

Specific Question:

Do physiotherapy telephone consultations for adult patients with musculoskeletal conditions affect patient satisfaction, condition specific outcomes and health utilisation?

Clinical bottom line

A large, high quality RCT, with a nested qualitative study shows that providing physiotherapy via PhysioDirect is equally clinically effective for patients' physical health outcomes compared with usual waiting list-based physiotherapy care. PhysioDirect (a system of initial telephone based assessment and advice with option for further telephone and face to face sessions) results in faster access to physiotherapy assessment and advice, appears to be safe and is broadly acceptable to patients and physiotherapists. PhysioDirect did not lead to higher patient satisfaction with access to physiotherapy, than usual care.

Why is this important?

Telephone triage and telephone consultations are becoming more popular in musculoskeletal physiotherapy services to tackle the problem in the NHS of timely access to physiotherapy assessment and treatment. There was a lack of evidence about health outcomes or costs, and little evidence about waiting times or patient satisfaction to answer this CAT question in 2006.

Search timeframe (e.g. 2006-2016)

Inclusion Criteria

	Description	Search terms
Population and Setting	Adults Primary care Musculoskeletal conditions	Musculoskeletal diseases (musculoskeletal OR orthopaedic) Primary care
Intervention or Exposure	Telephone consultations Telephone triage	Telephone information services Telephone consultation Remote consultation (hotlines OR telephones OR advice OR triage)
Comparison, if any	Face to face physiotherapy appointments Usual care	Physical therapy physiotherapy* OR physical therapy results
Outcomes of interest	Patient	Patient satisfaction

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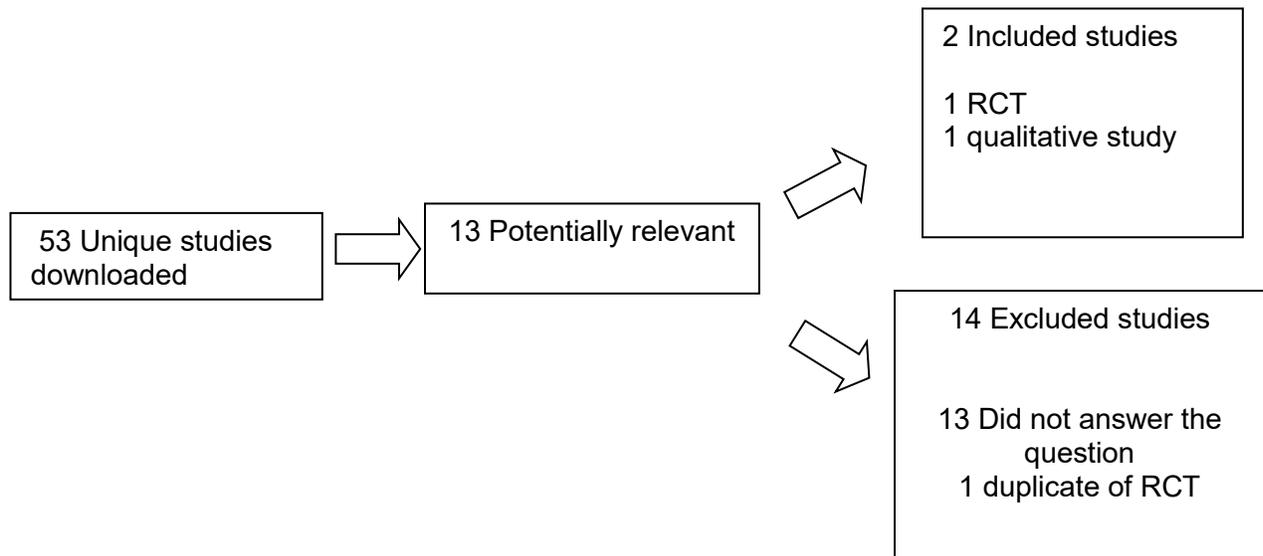
	satisfaction Function Health utilisation	Treatment outcomes Health resource utilisation (GP consultations OR outcomes)
Types of studies	Systematic reviews, Randomised Controlled Trials, Qualitative studies	

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 discuss and Pub med

Date of search- 04/08/2016

Results of the search



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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
C Salisbury 2013 RCT	<p>Adults (aged 18+)</p> <p>GP referred or self-referred for musculoskeletal (MSK) physiotherapy from 94 GP practices covering a wide range of geographical area and a broad MSK patient population.</p> <p>Four community physiotherapy services in England.</p>	<p>A comparison of different care pathways.</p> <p>PhysioDirect:</p> <ul style="list-style-type: none"> • Participants telephoned a physiotherapist for initial assessment and advice, supported by computerised assessment templates • Assessment of whether patient needs face-to-face treatment and how urgently • Written self-management advice /exercises posted • Patients not improving phone back and can be seen face-to-face if necessary <p>Usual care: Participants joined the service's waiting list for</p>	<p>2256 patients recruited.</p> <p>1506 patients were allocated to PhysioDirect and 743 to usual care.</p> <p>47% of PhysioDirect patients were managed completely over the telephone without subsequent face to face care</p> <p>PhysioDirect lead to much faster access to physiotherapy assessment and advice (mean 7 days) compared to usual care (mean 34 days)</p> <p>PhysioDirect and usual care were equivalent in terms of the primary outcome of patient reported physical health using the SF-36v2 physical component score at six weeks and at the primary time point at six months' follow-up.</p> <p>Some evidence was found of slightly</p>	<p><u>Strengths:</u></p> <p>Large, high quality pragmatic RCT</p> <p>Patients with a wide range of MSK problems based in diverse locations</p> <p>Real-life implementation of PhysioDirect</p> <p><u>Limitations:</u></p> <p>Only 50% of eligible patients consented to take part in the RCT</p> <p>Economic analysis was affected by a new PhysioDirect service set up under specific RCT conditions.</p> <p>Physiotherapists were were underutilised in</p>

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		<p>face to face physiotherapy treatment</p> <p>Participants were randomised 2:1 to PhysioDirect or usual care.</p> <p>Nested qualitative study: Semi-structured interviews with patients, physiotherapists, GPs and commissioners</p>	<p>higher satisfaction for patients in usual care than for those in PhysioDirect with regards to both satisfaction with the quality of the consultation and overall satisfaction.</p> <p>No difference was evident with regards to satisfaction with access to the service.</p> <p>PhysioDirect patients had fewer face to face appointments than usual care.</p> <p>There was no difference in time lost from work between the groups.</p> <p>No adverse events were reported.</p> <p>The direct costs of physiotherapy were slightly greater in the PhysioDirect arm but based on more effective operation of PhysioDirect after the trial ended this suggests that it would be slightly less expensive than usual care in routine practice.</p>	<p>the PhysioDirect service in the RCT (this could be different in routine practice).</p> <p>PhysioDirect patients were more likely than usual care patients to prefer PhysioDirect in future.</p>
Pearson J 2016 Qualitative study	Adults who participated in the	57 semi-structured interviews to explore patients and clinicians experiences and	PhysioDirect was largely viewed as acceptable	Good sampling to ensure a breadth of age, gender, NHS

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	<p>'PhysioDirect' RCT</p>	<p>acceptability of the PhysioDirect service</p> <p>9 Usual care participants were interviewed in order to facilitate comparisons with the PhysioDirect service</p> <p>Interviews lasted on average 43 minutes The Framework method was used to analyse the qualitative data</p>	<p>Some participants saw PhysioDirect as a first step to access face-to-face physiotherapy</p> <p>Patients spoke of trade-offs between acceptable and less acceptable features of the PhysioDirect service.</p> <p>Most patients found accessing PhysioDirect straightforward, helpful and valued the faster access to physiotherapy assessment and advice.</p> <p>However, some patients found it impersonal and felt it impaired the relationship with the physiotherapist which made the service less valuable.</p>	<p>trust and site of MSK complaint.</p> <p>Slightly more women than men</p> <p>Thematic saturation achieved</p> <p>Iterative informed topic guide used developed by the study team</p>
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Summary

With respect to patient outcomes at six weeks and six months, PhysioDirect is equivalent to usual physiotherapy care in terms of patients' clinical outcomes. PhysioDirect provides faster access to advice and care and appears to be safe. It is broadly acceptable to patients, but does not lead to increased patient satisfaction, instead there are trade-offs between the service offering faster access to physiotherapy, yet the service being perceived as more impersonal.

The cost of providing the PhysioDirect service is likely to be lower than usual physiotherapy care only if it is provided more efficiently than it was in the RCT (ie. that physiotherapist time is more fully engaged during PhysioDirect sessions).

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Date CAT to be reviewed: 2020

Implications for Practice/research

PhysioDirect is an effective, safe and acceptable option as one method of accessing physiotherapy assessment and treatment for MSK conditions. It may be offered as a choice for patients wanting rapid access to assessment and advice. Future research assessing how PhysioDirect might be used alongside direct access to NHS physiotherapy would be useful.

What would you tweet? (140 characters)

PhysioDirect (assessment/advice via phone with option for further face to face care) is as effective as usual physiotherapy care and leads to shorter waiting times.

References

Salisbury C, Foster NE, Hopper C, Bishop A, Hollinghurst S, Coast J, et al. A pragmatic randomised controlled trial of the effectiveness and cost-effectiveness of 'PhysioDirect' telephone assessment and advice services for physiotherapy. *Health Technol Assess* 2013;17(2).

<https://doi.org/10.3310/hta17020>

Salisbury C, Montgomer AA, Hollinghurst S, Hopper C, Bishop A, Franchini A, Kaur S, Coast J, Hall j, Grove S, Foster NE. Effectiveness of PhysioDirect telephone assessment and advice service for patients with musculoskeletal problems: pragmatic randomised controlled trial. *BMJ* 2013;346:f43

<https://doi.org/10.1136/bmj.f43>

Pearson J, Richardson J, Calnan M, Salisbury C, Foster N 2016 The acceptability to patients of PhysioDirect telephone assessment and advice services; a qualitative interview study. *BMC Health Services Research* 16:104

<https://doi.org/10.1186/s12913-016-1349-y>