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RESEARCH ARTICLE

The experiences of patients with musculoskeletal conditions accessing first contact physiotherapy practitioner appointments in general practice in the UK: A qualitative study

Kirsten Lamb[1] | Christine Comer[1] | Nicola Walsh[2] | Julia Smith[1] | Krystal Tang[1] | Gretl McHugh[3]

[1]Leeds Community Health Care NHS Trust, Wetherby, UK

[2]Centre for Health and Clinical Research, University of the West of England, Bristol, UK

[3]School of Healthcare, University of Leeds, Leeds, UK

Correspondence
Kirsten Lamb, Musculoskeletal Service, Leeds Community Health Care NHS Trust, Wetherby Health Centre, 42 Hallfield Lane, Wetherby LS22 6JT, UK.
Email: kirstenlamb@nhs.net

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Abstract

Background: First Contact Physiotherapy Practitioners (FCPPs) provide expert care for patients with musculoskeletal (MSK) conditions in General Practice. Access to FCPPs can facilitate timely care and efficient use of health services. However, there is little evidence about patient experiences of accessing FCPP appointments.

Objective: To explore the experiences of patients with MSK conditions who have accessed an FCPP appointment in a General Practice setting in the UK.

Design: Exploratory qualitative design.

Methods: Patients with MSK conditions who had experience of accessing FCPP appointments were recruited via social media. Semi-structured interviews were conducted and recorded via MS Teams. Data were analysed using thematic analysis.

Results: Of 13 patients interviewed, there were 10 females and three males, with an age range between 20 and 80 years. The main themes identified were: (1) Awareness of FCPP, (2) Access routes, (3) Facilitators to access, (4) Barriers to access, (5) Likelihood of re-accessing FCPP. Awareness of FCPP was generally low amongst participants. There were a variety of routes to access FCPP appointments; some were felt to be sub-optimal by participants. Facilitators included quick/easy access to FCPP. Barriers included difficulty contacting General Practitioner (GP) surgeries and public perception of needing to see a GP initially. The likelihood of re-consultation with a FCPP was low when participants had disappointing care experiences.

Conclusion: This study provides new evidence about patient experiences of accessing FCPP. It explores positive and negative aspects of access from patients' perspectives. It also highlights areas for improvement in terms of GP staff/patient awareness and understanding of FCPP.

KEYWORDS
first contact practice, general practice, musculoskeletal, patient access, physiotherapy, primary care

1 | INTRODUCTION

First Contact Physiotherapy Practitioners (FCPPs) have been increasing in number since 2019, when the Additional Roles Reimbursement Scheme (ARRS) was launched to diversify multi-disciplinary teams in General Practice (NHS England and NHS Improvement, 2019). Due to difficulties maintaining General Practitioner (GP) numbers (Hobbs et al., 2016), and the increasing burden of musculoskeletal (MSK) conditions (Versus Arthritis, 2023), there is increasing pressure on General Practice. Expert MSK clinicians, such as FCPPs, can provide timely, safe, and effective care for patients with MSK conditions, and increase capacity in General Practice in a cost-effective way (Walsh et al., 2024). The importance of efficient and appropriate access to FCPPs has been highlighted by several authors (Davies et al., 2021; Goodwin et al., 2020); without timely access, patients may suffer, and healthcare resource use may be inefficient.

A scoping review found little evidence in the literature regarding how patients access FCPP appointments and established that even studies that mention access contain minimal descriptions of access routes (Lamb et al., 2023a). To address the lack of evidence around how patients access FCPPs, a study was performed surveying FCPPs across the UK about how patients access their care (Lamb et al., 2023b). The findings revealed that the most common way for patients to access FCPP is via booking at reception within a general practice surgery. However, alternative ways to access FCPPs were also found. From the findings of the scoping review and survey (Lamb et al., 2023a, 2023b), it was evident that there was a need to explore access to FCPPs from the patients' perspectives.

The aim of this study was to explore the experiences of patients with MSK conditions who had accessed an FCPP appointment in a General Practice setting in the UK. The key areas which were intended to be explored were methods of access to FCPP appointments and barriers and facilitators to FCPP access.

2 | METHODS

This study was reported in accordance with the Consolidated Criteria for Reporting Qualitative Research checklist (Tong et al., 2007). Ethical approval for the study was granted by the Health Research Ethics Committee (HREC 22-007) on 19th June 2023.

2.1 | Study design

A phenomenological approach was used to explore the lived experiences of the participants (Laverty, 2003). This methodology seeks to understand each unique person's experience (Nicholls, 2009), and as such, was considered appropriate to answer the research question. Online qualitative semi-structured interviews were conducted on a one-to-one basis with each participant.

2.2 | Sampling and recruitment

Purposive sampling was used to ensure that participants with the relevant experience (i.e., having accessed an FCPP appointment for an MSK condition) were selected for interviews. A sampling frame was created with a requirement for participants of both sexes, a variety of ages, locations and ethnicities. Inclusion criteria were adults who had experienced an MSK condition and attended an FCPP appointment, and who were able to take part in an online video call or telephone interview in English, or with the help of their own translator.

Information about the study was posted on social media sites, such as Facebook, Twitter, and LinkedIn with a clickable link to enable prospective participants to communicate their interest in taking part. This was also sent to contacts known to the authors to disseminate and to specific groups with the aim of recruiting a diverse sample, for example, the Black and Minority Ethnic Staff Network and the Disability Staff Network at a large teaching hospital. The link took the prospective participant to a 'Jisc Online Survey' with some brief information and a form to provide their contact details if they were interested in receiving further information. After expressing an interest, potential participants were emailed the study information sheet and consent form, with details about the study. Once they had returned the consent form, a convenient date and time was arranged for the interview.

A target of 10–20 participants was set as this was estimated to be likely to reach a broad range of experiences.

2.3 | Interview topic guide development

The interview topic guide was informed by the aim of the research as well as by the results of the scoping review and survey of access methods previously performed by the authors (Lamb et al., 2023a, 2023b). It was developed by discussion among the authors, and there were no patients involved due to time constraints. The topic guide consisted of open-ended questions and potential follow up questions/probing questions to steer the interviews, but deviation from the guide was permitted as appropriate. Due to responses in the first interview, questions were added regarding whether FCPP appointments were promoted/advertised or explained in the GP practice.

2.4 | Data collection

The interviews were conducted and recorded via MS Teams video call. Interviews were conducted by one researcher (KL, a female practicing FCPP/National Institute for Health and Care Research Pre-Doctoral Clinical Academic Fellow interested in improving access to FCPPs) and began with an introduction, the aim and format of the interview, an outline of the discussion topics, and an explanation of how information shared in the interview would be used. Consent to proceed with the interview was re-checked and ground rules were agreed around topics that were not appropriate to discuss such as personal medical problems, how to stop the interview if needed, and clarifying that the participant had the choice not to answer a specific question if did not wish to. The participants were informed that they could withdraw from the research at any point during the process, should they change their mind about participating. Up to 45 min were scheduled for each interview and field notes were made during the interview. Participants were not contacted again after the interview.

2.5 | Data analysis

The auto-transcription function of MS Teams was used to generate a transcript of each interview. Transcripts were checked against the recording and any errors in transcription were rectified. Transcriptions of the interviews were not sent to the participants. Once transcribed, the data were analysed using a hybrid inductive/deductive thematic analysis approach (Fereday & Muir-Cochrane, 2006). As a result of the previous work around patient access to FCPP, a deductive codebook was created with codes relating to access routes, patient knowledge of FCPP prior to the appointment, and promotion of FCPP in GP surgeries, with complementary inductive coding generated during analysis. Each transcript was coded to identify features of the data relevant to the research question using NVivo (version 10), and then the codes were collated into categories and themes. One researcher (KL) independently coded every transcript and two other researchers (KT, JS) independently coded 4 transcripts each, that is, half of the transcripts were coded by two researchers. One of the transcripts was coded by all three researchers in order to check consistency of coding. Codes were compared and discussed to ensure consistency in coding, and categories/themes were developed, discussed, and agreed upon. Any differences in coding were discussed between all three coders and agreement was reached.

3 | RESULTS

3.1 | Participant demographics

Twenty-two people completed the initial interest form and indicated that they were willing to take part; nine of these did not progress to book an interview date. Thirteen interviews were conducted, including 10 female and three male participants (Table 1). There was a variety of ages, with participants in their 20s to participants in their 80s. There were participants from a number of geographical locations; West Yorkshire was most heavily represented, with participants from North Yorkshire, East Midlands and West Midlands also included. Despite efforts to recruit a diverse range of participants, all participants identified themselves as white; there were no participants who identified as being from ethnic minority backgrounds. The duration of interviews ranged from 13 to 26 min, and the mean was 18.5 min.

TABLE 1 Patient demographics and access routes.

Participant	Sex	Age range	Location	Access route for FCPP appointment
P1	Female	40–49	West Yorkshire	Called GP surgery and booked FCPP appointment by reception
P2	Female	40–49	West Yorkshire	Saw GP about the problem and then told to book FCPP appointment via online app
P3	Male	60–69	North Yorkshire	Called GP surgery, left message with details of problem, called back by surgery and booked FCPP appointment by reception
P4	Male	30–39	West Yorkshire	Called GP surgery and booked FCPP appointment by reception
P5	Female	40–49	North Yorkshire	Saw GP about the problem and then told to book FCPP appointment via reception
P6	Female	50–59	East Midlands	Called GP surgery and booked FCPP appointment by reception
P7	Female	80–89	West Midlands	Called GP surgery asking for FCPP appointment, booked GP telephone call and then booked FCPP appointment by GP
P8	Female	20–29	West Yorkshire	Saw GP about the problem and then booked FCPP appointment via reception
P9	Male	80–89	North Yorkshire	Called GP surgery and booked FCPP appointment by reception
P10	Female	70–79	North Yorkshire	Mentioned MSK problem to Phlebotomist and Phlebotomist booked FCPP appointment directly
P11	Female	50–59	West Yorkshire	Saw GP about the problem and then told to book FCPP appointment via online app
P12	Female	50–59	North Yorkshire	Used online booking app and was allocated FCPP appointment
P13	Female	40–49	West Yorkshire	Called GP surgery and requested FCPP appointment, booked by reception

3.2 | Themes

The main themes identified from the data were: (1) Awareness of FCPP, (2) Access routes, (3) Facilitators to access, (4) Barriers to access, (5) Likelihood of re-accessing FCPP.

3.2.1 | Awareness of FCPP

Awareness of FCPP before having an appointment was generally low amongst participants:

> I didn't think it would be something I could access through my GP. (P8)

Of the four participants who knew about FCPP before their appointment, one was a Health Care Professional himself, and three had heard about FCPP through friends/family. Participants were asked if they had noticed advertising of FCPP services in their GP surgery; only two reported seeing information or advertising, the rest had not seen any:

> I very much don't think it's advertised, loads of banners up and I've never seen anything about Physio. (P1)

Information about FCPP from staff who booked participants' appointments was also lacking; only two of the participants reported being given any explanation of FCPP when they booked the appointment:

> I think that could have been explained to me a little bit more about we have a physio working within this capacity that could assess your problem. (P4)

One participant described how she did not realise that her appointment was with an FCPP when she booked it:

> I didn't know I was booking a Physio…I just went online to book an appointment and then putting in my symptoms, and then it wasn't until I got into the GP's that I realised I was seeing their Physio. (P12)

3.2.2 | Access routes

Participants reported a variety of routes to access FCPP appointments (Table 1). The two main routes were (1) contacting the surgery (phone/online) and being booked into an FCPP appointment after some form of triage by Reception/clinical staff, and (2) having a GP appointment initially and being advised by the GP to book an FCPP appointment. Of 13 participants, five had seen or spoken to a GP about their condition before being booked an FCPP appointment, and eight had been booked with an FCPP as their first appointment for the condition. The most common way to access FCPP for those who did not see a GP first is described by this participant:

> I rang the Receptionist and said I was having knee pain and she said would you like to see our Physiotherapist? (P6)

However, one participant reported that the FCPP was only accessible after having a GP appointment:

> You have to go through the GP…I have asked again and they've said I need to go through the GP appointment to have a referral. (P8)

Several participants described some form of triage system the GP practices operated which enabled them to access FCPP:

> Usually what you would do is leave a message…and they would ring you back…I presume they sort of triage from whatever your message is. (P3)

Five participants were aware that their GP surgery had online booking, but most stated their preference was to call and speak to someone at the surgery to book appointments:

> I tend to prefer to talk…probably at the age group that likes a person to talk to. (P10)

However, two participants explained their preferences for online booking:

> I suppose online booking for me would be great because that's how I work with things. It's much easier, you know, working mum, kids. (P1)

> If I have the ability to book on online I would do it that way because it's much less tedious. Everyone's had the universal experience of being on hold to our GP reception for 25 minutes at 8:00 am. (P8)

It was clear from the variety of experiences the participants described that there is little uniformity in how patients access FCPP appointments, and that access routes are dependent on individual GP practices' processes as well as patient preference for appointment booking routes.

3.2.3 | Facilitators to access

Ease of access

A common observation from participants was that FCPP services being located in local GP surgeries were convenient and appreciated:

> I was quite pleased that they had a Physiotherapist operating from that surgery. So it meant that they didn't have to refer me to the hospital. (P9)

Some participants had to travel to a different surgery to access FCPP, but this did not appear to be viewed as a problem:

> I had to go to another Doctors practice. That was absolutely fine. (P7)

Speed of access was also a positive aspect of many of the participants' experiences:

> I think every time I've requested an appointment it's been within a week. (P1)

> You know, GPs you would be waiting two weeks, whereas, you know, it was 3 days for this first contact. (P4)

Some participants were happy with the access routes to book an FCPP appointment:

> For me the whole process went really well and it was really accessible and I think it was a really good service. (P12)

> I'm happy that we go through Reception and arrange an appointment. (P9)

One participant pointed out the benefit of seeing an FCPP rather than a GP in terms of onward referral:

> The Physio at the Doctor's surgery could refer directly to the musculoskeletal clinic, which is quite good because that's sort of cutting out the middleman of the GP. (P10)

Overall, patients felt that ease of access was created by a simple appointment booking method, a short waiting time to see the FCPP, and a nearby location for the appointment. Efficiency appeared to be a valued aspect of access, both efficiency for the patient in terms of minimal time spent making and getting to the appointment, and efficiency for the health system in terms of 'cutting out the middleman'.

Improved awareness

Participants felt that increased knowledge of FCPP services would be helpful in terms of patient access:

> I think that they could advertise more or somehow tell patients that this service is available. (P10)

Similarly, it was felt that understanding what FCPPs offer would be beneficial and that education could ensure more clarity for patients.

> Sometimes it needs a little bit more explanation at the front door…you're going to have people who turn up and have no idea who they're seeing. The name First Contact Physiotherapist, it's not particularly clear in terms of what it is. (P4)

As P4 points out, since 'First Contact Physiotherapist' is an unfamiliar term to most people, it might help patients in terms of what to expect if they had some explanation of the role.

3.2.4 | Barriers to access

Difficult logistics

Many of the participants complained about difficulties in getting in contact with their GP surgery to book any appointment, including FCPP:

> Really hard [to get through on the phone]. Like notoriously rubbish. (P4)

> It's hopeless, you dread ringing because, you know, you're going to be hanging on and hanging on, and then eventually you're told you're about eighth in the queue. (P7)

One participant complained about the move to online systems:

> It's all gone automated and you might as well be in a factory or something…I don't think it's user friendly. (P11)

Several participants had experienced a system with an initial telephone appointment and then a face-to-face appointment. This was not popular: this patient was unimpressed that the telephone appointments were limited to evenings or weekends:

> There was also a crazy system whereby I could only speak to somebody on an evening or a weekend. (P5)

Several patients pointed out that the nature of Physiotherapy being to do with movement and physical touch meant that telephone appointments did not make sense to them:

> She said it would originally be a telephone appointment, which I must say I thought was slightly odd, seeing as Physio is very physical. (P10)

> The latest one is going to be a telephone appointment first, which is bonkers! (P11)

These unpopular aspects of trouble contacting the GP surgery, discomfort with automated systems, and lack of face-to-face appointments were all felt to be likely to discourage patients from accessing FCPP.

Imposed restrictions to access

Several participants spoke about limits placed on accessing FCPP appointments by GP surgeries or services that provided FCPPs. This links with the previous sub-theme in terms of some services only allowing face-to-face appointments after an initial telephone appointment.

One participant described how she felt the limits placed on access to a face-to-face appointment with the FCPP had affected her ability to self-manage her condition. She described the process of an initial telephone FCPP appointment and subsequent telephone follow-up, then a face-to-face appointment, and two telephone follow-ups, with no improvement in her symptoms. She associated her lack of improvement with not being assessed face-to-face, and no demonstration of the exercises she was sent:

> Looking back on it, it is all about the fact that it didn't feel like it was properly assessed, and then nobody showed me how to actually do the exercises. (P5)

This participant felt that she did not get what she needed from the appointment, and then struggled to book a follow-up appointment:

> I feel slightly palmed off…I don't feel like all my questions were answered. And then when I asked for further appointments I was kind of told it wasn't a priority. (P8)

Participants who wanted to see an FCPP but had limits placed on their ability to do this were dissatisfied with access processes. Several participants acknowledged that the NHS/GP surgeries are under pressure and that limits to accessing FCPP may be linked to demand outstripping capacity.

Beliefs about who to see

Although it appeared to be generally accepted that FCPPs were an appropriate alternative to GPs, one participant felt that GP gatekeeping was an important aspect of access:

> It would be great if you could self-refer for Physiotherapy rather than having to go through a GP appointment first…But it might not be what you need… getting referred through the GP is important to make sure you don't go down the wrong path and waste people's time. (P8)

This participant also acknowledged that patients may think they are required to see a GP first, even if this is not the case:

> I suppose there's probably still a public perception of like needing to see a GP first to be told that's a Physio issue. (P1)

Efficient use of the health system appeared to be a key part of some participants' thoughts on who they should see for their MSK condition; most felt that seeing an FCPP would save them and the health system time by avoiding an unnecessary GP appointment.

3.2.5 | Likelihood of re-accessing FCPP

Although the interview topic guide did not specifically include questions regarding participants' experiences of the FCPP consultation, most of the participants spoke about how they felt their appointments went. The relevance of patients' experiences of the FCPP appointment itself as well as the access to that appointment was felt to be important in determining whether patients would be likely to access FCPP consultations in the future.

Several of the participants were very positive about the care they received from FCPPs, which tended to be when they felt listened to and confident in the FCPP's abilities:

> It felt personal and specific. I felt, you know, confident that the Physio was skilled and knew what they were talking about. (P13)

> The clinician was on time, really positive experience. Really good knowledgeable clinician, good assessment, didn't feel rushed. Listened to me and what I thought. (P4)

The participants who found their appointment beneficial were all positive about accessing FCPP appointments in the future:

> It was really thorough, and I felt reassured at the end of the appointment… I'd be really happy to see the Physio again…To see a Physio initially just seems more sensible. (P12)

However, several participants described disappointing experiences with the FCPP consultation, with complaints about a lack of being listened to, a lack of manual examination, and an off-putting manner:

> I don't really think he listened…And he was, I don't know, his manner was just a bit abrupt and…it made me want to withdraw and not engage. (P1)

> She didn't lay a finger on me and she lectured me about how I need to manage my pain. (P2)

One participant described a lack of empathy from the FCPP she saw:

> He said stand up straight, and I said I can't…The pain is excruciating, and at that point I wasn't best pleased…It was like he didn't appreciate how much pain I was in, to be honest…I didn't feel much empathy you know. (P7)

Another explained a feeling of a lack of interest in her problem from the FCPP:

> I also didn't feel that he was particularly listening to me. But then it was just knee pain and probably, you know, he's probably seen hundreds of people with knee pain and it wasn't terribly exciting for him. (P6)

These experiences had the consequence of participants feeling a lack of confidence in the FCPP they saw. Due to the poor experiences, several participants reported that they would not want to see an FCPP again:

> I don't think I would go back down that route. Well, I've lost all faith…I would probably use the private medical insurance and see if that works any better. (P5)

Three participants had paid to see a private physiotherapist for further treatment and three participants had asked friends/family members who were physiotherapists for advice or care after their FCPP appointment:

> I have actually made an appointment next week at a private Physio, because it buys me time and I will have time to ask her questions face to face. (P10)

This dissatisfaction appeared to be because the participants had not had their expectations or needs met by the FCPP consultation.

4 | DISCUSSION

The aim of this study was to explore patient experiences of accessing FCPP appointments. It provides new evidence about patient reported facilitators and barriers to access, as well as confirming key access routes, and the challenges of low awareness of the FCPP role. A previous study found that there are a variety of access routes into FCPP appointments, with the most common way being booking via Reception (Lamb et al., 2023a); another study noted that many patients have seen or spoken to a GP about their MSK condition before receiving an FCPP appointment (Lamb et al., 2023b). In this current study, five of the 13 participants had only seen the FCPP after first having a GP appointment, and one of the patients' surgeries required a GP appointment prior to FCPP input. This has implications for efficient use of the healthcare system as well as for effective patient care. If patients are accessing FCPPs as a second point of contact, this may be a duplication of appointments, and there may be a delay in them receiving expert care for their MSK condition. Greenhalgh et al. (2020) also found that some FCPPs reported high rates of second contacts, which they attributed to a lack of clarity around FCPP roles. This may have been the case for some of the participants in this study, as they reported that the role was poorly advertised and marketed.

Prior to participants' FCPP appointment, awareness and understanding of the FCPP role amongst participants was low. Advertising or promotion of FCPP appointments was reported by only two participants, and most participants were not told anything about the FCPP role when they booked the appointment. This echoes the findings of Goodwin et al. (2020), who also reported a lack of awareness of FCPPs by patients and GP staff. They suggested that this lack of awareness contributed to patients 'defaulting' to see a GP rather than an FCPP. Within the current study, one participant reported that they would rather see a GP first to check that consulting a Physiotherapist was the correct decision, and others pointed out the public perception of the GP being the gatekeeper to health care. However, most participants did not question whether a physiotherapist was the right professional to see regarding their MSK conditions. The acceptability of Physiotherapists as primary care practitioners has also been found by Desjardins-Charbonneau et al. (2016), and Stynes et al. (2021) in their national evaluation of First Contact Physiotherapy (FCP) found very high levels of acceptability of FCP to patients.

A key barrier to accessing FCPPs was the difficulty that many participants reported when trying to access their GP surgery. This appeared not to be limited to contact regarding FCPP appointments but a general problem with access to GP surgeries as a whole, with long waits in telephone queues, and automated systems that were not felt to be user-friendly. This echoes the findings of the GP Patient Survey (2023), which reported that only 50% of patients surveyed found it easy to contact their GP surgery, and 28% had avoided making an appointment because they found it too difficult. A participant in this study reported her difficulties in trying to access a follow-up FCPP appointment and stated that she had subsequently paid to see a private Physiotherapist. The barriers to patients easily accessing their GP surgeries result in patients taking on the burden of self-funding care for their MSK conditions. Patients turning to the private sector for health care has also been reported by the Kings Fund (Holmes, 2023), with the report on Independent Health Care and the NHS discussing the link between patient dissatisfaction with long waits and self-funding private treatment. However, within this study, the reasons for accessing private Physiotherapy appeared to be more related to the experience of care that participants had received rather than waiting times; nearly half of the participants had chosen to access further care outside the NHS due to experiences such as not feeling listened to, feeling a lack of empathy from the

FCPP, and not feeling questions had been answered. Although there is not the same provision or culture of use of private GPs as private Physiotherapists, patients voluntarily disenrolling from GP practices has been suggested as an indicator of patient dissatisfaction with care (Safran et al., 2001). Research into why patients change GPs has found that one of the main reasons for this is when patients perceive the GP as unwilling to listen to them (Buja et al., 2011).

A positive finding was that several participants found the process of accessing FCPP quick, easy and convenient. FCPPs being located in participants' GP surgeries, or in nearby locations, was seen as beneficial, and participants described the efficiency of 'cutting out the middleman' as a positive thing. Speed of access to FCPPs was contrasted with lengthy waits for a GP appointment, with participants reporting being able to book FCPP appointments within days rather than weeks. However, a difference in access times for FCPP versus GP appointments has not been reported in other literature examining FCPP provision (Stynes et al., 2021; Walsh et al., 2024). As with one of the few other studies to document access routes to FCPP (McDermott et al., 2022), there was a varied response from the participants of this study to digital or online access methods, and this seemed to be associated with age. The participants who remarked on the convenience of online booking access were in the 20–39 age categories, whereas those that reported to prefer speaking to GP staff to book appointments were in the 70–89 age categories. Those who felt they had had beneficial FCPP consultations, with reports of feeling listened to, thorough assessment, and personalised care, were all positive about re-accessing FCPP care in the future. This echoes the findings by Goodwin et al. (2021), who reported an overwhelmingly positive analysis of patient satisfaction with FCPP.

Participants suggested that increasing patient awareness of FCPP by expanding advertising and providing more explanation of the role when booking would facilitate access. This may be an avenue for future research, and it appears that improving the patient experience of FCPP consultations may also be a useful area to explore.

5 | STRENGTHS AND LIMITATIONS

A strength of this study was that the exploratory qualitative methodology allowed a broad range of data to be gathered. The flexibility of the topic guide enabled the interviews to deviate to the relevant topics suggested by participants and ensured rich data that included previously unidentified themes.

A limitation of the study was the lack of diversity in the participants; there was no ethnic diversity despite efforts to recruit people of diverse ethnic backgrounds. There was also a lack of diversity of location of participants; 11 of 13 were from North or West Yorkshire, with no participants from Scotland, Northern Ireland, Wales, or the South of England. This lack of diversity might affect the applicability of the findings to wider FCPP services. A sample including a more diverse range of participants may have yielded a greater variety of data and results. The sample size was also relatively small; with a larger sample and therefore larger data set, there may have been additional themes developed.

6 | CONCLUSION

This study identified important aspects of how patients access FCPP appointments and the factors that can facilitate or impede access. Improvements in the systems which allow easy contact with GP surgeries, increased promotion and awareness of the FCPP role, and ensuring positive patient experiences of FCPP consultations are all likely to improve access.

AUTHOR CONTRIBUTIONS

Kirsten Lamb: Conceptualisation; methodology; investigation; analysis; writing - original draft. **Christine Comer**: Conceptualisation; methodology; writing—review and editing. **Nicola Walsh**: Conceptualisation; methodology; writing—review and editing. **Julia Smith**: Analysis; writing—review and editing. **Krystal Tang**: Analysis; writing—review and editing. **Gretl McHugh**: Conceptualisation; methodology; writing—review and editing.

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CONFLICT OF INTEREST STATEMENT

We declare that none of the authors have any conflicts of interest.

DATA AVAILABILITY STATEMENT

The participants of this study did not give written consent for their data to be shared publicly; therefore, supporting data is not available.

ETHICS STATEMENT

Ethical approval for the study was granted by the University of Leeds School of Health Research Ethics Committee (HREC 22-007) on 19th June 2023.

ORCID

Kirsten Lamb https://orcid.org/0000-0002-7416-8178
Gretl McHugh https://orcid.org/0000-0002-5766-5885

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SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

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