

Improving Patient Pathways For People with Persistent Physical Symptoms

Background

- Persistent Physical Symptoms (PPS) is used here as an umbrella term to cover conditions such as Chronic Fatigue Syndrome (CFS), Fibromyalgia and Irritable Bowel Syndrome (IBS)
- PPS account for at least 15% of GP consultations and account for up to 30-50% of referrals to specialists
- Both patients and physicians in primary care report dissatisfaction with PPS consultations, with patients feeling their symptoms are not validated and physicians frustrated by being unable to provide explanation or effective treatments
- In short, care is often sub-optimal. This is despite the fact that for many PPS there is now a good evidence base for best treatment and referral pathways. However these pathways are often complex, involving multiple actors, sites and both medical and psychosocial interventions. Clinicians may be unaware of the location and nature of the best local services and expertise that can be utilised.
- As such there are potential pitfalls in the patient pathway from its beginning: the engagement, diagnosis and treatment phases of primary care, through to inappropriate referral, repeat primary care consultations, up to a very delayed arrival at appropriate care. These delays and sidetracks can be attributed to two main causes:
 - a lack of *local knowledge* of available expertise and
 - a lack of *clinical knowledge and skills* around PPS.

Project Aims

The aim of this project is to improve health outcomes for those suffering from PPS by addressing the local knowledge and skills deficits described above

We will work with people with PPS, local GP practices and PPS experts to produce useful, easy to access resources to help clinicians manage PPS with the ultimate aim of improving patient pathways

Methods

As PPS are so prevalent, we have chosen to focus on three of the most common presentations: Fibromyalgia, CFS and IBS. To improve the health outcomes of these conditions we will work through the following objectives.

1. Investigate the experience of people with PPS of their pathways through the health care service. We will conduct three focus groups representative of each condition. We will also use these groups to identify the participants "ideal pathways" i.e. what they would have liked from the health care system.
2. Investigate the barriers and facilitators of best practice in managing PPS in four GP practice focus groups.
3. Take the outputs from these focus groups to a PPS expert reference panel of local clinicians, researchers, clinical network leads, CCG leads and people with PPS, and use their expertise to produce the two key project deliverables:

Planned Project Outcomes

The Referral Map.

This addresses the local knowledge deficit described above. This will map out the expertise available in the North East and North Cumbria for the management of these three conditions. It will provide clinicians in this area with a list of clinical services, third sector resources, research centres and individuals who have an expertise in the research and/or management of these conditions.

The Resource Pack

This addresses the clinical knowledge and skills deficit described above. The format and content will be developed by the expert reference group and the principal researcher, but these will be some of the key elements: it will provide research and expert informed tips for recognising PPS, engaging patients, making a diagnosis, management strategies, optimal medication etc.

We will provide four GP practices with these project deliverables, and seek their feedback on the feasibility of using them in their clinics. We will use this feedback to further develop the resources and to design a future trial of the effectiveness of these resources in improving patient pathways.