

Institution: University of Brighton		
Unit of Assessment: A3 Allied Health Professions, Dentistry, Nursing and Pharmacy		
Title of case study: Raising the standard of physiotherapy private practice across the UK		
Period when the underpinning research was undertaken: 2005 – 2020		
Details of staff conducting the underpinning research from the submitting unit:		
Name(s):	Role(s) (e.g. job title):	Period(s) employed by submitting HEI:
Elizabeth Bryant	Research Fellow (2006 – 2018), Senior Research Fellow (2018 – to date).	2004 – to date
George Olivier	Principal Lecturer (2006 – to date)	1994 – to date
Shemane Murtagh	Research Fellow (2014 – to date)	2012 – to date
Ann Moore	Professor of Physiotherapy	1991 – 2015
Period when the claimed impact occurred: 2014 – 2020		
Is this case study continued from a case study submitted in 2014? N		
1. Summary of the impact		
<p>University of Brighton (UoB) development of data collection tools and research into private sector physiotherapy practice, led to the launch of the first UK Quality Assurance (QA) awards for private practitioners (Quality Assured Practitioner: QAP) in 2016 and clinics (Quality Assured Clinic: QAC) in 2018. These awards, managed by Physio First, the trade association for chartered physiotherapists in private practice, provide standardisation for the evaluation of patient outcomes across the sector. Adopting QA standards enables practitioners to benchmark their practice, provide robust evaluation and tailor the marketing of their services. In April 2019, BUPA endorsed the QAC recognising it as part of their commissioning process. In 2020, 811 practitioners and 55 clinics across the UK worked towards the QA schemes.</p>		
2. Underpinning research		
<p>A lack of quality standards and benchmarking in the physiotherapy private sector has led to variation in the patient experience. Increasingly, physiotherapy services are held accountable for the quality and equity of care provision. In order to demonstrate and account for the delivery and quality of their clinical services, in addition to their clinical examination notes, practitioners need to be collecting data in a robust and consistent way (ie patient demographics, clinical presentation, service delivery and outcomes of care). Prior to 2005 UoB's musculoskeletal research programme had developed a range of novel standardised data collection (SDC) tools to facilitate data capture providing practitioners with an opportunity to show how their services are efficient, timely and equitable.</p> <p>SDC involves the collection of data relating to patients in a systematic way using an agreed format and set of protocols. The UoB team were the first to use SDC tools to collect musculoskeletal health data from physiotherapists and osteopaths in the UK. This novel work led to an initial research programme with Physio First (between 2005 and 2012). Physio First is the trade association for chartered physiotherapists in private practice, and the professional network of the Chartered Society of Physiotherapy with more than 3,000 members. The research designed and implemented a number of condition-specific SDC tools for use by their members. UoB developed each SDC tool through a consensus process and piloted them prior to making them available to all Physio First members [reference 3.1]. Data were collected by practitioners and exchanged with UoB and the analysis provided Physio First with a more robust understanding of patient demographics, profiles, and the outcomes of treatment across all areas of the UK [3.1].</p>		

Since 2014 research to support better accountability and to improve the quality of services has progressed through: (1) further development of a shorter but integrated SDC system, and (2) the development of an accessible patient-reported outcomes measure. Sustained investment from Physio First led to the Data for Impact (DfI) project between 2014 and 2020. Research with practitioners and focus group discussions with an expert panel including academics, stakeholders and physiotherapists (2007) identified the need for the SDC tool to be shorter, more practical, easily accessible and flexible. In line with the developmental guidelines [3.1], the SDC was developed to provide regular individualised feedback to practitioners. UoB researchers improved the design creating a shorter version of the DfI that captures patient details, diagnosis notes, referral information, symptoms, treatment and discharge information. Advancing the data collection process the DfI system was digitised and made accessible from any web browser, improving ease and speed of data collection. The UoB data analysis method was expanded to create quarterly feedback reporting mechanisms to practitioners, providing individualised data to facilitate easy benchmarking of service delivery and outcomes against the standardised national data.

A patient expectation study led by Moore identified gaps between expectations and the delivery of care, which could be used to improve the quality of care [3.2]. UoB researchers identified the need for collecting patient-reported outcomes in addition to practitioner-reported DfI data to allow comparison and verification of the reported outcomes.

UoB researchers devised the *Brighton musculoskeletal Patient Reported Outcome Measure* (BmPROM) following a review and a consensus process with expert musculoskeletal (MSK) clinicians and patient focus groups. BmPROM was piloted in a private practice for 3 months prior to extensive testing across 5 NHS trusts between 2012 and 2015. BmPROM is freely available to practitioners and researchers to evaluate physiotherapy treatment across the full range of MSK conditions and uniquely captures patient expectations. BmPROM is an 8-item questionnaire including quality of life, activities of daily living, leisure/social activities, pain, medication, sleep, anxiety and depression levels. Patients rate their response to each question using an 11-point Likert scale with an open comment section for patients to list their expectations of physiotherapy. Psychometric assessments of the BmPROM found it to be a reliable and valid measure to evaluate physiotherapy treatment [3.3].

3. References to the research

[3.1] Moore, A. P., Bryant, E. C., Olivier, G. W. J., (2012). Development and use of standardised data collection tools to support and inform musculoskeletal practice. *Manual Therapy*, 17(6), 489-496 <https://doi.org/10.1016/j.math.2012.07.008> [Quality validation: peer reviewed in a leading journal/output is a reference point for further studies in the USA].

[3.2] Leach, C. M., Mandy, A., Hankins, M., Bottomley, L. M., Cross, V., Fawkes, C., Fiske, A., and Moore, A., (2013). Patients' expectations of private osteopathic care in the UK, Part II: a national survey of patients. *BMC Complementary and Alternative Medicine*, 13 (122), <https://doi.org/10.1186/1472-6882-13-122> [Quality validation: peer reviewed in a leading journal].

[3.3] Bryant, E., Murtagh, S., Finucane, L., McCrum, C., Mercer, C., Smith, T., Canby, G., Rowe, D., and Moore, A., (2018). The Brighton musculoskeletal patient reported outcome measure (BmPROM): an assessment of validity, reliability and responsiveness. *Physiotherapy Research International*, 23 (3), [e1715]. <https://doi.org/10.1002/pri.1715> [Quality validation: peer reviewed in a leading journal].

Key research grants

Elizabeth Bryant [PI], Physio First, Industry funding, 2020 – 2021, The Physio First Data for Impact study, GBP117,603.

Elizabeth Bryant [PI], Physio First, Industry funding, 2018 – 2020, Data for impact study, GBP198,531.

Elizabeth Bryant [PI], Physio First, Industry funding, 2016 – 2018, Data for impact study, GBP152,071.

Elizabeth Bryant [PI], Physio First, Industry funding, 2014 – 2016, Data for impact study, GBP102,601
 Ann Moore [PI], Physio First, Industry funding, 2013, Development of the short form data collection tool, GBP57,600
 Ann Moore [PI], Physio First, Industry funding, 2012, The snapshot data collection project, GBP71,416
 Elizabeth Bryant [PI], Physio First, Industry funding, 2011, The snapshot data collection project, GBP77,130
 Ann Moore [PI], Physio First, Industry funding, 2010, The snapshot data collection project, GBP71,816
 Ann Moore [PI], Physio First, Industry funding, 2009, The snapshot survey data collection project, GBP51,658
 Ann Moore [PI], Private Physiotherapy Educational Foundation, 2005 – 2007, The development of a SDC system in private physiotherapy practice, GBP129,799.

4. Details of the impact

Collaborative longitudinal research led by UoB with Physio First (the trade organisation representing chartered physiotherapists in private practice in the UK) and a professional network of the Chartered Society of Physiotherapy (CSP) has led to a significant increase in memberships for the organisation enabling them to provide a standardised and optimal service across the sector. These systematised data collection and guidance tools have affected affiliated clinics, health care providers and individual practitioners, by raising the standard of care across the UK.

4.1 Setting UK standards for professional private practice

The Quality Assured Practitioner award, launched by Physio First in November 2016, and the Quality Assured Clinic award, launched in November 2018, allow Physio First members to demonstrate their quality and patient outcomes to potential patients and health care providers on an annual basis [sources 5.1, 5.2]. These quality awards are based on standards set using the criteria derived from UoB analysis of the Dfl national data. Before these awards were introduced, data collection and verification tools were inconsistent with no standardisation to ensure the quality of care. In order to be eligible for the quality assurance awards, Physio First members have to collect Dfl and PROM data [5.2]. The Quality Assurance schemes are the only independently analysed MSK data collection schemes in the UK and interest in the schemes continues to grow rapidly. The 'Quality in private MSK Working Group', a collective of stakeholders within MSK, including the main private medical insurers (eg Bupa) and the private hospital groups as well as representatives from the Chiropractic and Osteopathic professional bodies, have featured the schemes highly as a key reference point whilst agreeing a common sector wide minimum data set [5.3].

Physio First requests that practitioners use the online BmPROM for this data collection exercise. Practitioners submitting a minimum of 50 datasets within a 12-month period via the Dfl system and collecting PROM data are automatically assessed for the QAP award by the UoB team. The number of practitioners meeting the eligibility criteria for QAP assessment has increased from 44 in 2016 to 179 in 2020. Practitioners have reported positive feedback on the quality scheme as it provides a professional standard and framework, is used in the recruitment of new staff and applied to market quality assured services, building confidence with potential clients [5.4, 5.8]. Clinics can apply to UoB for a QAC assessment. All MSK practitioners within the clinic are required to collect Dfl and PROM data. The minimum number of datasets required per clinic is calculated on a pro-rata basis for each staff member and their working hours over a 12-month period. The number of clinics applying for a QAC assessment has increased from 10 in November 2018 to 55 in September 2020.

In April 2019, BUPA endorsed the Quality Assurance Clinic scheme [5.5]. BUPA, an international healthcare provider and the largest private medical insurer in the UK, contracts physiotherapy practitioners to provide funded treatment for BUPA clients. In order to be part of the physiotherapy network, clinics need to apply for BUPA recognition, which includes the

requirement to monitor and evaluate the quality and value of their services. In the contract process with physiotherapy providers in 2019, BUPA identified the Physio First Data for Impact and Quality Assured Clinic scheme as the only quality assurance schemes they would endorse. As part of their application and renewal process BUPA exempted all QACs from their audit of outcome metrics. QAC accreditation can be used as evidence of collection of quality and key performance metrics [5.2, 5.5]. Furthermore, practitioners undergoing an audit by the Health and Care Professions Council can use Dfl reports as evidence of continuing professional development [5.2].

4.2 Advancing learning, practice and business management amongst private physiotherapy practitioners

Since its launch in November 2014 there has been a 561% increase in members of Physio First registering to use the Dfl system, rising from 158 members registered in 2014 to 1045 in October 2020. The Dfl system, which now has in excess of 70,000 patient datasets, provides an evidence base for physiotherapy demand, delivery and patient outcomes, which Physio First use to showcase patient outcomes from private practitioners on a national scale, in the provision of value based private physiotherapy. Physio First has developed a number of evidence-based statements from the Dfl data analysis that they and members use to promote physiotherapy in the marketplace [5.3, 5.6]. The Dfl findings are also used by Physio First to direct all of their centrally run educational courses for members. The findings are being used with the organisation's education strand to identify gaps in knowledge, provide webinars on data collection and implementation, and to enable practice principles to target in service training more effectively [5.3, 5.7].

Practitioners have reported that the process of collecting data in a standardised format through the Dfl project improves the quality of the data and stimulates reflective practice on patient scores, treatments and outcomes that may not have occurred without the data recording process [5.8, 5.9]. Individual practices have reported that the use of the Dfl scheme to measure outcomes gives greater confidence in quality standards. The regular individualised Dfl feedback reports are helping practitioners to direct their continuing professional development and training (by identifying their strengths and weaknesses), enabling them to benchmark their practice against the national dataset providing targeted data for business management and marketing [5.8].

In 2017, the BmPROM was made freely available in paper format for any MSK physiotherapist to access before an online version was launched in May 2018 solely for access by Physio First members who are participating in Dfl. Consequently, there has been an increase in the number of private practitioners collecting PROM data from their patients both in hard copy and online. By September 2020 more than 150 practitioners were using the online BmPROM with their patients. Practitioners have reported that the two systems have deepened practitioner understanding of the patient needs/expectations which leads to more realistic agreed goal setting [5.9].

4.3 Supporting Physio First growth and strategic development

The Dfl project and quality assurance schemes are central to Physio First's vision to champion evidence-based, cost effective private physiotherapy in a changing healthcare marketplace. Launched in 2018, Physio First's 3-year business plan aims to replace the term '*evidence-based cost effective*' with the term '*quality*' by 2020 (Goal 7). This instead became '*evidenced value based private physiotherapy*', reflecting its well-documented aim of putting quality at the heart of its work. Goal 4 identifies the critical role of Dfl, QAP and QAC schemes in achieving this and creating opportunities and advantages for Physio First and its members in a changing marketplace [5.10].

The programmes are central to Physio First's offer; participation in the Dfl programme and gaining QA awards are promoted to practitioners as two of Physio First's 'big 5 benefits' of membership [5.11]. In 2018, the QAC/QAP '*benchmarking*' and '*quality*' were keywords emerging from engagement with Physio First members on perceived and actual value of membership [5.2]. Since the launch of the QAC and the endorsement by BUPA, interest in

the Dfl project and quality schemes has increased exponentially. Physio First reported that between April and May 2019 112 new members joined their organisation, the highest ever number within a similar time period [5.12]. In 2019 Physio First introduced a new membership level allowing part-time employees to access the Quality Assurance schemes. Physio First has also changed their membership structure, offering a reduced fee membership on the condition that part-time practitioners commence data collection via the Dfl system and work towards gaining quality assurance status [5.13].

5. Sources to corroborate the impact

[5.1] Details of the QAP scheme were published in Physio First's journal "In Touch" (Issue 157, Winter 2016, p32-33), and details of the launch of the QAC scheme were reported on the CSP website <https://www.csp.org.uk/news/2018-09-25-physio-first-launches-quality-assurance-scheme-private-practices> [Accessed 11th January 2021].

[5.2] Physio First's QAC and QAP ebooklet 2019. <https://www.physiofirst.org.uk/asset/7C476EFA-A219-4EC7-958572925AF19095/> [Accessed 11th January 2021]. Page 4 details the QAC accreditation and key performance metrics; page 7 details the Health and Care Professions Council use of Dfl as evidence of continuing professional development and page 11 covers the value of membership.

[5.3] Testimonial from Physio First on the QAP/QAC including current usage and sign-up figures, and rapid increase for QAP/QAC. This statement confirms how the research has influenced their strategic vision and the contribution it has made to the sector.

[5.4] A physiotherapist's marketing film on being a Quality Assured Practitioner: <https://www.youtube.com/watch?v=7sWAR9wG5RI> [Accessed 11th January 2021].

[5.5] Physio First webpages detailing BUPA's endorsement <https://www.physiofirst.org.uk/article/physio-first-and-bupa-update.html> <https://www.physiofirst.org.uk/article/love-or-hate-bupa-their-announcement-is-significant.html>. Supported by a statement from BUPA on the value and quality of the data collection process.

[5.6] Physio First webpage confirming the use of DFI data analytics to underpin key messages <https://www.physiofirst.org.uk/resources/quality-evidence.html> [Accessed 11th January 2021].

[5.7] Physio First's Annual Report 2019 – 2020. This provides details on the use of the findings in the education and training strands of the business. Available as a PDF.

[5.8] Transcript of interview from private practitioners (July 2018). Supported by a testimonial from a private practitioner detailing the effect of the research on practice.

[5.9] A practitioner film detailing involvement in the Dfl supported by another film reporting from the point of view of different practitioners on the Dfl https://www.youtube.com/watch?v=3ev4p_nWsm8 <https://www.youtube.com/watch?v=Fc3sctUght8> [Accessed 11th January 2021].

[5.10] Physio First's vision is detailed at the following source, with particular reference to Goals 4 and 7: <https://www.physiofirst.org.uk/our-story/vision.html> [Accessed on 11th January].

[5.11] Evidence of Physio First's unique benefits to their members: <https://www.physiofirst.org.uk/benefits.html> [Accessed on 11th January 2021].

[5.12] Evidence of the record number of new Physio First members in 2019 <https://www.physiofirst.org.uk/article/highest-number-of-joiners-ever.html> [Accessed on 11th January 2021].

[5.13] Introduction of new Physio First membership category to enable part time practitioners to access the QAC scheme <https://www.physiofirst.org.uk/join.html> [Accessed on 11th January 2021].