

A New Approach to Managing MSK Conditions? Physio at the Frontline

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Received: June 26, 2019; **Published:** July 09, 2019

The NHS has long been criticised for its failure to maximise the benefits of technology, but I am hopeful that the appointment of Matt Hancock as Health Secretary may change all this. There is no doubt that the announcement of his 'tech vision', which has been designed to help NHS organisations to introduce innovative technologies for the benefit of staff and patients, is a powerful step change. Let's hope it delivers on its promises.

Earlier this year it was announced that physiotherapists will take over routine appointments from family doctors in a bid to cut waiting times at GP surgeries. A new GP contract will see an army of 20,000 practice staff recruited in the hope it will improve access to services.

I think most of us in the profession have welcomed this initiative, at least in principle, because it acknowledges the vital frontline role that physiotherapists can play in general practice. Musculoskeletal (MSK) conditions are thought to make up as much as 30% of all GP appointments and, in simple terms, by making physiotherapists the first point of contact for patients with these conditions, GPs could dedicate more time to other people. This would help to ease the well documented pressures on general practice and reduce costs. In addition, physiotherapists are the best clinicians to manage MSK conditions and quick diagnosis is key for a fast recovery. Physiotherapists are trained as frontline clinicians, so they are also able to pick up any underlying medical issues that need addressing and help to manage any issues.

It seems that the general public agrees with me too. According to a poll, conducted on behalf of the Chartered Society of Physiotherapy (CSP), almost three-quarters (73 per cent) of people would accept the offer of an appointment with a first contact physiotherapist (FCP) if they were seeking help for a bone, joint or muscle problem. Whereas only nine per cent of those surveyed would decline. It is nice to see that the general public is so supportive.

Musculoskeletal conditions affect all aspects of daily life, limiting people's ability to do what they need or want to do, and can have a detrimental effect on their independence. It is a costly and growing problem that is increasing not only due to our ageing population but also rising levels of obesity and physical inactivity.

This initiative will also give specially trained frontline staff the chance to use their expertise to promote preventative initiatives as well as management and improvement treatments. The majority of these musculoskeletal disorders that are caused by weight and an unhealthy lifestyle need one-off advice and an education session with an FCP Physiotherapist. However, with a shortage of GPs and an increase in demand for changes to primary care, there is a real need to help reduce and address the very real issue within the ageing community. The introduction of the First Contact Practitioner is a welcome tool for this and this preventative model of care, in line with national guidelines of frailty and falls, can be a cost effective and hugely beneficial service.

As more specialist services get involved with our ageing population, the issue of falls and frailty becomes more and more evident. Figures from the Royal Society for the Prevention of Accidents show that in 2016-17 there were 316,669 hospital admissions in England of people aged 65 and over because of falling - the equivalent of more than 867 each day across the country. According to Age UK, falls are

the biggest cause of emergency hospital admissions for older people, and 4,984 people aged 65 or more died from having a fall in 2016, equating to 13 people every day.

We also know for example that 10% of over 65-year olds live with frailty - a process by which your body systems gradually lose their reserves (muscle loss, balance etc.) - and that this means that any otherwise minor diseases can have an increasingly bad affect. At over 75 years of age 44% of people live with more than one long term condition.

The fact is that impaired musculoskeletal health impacts on general health and wellbeing, as reduced mobility is a risk factor for other diseases. As a result, the importance of maintaining mobility and physical function and refocusing healthcare towards health promotion, prevention and rehabilitation cannot be overlooked as we go forward.

A great example of this is the Grange and Lakes Integrated Care Community who has set up the 'Bounceback Clinic'. Physiotherapist Amanda Hensman-Crook has led the service looking at physiotherapy, pharmacy, nursing and third sector involvement. The aim was to quite simply provide a frontline frailty service that would benefit the local community.

Initially, a number goals were established with the primary objective to deliver a reduction in the number of falls and the need for unplanned GP visits, 999/111 calls, ED attendances and unplanned admissions. An improvement in mobility and self-care and a better understanding and concordance with medication were also targeted along with a reduction in social isolation. Finally, the clinic was tasked with achieving an increased quality of life for patients by providing a wrap-around service close to home and providing closer links with acute and community providers, the third sector and the wider cross-organisational teams.

Specific measures were taken and evaluated and the results have been very positive, as a result of the physiotherapy intervention. In fact, there was an astounding 97% improvement in the confidence measure, with no deterioration at follow up at three months. On the frail score, 63% showed overall improvement and 37% stayed the same. (It should be noted that the Edmonton Frail score is not the most sensitive scoring system!). The compliance with their exercise programmes were 90% and 100% returned to outdoor activity. The conclusion is that it is a popular service and cost effective and that the engagement of the multidisciplinary team has resulted in a full holistic assessment of the patients.

However, one issue that this initiative doesn't address is how to provide treatment for people unable to travel to their GP. This could be for a number of reasons such as being unable to walk or drive due to an injury or long-term condition; having other commitments such as childcare; or simply not being able to take the time off work. This is where technology can play a vital role in complementing this initiative and is ideal for easy monitoring and follow up as well.

For example, leading research has found that video consultations are as effective as face-to-face appointments and our experience, at PhysioFastOnline (PFO), is that 3 in 4 people can be triaged, assessed and supported online without any need for physical treatment. The means that our service is accessible to anyone with a screen and an internet connection from the comfort of their home, workplace or even overseas. It is simple to use and should not be barrier for the older generation, as according the Office of National Statistics last year, recent internet use in the 65 to 74 age group increased from 52% in 2011 to 80% in 2018.

Appointments are booked online, in real-time, and are generally available same day to swiftly help reduce suffering and concern and, in many cases, promote a quicker recovery time. For me there is no doubt that our kind of service has an important role to play in the future and will perfectly complement traditional physiotherapy.

Volume 3 Issue 8 August 2019

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