

## “DO YOU HAVE A PROBLEM WITH YOUR BLADDER OR PELVIC FLOOR?” ASSESSMENT OF THE IMPACT OF INTRODUCING SELF-REFERRAL TO UK NATIONAL HEALTH PHYSIOTHERAPY SERVICES.

### Hypothesis / aims of study

The aim of this study is to evaluate the impact of introducing self-referral as a route of access to publicly-funded physiotherapy services for women with urinary incontinence and pelvic floor dysfunction. This study presents data relating to the impact on demand and attendance rates, specifically 'Did Not Attend' rates, although other components were measured as part of a larger project.

### Study design, materials and methods

This study forms part of an audit of seven publicly-funded (UK National Health Service) physiotherapy services for women with pelvic floor dysfunction. All adult female primary care patients presenting with urinary or pelvic floor problems to one of the seven services over a one year period were included in the project. Data was collected via a web-based data collection form designed specifically for the project. Analysis of the project data was performed using Microsoft Excel 2010 and IBM SPSS 18/19.

### Results

The final patient dataset was made up of anonymised data for 921 patients. One in three referrals (66.6%) were from GP's (see table 1). The self-referral rate was 15.5% (slightly less than one in six referrals). The remaining referrals were either made by other health care professionals (12.8%) or prompted/suggested by either a GP (2.9%) or other health care professional (2.2%).

Referral Source	Frequency	Percent
GP Referred	613	66.6
GP prompted/suggested	27	2.9
Other healthcare professional – referred	118	12.8
Other healthcare professional – prompted/suggested	20	2.2
Self-referral	143	15.5
Total	921	100.0

Table 1: Patient records by referral type

There were significant variations in the proportion of the various referral types across each of the seven sites. There was no increase in the total number of referrals received at all except one of the sites (when compared with the estimated number of referrals received in the previous one year period).

It is known that a proportion of patients referred for physiotherapy will never attend an appointment. Where an appointment is made that the patient subsequently fails to attend (known as 'Did Not Attend' or DNA) this wastes valuable clinical time as well as administrative resources. It was therefore considered relevant to monitor the rate of patients that did not attend (DNA) an appointment. The DNA rates differed significantly between referral cohorts (see table 2) with fewer than 5% of self-referred patients not attending compared with an average non-attendance of almost 17% ( $X^2$ ,  $p < 0.001$ ).

		Attendance		Total	
		Attended	Did not attend		
Referral source	GP referred	Count	489	124	613
		% within referral source	79.8%	20.2%	100.0%
	GP prompted/suggested	Count	24	3	27
		% within referral source	88.9%	11.1%	100.0%
	Other healthcare professional referred	Count	98	20	118
		% within referral source	83.1%	16.9%	100.0%
	Other healthcare professional prompted/suggested	Count	18	2	20
		% within referral source	90.0%	10.0%	100.0%
	Self-referral	Count	136	7	143
		% within referral source	95.1%	4.9%	100.0%
	Total	Count	765	156	921
		% within referral source	83.1%	16.9%	100.0%

Table 2: Attendance rates by referral source

### Interpretation of results

The wide variation of rates and sources of referral across the sites means that referral effects may be confounded with other aspects of care. For example, the self-referral rates varied from 1.7-41%, however the site with the highest rate has offered self-referral to musculoskeletal physiotherapy services since the early 1990s. The high rate of self-referrals at this site may therefore reflect a greater awareness of self-referral as a route of access to physiotherapy.

The site with the lowest rate of self-referrals (1.7%) was also the only site that experienced an increase in the total number of referrals (22% more than those received in the previous year). Given this data, it is not likely that the overall increase in demand is due to the addition of self-referral as a route of access to the service.

The DNA results recorded in this project are too small to explore further by site, however in general terms they correlate with the results of a previous self-referral project relating to musculoskeletal physiotherapy services (1).

### Concluding message

Analysis of the project data confirms that the addition of self-referral as a route of access for women with urinary incontinence and pelvic floor dysfunction does not increase demand for physiotherapy.

The project data also confirms that initial attendance rates are higher for women who choose to refer themselves to physiotherapy. It should be noted, however, that for patient self-referral to be implemented effectively across any population, the provider must ensure that services are designed, planned and delivered in such a way as to address the particular needs of that population.

### References

1. Department of Health. Self-referral pilots to musculo-skeletal physiotherapy and the implications for improving access to other AHP services. Department of Health, Leeds, UK 2008

### Disclosures

**Funding:** This project was funded by the Chartered Society of Physiotherapy. **Clinical Trial:** No **Subjects:** HUMAN **Ethics not Req'd:** All sites involved in the study sought advice locally with regards to ethical approval however this study was considered to be service evaluation and no approval was required. **Helsinki not Req'd:** The study was/is not considered to be original/experimental research, as covered by the Declaration. The project is part of routine service evaluation to consider the impact of introducing self-referral to physiotherapy. It had no effect on either the delivery of physiotherapy or the waiting time for assessment/treatment. The project followed the relevant legislation/guidelines/codes in relation to consent, data protection, confidentiality and other professional issues. **Informed Consent:** Yes