University of BRISTOL
Centre for Academic Primary Care

NIHR | School for Primary Care Research

# Managing primary care ‘same day’ demand: what are the workforce opportunities?

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# Webinar Timings

| | | |
|---|---|---|
| 12:30 | Welcome – Same Day Demand: Where are we? | Dr Matthew Booker |
| 12:40 | FRONTIER – First Contact Physiotherapy in Primary Care | Prof Nicola Walsh |
| 12:50 | READY – Paramedics in General Practice | Prof Sarah Voss |
| 13:00 | Additional Roles Reimbursement Scheme: evaluation | Dr Zoe Anchors |
| 13:10 | A patient perspective on access | Dr Helen Baxter, Jean Palmer, Sue Geary |
| 13:15 | Q&A and open discussion | Dr Matthew Booker |

Questions, comments, reflections – please use the chat throughout

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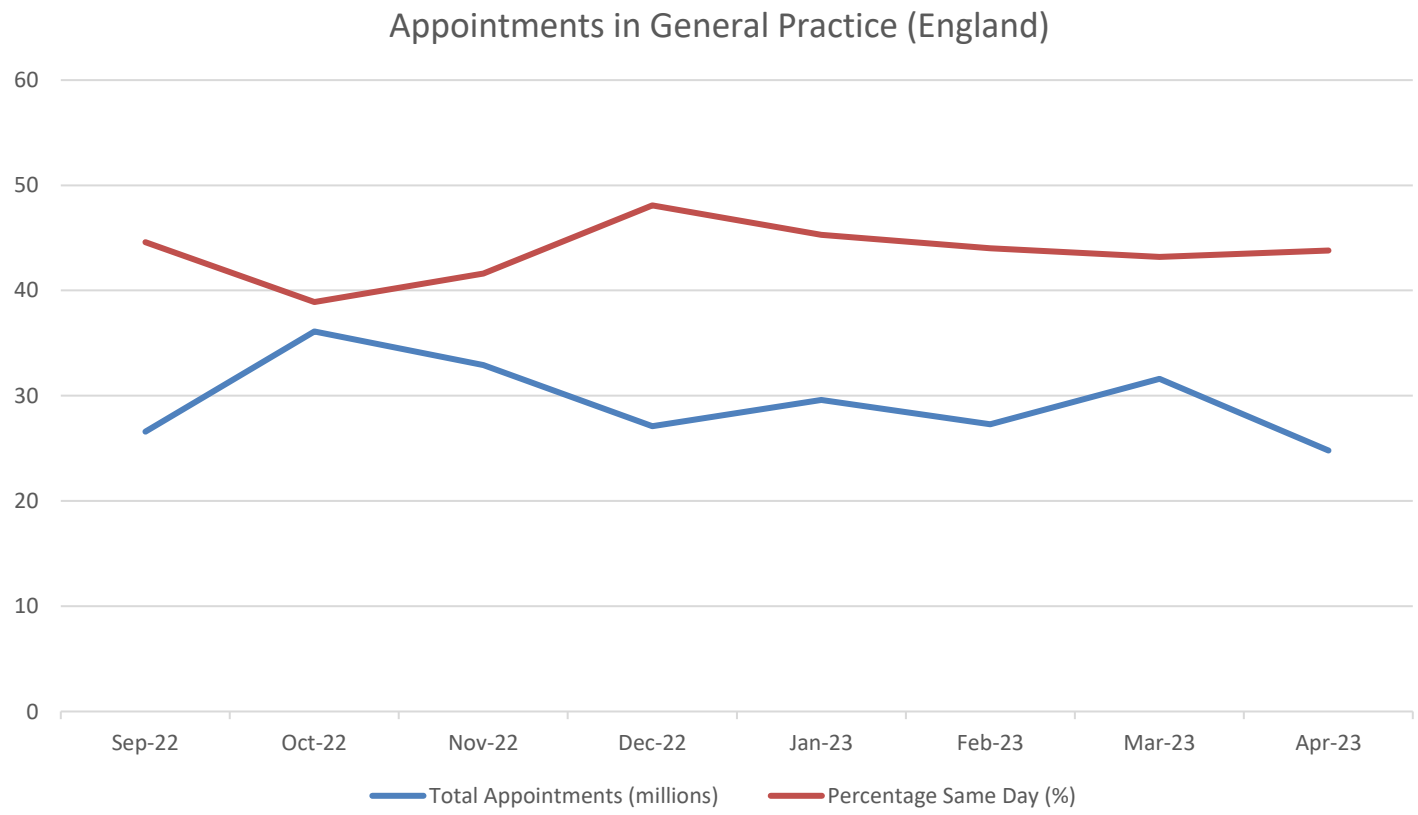
REACH | Research in Emergency care, Avon Collaborative Hub

# Same Day Demand: Current Scale?




Data: Appointments in General Practice Dataset, NHS Digital

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# Same Day Demand: Current Scale?


Data: Appointments in General Practice Dataset, NHS Digital

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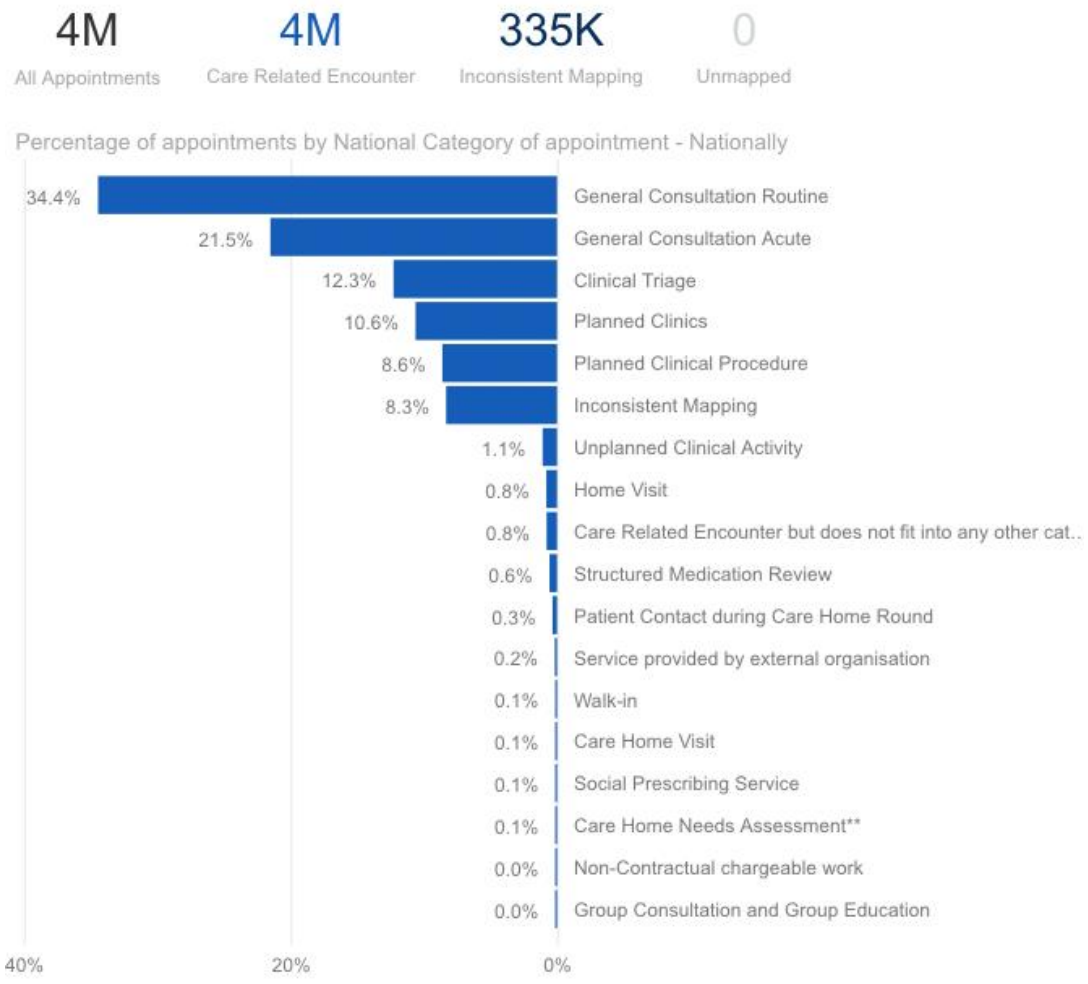
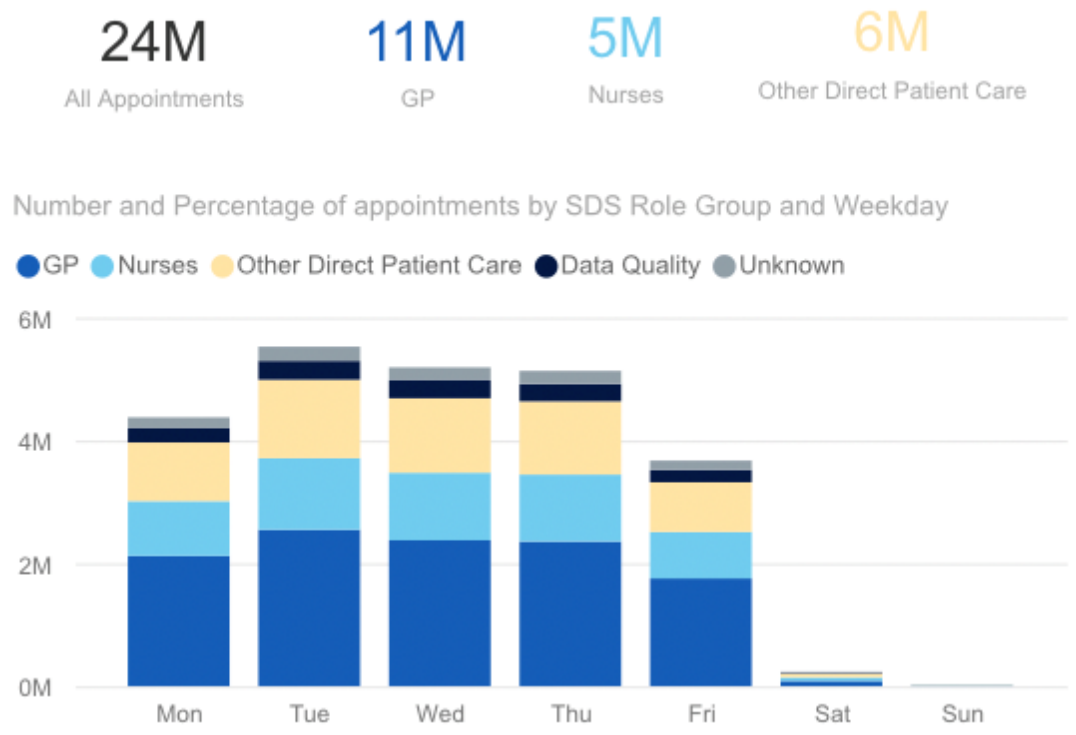
# Same Day Demand: Who is Doing What?

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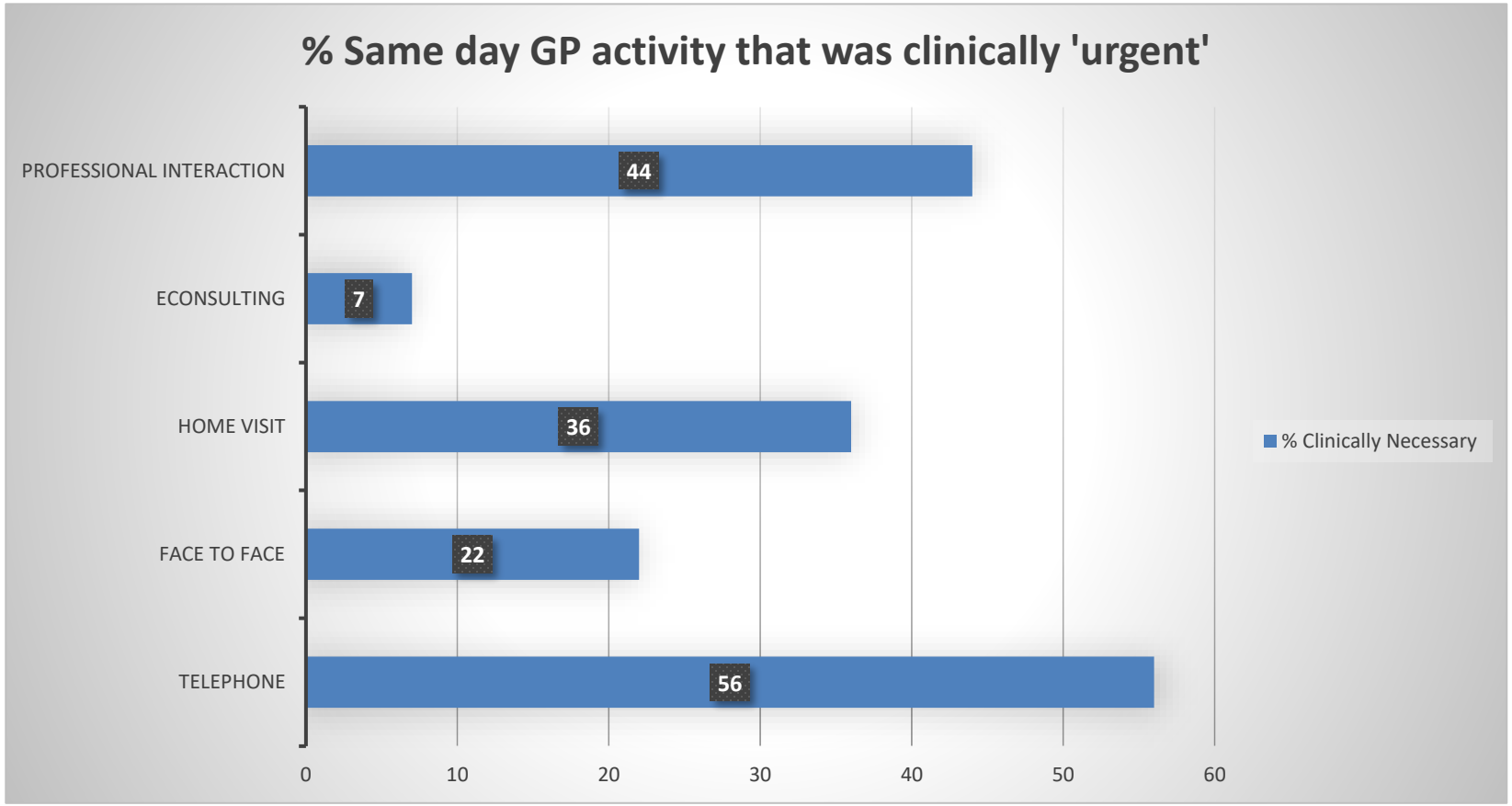
Data: Appointments in General Practice Dataset, NHS Digital

# How urgent are same day issues?




Source: Data from NIHR201306032

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# Access & Demand: NHSE Delivery Plan


- Tackle the “8am rush”
- ….“patients know on the day how their request will be handled, based on clinical need and continuing to respect their preference for a call, face-to-face appointment, or online message.”
- Empower patients
- ‘Bureaucracy Busting Concordat’
- Employ 26,000 more direct patient care staff and deliver 50 million more appointments by March 2024

# First Contact Physiotherapy for Musculoskeletal Disorders in Primary Care: The FRONTIER Study

Nicola Walsh, Alice Berry, Serena Halls, Rachel Thomas, Hannah Stott, Cathy Liddiard, Zoe Anchors, Fiona Cramp, Margaret Cupples, Peter Williams, Heather Gage, Dan Jackson, Paula Kersten, Dave Foster & Justin Jagosh

# Background

- First Contact Physiotherapists (FCPs) are located within primary care general practice
- FCPs assess, diagnose and manage patients with musculoskeletal disorders (MSKDs), without the requirement for a prior GP consultation. May have injecting and prescribing capabilities.
- The Long-Term Plan for England states everyone will have access to an FCP by 2024
- Implementation was driven by reducing GP numbers and increasing demand
  - Assist with GP workload
  - Expedite access to expert MSK advice to improve patient outcomes
  - Make better use of healthcare resource

# Study Overview

- Realist evaluation of effectiveness and costs (what works, for whom, in what circumstances and how?)
- Four phases:
  - P1: Survey of current practice
  - P2: Realist synthesis to identify 'theories' as to how FCP may work in practice
  - P3: Survey and interviews with FCPs regarding the impact of remote consultations
  - **P4: Mixed methods UK-wide evaluation of FCP-led compared to GP-led models**
    - provide optimal patient management and show meaningful patient benefit
    - relieve GP workload pressure
    - promote better use of healthcare resources
    - positively impact on whole systems MSK practice

# Participants and Outcomes

- N=424 patient participants over 6 months (0, 3 and 6 months)
- Three arms:
  - FCP(St) (n=15 sites); FCP **without additional qualifications** to inject/prescribe
  - FCP(AQ) (n=18 sites); FCP **with additional qualifications** to inject/prescribe
  - GP (n=13 sites); GP-led **without any FCP** provision
- Primary outcome measure SF36-PCS
- Health economics (CSRI)

- Interviews with n=80 patients and primary care staff

# Headline Results

- **Provide Optimal Patient Management and meaningful patient benefit**
  - Non-inferiority analysis showed the primary outcome at 6-months is not significantly different between groups (p=0.667) (approx. 65% improved across groups)
  - At three months a significantly greater proportion of patients have improved having seen the FCPs compared with the GP (p=0.037)
  - Higher proportions of patients were managed with opioid derivatives in the GP-led model compared to FCP led models
  - Patients in FCP-led models of care had significantly fewer lost productivity days (p=0.019) compared to GP-led consultees

# Headline Results

- **Relieve GP workload pressure**
  - No evidence to directly suggest pressure is relieved
  - Increase in GP caseload complexity
  - Additional burden from managing larger teams and staff mentorship

# Headline Results

- **Promote better use of healthcare resources**
  - Median healthcare consultation and resource costs
    - GP = £105.50/patient
    - FCP(St) = £41.00/patient
    - FCP(AQ) = £44.00/patient

- No obvious benefits of the FCP(AQ) role compared with the FCP(St) role

- Clear cost-minimisation benefit of FCP-led models of care compared to a GP-led model

# Headline Results

- **Positively impact on whole systems MSK practice**
  - Careful consideration required to ensure physiotherapy provision is retained throughout the pathway
  - Central provider provision may provide an improved employment model
  - Flexibility in FCP approach necessary

# Summary

- FCP provides a clinically effective, safe and cost-beneficial model for managing MSKDs in primary care
- Both FCP(St) and FCP(AQ) models provide equal benefits; there is no obvious benefit to FCPs having prescription and injection competencies
- The impact on GP workload needs continued monitoring, and primary care management structures may need re-configuration (other non-medical staff managing across disciplines)

# Acknowledgements


- The authors would like to thank all study participants

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Presented by:
**Sarah Voss**
**Professor of Emergency Care**

12 June 2023

# A realist evaluation of paramedics working in general practice:

## An assessment of clinical and cost effectiveness

# READY paramedics team


Prof Sarah Voss, University of the West of England
Dr Matthew Booker, University of Bristol
Dr Justin Jagosh, University of the West of England
Prof Jonathan Benger, University of the West of England
Prof Sarah Purdy, University of Bristol
Dr Hannah Stott, University of the West of England
Dr Trudy Goodenough, University of the West of England
Dr Behnaz Schofield, University of the West of England
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Dr Nicky Harris, University of the West of England
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Dr Kirsty Garfield, University of Bristol
Dr Nouf Jeynes, University of Bristol
Dr Grace Scrimgeour, University of Bristol
Dr Helen Baxter, University of Bristol
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Patient and public partners, Bristol



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The views expressed are those of the author(s) and not necessarily those of the NIHR or the Department of Health and Social Care.

# Case study sites and model classification

34 case study sites (GP surgeries): 25 PGP and 9 non-PGP

Each PGP site classified: Paramedic integration and patient complexity

| | Patient Complexity (number of practices) | | | |
|---|---|---|---|---|
| | Low | Medium | High | **Total** |
| **Integration level** | | | | |
| **Low** | 4 | 5 | 4 | **13** |
| **Medium** | 2 | 2 | 2 | **6** |
| **High** | 3 | 1 | 2 | **6** |
| **Total** | **9** | **8** | **8** | |

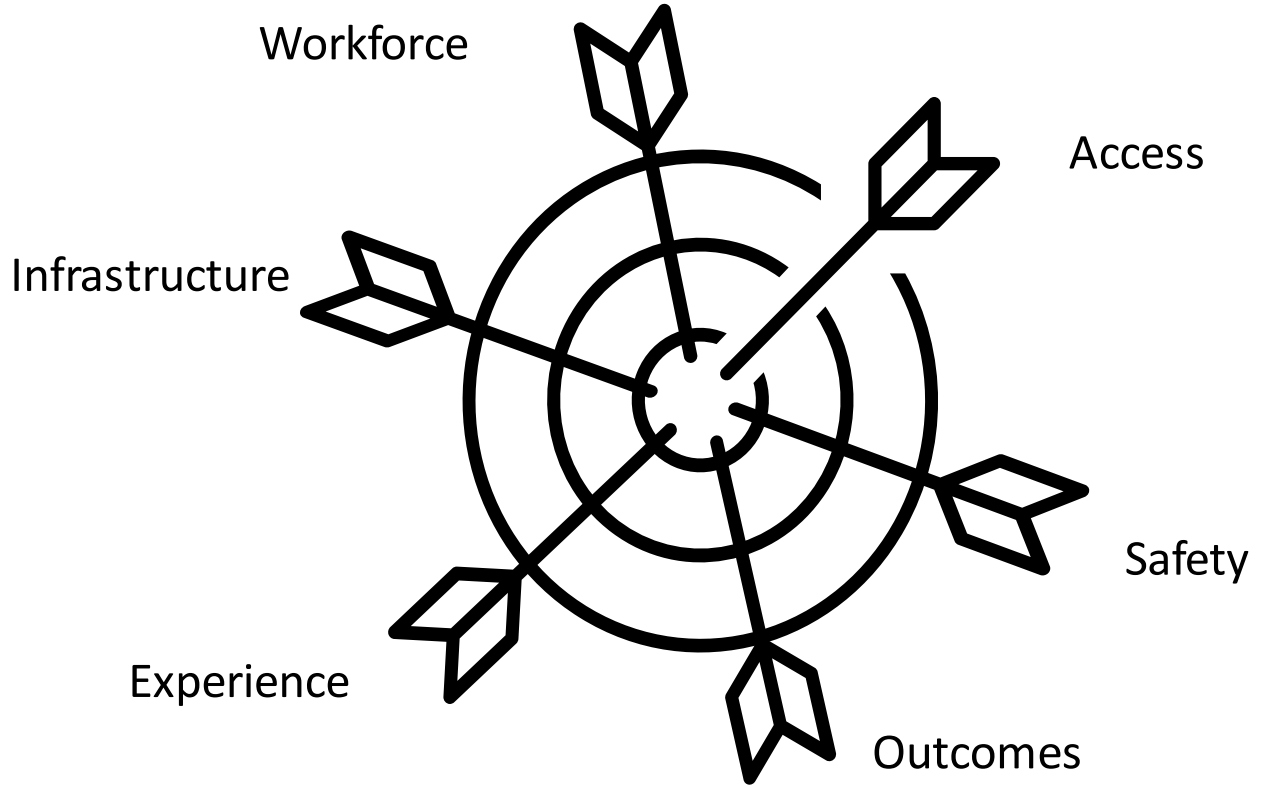
# Data collection

**Qualitative realist interviews with staff and patients**:
11 PGP sites and 3 non-PGP sites: 69 interviews (64 PGP)

**Prospective patient data:**
All sites:
Patient reported outcomes, healthcare use and costs in the 30 days following primary care consultations led by paramedics (PGPs) or GPs.
(716 eligible participants recruited, 489 completed follow-up).

**Retrospective patient data:**
10 of 34 case study sites:
Medical record data exploring healthcare use and NHS costs in the 30 days following consultations (n=22,509) led by paramedics (PGP) or GPs.

# Qualitative findings: Theory areas

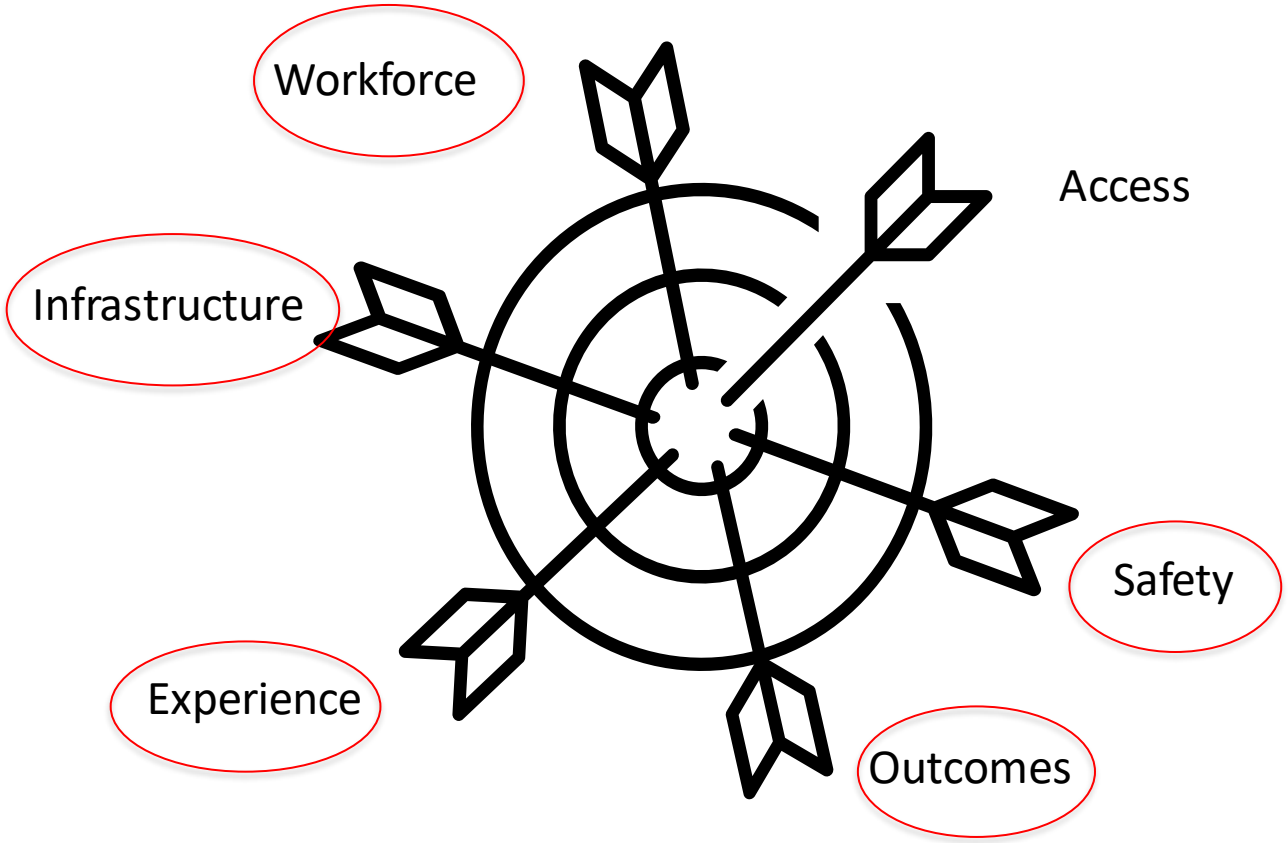


# Improved access with PGP

**Patients:**
Rapid access to healthcare for reassurance, treatment or onward referral, and the psychological benefits of knowing that they will be seen, helps patients to view the paramedic service favourably, so patients find it acceptable to see a paramedic rather than a GP.

**Practice:**
Availability of additional appointment capacity eases pressure on practice staff (receptionists, GPs, and others) and allows delegation of tasks, allowing better use of their specialist skills.

# Potential consequences…



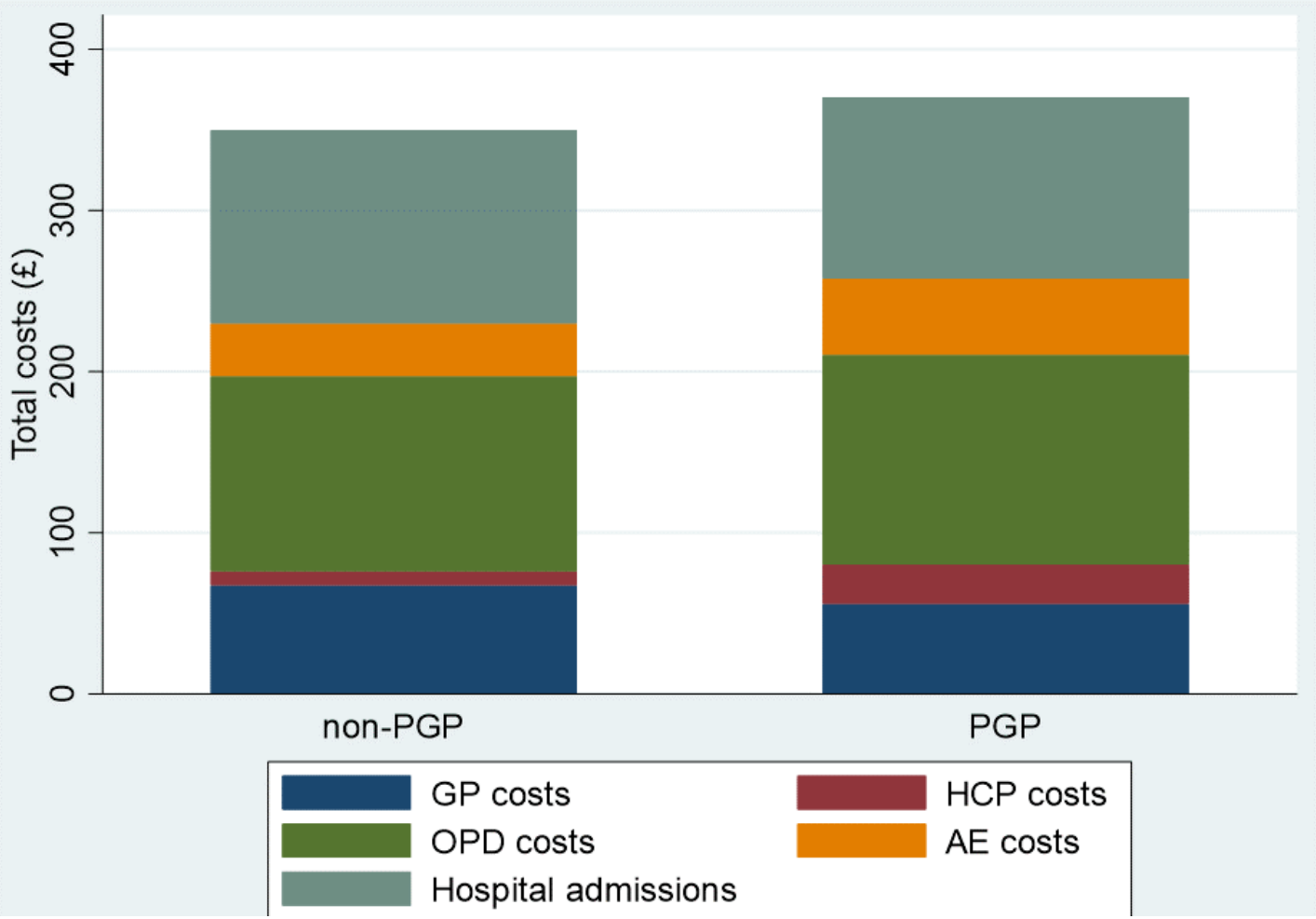
# Costs of PGP consultation

PROVISIONAL FINDINGS

| Cost component | GP | Paramedic |
|---|---|---|
| Salary and oncosts | £145,862 | £62,578 |
| Working hours pa | 1739 | 1553 |
| Proportion of time in face-to-face consultations | 0.61 | 0.61 |
| Surgery consultation mins | 9.22 | 12.53 |
| **Excluding overheads & qualifications** | | |
| Cost per surgery consultation | £21 | £14 |

# Prospective data: health care costs

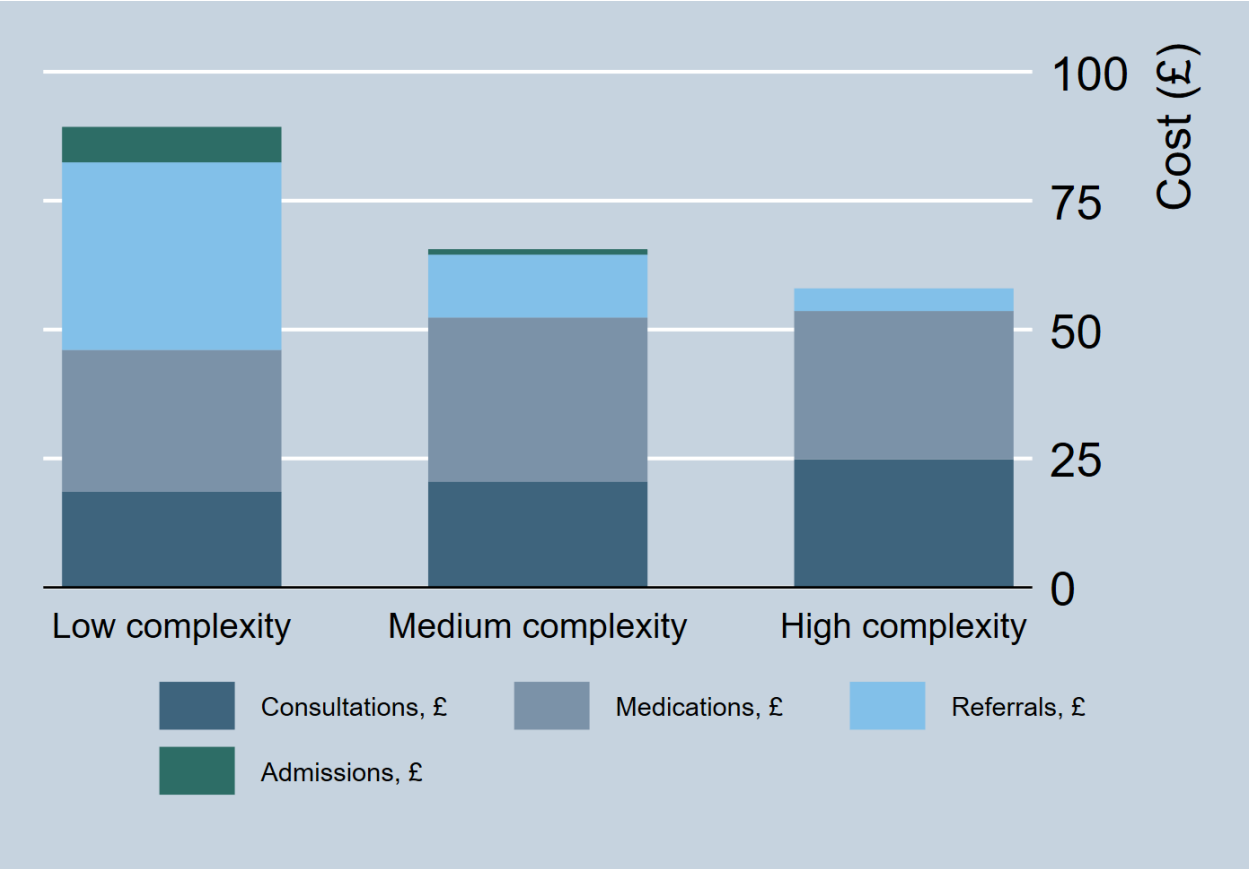
PROVISIONAL FINDINGS




- The total costs were slightly higher in PGP (£392.4/pt) compared to non-PGP sites (£368.6/patient).
- Costs excluded prescription costs.
- Data suggests PGP sites had a slightly higher number of prescriptions than non-PGP sites (1.7 vs 1.5 medications per patient).

# Retrospective data: PGPs working with lower complexity patients have higher costs

PROVISIONAL FINDINGS



UWE Bristol | University of the West of England

12 June 2023

# Evaluation of the Additional Roles Reimbursement Scheme

Dr Zoe Anchors

# Additional Roles Reimbursement Scheme (ARRS)

- Primary Care: Greater Demand + Insufficient GPs + Increased Patient Requirements
- ARRS to recruit 26,000 additional staff into general practice by 2024. It is expected to:
  - impact the rising demand of primary care delivery
  - expediate patient access
  - provide an advanced career pathway for non-GP practitioners
- Limited evidence base on the effectiveness of the scheme

**Objective: Identify key enablers and challenges of the scheme**

# Roles

- Clinical Pharmacists
- Pharmacy Technicians
- First Contact Physiotherapists
- Physician Associates
- Community Paramedics
- Dieticians
- Podiatrists
- Nursing Associates
- Occupational Therapists
- Care co-ordinators
- Social Prescribing Link Workers
- Health and well-being coaches
- GP Assistants*
- Digital Transformation Leads*
- Advanced clinical practitioner nurses**

* from November 2022
**2023/2024

# Interview Participants (n = 37)

Across all 3 ICSs:

| | n | | n |
|---|---|---|---|
| PCN Directors | 9 | ARRS Project Manager | 1 |
| Workforce leads | 7 | Clinical Pharmacist | 1 |
| Community Paramedics | 4 | Health & Wellbeing Coach | 1 |
| Pharmacy Technicians | 4 | Mental Health Practitioner | 1 |
| Social Prescribers | 3 | Practice manager | 1 |
| Care co-ordinators | 2 | Business manager | 1 |
| First Contact Physiotherapists | 2 | | |

Analysis: Framework Analysis Method

# Successes and enablers

**Most felt valued**

**(but measuring impact difficult)**

*I think our GPs are **still massively worked**, the workload is still huge. I suppose they [GPs] do **reflect** how they would cope if they didn't have some of these roles with the increased work.*

**Maximise impact:**

Multiple roles

Scope coherence/creep

*We're not a nurse, we're not a doctor, we're not admin, and they don't really know where we fit in.*

**Training hubs demystifying roadmaps**

*I don't think you can undervalue the role that the training hub could play, and do play.*

# Challenges


| | |
|---|---|
| Scheme inflexibility | *It is that **lack of flexibility** really that stops us using all our money, which seems a shame because it's just going back in some central pot.* |
| Lack of supervision and career progression | *You don't keep pharmacists for two minutes. As soon as they finish the pathway, they're gone.* |
| Poor infrastructure and integration | *I don't have a designated desk, or a designated drawer or even a designated pen.* |
| Unintended consequences:<br>Secondary systems<br>Existing primary care staff | *I think [practice staff] feel that the ARRS roles get priority from the government.* |

# Currently

- Rapid insights guides for implementation guidance

- UoB collaboration
  - PCN workforce, GP workforce and General Practice Patient Survey data on patient journeys: ARRS numbers, referral numbers, patients seen, outcomes (where possible).

# Acknowledgments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- Theresa Redaniel
- Chris Penfold

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# The Patient Perspective


## Helen Baxter
## Jean Palmer
## & Sue Geary


Q1) As a patient, how do you feel about the system described earlier in the session where you may be navigated to see someone other than a GP, when calling your primary care practice?

# Q2) Which health care professionals other than a GP do you feel might be able to help you for primary care?

Q3) Do you feel that in all cases seeing a GP would be the patient's choice, or do you feel other professionals may have other skills and perspectives to offer?

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The next webinar in the series is in September and will be hosted by our Domestic and Sexual Violence and Health Research Group. Details to be announced.