

Service Evaluation of Independent Prescribing Physiotherapist medication review appointments within a First Contact Physiotherapy Service

INTRODUCTION

Overview of First Contact Physiotherapy

Musculoskeletal (MSK) pain is a common cause for patients to present to primary care clinicians; various studies suggest that 20% of GP consultations were related to MSK conditions (1; 2; 3). The 'General Practice Forward View' (4) discussed a redesign of the services offered. The strategy of employing other health professionals to work within general practices aims to reduce the burden on doctors (5). The NHS England Long Term plan (6) prioritises MSK conditions as part of the new vision for prevention and rehabilitation. MSK First Contact Practitioners in primary care can provide care for patients; they possess the advanced clinical skills necessary to assess and manage these patients (7). The benefits revolve around reducing costs, improve patient access and ultimately delivering improved care (5). The service improvement discussed, and subsequent evaluation was undertaken within Rotherham NHS Foundation Trust's First Contact Physiotherapy (FCP) service.

SERVICE IMPROVEMENT

Rationale behind Service Improvement

Expanding the scope of non-medical professionals should be in response to patient need (8). The diverse skills of the non-medical advanced practice workforce including prescribing capability are likely to be important for addressing primary care prescribing (9). The ability of these practitioners to prescribe medications will hopefully provide a more efficient and effective journey for patients (10).

Within First Contact Physiotherapy services, the main support required from General Practitioners (GPs) revolves around medication reviews associated with their MSK condition as many FCPs may not be qualified as non-medical prescribers (11). Previous internal audits within Rotherham's FCP service demonstrated similar demand for medication reviews.

The growing pressure within primary care (12) and recurring demand for medication reviews formed the basis for the service improvement idea. In January 2022, there were two independent prescribing FCPs working within the FCP service, and six FCPs who were unable to independently prescribe medication.

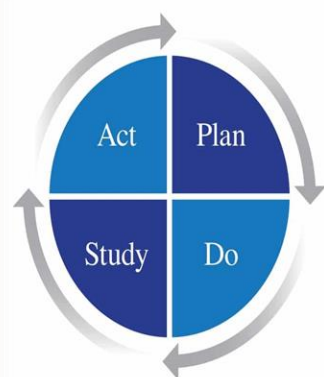
INTRODUCTION OF MEDICATION REVIEW APPOINTMENTS

The King's Fund (2017) identified that teams are best positioned to develop solutions to improve quality of care. Relatively small-scale service improvement projects can lead to significant benefits for staff, patients, and health systems (13).

Collaboration within the FCP service following a Plan, Do, Study, Act (PDSA) improvement model led to initial idea around the introduction of medication review appointments with an independent prescribing FCP rather than the escalation to the patient's GP (15 & 16). This represents an expansion of the service offered and an extension of the scope of practice for the independent prescribing FCP in response to population need as suggested within the 'Multi-professional framework for Advanced Clinical Practice for England' (14).

The aim of the service improvement was to reduce the required GP input and for the independent prescribing FCP to manage the patient's medication review.

It led to the introduction of 10-minute medication review appointments within the FCP service in January 2022. Guidance was developed for the FCPs booking into the medication review appointments. Full utilisation of the medication review appointments was achieved within the first two weeks. Capacity was double (n=16) from 31st January 2022. No further adaptations were made



EVALUATION

Purpose of Evaluation

Evaluation comes in various guises and it's key purpose is to develop a deeper understanding of how to improve health care. (17). The evaluation process can determine the value of an intervention, it is a practical assessment of the implementation and impact. A robust evaluation can explain why an intervention has worked; an inadequate evaluation can render an intervention a wasted effort or improvements only realised anecdotally. The purpose of this service evaluation is to identify the impact of the introduction of medication review appointments within the FCP service.

Evaluation Methodology

An internal summative evaluation was undertaken to determine whether the intervention was successful. A summative evaluation is appropriate for this service evaluation as both the intervention and environment have remained unchanged. The information to be evaluated was gathered via a retrospective document search (18). The summative evaluation followed an established methodology for service evaluation which has been established following the work of Marsh and Glendenning (2005)²¹.

What will be evaluated?

There are two threads to the evaluation; first the outcome of the medication review appointments and secondly how many medication reviews were requested with GPs over the same period.

Data collection method

The data collection was a retrospective analysis undertaken for a two-month period between 1st February 2022 until 31st March 2022. Clinical records were accessed to gather quantitative data from both medication review appointments and those referred to the GP for medication review. No patient identifiable information was recorded and there were no ethical concerns.

RESULTS

In total seventy-four patients were booked a medication review appointment with an independent prescribing FCP.

Significantly, 67 of the 71 patients contacted by an independent prescribing FCP had their medication needs met during the consultation either in the form of a prescription (n=58) or continuation with medication following advice (n=9). **94.5% (n=67) of the 71 patients were successfully managed by the independent prescribing FCP** (Figure 1).

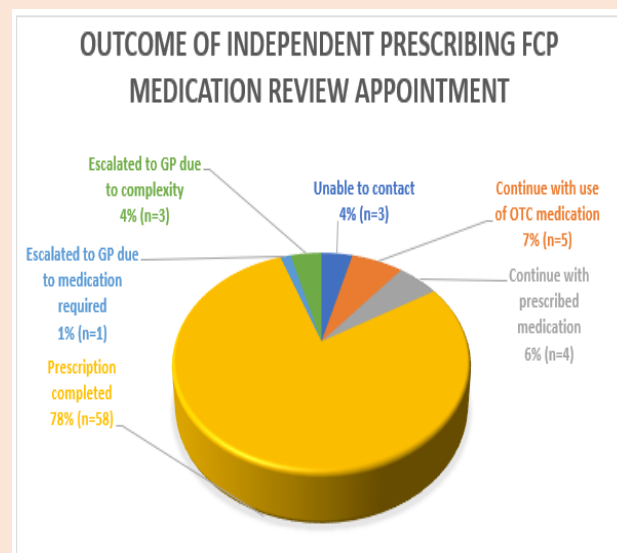


Figure 1. Outcome of Independent Prescribing FCP Medication Review Appointment

On review of the patients who were booked for a medication review with the GP, it is possible that **56% (n=28) could have been successfully managed by an independent prescribing FCP** (Table 1).

Review of GP medication review appointment	Total (n)
Independent Prescribing FCP would have been able to prescribe same medication	18
Independent Prescribing FCP could have prescribed alternative medication for the patient	10
Required GP input due to complexity/medication	22
Total	50

Table 1. Review of GP medication review appointment

Impact of results

The evaluation of the service improvement and the results collected confirm that patients can have most medication needs met within the FCP service. Ultimately, this improves the patient's journey and reduces workload for GPs and suggests further medication review appointments are required. Utilising the unit cost of health and social care from 2021 (19), from this information, it can be calculated that each 10-minute medication review appointment will cost £10.83 per consultation (Band 7 physiotherapist cost per working hour is £65). This is a favourable saving compared to the £39.23 associated with a 9.22-minute GP consultation (19). 10-minute consultations are commonplace within primary care for GPs (20). **A medication review with a Band 7 independent prescribing FCP instead of a GP consultation for a medication review would represent a potential saving of £28.40.**

The potential cost saving over the two-month period for the medication requests completed by the independent prescribing FCP was **£1959.60**. A further **£795.20** could have been potentially saved if there was more medication review capacity to deal with the twenty-eight patients which could have been managed.