Project Title:

An International Multi-centred Investigation of Patient Self Referral and Physiotherapy Practice in Privately Funded Health Care Systems

Report of Phase Two Observations:

Analyses of Data collected relating to International Practice

Funded by: The Private Physiotherapy Educational Foundation

Sponsored by: The International Private Practitioners Association
2006-2008

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1.0 Executive Summary

This report describes the results of an investigation into physiotherapy practice in a number of countries funded by the Private Physiotherapy Educational Foundation. The project was sponsored by the International Private Practitioners Association (IPPA). The purpose was twofold to identify if it was possible to agree an international data set which would allow for meaningful comparisons of physiotherapy practice and if a data set was possible to gain a global overview of current physiotherapy practice to inform a developing and informative evidence base.

Participants

Although 75 practices agreed to participate in the study data was only returned by 34 sites from seven countries over two snapshot periods totalling twelve weeks during 2008. This resulted in demographic, clinical and outcome data relating to 3,195 patients being submitted via either a web based or paper system. Data were analysed and separate reports for each practice and country were prepared.

It is very important to note that as only 45% of practices returned their data, these data can only be considered as snapshots of practice and the observations of differences noted should be used to stimulate discussion and future work, not to define that this data represents physiotherapy practice in all practices in each country.

Key Observations

Significant variations were observed in the patient profile, their clinical management and outcome between countries. These specifically related to:

- Gender
- Source of referral & extent of patient self referral
- Source of funding
- Type, duration, extent of chronicity and severity of conditions seen
- Levels of employment and work absence
- Type of and length of intervention
- Contact Numbers
- Achievement of treatment goals
- Discharge reason
- Use of analgesic and non-steroidal anti-inflammatory drugs
- Use of diagnostic tests and specialist referral
- Participant views on the perceived value of patient self referral as a means of access personally, at practice level, professionally nationally and globally
- Perceived value in undertaking further work in this area

Key Recommendations

Following discussion with the Executive Committeeof IPPA (April 2009), where the project, the findings and the limitations were fully debated it was recommended that;

- the full report accompanied by each practices' own data should be disseminated to all participating practices as agreed at the outset of the project,

- the Authors caveats in relation to the data be endorsed and it was also recommended that all participants should clearly state the limitations when discussing or disseminating the findings,

- IPPA should continue to discuss the contribution it could make to their future work programme,

- individual participating practices and national professional organisations should be encouraged to publicise their experience in order to share the learning and foster wider interest,

- the challenges and benefits of undertaking a project of this nature and the lessons learned should be disseminated widely,

- the agreed international data set should be published.

Phase Two Findings: Analyses of Data relating to International Practice

2.0 Background

To date, there is little documented evidence of physiotherapy as practised internationally from which to inform and support professional development. The purpose of this study, funded by the Private Physiotherapy Educational Foundation and sponsored by the International Private Practitioners Association (IPPA) was to gain a global overview of current physiotherapy practice in a number of member countries to inform a developing and informative evidence base. There were a number of associated key objectives:

1. To identify and agree an international physiotherapy data set which could be used to investigate the clinical and cost effectiveness of physiotherapy in private health care systems and to provide evidence regarding self referral (Appendix 1).
2. To undertake an international data collection exercise to inform this process
3. To provide the participating locations, partner/professional and IPPA organisations with evidence which could be use to market physiotherapy services to funders, policy makers and the public.
4. As the only previous work conducted in self referral in the UK was sited in the NHS, an additional objective was to investigate how patient profiles and costs within private physiotherapy settings relate to those already identified within the UK NHS system.

The overall study was undertaken in two phases. Phase one was undertaken during 2006 and aimed to:

- establish the level of interest in taking part in a number of member countries
- develop an agreed international data set and associated definitions (Appendix 2 & 3)
- determine the main study design, in particular, the means of collecting and returning data
- Identify key contacts in each of the countries to act as the main conduit for information between the study centre and the private practitioners association in each of the participating countries as well as the individual locations.

The Phase One Report was presented to the IPPA Executive in Munich in September, 2006. After consideration, it was recommended that the study progress to Phase Two.

This report will present the findings of Phase Two, the analysis of the international data collection exercise undertaken during 2006-08, presented by country.

3.0 The key stages involved in Phase Two included:

- Piloting the data items and definitions to be used for data collection (20 Practices)
- Two snap shot data collection periods (six weeks each) undertaken six months apart in 2008 and including all patients seen by participating practices
- Collating the views of the physiotherapists involved in the study at the end of the study period

The final data set can be viewed in Appendix 2 and included demographic, clinical and outcome data.

Phase One findings identified that two methods of data collection were required. Most participants indicated that they preferred to use a web-based system to return their data.. A small number opted for a paper system and/or Excel spreadsheet due to limited and unreliable internet access and/or personal preference (5 sites in South Africa and 2 in the UK). A web based data collection system was developed and piloted prior to use and paper data collection sheets and / or spreadsheets were distributed to sites requiring them.

In 2006 a National Information Service for Allied Health Care (LiPZ) was established in the Netherlands. This is a nationally representative registration network of Dutch physiotherapists working in private general practices which collects data relating to all patients seen within the participating practices and maintains a national database of activity. The data from a stratified sample, representing a range of geographic and sized practices (i.e. urban, rural, large and small) was extracted from the LiPZ data base (seven practices in total) and used within this analysis.

3.1 Physiotherapist Feedback

Physiotherapists working in each of the participating sites were asked to complete a questionnaire after the second data collection period. Questionnaires were distributed to each practice via email (Appendix 4). Each practice was asked to distribute to individual physiotherapists working within the practice, ask them to complete one each and then return the completed questionnaires to the study centre for analysis.

The questionnaire included questions relating to the profile of each practice, its location, size and setting. It also explored the physiotherapists' own views of self referral, their views about the level of support it receives from their professional organisation, national policy and from doctors and the general public in their country. Finally, it asked about the experience of taking part in the study, the ease of data collection,appropriateness of the dataset and any perceived value in participating.

3.2 Data Analysis

A statistician was consulted during all stages of the study. Data were analysed using only appropriate descriptive methods and presented to the nearest 0.5%. Data from all seven participating countries will be presented except in certain categories where the appropriate Dutch data was not available for extraction from the national LiPZ database (i.e. this data was not routinely collected in the Netherlands).

3.3 Ethical Approval

Ethical approval for the project was granted by Glasgow Caledonian University in 2006 (Ref: EC1/06-01)

4.0 Findings

4.1 Participating Practices by Country

Despite seventy-five practices originally registering interest in participating, the final number who provided data was thirty five from seven countries. This related to 3,195 physiotherapy patient episodes of care. Although there was a strong commitment from the Practices who were identified initially, individual circumstances led to the withdrawal of 41 practices. Some practices had staffing shortages which prevented them continuing, two key practice leads went on maternity leave, two decided that they could not see any relevance in the work to them, one did not receive the information sent and several practices failed to respond to repeated communications, despite returning their agreement to participate form.

In addition, data submitted by one country (Germany) was excluded from the overall analysis as the data related to a small number of patients from one site only and therefore not appropriate for inclusion. The German site however was provided with its results in the same format as the main report. The decrease in the number of sites who returned their data and the potential impact on the representativeness of the practices means that the second phase of this project should be considered as a pilot study.

Country	Number of Sites per Country	Number (%) of Patient Episodes
Canada	4	300 (9.4%)
Netherlands	7	803 (25.1%)
New Zealand	3	323 (10.1%)
Republic of Ireland	4	435 (13.6%)
South Africa	5	736 (23.0%)
United Kingdom	3	202 (6.3%)
United States of America	8	396 (12.4%)
Total	**34**	**3195 (100%)**

Caveat As only 45% of practices returned their data, the snapshots of practice can only be considered as that and the observations of differences noted between countries should be used to stimulate discussion and future work, **not to define** categorically that this data represents physiotherapy practice in all practices and in each country.

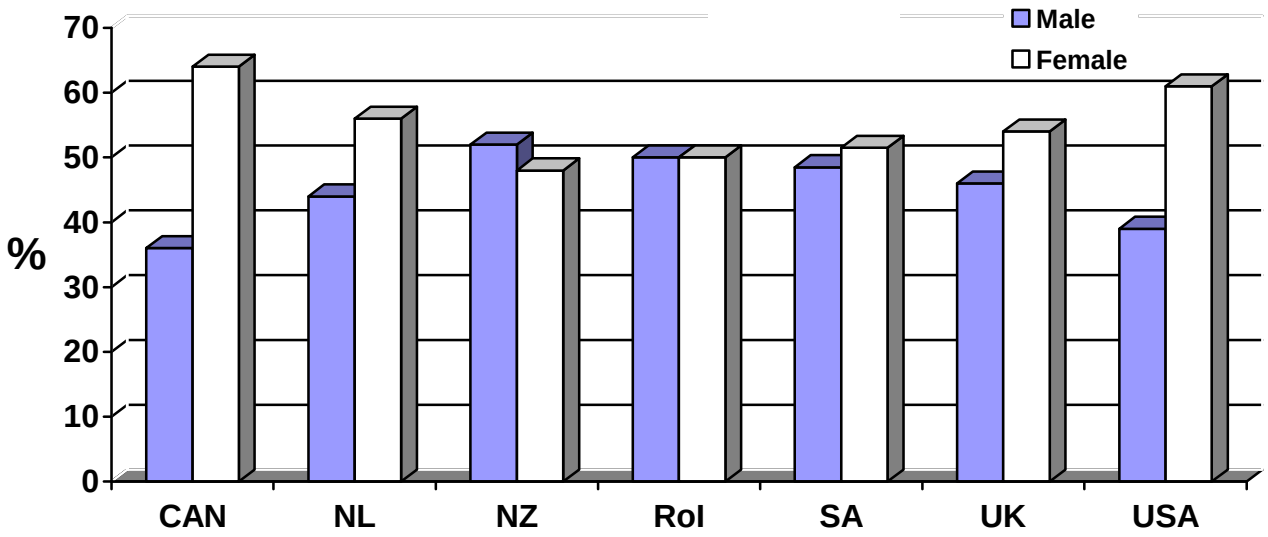
Following each graph, observations from the data are noted to assist the reader in interpreting the data submitted and to stimulate discussion. As previously stated these statements **are not to be interpreted** as categorically defining physiotherapy practice in each country but are observations which should be discussed at local, country and international levels. Issues and points made

should be explored and form the basis of future local and/or national work which may refute or support this pilot data.

4.2 Profile of Participating Sites

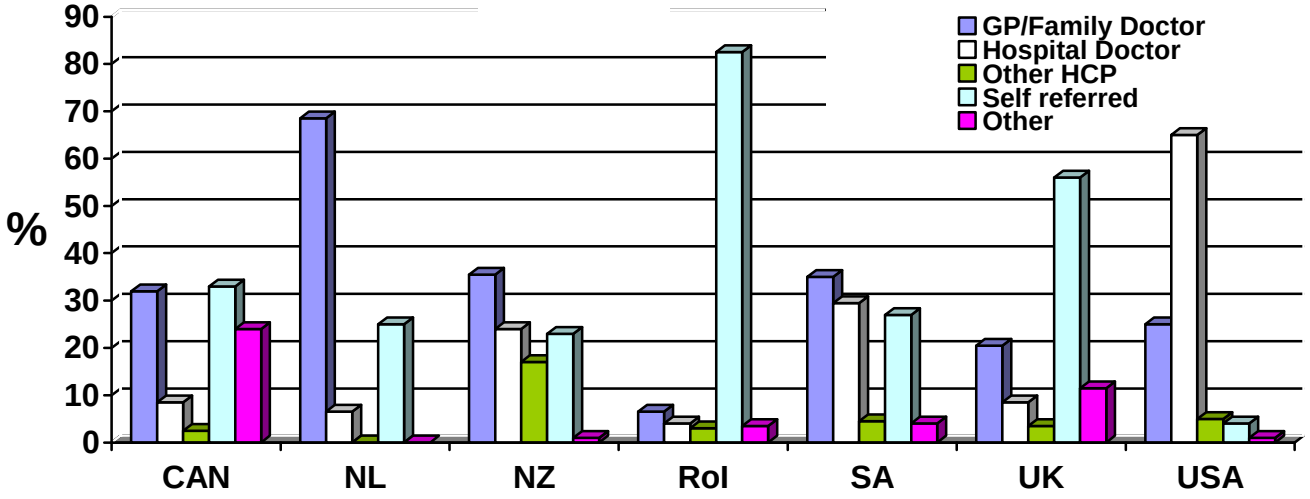
Country	No. of Prac-tices	Average No. of patient contacts per annum	Similar to other Practices in the area	Urban /Rural Location	Community Served	Staffing Profile
Canada (C)	4	13000	100% Fairly	50% Urban 50% Rural	50% Affluent 50% Mixed 0% Deprived	50% Singlehnd 25% 2-4 staff 0% 5-7 staff 25% over 10 staff
Netherlands (NL)	7		100% Very	71.4% Urban 14.3% Rural 14.3% Mixed	Not available	Not available
New Zealand (NZ)	3	4920	75% Fairly 25% Not	50% Urban 50% Rural 0% Mixed	25% Affluent 75% Mixed 0% Deprived	50% Singlehnd 25% 2-4 staff 0% 5-7 staff 25% over 10 staff
Republic of Ireland (RoI)	4	14500	40% Very 20% Fairly 40% Don't know	50% Urban 50% Rural 0% Mixed	20% Affluent 80% Mixed 0% Deprived	0% Singlehnd 80% 2-4 staff 20% 5-7 staff 0% over 10 staff
South Africa (SA)	5	6500	100% Very	60% Urban 0% Rural 40% Mixed	0% Affluent 100% Mixed 0% Deprived	33.3% Singlehnd 66.7% 2-4 staff 0% 5-7 staff 0% over 10 staff
United Kingdom (UK)	3	3000	33.3% Very 66.6% Fairly	50% Urban 25% Rural 25% Mixed	50% Affluent 50% Mixed 0% Deprived	100% Singlehnd 0% 2-4 staff 0% 5-7 staff 0% over 10 staff
United States of America (USA)	8	6000	42.9% Very 42.9% Fairly 14.3% Don't know	50% Urban 0% Rural 50% Mixed	0% Affluent 85.7% Mixed 14.3% Deprived	0% Singlehnd 85.7% 2-4 staff 14.3% 5-7 staff 0% over 10 staff
Germany (G)	1	800	100% Very	0% Urban 0% Rural 100% Mixed	0% Affluent 100% Mixed 0% Deprived	0% Singlehnd 0% 2-4 staff 100% 5-7 staff 0% over 10 staff

4.3 Gender by Country



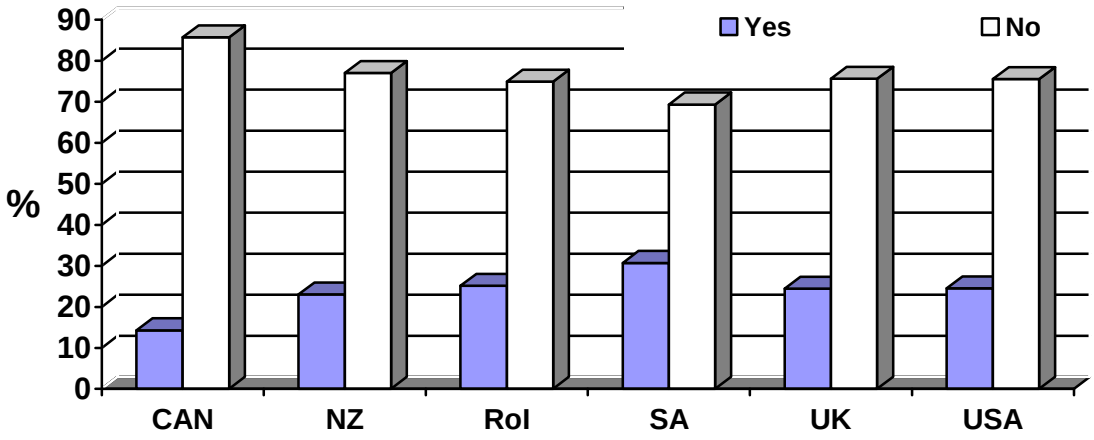
- All countries, with the exception of New Zealand, had more female patients than male
- The greatest differential was found in the Canada (64:36) and the USA (61:39)

4.4 Source of Referral



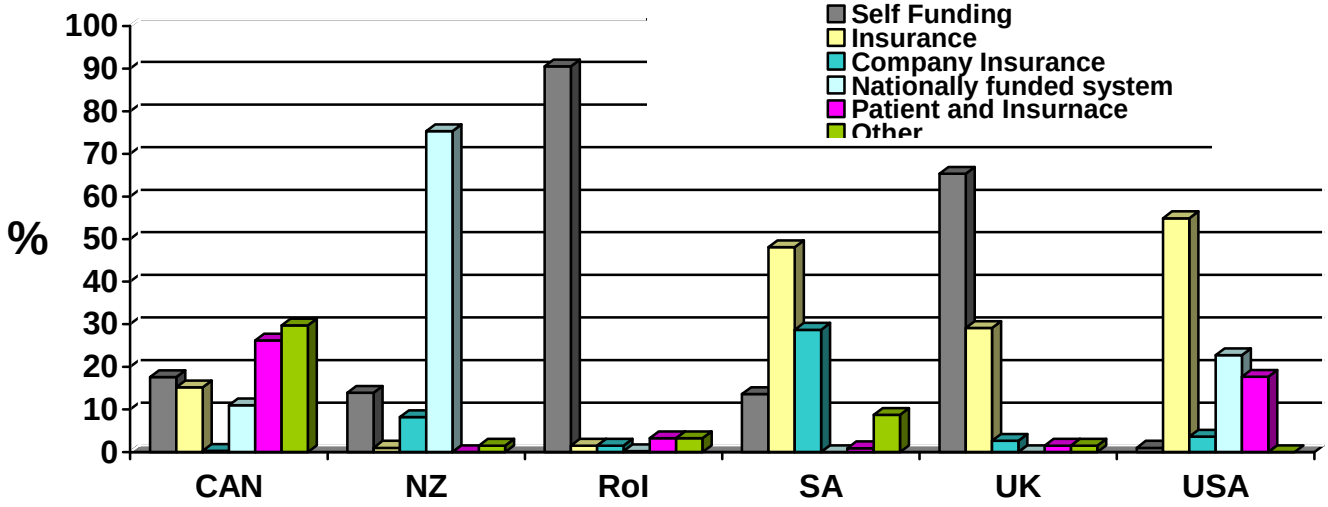
- The UK (56%) and Republic of Ireland (82.5%) had the greatest proportion of patients self referring
- Lower levels of patient self referral were experienced in the other countries (<38%) with lowest levels reported in the USA (4%)
- GPs were the main referrers to physiotherapy in Holland (68.5%), hospital doctors in the USA (65%)

4.5 Proportion of Patients who had had Previous Physiotherapy Treatment



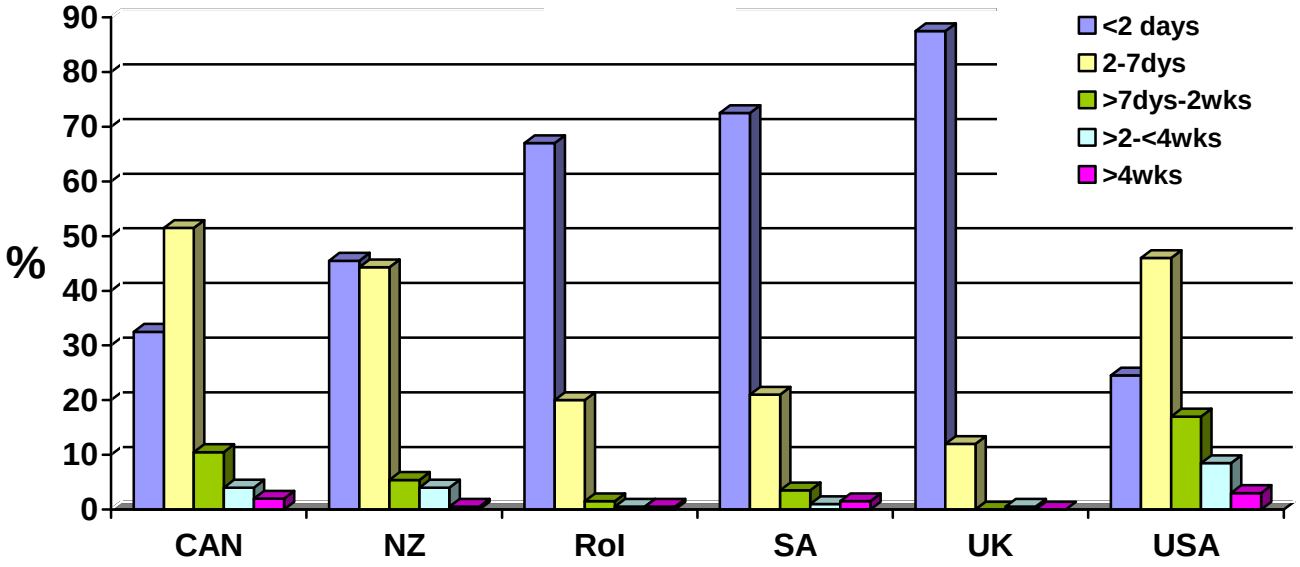
- The majority of all patients had not had previous physiotherapy > 69.5%
- 30.5% of South African practices reported the highest levels of treating patients who had had previous physiotherapy, lowest levels were reported by Canadian practices (14.5%)

4.6 Source of Funding for Physiotherapy Intervention (excl. Netherlands)



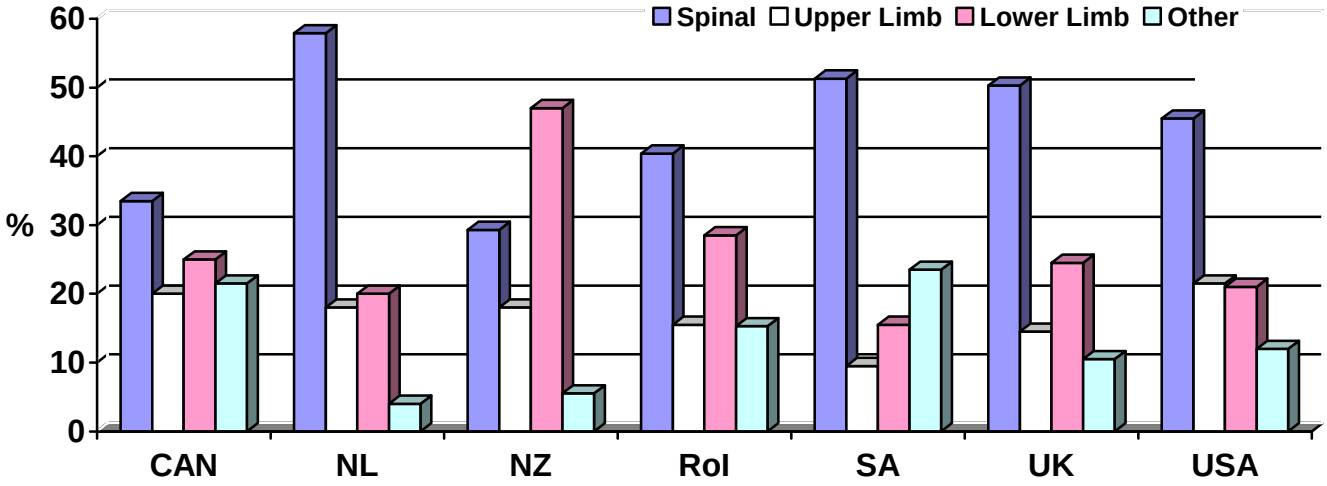
- The nationally funded New Zealand system paid for over 75% of physiotherapy patients
- More patients in the Republic of Ireland and the UK funded their own treatment

4.7 Waiting Times (excl. Netherlands)



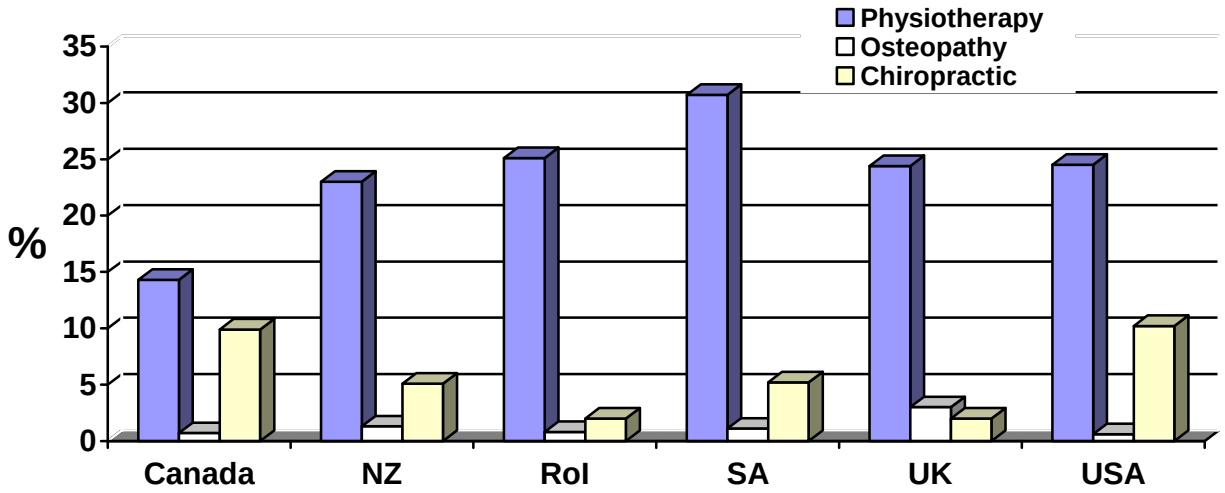
- Waiting times to physiotherapy were lowest in the UK with 87.5% being seen in less than 2 days, 72.5% in South Africa and 77.5% in the Republic of Ireland
- USA patients experienced the longest waiting time with 29% waiting longer than one week

4.8 Body Part Affected (Grouped)



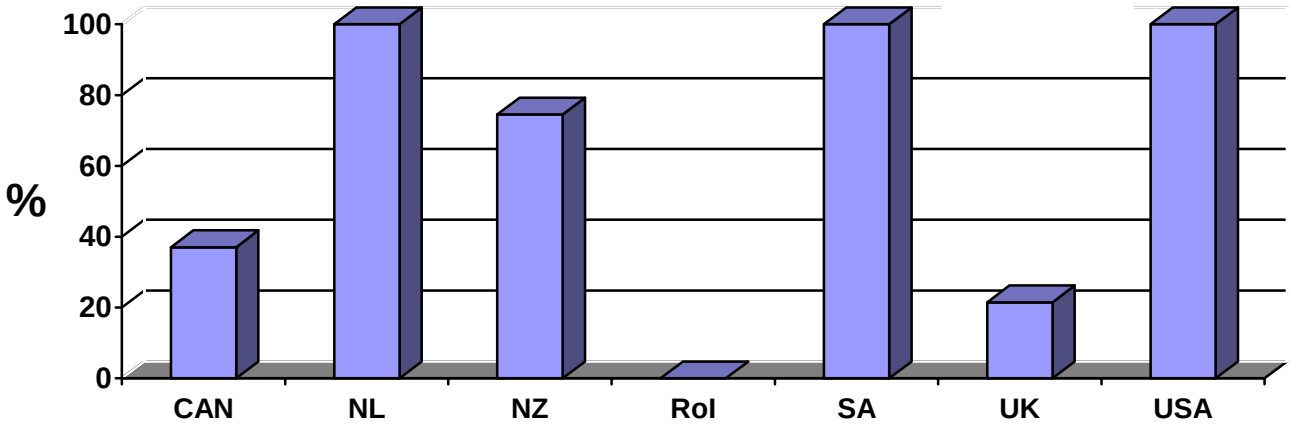
- Spinal conditions accounted for the majority of referrals in all countries with the exception of New Zealand
- The highest proportions of spinal conditions (>50%) were reported by the Netherlands (58%), South Africa (51.5%) and UK (50.5%)
- Highest proportions of 'other' conditions (>21.5%) were reported by South Africa (23.5%) and Canada (21.5%). These related to neurological, respiratory, continence and rheumatoid conditions

4.9 Previous treatment for the same condition in the last 2 years



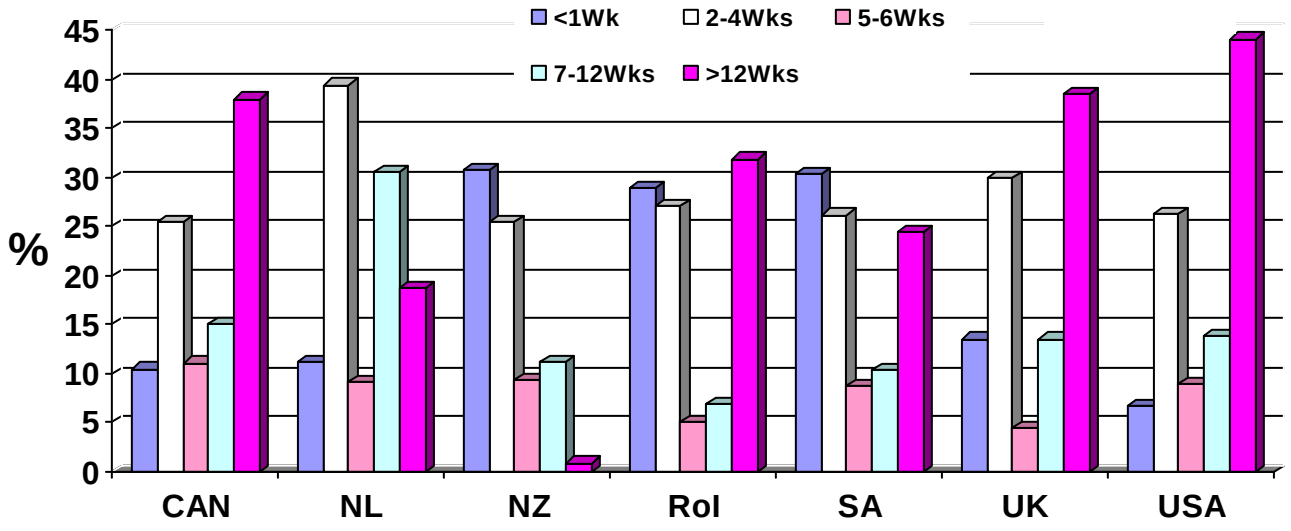
- South Africa had the highest proportion of returning patients for the same condition
- Approximately 10% of Canadian and American patients accessed the services of a Chiropractor which was twice the incidence of use in the other countries
- Osteopathy was accessed least of all by all patients in all countries
- UK had the highest use of Osteopathy but still only 3%

4.10 Use of Diagnostic Coding System by Country



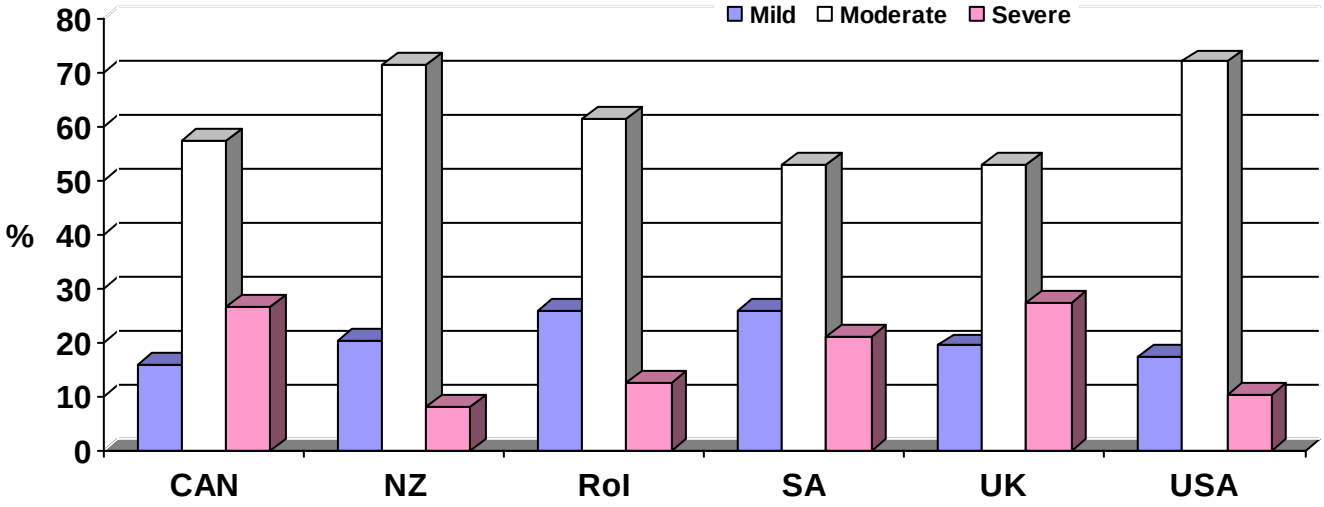
- Coding Systems were in place and being used for all patients in the Netherlands, South Africa and the USA
- Overall, 73% of patients had a diagnostic code assigned to them
- The most popular coding systems in use were: ICD codes, 62.5% and Read Coding, 7.5%
- None of the Republic of Ireland practices used a diagnostic coding system

4.11 Duration of Symptoms



- 25.5%-30.5% of all patients in all countries had had their symptoms for between 2-4 weeks
- New Zealand patients had the least amount of chronicity
- Less than 36% of USA and Canadian patients had had their symptoms for less than 4 weeks

4.12 Severity of Condition (Physiotherapist determined)

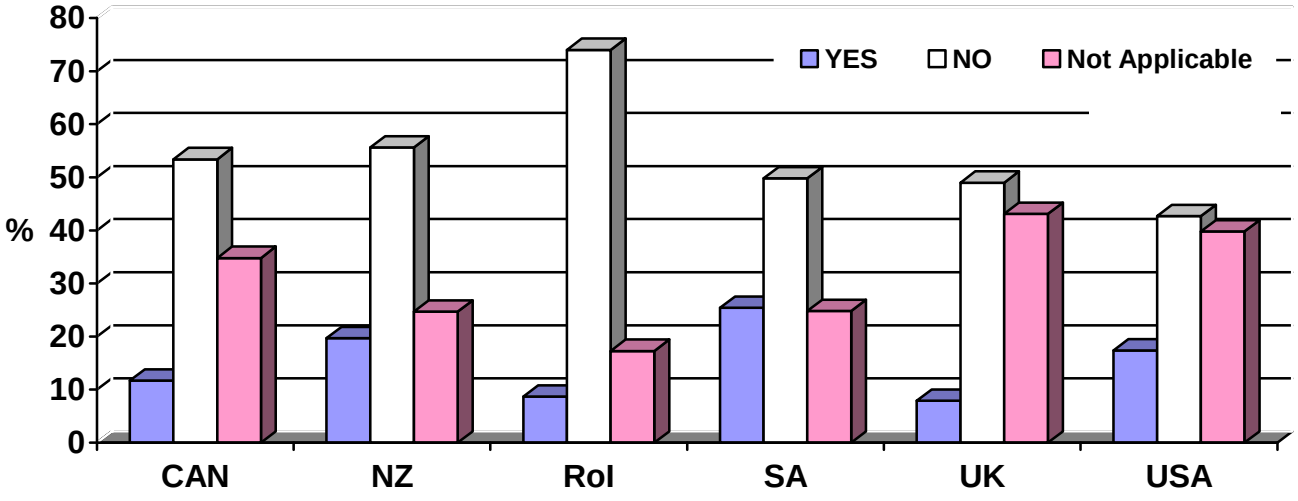


- USA patients had the greatest proportion of moderate symptoms (72%) and second lowest degree of severity (10.5%)
- The majority of referrals in all countries were assessed as moderate in severity by physiotherapists

4.13 Employment Status (excl Netherlands)

- Overall, more patients were in employment than any other category
- UK (29.5%) and USA (24.5%) patients were more likely to be retired than in other countries
- Highest levels of patients stating they were not working due to a disability were experienced in the USA

4.14 Of those in Employment, Proportion Absent from Work as a Consequence of their Physiotherapy Related Problem? (excl. Netherlands)



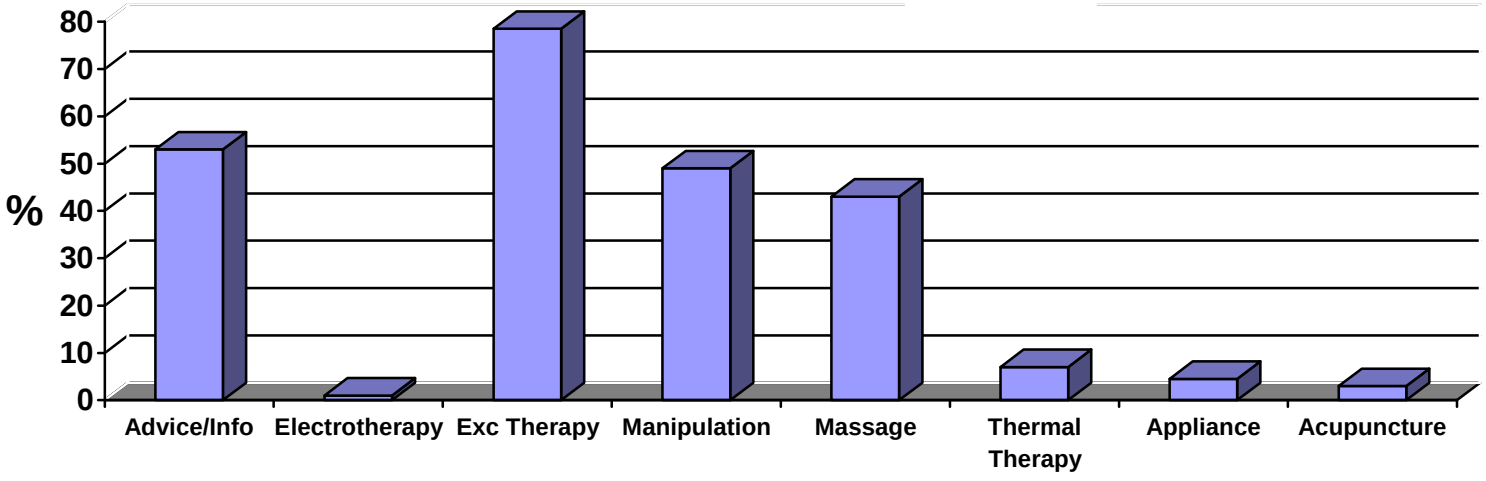
- Highest levels of work absence were experienced in South Africa and New Zealand, over three and twice the rate experienced in the UK

4.15 Time Absent from Work

Country	Proportion Off work	<1 Wk	1-2 Wks	2 Wks-1Mth	>1 month
Canada	11.5%(34)	17%(5)	20.5%(6)	14%(4)	48.5%(14)
New Zealand	19.5%(63)	66%(33)	8%(4)	18%(9)	8%(4)
Republic of Ireland	8.5%(37)	61%(22)	25%(9)	14%(5)	0%(0)
South Africa	25.5%(186)	66.5%(122)	16.5%(30)	6.5%(12)	10.5%(19)
UK	8%(16)	50%(7)	14.5%(2)	28.5%(4)	7%(1)
USA	17.5%(67)	20%(9)	11%(5)	26.5%(12)	42%(19)

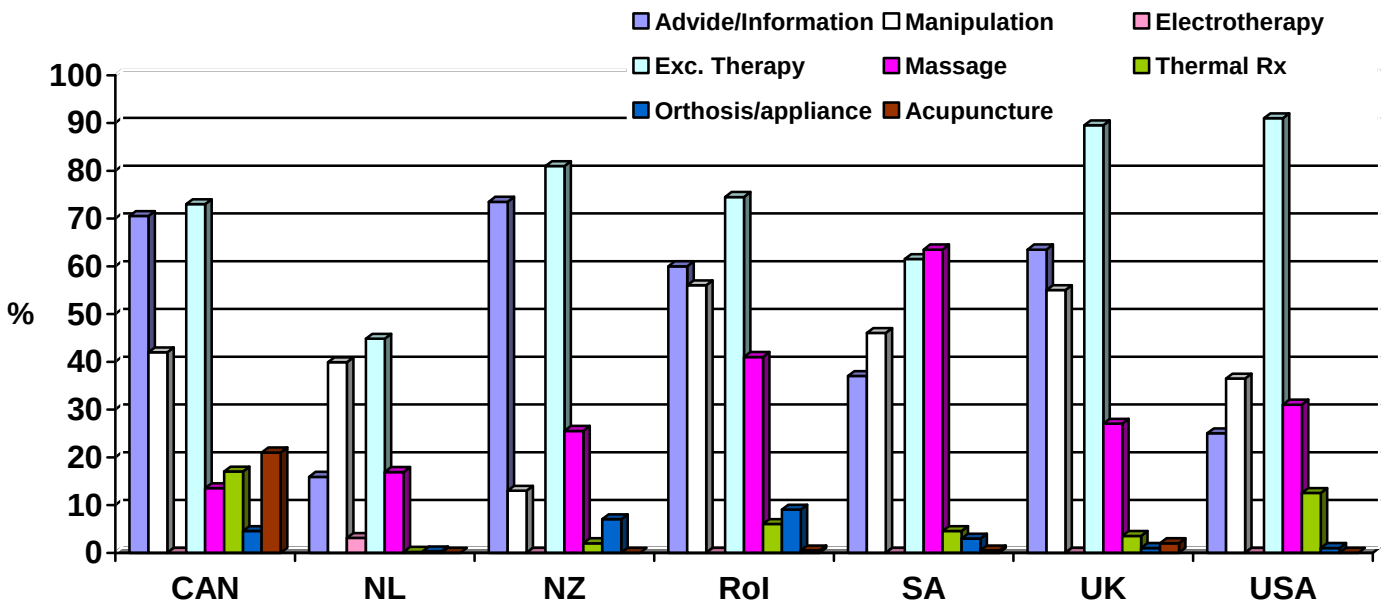
- The highest proportion of work absence was reported by South Africa (25.5%)
- The lowest proportion of work absence was reported by the UK (8%)
- Nearly half of those absent from work in the USA (42%) and Canada (48.5%) had been absent for over one month

4.16 Overall Physiotherapy Modalities Used (max. three per episode)



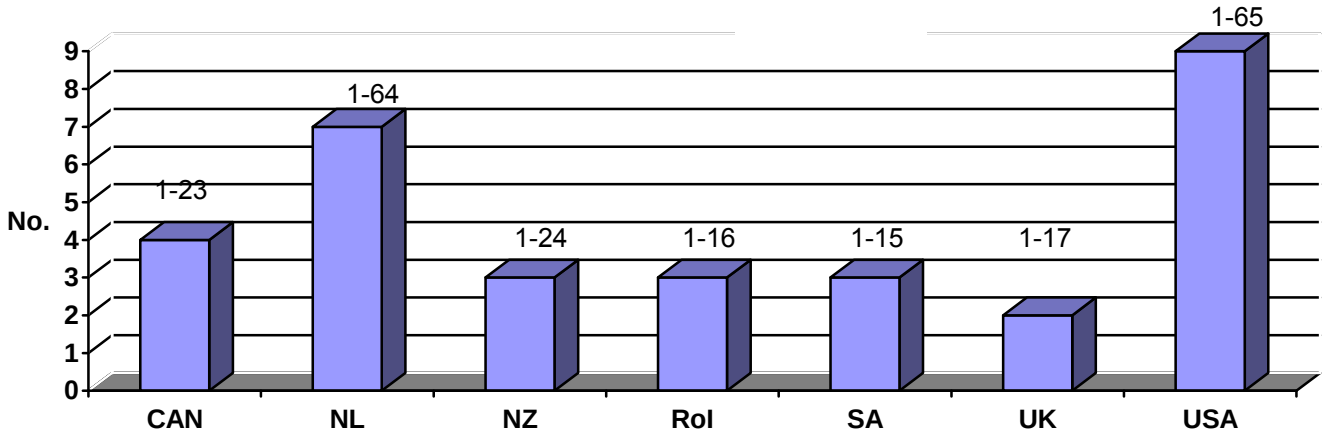
- The most frequent interventions used in all countries were exercise (78.5%), the provision of advice (53%), manipulation (49%) and massage (43%)
- Low levels of electrotherapeutic interventions were reported (0.6%)

4.17 Physiotherapy Modalities Used by Country



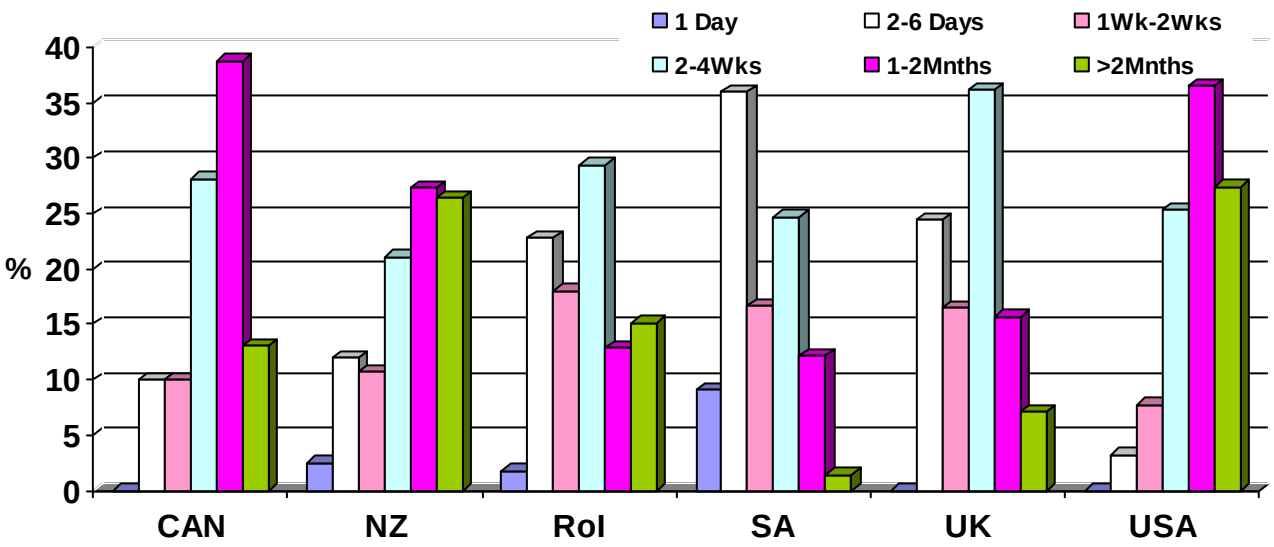
- Significant differences in treatment modalities were reported
- Exercise therapy was the most consistently used modality
- Low levels of acupuncture were reported (<0.2%) except by Canada (21%)
- Over 50% of patients in the Republic of Ireland and the UK received manipulation
- Massage was most commonly used in South Africa (63.5%)

4.18 Median and Range of Physiotherapy Contact Numbers



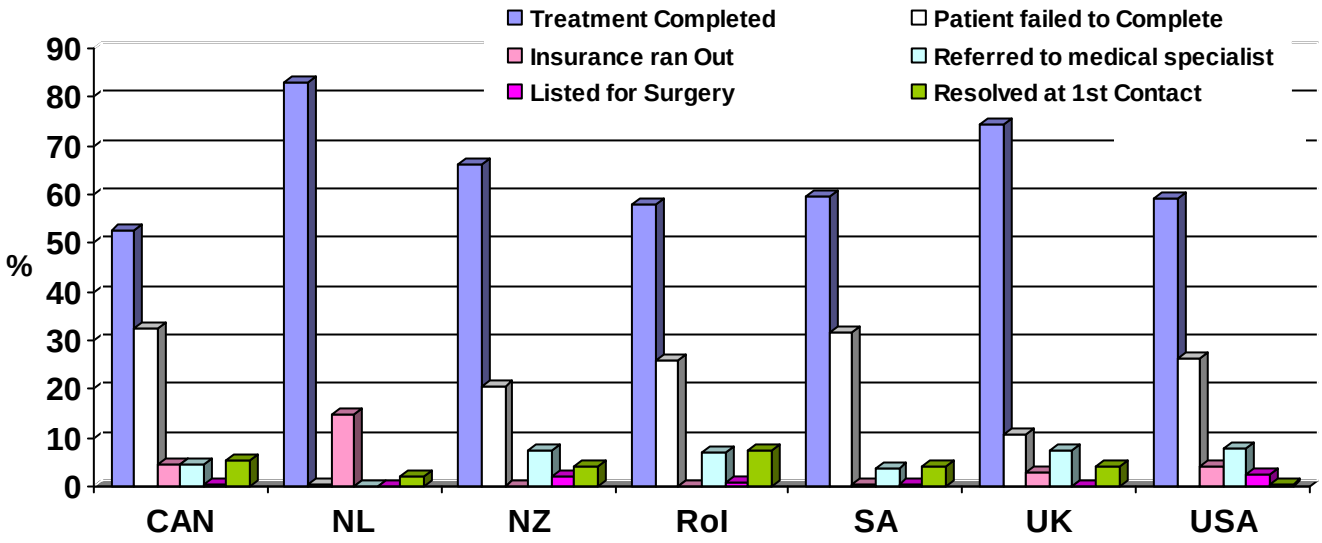
- Significant differences in the median number were reported; 3-9
- Lowest median contact numbers were reported by New Zealand, the Republic of Ireland, South Africa (3) and the UK (2)
- Highest median numbers were reported by the Netherlands (7) and the USA (9)
- The range in numbers of contacts also varied significantly

4.19 Duration of Intervention / Treatment (excl. Netherlands)



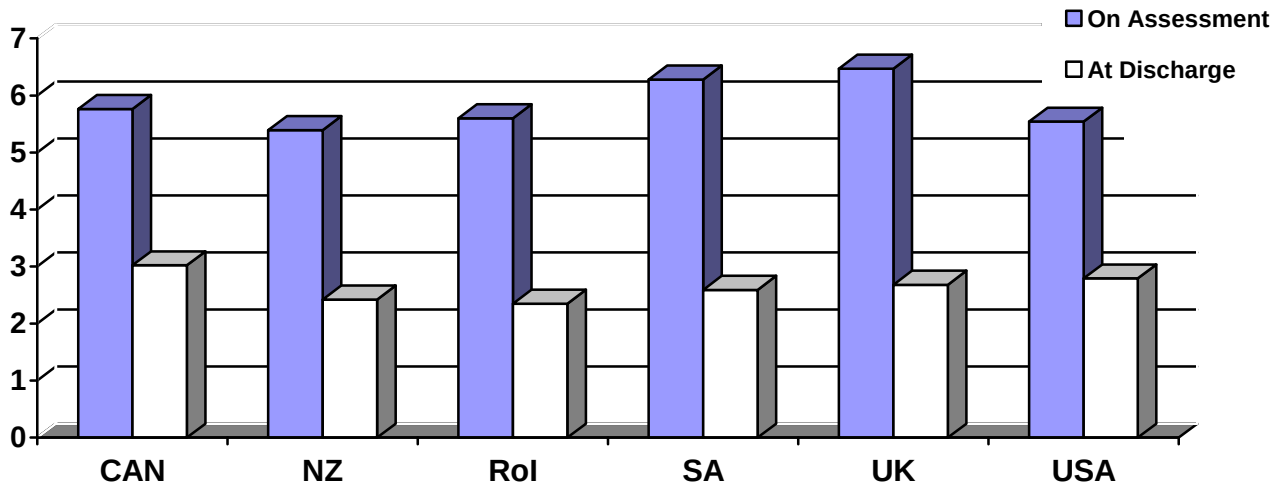
- The majority of patients completed their course of treatment in less than 2 months
- More patients were seen for longer in the USA and new Zealand than other countries
- Nearly one tenth of patients were discharged after one contact (1 day) in South Africa
- South Africa and the UK had the lowest proportion of patients attending beyond 1 month

4.20 Reason for Discharge



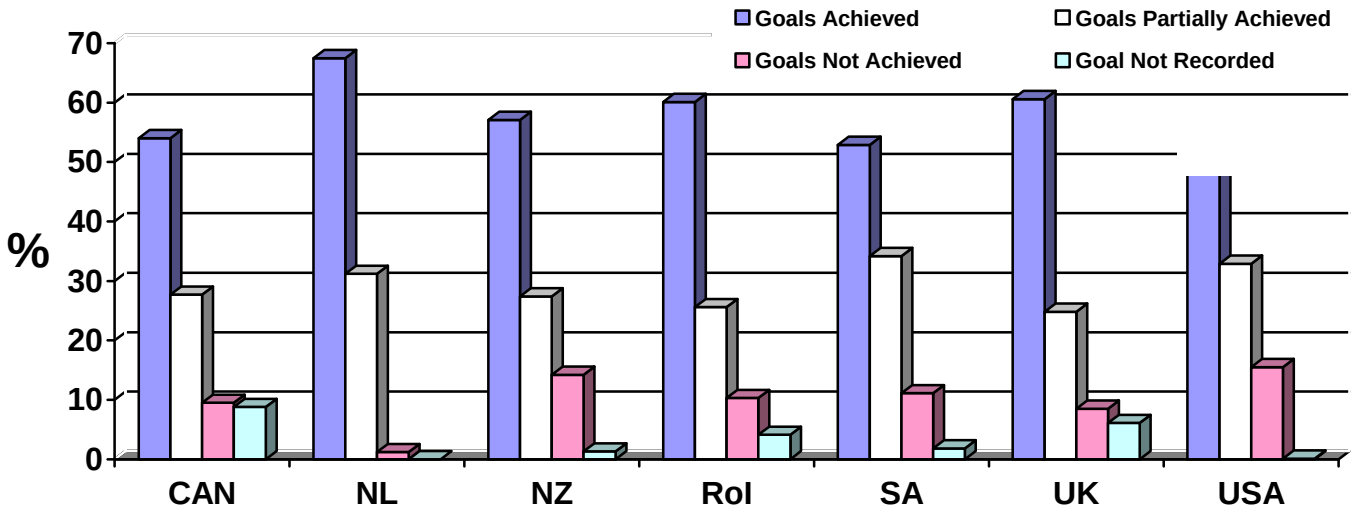
- The majority of patients completed their course of treatment, significantly so in the Netherlands (82.5%)
- Failure to complete the course of treatment rates of over 25% were reported in Canada, South Africa, USA and the Republic of Ireland, however, only 0.3% in the Netherlands
- Only small numbers of physiotherapists listing for surgery were reported (2.5%)

4.21 Mean Severity of Patient Reported Symptoms On Assessment and At Discharge (VAS 0-10 scale) (excl. the Netherlands)



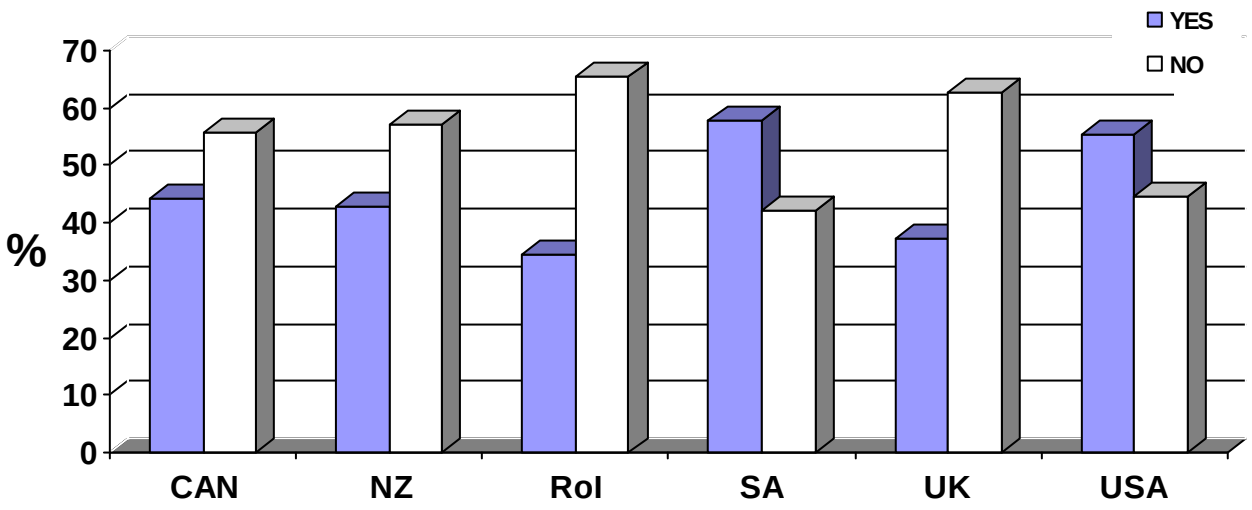
- Mean rates of patient reported severity fell significantly over the course of treatment in all countries
- Despite having the greatest number of physiotherapy contacts, USA patients did not report any more favourable outcomes than experienced in other countries

4.22 Outcome (Goal Achievement)



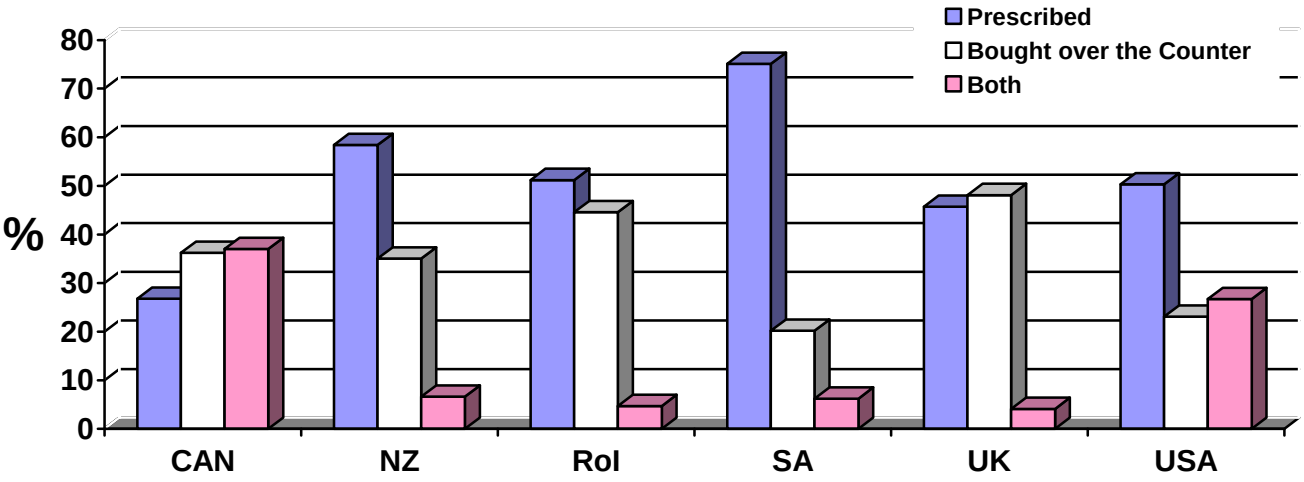
- Over 50% of all patients in all countries achieved their treatment goals, significantly more so (over 60%) in the Netherlands, the UK and the Republic of Ireland

4.23 Proportion of Patients taking Medication for their Problem at Time of Assessment (excl. Netherlands)



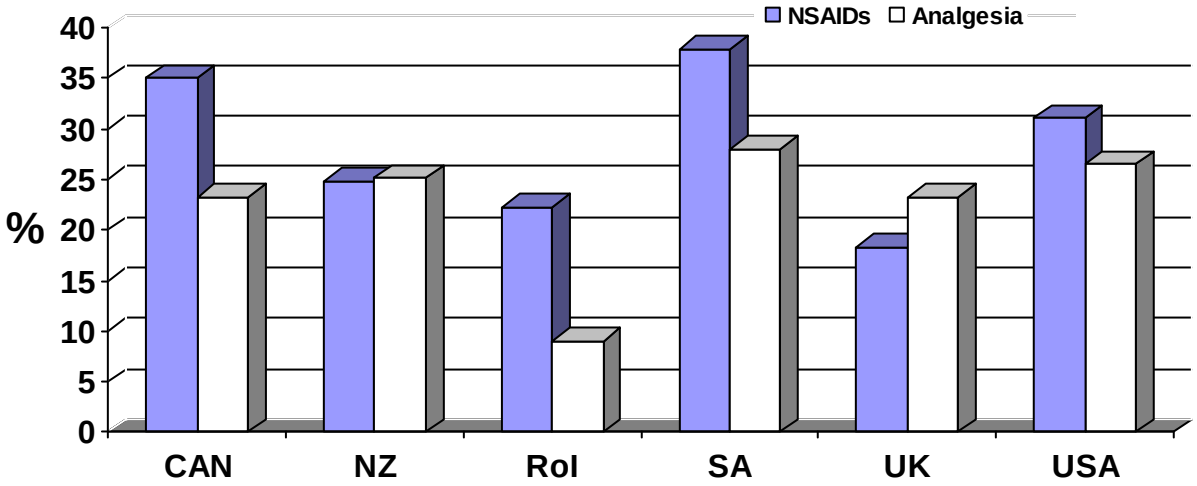
- Only in the Republic of Ireland and the UK were less than 37.5% of patients taking medication for their problem at time of assessment

4.24 Source of Medication (excl. Netherlands)



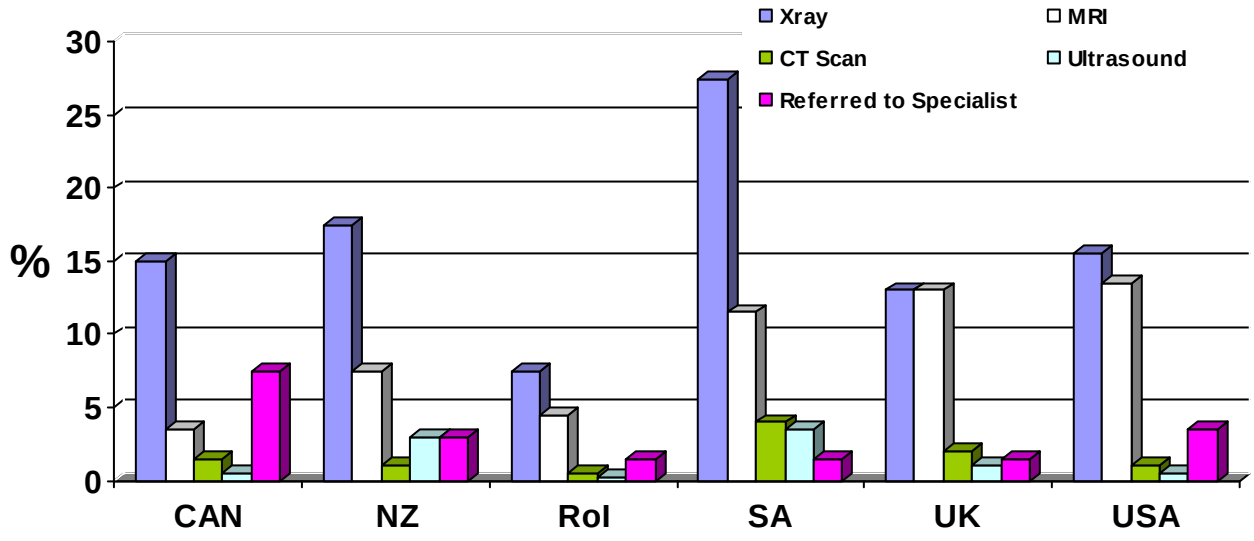
- Overall, higher levels of prescribed medication than bought over the counter were identified
- Greater proportions of UK and Canadian patients bought their own medication over the counter than had them prescribed
- The highest level of prescribing was experienced in South Africa (75%) followed by the New Zealand (58.5%)
- The lowest level of prescribing was reported in Canada (27%)
- USA and Canada reported highest levels of patients taking both prescribed and bought over the counter

4.24 Proportions taking Non-steroidal Anti-inflammatory Drugs (NSAIDs) & Analgesic Medication (excl. Netherlands)



- Higher levels of NSAIDs were reported in South Africa (38%) followed by Canada (35%)
- Lowest rates of Analgesics were taken by patients in the Republic of Ireland (9%)

4.26 Proportion of those having Diagnostic Testing and/or Referral to Specialist by Country (excl. Netherlands)



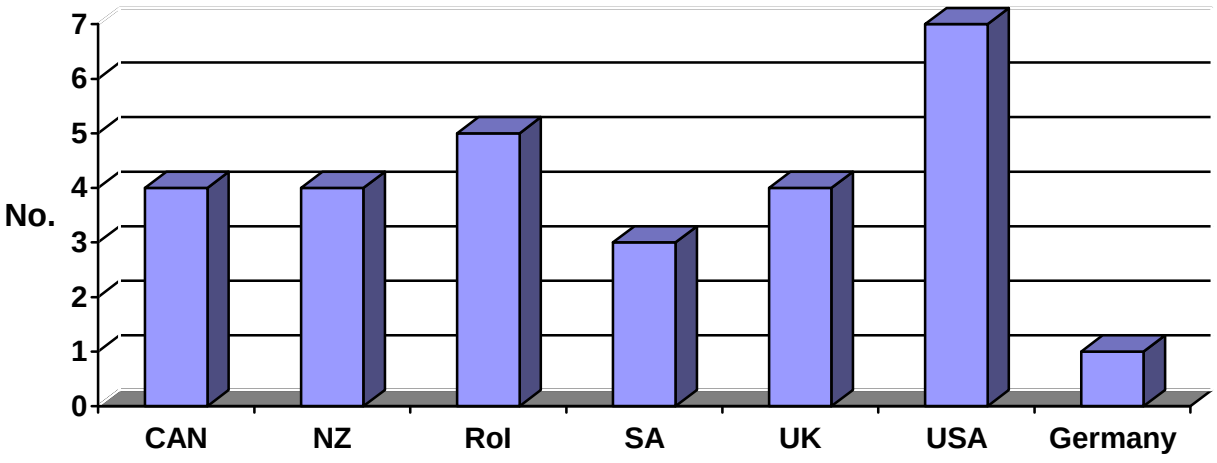
- South African patients were nearly 50% more likely to have an X-ray than patients in other countries, they also experienced the highest level of CT scanning and high levels of MRI's
- The lowest levels of diagnostic testing was experienced in the Republic of Ireland

5.0 Physiotherapist Feedback

5.1 Response Rate

Twenty-eight responses were returned to the study centre and although all participating countries were represented, not every practice was. A response was received from the one participating practice in Germany and is included within this analysis to provide a reflection of issues from a German perspective. Due to the central mechanism of data collection in the Netherlands, it was not possible to elicit feedback from individual physiotherapists. An exact response rate was not possible to determine as it was not known how many physiotherapists in total were employed within participating practices.

5.2 Number of Responses received by Country

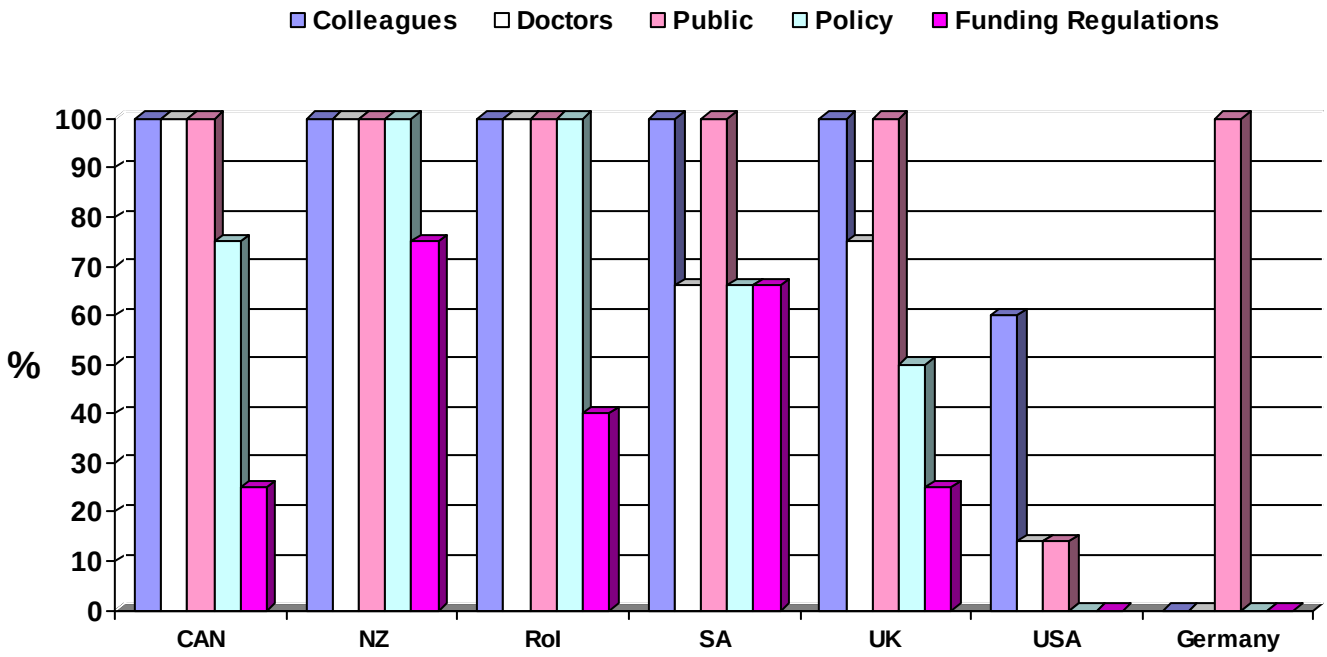


5.3 Physiotherapist reported 'happiness' at Treating Patients referred or referring themselves to their practice

- All respondents (100%, n=28) reported that they were happy to treat patients who were referred to them by other healthcare professionals
- The majority of respondents (n=27), with the exception of one respondent from the USA, reported that they were happy to treat patients who referred themselves for physiotherapy
- It should be noted that only one response was received from Germany

5.4 Level of Support for Patient Self Referral

Respondents were asked whether patient self referral to physiotherapy was well supported by a range of key stakeholders within their country.



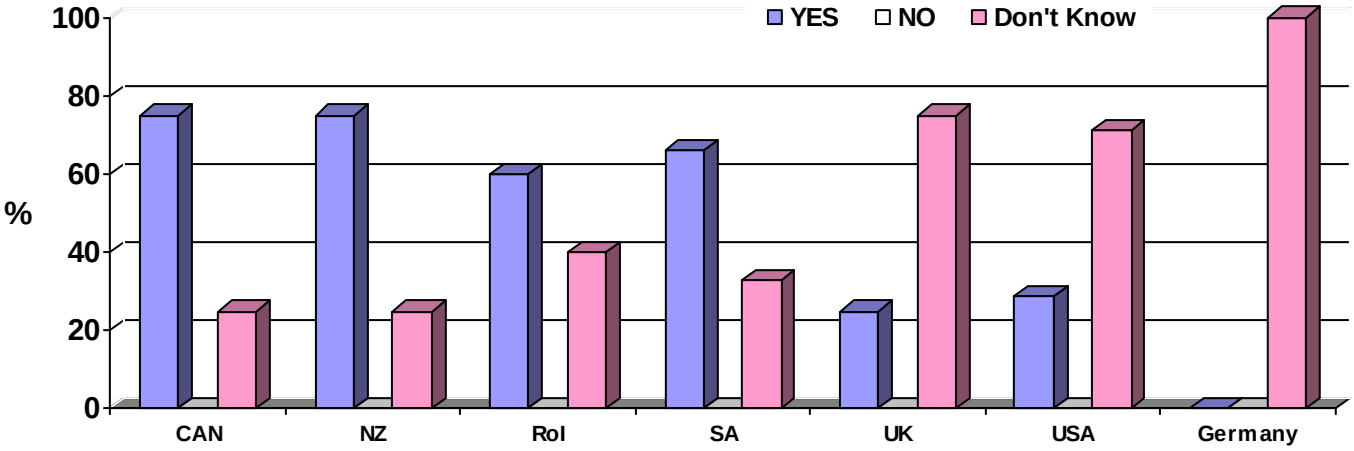
- High levels of support from the majority of stakeholders were reported with a number of specific exceptions
- Low levels of support from funding regulators were reported by all countries and particularly so in Germany and the USA, no support
- It would appear that support from all quarters is low in the USA to a much higher extent than experienced in other countries
- There are low levels of support for patient self referral from Doctors in Germany, South Africa and significantly so in the USA (12%)
- Support from policy was lowest in both Germany and USA (0%)

5.5 Ease of Data Collection

Respondents were asked how easy it had been to collect the required data. All but 2 respondents (93%) reported that it had been either easy or very easy. One respondent from the Republic of Ireland and one from the UK reported that it had been difficult to collect the required data.

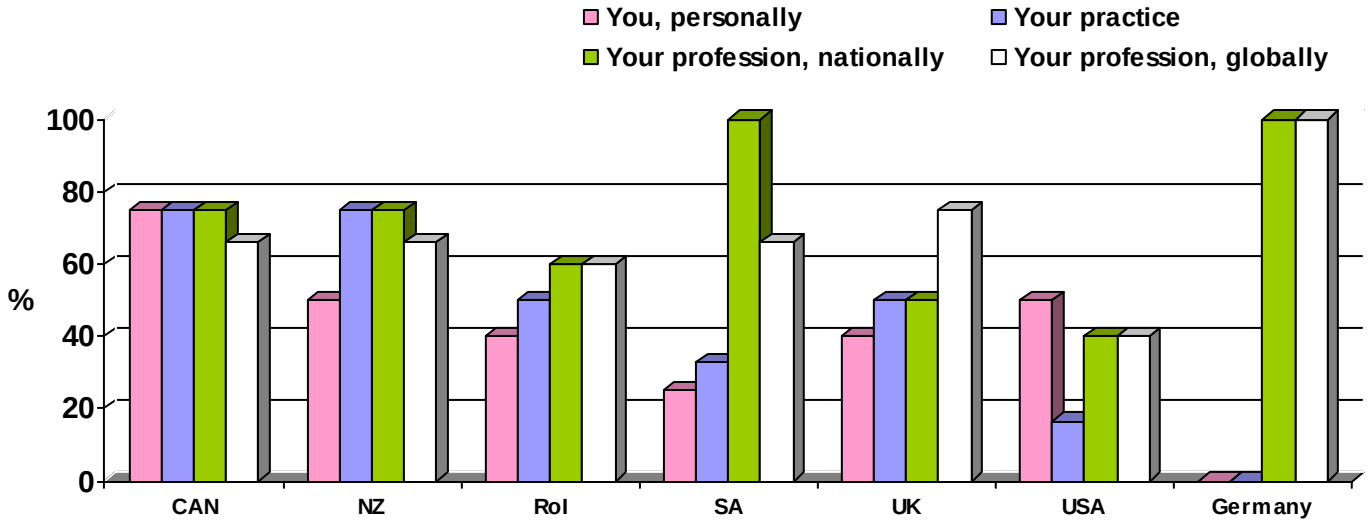
5.6 Perceived Value of Participating in the Study

Respondents were asked if they considered that there had been any overall value in being involved in this study. Their responses are presented below.



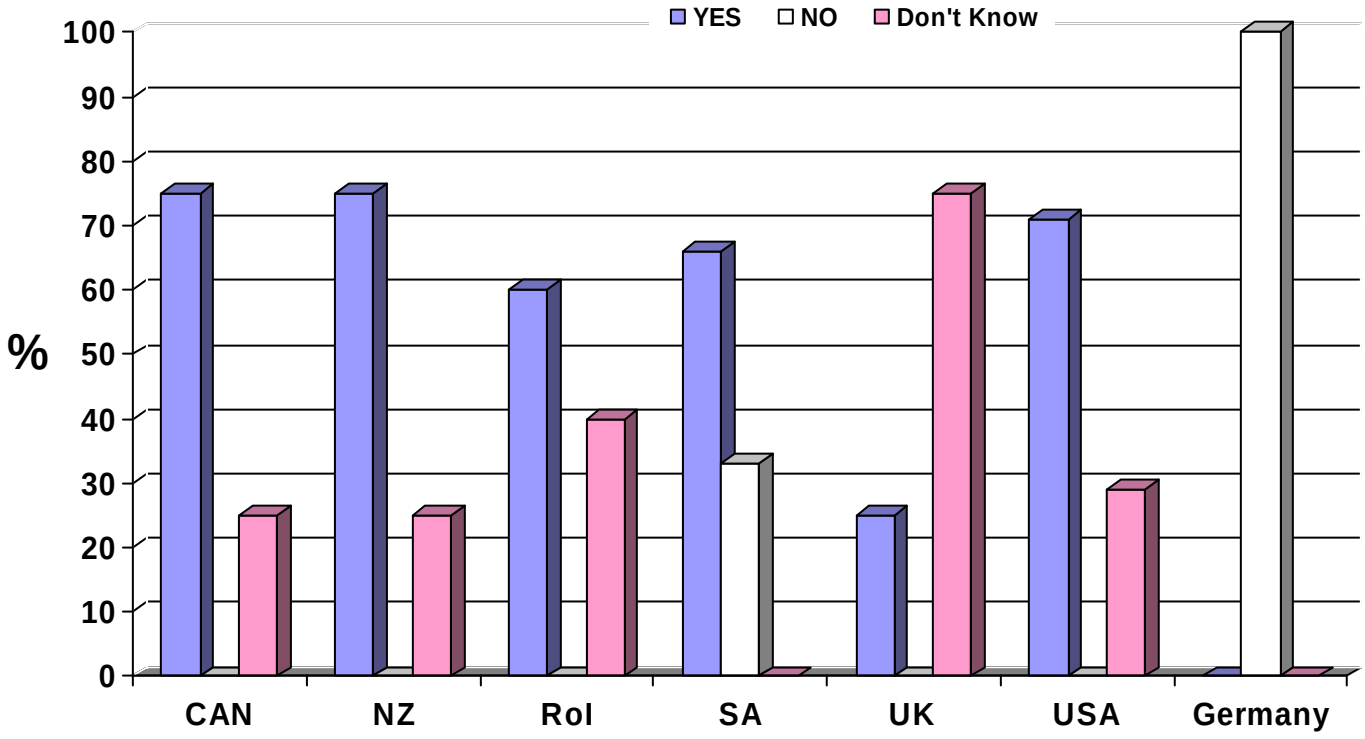
- No respondents reported there being no value in participating
- There were higher levels of uncertainty as to the value expressed by the German, UK and USA practices
- A clear value (>60%) was expressed by Canadian, New Zealand and South African practices

5.7 Reported Perceived Value of Participating in the Study for Participants Personally, their Practice and their Profession; nationally and globally



- Despite reporting no value personally and for their own practice, the German respondent valued the opportunity participating had for their profession nationally and globally
- Overall, the greatest value reported by all respondents related to their profession nationally and globally

5.8 Reported Perceived Value in Undertaking further International Collaborations



- The majority of respondents with the exception of Germany and the UK reported that there could be value in undertaking further work internationally

5.9 Additional Comments

In addition to the quantifiable data, comments were provided by many respondents. These have been classified by theme and can be found in Appendix 4.

6.0 Summary of Key Findings

There were significant differences in physiotherapy practice observed when examining the data collected in this study. Overall it appeared that**:**

- Male to female ratios were similar in all countries except Canada and the USA where a greater proportion of female patients were seen
- All countries reported a proportion of patients self referring to their services but this was highest in Ireland (82.5%) and lowest in the USA (4%)
- The majority of patients in all countries were suffering from a new condition
- As anticipated, source of funding for physiotherapy varied by country
- Waiting times were generally low with the majority waiting under 2 weeks
- Spinal conditions accounted for the majority of referrals in all countries except New Zealand
- The consistent use of diagnostic coding systems seems to relate to funding mechanisms
- The vast majority of patients were assessed to have moderate severity of symptoms
- More patients were in employment than any other category in all countries
- Of those patients in employment, the majority were not off work
- Major differences in the use of physiotherapeutic modalities were observed
- Despite the emphasis placed on patient education and empowerment, approximately half of all patients did not receive either advice or information as part of their treatment
- Netherlands, South Africa and the USA had the greatest range of number of contacts, with the Republic of Ireland and the UK having the lowest
- Wide variations in the length of time patients attended for physiotherapy were observed
- Surprisingly high levels of 'failed to complete treatment' were observed in some countries, although the majority of patients did complete treatment
- Pre and post Visual Analogue Scale scores identified that on average, patients rated themselves as 6.7 at assessment compared with 2.3 on discharge

- The majority of patients in all countries achieved or partially achieved their goals

.

- Significant numbers of patients were taking medication when assessed although the levels of prescribing varied from 26.8% in Canada to 75.1% in South Africa

- Levels of referral for other diagnostic testing or specialist opinion were generally low with the exception of South Africa where patients were nearly 50% more likely to have an x-ray than patients in other countries. Republic of Ireland had the lowest levels of testing

- All respondents (100%, n=28) reported that they were happy to treat patients who were referred to them by other healthcare professionals

- The majority of respondents (n=27), with the exception of one respondent from the USA, reported that they were happy to treat patients who referred themselves for physiotherapy

- The majority of respondents (93%) reported that it had been either easy or very easy to collect the required data.

- No respondents reported there being no value in participating in the study

- There were higher levels of uncertainty as to the value of participating expressed by the German, UK and USA practices

- A clear value (>60%) was expressed by Canadian, New Zealand and South African practices

- Despite reporting no value personally and for their own practice in participating in the study, the German respondent valued the opportunity participating had for their profession nationally and globally

- Overall, the greatest value reported by all respondents related to their profession nationally and globally

- The majority of respondents with the exception of Germany and the UK reported that there could be value in undertaking further work internationally and, as endorsed by some of the views expressed, value particularly for their professional organisations nationally and for the profession globally

7.0 Limitations

Despite significant efforts by the authors to encourage participation in this study, it has to be recognised that the final number of practices involved by country was small and therefore, confidence in the wider applicability of these results should be questioned. It is therefore, as previously stated recommended that this study should only be considered as pilot study.

It also needs to be considered that there are associated limitations with any work that relies on self reported information, an issue that needs to be also recognised.

8.0 Achievement of Study Aims

- This study set out to identify if it was possible to develop and agree an international physiotherapy data set which could be used to investigate the clinical and cost effectiveness of physiotherapy in private health care systems and to provide evidence regarding self referral.

This has been achieved. Full agreement in relation to the content and definitions of an international physiotherapy dataset was achieved relatively easily. This could be used in the future to carry out further international comparisons and collaborations. It should also be considered that as IPPA endorsed the dataset it would be beneficial if individual member countries endeavoured to implement within their own membership. This would allow future collaborations to be undertaken based on an embedded standard dataset.

The study has provided a view as to the extent of self referral globally although due to the limitations identified, these must be considered in that context. It does not negate however the potential ability of the fitness of the agreed dataset and associated definitions which could be used into the future to support other initiatives.

This work has shown that international collaborations are possible. It should be noted however, that any future work, in light of this experience, will have to consider the issue of recruitment carefully. It should also be considered that to achieve high levels of participation, funding may have to be provided to incentivise practices to continue with a project to its completion.

- A final aim was to provide the participating locations, partner/professional and IPPA organisations with evidence which could be used to market physiotherapy services to funders, policy makers and the public.

This aim has been partially achieved. Undoubtedly, the individual practices taking part have been provided with information about their own practice and how this compares with the other practices who participated nationally and internationally. It would not be appropriate however, to conclude that this work provides definitive and robust evidence. It provides a snapshot of international practice, a basis for consideration and further work. The implications for practices and individual countries should be considered separately within their own context.

9.0 Dissemination of results

This overview report, endorsed by the executive of IPPA, will now be made available to a range of appropriate and recommended audiences. In addition, a number of other reports have been prepared.

Reports on the data submitted by each participating country have been prepared and will be disseminated to all participating sites. These provide both a national and individual participating site overview of the data submitted. Individual sites will remain anonymous and are identified by a number known only to each site to allow for benchmarking on national basis.

Scientific papers will be prepared for publication and presentation.

10.0 Acknowledgments

The authors would like to thank IPPA for their continued interest in gaining an overview of international physiotherapy practice, and the Private Physiotherapy Educational Foundation for providing the funding to support this work.

Participating physiotherapists are also acknowledged and thanked for contributing both their data and their views. We hope they have gained from the experience and will benefit from these results.

We would also like to acknowledge the significant contribution of Danny Rafferty, Glasgow Caledonian University for his expertise in developing the web database and questionnaire, overseeing its administration and in assisting with the associated data analysis.

Appendix 1 International Data Collection Scoping Questionnaire

International Physiotherapy Data Collection Project

Developed in partnership with the International Private Practitioners Association

Dear All

Welcome! Thank you so much for registering interest in being part of this international data collection initiative which is being supported by the International Private Practitioners Association (IPPA). Phase 1 of this project includes a set of general questions re Physiotherapy Practice in each country which were sent to the Key Contacts. This information will help us ensure that we have enough practices in each country to be representative. Also in Phase 1 is the questionnaire following this introduction. We anticipate that the information gleaned during this part of the project together with data already collected will provide us with a much clearer picture of how and what information we will be able to collect during phase 2. Phase 2 relates specifically to the data collection stage of the project. Phase 3 will be the analysis and dissemination of the results to IPPA and each of you.

The questionnaire contains 3 sections designed to cover all aspects of the data collection that we need to be clear about before we begin Phase 2.

Section 1 Is general demographic and general information about your service
Section 2 Is asking you about referral information and management data
Section 3 Is relates to discharge data

Please complete each section and feel free to add any comments you feel will assist with this project or clarify your current service. We are keen to get your views to ensure that we go on to collect information that will be relevant to, and useful for you wherever you practice in the world.

Once both sections have been completed, please return via email to:

v.webster@gcal.ac.uk

By 25th August 2006

We intend to present these preliminary results at the European IPPA meeting in September but will ensure that each of you individually receive a copy of the full report at that time.

These responses should represent what happens in your individual practice, if you wish to make any further comment, please use the box provided at the end.

Best wishes

Valerie and Lesley

Name:	
IPPA Member Country	
Address	
Telephone Number (include int. code please)	
Email:	

Main contact details

About your service/practice

Q1. Please indicate in percentages the proportion of new patients seen at your practice over the last year; %

With a doctors referral	
Themselves, i.e. can walk in off the street and be assessed and/or treated without seeking the authority of others (no constraints)	
Themselves, i.e. can walk in off the street but your are limited in what or for how long you can proceed (constraints)	
Other	

If with constraints or by other means, please provide details

Q2. If we were to suggest collecting data over a two month period that covered the following months, are you aware of any factors that may influence the number of new patients you see? e.g. local or national holidays?

	YES	NO
October & November 2006?		
May & June 2007		

If YES, please provide details

Q3. What proportion of physiotherapists work as a first point of contact practitioner within your practice (that is are able to treat patients who refer themselves or are referred but have not had any previous assessment by a doctor or other health professional).–

_____ **%**

Q4. Do you routinely collect:

Answer with a Y (Yes) or N (No) in each box

	Paper	Computer
Patient demographic data (age, sex etc)		
Who refers patients to you or if they self		
Patient medical/clinical diagnostic data		
Patient employment data		
No Idea | | **Very different** **Some similiarities** | | **No difference**		
Patient treatment / intervention data		
Patient contact numbers		
Patient outcome data		
Payment details		

Q5. We will need to include information on all patients you see and as this is an international project, we need to consider how this could be done with the minimum of effort. We are asking you for your view on how this could be achieved. Please indicate your preferred method. *Please note, the data collection will not include any patient identifying information i.e. name, address, identifying numbers etc* Please tick your preferred choice.

	YES	NO
I would prefer to complete a data sheet for each patient contact manually and return (via post) to the study centre for processing		
I would prefer to complete a data sheet for each patient contact manually and return (via post) to the study centre for processing		
I would prefer to complete a web based data sheet for each patient contact		
I would prefer to complete a data sheet via a database held on		

my own computer (we provide the database)		

Q6. In your opinion, in your country, to what extent is physiotherapy valued by:

	Not At All	Quite	Very Much	Not Sure
Medical Practitioners				
The Public				
Policy Makers				

Q7. In your opinion, how similar is the practice of physiotherapy in Australia, New Zealand, South Africa, Holland, USA, Canada, UK

Q8. In your opinion, what potential benefits could there be in taking part in this initiative for:

a. *Patients:*

b. You and your individual practice:

c. Your profession nationally and internationally

Q9. In your opinion, what should IPPA be doing to support professional Development, either nationally or internationally.

If you have any comments in relation to any of the questions, please record them here thanks

International Data Collection Information

In order to agree a data set which is applicable to all, we are trying to find out if you routinely collect the information specified below and if so, in what format OR if you do not, whether you feel you would be able to provide it for the project. Please answer by putting a **Cross** in the either **YES** or **NO Box** for each answer. You can add any items of information you feel have not been included but which you consider essential to include at the end.

PART A

1a. Do you routinely record if the patient has consulted anyone prior to coming to you?

Yes	No

1b. If yes please indicate which of the following sources would be applicable to your setting:

	Yes	No
General Practitioner/Family Doctor		
Physician		
Surgeon		
Physiotherapist		
Nurse		
Other Please state		

1c. ***If No, would you be able to collect using these categories if the study required you to do so?***

Yes	No

2a. Do you routinely record the date the patient was referred or referred themselves to Physiotherapy?

Yes	No

2b. If Yes which of the following date orders do you use:

	YES	No
dd/mm/yryr		
mm/dd/yryr		

2c. ***If No would you be able to collect this if the study required you to do so?***

Yes	No

3a. Do you routinely record the date when initial Physiotherapy Assessment is undertaken?

Yes	No

3b. ***If No would you be able to collect this if the stud required you to do so?***

Yes	No

4a. Do you routinely record Gender?

Yes	No

4b. ***If No would you be able to collect this if the study required you to do so?***

Yes	No

5a. Do you routinely record Age?

Yes	No

5b. *If No would you be able to collect this if the study required you to do so?*

Yes	No

6a. Do you routinely record who referred the patient to you (Referral Source)?

Yes	No

6b. If Yes do you record referral source using the following categories:

	Yes	No
Dr Referred (Family Physician / General Practitioner)		
Dr Suggested		
Patient Self Referred		
Other Medical Referral		
Work related referral		
Other Health professional Referral		

6c. *If No would you be able to collect this using the categories above if the study required you to do so?*

Yes	No

7a. Do you routinely record for how long the patient has had the symptoms they are presenting with ?

Yes	No

7b. Could you record the duration of symptoms under the following categories:

	Yes	No
≤ 1 week		
2 - 4 weeks		
5 – 6 weeks		
7-12 weeks		
> 12 weeks		

8a. Do you routinely record The Patient's employment status?

Yes	No

8b. If yes would do you categorise them as being:

	Yes	No
Employed by company etc		
Self Employed		
Unemployed		
Retired		
Full time education (student)		
House-person		
Not working due to dysfunction/disability		

8c. *If No would you be able to collect this if the study required you to do so?*

Yes	No

9a. If the patient is in paid employment, do you routinely record the time the patient has been off work directly due to the condition they consulted you about.?

Yes	No

9b. *If No would you be able to collect this if the study required you to do so*

Yes	No

10a. Do you routinely record the patient's 'condition' /diagnosis

Yes	No

11. Do you record 'diagnosis/condition' using International classification codes?

Yes	No

12a. Do you record using a nationally/locally developed system ?

Yes	No

12b. If using a national/local system please give a brief description below.

12c If you do not routinely record diagnosis/condition, would you be able to collect this if the study required you to do so?

Yes	No

13. Would you be able to record conditions under the following broad headings:

	Yes	No
Low Back Pain		
Neck		
Thoracic Spine		
Knee		
Lower Limb		
Upper Limb		
Shoulder		
Neurological		
Rheumatoid Arthritis		
Respiratory		
Continence		
Other (Please state)		

14a. Do You Record if the patient has had previous physiotherapy for the current condition?

Yes	No

14b. *If No would you be able to collect this if the study required you to do so?*

Yes	No

15a. Do you record if a patient has had previous treatment by other manual therapists e.g osteopaths/chiropractors?

Yes	No

15b. *If No would you be able to collect this if the study required you to do so?*

Yes	No

16a. Do You Record if the patient has had previous surgery for this condition?

Yes	No

16b. *If No would you be able to collect this if the study required you to do so?*

Yes	No

17a. Do You Record how severe <u>YOU</u> think the patient's condition (not pain) is?

Yes	No

17b. If yes please state how you would record this below

17c. *If No would you be able to collect this if the study required* you to do so?

Yes	No

18a. Are you familiar with using Patient Administered Visual Analogue Scales (10cm VAS)?

Yes	No

18b. *If No would you be able to collect this if the study required you to do so?*

Yes	No

PART B DISCHARGE DATA

Please indicate for each of the following questions which data you would routinely collect.

19a. The date the patient was discharge from Physiotherapy?

Yes	No

19b*. If No would you be able to collect this if the study required you to do so?*

Yes	No

20a. The number of Physiotherapy contacts ?

Yes	No

20b. If No would you be able to collect this if the study required you to do so?

Yes	No

21a. The reason for discharge?

Yes	No

22b. If yes do you record the discharge reason using the following categories :

	Yes	No
Treatment completed		
Patient Failed to Complete Treatment		
Condition resolved at first appointment		
Referred to Family / Referring Doctor		
Referred to Surgical waiting list		
Referred to medical specialist		
Referred to Chiropractor/Osteopath		
Other (Please state)		

22c. If No would you be able to collect discharge reason data using the categories stated above if the study required you to do so?

Yes	No

We are aware that there are many validated outcome scales physiotherapists use in out-patient settings such as McGill Pain questionnaire, SFA etc however, for the purposes of this study we need a generic outcome measure which reflects the range of conditions found. In our experience

Physiotherapists set agreed goals with expected timescales with patients, which is why we are asking if you could use this validated scale as an outcome measure.

23a. Do you use jointly agreed patient goals as a generic outcome of treatment?

Yes	No

23b. Could you record the outcome using the following scale?

Goals achieved in agreed timescale
Goals achieved quicker than expected
Goals achieved longer than expected
Goals partially achieved
Goals not achieved
Goals not recorded

Yes	No

23c. **If No <u>how</u> do you normally record the outcome of treatment ?**

24a. Do you record details of the medication your patient takes specifically for the condition they have presented with?

Yes	No

24b. If Yes would the following categories be applicable to your practice?

	Yes	No
Non steroidal anti-inflammatory medicine		
Painkillers		
Other (Please state)		

24c. If No would you be able to collect this if the study required you to do so

Yes	No

25. If required for the study would you be able to record information regarding whether the patient had been referred for any of the following prior to starting physiotherapy?

	Yes	No
MRI		
X-Ray		
Injection therapy		
CT Scan		
Ultrasound Scan		
Referred to hospital medical care		
Referred to other health professional		
Other investigations (please state)		

PART C HEALTH CARE PAYMENT

26a. Do you record who is paying for the physiotherapy treatment?

Yes	No

26b. If yes could you record the source of payment using the following categories:

	Yes	No
Patient (self paying)		
Medical/Health Insurance		
Company Insurance scheme		
National Health Service		
3rd Party		
Road Accident Fund		
Compensation Commissioner		
Injury on duty		
Private		
Patient as insurance depleted/used up		
Pro Bono/No charge		
Other (please state)		

26c. *If No would you be able to collect this if the study required you to do so?*

Yes	No

Please add any additional information or comments you feel may be relevant to this study. Thank you for taking the time to complete this questionnaire.

Appendix 2 Data Collection Form

IPPA Project
International Physiotherapy Database

PLEASE READ THE INSTRUCTIONS SENT TO YOU BEFORE COMPLETING THE QUESTIONNAIRE

Assessment Information

Practice ID

Q1 **Country**

- ❑ *Canada*
- ❑ *Germany*
- ❑ *Netherlands*
- ❑ *New Zealand*
- ❑ *South Africa*
- ❑ *UK*
- ❑ *USA*

Q2 **Date of Referral** _____

Q3 **Assessment Date** _____

Q4 **Gender**

- ❑ *Male*
- ❑ *Female*

Q5 **Source of Referral**

- ❑ *GP/Family doctor*
- ❑ *Physician*
- ❑ *Surgeon*
- ❑ *Physiotherapist*
- ❑ *Nurse*
- ❑ *Patient (self)*
- ❑ *Other*

If other please State

_____

_____

Q6 **Symptom Duration**

- ❑ *less than 1 week*
- ❑ *2-4 weeks*
- ❑ *5-6 weeks*
- ❑ *7-12 weeks*
- ❑ *greater than 12 weeks*

Q7 **Employment Status**

- ❑ *Employed*
- ❑ *Self employed*
- ❑ *Unemployed*
- ❑ *Retired*
- ❑ *Student*
- ❑ *House person*
- ❑ *Not working due to dysfunction/disability*

Q8 **Off work as a consequence of problem**

- ❑ *Yes*
- ❑ *No*
- ❑ *Not applicable*

Number of days off work to date _____

Q9 **Category of Physiotherapy Condition**

- ❑ *Low back*
- ❑ *Neck*
- ❑ *Thoracic spine*
- ❑ *Knee*
- ❑ *Lower limb*
- ❑ *Upper limb*
- ❑ *Shoulder*
- ❑ *Neurological*
- ❑ *Rheumatoid Arthritis*
- ❑ *Respiratory*
- ❑ *Continence*
- ❑ *Feet*
- ❑ *Multiple*

Other (please state)

_____

_____

Q10 **Diagnostic Coding System In Use**

❑ *Yes* ❑ *No*

If Yes

Local Code _____

ICD Code _____

Q11 **Physiotherapist's assessment of severity of condition**

❑ *Mild* ❑ *Moderate* ❑ *Severe*

Q12 **Patient's assessment of severity of their condition**

The extent to which your symptoms are affecting you.
1 not at all - 10 in the worst imaginable way

Q13 **Previous treatment for the same condition in the last 2 years.**

	Yes	*No*
Physiotherapy	❑	❑
Chiropractic	❑	❑
Osteopathy	❑	❑

Other Please state

_____

Discharge Information

Q14 **Date of discharge**

_____

Q15 **Discharge Reason**

- ❑ *Treatment Completed*
- ❑ *Patient failed to complete*
- ❑ *Insurance ran out*
- ❑ *Condition resolved at first contact*
- ❑ *Referred to family doctor*
- ❑ *Listed for Surgery*
- ❑ *Referred to medical specialist*
- ❑ *Referred to chiropractor/osteopath*

*Other ([please state)_*

_____

_____

Q16 **Number of Physiotherapy Contacts**

Please State: _____

Q17 **Main Physiotherapeutic Interventions (Max 3)**

- ❑ *Information / Advice*
- ❑ *Exercise Therapy*
- ❑ *Electrotherapy*
- ❑ *Manual Massage*
- ❑ *Thermal Energy i.e. Hot or Cold*
- ❑ *Provision of a support/orthoses/appliance*

❑ *Hydrotherapy* ❑ *Acupuncture*

❑ *Manual Manipulation*

Q18 Outcome of treatment

❑ *Goals achieved in agreed timescale* ❑ *Goals partially achieved*

❑ *Goals achieved quicker than expected* ❑ *Goals not achieved*

❑ *Goals achieved longer than expected* ❑ *Goals not recorded*

Q19 Final Patient's assessment of the severity of their condition

The extent to which your symptoms are affecting you. ___

1 not at all - 10 in the worst imaginable way

Q20 The patient is taking, or has taken, medication for this condition in the three months prior to and/or during Physiotherapy

❑ *Yes* ❑ *No*

	Prescribed	*Bought over the Counter*	*Both*
If Yes	❑	❑	❑

Q21 Type of medication

❑ *NSAIDS* ❑ *Analgesics*

Other (please state)

_____

_____

Q22 Investigations/concurrent management

❑ *MRI* ❑ *Ultrasound scan*

❑ *X-ray* ❑ *Referred for medical opinion*

❑ *CT scan* ❑ *Referred for other specialist opinion*

Other

_____

_____

Q23 Source of funding

❑ *Patient (self paying)* ❑ *Workers compensation*

❑ *Medical /health insurance* ❑ *Compensation commissioner*

❑ *Company Insurance scheme* ❑ *Injury on duty*

❑ *Nationally funded health system* ❑ *Patient, as insurance depleted/used up*

❑ *3rd party* ❑ *Combination of insurance and patient*

❑ *Road accident fund* ❑ *Pro bono/no charge*

Other (please state)

Q24 Any other comments

International Private Practitioners Association
An official sub-group of the World Confederation for Physical Therapy

Appendix 3 **Guidance for Physiotherapists on How to Complete the Patient Data Sheet**

General Guidance:
The patient data sheet has been provided to enable you to collect the information required for the project at a time which is most convenient which will probably be after the first and last contact with each patient. The fully completed sheet can then be used to transfer the data into the database after the patients discharge whether you choose to use the web based or standalone version. This sheet can also be used as part of the patient record and we recommend that it is retained within the patients' notes for future reference. This will also mean that you don't have to record key information twice. Most sites have opted for this method with just a few choosing to return these sheets directly to the project office for data progressing.

The majority of answers require only a tick in the box adjacent to the relevant response with just a few requiring you to note down a free text response. There is a box at the end of the sheet to record any comments or issues you feel we need to know about.

If you are unsure of any aspect of these definitions or on completing the data sheet, please contact us immediately.

Assessment Information

The data fields below should be completed **AFTER** each patient has had their initial assessment. Some of the data items are self-explanatory i.e. gender, referral type, duration of symptoms etc. Others data items are more fully explained within the table below

Question Number	Data Item	Description
Q2	**Date of referral**	This is the date that the patient was originally referred by the referral source For Self Referring Patients this is the date they refer themselves
Q6	**Symptom Duration**	Indicate the period of time the patient has had their present symptoms and **NOT** the underlying or longstanding condition (e.g. a person may have been troubled on and off with low back pain for a considerable time but we are only interested in for how long they have had the current exacerbation of their longstanding problem)
Q7	**Employment Status** **Off work as a consequence of the problem to date**	This should be self explanatory Please indicate if the patient has been absent from **paid** work as a direct consequence of their physiotherapy related condition ***up to the time when you first see them.*** If YES, please record the number of days they have been absent. For example, if a patient has been absent for 8 days the entry should read, **008.** Alternatively if the patient has been absent for 31 days it should read **031 or** 120 days **as 120.**
Q10	**Diagnostic Coding System in use**	Please indicate if a system of coding is used consistently If YES, please provide either or both of the local and ICD codes you used for this condition

Q11	**Physiotherapist's assessment of severity of condition**	This relates to the severity of the presenting condition as determined by the ***physiotherapist*** following assessment. You are asked to classify the symptoms as being either: **Mild, moderate or severe.** It would be useful for you to undertake some inter-rater reliability testing during the pilot stage with a couple of colleagues to ensure you are classifying patients similarly. (Further details available from the project team)
Q12	**Patient's assessment of severity of their condition**	The physiotherapist should use the following words with each patient, it is important to use these exact words. Ask the patient **'On a scale of 1 – 10 where 0 means not at all and 10 means in the worst imaginable way, how severely are your symptoms affecting you?'.** Do not try to expand on this instruction, if necessary just repeat it not paraphrase Once the patient has indicated a score record this on the data sheet. As before, if the reading is less than 10, e.g. 8, this should be recorded as **08** in the box provided. Similarly a level of 5 should be recorded **05.**
Q13	**Previous treatment for the same condition in the last 2 years**	This refers to previous physiotherapy, chiropractic or osteopathy (or other) **FOR THE SAME CONDITION ONLY currently being presented** Indicate either YES or NO for each category

Discharge Information

Following the discharge /last visit of each patient, please complete the Discharge section of the data sheet. Some of the data is self explanatory i.e. date, other data items are explained in more detail below

Question Number	Data Item	Description
Q15	**Discharge reason**	See additional information at the end
Q16	**Number of physiotherapy contacts**	This refers to the total number of physiotherapy contacts contained within the full episode of care. Record only the number of contacts that you have with the patient on a face to face basis
Q17	**Main Physio Interventions used**	At the end of the treatment episode, please select up to a maximum of 3 interventions that have been used in at least 50% of the sessions
Q18	**Outcome of treatment**	This refers to the extent to which the patient has achieved the goals set for their treatment in the timescale predicted. A recording of **Goals not recorded**' should **only** be made when the patient **FAILS to COMPLETE** i.e. patient failed to attend for last physiotherapy appointment and has not communicated with the service for a minimum of 7 days therefore you are unable to accurately assess whether their goals have been achieved or not
Q19	**Patient's assessment of severity of their condition**	This involves repeating the questioning using the same method as described above on initial assessment.(Q12) Ensure that the patient does not know or see their previous score.
Q20 & **Q21**	**Medication for this condition**	This includes the three months up to their first physio contact and during the time they received treatment. Ask the patient if they have taken any medication for their physiotherapy-related condition. Please record either YES or NO. If YES, please indicate if the meds were • prescribed ***or*** • bought by the patient or on their behalf over the counter ***or*** • both

Q22	**Investigations/ concurrent management**	This also includes the time period of three months prior to first physio contact **and** during treatment

Physiotherapy Discharge Categories by Definition

Discharge Reason	Definition
Treatment Complete	Patient discharged by the physiotherapist with no indication for further physiotherapy treatment.
Failed to complete:	Patient failed to attend for last physiotherapy appointment and has not communicated with the service for a minimum of seven days.
Re-referred to other Health Care Practitioner ***Family doctor, medical specialist, chiropractor /osteopath***	Further physiotherapy treatment not indicated, however, referral to other healthcare professional appropriate
Insurance ran out	Treatment had to end due to cessation of insurance funding and the inability of the patient to continue to self fund
Listed for Surgery	If the physiotherapist determines that the patients requires a surgical operation for their condition and makes the appropriate arrangements for this to happen
Condition Resolved on Assessment:	At the initial physiotherapy contact, the presenting signs and symptoms have resolved to the extent where they do not require physiotherapy intervention.
Other	Patient discharged from physiotherapy due to a reason NOT described by any of the alternative categories, please provide details

Appendix 4 Additional Comments Presented by Theme

Value of taking part

For Me Personally:

- *"This has made me look more closely at how I run my practice"*
- *"Made me review how I record assessment findings"*
- *"Got me thinking about my place in worldwide physio"*
- *"Great to be in touch with other practice internationally"*
- *"Demonstrating a quality service gives great job satisfaction"*

For my Practice:

- *"Encouraged staff to take an interest in statistics and to see the value in collecting such data. We also have information we never previously had"*
- *"Makes us look at the pattern of referrals including those that are outside the norm"*
- *"We are more aware of outcomes and time of treatment"*
- *"Able to compare and contrast with other clinicians"*
- *"Having seen some of the other results in my country, would like to find out what makes some practices more successful than others"*

Professionally: Nationally & Internationally

- *"Its great to take part in something internationally"*
- *"See where we fit in worldwide"*
- *"Helps to identify standards"*
- *"International studies help to support our way to direct access"*
- *"Able to show value of private physiotherapy"*
- *"Allows for international benchmarking for administration and clinical outcomes"*
- *"Perhaps this will help all providers to unit in the most effective form of treatments for our patients"*
- *"May be able to sue the data to influence policy makers about the value of physiotherapy. May be able to sue for media promotion of the profession."*
- *"Allows a larger critical mass to have a larger influence"*
- *"Allows for global standards"*
- *"Making the profession well known and respects worldwide"*
- *"Promotes concept of self referral"*
- *"Concerned that there are not enough practice taking part to have strength in results"*

Public:

- *"feel that the public are still not aware of what we offer"*
- *"we need to concentrate on education of the public"*