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# Patient access to first contact practitioner physiotherapists in the UK: A national survey

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## Abstract

**Background:** First Contact Practice Physiotherapists (FCPPs) offer expert care for patients with musculoskeletal (MSK) conditions in Primary Care, usually within GP practices. This is a rapidly expanding area of practice endorsed by NHS England, the Chartered Society of Physiotherapy (CSP) and the British Medical Association (BMA). Efficient and appropriate access is important for optimising FCPP practice, but there is little published information about how patients currently access FCPP appointments.

**Objective:** To investigate how patients access FCPP appointments in General Practice.

**Design:** Cross-sectional online survey of FCPPs in the UK.

**Methods:** FCPPs were surveyed about patient access to appointments. The survey instrument was designed using Jisc Online Surveys, piloted, and then distributed via social media and professional groups to FCPPs nationwide. Descriptive statistics were used to analyse demographic and multiple-choice questions, and free text responses were analysed using quantitative content analysis.

**Results:** 193 participants completed the survey. Booking via GP Reception ( $n = 179$ ) was reported as the most common route into an FCPP appointment, closely followed by booking after seeing another clinician for the problem ( $n = 172$ ).

**Conclusion:** This research has provided clarity regarding how patients access the rapidly growing speciality of FCPP within GP practices in the UK. The role of GP Reception staff in facilitating access to FCPPs, the application of triage and the use of digital or online systems were highlighted as important elements for enabling efficient access to FCPPs by patients with MSK conditions.

## KEYWORDS

musculoskeletal, physiotherapy, primary health care

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## 1 | INTRODUCTION

In the last 6 years, the number of First Contact Practitioner Physiotherapist (FCPP) roles in the UK has increased significantly, from initial small, local pilot schemes (Salmon et al., 2017), to a commitment statement in the NHS Long Term Plan (2019) to ensure that all adults in England with a musculoskeletal (MSK) condition will have direct access to MSK First Contact Practitioners by 2023/24. The implementation of FCPP roles is also supported in Wales, Scotland, and Northern Ireland. In England, FCPPs are included in the Additional Roles Reimbursement Scheme (ARRS), which was established in 2019 to allow Primary Care Networks (PCNs) to access funding to grow additional General Practice capacity with new roles (NHS England and NHS Improvement, 2019). The NHS is under pressure with rising workload in Primary Care and difficulties maintaining the General Practitioner (GP) workforce (Hobbs et al., 2016), as well as an increasing burden of MSK conditions (Safiri et al., 2021). As expert MSK clinicians, FCPPs working in General Practice have the potential to provide effective care and a streamlined pathway for patients with MSK conditions and the model has been shown to be successful in meeting predefined service aims and success criteria (Stynes et al., 2021).

For FCPPs to provide timely care, it is important that patients with MSK conditions are efficiently directed to FCPP appointments. Without effective access methods, there may be a delay in patients receiving specialist MSK advice and treatment, as well as inefficient use of healthcare resources.

Different appointment booking processes such as 'triage at reception' and 'self-booking' were identified through a survey exploring FCPP provision across the UK (Halls et al., 2020), suggesting that there may be multiple and varied models in practice for accessing FCPP care; however, this was only one question in the survey and did not provide any further detail. A recent scoping review investigated the literature around how patients access FCPP appointments and found that there is little published evidence on this topic, and what evidence there is contains minimal description of the access routes and processes or their effectiveness (Lamb et al., 2023). There is therefore a need to investigate how patients are currently accessing FCPP appointments nationally. This study was designed to gather more detailed information directly from those working in FCPP roles across the UK. Maximising the efficiency of patient access to FCPP appointments and ensuring that services are used in the most appropriate way will deliver the intended benefits of FCPP, potentially enabling timely and effective care for patients, and increased Primary Care capacity.

## 2 | METHODS

### 2.1 | Aims and objectives

This study aimed to explore appointment access models currently used in FCPP practice in the UK.

The primary research question was

How are patients in the UK accessing FCPP appointments in General Practice?

Secondary questions were:

- What are the methods or processes by which patients access FCPP appointments?
- Which healthcare personnel play a role in FCPP access models?
- What training or guidance do healthcare personnel receive regarding directing patients to FCPP appointments?
- What are the views of FCPPs regarding how patients access FCPP appointments?

### 2.2 | Study design

This was a cross-sectional online survey. Individuals were eligible for inclusion if they were currently working as an FCPP in General Practice in the UK, and had knowledge of how patients access FCPP appointments. Participants were excluded if they were unable to complete an online survey.

### 2.3 | Ethics and governance

Ethical approval was granted by the University of Leeds Medicine and Health Ethics Review Committee (HREC 22-007 on 19th June 2023). On-line consent was gained from all participants prior to completing the survey questions. If consent was not provided, access to the survey questions was denied. All data were anonymous except for those participants who indicated they would like to be contacted regarding future research. Email addresses provided by these participants were removed and stored separately from the survey response data prior to analysis.

### 2.4 | Survey development

The development of the survey questions was informed by a review of the research literature, which revealed a paucity of research on how patients access FCPP appointments, but which did provide some indication of potential access methods (Lamb et al., 2023). The questions were formulated to answer the primary and secondary research questions. Additional questions addressed participant demographic information, for example, location and information about job role.

The survey was formatted in Jisc Online Surveys (v2) and piloted by four FCPPs known to one author in different locations around the country, to check for any issues completing it, such as ambiguity of questions or response options, or any access problems. After feedback, the wording of some questions was refined to ensure clarity. The final version of the survey is available in the supporting material, filename 'FCPP survey'.

## 2.5 | Sampling and recruitment

Non-probability sampling approaches were used to recruit FCPP survey participants, combining convenience and snowball sampling (Farrugia, 2019). Survey links were posted and publicised online, targeting FCPP and Primary Care networks. This included posting survey links on FCPP discussion and news forums on the Chartered Society of Physiotherapy's (CSP) online platform iCSP, and on FCPP groups on social media such as Facebook, LinkedIn, and Twitter. FCPPs personally known to the authors were directed to the survey and invited to share it with other FCPPs via social media. The Clinical Director of a private company providing FCPP services in multiple areas of the UK offered to share the survey link with his FCPP staff. The link was also shared in the monthly newsletter of the Primary Care Rheumatology and Musculoskeletal Medicine Society, distributed to all members, including FCPPs.

The survey link directed potential respondents to the participant information sheet and consent form. Once respondents had confirmed their eligibility and provided informed consent, they were directed to the start of the survey questions. The target sample size was 100 respondents, representing approximately 8%–10% of the UK FCPP workforce, and was considered to be an achievable target based on other recent surveys involving physiotherapists and FCPPs (Bater & Sellars, 2022; Grillo et al., 2023; Halls et al., 2020). The protocol stated that in the event of a small number of respondents, the survey would remain open for a further month, but this was not necessary due to the target number being met. The survey was open for one month, from 19th June–19th July 2023.

## 2.6 | Data analysis

Once the survey had closed, the data were downloaded into Excel (Microsoft Office 365) for analysis. View rate (following the link to the information sheet), participation rate (starting to answer the questions but not completing and submitting the answers) and completion rate (completing and submitting the answers) of the survey were recorded. Descriptive statistics were used to analyse and report the data collected by the survey tool. For demographic and multiple-choice options, frequencies were calculated. Free text responses were analysed using quantitative content analysis (Kon-dracki et al., 2002) using NVivo (version 10) and Microsoft Excel. Codes for data in open text answers were developed inductively and counts of code frequencies were recorded. One author coded all the responses, and a second author separately coded 20% of responses to check consistency. Any disagreements regarding coding were resolved by discussion between the two authors.

## 3 | RESULTS

The survey was viewed 940 times. Forty-one people started the survey but did not complete it and 193 respondents completed and submitted their responses.

## 3.1 | Respondent demographics

FCPPs from a range of geographical areas within the UK completed the survey (Figure 1).

There were 43 (24%) respondents who worked in a single GP practice and 146 (76%) working in multiple GP practice sites; two respondents did not answer this question. Of those who worked in multiple practices, the majority worked in two ( $n = 53$ ) or three ( $n = 44$ ) practices; this constituted 66% of all FCPPs working in multiple practices.

## 3.2 | Access routes into FCPP appointments

The range of access routes reported by respondents is presented in Figure 2. In the 'Other' option, three respondents reported that they personally book patients for follow-up appointments, three respondents reported telephone triage as an access route, and one reported 'via Rheumatology' as a route.

Of the 179 (90%) respondents who reported FCPP appointments being booked by reception staff, 140 (80.5%) reported that the reception staff have training or guidance for this, 11 (6.3%) reported that the staff do not have training or guidance, and 23 (13.2%) reported that they did not know.

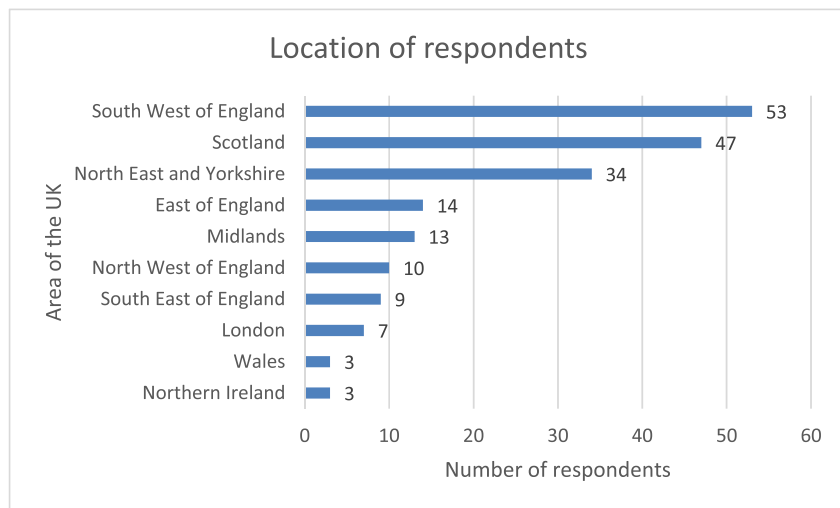
Eighty-eight percent of respondents reported that FCPP appointments were booked by GPs or other clinical staff after seeing them, that is, the FCPP appointment was not the first contact. Of these, 117 (68.8%) reported that the clinical staff have guidance regarding booking patients into FCPP appointments, 24 (14.1%) reported that the clinical staff do not have guidance, and 29 (17.1%) did not know.

## 3.3 | Training and guidance

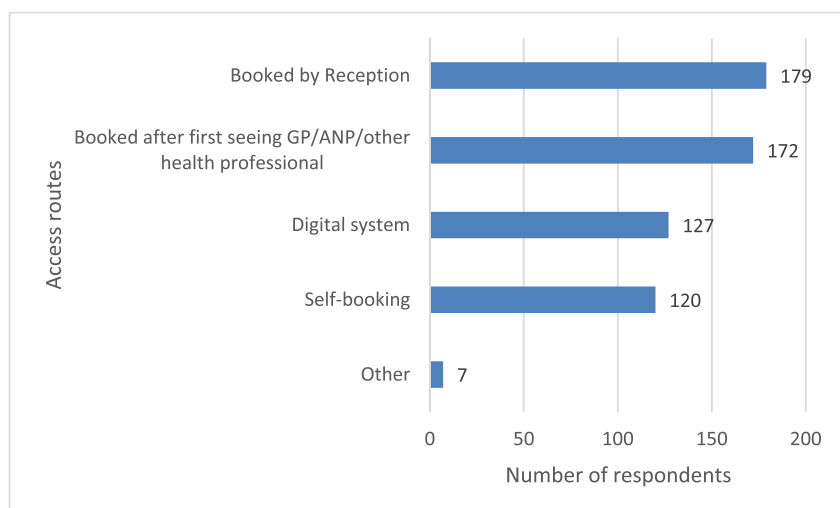
Content analysis performed on the free text questions regarding what training or guidance was provided to Reception staff and GPs/clinical staff, revealed that the main methods were written guidance, training and feedback from FCPPs. Respondents provided information regarding who delivered training/guidance, when this was delivered, what was included, and what form any written materials took (Table 1).

## 3.4 | Digital systems

A digital system was reported as an access method for FCPP appointments by 127 (66%) respondents. The most common system used was 'e-consult,' with 83 (66%) respondents reporting its use. The 'Klinik' system was reported to be used by 12 respondents (10%), the 'Patches' system by 8 (6%) respondents, the 'accurx' system by 7 (6%) respondents, and the 'askmyGP' system by 5 (4%) respondents. There were five respondents who each reported a unique system: 'Footfall', 'Direct health', 'Engage', 'Elite', and 'Ourdigitalfrontdoor'.



**FIGURE 1** Geographical location of survey respondents.



**FIGURE 2** Access routes into FCPP appointments.

One hundred and nineteen respondents provided information on which the staff triaged digital forms. The staff reported as triaging the forms from the digital system were GPs ( $n = 79$ , 66%), Clinical staff (including Advanced Nurse Practitioners and Paramedics) ( $n = 30$ , 25%), Administrative staff (ie non-clinical staff) ( $n = 24$ , 20%), FCPPs ( $n = 8$ , 7%), and Care navigators/coordinators ( $n = 4$ , 3%). Eight respondents reported that they were unsure who triaged the forms (7%). Of the 126 respondents who reported whether staff had training or guidance for triaging the digital forms, 56 (44%) reported that staff had training or guidance for this, 7 (6%) respondents reported that staff did not have training or guidance, and 63 (50%) respondents did not know.

### 3.5 | FCPPs' views on access to appointments

Respondents were asked if they felt that patients allocated to an FCPP typically attended because of an appropriate MSK problem. Forty (20.7%) respondents felt that patients always attended due to an appropriate MSK problem, 150 (77.7%) felt that patients

frequently attended due to an appropriate MSK problem, and three (1.6%) felt that patients sometimes attended due to an appropriate MSK problem. There were no respondents who felt that patients rarely or never attended the clinic because of an appropriate MSK problem.

Three (1.6%) respondents reported that patients had always attended an appointment for the problem with another practitioner before the FCPP appointment, 62 (32.1%) reported that patients frequently had, 101 (52.3%) reported that patients sometimes had, and 27 (14%) reported that patients rarely had. There were no respondents who reported that patients had never attended an appointment with another practitioner before being allocated to an FCPP appointment.

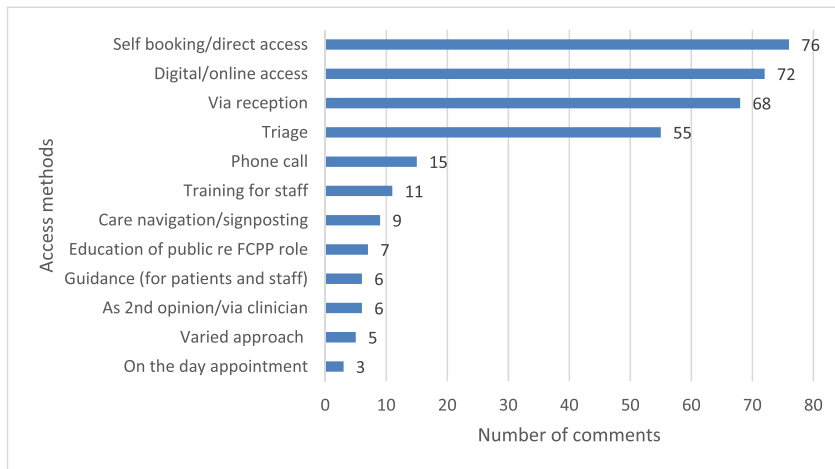
Content analysis of the 184 (95%) responses to the question 'What do you think would be the most effective method for MSK patients to access FCPP appointments?', revealed a wide range of opinions (Figure 3). The methods suggested by the largest numbers of respondents were self-booking/direct access ( $n = 76$ , 41%), digital/online access ( $n = 72$ , 39%), via Reception ( $n = 68$ , 37%), and using some form of triage ( $n = 55$ , 30%). Nearly half of the suggestions for digital/online

TABLE 1 Training/guidance methods for reception staff/GPs and clinical staff.

|   |   | Reception staff number of respondents stating this method (%) | GPs/clinical staff number of respondents stating this method (%) |
|---|---|---|--|
| Number of responses regarding training/guidance |   | 126   | 102  |
| Method of training/guidance                     | Written guidance  | 77 (61)   | 52 (51)  |
|   | Training delivered to staff                               | 85 (68)   | 48 (47)  |
|   | F CPP feedback to staff                                   | 9 (7)   | 12 (12)  |
| Who delivered training/provided guidance        | F CPP   | 45 (35)   | 43 (42)  |
|   | Manager   | 3 (2)   | 1 (1)  |
|   | GP  | 1 (0.8)   | 1 (1)  |
|   | Surgery staff (admin staff/admin team leader/triage team) | 4 (3)   | 0  |
| When/how was training delivered/guidance given  | At onset of F CPP service                                 | 13 (10)   | 8 (8)  |
|   | At staff induction  | 13 (10)   | 5 (5)  |
|   | At practice meetings                                      | 0   | 6 (6)  |
|   | At target sessions <sup>a</sup>                           | 0   | 2 (2)  |
|   | At request of practice                                    | 1 (0.8)   | 0  |
|   | 1–2 times a year  | 4 (3)   | 0  |
|   | 'Ongoing'   | 1 (0.8)   | 0  |
|   | 'Regularly'   | 3 (2)   | 3 (3)  |
|   | Via PowerPoint presentation                               | 8 (6)   | 1 (1)  |
| What was included in training                   | Care navigation   | 7 (5)   | 1 (1)  |
|   | Suitable patients for F CPP                               | 3 (2)   | 2 (2)  |
|   | Patient pathways  | 3 (2)   | 1 (1)  |
|   | Role of F CPP   | 3 (2)   | 3 (3)  |
|   | Discussion re appropriate patients                        | 3 (2)   | 4 (4)  |
|   | Shadowing F CPP   | 2 (1.5)   | 5 (5)  |
|   | Case studies  | 1 (0.8)   | 0  |
|   | MSK conditions  | 1 (0.8)   | 0  |
|   | Signposting   | 1 (0.8)   | 0  |
|   | 'Do's and Don'ts'   | 1 (0.8)   | 1 (1)  |
|   | SOP questions   | 0   | 1 (1)  |
| What form did written guidance materials take   | Suitable patients for F CPP                               | 18 (14)   | 22 (21)  |
|   | CSP resources   | 29 (23)   | 13 (13)  |
|   | Flowchart   | 14 (11)   | 3 (3)  |
|   | Navigation principles/template                            | 5 (4)   | 0  |
|   | Algorithm   | 3 (2)   | 0  |
|   | Booking criteria/matrix                                   | 2 (1.5)   | 5 (5)  |
|   | Other   | 10 (8)  | 5 (5)  |

Abbreviations: CSP, chartered society of physiotherapy; SOP, standard operating procedures.

<sup>a</sup>Target sessions - GP staff training sessions



**FIGURE 3** FCPP's opinions of the most effective method for MSK patients to access FCPP appointments.

access were for the use of Econsult ( $n = 35$ , 49%), with the rest not specifying, or suggesting other online access platforms (Klinik  $n = 5$  (3%), askmyGP  $n = 1$  (0.5%), getUbetter  $n = 1$  (0.5%)). Respondents suggested that triage should be performed by clinicians  $n = 24$  (44%), non-clinicians  $n = 21$  (38%), or personnel not specified  $n = 10$  (18%).

Respondents were asked if there were any other thoughts that they would like to share regarding access to FCPP appointments. Content analysis of the 87 (45%) responses to this question revealed several key themes that were repeatedly brought up by respondents. The most common response was that respondents felt a lack of understanding of the FCPP role affected patient access to appointments ( $n = 28$ , 32%); one respondent said:

I think the understanding of what an FCP is continues to be the main barrier to ineffective or inappropriate access. The concept of first contact continues to be lost in translation and fails to be achieved a lot of the time.

Respondents reported that a combination of this lack of understanding of the role and long waits for MSK/outpatients Physiotherapy services often led to FCPP appointments being used as a 'fast-track' to Physiotherapy or as 'in-house' Physiotherapy,  $n = 14$  (16%). This also seemed to contribute to duplicate appointments, which 13 respondents (15%) reported as a problem, as two respondents explained

Often booked in after GP appointments, duplicating the appointment and sometimes attempting to bypass MSK waiting times.

Some GPs certainly view us as fast access physio and misinform patient that they will have a course of physio.

However, other respondents pointed out the flexibility that is required when judging the appropriateness of patients booked into FCPP appointments:

GPs don't care if first contact or not. They value the MSK speciality we bring and often save a 2nd or 3rd GP appointment (their anecdotes)

I think it will always be an inexact process, there will always be some that end up inappropriately in FCP, as well as some that could have seen FCP that end up with a GP - we need to accept that we are aiming for a better system not perfection.

Education of GP staff and patients was suggested by 22 respondents (25%) as a way to improve understanding and therefore efficient utilisation of FCPP appointments, as this respondent recommended:

Better awareness of the FCP service for patients, admin staff and clinical staff would help access.

## 4 | DISCUSSION

The aim of this survey was to investigate the current variety of access methods to FCPP appointments in Primary Care in the UK. There was a good response to the survey by FCPPs, with respondents from every area of the UK. The respondents provided detailed information about many aspects of access routes into FCPP appointments. The findings from the survey demonstrate that the most common routes into FCPP appointments are via Reception or after seeing another health care professional. This adds to and updates the limited amount of evidence that was previously published regarding how patients access FCPP appointments (Halls et al., 2020). We have obtained detailed information about the healthcare personnel who play a part in enabling access, and about the training and guidance they have regarding FCPP roles and appointment booking.

There were some differences between the training and guidance that GPs receive regarding FCPPs and that provided to Reception



staff; a higher number of respondents reported Receptionists receiving training than GPs, but a higher number reported GPs receiving feedback about the patients they booked into FCPP appointments than Receptionists. This is something that may need to be considered when implementing FCPP services; the lack of understanding of FCPP roles by both staff and patients has already been demonstrated by Greenhalgh et al. (2020) and Goodwin et al. (2020), so consistency of training and feedback by FCPPs across all staff groups would appear to be important in improving understanding and therefore effective use of the role.

A digital system was commonly used for patients accessing FCPP appointments; the system most frequently reported was 'e-consult'. Digital systems have become an essential part of general practice, and there is a requirement in the GP Contract that all GP practices in England provide online consultation tools and secure electronic communications (NHS England, 2023). In contrast to relatively small numbers of respondents not knowing if Reception staff and GPs had guidance or training for booking patients into FCPP appointments (13% and 17% respectively), 50% of respondents reported that they did not know if the staff triaging digital forms have any guidance or training. This lack of awareness around the digital triage process suggests that FCPPs may not be involved enough in the digital triage or decision-making process; if FCPPs were more involved in digital triage this could have the potential to improve the appropriateness of patients booked into FCPP appointments, and therefore better use of resources. Eldh et al. (2020) found that the introduction of a digital triage system in Swedish Primary Care centres included varying levels of training depending on the centre, and that the attitude of the manager affected how well the innovative system spread through the team. They recommended that, in order for it to be as effective as possible, implementation should involve a joint team approach.

Many respondents provided additional free text information detailing their views on the most effective method for patients to access FCPP appointments. Although survey responses suggested that appointments are most commonly accessed via reception, respondents felt that self-booking/direct access and digital or online booking were both more effective than patients being booked via reception. However, there was little detail about what respondents meant when they suggested 'self-booking' or 'direct access'; this could be interpreted as it being preferable for patients to be booked an appointment with an FCPP directly rather than seeing or speaking to another health professional first, and this might still involve Reception or administrative staff playing a part in the process.

Duplication of appointments due to a lack of understanding about first contact roles was another common theme in the free text comments. Greenhalgh et al. (2020) found similar themes when interviewing FCPPs in the North West of England; both patients and GP practice staff were reported to be confused by the role, and one FCPP in the study reported that 90% of their patients were second contacts, which was felt to be due to a lack of clarity about the FCPP role. This is echoed in our results, since the second most common route for patients to access FCPP appointments was 'after first seeing another health professional in the practice', that is, not first

contact, and the majority of respondents reported that patients had always, frequently or sometimes attended an appointment for the problem with another practitioner before the FCPP appointment.

There were several negative comments about FCPP appointments being used as 'fast track' or 'in-house physio', often due to long waits for MSK outpatient services, which respondents felt were inappropriate or caused duplication of appointments. The respondents' anecdotal reports of long waits for services are supported by the NHS Key Statistics report (Baker, 2023), which, although it does not report specifically on wait times for Physiotherapy services, does confirm declining performance on all the main waiting time measures. However, 98% of respondents felt that patients always or frequently attended their FCPP appointment for an appropriate problem, and some respondents put less importance on the idea that every patient should be a true first contact, and rather appeared to view their role as providing MSK expertise as part of the GP practice team. Goodwin et al. (2021), when interviewing FCPPs, GPs, patients, and practice managers, found a similar sentiment; that even though FCPP had not reduced GP workloads, it was viewed very positively and was felt to introduce MSK specialism into practices and assist in up-skilling GPs and other general practice staff.

Although it seems that most patients attending FCPP appointments have appropriate MSK conditions, we do not know how many patients with appropriate MSK conditions are not accessing FCPP appointments, and this could be a valuable area for further research.

## 5 | STRENGTHS AND LIMITATIONS

This research contributes to the previously limited amount of literature about how patients currently access FCPP appointments. A strength of the survey was an excellent response rate, which exceeded the target number, and contained responses from FCPPs in every area of the UK. However, there were small numbers from Wales and Northern Ireland; this may be due to the differing approaches to Primary Care staffing in these areas. As well as quantitative information about access routes, the survey collected open text responses from FCPPs about their views and experiences, which have added depth and understanding of the complexities of patient access to the research. However, the use of non-probability convenience sampling, with a self-selected group of participants, is an important limitation to acknowledge. The survey was distributed mainly via social media, which could have resulted in a biased sample, excluding those who are not active on or do not have access to social media. We attempted to address this by also promoting the survey on professional networks, and by publicising the survey to contacts with large networks of FCPPs who could distribute it to FCPPs who may not have been aware of it via social media. Coppock and McClellan (2019) describe how convenience sampling is often fit for purpose, unless the scope of the study specifically excludes the sort of people who take online surveys, for example, people with low digital literacy. FCPPs as a group are very likely to be digitally literate and therefore, we felt that convenience sampling was unlikely to bias our



results. A further limitation is that we only surveyed FCPPs; if we had surveyed other GP practice staff, such as Receptionists, Administrators, Practice Managers, or GPs, we may have received different information due to varied experience or understanding of the access processes or systems. The survey had 940 views from potential respondents who did not complete it; we do not know if these were other healthcare professionals, or perhaps patients, who may have been willing to give their perspective if they had been eligible. There is also the fact that patients are likely to experience the access methods for FCPP appointments in a different way to staff, and by limiting the survey to FCPPs we did not gain any understanding of the patient perspective. The restriction of the survey to FCPPs did mean that we were able to gather a large amount of data quickly, and surpass the minimum number of responses planned for, due to personal knowledge of the speciality and existing networks, which made the distribution of the survey efficient and effective. We hope to address the experiences of patients accessing FCPP appointments in future research.

## 6 | CONCLUSION

This survey has added detailed information to the evidence base regarding how patients access the rapidly growing speciality of FCPP in GP practices in the UK. The role of GP Reception staff in facilitating access to FCPPs, the application of triage and the use of digital or online systems were highlighted as important elements for enabling efficient access to FCPPs by patients with MSK conditions. Future research exploring the experiences of patients accessing FCPP appointments would be valuable to understand any challenges and facilitators in accessing appointments.

### AUTHOR CONTRIBUTIONS

**Kirsten Lamb:** Conceptualisation; methodology; investigation; analysis; writing - original draft. **Christine Comer:** Conceptualisation; methodology; investigation; analysis; writing - review and editing; **Nicola Walsh:** Conceptualisation; methodology; writing - review and editing. **Gretl McHugh:** Conceptualisation; methodology; writing - review and editing.

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### CONFLICT OF INTEREST STATEMENT

We declare that none of the authors have any conflicts of interest.

### DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

### ETHICS STATEMENT

Ethical approval was granted by the University of Leeds Medicine and Health Ethics Review Committee (HREC 22-007 on 19th June 2023). On-line consent was gained from all participants prior to completing the survey questions. If consent was not provided, access to the survey questions was denied. All data were anonymous except for those participants who indicated they would like to be contacted regarding future research. Email addresses provided by these participants were removed and stored separately from the survey response data prior to analysis.

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## SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

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