

Specific Question:

In an adult population presenting with musculoskeletal pain in Primary care, does the provision of Musculoskeletal First Contact Practitioners (FCP) increase patient satisfaction and improve outcomes (pain and function) when compared to usual care?

Clinical bottom line

A robust national service evaluation of musculoskeletal First Contact Practitioners (FCP) suggests they are effective in improving musculoskeletal outcomes and patient satisfaction rates are high.

There are currently no trials comparing FCPs against the usual standard of care in Primary care and no trial exploring cost effectiveness therefore comparisons cannot be drawn.

Why is this important?

Musculoskeletal (MSK) conditions are estimated to utilise around 30% of all General Practitioner (GP) appointments. In April 2020 NHS England expanded the additional roles reimbursement scheme to include FCPs, to help manage MSK health in Primary care.

MSK FCP are advanced clinical specialists, mainly from a physiotherapy background. They are able to autonomously manage caseloads of MSK patients, provide specialist MSK knowledge at the beginning of patient’s Primary care journey, ensuring the right professional is seen first time, without GP involvement, therefore reducing GP workload.

Search timeframe 2012-2022

Inclusion Criteria

	Description	Search terms
Population and Setting	Any adult consulting with a musculoskeletal problem in primary care	Adults Over 18's Primary care General practice

Getting Evidence into Clinical Practice:
 Research Facilitation Group – Critically Appraised Topic (CAT) Group
 Date:

Intervention or Exposure	Being assessed and managed by an MSK First contact practitioner	"FCP" or " First contact practitioner" or " First contact physiotherapist*" or " MSK practitioner" or " MSK specialist" or "Musculoskeletal practitioner" or "Musculoskeletal specialist" or " Advanced physio practitioner" or " Extended scope practitioner" or " Extended scope physio*" AND #Musculoskeletal or musculoskeletal
Comparison, if any	Seeing a GP or Advanced Nurse Practitioner within a GP practise	"Normal care" or "Usual care" or "GP" or "General Practitioner" or #Advanced Nurse Practitioner"
Outcomes of interest e	Patient satisfaction Reduced pain Improved function Return to work, Improved quality of life Reduced analgesia Use of imaging Appropriate onward referrals	#Patient satisfaction" or #Pain or Function or #Return to work" or "fit note" or "time off work" or sickness or "Quality of life" or imaging or "X-ray" or ultrasound or "MRI" or " blood test " or Analgesia or prescriptions or medication "Onward referrals" or "Orthopaedic referral"
Types of studies	RCT's, SR, service evaluations	

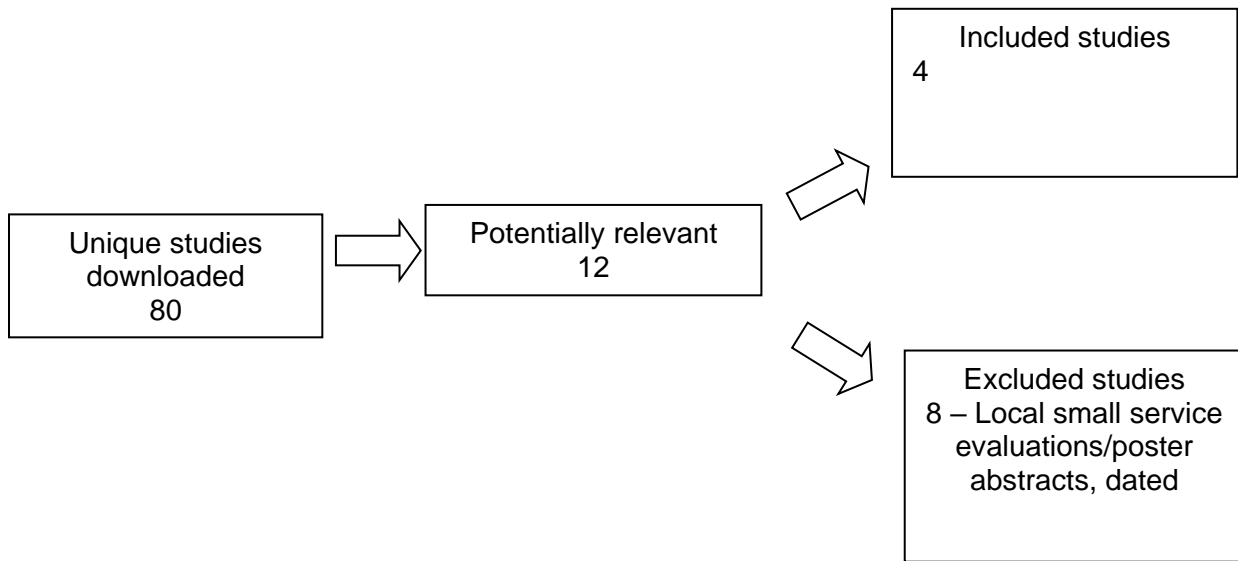
Getting Evidence into Clinical Practice:
Research Facilitation Group – Critically Appraised Topic (CAT) Group
Date:

Routine Databases Searched

Clinical Knowledge Summaries, PEDro, BMJ Updates, Clinical Evidence, TRIP, Database, NICE, HTA, Bandolier, The Cochrane Library, Medline, Cinahl, Embase, PsycInfo, Professional websites. Joanna Briggs Institute, Web of science, Sports discus and Pub med

Date of search- 16/12/2021.

Results of the search



Getting Evidence into Clinical Practice:
 Research Facilitation Group – Critically Appraised Topic (CAT) Group
 Date:

Table 1- Detail of included studies

First author, year and type of study	Population and setting	Intervention or exposure tested	Study results	Assessment of quality and comments
<p>Stynes 2021 Evaluation of FCP model of primary care,</p>	<p>24 month service evaluation involving 40 FCP sites and 240 FCPs across England working in Primary care</p>	<p>An online platform collected patient-reported experience and outcomes following the FCP consultation and at 1, 2 and 3/12 follow-up. These included the Keele STarT MSK tool, pain intensity (0-10 NRS), Musculoskeletal Health Questionnaire (MSK-HQ) and friends and family test. Aims to evaluate against 6 pre agreed service aims and success criteria, describe the characteristics of patients who access an FCP and describe patients experiences of and outcomes of seeking care form an FCP.</p>	<p>680 patients completed a questionnaire. Authors report the quantitative findings from the FCP National evaluation (phase 3). Reports on 6 out of the 12 quantitative online data collection. 5 out of 6 success criteria were met, the 1 that wasn't met was receiving specific work advice for those in work (only 29% of patients did). FCP acceptability was very high, 93% and 98% reporting receiving sufficient information about their condition and self-care and 98% reported having confidence in their FCP. There were improved global changes in MSK symptoms at 1/12 (58%) and 3/12 (64%). 80% of patients did not consult with a GP after seeing the FCP. Generally those that access self-referral services are slightly younger, more educated and better socio-economic status with shorter duration of symptoms. Discussion as to whether those that saw the GP were more complex and more likely to require a fit note. Positive outcomes and patients who filled out the</p>	<p>A large sample size over 2 years. Authors consider population and analyse how this may effect results/limitations. Clear objectives which were met using correct methodology. This paper looks at only FCP data and cannot therefore be compared against usual care (GP/ANP). A very well written service evaluation.</p>

Getting Evidence into Clinical Practice:
 Research Facilitation Group – Critically Appraised Topic (CAT) Group
 Date:

<p>Wood 2021 Patient satisfaction results from National evaluation by Stynes.</p>	<p>See above. UK Primary Care</p>	<p>As above</p> <p>This comments on free-text responses to the family and friends test, reasons for consulting another health care professional and general comments.</p>	<p>questionnaires reported reduced pain, better MSK-HQ and patient satisfaction was high but nothing to compare against.</p> <p>Thematic analysis of free text found that: FCPs had good communication skills, patients liked the demeanour of FCPs, the treatment and diagnosis provided by FCPS, the efficiency of the FCP service, and found they had an improved experience compared to traditional GP model. Patients liked seeing an MSK specialist in primary care. More negative comments were only 4% of all comments and were regarding a delay in referrals on (which would be the same as seeing a GP as this fell with administration), persistent pain, and wishing for FCP follow up and not being 'allowed' anymore. 96% of comments were perceived as positive.</p>	<p>Thematic analysis of patient's free texts allowed the authors to explore patient's thoughts on the FCP service, using appropriate methodology using quantitative and qualitative data to allow researchers to gather information about why patients presented to other health care professionals, patient satisfaction and general comments. Compliments Stynes work to complete the full picture. Only 24% completed initial questionnaire and 54% completed 3/12 so not great</p>
---	---------------------------------------	---	--	--

Getting Evidence into Clinical Practice:
 Research Facilitation Group – Critically Appraised Topic (CAT) Group
 Date:

<p>Goodwin 2021 Evaluation of the FCP model of primary care: Qualitative findings</p>	<p>24 month service evaluation. Data was collected at 2 time points, year 1 and year 2, from 6 sites. 39 participants were recruited, including 14 patients.</p>	<p>Individual interviews and focus groups, which were then transcribed verbatim and analysed.</p>	<p>Aims to evaluate against 6 service aims and success criteria (the opposing 6 to those looked at in Stynes paper), to describe the experiences of FCPs, GPs and general practise staff, describe the role of the FCPs in providing advice about work, identify barriers to, and facilitators for the successful implementation of the FCP model of care and provide recommendations for the scalability and successful implementation of the FCP model of care. Small numbers of all groups – only 14 patients, 8 GPs, 10 FCPS and 6 practise/admin staff.</p> <p>All patients reported satisfaction with FCP services. GPs satisfied with FCP's and their expertise. Patients very satisfied with both speed and ease of access. Success was met in all 6 service aims. All participants saw the</p>	<p>numbers initially. But again, unable to draw comparative conclusion vs to usual care.</p> <p>Looking at the 6 sites, all employed different levels of FCPs, for different number of days/number of clinics offered and employed for varying lengths of time. All the FCP's had some advanced practice skills (non-medical prescribers and most could inject/order imaging) which is not representative of all FCP's so the findings are not necessarily representative of all FCP's with less experience. Small numbers of all groups.</p>
---	--	---	--	---

Getting Evidence into Clinical Practice:
 Research Facilitation Group – Critically Appraised Topic (CAT) Group
 Date:

<p>Downie 2019 2 year service evaluation of UK primary care data</p>	<p>Adults presenting to an ESP FCP in 2 GP practises in Forth Valley, UK, with MSK conditions</p>	<p>Analysis of 2 years data of patient outcomes (including outcomes of appointments, GP support, capacity of the service, referral rates to physio and orthopaedics, number of injections and outcomes form ortho referrals) and Patient experience questionnaires</p>	<p>benefit of the FCP having greater role in for FCPs in providing work advice including signing people off, and back to work.</p> <p>417 patient's data was analysed. 60% were managed with self- management, and 87% stayed within primary care. Referrals to orthopaedics was considerably reduced from by the FCP and 85% of any ortho referral was deemed appropriate. Only 1% of patients were asked to be reviewed by a GP.</p>	<p>The FCPs were ESPs/APP so were competent to inject, request imaging and often NMP. This isn't comparable to all FCPs. No medical notes were reviewed to see if any serious diagnoses could have been missed so cannot comment on safety. No comparison has been made on cost effectiveness of GP vs ESP.</p>
--	---	--	--	---

Summary

There are a small number of service evaluations that look at patient satisfaction and outcome measures after seeing an FCP in Primary care. This research is all positive and there is a common theme of high patient satisfaction, high acceptability, patients feel they receive good, sufficient information about their condition and self-care and demonstrate having confidence in their FCP. However, none of the evaluations compare FCP care to usual care so comparative conclusions cannot be drawn.

MSK First Contact Practitioner can be effective in improving outcomes in MSK care and are highly acceptable to patients. There is no current research looking into safety or cost effectiveness of an FCP versus usual care.

Implications for Practice/research

In order to capture data locally, FCPs are completing a clinic spreadsheet to capture key information, as well as piloting an EMIS FCP template. Also patient satisfaction questionnaires are being gathered with free text for patients to express their views and experiences. This information will allow for ongoing service evaluation. FCPs are meeting regularly to support each other within a Community of Practice and an FCP supervisor post has been created to allow links with National NHS teams to discuss future developments and support the Health Education England implementation of FCP Roadmap to Practice accreditation.

To evaluate safety and cost effectiveness of using an MSK FCP in Primary care, a good quality study is needed.

What would you tweet? (140 characters)

A robust national service evaluation suggests that FCPs can improve outcomes and patient rate them highly. Further evaluations of the FCP role may assist in demonstrating their additional value.

References

[Evaluation of the First Contact Physiotherapy \(FCP\) model of primary care: patient characteristics and outcomes](#)

CAT Lead: Elizabeth Hallam
Email: Elizabeth.hallam@mpft.nhs.uk

Date CAT completed: 13/04/2022
Review date 2024

Getting Evidence into Clinical Practice:
Research Facilitation Group – Critically Appraised Topic (CAT) Group
Date:

Physiotherapy. 2021 Dec;113:199-208. doi: 10.1016/j.physio.2021.08.002. Epub 2021 Aug 6.

Stynes S, Jordan K, Hill J, Wynne-Jones G, Cottrell E, Foster N, Goodwin R, Bishop A

Evaluation of the First Contact Physiotherapy (FCP) model of primary care: a qualitative insight.

Author(s): Goodwin R; Moffatt, F.; Hendrick, P.; Stynes, S.; Bishop, A.; Logan, P.

Source: Physiotherapy; Dec 2021; vol. 113 ; p. 209-216

Patient satisfaction with the first contact physiotherapy service: Results from the national evaluation survey

Author(s): Wood L.; Bishop A.; Stynes S.; Goodwin R.

Source: Musculoskeletal Care; 2021

Physiotherapist as an alternative to a GP for musculoskeletal conditions: a 2-year service evaluation of UK primary care data.

Author(s): Downie ; McRitchie, Catherine; Monteith, Wendy; Turner, Helen

Source: British Journal of General Practice; May 2019; vol. 69 (no. 682)