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Stories of change

A NEW APPROACH TO SUPPORTING PEOPLE WITH ARTHRITIS IN NHS FORTH VALLEY THROUGH BETTER INFORMATION, ADVICE AND EXERCISE.

We changed the way we support people living with lower limb arthritis, by giving them the information and support they require to help manage their condition more effectively.

What we did

We took forward a 'Best in Class' approach by making the best and most effective use of available services, funding, staffing, equipment and communications.

The initial component was for me to be embedded in GP practices as a First Contact Practitioner. I would generally see people over the age of 40 with knee or hip pain. This 'one stop shop' meant I could diagnose, order investigations, spend time with people and talk through their condition and the options available.

Next, we looked at community-based exercise solutions. We began offering simple circuit-based group exercise classes, charging £2.40 per session. This grew to three venues with 30 people a week attending each one.

Our motivation

Longer waiting times for orthopaedics and physiotherapy resulting in low patient satisfaction and some referrals to these services could have been managed differently. Referrals to orthopaedics were high, but conversion to surgery was low. Scottish Government initiative to improve primary care.



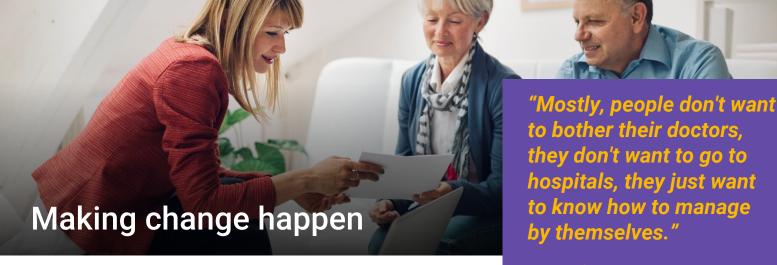
The difference we are making

The project at nine months showed a 36% reduction in referral rates for orthopaedics and an 18% reduction in physiotherapy referrals from the areas the project was operating in. Measuring patient outcomes was more difficult because the survey responses from a service user questionnaire were low, but 25% of those who responded reported a significant improvement.

What's next?

After the project finished, I left the secondment, and other First Contact
Practitioners came into post soon after, to support the ongoing work to educate and support people with arthritis and reduce the need to refer them to other services, where possible.





NHS Forth Valley had developed a Primary Care Improvement Plan. As part of this, we looked at long waiting lists for orthopaedics and asked 'Why is this happening? Why are they so high? What's going on?' The data showed that people who were seeing orthopaedics were regularly being referred back to physiotherapy services or being discharged. People were waiting for long periods to get information they could have been given much earlier. There was a stakeholder event with local patients and patient representatives to discuss how we could do things differently. Everyone agreed the way forward was to focus on primary care. Funding was available from a number of sources to deliver a 'Best in Class' programme, the majority of which was spent on staffing, as well as some equipment and information resources.

I was therefore seconded into a GP surgery as an Advanced Practice Physiotherapist. Then needed a community-based exercise solution which we delivered at GP practices which grew over time. This made a real difference. I would go and visit participants after six weeks and see people skipping around the place, who a few weeks before were limping with two sticks. There were some really good news stories. For example, we had reports of small social groups forming where participants would socialise together, talk about how they're coping and provide mutual support. A larger GP surgery which hadn't taken part in the wider project became our biggest promoter of the exercise classes. We used the exercise groups to advertise separate education sessions offered once a month, where I would do a presentation in a community venue. Around 10-15 people would come each time and people really appreciated learning about their condition and how to manage it.

Although it sounds like hard work to set up exercise classes with multiple local authorities, it is effective and helps to save time and money. It can be hard to measure impact in the wider system, but the patients who participated in the programme can tell you what they have got from it.

to bother their doctors, they don't want to go to hospitals, they just want to know how to manage

Top tips

- Focus on changing approaches within GP practices and put in place alternatives to hospital referrals. People need information before a referral or prescriptions.
- Allow people to come the exercise sessions free for a month before they start paying £2.40 a session as this helps people see if it's for them.
- Ask the patient at their very first appointment "What do you want to happen? What do you think you need and how can we work together to achieve it?"
- Listen to patients and find out how they want to be supported.

Want to know more?

https://nhsforthvallev.com/heal th-services/az-ofservices/physiotherapy/muscul oskeletal-physiotherapy/

