Implementing and evaluating a pilot physiotherapist-led osteoarthritis clinic in general practice

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Talk aims:

• Introduce the burden of osteoarthritis (OA) in Primary Care

• Highlight the process of setting up the pilot general practice physiotherapy OA service

• Share service evaluation findings and conclusions
OA in Primary Care

- Osteoarthritis (OA) is the most common musculoskeletal condition in older adults.
- Around 1/3 of people over the age of 45 have consulted to primary care with OA.
- Major source of pain and disability.
- In the future the negative impact of OA is likely to rise.

ARUK 2013 OA in general practice
Neogi et al 2013 Osteoarthritis and Cartilage
• Advice and education about OA

• Weight loss if overweight

• Physical activity and exercise
Quality Standards [QS87]
June 2015

• **Statement 1.** Adults aged 45 or over are diagnosed with OA clinically without investigations if they have activity-related joint pain and any morning joint stiffness lasts no longer than 30 minutes.

• **Statement 2.** Adults newly diagnosed with OA have an assessment that includes pain, impact on daily activities and quality of life.

• **Statement 3.** Adults with OA participate in developing a self-management plan that directs them to any support they may need.

• **Statement 4.** Adults with OA are advised to participate in muscle strengthening and aerobic exercise.

• **Statement 5.** Adults with OA who are overweight or obese are offered support to lose weight.

• **Statement 6.** Adults with OA discuss and agree the timing of their next review with their primary healthcare team.

• **Statement 7.** Adults with OA are supported with non-surgical core treatments for at least 3 months before any referral for consideration of joint surgery.

• **Statement 8.** Healthcare professionals do not use scoring tools to identify which adults with OA are eligible for referral for consideration of joint surgery.
The OA challenge

• Competing with other comorbidities, time constraints and mixed GP attitudes regarding OA in primary care, people with OA do not always receive core treatments

• A recent large survey of 4059 participants who had consulted with joint pain/OA in the last year revealed 23% received written information, 9% dieting support, and 13% strengthening exercise

• So how can we improve OA care quality?

Cottrell et al 2010 *BMC Family Practice*; Dziedzic et al 2014 *Implementation Science*; Healey et al 2018: *BMC Musculoskeletal Disorders*
Moving from research to implementation

• Integrated GP and practice nurse consultation
  – Diagnosis
  – support for self-management

• Model OA consultation
  – implements NICE guidelines in primary care
  – improves Quality Indicators of OA care
  – reduces NSAIDS and orthopaedic visits
  – no additional cost

Jordan et al 2017 Osteoarthritis Cartilage
Physiotherapy OA champion in-practice model
The process

Engagement with Prof Krysia Dziedzic regarding the idea
- Establish support team, identify pilot site, plan fit with JIGSAW, plan for service evaluation against the NICE quality standards

Stakeholder and site work-up
- Support team: NHS managers, Health Informatics, Patients, Academics & MDT.
- Practice negotiations, embedding an electronic template, training & marketing

Service pilot
- 1 day a week from April 2017-August 2018.

10 month-service evaluation
- Using patient questionnaires, electronic medical record template, medical records, staff and patient feedback regarding acceptability
Physiotherapy in-practice model

OA Template

- Up to 4 PT sessions (30 mins new pt, 20 for follow-up)
- NICE treatments and support for condition self-management
The key ongoing role of patients and public

Service set up... service delivery...
Summary evaluation findings
PT service discharge questionnaires
core data (n=37)

Have you received...

- Info about joint pain? 100%
- Info about different treatment alternatives? 97%
- Information about physical activity and exercise for joint pain? 100%

Have you been advised to lose weight?*

- Yes 49%; No 14%; not overweight 34%;

*Subject to missing data
On ward referrals from the first 181

![Chart showing referral types]

- Medication review
- Counselling/MH review
- Investigation request
- OT
- Orthotics
- Ortho ref for ? TJR
- Falls clinic review
- Neurology/chiro
- Chiro
- PT referral
Practice level data. Of those people in whom the OA information, weight and/or exercise advice quality indicators were achieved the proportion provided this in the gold standard way, with verbal and written information.
Summary narrative feedback

• Patients valued the new service (quality of OA support/ ease of access/ time and quality written information)

• GP partners gave positive service feedback they valued the support to further validate OA diagnosis and management decisions.

• They are now in discussions regarding how to implement similar services amongst local integrated practice hubs
Limitations

- Pilot service evaluation data not research
- Not possible to pull specific ortho referral data
- Time to complete MSK HQ
The next pieces of the JIGSAW...

Validating the physio service in another academic general practice and adding first-contact practitioner component

JIGSAW-E
Joint Implementation of Guidelines for Osteoarthritis in Western Europe
Conclusions

• Embedding a clinical-academic physiotherapy OA service into a general practice was feasible and acceptable and was effective in improving recorded quality of OA care.

• Comprehensive MDT support and public engagement was key in successfully setting up the service.

Implications

• This pilot facilitated local commissioning interest for future physiotherapy service solutions in primary care.
Thanks for listening!
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I welcome questions
Keele OA “JIGSAW” key innovations

OA Template

GP and Nurse Training  Model OA Consultation  Keele OA Guidebook

Patient presenting with joint pain 45 years and over
GP makes, gives, explains diagnosis, analgesia, promotes self-management, gives guidebook, refers to nurse
Practice Nurse supports self-management; guidebook; goal setting, exercise, weight loss, pain control

Dziedzic et al 2014 Implementation Science
Main 10 month outcomes

Practice level

• Electronic template data (compared to other trial data and service evaluation data)

Physio specific

• Attendance data
• Patient self-report discharge questionnaire
• Narrative feedback from patients and staff
• Some referral data
The number of people in the UK who have sought treatment for osteoarthritis is greater than the population of New York City.

8.75 million!

Arthritis Research UK 2013: *Arthritis in General Practice*
The electronic template

• Template triggered by diagnosis “Read Codes” developed and tested in MOSAICS (Managing Osteoarthritis in Consultations Study).

• Clinician enters data based on the NICE quality standards

• Data is saved
PT service appointments

Service appointments attendance

% potential slots filled

% total potential attended

Sessions 1-12

Sessions 13-24

Sessions 25-36

Total to week 40
Osteoarthritis (OA)

“OA refers to a clinical syndrome of joint pain accompanied by varying degrees of functional limitation and reduced quality of life”

A whole joint condition characterised by localised loss of cartilage, remodelling of nearby bone, associated inflammation and muscle weakness

Not progressive for everyone but flares are common
JIGSAW-E
Joint Implementation of Guidelines for Osteoarthritis in Western Europe

Patient presenting with joint pain 45 years and over

GP makes, gives, explains diagnosis, analgesia, promotes self-management, gives guidebook, refers to nurse

Practice Nurse supports self-management; guidebook, goal setting, exercise, weight loss, pain control
NICE Core Treatments for OA

oral NSAIDs including COX-2 inhibitors

- paracetamol
- capsicain

- supports and braces
- shock-absorbing shoes or insoles
- TENS
- manual therapy (manipulation and stretching)

- education, advice, information access
- strengthening and aerobic exercise
- weight loss if overweight

opioids

- intra-articular corticosteroid injections
- local heat and cold
- assistive devices
- joint arthroplasty

- assistive devices
- shock-absorbing shoes or insoles

- TENS
- manual therapy (manipulation and stretching)

- education, advice, information access
- strengthening and aerobic exercise
- weight loss if overweight