



Improving access to better care for people with hip and/or knee pain: An AHP-led service in Primary Care

Description

The Joint Pain Advisor (JPA) model of care is a safe and cost effective alternative to GP consultations for people with MSK conditions. Involving a series of face-to-face consultations, Advisors work collaboratively with people with hip and/or knee osteoarthritis, focusing on supporting self-management using a motivational interviewing approach.

Context

Osteoarthritis (OA) of the hip and knee is extremely prevalent. It impairs mobility, physical and psychosocial function, independence and quality of life, as well as increases the risk of co-morbidity and mortality. Poor health beliefs, behaviours and lifestyles, such as being overweight, inactive and fear-avoidance behaviours, are important risk factors for developing and exacerbating joint pain.

JPA's are typically physiotherapists but can also be other AHP's such as nurses or pharmacists. The aim of the JPA was to help people self-manage their condition and live healthier, happier lives by ensuring they received the NICE recommendations on managing their joint pain in a location that was familiar and convenient to them e.g. their GP surgery.

Method

The JPA service was provided in six GP practices in a south London inner-city Borough. People were referred into the service following an EMIS search and invite letter, referral from their GP or HCP or self-referral. At an initial assessment, the 'Joint Pain Advisor' assessed pain, function, quality of life, physical activity, waist circumference and body mass, taught simple self-management strategies and used behaviour change techniques (motivational interviewing, goal setting, action/coping planning) to alter participants' lifestyles. Participants were invited for 3 week, 6-week and 6-month follow up appointments, when the Advisor reassessed clinical outcomes, fed back progress and reinforced health messages.

Outcomes

Uptake of the service was good: 498 people used the service. Between initial assessment and reviews, participants' pain, function, quality of life, weight, waist circumference and physical activity improved ($p < 0.005$). Service user satisfaction was high; they reported easier access to advice and support tailored to their needs that translated into clinical benefits and a more efficient pathways. Participants' clinical records were accessed, and assessors compared clinical consultations for their hip or knee pain (including GP consultations) six months prior to accessing the JPA service versus six months after completing the intervention. The service reduced GP consultations and clinical investigations such as x-ray.

Learning points

AHP-led care for OA of the hip and/or knee is a popular, effective, efficient and sustainable way to manage joint pain, without compromising safety or quality of care.

References

<https://onlinelibrary.wiley.com/doi/abs/10.1002/msc.1189>

<https://healthinnovationnetwork.com/projects/joint-pain-advisor-exploring-a-new-model-of-care-for-chronic-joint-pain/>