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Implementing and evaluating a pilot physiotherapist-led osteoarthritis clinic in general practice J.G. Quicke 1,∗, E. Cottrell 1, H. Duffy 1,S. Somerville 2, J. Oxtoby2, A. Wallbanks 3,L. Campbell1, S. Blackburn 1, K. Stevenson1, V. Cooper1, A. Finney1, S. Wathall 1, J.J. Edwards 1, N. Evans 1, K. Dziedzic 1 1 Keele University, Research Institute for Primary Care and Health Sciences,

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Purpose: Joint pain due to osteoarthritis (OA) is a major cause of disability, work-loss and reduced quality of life in older adults. NICE clinical guidelines recommend core OA treatment should include education, exercise and weight-loss (when applicable).However, despite the evidence-base, many people with OA do not receive these treatments in primary care. This report describes and evaluates the implementation of a clinical-academic physiotherapist OA clinic embedded into a general practice.

Methods: The Managing OSteoArthritis In ConsultationS [MOSAICS] trial tested a GP-practice nurse model of OA care designed to enhance uptake of NICE guidelines and self management. This model was adapted to be delivered by a clinical-academic physiotherapist and implemented in a general practice as part of the linked JIGSAW-UK implementation project. The in-practice physiotherapy OA clinic set-up involved: stakeholder meetings; practice visits and training; NHS contract and mentor organisation; service evaluation planning, and public engagement and co-produced clinic advertising. Four key innovations were delivered: (i) training of practice clinicians, (ii) a model OA consultation, (iii) recording of high-quality care within electronic health records (EHR) using an e-template, and iv) provision of patient information using the Keele Osteoarthritis Guidebook. Following OA diagnostic consultation, patients received up to four follow-up consultations with the physiotherapist who supported self-management by providing education, exercise and weight-loss advice, goal setting, written information provision, ongoing monitoring and referrals as required. After 10 months, a service evaluation was undertaken using routinely-collected EHR data and a patient questionnaire. Data regarding patient referrals, attendance, recorded achievement of NICE OA quality indicators, onward referrals and narrative service feedback from practice staff and patients were captured. Data were compared with the outcomes from the empirical MOSAICS intervention practices.

Results: 181 new patients were referred to the physiotherapist clinic, filling 84% of appointment slots. Onward referrals included reviews for medication (n = 20), depression (n = 7) and consideration of joint replacement (n = 3). Twenty-six discharged patients returned completed questionnaires, all reported receiving information about managing OA, advice and support about how to manage joint pain and, information and advice about physical activity and exercise for joint pain. Of those who were overweight or obese 76% reported being advised to lose weight. Across the whole practice, high-achievement of provision of written information was recorded about: OA (73%); weight management (49%) and; exercise (69%). These proportions were higher than achieved with a GP-practice nurse model within the MOSAICS trial (53%, 30% and 44% respectively). Staff and patients valued the in-practice physiotherapy service quality and access.

Conclusion(s): Embedding a clinical-academic physiotherapy OA champion into a general practice was effective in improving recorded quality ofOA care, with only a minority of patients seen within this new service being referred on to other clinicians. Implications: An embedded clinical-academic physiotherapist appears to be a feasible and acceptable way to implement an empirically-tested model ofcare, and improve quality of recorded care, in a real-world general practice.

Further it facilitated buy-in for future physiotherapy service solutions in primary care. Future projects will involve externally validating the clinic and developing then evaluating first-contact and extended scope clinical components. Funding acknowledgements: JQ is funded by a NIHR

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