

Clinical and cost-effectiveness of first contact physiotherapy for musculoskeletal disorders in primary care: the FRONTIER, mixed method realist evaluation

Nicola E Walsh,^{1*} Alice Berry,¹ Serena Halls,¹
Rachel Thomas,¹ Hannah Stott,¹ Cathy Liddiard,¹
Zoe Anchors,¹ Fiona Cramp,¹ Margaret E Cupples,²
Peter Williams,³ Heather Gage,⁴ Dan Jackson,⁴
Paula Kersten,⁵ Dave Foster⁶ and Justin Jagosh⁷

¹Centre for Health and Clinical Research, University of the West of England, Bristol, UK

²Centre for Public Health, Queen's University Belfast, Belfast, Northern Ireland

³School of Mathematics and Physics, University of Surrey, Guildford, UK

⁴Surrey Health Economics Centre, University of Surrey, Guildford, UK

⁵Faculty of Medicine, Health and Social Care, Canterbury Christ Church University, Canterbury, UK

⁶Patient Research Partner, Bristol, UK

⁷Centre for Advancement in Realist Evaluation and Synthesis, Vancouver, Canada

*Corresponding author Nicola.walsh@uwe.ac.uk

Published December 2024

DOI: 10.3310/RTKY7521

Plain language summary

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Health and Social Care Delivery Research 2024; Vol. 12: No. 49

DOI: 10.3310/RTKY7521

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Plain language summary

Millions of people experience pain and consult their general practitioner because of conditions that affect the bones, joints and muscles – these are known as musculoskeletal disorders. This costs the National Health Service a lot and takes up many general practitioner appointments. We therefore must establish better ways to manage people who need support with their musculoskeletal disorder.

First-contact physiotherapists are experts in managing musculoskeletal disorders and see patients without them having to first consult with a general practitioner.

We recruited 46 general practices across the United Kingdom who provided three different models of care: (1) general practices without a first-contact physiotherapist; (2) general practices with a first-contact physiotherapist who could not inject and/or prescribe and (3) general practices with a first-contact physiotherapist who could inject and/or prescribe. We recruited 426 patients to the study and conducted 80 interviews with patients and staff involved in the delivery of first-contact physiotherapy.

When we looked at the effectiveness of first-contact physiotherapy compared with general practitioner-led approaches, we found that it did not matter whether the patient consulted a general practitioner or a first-contact physiotherapist, they would all achieve the same outcome after 6 months, but when we looked at data at 3 months, a greater proportion of patients who saw first-contact physiotherapists seemed to improve more quickly than if they saw a general practitioner and, in some cases, had fewer days off work. Overall, it was about 2.5 times less costly for the National Health Service to have a first-contact physiotherapist than it was to have a general practitioner-led model of care.

When we spoke to practice staff and patients about the first-contact physiotherapist service, the key areas that helped first-contact physiotherapist work in practice were patients knowing about the role, longer appointment times with first-contact physiotherapists, and ensuring that first-contact physiotherapists were supported in their role and had full access to patient records.

When we consider the cost to the National Health Service, it may be better to have a first-contact physiotherapist-led model of care for musculoskeletal disorders rather than a general practitioner-led model.

Health and Social Care Delivery Research

ISSN 2755-0079 (Online)

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Health and Social Care Delivery Research (HSDR) was launched in 2013 and is indexed by Europe PMC, DOAJ, INAHTA, Ulrichsweb™ (ProQuest LLC, Ann Arbor, MI, USA), NCBI Bookshelf, Scopus and MEDLINE.

This journal is a member of and subscribes to the principles of the Committee on Publication Ethics (COPE) (www.publicationethics.org/).

Editorial contact: journals.library@nihr.ac.uk

This journal was previously published as *Health Services and Delivery Research* (Volumes 1–9); ISSN 2050-4349 (print), ISSN 2050-4357 (online)

The full HSDR archive is freely available to view online at www.journalslibrary.nihr.ac.uk/hsdr.

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This article

The research reported in this issue of the journal was funded by the HSDR programme or one of its preceding programmes as award number 16/116/03. The contractual start date was in September 2018. The draft manuscript began editorial review in June 2023 and was accepted for publication in January 2024. The authors have been wholly responsible for all data collection, analysis and interpretation, and for writing up their work. The HSDR editors and production house have tried to ensure the accuracy of the authors' manuscript and would like to thank the reviewers for their constructive comments on the draft document. However, they do not accept liability for damages or losses arising from material published in this article.

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