

Facilitators and barriers regarding the implementation and interprofessional collaboration of a first contact physiotherapy service in primary care in Wales: a qualitative study

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Background

Future Welsh primary care services are likely to face higher demand for musculoskeletal ailments because of an ageing population and difficulties retaining and recruiting GPs (Goodwin and Henrick, 2016). Physiotherapy first contact practitioners (FCPs) are advanced practitioners working in primary care, providing specialist musculoskeletal assessment, diagnosis, and management as the first point of contact, as opposed to a GP (Chartered Society of Physiotherapy, 2021). They therefore provide a solution to this issue. However no studies have yet explored FCP services in Wales and consequently, little is known about the experience of working as a Welsh FCP.

Results

"there was no mentoring structure, we had a couple of PowerPoint presentations to begin with, which I think were good...But I think its hard to apply that in a clinical context when there's so many variables-time pressures, different environment, different phases of presentation [in which] you need practicebased learning...'

45% discussed feelings of BURNOUT

New ways of

working

Inappropriate

Acting as 2nd contact

Development of FCP **WAITING LISTS**

use of services

Conclusion

FCP services possessed inadequate professional development, clearly defined service purpose and operational leadership. A lack of role clarity existed, often leading to FCPs acting as the second contact and the development of long waiting lists in some models, resulting in perceived inefficiencies. Increased interprofessional collaboration resulted in increased FCP role clarity but was informed by the type of service model. Burnout was perceived as a risk factor for FCPs possessing limited advanced practice experience, working in a model providing input for multiple surgeries weekly, with a low presence and capacity.

Aims

- 2. The nature and extent of interprofessional collaboration
- FCP service

Explore participants' experiences of:

1. How physiotherapy FCP services had been implemented

3. The facilitators and barriers associated with providing a

Lack of FCP Role C

FCP service purpose

Professional

development

Interprofessional collaboration

> **Operational** leadership

to form those relationships as best as you could...It would be a hello and how are you doing in the corridors...'

'quite difficult to find time

Interprofessional collaboration

Implications

Clear operational leadership and strategies to increase interprofessional collaboration are required to increase FCP clarity and ensure service efficacy. There is a need for a Welsh professional development, mentorship and governance framework to ensure sustainability and efficacy of FCP services.

Methods

A qualitative, Heideggerian hermeneutical phenomenological study. A purposive sample of 11 physiotherapists from a NHS health board in South Wales, comprising three different FCP models. Data were collected through semi-structured interviews.

'Some GPs almost think of it (FCP) as there being a physiotherapy service within their surgery, rather than a screening or triage

service.'

45% stated it was unclear who was responsible for leading the service

FCP capacity and presence FCPWALES







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