

First contact physiotherapists

First Contact Physiotherapists (FCPs) can assess and diagnose musculoskeletal issues, provide expert advice on managing conditions, and refer patients to specialist services if needed. Patients with back and joint pain, including arthritis, can directly contact physiotherapists, avoiding the need to see a GP or be referred to a hospital.

Research suggests that the introduction of first contact practitioners has resulted in several benefits, particularly in the context of managing musculoskeletal (MSK) conditions. These include quicker access to diagnosis and treatment, leading to more effective condition management and faster recovery for patients. Additionally, these practitioners help GPs manage their workload more effectively and reduce the need for onward referrals. Various studies and evaluations have shown that the FCP model is effective in providing high patient satisfaction, reducing GP workload, and saving costs across the patient pathway.

Training pathway

Health Education England (2021) have produced a MSK version of the educational pathway to First Contact Practitioner (FCP) and Advanced Practice (AP) in Primary Care. It provides a roadmap of education for practice when moving into (FCP) roles, and onward to (AP) roles in Primary Care and sets out:

- The definition of First Contact roles, their respective training processes, and educational pathways.
- The definition of Advanced Practice roles, their respective training processes, and educational pathways.

The document is relevant to all experienced professionals specialising in MSK.

Full detail: [First Contact Practitioners and Advanced Practitioners in Primary Care: \(Musculoskeletal\): A Roadmap to Practice](#)

Benefits

1. **Improved Access:** Physiotherapists with enhanced skills as first contact practitioners provide patients with quicker access to diagnosis and treatment for MSK issues, such as back, neck, and joint pain^{1, 2, 3, 4, 5, 6, 13}.
2. **Timely Management:** Patients can directly contact their local physiotherapist, bypassing the need to wait for a GP appointment or a referral to hospital. This ensures timely management of their conditions and faster recovery^{3, 4, 6, 7, 8, 9, 13}.
3. **Expert Advice:** FCPs are skilled at assessing and diagnosing MSK issues, enabling them to provide expert advice on how patients can best manage their conditions^{2, 3, 4, 5, 6, 7, 9, 10, 13}.

4. Reduced GP Workload: By having FCPs manage MSK conditions, GPs can focus on more complex medical issues, reducing their workload and optimising their time ^{4, 6, 8, 9, 13}. [MSK conditions account for up to 30% of a GPs workload ⁴].
5. Cost Savings: The implementation of FCP roles has the potential to lead to cost savings across the patient pathway, including reduced need for onward referrals to secondary care, and lower numbers of investigations requested (imaging and blood tests) ^{4, 6, 8, 9, 11, 13}.
6. Positive Patient Satisfaction: Patients report high levels of satisfaction with FCP services ^{2, 4, 5, 6, 10, 11, 13}.
7. Reduction in Referrals: FCPs help reduce the number of referrals to secondary care, as they can effectively manage MSK conditions at the primary care level ^{1, 4, 9}.
8. Increased Capacity: The presence of FCPs in primary care improves access to MSK expertise, increases capacity within primary care, and enhances patient experiences ^{2, 4, 5, 6, 8, 9, 10}.
9. Safety and Efficacy: The FCP role has been shown to be safe and effective, with patients demonstrating clinical improvements and experiencing no adverse events associated with the service ^{1, 2, 3, 9}.
10. Promotion of Self-Care: FCPs use a personalised care and shared decision-making approach to promote self-care and empower patients to manage their MSK conditions effectively ^{1, 3, 5, 9}.

Challenges:

Despite the evidence demonstrating the many benefits of physiotherapists working in primary care, there are still challenges to overcome, including:

- Increasing patient awareness and understanding of the FCP role¹²
- Barriers to FCPs providing work advice
- Determining the most appropriate FCP access model to optimise patient experiences and outcomes¹.

¹ FCP Phase 3 National Evaluation Team (2021)

² Stynes S. et al. (2021)

³ Goodwin R. et al. (2021)

⁴ Mercer, C. & Hensman-Crook, A. (2022)

⁵ Demont A. et al. (2021)

⁶ Chinonso N Igwesi-Chidobe et al. (2021)

⁷ NHS England

⁸ Morris, L., et al. (2021)

⁹ Downie, F. et al. (2019)

¹⁰ Wood L. et al. (2022)

¹¹ Goodwin R.W, & Hendrick P.A. (2016)

¹² Goodwin, R. et al. (2020)

¹³ Babatunde O. et al. (2020)

References and further reading:

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[https://www.physiotherapyjournal.com/article/S0031-9406\(21\)00075-4/fulltext](https://www.physiotherapyjournal.com/article/S0031-9406(21)00075-4/fulltext)

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<https://www.physiotherapyjournal.com/action/showPdf?pii=S0031-9406%2820%2930017-1>

Goodwin R.W, & Hendrick P.A. (2016) | Physiotherapy as a first point of contact in general practice: a solution to a growing problem? Primary Health Care Research & Development | 2016 Sep; 17(5): p.489-502 |

<https://www.cambridge.org/core/services/aop-cambridge-core/content/view/CAF5E8C4DD3F77A997FE ECB0046EE56A/S1463423616000189a.pdf/physiotherapy-as-a-first-point-of-contact-in-general-practice-a-solution-to-a-growing-problem.pdf>

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NHS England | First contact physiotherapists | <https://www.england.nhs.uk/gp/expanding-our-workforce/first-contact-physiotherapists/>

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