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POSTER ABSTRACT

Integrating an MSK/Chronic Condition Physiotherapy Specialist within a Nurse Led Same Day Urgent Care Service

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The Problem: Service design remains condition centric rather than person centred. The assumption that urgent and emergency care are treating acute illness alone is incorrect. These services are also frequently dealing with chronic health presentations. There is an ongoing need to adapt services to be able to appropriately respond to people's needs at the point of presentation.

Our aim: To explore and identify the benefits of delivering comprehensive person-centred care for non-traumatic MSK conditions within an urgent care setting.

Our Method: Integrating an experienced physiotherapist with a chronic condition rehabilitation background within a nurse-led same day urgent care (SDUC) service. Through an iterative process we explored what could realistically be offered within this environment. The project was underpinned by the core service design principles set out by RCP, the value pathways described in the Wales MSK framework and the six pillars of lifestyle medicine promoted by British Society of Lifestyle Medicine.

Gaps in clinical knowledge and skills within the urgent care nursing team were identified. Person-centred assessments were framed around patient needs rather than rigid time specific appointments and onward sign posting. Joint assessments between nurses, physiotherapist and podiatrists were carried out.
Also, routinely working side by side to embed new ways of working became standard practice. We developed a comprehensive range of digitally accessible resources to enable all staff to offer tailored self-management advice at the point of presentation. MSK review clinics were set up to support patients who were not yet fully confident to self-manage or to offer additional assessments by MSK specialists when they were not available to support nursing staff at the point of presentation.

Results: 1) Happy and motivated patients “I think I needed that talk for a long time. Just for the reassurance. I will definitely do the exercises……”
2) Better supported urgent care workforce. ”It adds another string to the bow of SDUC having a different practitioner who can be consulted”. It is now standard practice for all MSK presentations to be provided with appropriate exercise resources at the point of presentation.
3) Broadening scope of practice for physiotherapist. E.g. Use of fit-notes, exposure to a broader range of MSK conditions and connection to a more diverse, local professional network.
4) Reduced delays in access to care. For those patients seen by the physiotherapist, less than 10% were required to be referred onto core MSK physiotherapy services.

They were however, when appropriate, offered a range of other services to support their long-term health, such as weight management, smoking cessation, community exercise groups, or community connectors. When necessary, specialist referrals were made directly (e.g. falls prevention (2.8%) specialist rheumatology (0.6%), pain services (1.3%)) without the need for additional primary care appointments.

Implications: Offering comprehensive MSK management within the urgent care environment benefits patients and health practitioners. It reduces delays in accessing appropriate interventions and supports developing the non-specialist workforce. The next step is to present this work to therapy leadership team with the aim to gain long term funding for the MSK specialist role.