Zach Spargo - Specialist Physiotherapist

Transcript

Introduction

My name is Zach Spargo. I'm a clinical specialist physiotherapist in primary care. Sometimes my role was referred to as an FCP or first contact practitioner. I work in primary care in a large GP practice in North Wales called Healthy Prestatyn. And so, as a clinical specialist physiotherapist, for example, I'm currently training to be an advanced physiotherapist practitioner, which would mean you've got a master's degree in certain specialist skills as well. You sometimes hear 'advanced physiotherapist practitioner', you sometimes hear 'FCP' or 'first contact practitioner' or my title, 'clinical specialist physiotherapist'.
When the primary care practice here in Prestatyn, Healthy Prestatyn, was setup a few years ago, they had the MDT in mind, the multidisciplinary team, which meant they were going to bring in multiple clinicians from GPs nurses, occupational therapists, physiotherapists, paramedics, physician associates. We've got a wide-ranging team here, so patients get to see the right clinician at the right time.

Moving into Primary Care

As part of that, physiotherapists were involved in the practice a few years ago and my role came from secondary care initially, which is the traditional area physiotherapists work in. I was in musculoskeletal outpatients, and I was lucky enough to get a role with the Primary Care Academy, which helped bridge that gap from secondary care, as a physiotherapist into primary care. It's quite a different role with different skill sets and different everything to be honest, different note systems and different in terms the knowledge base. That means you have to be a little bit more alert because you are the first contact. You're seeing people in the first process of the NHS, so you need to be alert and vigilant to things like red flags and make sure you're aware of the risks involved. I was really grateful that I got to work with the GP who mentored me and provided supervision to help enable me to progress forward in a more confident manner here over the first year.

Challenges and Benefits

Now I'm doing my own role. I've moved away from the academy and I'm now the clinical specialist physiotherapist in my own right. It's a really great opportunity. I think initially there was a little bit of uncertainty on both sides. For myself, initially what was expected from me, but also from colleagues as to what I could provide in this practice and how my role would work. From that initial input we had from the Academy, we were trying to expand upon the initial traditional FCP's or physiotherapist in primary care and trying to add maybe a broader scope of practice. For example, I spoke to colleagues and found out what sort of things they were struggling with and what sort of things would help which they didn't already have. I started to do some home visits to patients, so I could provide simple mobility assessments or walking aid assessments that didn't need to be referred on. There would have been a waiting list for them to have those assessment, and I could help them reduce those waiting times for patients and for clinicians. It gave an outcome that wasn't just a referral. They could then speak to me and say, I've got this patient, what do you think of this Zach? and I'd say, "I can go, I can go look at that myself". It was just a nice, efficient, smooth way for patients to get the care they needed and gradually build-up my role.

One of the other things that was really helpful was that once you got to know the other members of the clinical team, such as occupational therapists, physiotherapists, occupational therapists, we often work closely. We set up joint appointments sometimes, that would mean we could have that multidisciplinary approach for patients and then we'd have a joint session or maybe we'd go out to the patient's home together. That would provide the patient with that broader scope of care they're really seeking, which meant they could be more efficiently treated and hopefully get the optimum care for them. But that wasn't the only thing, we have a specialist paediatric nurse here, for younger patients who hadn't had physiotherapy input when COVID often interrupted appointments with the paediatric physiotherapy team in secondary care. We did a joint session with the paediatric nurse as well, which meant that young patients could have care on the medical side from the specialist nurse, but also from the physiotherapy side. These are really good innovations that hopefully expand upon the traditional role of physiotherapy within primary care currently.

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Lessons learned

As far as the lessons learned go, I think the initial one is finding out from your team members, especially when you're new to the team like I was a couple of years ago, where the gaps potentially lie, but also where patients feel the service is lacking in terms of the care provided. And of course, COVID has been highly problematic across the NHS in terms of waiting times and patients not getting to see who they want to see at the right time. Even if only in a small way, we help to try and bridge that gap using a multi-professional team approach. For example, me sharing an appointment with a GP so the patient gets the care they need from the medical side, but also from a physiotherapy side, which is quite unique. The other thing I got to do initially when I first took on the role, which maybe other teams could learn from, is purposely spending time with other members of the secondary care team, for example, teams I work with like rheumatology or pain management team, and the community physiotherapy team and community team generally also ED, emergency departments. Find out where those pressure points are and what we could do better for the patient in primary care, from a musculoskeletal medicine point of view, in my specific role. I think listening, seeking to understand where problems lie. I'm not pretending that all problems can be solved, but we try to think in a different way, what can we do better within the team, what is within our powers within the practice itself. In terms of the impact, hopefully it has had a positive impact.

Multi-Professional Learning

With my colleagues, I'd like to think they're able to come and see me, knock on the door, ask questions that potentially just aren't within their field of knowledge. I'd get to do the reverse as well which is fantastic. That's incredible thing about work in primary care, we've got multiple professionals from different backgrounds with different skill sets and so we can all team together to help the patient, and hopefully provide optimal care. I feel musculoskeletal medicine is something in primary care that hasn't necessarily always been done as well as it can be. I've tried to have an open door policy where I encourage members of the teams at any time, to come and knock the door, ask me if they're concerned or if they'd like me to see the patient with them, or even do teaching sessions I have done some mentoring sessions with other members of the team. I try to take that fear away from an area.

We all have certain areas we're not as confident with, and ultimately, for musculoskeletal medicine, patients won't only see me, they will see other members of the team. Improving the confidence of my colleagues hopefully helps them provide better care for the patients. I've also recently put together a resource sheet of common conditions, musculoskeletal conditions that you'll often see in primary care and put together some treatment resources, some assessment tips and advice that was shared team wide and even across other primary care practices as well. It hopefully, aids in that demystifying, taking away that fear element of musculoskeletal medicine. As far as patients go, I think if we can provide specialist assessment and examination on the same day or even a few weeks in, which is still really, really good compared to some of the waiting lists we have. That patient can hopefully go away, once we're checked for red flags, and if there's something we're concerned about, sinister pathology wise, then I'm able to provide them with the referral onwards to the specialist investigation they may require. I've recently completed my prescribing qualification, so an independent prescribing qualification for medications. This means I don't need to pass the patient on to other members of the team, I can prescribe myself. I've also done my steroid injections for different joints, which means, I don't have to pass or refer onwards. I can do that in house, so, I think we provide more of an efficient service to patients than they used to get where potentially patients used to feel the GP was the only option.

Conclusion

Hopefully, they start to see a physiotherapist for their knee pain, their back pain their shoulder pain it's not only different, but it's potentially better care and what they needed to come to primary care for in the first place. Hopefully, that's what we provide here. And the patient gets, I hope, better care from it in the long run.