

**REPORT TO THE PBC GOVERNANCE COMMITTEE
TO BE HELD ON: 9TH JUNE 2010**

Enclosure:	16				
Subject:	In house physiotherapy service for Westgate Practice				
Lead Director:	Sue Price				
Lead Officer:	Anna Hammond				
Recommendation:	For Approval	<input checked="" type="checkbox"/>	For Discussion	<input type="checkbox"/>	For Information

PURPOSE OF THE REPORT:

To request £2,400 recurrent funding for an in house physiotherapy service

KEY POINTS:

During 2010 The practice piloted an in house physiotherapy service. There has been excellent feedback from patients and practice staff.

CORPORATE OBJECTIVES:

3 Ensure patient experience is at the heart of the organisation

RESPONSIBLE COMMITTEE:

NAME:

APPROVED at cmte: YES/NO

Date of Cmte:

IMPLICATIONS:

Legal and/or Risk	None
WCC	3 and 4
Patient Safety	In accordance with provider arm and practice policy
Patient Engagement	The PPG has been consulted the feedback is attached to this document.
Financial	£2,400 recurrent funding
Sustainability	Closer to home
PBC	Generated by PBC

Workforce / Training	Improved education for practice staff
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RECOMMENDATIONS / ACTION REQUIRED:

The PBC committee are asked to: agree to this request for funding
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Service Provision Business Case Template

This template has been designed to assist in submitting an outline business case proposal for local service provision. This template should be used for proposals to be submitted under contracting schemes such as a Local Enhanced Service (LES), PMS, SPMS and APMS etc.

The PCT can provide assistance in completing this template. Please provide as much information as possible to enable the PCT to make a provisional informed decision in principle. The PCT will be looking for the proposal to meet local needs as well as falling within the scope of the PCT strategic commissioning framework and priority areas as listed in Section 1 of this template. The PCT will also be looking for evidence that this proposal has been developed in line with local public and front-line staff opinion and that local public health issues have been addressed.

TITLE OF PROPOSAL	In house physiotherapy service at Westgate
ORGANISATION/ COMMISSIONING BODY	Westgate Practice, Lichfield
LEAD NAME FOR PROPOSAL	Dr John James
TELEPHONE	
EMAIL	

Document Control

Document Version	Date of Revision	Summary of Revision

Section 1: Compliance with the PCT Commissioning Framework

This business case complies with the following priority areas as outlined in the PCT Commissioning Framework:

PCT Commissioning Framework Priority Areas: <i>PCT to complete PCT Commissioning Framework priorities as outlined in the PCT LDP and ISIP.</i> <i>Full details of each of these areas are available from your PCT</i>	This business case relates to the following <i>(Proposer to tick as appropriate):</i>
<i>PCTS have specific targets on all of the following areas in line with national directives regarding achievement thereof, and practice are expected to work within these priorities as practice based commissioners. With regard to your specific service proposal, please tick all appropriate boxes served by your scheme.</i>	
1. National priorities	x
1.1 Improving health of the population	x
1.2 Supporting people with long term conditions	
1.3 Access to services	X
1.4 Patient/user experience	X
1.5 Achieving financial balance	
1.6 Implementing reform	
1.7 6 key service priorities:	
- health inequalities	
- cancer 31 and 62 day waits	
- 18 week wait	
- MRSA	
- Patient Choose & Book	
- Sexual health & access to GU medicine	
2. Local priorities	
(for completion locally)	

Section 2: Outline of the Proposed Service Provision

<p>Introduction <i>Give a brief outline of the background (i.e. current service provision and demonstration of need for improvement. Include Health Needs Assessment)</i></p>	<p>During 2009/10 the practice piloted an in house physiotherapy service. The physiotherapy team based at Samuel Johnson agreed to release one of their existing team to carry out the pilot, so the resource was found within current contract for the pilot period only.</p> <p>Between October 2009 and April 2010 22 clinics were held. Clinics were initially weekly but then became fortnightly to meet demand and ensure all slots were filled. Each clinic lasted 4 hours and each new patient had a 30 minute appointment and each follow up patient had 15 minutes. If follow up appointments were not required slots were released for new patients.</p> <p>In total 78 patients attended the service. 67 patients were seen for one appointment. 9 patients had 2 appointments and 2 patients had 3 appointments. There were 8 DNAs.</p> <p>The pilot was based on evidence that suggested if patients are seen quickly their problems are less likely to become chronic. Therefore the criteria for the service was that a patient must have had their symptoms for less than 6 weeks. Head, neck and spinal problems were excluded. The overall aim was to provide timely acute rehabilitation to aid patients to get back to work as soon as possible.</p> <p>All patient information was stored on the practice clinical system.</p>
<p>Outline of Proposal <i>How does this link to PCT & Local priorities?</i></p>	<p>Due to capacity problems at the provider arm the team are unable to continue to supply a physiotherapist past the pilot phase. Therefore this proposal requests funding to continue the fortnightly clinics at the practice.</p> <p>The proposal has a clear focus on prevention of long term problems. The impact of this on community and primary care services has yet to be seen, but if funding was provided it has been suggested that longer term evaluation would be useful so findings can be shared across the wider health economy.</p> <p>The costs equate to approximately £13 per patient which represents a cost effective service.</p>
<p>Aims & Objectives <i>(Please expand on the brief outline that you gave in the Commissioning Proposal)</i></p>	<ul style="list-style-type: none"> • Provide care closer to home • Improve awareness/education within the practice • Aid patients return to work following self certification • Release GP capacity • Reduce demand on community physiotherapy services (long term) • Promote self help

<p>Management of the Service <i>(Explain how the service will be managed i.e. receiving referrals, appointments, outcomes and waiting list requirements)</i></p>	<p>If funding is agreed the current community team could be increased. This will ensure full integration with wider services and the service would be managed by the provider arm.</p> <p>Appointments will be made by the practice staff. Arrangements would be overseen by the practice manager. Information for patients (posters and leaflets) would be provided by the practice.</p>
<p>Scope of the Proposed Service <i>(i.e. which patients will be using the service, Target Localities/patient profile)</i></p>	<p>The service will be for the population of Westgate</p>
<p>Clinical Effectiveness <i>(What evidence is there of the clinical effectiveness of the proposed service?)</i></p>	<p>Evidence will be summarised by Dr James at the PBC governance committee.</p>

<p>What will be the benefits to Patients? <i>(e.g. How will this link in to Choice/Choose & Book?)</i></p>	<ul style="list-style-type: none"> • More local service provision • More timely response • Self referral • Works towards the idea of 'expert' patients <p>The practice has a virtual patient participation group. Feedback from the pilot was requested and is attached to this document. This clearly illustrates some of the benefits to patients.</p>
<p>What will be the benefits for Clinicians/Staff?</p>	<p>The physiotherapist is viewed as part of the practice team. They feedback to practice staff on specific cases and general themes which has already increased awareness throughout the practice.</p>
<p>What will be the anticipated benefit area for the PCT <i>(i.e Number of Reduced Admissions / Avoided Out Patient attendances)</i></p>	<p>In the medium to long term it is anticipated that there will be:</p> <ol style="list-style-type: none"> 1. A decrease in referrals to the physiotherapy community team 2. A decrease in appointments made to GPs for muskulo – skeletal conditions. <p>Information on referral patterns together with patient satisfactions surveys will help provide a useful comparison to the SES physiotherapy and orthopaedic service which requests that referrals are not made for conditions which have been experienced less than 6 weeks.</p>

Milestones & Timescales	Milestone	Timescale
	Service commenced	August 2010
	October 2010	Initial evaluation
	October 2011	Second evaluation

Initial Risks Associated with the Service Provision Proposal and Strategy for managing those risks (Countermeasure)	Risk	Countermeasure

Section 3: Financial Implications

The proposal is currently for a pilot to take place during 2008/9

Annual Expenses (Cost of New Service) <i>List a breakdown of all expenses, remembering to add on-costs to staff costs</i>	Year 1		Year 3
Capital Costs			
Staffing Costs , <i>including backfill for clinicians running new service provision</i>	£2,400	One session per fortnight of a band 7 (mid point) inc. 40% on costs	
Training and Supervision Costs			
Equipment & Materials			
Other Expenses			
Total Cost of New Service		£	£
Anticipated Revenue <i>please explain source of revenue</i>	£	£	£
Profit Element for Service Provider	£	£	£

Anticipated Financial Benefit to PBC Budgets	Year 1	Year 2	Year 3
Anticipated freed up resources achieved through avoided secondary care activity. <i>Please specify:</i>			
Less Cost of new Service Provision to users of the service			
Surplus to PBC Budgets			

How much funding is being requested & identification of purpose	£2,400 per year
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Section 4: Corporate Governance

Please note that some contracting methods will entail certain liabilities, for example a Limited Company option under APMS. It is therefore essential specialist advice is taken to understand clinical/personal liability, medical indemnity etc.

<p>On which contracting basis do you intend this service provision to be based? <i>e.g. LES, PMS, SPMS, APMS, PCT GPSI Commissioned Service, please explain.</i></p>	<p>This will form part of the contract between the commissioning arm of the PCT and the provider arm.</p>
<p>Which National, NSF and PCT Targets will this service provision deliver against?</p>	<p>Care closer to home, improve prevention</p>
<p>Patient, Public & Front-line Staff Involvement. <i>Please describe how you have involved Patient, Public and front-line staff in this proposed development.</i></p>	<p>Patients have been consulted through the virtual patient participation group. Feedback is attached to this document.</p>

Section 5: Quality & Corporate Assurance

Please note there is value in discussing your proposals early on with your PCT Clinical Governance Lead

Clinical Governance Assurances	
Please Specify Audit arrangements ie, patient satisfaction surveys, reduction of hospital referrals & admissions	Number of appointments provided in practice Outcome of appointment at the practice (e.g. referral on, discharge,) Number of appointments provided at the community hospitals
What Quality Checks will be in place?	Quality checks will be carried out by provider arm
What information will you supply to the PCT and with what regularity?	This will form part of the contract
Outline Contractual Arrangements (To be detailed in the Service Level Agreement)	
Proposed period of Contract	1 year
Proposed Notice Period	3 months
What Contract Review arrangements do you envisage?	Quarterly
How will Complaints be managed?	Complaints will follow the PCT complaints procedure assisted by the practice

To be Completed by PCT:

Comments received:	Date
Practice Based Commissioning practice/consortia	
Clinical Governance Lead	
Executive Directors	
Professional Executive Committee	

Outcome of Application	Name	Date
Approved – on the basis of:		
Rejected - Reasons for Rejection:		
Passed for Payment:		

The Westgate Practice - Patient Participation Group

The topic of discussion in December was:

In House Physiotherapy Referrals

If you would like to contribute to the discussions of the Patient Participation Group, propose topics for future discussion or make contact with the Westgate Practice about any matter, you can complete a simple contact form available at reception alternatively you can email us at www.westgatepractice.co.uk

A Day in the Life of Barney Griffiths Westgate Practice In-House Physiotherapist.

Barney joined the team at the beginning of October.
Barney is a fully qualified Physiotherapist and has been practising for over 30 years, assisting patients with their acute injuries.

Since joining the practice Barney has treated 30 first time patients and offered 6 patients additional follow up care.

Barney treats patients without the need for you to see a GP for the following conditions:

Acute injuries which have occurred in the last six weeks.
Ligament, muscular and joint pain that is the result of a recent injury.
Self referral appointments are available every Thursday afternoon.

Patients with a longstanding injury or pain related to the neck or spine are asked to see a GP first.

This service is a new initiative and is intended to run for 6months initially and then we will review patient feedback and usage, that's where you can assist us now. We are keen to invite patient feedback on the concept of having a self referral In-house Physiotherapy Service.

Your comments on this subject included:

Feedback from patients to date has been most favourable:

- Fantastic, a constant niggle in my shoulder, gone in one session.
- Love the fact that I didn't need to see a GP first, I could just book directly with the Physio.
- I received some great hints and tips on how to manage my aches and pains more effectively, and the advice was free!
- Great patient care, well done Westgate Practice, keep up the good work.
- I had no idea you offered an in house physio service, until Dr James referred me. I thought Mr Griffiths was brilliant. I had been on crutches and unable to walk and he had me off them in less than a week. He's a brilliant resource and should definitely be retained.
- It sounds like a very effective initiative, not yet used it myself, but reassuring that this service is available.
- I have recently used the physiotherapy service at another practice. It has proved very valuable. I am glad you have it too. I found the advice given on how to exercise / self treat / participate was hugely beneficial.
- An excellent idea to be able to access physio at a local practice, easier than going to hospital as it's closer and more convenient.