Physiotherapy works ✔

Musculoskeletal disorders

Physiotherapy is clinically effective and cost effective in the management and treatment of musculoskeletal disorders (MSD). MSDs are one of the most common problems physiotherapists treat

Physiotherapy

Early intervention with physiotherapy can reduce the amount of time people are off sick and is vital in order to prevent an acute problem becoming chronic.

Two government departments in Northern Ireland provided early access to physiotherapy for staff with musculoskeletal disorders. 80 per cent indicated that physiotherapy had prevented them from going absent and, of those already off sick, over 80 per cent indicated that physiotherapy had shortened their absence. Respondents indicated that the service shortened their absence by an average of six weeks.[1]

West Suffolk hospital trust, Bury St Edmunds, was commended in the Boorman report[2] for having achieved savings of £170,000 through a system of priority referrals to a local physio for injured staff. For a cost of £21,000 it had achieved a 40 per cent reduction in lost days through sickness absence and savings of £170,000 in the cost of MSDs.

Based on the latest available statistics from the HSE[3] 227,000 people have an MSD of the back, 215,000 of the upper limbs or neck and 96,000 of the lower limbs. Low back pain is the number one cause of long term absence amongst manual workers and MSDs are the most common reason for repeat consultations with GPs, accounting for up to 30 per cent of primary care consultations.[4]

Self referral

Self referral to physiotherapy has been proven to be clinically successful with high patient satisfaction as well as cost effective.

Size of the problem !

- Musculoskeletal disorders (MSDs) have consistently been the most commonly reported type of work-related illness since records began. In 2008/09 an estimated **538,000** people in Great Britain, who had worked in the last year, believed they were suffering from a MSD that was caused or made worse by their current or past work. An estimated **9.3 million** working days (full-day equivalent) were lost through MSDs in GB in 2008/09[5]

- Within the NHS, **half of sickness absence** is caused by MSDs.

The self referral pilots that took place across six NHS England sites between 2006 and 2008 were found to reduce the number of associated NHS costs, particularly for investigations and prescribing, with 75 per cent of patients who self referred not requiring a prescription for medicines. In addition there was no increase in demand for services and self referral reduced work absence amongst patients.[6] ▶▶

Cost of MSDs £

- **22 per cent** of people on Incapacity Benefit (Employment Support Allowance) have an MSD[7]
- MSDs cost society approximately **£7.4billion** a year.[8,9]

An analysis of self referral in Scotland found that the average cost of an episode of care was established as £95.48 for a self-referral, £113.24 for a GP-suggested referral and £126.17 for a GP referral. The average cost benefit to NHS Scotland of self referral was identified as being approximately £2.5 million per annum.[10]

Doncaster and Bassetlaw Trust piloted a successful self referral physio service for 6500 staff in 2005. The service was made permanent after an evaluation identified potential savings of more than £330,000. It is used by employees from all corners of the trust, and it offers an average waiting time of 2.8 days. More than half the users say they would have taken time off work if the service were not available.

In Cambridge, self referral for MSD outpatient services has reduced costs due to less GP use of prescribing and diagnostic tests. 75 per cent of patients who self-referred did not require a prescription for medicines, giving an average saving of £12,000 per GP practice.

80% said that physiotherapy had prevented them from going sick

Telephone assessment and support

Assessing the severity of a patient's condition over the telephone has been found to be very resource efficient. This telephone triage saves patient and physiotherapist time as well as costs and ensures those needing the most urgent treatment are prioritised.

Where appropriate, follow up support by telephone has also been found to be a clinically and cost effective way of enabling patients to self manage their condition, helping to prevent relapses.

An occupational health physiotherapy service used telephone triage and follow up support as part of a programme to tackle MSDs experienced by staff of NHS Lothian. Over £300,000 was saved in salaries alone by reducing sickness absence and there was a 74 per cent reduction in recurrence of MSDs nine months following the programme.[11]

Conclusion

Speedy access to physiotherapy for people with MSDs is clinically and cost effective for the health service, including GPs, for employers and for society. Physiotherapists have helped to pioneer innovative ways of providing speedy access within existing services.

FURTHER INFORMATION
CSP Enquiry Handling Unit
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SUPPORTING KNOWLEDGE IN PHYSIOTHERAPY PRACTICE

CHARTERED SOCIETY OF PHYSIOTHERAPY

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