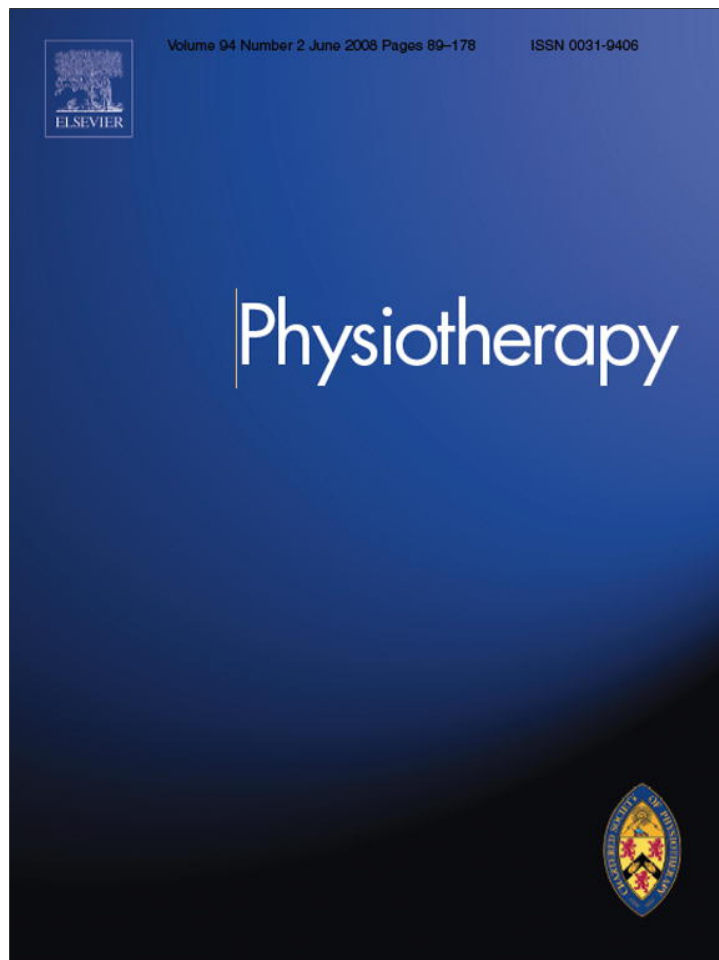


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Self-referral, access and physiotherapy: patients' knowledge and attitudes—results of a national trial

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Abstract

Objectives To identify service users' views and attitudes to access, physiotherapy and patient-autonomous health-seeking behaviours.

Study design Mixed qualitative and quantitative questionnaire.

Setting Twenty-six locations representing a range of socio-economic and geographical settings throughout Scotland.

Participants Three thousand and ten patients over 16 years of age.

Methods Postal questionnaires containing a mix of open and closed questions, attitude statements and free text for comments were sent to all consenting patients 4 weeks after discharge from physiotherapy. Responses were analysed by referral group: self-referred patients; patients referred by their general practitioner (GP); and patients referred at the suggestion of their GP.

Results A response rate of 72% (2177/3010) was achieved. Males, females and all age groups were represented. Strong support for the effectiveness of physiotherapy was reported by all groups (>90%). Despite more than 80% of respondents claiming that they were able to confidently predict when they needed physiotherapy, less than 23% reported being knowledgeable or very knowledgeable about physiotherapy, with no significant association between level of knowledge and referral group ($P = 0.129$). Self-referred patients were more satisfied ($P < 0.001$), more supportive of being able to self-refer (83% vs 69% of GP-referred patients and 71% of patients referred at the suggestion of their GP), and more supportive of physiotherapists making decisions about their fitness for work or activities (59% vs 53% of GP-referred patients and 53% of patients referred at the suggestion of their GP).

Conclusions Physiotherapy was regarded positively by all referral groups, particularly by self-referred patients, despite there being a distinct lack of knowledge about the profession. There is a clear need to raise awareness and knowledge of physiotherapy if autonomous health-seeking behaviours are to be encouraged and self-referral schemes progressed appropriately.

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Keywords: Self-Referral; Physiotherapy; Patients' Views; National Trial; Questionnaire

Introduction

Throughout the UK, there has been growing interest in the concept of patient self-referral to a range of services provided by the National Health Service, including physiotherapy. This interest has developed, not least, because of the significant drivers for change contained within Government policies which, since 1997, have consistently emphasised the need

for a patient-centred National Health Service with improved access to services [1–5].

Whilst healthcare practitioners, professional bodies and policy makers consider the introduction of self-referral as facilitating the empowerment of service users, evidence relating to their actual views and/or level of support for such systems is limited [6–8]. The current 'Patient Focused Public Involvement' agenda of UK Government health policies makes clear the need to actively seek and respond to the views of service users when developing or redesigning services [9].

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Patient satisfaction

Within the National Health Service, consumer satisfaction is often viewed as an indicator of quality, and remains an important part of the consumer perspective on healthcare systems [10]. Although self-referral to physiotherapy appears to be feasible, appropriate and cost-effective [11–13], at the time of conducting this study, the only published UK evidence relating to service users' views about systems of self-referral consisted of two small-scale satisfaction studies ($n = 133$, $n = 58$) [8,14]. Both reported high levels of satisfaction with self-referral but did not explore respondents' views or attitudes further. Although important indicators, surveys of satisfaction are known to elicit positive ratings which may not be sensitive to specific problems [15], nor do they provide any indication of underlying influencing attitudes, values or perceptions. It must also be recognised that studies undertaken within local settings by clinical delivery teams may result in a favourable bias, due to respondents feeling constrained in their ability to respond honestly for fear of having to use the service again.

Existing knowledge of physiotherapy

A recent poll in the UK revealed that 88% of respondents were supportive of being able to refer themselves to physiotherapy [16]. However, what is not known is whether they were expressing their support for the concept of patients being able to refer, or whether they actually had existing knowledge from which to make an informed decision. Very little is known about how knowledgeable the public and service users are about physiotherapy or their associated perceptions. Additionally, the only studies that have attempted to explore some of these issues were conducted overseas [17–23]. Each reported a lack of public awareness of physiotherapy, and consistently recommended the need for wider marketing of the profession [18,19,21]. As recently as 2004, the annual report of the American Physical Therapy Association emphasised a number of strategies being used to highlight physiotherapy to the American public [24].

Autonomous behaviours

If self-referral systems are to be accessed appropriately, patients have to have knowledge of physiotherapy, confidence in its potential effectiveness and adopt autonomous health-seeking behaviours. In a study of patients' experiences of an 'open access' (self-referral) system for the ongoing management of inflammatory bowel disease, the authors found that preference for self-referral was based on whether patients exhibited a desire to take control of their health and its management. It also reported that some patients were not confident with this approach and still preferred the doctor to take control of their management options [25]. It has to be accepted, therefore, that a proportion of patients, irrespec-

tive of their level of knowledge, may still prefer healthcare professionals to make decisions on their behalf.

Chicken or egg or both?

In the only published large-scale UK study investigating the efficacy of self-referral to physiotherapy, a 22% (648/3010) self-referral rate was reported [8]. The reason for this relatively low figure is unknown but it may have been as a consequence of any or all of the following: a lack of knowledge of physiotherapy; a lack of confidence; being unaware of the self-referral facility; and/or a reticence to adopt autonomous health-seeking behaviours. Only by engaging with service users will some of these questions be answered.

This paper reports the results of a follow-up study to the recently reported Scottish national trial [11–13], and aims to provide information to add to the emerging evidence base about the acceptability of patient self-referral to physiotherapy.

Aim

The aim of this study was to identify the views and perceptions of physiotherapy service users about access and their physiotherapy experience, including any differences reported by referral group; i.e. self-referred patients, patients referred by their general practitioner (GP), and patients referred at the suggestion of their GP.

Methods

Participants

The full methodology of the main study has been reported previously [11]. Prior to their initial physiotherapy contact, a full explanation of the trial was provided to patients. All patients referred to physiotherapy were asked for their consent to participate in the follow-up study, which would involve completing and returning a postal questionnaire. They were assured that there was no obligation to take part in the follow-up phase, even if they agreed to take part in the initial study. They were also free not to return the questionnaire if they wished to withdraw at a later time.

Study design

A postal questionnaire was designed to illicit the views and perceptions of patients about physiotherapy. Postal questionnaires are an appropriate and cost-effective way of engaging significant numbers of individuals to gather broad-based information, particularly from widespread geographical areas. This method allowed patients to complete the questionnaire in the privacy of their own homes [26,27].

Box 1: Key question themes

Demographics: gender, age group, post code
 Type of problem that physiotherapist was consulted about
 Awareness of ability to self-refer
 Source of awareness (if appropriate)
 Perceived level of knowledge of physiotherapy
 Satisfaction with physiotherapy intervention
 Current symptom status
 Other healthcare practitioners consulted
 Attitude statements in relation to aspects of:
 access to physiotherapy
 effectiveness of physiotherapy
 confidence with autonomous behaviours
 physiotherapy roles
 free comments

Respondents were asked to complete the questionnaire within 1 week and return it via a supplied freepost envelope to the study centre. Freepost envelopes were used to minimise the associated financial costs and to encourage return rates. Return to the study centre rather than the local physiotherapy service was chosen to encourage open and honest responses, not constrained by a fear that any future involvement with the local service could be compromised.

Principles of questionnaire design

The questionnaire was developed and processed using Pin-Point Questionnaire Software (Longman, Longtron, 1997); a computer-based programme designed specifically to produce and analyse questionnaires. A statistician was consulted at all stages of development. The questionnaire was developed and refined in line with the principles advocated by Oppenheim [26] and Chesson [27]. The questions included were designed to capture respondents' views relating to the key themes outlined in Box 1. The multiple choice answers were predominantly those rigorously developed and subsequently used in a previously published study ($n = 485$) [28]. Further verification of their applicability was ascertained prior to finalisation of the questionnaire. The final version consisted of a series of closed questions with a choice of predetermined answers, including 'other, please state' to capture alternative views, one open question, a semantic differential section con-

sisting of an attitude item pool of individual statements, and a box for comments. The item pool consisted of nine attitude statements, and respondents were asked to indicate the extent to which they agreed or disagreed with each statement using a five-point Likert scale. Information about gender, age group and primary condition for which they had attended physiotherapy was also collected.

Data collection

Questionnaires were 'bar coded' to ensure that the three referral groups were easily identifiable. A questionnaire, explanatory letter and freepost envelope were sent to all consenting patients 4 weeks after discharge from physiotherapy. No direct patient-identifiable information was collected, and each patient was only categorised by their referral group and location so that individual results could be returned to each location on an aggregated basis.

Data analysis

The data from all the questionnaires were analysed using PinPoint Questionnaire Software. Frequency distributions were reported in percentages with the differences between the groups studied by means of non-parametric tests. Chi-squared test and extended Chi-squared test were used to examine the association between the groups of nominal data. Ordinal and continuous data were examined using the Mann Whitney test. The level of significance was set at 5% and confidence levels at 95%.

All comments were transcribed verbatim and listed under the appropriate referral mode, then reviewed to identify themes and subthemes. The themes were then verified by two independent observers.

Results

A response rate of 72% (2177/3010) was achieved (Table 1). Demographics and condition breakdown by referral group are presented in Table 2.

Awareness of self-referral facility

Respondents were questioned about whether they were aware that they could refer themselves to physiotherapy

Table 1
Questionnaire response rates

Questionnaire returns	Questionnaires issued	Proportion of questionnaires returned by referral group
GP referral	1795	1271 (71%)
GP-suggested referral	542	364 (67%)
Self-referral	648	542 (84%)
Number of questionnaires issued	3010	2177 (72%)

GP, general practitioner.

Table 2
Summary of descriptive data relating to respondents

		GP referral	GP-suggested referral	Self-referral	Significance
Gender	Male	463 (37%)	134 (37%)	181 (34%)	$P = 0.486$
	Missing data 47	Female	782 (63%)	224 (63%)	
Age (years)	16–20	26 (2%)	5 (1%)	9 (2%)	$P = 0.210$
	21–30	65 (5%)	19 (5%)	44 (8%)	
	31–40	169 (13%)	51 (14%)	61 (11%)	
	41–50	213 (17%)	60 (17%)	105 (19%)	
	51–64	438 (35%)	135 (37%)	178 (33%)	
	65–74	224 (18%)	67 (18%)	100 (19%)	
Missing data 9	>75	130 (10%)	27 (8%)	42 (8%)	
Condition category	LBP	203 (16%)	64 (18%)	104 (20%)	$P = 0.006$
	Neck	89 (7%)	30 (8%)	32 (6%)	
	Lower limb	86 (7%)	32 (9%)	59 (11%)	
	Shoulder	171 (14%)	36 (10%)	63 (12%)	
	Knee	161 (13%)	36 (10%)	70 (13%)	
	Upper limb	123 (10%)	30 (9%)	43 (8%)	
	Multiple	290 (23%)	106 (29%)	111 (21%)	
	Other	138 (10%)	26 (7%)	49 (9%)	

Missing data 25

GP, general practitioner; LBP, low back pain.

(Fig. 1), and if so, the source of this knowledge. All self-referred patients reported being aware, compared with 26% (330/1271) of patients referred by their GP and 34% (124/364) of patients referred at the suggestion of their GP. The majority of self-referred patients stated that they had been made aware of the facility through the local press or word of mouth (63%, 342/542). Not surprisingly, patients referred by their GP cited their GP as the most common source of information (37%, 122/330), followed by poster displays (31%, 102/330).

Reported level of knowledge of physiotherapy

Most respondents classified themselves as having limited knowledge of physiotherapy (Fig. 2), with no significant association between knowledge and referral group ($P = 0.129$). Less than 5% of all respondents in all groups considered themselves to be very knowledgeable.

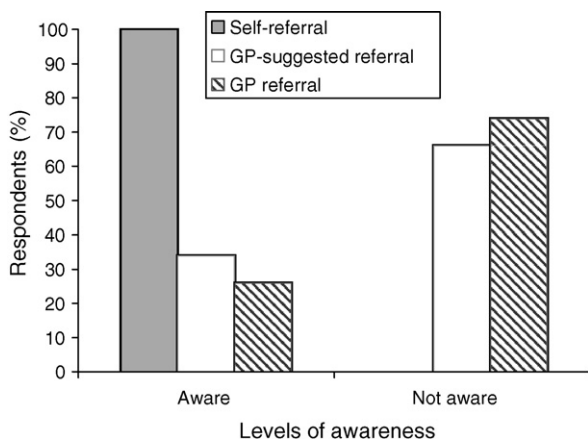


Fig. 1. Awareness of ability to self-refer.

Satisfaction

Despite there being a significant association between satisfaction and referral group ($P < 0.001$), the majority of all respondents were either satisfied or very satisfied with their physiotherapy intervention: 79% of self-referred patients; 73% of patients referred at the suggestion of their GP; and 74% of patients referred by their GP (Fig. 3). Less than 3% of all respondents reported that they were not satisfied.

Current symptoms

One month after discharge, over 70% (1536/2128) of respondents reported continued symptoms, although the majority stated that their symptoms were improving. Approximately one-fifth of respondents reported that they had consulted a healthcare professional specifically about the problem for which they had attended physiotherapy since

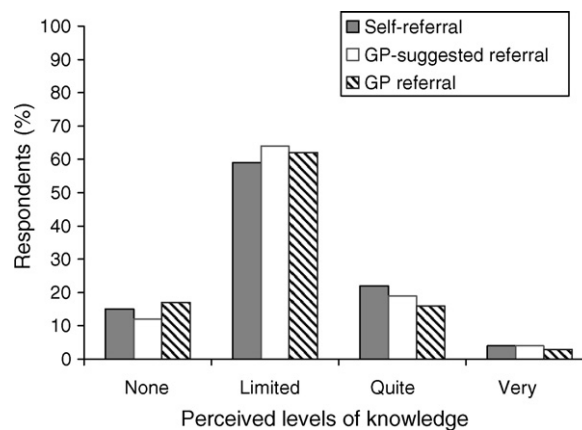


Fig. 2. Perceived knowledge of physiotherapy.

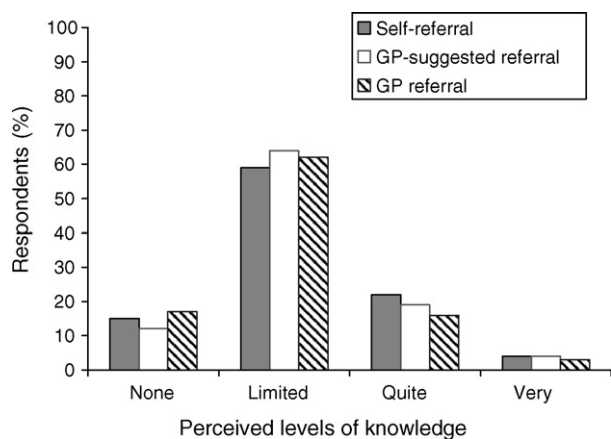


Fig. 3. Perceived levels of satisfaction.

being discharged, with GPs being most frequently cited by all referral groups: 17% (93/534) of self-referred patients; 22% (79/358) of patients referred at the suggestion of their GP; and 19% (236/1244) of patients referred by their GP ($P=0.219$).

Attitudes

The levels of agreement/disagreement with the nine attitude statements are detailed in Table 3. There were significant differences between the referral groups in views relating to access to physiotherapy, autonomous behaviours and future use of physiotherapy. Self-referred patients were more likely to be strongly supportive of being able to self-refer, agreeing that self-referral could save them time and they would use the service again in the future.

The vast majority of all respondents agreed or strongly agreed that physiotherapy was effective (92%, 2008/2149). Self-referred patients were least likely to lack confidence in their ability to determine when physiotherapy was appropriate, and most supportive of physiotherapists making decisions about patients' fitness for work or normal activities (Table 3).

Respondents' comments

Forty-six percent (1002/2177) of respondents provided additional comments which were grouped into four themes (Box 2). The vast majority were very positive, with many arguing for continuance of the schemes. There were also issues highlighted where it was felt that improvements could be made to the service. Some patients reported that their physiotherapy intervention time was 'rushed'. Others highlighted the constraints of a system that only operated during 'office' hours. Some were concerned that introducing self-referral without a parallel public education/awareness campaign would result in inappropriate presentations and longer waiting lists. Suggestions for improvement included: increased level of physiotherapy provision; what physiother-

apy could offer and to whom; greater collaboration between physiotherapists and GPs; timing of service delivery; and providing a help desk/telephone advice line to provide and/or clarify information/advice.

Discussion

The emerging and growing evidence about the clinical effectiveness and cost-effectiveness of patient self-referral [8,11–13] assumes that this mode of access is also supported by patients who are comfortable, able and willing to initiate access to physiotherapy themselves. Since 2003, the Chartered Society of Physiotherapy has been actively campaigning for self-referral to be a 'real choice for primary care patients by 2007' [4]. Government policy published in 2006 also included the intention to introduce and evaluate patient self-referral to physiotherapy in locations throughout England [1]. Interest has been voiced increasingly by the physiotherapy profession, healthcare managers, professional bodies, GPs, politicians, and even patients and the wider public [29–32]. In some respects, this emphasis is somewhat surprising considering that the only UK evidence about service users' views on physiotherapy relates to a limited number of patient satisfaction studies [8,14].

Patient satisfaction

It has been stated that the concept of self-referral is well supported by the public [16], but on what is this support based? Whilst not decrying the use of patient satisfaction as an indicator, little evidence exists to provide any indication of what patients or the public actually know about physiotherapy.

In line with the previously published satisfaction surveys [8,14], the patients in this study reported high levels of satisfaction with physiotherapy; the method used to elicit their views and, in particular, the method of returning completed questionnaires to an independent study centre enhances the reliability of these findings.

Knowledge of physiotherapy

Since the 1960s, theoretical models have emerged that aim to demonstrate the concept of patient access to healthcare services. One of the most established, the Anderson model [33,34], suggests that a person initiating access to health care is dependent on a number of factors such as enabling, predisposing and a need for care. These factors include not only age, gender and race, but also factors such as access, knowledge, and individual attitudes and beliefs.

The majority of all respondents, irrespective of referral group, claimed to have limited knowledge of physiotherapy (Fig. 2), despite a recent experience. This finding is perhaps understandable as the respondents were seen within phys-

Table 3

Summary of opinion data relating to general practitioner (GP) referrals, GP-suggested referrals and self-referrals

Questions	Responses	GP referral	GP-suggested referral	Self-referral	Significance
Only GPs should be able to refer patients to physiotherapy	Strongly disagree	199 (16%)	53 (15%)	135 (25%)	<i>P</i> < 0.0001
	Disagree	665 (53%)	204 (56%)	307 (58%)	
	No opinion	150 (12%)	35 (10%)	39 (7%)	
	Agree	190 (15%)	50 (14%)	44 (8%)	
	Strongly agree	45 (4%)	18 (5%)	8 (2%)	
Missing data 35					
Self-referral to physiotherapy could save a lot of time	Strongly disagree	25 (2%)	10 (3%)	6 (1%)	<i>P</i> < 0.0001
	Disagree	73 (6%)	20 (6%)	17 (3%)	
	No opinion	43 (3%)	7 (2%)	11 (2%)	
	Agree	665 (53%)	176 (49%)	237 (44%)	
	Strongly agree	455 (36%)	144 (40%)	266 (50%)	
Missing data 22					
Physiotherapists offer effective treatment for conditions such as back and neck, joint or soft tissue problems	Strongly disagree	13 (1%)	2 (1%)	3 (1%)	<i>P</i> = 0.023
	Disagree	28 (2%)	7 (2%)	6 (1%)	
	No opinion	57 (4%)	12 (3%)	15 (3%)	
	Agree	702 (56%)	175 (49%)	275 (52%)	
	Strongly agree	461 (37%)	161 (45%)	234 (44%)	
Missing data 26					
I am not happy for physiotherapists to make decisions about whether I am fit for work or normal activities	Strongly disagree	138 (11%)	39 (11%)	70 (14%)	<i>P</i> = 0.545
	Disagree	511 (42%)	145 (42%)	234 (45%)	
	No opinion	331 (27%)	88 (26%)	130 (25%)	
	Agree	191 (15%)	56 (16%)	67 (13%)	
	Strongly agree	58 (5%)	17 (5%)	18 (3%)	
Missing data 84					
I am confident I know myself when I need to consult a physiotherapist	Strongly disagree	19 (1%)	3 (1%)	6 (1%)	<i>P</i> < 0.007
	Disagree	154 (12%)	43 (12%)	38 (7%)	
	No opinion	76 (6%)	9 (3%)	28 (5%)	
	Agree	774 (62%)	223 (62%)	344 (65%)	
	Strongly agree	232 (19%)	80 (22%)	116 (22%)	
Missing data 32					
Patients can learn a lot about how to help to manage their health problems themselves	Strongly disagree	10 (1%)	7 (2%)	12 (2%)	<i>P</i> < 0.011
	Disagree	85 (7%)	20 (6%)	23 (4%)	
	No opinion	86 (7%)	16 (4%)	29 (6%)	
	Agree	808 (64%)	223 (62%)	330 (62%)	
	Strongly agree	263 (21%)	93 (26%)	1370 (26%)	
Missing data 35					
I would feel happier consulting both my GP and the physiotherapist	Strongly disagree	25 (2%)	7 (2%)	18 (3%)	<i>P</i> < 0.001
	Disagree	263 (21%)	59 (17%)	151 (28%)	
	No opinion	233 (19%)	45 (13%)	133 (25%)	
	Agree	602 (49%)	186 (52%)	205 (39%)	
	Strongly agree	117 (9%)	58 (16%)	23 (4%)	
Missing data 52					
I would use the service again	Strongly disagree	12 (1%)	3 (1%)	4 (1%)	<i>P</i> < 0.001
	Disagree	12 (1%)	3 (1%)	4 (1%)	
	No opinion	15 (1%)	2 (1%)	4 (1%)	
	Agree	665 (53%)	155 (42%)	223 (41%)	
	Strongly agree	548 (44%)	199 (55%)	301 (56%)	
Missing data 27					

Box 2: Examples of comments made by respondents		
	Positive	Negative
Access and location	Pleased I was able to choose, excellent idea please keep it Access easier, less hassle, speedier recovery Should encourage self-referral, excellent innovation	Waiting times too long Not well publicised Appointment times could be improved, only during working hours difficult
Empowered patients	I know what to do in the future if symptoms recur Able to get clear understanding of condition and what affects it I have quality of life now Gave confidence, cope much better now Gave me control over pain which previously was intolerable If you self-refer, YOU are taking responsibility, shows desire to get better Reassurance that what you are doing is right, priceless	Want to be able to see my general practitioner General practitioner should refer Danger patients will refer with minor problems so waiting would increase
General practitioner time	Saved general practitioner time, should be done for other clinics, e.g. warts Waste of time seeing general practitioner for painkillers/back pain, better to see physiotherapist Doctors' time not taken up by patients who they just refer on My general practitioner gave me no encouragement or support and without your schemes, I might still be talking to her which was no use	A physiotherapist might not have experience on your condition that your general practitioner does have Any opinion on 'fitness for work' would have to be in liaison with a doctor. There might be other medical problems
Physiotherapy service	Excellent, very happy with treatment Thank you for this way of getting physiotherapy Very pleased with self-referral and treatment Self-referral much more effective, saves a lot of time and pain Self-referral, thank you, hope it gets lots of support, first class, undervalued Would not hesitate to go back First time been able to access in 30 years and has transformed my life Courteous and knowledgeable, very good at explaining Godsend for the 'older' patient Exercises/advice have improved intervals between attacks considerably Referred me to occupational therapist for specialist help, very positive Got exercises should have had 12 years ago	More treatment sessions needed Treatment sessions too short (20 minutes) Found initial appointment difficult Physiotherapists only look at the problem you present with, not whole person Better if see same physiotherapist throughout In my experience, good physiotherapists are rare and cannot be effective in health centres Assessment of priority patients based on those working or not is flawed System could be open to abuse with patients who genuinely need to see a physiotherapist having to wait longer due to non-genuine complaints Did not seem too interested As physiotherapist had other clients on the go at the same time, she could not fully attend to my needs and I feel everything was a bit rushed

iotherapy outpatient clinics, predominately requiring one physiotherapy episode of care for an average number of four contacts [11,35]. It is not therefore unreasonable to surmise that respondents were only exposed to specific aspects of physiotherapy, and that would not be sufficient to inform an overall increased knowledge.

It should also be noted that respondents' understanding of their own condition was at variance with that of the physiotherapists. In the main study, less than 2% (39/3010) of subjects were identified as being referred with multiple problems, but in this follow-up study, over 20% of patients referred

by their GP (290/1271) and self-referred patients (83/542), and nearly 30% (107/364) of patients referred at the suggestion of their GP stated that they had attended with multiple problems. Joint understanding and decision making are key elements of current healthcare practice, but these results suggest that physiotherapy has some way to go before this is a reality for all.

If, as proposed by other authors, a key factor influencing initiation of contact is knowledge, then a lack of knowledge will inhibit autonomous behaviours [33,34,36]. These findings support the recommendation made by other authors that

there is a need to raise public awareness and knowledge of physiotherapy, and sets a challenge as to how this can be achieved [18,19,21,24].

Attitudes and beliefs

The stronger attitudes of self-referred patients about a number of issues support other published evidence [33,34,36] that attitudes and beliefs are also key predisposing factors to access.

Over 90% (2008/2177) of all respondents reported strong support for the effectiveness of physiotherapy, although self-referred respondents were more strongly supportive of using the service again (Table 3). As well as being more satisfied, self-referred patients had a greater overall confidence in the effectiveness of physiotherapy, even with limited knowledge. Possibly not so surprising was the fact that self-referred patients had stronger supportive attitudes about the advantages of adopting autonomous behaviours.

Interestingly, one-quarter of all respondents, irrespective of referral group, expressed no opinion about who should make decisions about their fitness for work or activities. This does not necessarily indicate that respondents were ambivalent about these issues. Perhaps they did not feel strongly about who actually made these decisions, and were accepting of the appropriateness of either physiotherapists or doctors undertaking these roles.

Limitations

This study represents an attempt to quantify the views of physiotherapy patients in relation to self-referral as a viable mode of access. Although these views are representative of a large physiotherapy population, they only relate to Scottish physiotherapy patients and may not represent the views of the rest of the UK.

In this study, the methods used to advertise the self-referral facility were, for the most part, provided through practice newsletters, posters, word of mouth and via healthcare professionals. Although appropriate in this case, this method of marketing relies heavily on people having some contact with other healthcare services to gain information. Members of the general public who rarely visit their local general practice or have contact with other healthcare providers may be unaware of the facility.

Conclusions

The high response rate and large proportion of additional comments suggest that the public are keen to contribute to discussions about patient access in general and physiotherapy specifically. There were high levels of support for the value of and wider access to physiotherapy, although the lack of knowledge about the profession and how it can assist in managing health was rather concerning. If systems of self-referral

are to be encouraged, it will be vital to ensure that the public are more aware of the potential role of professions. In line with other evidence, it is essential that the physiotherapy profession uses effective modern marketing strategies to enhance the public's awareness and confidence in physiotherapy-led services, and to publicise how access to these services can be achieved.

This study also identified that self-referred patients appear to have more confidence in their own autonomous behaviours and more positive attitudes to physiotherapy than patients referred from other sources.

A number of specific issues were highlighted about the local arrangements for access, communication and information/knowledge. As a responsible profession, it is imperative that physiotherapy regularly identifies and responds to feedback from service users and the public using these findings to meaningfully inform policy and service level development.

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