

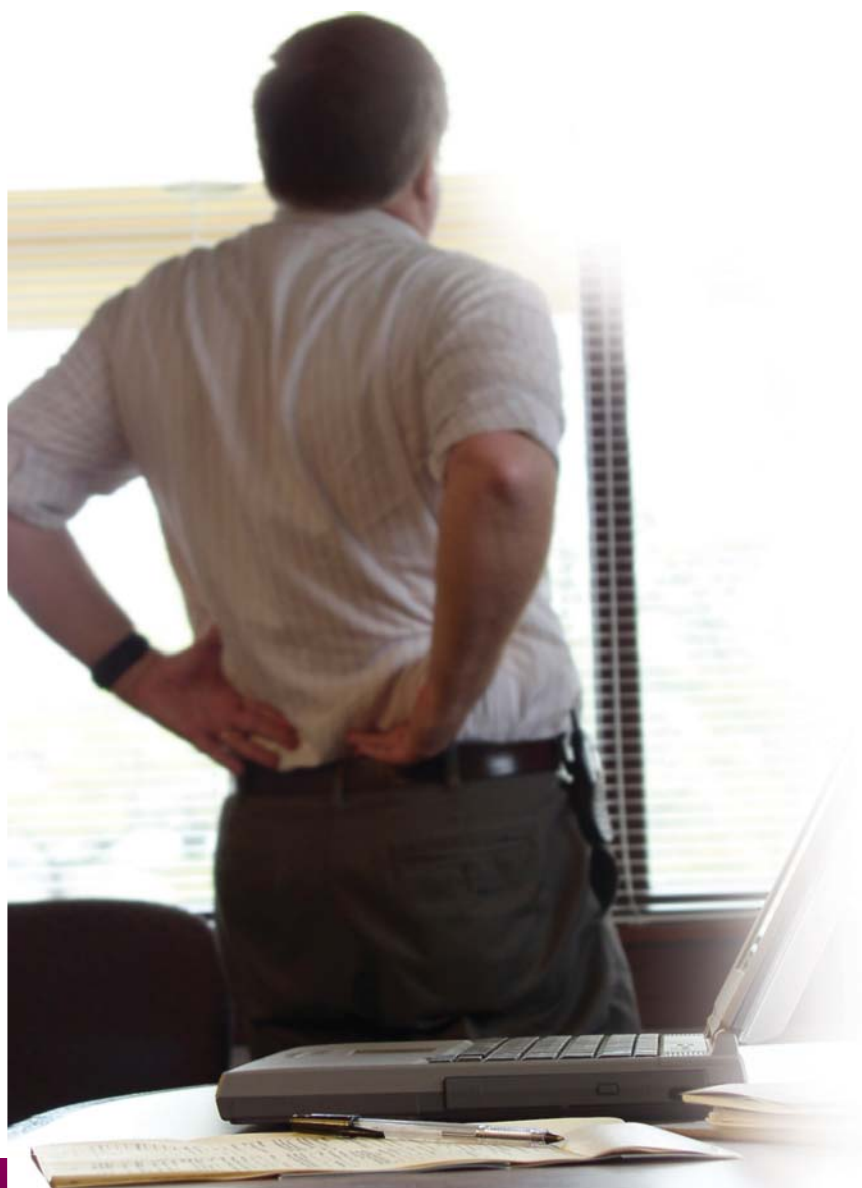


EAST LANCASHIRE HOSPITALS NHS TRUST

# PHYSIOTHERAPY SPINAL 'DROP-IN' SERVICE

## SUMMARY

The Physiotherapy Spinal Drop-in Service project was introduced in East Lancashire to improve access and quality of service for patients with low back pain, through a re-designed and enhanced physiotherapy service. Staff, patients and referrers were involved in developing new 'Drop-in' clinics. These are run by experienced physiotherapists who offer early assessment advice and reassurance. Waiting times are now minimal (as the service is not appointment based but patients are invited to 'Drop-in'), duplicate referrals and unnecessary diagnostics have been vastly reduced, and patient outcomes are good with improved productivity.





# GOOD PRACTICE CASE STUDY

East Lancashire Hospitals  
NHS Trust



## KEY OUTCOMES

- **Reduced waiting times:** patients are able access the Drop-in on any of the 5 sites after visiting the GP at their convenience
- **More patients successfully managed:** Based on an audit of 856 patients 90% were successfully managed within physiotherapy: 5% referred to Musculoskeletal services, 4% back to GP and 1% to other services
- **Reduced diagnostic requirements:** Current evidence indicates that only 3% of patients accessing the service require diagnostics
- **Productivity Gain:** From the data collected so far we estimate that the Spinal Drop-in service has generated a productivity gain of 9% whilst reducing waiting times and improving patient experience
- **Physiotherapy input reduced:** Of the 3,420 patients who accessed the service in the first year, 10% needed initial advice only, 16% attended back advisory group sessions (BAS), 61% progressed to individual treatment and 13% attended BAS but then went on to individual treatment. Physiotherapy input was therefore reduced for 26% of these patients. The number of sessions required for follow-up, duplicate referrals will be more widely realised following the decision to roll the model out across the whole health economy
- **Cost savings £24,000:** The average physiotherapy input per patient was 12.5% less for the Drop-in patients compared with our usual outpatient physiotherapy service (which consists of individual treatment with a new to follow-up ratio of 1:3) The skill-mix is currently higher in the Drop-in service so the actual cost reduction is approximately 9%. This reduction in costs over the year saved the equivalent of £24,000. As the spinal Drop-in service develops and spreads, these savings will increase'
- **Improved staff job satisfaction:** At debriefing sessions staff reported improved job satisfaction for staff as patients improve quicker and require less follow-up sessions for treatment
- **NW Health & Social Care Award:** The success of the project has been formally recognised with the announcement of the Spinal Drop-in service as winner of the North West Regional Health and Social Care Awards for the Improving Services category. To see the awards follow this link <http://hscnhsnorthwest.wordpress.com/>

## BACKGROUND AND CONTEXT

The new spinal 'Drop'-in' clinics are an innovative way of improving quality by addressing the following issues, which were identified within existing physiotherapy services:-

- Services traditionally run by taking written referrals and booking individual appointments within general physiotherapy clinics. There were long waiting times (up to 20 weeks), and no clear patient pathway.
- Some GPs avoided the wait for physiotherapy by referring to specialist Musculoskeletal services or to secondary care; or requested diagnostic tests to rule out serious pathology. These referrals were often unnecessary and wasted patients' and clinician's time.
- Physiotherapy assessment was previously undertaken by generic outpatient physiotherapists who sometimes miscategorised patients due to a lack of information (thus delaying the correct treatment), and who could not order diagnostics (resulting in re-referral back to the GP). Some patients required immediate onward referral to specialist services, making their long wait for physiotherapy unnecessary. These issues further contributed to psychological distress, chronicity and overall cost.
- Evidence shows that during this wait, patients may remain off work, become psychologically distressed, and start to develop a chronic condition, resulting in higher costs to health and social care. (Vlaeyen, J. W. S., Linton, S., J. 2000) (van Tulder, M., Koes, K. 2004)

## WHAT WAS DONE

- The project began with a local study (Harper, L. C. 2007) which asked patients how they would like to receive Low Back Pain advice. 70% said they would prefer a Drop-in service; this was further explored in interviews.
- Key stakeholders included:
  1. Physiotherapy staff
  2. General Practitioners
  3. Specialist Musculoskeletal Services staff
  4. PCT Commissioning Managers
  5. Practice Based Commissioning Leads
  6. Practice Managers
  7. Low Back Pain patients
  8. Radiology
  9. Administrative staff
  10. Physiotherapy Patient Focus Group
- In 2008 a Spinal Working Group of key stakeholders (1-5) was established in which identified gaps, obstacles and best practice for Low Back Pain. Visits were made to national sites to explore best practice elsewhere; it was decided to introduce the Drop-in clinics



Following implementation an 'Expert Patient' delivered a presentation to staff on his and others' experience. This was a powerful motivator for staff to continue to get things right for service users.

## KEY LEARNING

- January-April 2009:** Implementation team members were identified (clinicians from physiotherapy and specialist musculoskeletal service) and Project co-ordinator appointed (existing specialist physiotherapist, at no additional cost). Project Implementation Plan (PIP) was agreed
- May - June 2009:** Initiation: Support was gained from administrative staff and physiotherapists for the new model via meetings. Numbers of clinics were identified. Diagnostic pathways between physiotherapy, the musculoskeletal service and radiology were further developed to improve the patient pathway and prevent unnecessary diagnostics
- At the pre-implementation stage members of the Physiotherapy Patient Focus Group (Public Foundation Trust members with patient experience of the physiotherapy services) took part in the pilot Drop-in clinics and provided valuable feedback on their experience. This work was used to influence the final design of the clinics
- July 2009 - January 2010:** Implementation: Initially occurred on 2 sites; a prospective audit was undertaken for the first 8 weeks to evaluate the new service, the results were shared with all stakeholders and then implemented on the 3 further sites



## SUPPORTING INFORMATION

The following resources are available as an appendix to this case study:-

- A4 Invite to a clinic
- Advertising Poster

CONTACT FOR  
FURTHER INFORMATION

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