**Physiotherapists and General Practitioners attitudes towards ‘Physio Direct’ phone based Musculoskeletal Physiotherapy services: A National Survey**

**Background**

Use of telephone triage, assessment, and treatment services is becoming more common in healthcare systems internationally with broad aims to; cut costs, reducing waiting lists, provide greater convenience for patients and more efficiently meet the increasing demands on healthcare services. This type of service has been introduced and shown to be effective with patients suffering with depression, anxiety and obsessive compulsive disorder (1-3). Such services are increasingly being used in the UK as a part of pathways of care for Musculoskeletal (MSK) pain patients.

This study reports results from a national survey of Physiotherapist and General Practitioners attitudes towards phone based MSK services. In England alone, 4.4 million new referrals are received by physiotherapy departments each year (4), with this number likely to rise with the ageing population. Once referred, patients are typically put on a waiting list to see a physiotherapist for a face to face appointment. Long waiting times remain a significant problem for the MSK services however (5). As a result of NHS pressures the UK government has identified a need to improve access to care and reduce waiting times through an agenda that promotes the use of alternative technologies (6).

‘Physio direct’ (PD) services are telephone based triage and treatment services with a remit to quickly provide assessment and advice to musculoskeletal patients in order to streamline their pathway of care. Patients can self-refer saving General Practitioner time and have a telephone based physiotherapy assessment, without having to wait for, or travel to, a face to face appointment. Despite being patient centred and based on sound principles however, PD services continue to attract debate (7). Recent studies have looked at many factors relating to PD services including, clinical effectiveness (8), accuracy of diagnosis (7), and patient acceptability (9).

In the absence of any other significant evidence on the subject this study explored the attitudes of the primary clinical stakeholders of such services, General Practitioners who refer to such services, and physiotherapists that may work in them. Until now, studies exploring PD services have investigated patient satisfaction measures (8, 10) but have not explored the attitudes of relevant clinicians. With the potential for clinicians’ attitudes towards a service affecting the care provided, this investigation seems warranted.

**Method**

Although no pilot of the survey was undertaken on a Physiotherapist or General Practitioner population, the attitude questions were only minimally re-worded from a successful Physio Direct service evaluation involving patients.

The survey was undertaken using an e-mail cascade originating from the projects lead Physiotherapist and General Practitioner. The internet based survey collection platform ‘Survey Monkey’ was used. No other direct means of communicating the survey to potential respondents were employed. A standard e-mail request containing a brief description of the purpose of the survey, and a link to the survey itself, was sent via the researcher’s networks. The e-mail included a request that recipients cascaded the e-mail onwards via their own relevant networks.

The survey consisted of demographic questions and six attitude questions scored on a 5-point Likert scale, with response points from ‘Strongly Disagree’ to ‘Strongly Agree’. Three of the questions were positively worded towards phone based services and three negatively worded. The wording of the six attitude questions is shown below. As a survey of clinical staff, with e-mail recipients free to respond to the survey or not, and responses being confidential, no consent was gained from respondents. All responses were collected as categorical data to ensure the survey took less than 5 minutes to complete, facilitating higher respondent rates.

Within the Physiotherapy sample, as far as the attitude questions were concerned, respondents were split between two sub-groups, those that worked in a department that had a Physio Direct service, and those that did not. The General Practitioner sample was split into those accessing a Physio Direct service and those not able to access a service, but only one different question regarding service use was asked between the two General Practitioner samples.

**Six Attitude Questions**

1. I think patients would be better off speaking to a physiotherapist over the phone initially if it means they can get some advice quickly (within a few days) and try to manage the problem themselves.
2. I think patients would be better off waiting (up to 4 weeks) to see a physiotherapist face to face so they can be examined properly and so that the physiotherapist treating them knows what is going and on can show them what to do.
3. I think lots of problems can be sorted out over the phone without ever having to see a physiotherapist face to face.
4. I think it’s a waste of time for patients to speak to physiotherapists over the phone when they will probably have to end up seeing someone face to face eventually anyway.
5. I think everyone with a Physiotherapy problems should initially speak to someone over the phone to see if it can be managed without being seen if it means waiting times to see someone face to face are shorter.
6. I think patients should be given a choice whether they initially want to speak to someone over the phone or not.

**Physiotherapy Questions**

Baseline demographic data was collected for both sub-groups (those working in a department with a Physio Direct service and those not) including; age, gender, pay band, main job role and how long the individual had been qualified.

Within the Physiotherapy survey the six primary attitude questions were identical between the two sub-groups. After the six attitude questions those that worked in a department that had a phone based service were asked two further questions;

1. How many hours a week, if any, do you do in the Physio Direct service within the department where you work, e.g. triaging and treating patients over the phone
2. Do you think the Physio Direct service in your department/hospital is a good idea?

The two specific questions asked of the Physiotherapy sample that didn’t work within a department that had a phone based service were;

1. Overall do you think phone based services are a good idea?
2. If you moved to a different job that had a Physio Direct service would you want to work in that service?

The final question in both Physiotherapy samples was;

1. If a family member or friend living elsewhere had a musculoskeletal pain problem would you advise them to phone their local Physio Direct service or would you suggest they ask to see someone face to face?

**General Practitioner Questions**

The six attitude questions were identical between the General Practitioner and Physiotherapy survey. Demographic questions for the General Practitioner sample consisted of; age, gender, and years working as a general practitioner.

After the six attitude questions, one slightly different question was asked of respondents that had access to a Physio direct service compared to those that didn’t. A 5-point Likert scale was used to collect responses.

Those without access to a service were asked;

If you did have access to refer to Physiotherapy phone based musculoskeletal triage services how frequently do you think you would use it?

Those with access were asked;

How frequently do you direct musculoskeletal patients to use the Physio Direct service?

All General Practitioner respondents were also asked two further questions, identical to those asked of the Physiotherapy sample;

1. Overall do you think Physio Direct services are a good idea?
2. If a family member or friend living elsewhere had a musculoskeletal pain problem would you advise them to phone their local Physio Direct service or would you suggest they ask to see someone face to face?

**Analysis**

With the study being exploratory in nature and data capture being categorical, only percentage response rates to each question have been analysed.

**Results – Physiotherapy**

N=541 survey responses were gained. 82.3% (n=445) of respondents were female. Tables 1-2 show demographic information including, age, years qualified, pay banding, and primary job role.

**Service Sub-Samples**

Of the n=541 physiotherapy respondents 23.5% (n=127) worked within a department that included phone based services. A total of n=53 respondents completed the demographic part of the survey, and answered the question about if they worked in a service that had a phone services, but then failed to complete the rest of the survey. Of these n=53 partial non-responders, 23.3% (n=10), worked in a service that had phone based services and 76.7% (n=43) worked in a service that did not. Data collected is shown in the tables that follow.

**Table 1. Physiotherapy Age and Years Qualified**

**Table 2. Physiotherapist Job role and pay-band**

**Table 3.** **Specific Questions ‘ PD Service’ Sample**

**Table 4. Specific Questions ‘No PD Service’ Sample**

**Table 5.** **Friends and Family Test**

The final question asked of all respondents was if they would suggest a friend or family member with a musculoskeletal pain problem first phone Physio Direct, or ask to see someone face to face. In the PD service sample 47.9% (n=61) said they would advise a friend or family member to first call Physio Direct and 52.1% (n=56) did not. In the ‘No PD service Sample’ 58.8% (n=218) responded that they would recommend a friend or family member seek face to face physiotherapy care, 41.2% (n=152) suggesting Physio Direct care.

**Results – General Practitioners**

N=68 responses were gained from General practitioners, 57.4% (n=39) of the sample was female. Tables 6 shows the demographic data of the sample relating to age and years as a General Practitioner.

**Table 6** General Practitioner Sample Demographic data

**Attitude Questions**

General Practitioner responses to the attitude questions are shown in Table 7 below.

**Table 7 General Practitioner attitudes to Physio Direct Services**

**Service Sub-Samples**

After completion of the attitude questions respondents were asked if the main geographical area they worked in had a Physio Direct service they could refer patients to. 75% of the sample (n=51) worked in an area they could access a Physio Direct service from. Of the n=17 that couldn’t refer to a Physio Direct service n=1 failed to complete the rest of the questionnaire. None of the sample that could refer to a Physio direct service failed to complete the rest of the questions.

**PD Service and no PD service Sample Questions**

The General Practitioner sample that had access to Physio Direct services was asked how frequently they directed patients to Physio Direct services. The sample without access were asked to estimate how frequently they would direct patients if they had access to a Physio Direct service. Table 8 below shows the responses to these questions.

**Table 8. How frequently General Practitioners with and without access to Physio Direct services do, or think they would, directed patients to Physio Direct**

Both PD service and no PD service responder groups were asked if overall they thought Physio Direct services were a good idea. Table 9 shows the responses to this question.

**Table 9. General Practitioner responses to ‘Overall do you think Physio Direct services are a good idea?’**

**Friends and Family Test**

The last questions General Practitioners were asked was identical to the friends and family question asked of the Physio sample regarding if they would encourage a friend or family member to seek face to face or Physio Direct Care. Table 10 below shows the responses.

**Table 10. General Practitioner Friends and Family Question**

**Discussion**

**Physiotherapy Results**

The demographics of the 488 respondents who completed all survey questions are appropriately mixed and largely representative of the profession within the United Kingdom. The sample is dominantly female with the largest proportion of respondents being in clinical roles at band 6 or 7. This is consistent with findings from a large sample Physiotherapy survey carried out in 2013 regarding access to online personal development training (11). With regard to number of years qualified there is a good spread across the sample including almost 14% being qualified for more than 30 years.

No current national mapping data exists regarding the spread of Physio Direct (PD) services across the UK. As a comparatively new type of service provision, only attracting comparatively recent multi-centre trial results (12), having 23.5% of the sample working in a department with a PD service provides an adequate amount of data, but in the absence of published figures regarding the spread of such services it is unknown how representative this proportion is of the wider population of services. An almost identical percentage of partial non-responders did, and did not, work in a department with a PD service. From this perspective therefore, there is no indication of bias in the partial-non responder population, e.g. it does not appear partial non-responders were more likely not to complete the rest of the survey if they worked in a department that had a PD service.

Overall, Physiotherapists working in a department with a PD service had more positive, and less negative, attitudes towards PD services. Perhaps the most definitive outcome from the attitude questions regards if patients should be given a choice whether they initially want to speak to someone over the phone. In this case over 86% of the PD sample, and over 78% of those in the no PD sample, either agreed or strongly agreed with the statement about choice.

The next most definitive statement, again with agreement between PD service and no PD service samples, regarded if patients would be better off initially getting some phone advice and trying to manage the problem themselves. In this case over 74% of the PD sample, and almost 73% of the non-PD sample, agreed or strongly agreed with the statement. This result is quite different to the result regarding the conceptually similar question 5 however, which asks if everyone with a Physiotherapy problem should initially speak to someone over the phone to see if they can manage it without being seen. In this case 47% of the no PD sample and only 31% of the PD sample agreed or strongly agreed with the statement. This is counter to the overall trend of the PD service sample having more positive attitudes towards PD services. This is difficult to explain. The significant factor within question 5 is that it investigates if “everyone” should potentially initially use a PD service as opposed to if patients would be “better off” if they initially used a PD service.

Hypothetically respondents may be considering patients appropriate to PD services when they answer the question about whether patients may be “better off”, but are forced to consider all patients when asked if “everyone” should first use the service. If this is the case those more familiar with PD services may have a more informed view of the limitations of such services and so be more inclined to be less positive about “everyone” first using them than the non PD sample.

Perhaps the most interesting outcome from the attitude questions surrounds the overall pathway of care for musculoskeletal patients through areas with PD services. Almost 65% of the PD service sample, and over 46% of the no PD sample, disagreed or strongly disagreed with the statement that patients would be better off waiting to be seen face to face. Subsequently however, almost 44% and over 50% respectively, also disagreed or strongly disagreed with the statement that lots of problems could be sorted out over the phone without ever seeing a Physiotherapist. In the question regarding if problems could be sorted out over the phone, in the PD service sample, the attitudes were relatively split, with only a 6% difference between those disagreeing or strongly disagreeing and those agreeing or strongly agreeing with the statement. In the no PD service sample this difference was a much more significant at 27%. Analysis of the answers to these attitude questions appears to signify that although the majority of respondents disagree that patients should wait to be seen face to face, e.g. they should first go through a phone service, a significant proportion also disagree that a phone consultation is likely to stop them having to been seen face to face at some point.

When participants were asked if they thought PD services were a good idea, results were counter to trends found in the attitude questions. 18% of respondents in the PD service sample said they thought PD services were either a ‘bad idea’ or a ‘very bad idea’ compared to only 7% in the no service PD sample. These results seem to indicate that although overall attitudes towards PD services are better in staff that work in departments that have PD services, in some cases the experience of being in a department with PD services may change attitudes negatively. With 21% of the PD service sample, compared to 38% of no PD service sample, being ‘unsure’ in their answer to this question, it seems PD experience may provide the information necessary for staff to have a more definite view, and that this view may become negative.

**General Practitioner Results**

Overall many of the trends shown in the General Practitioner data are similar to those seen in the Physiotherapy data. With a relatively small number of General Practitioner respondents who didn’t work in an area where they could refer to PD services (n=17), it is not possible to compare the results of the two GP sub-groups and make any significant comments. The General practitioner sample is also significantly smaller than the Physiotherapy sample so it is also not possible to make comment about how representative results may be. It is possible the General Practitioner results are biased with a high percentage regularly accessing PD services when evidence from the Physiotherapy sample suggests services are less common. It is possible General Practitioners with access to a PD service were more likely to respond to the survey.

Overall General Practitioners tended to agree with the positive statements within the attitude questions and disagree with the negative statements. There were however, two attitude questions where unlike the Physiotherapy samples General Practitioner attitudes were split. For both question 2 “I think patients would be better off waiting to see a Physiotherapist..” and question 3 “I think lots of problems can be sorted out over the phone..” there was only a few percent difference between the number that agreed or strongly agreed with the statements, and the number that disagreed or strongly disagreed. This appears to indicate some uncertainty on General Practitioners behalf regarding the pathway of care and outcome in PD services.

One of the most significant differences between the General Practitioner and Physiotherapy sample data relates to the agreement with the statement in question 5, “I think everyone with a Physiotherapy problem should initially speak to someone over the phone...”. 66% of General Practitioners either agreed or strongly agreed with this statement, a significantly higher proportion than either of Physiotherapy samples. General Practitioners are historically used to telephone consultations regarding a wide range of sometimes significant health conditions and this may explain their significant agreement with the statement compared to the Physiotherapy sample.

Although there was a significant difference in the percentage of the General Practitioner and Physiotherapy samples that agreed with question 5, the percentage disagreement with question 4 “I think it’s a waste of time to speak to a Physiotherapist over the phone..” was remarkably similar between the groups. Both the General practitioner and PD service sample Physiotherapists disagreed or strongly disagreed in 66% of cases and the no PD service sample in 65% of cases. There was also only a 4% difference between the samples regarding their agreement/strong agreement with question 1.

Overall the outcome of the survey appears to show acceptance of, and a generally positive attitude towards, PD based services. In both samples there appears to be some uncertainties about what percentage of patients can be managed entirely over the phone which is in disagreement with the results of the recent research that shows that the majority of cases can be managed entirely over the phone (8).

**Limitations**

Without accurate available data mapping the spread of PD services it is not possible to say how representative the sample results are of the wider population of General Practitioners and Physiotherapists. A small number of General Practitioner survey respondents also makes comments made in the results regarding this population strictly hypothetical. It is possible General Practitioners with access to PD services may have been more likely to respond than those without. It is also impossible to rule out bias resulting from the sampling strategy. The survey was initially distributed through the authors networks and although these were national and a cascade system was put in place, bias of some respondents relating to professional relationships or familiarity with the authors cannot be ruled out, though this is less likely in the larger Physiotherapy sample.

As with any survey there is significant potential for responder bias, with those with clearer or stronger views being more likely to respond. Although with a relatively large sample a mix of both negative and positive views may mitigate sampling bias, readers should still take these factors into account. Overall, although the survey is a useful account of respondents views and highlights trends and attitudes towards PD services, none of the results can reliably be seen as representative of the wider population.

**Ethical Approval**: As an anonymous national survey of clinical staff no ethical approval was needed.

**Funding**: None.

**Conflict of Interest**: Neither author declares any conflict of interest.

**References**

1. Mohr DC, Vella L, Hart S, Heckman T, Simon G. The effect of telephone administered psychotherapy on symptoms of depression and attrition: A meta-analysis. *Clinical Psychology: Science and Practice* 2008; *15:* 243-253.
2. Hammond GC, Croudace TJ, Radhakrishnan M, Lafortune L, Watson A, McMillan-Sields F, Jones P B Comparative Effectiveness of Cognitive Therapies Delievered Face-to-Face or over the Telephone: An Observational Study Using Propensity Methods. *PLoS ONE* 2012; *7(9):* e42916. Doi:10.1371/journal.pone.0042916
3. Lovell K, Cox D, Haddock G, Jones C, Raines, GR, Roberts C, Hadley S. Telephone administered cognitive behaviour therapy for treatment of obsessive compulsive disorder: randomised controlled non- inferiority trial. *BMJ* 2006; doi:10.1136/bmj.38940.355602.80
4. Foster NE, Bronwen W, Grove S, Gamlin G, Salisbury C. The evidence for and against ‘Physio Direct’ telephone assessment and advice services, *Physiotherapy* 2011; *97, 78-82.*
5. Consulting J. A survey of NHS physiotherapy waiting times and musculoskeletal workload and caseload in England 2010-11. *Chartered Society of Physiotherapy.* 2011.
6. Liddell A, Adshead S, Burgess E. Technology in the NHS – Transforming the Patients Experience of care, The kings fund, 2008, ISBN: 978 1 8571 75745.
7. Foster NE, Williams B, Grove S, Gamlin J, Salisbusy C. The evidence for and against ‘PhysioDirect’ telephone assessment and advice services. *Physiotherapy,* 2011; *97,* 78-82.
8. Salisbury C, Montgomery AA, Hollinghurst S, Hopper C, Bishop A, Franchini A, Kaur S, Coast J, Hall J, Grove S, Foster N E. Effectiveness of PhysioDirect telephone assessment and advice services for patients with musculoskeletal problems: pragmatic randomised controlled trial. *BMJ,* 2013; doi: 10.1136/bmj.f43
9. Pearson J, Richardson J, Calnan M, Salisbury C, Foster NE. Acceptability to Patients of PhysioDirect Telephone Advice and Treatment Services: A multi-perspective. *International Journal of Integrated Care,* 2012; *12(Suppl1): e84.*
10. Taylor S, Ellis L. Patient Satisfaction with a new Physiotherapy Telephone Service for Back Pain Patients. *Physiotherapy,* 2002; *88, 11.* 645-657.
11. Harland N, Drew BT An investigation of physiotherapist’s use of online search engines- A national survey. *Physiotherapy*, 2013; 99(3):201-6. doi: 10.1016/j.physio.2012.12.006.
12. Hollinghurst S, Coast J, Busby J, Bishop A, Foster NE, Franchini A, Grove S, Hall J, Hopper C, Kaur S, Montgomery AA, Salisbury C. A pragmatic randomised controlled trial of ‘PhysioDirect’ telephone assessment and advice services for patients with musculoskeletal problems: economic evaluation, BMJ Open, 2013; 3:e003406 doi:10.1136/bmjopen-2013-003406.

**Table 1. Physiotherapy Age and Years Qualified**

|  |  |  |  |
| --- | --- | --- | --- |
| **Age** |  | **Years Qualified** |  |
| 18-30 | 18.7% (n=101) | 0-10 | 32.1% (n=174) |
| 31-50 | 61.5% (n=333) | 11-20 | 31.1% (n=168) |
| 51-70 | 19.8% (n=107) | 21-30 | 22.9% (n=124) |
|  |  | More than 30 | 13.9% (n=75) |

**Table 2. Physiotherapist Job role and pay-band**

|  |  |  |  |
| --- | --- | --- | --- |
| **Main Job Role** |  | **Pay band** |  |
| Clinical | 75.2% (n=407) | Band 5 | 6.5% (n=35) |
| Managerial | 4.2% (n=23) | Band 6 | 28.1% (n=152) |
| Academic | 5.6% (n=30) | Band 7 | 35.9% (n=194) |
| Mixed | 15.0% (n=81) | Band 8a-d | 17.7% (n=96) |
|  |  | Private Practitioner | 7.2% (n=39) |
|  |  | Academic | 4.2% (n=23) |
|  |  | Management Pay scale | 0.4% (n=2) |

**Table 3** Comparison between the responses to the six attitude questions between Physiotherapists that worked in a department that had a Physio Direct service and those that did not.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Attitude Questions** | Strongly Disagree | Disagree | Neither Disagree nor Agree | Agree | Strongly Agree |
| Q1 Service | 3.4% (n=4) | 8.6% (n=10) | 13.7% (n=16) | 46.2% (n=54) | 28.2% (n=33) |
| Q1 No service | 1.3% (n=5) | 11.1% (n=41) | 14.8% (n=55) | 57.7% (n=214) | 15.1% (n=56) |
| Q2 Service | 12.8% (n=15) | 52.1% (n=61) | 19.7% (n=23) | 11.1% (n=13) | 4.3% (n=5) |
| Q2 No service | 6.5% (n=24) | 39.6% (n=147) | 27.0% (n=100) | 19.4% (n=72) | 7.6% (n=28) |
| Q3 Service | 13.7% (n=16) | 29.9% (n=35) | 18.8% (n=22) | 16.2% (19) | 7.7% (n=9) |
| Q3 No service | 12.9% (n=48) | 37.5% (n=139) | 28.0% (n=104) | 12.1% (n=45) | 2.4% (n=9) |
| Q4 Service | 18.8% (n=22) | 47.0% (n=55) | 12.8% (n=15) | 16.2% (n=19) | 5.1% (n=6) |
| Q4 No service | 9.4% (n=35) | 56.6% (n=210) | 22.2% (n=75) | 12.1% (n=45) | 1.6% (n=6) |
| Q5 Service | 13.7% (n=16) | 41.0% (n=48) | 13.7% (n=16) | 24.8% (n=29) | 6.8% (n=8) |
| Q5 No service | 4.9% (n=18) | 27.8% (n=103) | 19.1% (n=71) | 41.8% (n=155) | 6.5% (n=24) |
| Q6 Service | 0.9% (n=1) | 4.27% (n=5) | 8.6% (n=10) | 47.0% (55) | 39.3% (n=46) |
| Q6 No service | 1.4% (n=5) | 7.8% (n=29) | 12.7% (n=47) | 56.0% (n=208) | 22.1% (n=82) |

Total n=117 for ‘No service’ sample and n=371 for ‘Service’ sample. All percentages rounded up.

**Table 4** PD service sample hours worked in the PD service and global attitude.

|  |  |  |  |
| --- | --- | --- | --- |
| **Hours worked on Phone a week.** |  | **Is the service a good idea** |  |
| No Hours | 47.0% (n=55) | Very good idea | 24.8% (n=29) |
| Between 1-4 hours | 41.0% (n=49) | Good idea | 36.8% (n=43) |
| Between 5-8 hours | 7.7% (n=9) | Not sure | 20.5% (n=24) |
| Between 9-12 hours | 1.7% (n=2) | Bad idea | 13.7% (n=16) |
| Between 13-16 hours | 0.9% (n=1) | Very bad idea | 4.3% (n=5) |
| Over 16 hours | 1.7% (n=2) |  |  |

**Table 5** Non PD service sample attitude towards working in and global attitude towards PD services

|  |  |  |  |
| --- | --- | --- | --- |
| **Would you like to work in a Physio Direct service.** |  | **Overall do you think Physio Direct services are a good idea.** |  |
| Definitely would like to work in the service | 3.0% (n=11) | Very good idea | 8.1% (n=30) |
| Would want to work in the service | 8.9% (n=33) | Good idea | 46.6% (n=173) |
| Wouldn’t mind either way | 52.3% (n=194) | Not sure | 38.3% (142 |
| Wouldn’t want to work in the service | 27.2% (n=101) | Bad idea | 5.4% (n=20) |
| Definitely wouldn’t like to work in the service | 8.7% (n=32) | Very bad idea | 1.6% (n=6) |

**Table 6** General Practitioner Sample Demographic data

|  |  |  |  |
| --- | --- | --- | --- |
| **Age** |  | **Years as a GP** |  |
| 21-30 | 4.4% (n=3) | 0-10 | 26.5% (N=18) |
| 31-50 | 55.9% (n=38) | 11.20 | 30.1% (N=21) |
| 51-70 | 39.7% (n=27) | 21-30 | 30.1% (N=21) |
|  |  | More than 30 | 11.8% (N=8) |

**Table 7** General Practitioner attitudes to Physio Direct Services

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Strongly Disagree** | **Disagree** | **Neither Disagree nor Agree** | **Agree** | **Strongly Agree** |
| **Q1** | 1.5% (n=1) | 14.7% (n=10) | 13.2% (n=9) | 36.7% (n=25) | 33.8% (n=23) |
| **Q2** | 4.4% (n=3) | 35.3% (n=24) | 22.1% (n=15) | 25.0% (n=17) | 13.2% (n=9) |
| **Q3** | 10.3% (n=7) | 33.8% (n=23) | 14.7% (n=10) | 32.4% (n=22) | 8.8% (n=6) |
| **Q4** | 19.1% (n=13) | 45.6% (n=31) | 13.2% (n=9) | 17.7% (n=12) | 4.4% (n=3) |
| **Q5** | 2.9% (n=2) | 17.7% (n=12) | 13.2% (n=9) | 48.5% (n=33) | 17.7% (n=12) |
| **Q6** | 5.9% (n=4) | 16.2% (11) | 14.7% (10) | 44.1% (n=30) | 19.1% (n=13) |

**Table 8**. How frequently General Practitioners with and without access to Physio Direct services do, or think they would, directed patients to Physio Direct.

|  |  |  |  |
| --- | --- | --- | --- |
| **Service Sample** |  | **No Service Sample** |  |
| **I don’t direct patients to PD** | 3.9% (n=2) | **I don’t think I would direct patients…** | 6.25% (n=1) |
| **I rarely direct…** | 7.8% (n=4) | **I think I would rarely** | 6.25% (n=1) |
| **I sometimes direct…** | 9.8% (n=5) | **I think I would sometimes** | 37.5% (n=6) |
| **I often direct….** | 62.8% (n=32) | **I think I would often** | 37.5% (n=6) |
| **I always direct…** | 15.7% (n=8) | **I think I would always** | 12.5% (n=2) |

**Table 9.** General Practitioner responses to ‘Overall do you think Physio Direct services are a good idea?’

|  |  |  |  |
| --- | --- | --- | --- |
| **No PD Service Sample** |  | **PD Service Sample** |  |
| **Very good idea** | 18.6% (n=3) | **Very good idea** | 43.1% (n=22) |
| **Good idea** | 31.2% (n=5) | **Good idea** | 33.3% (n=17) |
| **Not sure** | 43.8% (n=7) | **Not sure** | 9.8% (n=5) |
| **Bad idea** | 6.3% (n=1) | **Bad idea** | 11.8% (n=6) |
| **Very bad idea** | 0% (n=0) | **Very bad idea** | 2.0% (n=1) |

**Table 10.** General Practitioner Friends and Family Question

|  |  |  |  |
| --- | --- | --- | --- |
| **Non-Service Sample** |  | **Service Sample** |  |
| Advise Physio Direct | 50% (n=8) | Advise Physio Direct | 62.8% (n=32) |
| Advise face to face | 50% (n=8) | Advise face to face | 37.3% (n=19) |