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ABSTRACT SUBMISSION FORM

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A STUDY OF DIRECT ACCESS (SELF REFERRAL) TO PHYSIOTHERAPY IN A UK PRIMARY CARE SETTING. HOLDSWORTH L K, WEBSTER V S; RSNH, Forth Valley Primary Care NHS Trust, Old Denny Rd, Larbert, FK5 4SD, Scotland.

PURPOSE: The ability of a patient to access physiotherapy directly, self-refer (SR), although used widely in private practice and sports clinics is not the mechanism of use within the publically funded National Health Service (NHS) of the UK. This study aimed to develop, implement & evaluate a direct access NHS physiotherapy service in a primary care setting. **RELEVANCE:** A review of worldwide physiotherapy direct access practice could not identify any evidence outwith privately funded systems. The means by which patients gain access to physiotherapy has resource and clinical implications for both patients and service providers. **SUBJECTS:** Location: a General Practice with an established on-site GP referral physiotherapy service (practice population 7,377). Subjects divided into three groups: Group 1 (control): All referrals a full year prior to study. Group 2: All SRs and Group 3: All GP referrals (GPR) during the one year study period. There were no exclusion criteria. **METHODS AND MATERIALS:** Demographic and clinical data were collated on all subjects who were also followed up one month post discharge. The number of associated GP consultations was also collated together with GP and physiotherapist views of the service. **ANALYSES:** Appropriate non-parametric and logistic regression tests were used. **RESULTS:** There was no significant difference between the control and study year groups in terms of profile and in overall referral numbers (339 vs. 340). SRs accounted for 21% of the total in the study year all of whom were appropriate. There were significant differences between the SR and GPR groups with SRs more likely to; be younger ($p = 0.002$), male ($p=0.0007$), in employment with less work absence ($p=0.0001$), present with conditions of a shorter duration ($p= 0.0001$), had a greater incidence of low back conditions ($p=0.004$), fewer physiotherapy contact numbers ($p=0.001$), greater compliance with attendance ($p=0.03$) and lower reporting of symptom severity at discharge ($p=0.0001$) and follow-up ($p=0.001$). SRs had greater confidence in their own ability to know when to access physiotherapy, were more strongly supportive of: adapting an autonomous approach, the effectiveness of physiotherapy and the value of information leaflets ($p<0.0001$). There was considerable support for the facility from subjects, GPs and physiotherapists with greater levels of satisfaction reported by SRs who also consulted their GP significantly less often than GPRs ($p < 0.0001$). **CONCLUSIONS:** Self-referral to physiotherapy is feasible within the NHS (UK). It is an option that is not only appropriately accessed by patients but is also strongly supported by GPs, subjects and physiotherapists. Patients who do SR are different in profile than GPRs with an associated significant reduction in GP workload.