

Online self-referral portal

Grace Lander, Service Development and Innovation Lead

Key Messages

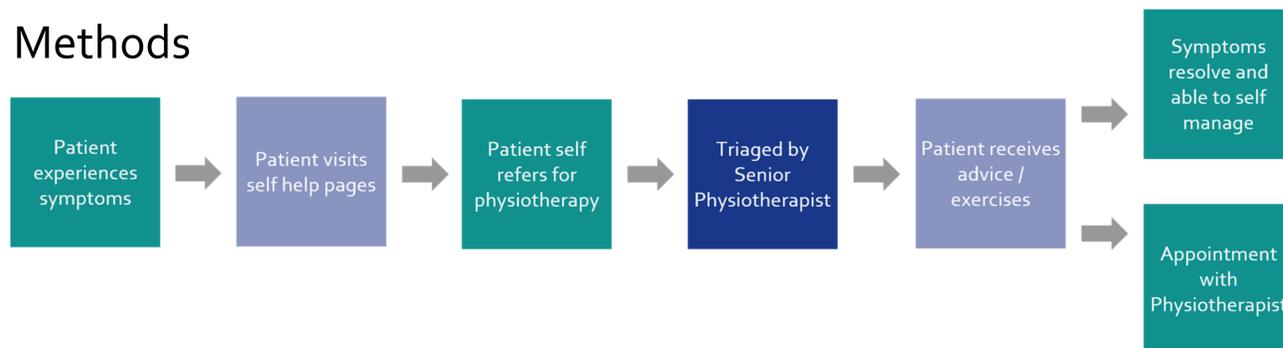
- Online self-referral is a quick and efficient way for NHS service users to access NHS funded physiotherapy
- Early intervention delivered direct to patient
- A scalable model delivered through digital technology

Background

Primary care in the NHS is seeing a growing demand on appointments, this is coupled with difficulty in recruiting primary care clinicians. Musculoskeletal (MSK) conditions represent up to 30% of GP appointments and often result in simple signposting to physiotherapy. There is a national drive to ensure patients get the right treatment at the right time, this includes accessing the correct services. Modern society is familiar with accessing services online, however very few care providers offer this service. If users do not have access to the online service, it can be completed over the phone.

Early intervention in MSK care is well known to improve recovery times and long term outcomes^{1,2}. Self-referral can allow quicker and easier access to the right service at the right time, decrease service costs and improve outcomes for service users³. Self-referral for physiotherapy is well established in telephone format^{4,5}. Often this takes at least 30 minutes and requires clinicians and service users to be available at the same times.

Methods



Aims

1. Develop a secure and effective online self-referral portal
2. Expedite patient journey with high user acceptability
3. Offer a cost efficient and scalable model for online self-referral
4. Ensure clinical efficacy and safety of online self-referral

Patients are encouraged to self-refer for physiotherapy either without or during a GP consultation. They provide basic personal demographical and contact information, complete a body chart and answer 19 questions regarding their symptoms. This information is submitted to a Senior Physiotherapist, who triages the information and responds with advice and/or exercises via email or letter. Patients are then invited to book an appointment or self-manage.

Results

The online self-referral portal was implemented in 2012 across Suffolk. In 2016 this was rolled out to South Norfolk and North East Essex. The rate of referral has increased to 42,723 referrals annually (2016).

A sample (n=80) of referrals in Suffolk were taken and analysed. The data was analysed with regard to patient referral to treatment, appointment requirement, discharge time and location. These results are demonstrated in Figure 1 and Figure 2.

Statistical significance ($p < 0.05$) is seen between the self-referral and paper-referral groups in the mean number of appointments required and the time between referral and discharge. The time between referral and initial treatment is statistically similar. (Figure 1).

Discharge of service users to their home was higher in self-referral than paper referral and fewer secondary care referrals were made for users who self referred. Did not attend rate (DNA) was similar in both samples. (Figure 2)

No adverse events have been recorded in the entirety of the portals existence.

Financial Impact

Saving on average 1.6 appointments per episode of care results in an annual saving in Suffolk alone of :

> £420,000 or **>53,400 appointments**

This enables the service to operate at 2-3 week waiting lists and not have caps on the number of appointments patients can receive. This **does not** account for time saved in primary care appointments, administrative time or in secondary care referrals.

Feedback

User feedback is collected by online survey sent by email out following completion of self referral. Most users are able to complete the questionnaire in under 15 minutes and report high levels of acceptability of the content provided to them following triage. Friends and Family scores are <90% for online self referral and the service.

Conclusion

The use of an online self referral portal in the accessibility and provision of musculoskeletal physiotherapy is effective at allowing patients to access the service, provides financial and time benefits to the service and local primary and secondary care services and has high levels of patient acceptability.

Acknowledgements

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References

1. Linton, Steven J., Anna-Lisa Hellsing, and Dan Andersson. "A controlled study of the effects of an early intervention on acute musculoskeletal pain problems." *Pain* 54.3 (1993): 353-359.
2. Wand, Benedict M., et al. "Early intervention for the management of acute low back pain: a single-blind randomized controlled trial of biopsychosocial education, manual therapy, and exercise." *Spine* 29.21 (2004): 2350-2356.
3. Ojha, Heidi A., Rachel S. Snyder, and Todd E. Davenport. "Direct access compared with referred physical therapy episodes of care: a systematic review." *Physical therapy* 94.1 (2014): 14-30.
4. Salisbury, C., et al. "A pragmatic randomised controlled trial of the effectiveness and cost-effectiveness of PhysioDirect telephone assessment and advice services for physiotherapy." *Health Technology Assessment (Winchester, England)* 17.2 (2013): 1.
5. Salisbury, Chris, et al. "Effectiveness of PhysioDirect telephone assessment and advice services for patients with musculoskeletal problems: pragmatic randomised controlled trial." *BMJ* 346 (2013): f43.

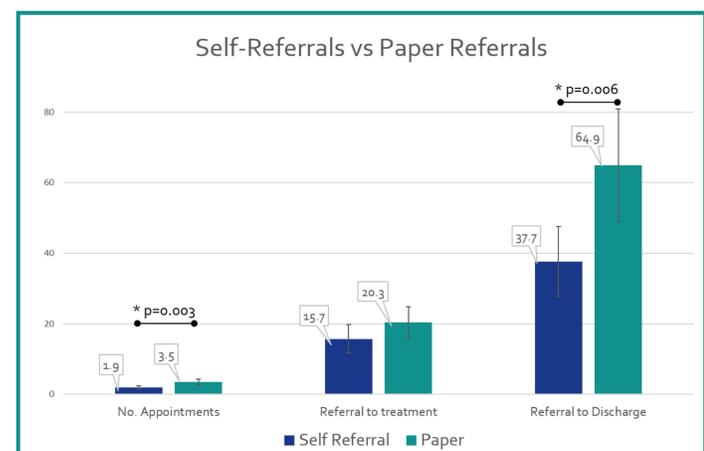


Figure 1. Sampled self-referral vs paper referral averages for number of appointments, referral to treatment (days) and referral to discharge (days). Error bars show 95% CI. Significance $p < 0.05$

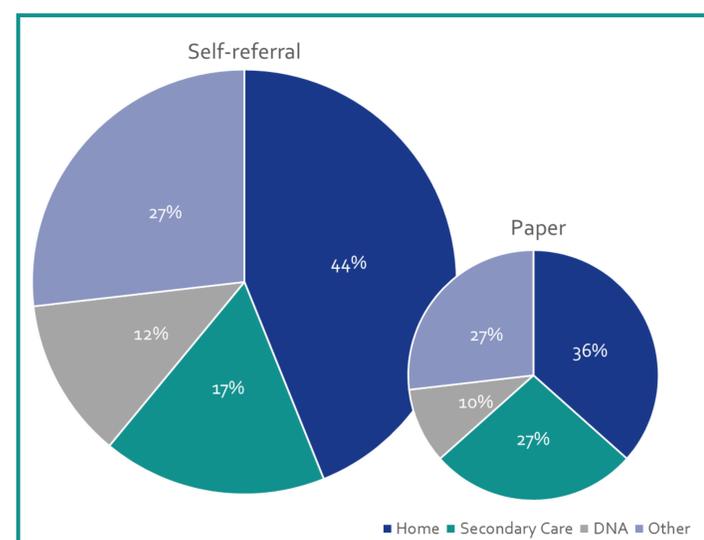


Figure 2. Sampled self-referral vs paper referral discharge locations (%).