/***

GP practice-funded

Physiotherapists are able autonomously to manage a significant proportion of GP MSK appointments. GP practices therefore may consider funding their own physiotherapy services. This can be done in the following ways:

- Contracting - where the physiotherapist/s are paid at an hourly rate for their services
- Directly employing a physiotherapist and paying them a salary
- Inviting a physiotherapist to join the practice as a partner.

Physiotherapists within GP practices can also provide services that generate additional income. For example, the provision of steroid injections can often be funded by local CCGs whereby GP practices are paid per injection. Through providing these types of services, which decrease demand on more costly secondary care orthopaedic clinics, income can be generated. This, in turn, can fund the physiotherapy service.

Commissioning as part of an integrated MSK pathway

Offering physiotherapy in General Practice has benefits across the whole pathway for patients with MSK problems. Taking an integrated approach by commissioning the whole MSK pathway via a prime provider model could mean every part of the system works together in the interest of patients. If this approach is taken, new money does not necessarily need to be found – rather, it just needs to be shifted and remodelled. Where primary care physiotherapy services are already established, the CSP supports the development of these existing services while retaining the current employment model to provide the necessary patient service.

Local Health Board (LHB)-funded

In some parts of the UK, general practices have had to close, leading to the Local Health Boards (which are integrated primary, secondary and tertiary care planners and providers of services) having to take over the running and funding of general practice services in that locality. This presents the opportunity for physiotherapists to be employed by the LHB but work in a primary care (general practice) setting. This model allows for planning and provision as part of an integrated MSK pathway, as above.

Funding models

Type of funding / employment	Advantages	Considerations
GP-funded (contractor model)	Contract for services model (not employment) so can agree flexible sessional rates. Insurance cover will be held by the self-employed physiotherapist, provided they are a fully practising CSP member.	Training needs to be met by practitioner. Lone-working and therefore can be isolating. Need to agree arrangements for annual leave and sick leave cover – these can be difficult to organise for self-employed physiotherapists.
Employed by GP practice(s)	Consistency of physiotherapist(s) in providing service. GP practice can invest in long-term training plan. Physiotherapist would be clearly defined as part of the practice team.	Employment terms should be comparable to AfC and should include access to NHS Pension Scheme. Isolated practitioner will require access to peer support network. Currently no CSP recognition as a Trade Union within GP practices. GP Practice will need insurance in place to cover vicarious liabilities. No cover for annual leave/sickness/maternity leave unless sourced separately e.g. via an agency. All equipment will need to be provided by the practice. Recruitment and retention may be an issue. The practice would need employment policies and health and safety mechanisms in place.
GP practice partner	Physiotherapy integral to the GP practice and decision-making processes.	The physiotherapist would share the risks of the practice. Isolated from peer support.
Contract through a funding organisation such as a CCG or employment by a Health Board (Wales)	Physiotherapists will be part of a wider service with established training, support and local policies. Peer support will be more readily available. The patient pathway may be more seamless. Cover for sickness and annual leave may be available. Some equipment may be shared and/or provided by the service provider. Insurance cover is provided by the NHS.	Continuity and consistency of physiotherapy staff should be considered to enable good working relationships to develop.
GP Federation	A physio service could be developed across a GP Federation, allowing for peer support, appropriate skill mix, training and support mechanisms. Cover for sickness and annual leave may be available.	Employment terms should be comparable to AfC and should include access to NHS Pension Scheme. CSP recognition could be sought with the Federation. GP Federation will need insurance in place to cover vicarious liabilities All equipment will need to be provided by the practice. The Federation would need employment policies and health and safety mechanisms in place.

7 Implementation considerations

There are a broad range of practical considerations and decisions to take into account when setting up primary care physiotherapy services. Things as simple as where the physiotherapist/s will be located are all dependent on local circumstance. In this section, factors are summarised that need to be considered in making decisions on practical arrangements.

Patient population

Understanding the local patient population will shape many of the practical decisions when developing a service. There are a range of public health resources, including local health profiles available including:

- In England your local Joint Strategic Needs Assessment (JSNA) and CCG Commissioning Plan – found on individual CCG websites, commissioning for value insight packs
- In Northern Ireland, the Commissioning Plan / Priorities for Action
- In Scotland, the Single Outcome Agreement / Local or Regional Development Plan – found on individual health board websites
- In Wales, Together for Health – A Five Year Vision for the NHS in Wales and its associated Delivery Plans.

Governance, supervision and mentoring

Having an appropriate governance structure and access to supervision are key to the successful implementation of physiotherapy posts. The design of these will always need to be bespoke to the needs of the teams they support and the service delivery model.

All physiotherapists (including those who are newly-qualified) are autonomous practitioners. However, of key importance, as with any other healthcare professionals, is that individual physiotherapists:

- Have a strong awareness of their personal scope of practice and competence, the limits of these (at any one point), and how personal scope and competence develop and change over time
- Understand the importance of practicing within the limits of their personal scope and competence as a cornerstone of their professionalism and professional accountability for their decisions and actions
- Exercise their professional judgement about whether, when and how they seek advice from another practitioner (whether of a different profession, level of expertise, or with a different scope of practice) on any issue relating to a patient's safe and effective care (including discharge and onward referral)
- Have access to support and advice on how they can best manage the needs of individual patients, including by referring an individual patient on to a colleague or other service to optimise the care delivered
- Have access to structured, wide-ranging opportunities for their professional development, including to consolidate existing knowledge and skills, acquire new knowledge and skills, and engage in peer-to-peer review and reflective learning and practice.

Sustainability

Early adopters of these physiotherapy posts in primary care have utilised advanced practice roles.[8] As a result, the physiotherapists in these roles work independently and are able to manage high levels of complexity, uncertainty and risk. Once these advanced roles have become established and greater in number, there should be the opportunity to develop a wider skill mix. This includes with more junior physiotherapists and physiotherapy support workers contributing to general practice services and increasing the capacity for physiotherapy students to gain access to practice-based learning within general practice settings. This will help to achieve a sustainable approach to workforce development, and increase the number of patients who can benefit from direct access to physiotherapy services within primary care.

Indemnity

Physiotherapists have autonomous clinical responsibility for patients, and carry their own professional (PLI) indemnity.[9] If GPs employ physiotherapists in their practice, then as employers they will need to cover the acts and omissions of their employees. If they are contracting with a physiotherapist, then the individual's PLI will cover their practice. From the PLI claims to date, there is no evidence of increased risk of claims against MSK physiotherapists in the primary care setting.[10]

The following three examples describe the different insurance arrangements required for physiotherapists in General Practice. All the examples are predicated on the basis that the physiotherapist is a fully practising member of the CSP:

- The physiotherapist is employed by the General Practice – as the employer the Practice would need additional insurance in place to cover vicarious liabilities including the professional liability insurance (PLI) for the acts and omissions of their employees.
- The physiotherapist is contracted from another employer such as the NHS to work in General Practice –insurance cover would be provided by the employer which in this case is the NHS

- The physiotherapist is self-employed (acting as a sole trader) and contracts with the GPs, would have PLI cover as part of their membership package. If the physiotherapist is not acting as a sole trader, then they should look at the specific guidance available on the CSP website (insert link) or contact CSP Insurers directly for further advice.

The CSP website provides more detailed information ***www.csp.org.uk/professional-union/practice/insurance/csp-pli-scheme***

Patient access

Patients will need to be directed to the physiotherapy service in a streamlined manner. As part of the setting up of these roles, the physiotherapist should provide both reception and practice staff with training and ongoing advice. This will enable colleagues to identify patients who can most appropriately see a physiotherapist. It may be helpful to develop a script together, so that there is consistency in how questions are asked and how responses are delivered. It is important to invest time in this process, as patients may require some explanation from reception staff as how their problem will be dealt with. Receptionists have an important role to play in marketing the service effectively and offering patients appointments with the physiotherapist.

Title

Before deciding on a title for a physiotherapy role in general practice, it is worth considering how this reflects the role, protects the public (by ensuring clarity around giving informed consent to a regulated, respected professional), and avoids the need for a lengthy explanation as to what a title means, or by whom it is being used.

The CSP recommends always using 'Physiotherapist' in a job title, including for roles that are new. This ensures that patients are fully informed about whom they are seeing. This means that there is no ambiguity, and not a need for a complex explanation of a practitioner's professional background. The reasons are set out

8 Physiotherapist's role

A range of factors need to be considered in defining a job/role description for a physiotherapist in general practice. These include the knowledge and skills sought (to meet service requirements and within a team skill mix); what physiotherapists (with differing amounts of professional experience) are able to bring to general practice; and therefore the level at which a role or post is most appropriately pitched.

This section outlines the following:

- Key characteristics of physiotherapy roles in general practice to optimise the full extent of the profession's knowledge and skills
- The underpinning capabilities that physiotherapists bring to these high-level roles
- How physiotherapy job roles are graded in the NHS (and beyond), as a guide to pitching roles in general practice.
- The section focuses on high-level roles, as these optimise physiotherapists' contribution as first-contact practitioners and to broader service and team development. (At the same time, it is important that the sustainability and capacity-building issues outlined in Section 5 are considered.)

Role characteristics

Physiotherapists are able to lead and co-ordinate care for patients presenting with MSK conditions. Working independently, but alongside GP colleagues, they are able to act as a first point of contact for patients and to lead patient care management. The table below sets out the key characteristics for physiotherapy roles in general practice.

Provide a service for MSK patients	Provide an expert advisory service to general practice colleagues	Contribute to service evaluation and collaboration
• Work as an independent practitioner, accepting patients without prior contact or referral from their GP • Offer a triage and treatment service for patients who present in the GP practice with a range of complex and common MSK conditions • Manage MSK referrals, including complex conditions, within the surgery • Provide fast access to treatment for conditions that can most appropriately be managed within primary care • Provide and advise on a range of treatment options, with the personal scope of practice and competence to undertake independent prescribing and injection therapy • Identify the need for and refer patients for investigations (including medical imaging/x-rays and blood tests) and use the results to support diagnosis and decision-making re. treatment options • Develop MSK protocols, establishing and maintaining referral criteria to the MSK triage service, with clear exclusion and inclusion criteria • Work with GPs and other colleagues to develop and improve referral patterns, including to reduce pressures on secondary care services (including orthopaedics, rheumatology and pain clinics) and linked community services • Strengthen care to people in residential and nursing homes • Ensure timely access to care and continuity of care, minimising the need for patients' separate visits to different health care professionals and reducing hospital (re)admissions and length of stay • Strengthen proactive, preventative care, including for the management of long-term conditions • Strengthen the tailoring of care according to individuals' needs, including for patients with co-morbidities and multi-factorial needs • Develop and implement early-intervention services • Develop and implement strategies for supported patient self-management, including by helping individuals to set their own goals and to manage their own conditions and care • Refer patients on to other members of the team/other services to optimise the care individual patients receive.	• Act as an expert resource for GPs and other primary care colleagues with a special interest in MSK • Act as an expert resource relating to strengthening a practice's approach to health promotion, early intervention, avoiding unnecessary referrals and hospital admissions, and supporting patient self-management • Support GPs to manage referrals and provide most effective drug therapies/use for groups of patients/particular conditions (e.g. the management of pain and long-term conditions with an MSK element) • Work with general practice colleagues to identify clinical priorities and service development needs, informed by local population and patient data trends • Integrate preventative strategies into clinical practice, including health promotion, early intervention and secondary prevention • Take responsibility for clinical governance and standards for MSK service delivery • Provide professional advice support and learning and development opportunities to colleagues.	• Apply national and local standards in MSK and primary care service delivery • Monitor performance against service and professional standards, including to audit and evaluate referral patterns, patient experience and outcomes, etc. • Monitor and evaluate the implementation of referral protocols and care pathways for MSK conditions • Link with GPs with special interests in MSK across the health economy to shape the emergence of care pathways that meet patient need • Develop collaborative relationships across MSK clinical networks and service providers, including secondary specialist services, out-patient physiotherapy and related AHP services. • Integrate primary care into MSK pathways • Provide high levels of clinical leadership • Strengthen access to and the integration of care across patient pathways and services • Work with GP practice colleagues to develop and evaluate service delivery, and to engage and lead service improvement.

Broad capabilities

As expert clinicians, physiotherapists are able to manage complexity and uncertainty; work collaboratively; and exercise autonomy. These broad capabilities enable physiotherapists to fulfil the role characteristics outlined. They are expanded on in the table below.

Complexity	Uncertainty	Collaboration	Autonomy
• Manage complexity within patient caseloads and individuals' particular needs (including multi-factorial and co-morbidity needs • Assess individuals' clinical needs, including to enable differential diagnosis • Appraise the impact of individuals' clinical status on their general health, well-being, employment status (including in relation to function, physical activity, mobility and independence) • Manage interactions in complex situations, including with individuals with particular psycho-social and mental health needs and with colleagues across the primary care team, sectors and settings • Monitor patients' progress, understanding the validity and reliability of different outcome measures and factors in analysing and interpreting the results of these.	• Exercise professional judgement in making, justifying and taking responsibility for decisions, including in the context of incomplete/ contradictory information • Manage risk in unpredictable, uncertain situations to uphold patient safety, including by referring on to other primary care team members and to specialist services, as needed • Progress and request investigations to facilitate diagnosis and choice of treatment regime, understanding the information limitations derived from these and the relative sensitivity and specificity of particular tests.	• Manage and co-ordinate individual patients' care, including through liaising with other members of the MDT and with patients' carers • Lead primary care activity, with a strong emphasis on prevention and early intervention, including through the delivery of public health advice (e.g. relating to physical activity, weight management and smoking cessation) • Lead and deliver programmes of supported patient self-management, in ways that facilitate behavioural change, optimise individuals' physical activity, mobility, fulfilment of personal goals and independence • Lead and contribute to the use of healthcare technologies to optimise the integration of service delivery (across teams, sectors and settings) and patients' access and continuity of care • Lead and contribute to the development of primary care teams, including through contributing to others' learning • Operate as a full member of the primary care team, including through contributing to leadership, service evaluation/ improvement and research activity.	• Act as a first-contact practitioner, able to assess, diagnose and triage patients safely and effectively • Manage a caseload (including for patients with long-term conditions, co-morbidities and multi-factorial needs) • Lead, manage and contribute to service delivery (particularly in relation to MSK, respiratory and neurological disorders, and through the delivery of community rehabilitation, fit for work programmes and supported physical activity) • Make decisions about the best pathway of care through patient assessment and working in partnership with patients and their carers • Take responsibility for their decisions and actions, with accountability to the HCPC for their practice and supported by a culture of peer review and engagement in evidence-based practice • Exercise a critical understanding of personal scope of practice, able to identify when a patient needs referring on and where there are opportunities to develop the scope and competence of the wider MDT to meet patient needs • Integrate a broad range of interventions into their practice, including injection therapy and independent prescribing, while promoting non-pharmacological solutions to patient care.

These capabilities are drawn from the CSP's knowledge and skills framework. Further information on this can be accessed via the following: Physiotherapy Framework

Knowledge and skill acquisition

Physiotherapists able to fulfil high-level roles in primary care have typically completed the following post-registration professional development:

- Postgraduate level learning relating to MSK conditions (e.g. a full Master's degree, Master's level modules, or work-based learning at an equivalent level)
- Acquired and maintained competence in injection therapy
- Acquired and maintained competence and the right to practise independent prescribing (denoted by their annotation on the HCPC register as an independent prescriber).

This specialist knowledge and skills development will be in addition to a broader range of post-registration learning and development completed since qualification as a physiotherapist. In addition to clinical areas of practice, this is likely to include professional development relating to leadership, management, supporting others' learn, research and evidence-based *practice.*

Further information

- On physiotherapists' professionalism, see ***www.csp.org.uk/publications/code-members-professional-values-behaviour***
- On how physiotherapists are regulated in the UK, see the HCPC website: ***www.hcpc-uk.org/aboutregistration/***
- On advanced practice physiotherapy roles, see ***www.csp.org.uk/publications/advanced-practice-physiotherapy***

Pitching physiotherapy roles

Under the NHS Agenda for Change system, physiotherapy posts are graded from band 5 (at which a newly-qualified physiotherapist is appointed) through to band 9. The banding is used across specialisms and roles. The grade of a particular post is determined by the level of knowledge, and skills that its fulfilment requires. The Agenda for Change system is well-established and well-known, and is frequently used outside the NHS. It is therefore recommended that any non-NHS employment models use the NHS grading and pay structure. This provides clarity around expectations and comparability of pay. It should therefore assist with recruitment and retention.

Within general practice, the role of the physiotherapist will vary. Therefore, the grade of a specific role will need to be assessed, depending on the service need and skill mix requirements. It is envisaged that the greatest value and impact of physiotherapy roles in general practice will be gained from those that require a high level of independence (without the day-to-day support of peers) and the ability to order further examinations and to refer on to a range of different services and for the delivery of specialist treatments. If a post also involves integrating MSK/physiotherapy assessments into the wider health system (e.g. across GP, community and hospital services) to meet patient need and contribute to the development of these areas, the job role is likely to fall within the band 8 range.

Salary scales for Agenda for Change bandings can be found on the NHS Employers website.

9 Implementation checklist

The table below has been developed to provide those developing physiotherapy roles in General Practice, with an easy-to-use checklist. While the checklist is by no means exhaustive, answering the majority of questions with a 'yes' should demonstrate that a service will be safe, effective, patient-centred, integrated, and sustainable.

	Yes	No	Don't know
Leadership			
Does the new physiotherapy service align with current policy drivers and the organisation's strategic plan and vision?			
Are Human Resources fully aware of the new service and engaged in supporting the process?			
Have GPs been involved in development of the role?			
Have patient referral criteria to the physiotherapist been agreed by both the GPs and the physiotherapist?			
Have service users been involved in the development of the service? (This could include involvement of local GP practice patient participation groups.)			
Has sufficient time been allocated to promote the new physiotherapy role to all key stakeholders, including secondary care services which may be impacted by the change?			
Infrastructure			
Have the role, remit and responsibilities of the physiotherapist – and therefore knowledge and skills required – been clearly defined?			
Has the job title been discussed and agreed?			
Do the job/role descriptions, outline and profile fully reflect the current demands and remit of the post?			
Evaluation			
Have adequate resources been made available to support service evaluation and audit for the new physiotherapy role to be delivered? (This includes service numbers, patient experience, referrals to secondary care, surgical conversion, referrals to physiotherapy.)			
Have mechanisms been put in place to ensure analysis of the data from service evaluation of the role?			
Development			
Have adequate resource been made available to support the physiotherapist's CPD?			
Has a GP been designated who is willing to undertake regular mentorship for the physiotherapist?			
Has an ongoing CPD programme been defined and agreed for the physiotherapist?			
Funding			
How has funding for GP-based physiotherapy been arranged? Has the option of redirecting any existing physiotherapy resources been explored?			
How has succession planning for the new physiotherapist's role been outlined and instigated, in terms of on-going funding for the role?			

Governance			
Is there a clear format for clinic documentation, standardised examination tools, protocols for patient correspondence and communication with other services/stakeholders been agreed?			
Will the physiotherapist be invited to attend regular GP meetings and multidisciplinary team development?			
Are there mechanisms to ensure regular appraisal and peer review?			
Are there agreed procedures for requesting imaging/haematology/biochemical investigations?			
Are there agreed procedures for the timely interpretation and return of imaging/haematology/ biochemical investigations?			
Are there agreed procedures for acting upon the results of investigations?			
If injection therapy is part of the physiotherapist's role, are procedures in place?			
If the physiotherapist is an independent prescriber, have procedures been put in place?			
If the physiotherapist is using Patient Group Directions or Patient Specific Directions, are procedures in place?			
Patient pathways			
Have mechanisms been put in place to ensure the patients understand that they will be seeing a physiotherapist in General Practice?			
Have clear and timely pathways been agreed for patients to access optimal care? (e.g. Relating to mainstream physiotherapy, GP, pain clinics, medical specialists in secondary care)			
Referral management			
Can the GP referral system be used by the physiotherapist to refer patients to all necessary care?			
Has the appointment length for the physiotherapist been agreed with the whole practice team?			
Clinic space			
Is there suitable clinic space for the physiotherapist in the general practice?			
Is there sufficient reception and administrative provision to ensure the smooth running of the physiotherapy service?			
Are there computer facilities for the physiotherapist?			
Support services			
Have the reception staff had suitable support and training to understand the role of the physiotherapist and use the appropriate referral criteria?			
Have arrangements been agreed for the phlebotomy service to support the physiotherapist?			
Where applicable, has support been arranged for the physiotherapist for services such as chaperoning, counselling, etc.?			

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