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**P069****An audit of the implementation of a pilot first contact practitioner service in South Tyneside**

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**Keywords:** Modernisation; PCN; FCP

**Purpose:** An audit was completed to assess the effectiveness of an FCP pilot delivered by Connect Health within 1 PCN in South Tyneside.

The aim of the audit was to

1. establish the success of the FCP pilot to support full roll out of the service across South Tyneside (3 PCNs)
2. evaluate the patient journey and determine if they see the right person, right place, first time
3. establish impact on imaging, secondary care referrals, and conversion to surgery rates
4. consider patient satisfaction with the FCP service.

**Methods:** Data was collected from 392 patients seen within the pilot from November 2019 until mid March 2020 (suspended due to CV-19 pandemic). Raw data was provided by the PCN from EMIS templates which are aligned to the CSP national dataset and patients' notes were then individually reviewed to check the patient pathway. The data was tabulated and the findings analysed.

**Results:** Right person, right place, first time.

By the 5th month of the pilot 59% of patients were effectively self-managed with only 1 of these patients re-engaging with the GP.

As the FCP service is fully integrated with both primary care and the musculoskeletal service, where indicated, patients were referred to physiotherapy for ongoing rehab, to the interface service for the provision of steroid injections or to link workers for social prescribing input.

71% of patients were seen within 2–3 days which compares favourably with GP wait times.

Imaging, secondary referrals, surgery rates.

Only 5 patients (1%) were referred for x-ray and all were deemed appropriate. This compares favourably with GP audit data for a similar population which showed 33% of GP referrals for diagnostics were appropriate.

Only 4 patients were referred to secondary care. This has a big impact on streamlining the patient journey, cost savings and adds to the NHS England plan for ensuring right person, right place, right time.

Of the 3 patients referred to orthopaedics all have either had or been listed for surgery as planned. Although small numbers, the conversion rate was 100%.

Overall patient satisfaction data showed 96% of patients rated the service as very good or higher, with patients reporting being fully involved in their care planning, being listened

to and being put at ease with clear explanations provided by the clinicians.

**Conclusion(s):** The results of this audit confirm that an FCP can independently manage a large percentage of MSK presentations within General Practice. The results of low imaging and onward referral rates correlate with other published pilots and that strong patient satisfaction is found. Further research to establish the impact of these roles on GP workload using qualitative approaches would be useful to ascertain if indeed such services are impacting on this issue.

**Impact:** Following the success of the pilot, from December 2020 3 WTE FCPs have been implemented across South Tyneside. These results can be used to inform Primary Care Networks of the value of using the role reimbursement scheme to facilitate modernisation of General Practice which is both cost efficient, clinically effective and leads to high patient satisfaction.

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**P070****An evaluation of the outcomes of corticosteroid injections in a musculoskeletal clinic during COVID-19**

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**Keywords:** Corticosteroid injections; COVID-19; Outcomes

**Purpose:** A corticosteroid injection (CSI) is used in musculoskeletal (MSK) services to control inflammatory joint disease, ease pain, increase mobility and improve quality of life. During the COVID-19 pandemic, national guidance was published outlining possible risk from CSI. Injections must not be undertaken in individuals with active infections and the guidance outlined potential risk to do harm to individuals who may be incubating or later develop COVID-19. The advice was that clinicians need to give additional consideration as to whether the risks outweigh the benefits with particular consideration to vulnerable patient groups. This includes patients over the age of 70, those with diabetes, ischaemic heart disease, chronic respiratory disease and hypertension, as well as those in clinically extremely vulnerable groups.

Within Guy's & St. Thomas NHS MSK department, local procedures were put in place to assist decision making on use of CSI. All patients who underwent a CSI were followed up by a telephone appointment at 6 weeks to assess clinical outcome and adverse effects to include COVID-19. The aim of this evaluation was to present our data on patients reported symptoms within the first six week post CSI.

**Methods:** A retrospective evaluation was undertaken of patients who completed a 6 week telephone follow up

appointment following a CSI for a MSK condition within the physiotherapy department of a central London NHS trust. Electronic patient medical records (EPR) and an injection outcome spreadsheet were reviewed. Patient characteristics, demographics and their MSK condition were recorded alongside information gathered from the 6 week follow up to include percentage improvement and side effects post injection, with particular focus on development of COVID-19 symptoms or positive diagnosis.

**Results:** Data from 86 patients who underwent a CSI between August 2020 and February 2021 were analysed. 63% (54/86) were female and 37% (32/86) were male. The mean age was 56 (range 29–85). 92% (79/86) patients had their ethnicity reported of which 23% (20/86) were in the black, Asian and minority ethnic (BAME) category. 45% (39/86) had no past medical history of note, 15% (13/86) had Hypertension, 13% (11/86) had Diabetes Mellitus and 10% (9/86) had chronic respiratory issues.

The 5 most common conditions injected were Trigger Digit: 41% (36/86), Rotator cuff related shoulder pain: 19% (16/86), Frozen shoulder: 9% (8/86), De Quervain's Tenosynovitis: 6% (5/86) and Carpal tunnel syndrome: 5% (4/86).

At 6 weeks follow up there were no reported COVID-19 symptoms 100% (86/86). There were no other adverse effects reported. Mean percentage self-reported improvement in symptoms was 70% (range 0–100%).

**Conclusion(s):** This evaluation has shown that there were no reported symptoms of COVID-19 in the first six weeks post CSI for a MSK condition in our cohort of patients. It also showed that in patients with certain comorbidities, within varying age groups and BAME groups there was no reported increased COVID-19 incidence. Our evaluation supports current guidance on risk and benefit analysis of CSI during COVID-19.

**Impact:** Corticosteroid injections for musculoskeletal conditions are safe to carry out within the COVID pandemic as long as suggested guidance is followed.

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P071

**A new development model for advanced practice musculoskeletal (MSK) physiotherapists in an NHS community outpatients service to facilitate effective learning**

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**Keywords:** Learning; Development; Musculoskeletal

**Purpose:** There are limitations with current models of clinical supervision in MSK physiotherapy. This leads to job dissatisfaction, limited professional development, and negatively impacts on patient care. The objective of this reflection and analysis was to propose a new and more appropriate model of learning and development that can be applied in the clinical setting.

**Methods:** Subjective information was gathered from colleagues to determine current practises and perceived limitations with these. A review of the literature on professional development, adult learning and current best practice guidelines from HEE was undertaken.

**Results:** Learning is typically delivered through a pedagogical model, where the supervisor imparts knowledge on the supervisee. The supervisee is not responsible for their learning. This is an ineffective method for adult learners in complex clinical environments. This model typically focuses on establishing competency and safety but fails to develop capability. Recent guidance from Health Education England supports the use of a variety of learning methods to develop clinical competence and capability.

Learner autonomy is required for successful adult learning and capability development. The learner must identify their own development needs and goals. This should be underpinned by a robust competency framework with a variety of learning opportunities at their disposal, e.g. peer-to-peer learning, portfolio development, training modules, work-based assessment, critical reflection, and inter-professional learning.

**Conclusion(s):** This analysis identifies gaps in current clinical supervision models and a failure of those models to support effective learning and professional development. The proposed new model seeks to address those gaps, placing the learner at the centre of their learning process, promoting greater self-efficacy and responsibility for professional development. Following the implementation of this new model, further analysis could seek to identify the impact on individuals, team performance, patient experience and quality of care.

**Impact:** The new model can be applied to almost any professional environment. The recent development of a new competency framework and a learning "Academy", with bespoke online resources and training modules that are accessible to all staff depending on their learning and development needs is supported by the research and this new model. Staffs are already broadening their learning by seeking alternatives to traditional pedagogical supervision. This change needs to be reviewed and appraised in the next 12 months to establish the overall impact.

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