Data for Impact & Quality Assurance Schemes in Physio First



















# What is the Data for Impact (DfI) scheme?



Data for Impact is our online, standardised data collection scheme created by Physio First in collaboration with the University of Brighton and funded by grants awarded by the Private Physiotherapy Educational Foundation (PPEF). Inputting data provides all the tools you require to analyse your clinical practice, patients, treatment and outcomes. Taking part in Data for Impact is the first step to becoming a Quality Assured Practitioner (QAP) or Quality Assured Clinic (QAC).

Physio First started collecting data in 2006 with a series of projects to work out the best way to create this Standardised Data Collection tool known as Data for Impact (DfI). The DfI scheme has been running since 2014 as a tool for Physio First members to collect patient outcome data which is then analysed by the University of Brighton research team.

Those members who input enough data receive an individualised report of their patient data which is analysed and compared to the national data collected.

Use of DfI is free for all members of Physio First.
Inputting the data and the analysis of your clinic and patient data with the reports from UoB is included in your annual Physio First membership





<u>Hear from Dr Liz Bryant about why you should</u> start collecting data

Taking part in the Dfl project has given me a voice, boosted my confidence and has given me time to reflect on my practice finding my strengths and weaknesses

-99

### Quality assured schemes



#### Quality Assured Practitioner (QAP)

A Physio First Quality Assured Practitioner (QAP) is a member of Physio First who has input sufficient data through our Data for Impact collection tool and is using the validated Patient Recorded Outcome Measures (PROMs) within the scheme. Their data meets the criteria defined by Physio First and the University of Brighton to become a QAP and demonstrates the quality of their treatment and patient outcomes.



#### Quality Assured Clinic (QAC)

A Quality Assured Clinic (QAC) is a private physiotherapy practice whose musculoskeletal (MSK) team are all Physio First members and are inputting sufficient patient data using the Data for Impact (Dfl) tool and using the validated PROMs to measure patient outcomes. Each member of the team is measured by the UoB in proportion to the hours they are working but all need to meet the same criteria as for OAP.

# How does collecting this data benefit the private physiotherapy profession?



There is a wide variation in clinical care and outcomes in private physiotherapy and, until now, no common benchmarks of quality.

Patients and the healthcare marketplace demand authenticity and proof of quality treatment which demonstrates: high standards of treatment, good patient outcomes and patient experience. Private physiotherapists want to be able to demonstrate these quality markers.

We are now able to demonstrate the quality of treatment through standardised data collection using the Physio First QAP and QAC schemes.

By our Physio First members inputting data through Data for Impact, as of the May 2022 download we now have a database of over 87,860 discharged patient data sets which the UoB are able to analyse.

This produces the evidence for the effectiveness of our treatments in private physiotherapy practices across the country. (see straplines and infographics which are available for members to use once they start inputting data).

Our Quality Assured Practitioner and Quality Assured Clinic status gives you, your patients and the general public peace of mind. Demonstrating that you are Physio First Quality Assured Practitioner promotes trust and gives confidence.

#### Have a read through our eBooklet>

Physio First's Quality Assured Practitioner and Quality Assured Clinic - How will they help you?

The eBooklet is aimed at private physiotherapists (members and non-members), patients and the marketplace.



### Which Patient Recorded Outcome Measures (PROMs) and Patient Recorded Experience Measures (PREMs) are collected within the Dfl scheme?



- Currently PROM data is collected within the Dfl by using the Functional Physical and Subjective (FPS) scoring within the tool. This is not independent of the patient but a score decided by collaboration with the patient and the physiotherapist
- All participants may use the Brighton musculoskeletal Patient Recorded Outcome Measure (BmPROM) this is available to use either as a paper version with the patient and can be downloaded <u>here</u>. The BmPROM is a validated outcome measure with 8 questions for the patient to answer and measures functionality and wellbeing for the patient. There are also OPTIONAL questions for pre and post treatment
- **OR** request access to the online BmPROM with the UoB, email: <a href="mailto:physiosurvey@brighton.ac.uk">physiosurvey@brighton.ac.uk</a>
  This gives you, the practitioner, the opportunity to use a PROM designed to be completed by the patient away from the practitioner. You will be sent a report of your BmPROM scores at each data download. This report is not dependent on the number of patients reporting their BmPROM
- PROM collection: PSFS and NPRS (VAS) are now incorporated into the Dfl data collection tool, in line with current marketplace demands. The BmPROM will remain as an independently collected PROM with only patient input
- PREM collection: The Global Rating of Change (GRoC) and Net Promotor Score (NPS) have been
  added to the Dfl scheme. They have been added to the BmPROM collection so will be completely
  independent of the clinician. Reports will be sent at each download of the data collected

### Practice Management Software (PMS)



Are there any Practice Management Software (PMS) Companies that have Dfl integrated within them to avoid the extra work involved in sending data to UoB?

We're delighted to announce that our Physio First data collection tool is now available as part of PPS practice management software and TM3 software. This provides ease of inputting for all your patient data making becoming QAP or QAC easier than ever before.





### How does participating in Data for Impact and the Quality schemes benefit me as a private physiotherapist?

- Collect data to meet your HCPC standards of proficiency no 12. 'Be able to assure the quality of their practice'
- Your individualised report gives you analysis of this patient data for you to use for CPD and marketing purposes
- Measurement of your patient outcomes Independent PROM and PREMs are available to use via the UoB. Contact them <u>here</u> - A report of these PROM and PREMs is sent to you at each download.
- Ensure you are collecting the outcome measures needed to meet the BUPA requirements
- Achieve the Quality standards and you can promote yourself and your clinic as Quality Assured
- Understand your patient demographics to allow for better targeted marketing activity



# Information about the data you enter into the Data for Impact data collection scheme

- All data is owned by Physio First therefore, no third parties have access to the data without permission
- UoB do not share the detail of data inputted with Physio First
- Physio First know which members are registered to input data where they give us permission but do not know the detail of data submitted, this is confidential between you and UoB
- All data inputted is anonymised so patients are not able to be recognised by UoB

### How do I get started?

- To sign up for Data for Impact, please click here
- This link takes you to the Participant Consent Form which can be completed electronically or via download
- There is a link to the Participant Information Sheet which details how your information is used. **Please download and read this carefully**



### Continued...



Once you have registered for the Dfl scheme with the University of Brighton (UoB) you will be sent an email containing:

- A link to access the online system
- Your unique account name and password
- Data for Impact user guide
- Patient information form and patient consent form
- Link to a brief "getting started" video tutorial to help guide you





Watch the 'Getting Started' tutorial here

We would recommend that you look at the video prior to inputting any patient data

### Now you are signed up for Dfl



#### Start inputting your data as soon as you can!

Start with your next new patient, as with any new activity the hardest part is getting started. You don't have to input the data when the patient is with you, although some practitioners find this helps the patient engage in the process. Especially when starting, give yourself a little time to work through the process and note the information you need to input from the patient. You may need to adjust the way you gather information (e.g. note when the patient books the appointment) and also what information is needed to be gathered during the assessment process. Once you have done this a few times you will find the inputting process speeds up.

#### **Patient Consent**

The patient needs to consent to you sharing their anonymised data. Your patients will need to read the Patient Consent Form provided by the UoB when you sign up. A copy of this is on the Dfl site on the resources tab. Consent can be gained either by getting your patient to sign a consent form provided by the UoB. Or placing a consent statement on your patient registration form so the patient only completes one form.

Here is an example of a statement for your registration form:

I have read the patient information sheet and I agree for my anonymised data to be used in an ongoing clinical audit (until such time as I notify you otherwise)

YES/NO

### Access to infographics for marketing

Our research team at UoB have been unstacking our large data bank over recent years and have created some powerful messages from that data which would be useful in the promotion, marketing and making of value your practice to your patients.

The Physio First communications team have collated these messages (straplines) and created infographics as a powerful and visual way for you to use and benefit from the full data bank into which you have contributed.

They have produced an e-booklet which can be downloaded by Dfl participants from a link sent to you from UoB when you have started inputting your data. This will allow you to access the full infographics collection to use in your practice or on your websites, social media platforms and in any patient communications such as newsletters.

The e-booklet contains a list of ideas about how to use these infographics and a summary of the possible importance to your patients, and potential patients, of your involvement in such a large research project.





## How do I become a Quality Assured Practitioner?



- 1. Sign up for Data for Impact
- 2. Input as many patients as you can

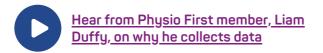
The minimum is 50 completed (discharged) data sets within a 12 month period in order to be assessed for Quality Assured Practitioner. We recommend that you don't limit yourself to 50 patients. By restricting yourself to the minimum required you run the risk of not achieving the quality standards we have set.

#### Our data collection needs all the information we can get!

#### 3. Record PROM data for each patient

A validated PROM is required. PSFS and NPRS (VAS) are in the Dfl tool. We encourage you to also use the Brighton musculoskeletal Patient Recorded Outcome Measure (BmPROM).

This is available as an online tool which means it is completed independently by the patient and collected by the UoB both pre and post treatment and the results benchmarked against our national data bank and sent to you three times a year. Remember to collect PROM data both PRE and POST treatment if you can.



#### 4. Keep inputting data

Data collection is a continuous rolling scheme. The UoB download data three times a year in January, May and September.

Data is analysed for the 12 months prior to the download date.

If you have enough data sets (more than 50), are a full or affiliate member of Physio First and meet the assessment criteria, you will receive an individualised report and be assessed for OAP status.

At any download those participants who have input more than 50 discharged data sets will be given their QAP statistics, even if they have already achieved QAP for that year.



Read our InTouch article by Hon. R&D Officer, Elizabeth Palmer: <u>Are you making the</u> most of your Quality award?

66

"I believe vehemently in a quality service and being considered as a quality assured practitioner makes me feel as if I am achieving this." During the Covid-19 pandemic the data download time has been extended to 16 months to allow for a reduction in patient numbers. We will inform you when the data analysis time reverts back to 12 months

# What does my Individualised Report tell me?



Your Individualised Report will give you a breakdown of your statistics and compare them to the national average of all data input to the DfI scheme since it started. We have divided the information into sections for you with some suggestions on how you can use this in marketing your practice, for CPD or looking at improving your quality scores.

#### 1.Demographics

Age; Gender; Occupation; Work status;

What is your patient group? Do you want a different age group? How can you adjust your marketing to improve your patient group? Do you need to change what you offer within the practice to reflect your patients? Your report will give you a breakdown of your statistics and compare them to the national average of all data input to the Dfl scheme since it started.

#### 2. Referral

Source Payment Choice of practice Waiting time for appointment

This is useful to know where your

patients come from - what your

patient group is currently?

How many patients come via a referral (and who were they referred from)? How many patients come from either a commercial intermediary or from private medical insurance?

— Are you happy with this or would you like more self-paying patients? Having these statistics at your fingertips helps you to target your marketing. How many patients are returning patients? Always a good reflection on the quality of their experience with you?

#### 3.Diagnosis information

Acute or chronic patients? What has caused their problem? Body site? Initial PROM score

Are patients taking a long time to come for treatment which then takes more time to respond. Can you improve this with some astute marketing messages? we have proved from our data so far that starting treatment early leads to a better outcome.

Do you specialise in treating a particular aspect and are you seeing enough of those patients?

Should you be marketing this more?

### Continued...

#### 4. Patient contact

Assessment & treatment time

Modalities used

#### 5. Discharge

Outcome of treatment Final PROM score Factors influencing treatment Discharge status, goal achievement Number and length of treatments Work status Admin time

How successful are you at achieving your patient goals?

Are there any other factors that influence this?

Can you identify areas that you need to address with CPD?

The national report gives an overview of all the data that has been collected by the Data for Impact scheme since the first report was generated in November 2014.

There is a detailed analysis of all the information collected and is updated after each download, three times a year.

From the national report (May 2022) we know:

- 74.8% of patients self-refer for physiotherapy
- 72.5% of patients pay for their own treatment.
- 67.1% of patients either return for treatment or are recommended.

Use the information from your own report, to give evidence of how physiotherapy works to improve patient care.

This could be used to talk to your local GP's or as information on your website or social media pages together with the <u>infographics</u> provided.

# How do we use the data we have collected?



Information from the data bank was used to produce a paper confirming that private physiotherapists contributing to the Dfl scheme were following NICE guidelines for the treatment of low back pain.



See the full article, published February 2021, here.

# What does QAP status give to me? How do I benefit?

- Logo of QAP to use on your website, social media platforms, email signature to promote the quality standard of your practice
- You are listed as a Quality Assured Practitioner on the Find a Physio section of the Physio First website
- A certificate to display in your clinic and use for marketing your quality standard to your patients
- Evidence to your patients that you are serious about being a quality service and allow your data to be measured
- An Individualised Report of your analysed data from the UoB when you have input a minimum of 50 discharged data sets at each download
- The Individualised Report enables you to benchmark your clinic against the national data set
- If you are a single handed practitioner who has been awarded QAP you are able to apply to the UoB for conversion of QAP to Quality Assured Clinic (QAC) status

### How do I become a Quality Assured Clinic?



- Our new QAC Participation Programme will allow a full member (Practice Principal)
  to register all their physio team members for the Data for Impact (Dfl) scheme and
  have their clinic work towards the QAC status for a low-cost annual subscription.
  This replaces our current Part-time Subscriber rate
- All that is required to do is complete a simple application form and pay the annual subscription indicated i.e. £120 per year for physio MSK colleagues who work more than 10 hours and £60 for those who work 10 hours or less
- Once the Physio First team receive your completed application form and payment, they will pass all details to our University of Brighton team, who will take you through the process
- If you have any staff changes during the year, do let the UoB team know
- Find out more about the QAC Participation Programme here

Achieving QAC status gives our whole team an assurance that we are offering our patients the best in evidence-based quality physiotherapy treatment

—"

 Once awarded QAC status this is valid for 1 year after which the clinic will be reassessed. Therefore, all practitioners need to keep inputting data continuously



If you are a single handed practitioner who has achieved QAP status you
may apply to the UoB for conversion of your QAP to QAC status. This
does not happen automatically as UoB does not know your working
situation

As practice principle, I find the task of advertising how great we

are quite hard, but now I have a tool with which I can define our quality status. It makes marketing our practice so much easier!





<u>Hear from Physio First member, Tracie Bolger</u> <u>on why she collects data</u>

# What does QAC status give to me? How do I benefit?

- You will be sent a QAC logo to use on your practice website, social media and email signature
- You will receive a QAC certificate to display in your clinic to show your patients you have achieved this quality standard
- You have the assurance of your whole clinic meeting quality standards
- You will receive a report of the clinic statistics and how your clinic met the quality criteria. Use this information to measure and improve your patient outcomes for the whole clinic
- You can measure your clinic against data from the national data set
- If you are registered with BUPA they recognise you are a quality assured clinic.
   All QAC clinics are exempt from providing routine audit information, in addition to their PROMS
- Being part of the quality schemes makes it easier to manage in terms of time and energy to meet these requirements

# Hints & Tips on managing your inputting



#### Start inputting and get to know what data is being collected

So you are able to get this information from your patient during the process of making the appointment and having their assessment with you.

You may need to adjust your systems to enable you to collect this information. e.g. how long did the patient have to wait for their appointment date? (referral information: number of days between the patient wanting to commence their treatment and the actual start date).

Was this due to them being unavailable when offered an appointment or to your clinic being busy?

(Factors influencing the outcome of this treatment: Patient unable to attend first appointment offered).

Are you able to collect this information? Do you note on your diary when the appointment is given to the patient?

Or if they are unable to attend the first appointment offered to them?

#### How much time must I allow for inputting my patients to the database?

<u>PPS</u> and <u>Tm3</u> have now integrated the Dfl tool within their software, please contact them directly for more information.

If you don't use PMS or prefer to input directly to the UoB database then it shouldn't take more than 3-5 minutes per patient. That might sound a lot of time per patient but there is no need to input the data at the same time you see the patient.

As long as you collect the data you need to input from the patient and your system there is no time limit to when you input that patient data to the system. Except you will need to make sure you have enough data ready for the download dates!

There is no need to input data into the system each time you see the patient, at assessment and discharge is fine as long as you have the information needed.

Again, this gets easier as you become more familiar with the process.



# Communications from University of Brighton and Physio First Bulletins for information

The University of Brighton send emails with Top Tips for Inputting to Dfl, keep an eye out for these emails. If there are any queries that are not covered in this booklet please email UoB on:

physiosurvey@brighton.ac.uk

Here are links to the Dfl system and the video tutorial by Dr Liz Bryant of UoB:

Access to the Dfl system: <a href="https://data4impact.brighton.ac.uk/fmi/webd/data4impact">https://data4impact.brighton.ac.uk/fmi/webd/data4impact</a>
Access to the video tutorial: <a href="https://data4impact.brighton.ac.uk/fmi/webd/data4impact">Dfl: qetting started video</a>

Physio First bulletins will have reminders about download times and any other relevant information!

With thanks to PPEF for funding the development of the Data for Impact scheme









