

Self Referral to Physiotherapy: Deprivation and Geographical Setting: Is there a Relationship? Results of a National Trial

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Summary

Objectives: To establish the level of self-referral in urban, semi-rural and rural primary care settings that also include a range of deprivation found in Scotland

Design of Study: Experimental

Setting: Twenty-nine general practices throughout Scotland.

Participants: 3,010 patients and physiotherapists from throughout Scotland

Method: Practices were classified in terms of their location and level of deprivation (DEPCAT). Historical data was used to establish national referral rates in these settings. Self-referral was introduced in each setting and the proportions of patients referring themselves or being referred by their GP were collated over a full year. A further category of 'GP suggested' was also included.

Results: There were different rates of referral according to setting ($p < 0.001$). A national referral rate of 53.5/1000 was identified. Rural areas experienced the highest rates (66/1000) compared to 44.5/1000 found in urban and 49/1000 in semi-rural settings. An overall 'true' self-referral rate of 21.5% was found. Rural areas experienced the highest level of both self and GP suggested referral (31.6% & 26%). An increase in total referral numbers was experienced in <20% of locations after introducing self-referral, all of whom had a history of under-provision. Self-referrers came from the range of socio-economic settings included although there were differences observed between the groups ($p < 0.001$).

Conclusions: Introducing self-referral does not appear to result in an increase in the overall referral rate when reasonable levels of service are already being provided in line with national rates according to geographical setting. Deprivation would also appear not to exert a major influence on referral rates. The rate of self-referral into the future however is impossibly to predict.

