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Introduction

In the United Kingdom (UK), there are several ways to access physiotherapy services. These options include the National Health

Service (NHS), private practice, workplace occupational health resources and charity services (NHS, 2016a). The NHS was founded in 1948 with the aim to provide good free of charge 'at point of use' healthcare to all, regardless of wealth (NHS, 2016b). All members of the public, within the UK, have access to free of charge physiotherapy in the NHS following a referral from a General Practitioner (GP). Alternatively, patients can access private physiotherapy services without a GP referral but they will have to pay for treatment. Some people may have access to workplace occupational health physiotherapy service (NHS, 2016a). However, providing timely access to free of charge physiotherapy within the NHS has been a universal issue, with patients having to wait for long periods to receive treatment (Salisbury et al, 2013). There is evidence to suggest that faster access to physiotherapy provides faster symptom relief, improves quality of life, reduces sick leave, reduces contact time with GP and is more cost effective (Salisbury et al, 2009). In addition to this, early intervention is associated with less chronicity of symptoms. Initiatives to expedite access to physiotherapy are welcomed (Clayson and Woolvine, 2004). One such initiative is the PhysioDirect (PD) service. This is a telephone advice service for patients to access NHS physiotherapy directly without the need to see a GP. Similar services like this have been established in some NHS locations for over ten years (Salisbury et al, 2009). In parts of the UK, patients can now self-refer themselves to an NHS physiotherapist, but still have to wait for an appointment.

There have been numerous studies exploring the effectiveness of a direct access service (Bishop et al, 2013; Enock et al, 2014; Salisbury et al, 2009; Salisbury et al, 2013). Enock et al (2014) stated that further studies are needed to explore satisfaction in order to clarify the usefulness of the telephone triage systems within the musculoskeletal field. This work was

published in the International Journal of Therapy and Rehabilitation built on previous research undertaken by Turner (2008). Turner (2008) highlighted the need for further research to explore the effectiveness and efficiency of physiotherapy telephone assessment services.

Clayson and Woolvine (2004) conducted a survey which demonstrated that 87% of GPs were satisfied with telephone direct-access service for patients with low back pain. Whilst their work highlighted high levels of satisfaction with the direct access service, there were several flaws with the methodology as the authors were not transparent in their methods. There were no details given regarding the GP response rate so therefore the high percentage satisfaction rate is questionable and in turn the findings may not be reflective of GPs more generally. Furthermore, the authors failed to discuss and justify the methodology in which they distributed the questionnaires for GPs. Without these details, it is impossible to ascertain whether their methods were robust and repeatable. Due to the lack of transparency in their methods, further research is still necessary to explore GPs satisfaction.

There have been several studies examining the impact of direct access on GP services. Bury and Stokes (2013) found that direct access to physiotherapy results in a reduction on the demand of GPs' time and paperwork which therefore leads to better efficiency. A study found direct access to nursing services reduced GP workloads by 50% and no adverse effects were linked with these services (Lattimer et al, 1998). Historically, GPs have been dissatisfied with waiting times for physiotherapy (Foster et al, 2011). Foster et al (2011) found that GPs were more likely to refer their patients to orthopaedic consultants rather than to physiotherapy due to the difficulty of access for their patients. PD aims to tackle this problem by providing patients with quicker access to physiotherapy, which in turn would lead to GPs being more satisfied. Studies do suggest that PD is a cost-effective and efficient

service (Salisbury et al, 2009; Salisbury et al, 2013). However, there is limited research exploring GPs' experience or opinions. This is a notable gap in the research especially considering GPs are the commissioners of services like PD.

Dewsbury and District Hospital has a PD service which has been established for ten years. A recent audit completed in Dewsbury and District hospital on 153 patients who contacted this PD service identified that 67% (n=103) of GPs directed their patients to contact the PD service whilst 20% (n=30) were true self-referrals. This demonstrated that GPs, rather than patients, are the source of referrals to this service making their opinions of PD important for evaluation of this service.

There have been attempts at service improvements over the years including the expansion of the referral criteria to include chronic pathologies in addition to acute conditions. No formal audit or training for GPs has been offered since these changes were implemented. Informal feedback from GPs indicated some dissatisfaction regarding the busy phone lines and 'short' opening hours which made it difficult for patients to access the service. Part of the reason the phone lines have been experiencing high volumes of calls was due to patients contacting the service that were not appropriate, for example patients that are registered to a GP out of Kirklees area, unable to speak English well enough to understand the physiotherapist on the phone call and those phoning to rearrange or book an appointment as opposed to calling the correct administration number for the main physiotherapy department. The primary aim of this service evaluation was to explore GPs' level of satisfaction, their opinions of the current NHS PD service within the Kirklees area and any suggestions for future improvements.

Methodology

Research design

Qualitative research aims to gain an understanding of opinions and to provide insight into motivations in an exploratory manner (Gerrish and Lacey 2010). This type of research aims to generate theories rather than testing hypotheses as intended in quantitative research (Gerrish and Lacey, 2010). Qualitative data is usually collated and analysed using words rather than numerical data and statistical tests (Gerrish and Lacey, 2010). As there was limited information from the evidence base regarding GPs' opinions or experiences of the PD service, it was not possible to glean a hypothesis from existing research. Therefore, using a qualitative method was deemed suitable in order to explore new ideas such as GPs' satisfaction levels and their opinions of the PD service (Gerrish and Lacey 2010). A qualitative questionnaire enabled access to a wider sample of GPs within the Kirklees area compared to interviews or focus groups. In addition, short questionnaires were less time intensive and anonymous encouraging participation in the study (Rattray and Jones, 2007). The anonymity reduced the likelihood of interviewer and volunteer bias (Gerrish and Lacey, 2010; Newell and Burnard, 2011). Limitations of questionnaires include clarification of unexpected or ambiguous responses and the ability to gain more in-depth information that can be gained through face to face questioning (Newell and Burnard, 2011).

Survey instrument

A specific questionnaire design was thought to be a more internally reliable rigorous method than using an existing satisfaction questionnaire not specifically intended for the study aim. (Scott and Smith, 1994). As suggested above, in order to encourage participation, a succinct questionnaire was designed with only one double-sided page containing a mixture of six open and closed questions in order to explore GPs opinions in depth. One of the open questions, 'Do you have any suggestions on what could be improved with the PhysioDirect

service, please comment', invited the participants to give their opinions on possible changes that would benefit the service. An example of a closed question - 'Do you feel you have enough information to informatively recommend the PhysioDirect service to your patients?' was aimed to highlight how many GPs felt they had sufficient information regarding the service. Another question on the questionnaire aimed to explore GPs' satisfaction levels with the service's opening times, length of opening hours, access for patients and also other factors. There had been previous informal discussions with GPs that indicated patients may struggle to get through to the PD phone line and that opening times may not be flexible. This question was displayed with a Likert scale of five options: very dissatisfied, dissatisfied, neither satisfied nor dissatisfied, satisfied and very satisfied. Likert scales are commonly used for service satisfaction questionnaires (Webster et al, 2008). Another question on the questionnaire, asked GPs' opinion as to whether they felt the PD service should be rolled out nationally within the UK. This was aimed to highlight possible geographical and socio-economic concerns as discussed in other research (Holdsworth et al, 2006). All questions were followed with a comments section to ensure any idiosyncratic aspects of the service perceived by the GPs as satisfactory or unsatisfactory were highlighted (Grogan et al, 2000). All questions were reviewed thoroughly to ensure there was no ambiguity or leading questions that invite distortion (Meadows, 2003).

Optional questions were asked at the end of the questionnaire regarding the GPs level of experience, their time in the North Kirklees and their area of speciality. These details may indicate a trend with regards to whether experience influences satisfaction. Furthermore, their specialist interest may mean they may not see appropriate patients to refer to PD. Conversely, those that have a special interest in musculoskeletal conditions or a specialist interest in commissioning may have an extra interest in this service. These GPs may be more likely to respond. Coloured paper and text, prepaid internal addressed envelopes, personalised GP invitation letters and information leaflets were amongst the strategies

utilised to improve participation and reduce non-responder bias and thus enhance the credibility of the findings (Cottrell et al, 2015).

Pilot study

The questionnaire was piloted with ten GPs taken from the total population sample of 104 selected using a random number generator to ensure rigour and validity (Hertzog, 2008). A questionnaire, information sheet, an invitation cover letter and an internal addressed envelope was sent to each of the ten GPs. Six GPs responded to this pilot. There were no discrepancies or misinterpretations from this pilot and therefore the questionnaire and method was deemed suitable for the main study.

Data collection

Ninety-four GPs were sent a questionnaire, invitation letter, information letter and an internal addressed envelope. Participants were given four weeks to respond. The researcher inputted the data onto a secure password-protected Microsoft Excel document. A reminder letter was sent to the non-respondents including another copy of the questionnaire and information sheet.

Setting and timescales

Location: A North of England Trust

Duration: study commenced January 2015 and was completed in October 2015.

Participants

A purposive sample (Gerrish and Lacey, 2010) of 94 GPs from within the Kirklees area were invited to participate excluding the ten participants in the pilot study (Walsh and Wiggins, 2003).

Analysis

The data was initially coded, analysed and then subsequently sorted into themes (Gerrish and Lacey, 2010). Two physiotherapists, independent to the study, reviewed and analysed the data in order to enhance the trustworthiness of the findings (Shenton, 2004). The researcher completed an audit trail to maintain reflexivity throughout this project (Newell and Burnard, 2011).

Findings

Response rate

There was a total response rate of 33% (31/94). 22% (21/94) of GPs completed and returned the questionnaire initially and a further 11% (10/94) responded following the reminder letter. Seventy four percent (23/31) of respondents already referred their patients to the PD service. The findings are discussed and organised into themes that were apparent following data collection.

Referral Method

10% (3/31) GPs expressed a preference for the traditional method of a written referral rather than recommending their patients self-refer to PD. 10% (3/31) of GPs stated that, due to the difficulty their patients had in accessing the service, they no longer utilised this and referred them to physiotherapy using paper method.

GPs' knowledge of PD

58% (18/31) of GPs answered that they had enough information about the PD service while 42% (13/31) disagreed. Participants suggested they would prefer information leaflets to give to patients. Some participants expressed uncertainty around the correct referral criteria and there was ambiguity regarding when patients should self-refer or when a written referral is appropriate.

GPs' satisfaction with PD

From Graph 1, it is evident that the majority of GPs (16/31, 52%) are dissatisfied with the access to PD for their patients compared to only 10% (3/31) that were satisfied. Thirteen of the sixteen participants commented on the difficulty patients had getting through on the telephone as the main problem.

'Graph 1 here'

Suggestions for service improvement

'Access' was the most common theme highlighted. Several suggestions were made to improve access including extending the opening times, improving telephone access and capacity along with increasing physiotherapy staffing levels to manage the demand. Suggestions such as: better advertising of the PD service to patients, information leaflets on the referral criteria for GPs and separate booklets containing advice on acute management of pain for patients.

GPs' views on the suitability of PD in other localities

87% (27/31) of GPs agreed that PD should be set up nationally across the UK. Five participants felt it would reduce demand and time on GPs. Two GPs felt that services like PD were good for empowering patients to take control of their health and improve self-efficacy.

GP experience within the Trust area

Graph 2 shows demographic details of the participants. 80.6% (25/31) of respondents reported having over five years of experience. 12.9% (4/31) had between 2-5 years' experience. Only one respondent had less than two years' experience. 74.2% (23/31) had been working within the locality for over five years. 12.9% (4/31) had been based in the trust between 2-5 years and 9.7% (3/31) for less than two years.

'Graph 2 here'

Discussion

Prior to this work-based project, little was known regarding GPs opinions of the PD service. There were several factors of particular interest to the physiotherapy department regarding GPs opinions that were unknown. These included: GPs experience of patients' access to PD, knowledge and awareness of the aforementioned service and their opinions on how this service would work better for them.

PD education and information

42%, (13/31) of GPs felt they did not have sufficient information to recommend PD to their patients. This may be due to lack of recent formal training, provided to GPs on referring to PD. It is recognised that changes made to the service in order to improve the daily provision have not been adequately communicated to GPs. In addition, one participant new to a practice, stated that they had never heard of PD, suggesting new medical staff in GP practices within the locality may not have been made aware of the service itself.

Other respondents stated that they were not aware of the referral criteria. This has led to inappropriate telephone calls from patients with complex musculoskeletal conditions and, as a result, some patients have returned to their GP seeking a referral to physiotherapy via the traditional written paper route. A duplicate appointment to GPs defeats the purpose of PD which aims to reduce the demands and workloads of GPs.

Access to PD

19% (6/31) of GPs' described dissatisfaction with access to PD and discontinued recommending the service to patients. Participants reported on the difficulties patients had getting through on the busy telephone line. In addition to that, they felt the opening hours of the service were too short. In response, GPs suggested increasing the telephone opening hours and improving staffing levels to cope with current demand, having an up to date website with information about the service and also management strategies for patients on various musculoskeletal conditions. Due to the economic constraints upon most NHS services, employing new staff may not be feasible and therefore alternative efficiency strategies may be more achievable (Mallett et al, 2014; Hollinghurst et al, 2013). Longer opening hours and an answerphone message may be feasible. Alternatively, a self-referral document (provided by the GP at their initial visit) containing the relevant information that patients would complete if they are unable to access the service via the telephone. This may improve satisfaction amongst GPs and patients.

Patient empowerment and self-efficacy

GPs reported patient empowerment and promoting self-efficacy are important benefits of the direct access service. Three (10%) participants stated that patients should take responsibility for their own health and be active in their own treatment. These findings are supported by the work of Bishop et al (2008). Bishop et al (2008) highlighted that patients with a positive attitude to their own health are likely to reduce chronicity of their symptoms and thus make a quicker return to normal lifestyles. Telephone services like PD allow patients faster access to a physiotherapist advice. Furthermore, the patients that choose to contact the service for help with their symptoms are more likely to be proactive in their own health (Bishop et al, 2008).

GPs suggestions for improvements

Overall the GPs have provided several suggestions for service improvement. New updated information leaflets for patients and GPs could be sent out to each medical practice. Information for GPs could include the correct referral criteria, the opening times for the service and also the referral pathway information for patients that are not suitable for the PD service but instead for the traditional physiotherapy referral route. Patient leaflets could include information regarding the opening times, reassurances that the phone line is busy but to be patient, information on managing acute pain and also signs to watch out for that may be indicative of more serious pathology and to seek the appropriate medical attention accordingly. The NHS trust website could be updated with all the information regarding the PD service similar to the information leaflets along with online documents with advice and exercise sheets suitable for musculoskeletal conditions for patients and GPs to access. Email and answer machine service could be used for patients to leave a message if they are struggling to get through on the telephone line. The potential downside of the latter

suggestion is that this may lead to numerous messages that are left that are unmanageable for the physiotherapist covering the service to deal with in the allocated time slot.

Limitations and Recommendations

Low response rate

There was a response rate of 33% (31/94). Armstrong and Ashworth (2000) summarised that questionnaire research should aim to have a response rate of over 60% to ensure it is generalisable to the target population. However, work by Cottrell et al (2015) demonstrates that a response rate above 50% is unlikely with a sample of GPs. Due to busy workloads, GPs tend to have a lack of available time to partake in a large variety of research (Kaner et al, 1998). Strategies could have been considered to maximise the response rate further. Brownell and Naik (2001) theorised that face-to-face distribution positively influenced the response rate compared with postal distribution.

Design flaws

There was a potential flaw in the questionnaire design. The questionnaire was designed to be suitable for GPs that recommend the service and for those that do not recommend it. One participant stated they had no knowledge of the service and they did not have sufficient information on it. GPs that recently started in the area were unlikely to have any information of the service sent from the local physiotherapists. From the optional demographic questions, 80% (25/31) had over five years of experience. Therefore, they are likely to have an awareness of the service from the initial setup. These findings indicate that the non-responders may be GPs that have less than five years of experience in the area and therefore may have no knowledge of the service. The impact of this is, they may feel unable to answer the questionnaire, not return it which threatens the credibility of the findings due to

increase in non-response bias (Bowling, 2014). An option to rectify this bias may be to include a section in the questionnaire for those GPs that have no knowledge of the service.

Recommendations:

Other strategies, Barclay et al, (2002) recommended three reminder letters are necessary to improve response rate and thus enhance the rigour of the findings. This project only sent one reminder letter as questionnaires were sent out at a sensitive time. The physiotherapy service was competing for contracts and bidding to the GP commissioning bodies. It was felt that sending further reminder letters may be potentially seen as a 'nuisance' and may reflect badly on the service. On completion of this service evaluation and following the recommended changes being implemented as appropriate, patient satisfaction audits could be carried in the future to monitor any improvements or fluctuations with outcome measures. Further research could explore the satisfaction levels of patients receiving care via the self-referral direct access approach compared with the traditional paper referral route. This could provide insight into patients' opinions on the different aspects that both services have to offer.

Conclusion

Whilst the findings of this work have supported many positive aspects of the service, there was a degree of dissatisfaction with the provision of this service. The two main issues identified by participants are the lack of information regarding the service and also poor access to the telephone line for patients. The respondents provided several constructive suggestions that may lead to viable and effective service improvements such as training on the inclusion criteria, up to date website with appropriate information and information leaflets

for patients. Future research could explore GPs' opinions further, after improvement strategies have been implemented in order to re-evaluate the service.

Key Points

- GPs concluded that the PD service is worthwhile for reducing demand on their time.
- GPs highlighted a lack of knowledge regarding the inclusion criteria.
- GPs reported patients had difficulty accessing PD
- The PD service aims to empower patients to take control of their own health and well-being.
- Further work is necessary to improve the PD service, for example, the provision of patient exercise leaflets.

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Ethical Approval

Ethical approval was granted by the University of Bradford ethics committee. Approval was also gained from the local research and development team based at Mid Yorkshire Hospitals NHS Trust. With consideration of the declaration of Helsinki, no ethical issues arose.

Participant Anonymity

Confidentiality of data and anonymity of participants was maintained throughout the duration of the study. Written consent was obtained via completion of the questionnaire document.

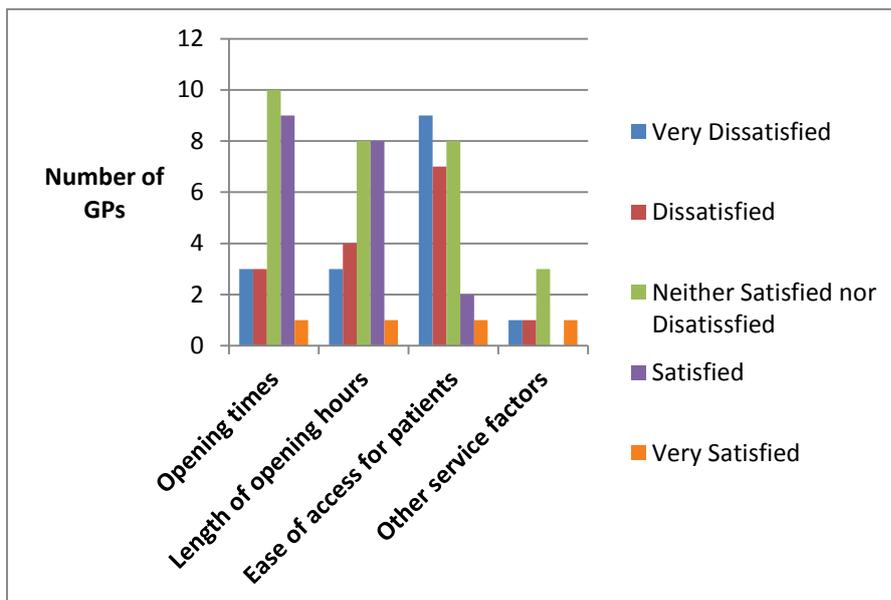
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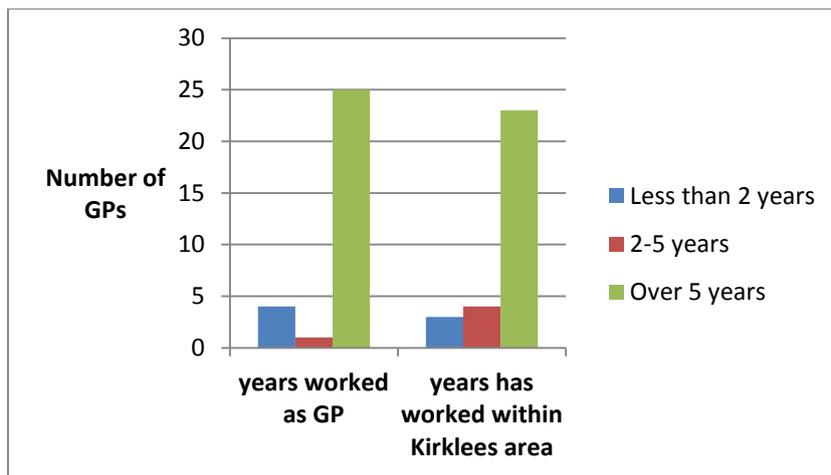
Conflict of interest

The authors do not believe there are any conflicts of interest within this piece of work.

Graph 1: GPs' satisfaction levels of the PD Service



Graph 2: GP demographics



References

Armstrong D and Ashworth M (2000) When questionnaire response rates do matter: a survey of general practitioners and their views of NHS changes. *Br J Gen Pract.* 50 (455) 479-80.

Barclay S, Todd C, Finley I, Grande G and Wyatt P (2002) Not another questionnaire! Maximising the response rate, predicting non-response and assessing non-response bias in postal questionnaire studies of GPs. *Fam. Pract.* 19 (1) 105-11.

Bishop A, Foste, N, Thomas E and Hay E (2008) How does the self-reported clinical management of patients with low back pain relate to the attitudes and beliefs of health care practitioners? A survey of UK general practitioners and physiotherapists. *Pain* 135 187 - 95.

Bishop A, Gamlin J, Hall J, Hopper C and Foster N (2013) PD: supporting physiotherapists to deliver telephone assessment and advice services within the context of a randomised trial. *Physiotherapy* 99 (2) 113-118.

Bowling A (2014) *Research methods in health: investigating health and health services.* 4th edition. New York: McGraw-Hill Education.

Brownell L and Naik P (2001) Does method of distribution improve GPs' response rate in questionnaire studies? *J Epidemiol Community Health* 55 (9) 687.

Bury T and Stokes E (2013) Direct access and patient/client self-referral to physiotherapy: a review of contemporary practice within the European Union. *Physiotherapy* 99 (4) 285-291.

Clayson M and Woolvine M (2004) Back Pain Direct Clinic: a collaboration between general practitioners and physiotherapists. *Work Based Learning in Primary Care* 2 (1) 38-44.

Cottrell E, Roddy E, Rathod T, Thomas E, Porcheret M and Foster N (2015) Maximising response from GPs to questionnaire surveys: do length or incentives make a difference? *BMC Med Res Methodol* 15 (1) 3.

Enock L, Saad S and McLean S (2014) Is telephone triage an effective and feasible form of treatment within physiotherapy outpatient settings? A systematic review. *International Journal of Therapy and Rehabilitation* 21 (7) 2-3.

Foster N, Williams B, Grove S, Gamlin J and Salisbury C (2011) The evidence for and against 'PD' telephone assessment and advice services. *Physiotherapy* 97 (1) 78-82.

Gerrish K and Lacey A (2010) *The Research Process in Nursing*. 6th edition. Oxford: Wiley-Blackwell.

Grogan S, Conner M, Norman P, Willits D and Porter I (2000) Validation of a questionnaire measuring patient satisfaction with general practitioner services. *Quality & Safety in Health Care* 9 (4) 210-215.

Hertzog M (2008) Considerations in determining sample size for pilot studies. *Res Nurs Health* 31 (2) 180-191.

Holdsworth L and Webster V (2004) Direct access to physiotherapy in primary care: now? -- and into the future? *Physiotherapy* 90 (2) 64-72.

Holdsworth L, Webster V and McFadyen A (2006) Self-referral to physiotherapy: deprivation and geographical setting: is there a relationship? Results of a national trial. *Physiotherapy* 92 (1) 16-25.

Hollinghurst S, Coast J, Busby J et al (2013) A pragmatic randomised controlled trial of 'PD' telephone assessment and advice services for patients with musculoskeletal problems: economic evaluation. *BMJ Open* 3 (10) 13. Kaner E, Haighton C and McAvoy B (1998) So much post, so busy with practice-so, no time!': a telephone survey of general practitioners' reasons for not participating in postal questionnaire surveys. *Br J Gen Pract.* 48 (428) 1067-1069.

Kaner, E., Haighton, C. and McAvoy, B. (1998) So much post, so busy with practice-so, no time!': a telephone survey of general practitioners' reasons for not participating in postal questionnaire surveys. *British Journal of General Practice* 48 (428) 1067-1069.

Lattimer V, George S, Thompson F et al (1998) Safety and effectiveness of nurse telephone consultation in out of hours primary care: randomised controlled trial. *BMJ* 317 (7165) 1054-1059.

Mallett R, Bakker E and Burton M (2014) Is Physiotherapy Self-Referral with Telephone Triage Viable, Cost-effective and Beneficial to Musculoskeletal Outpatients in a Primary Care Setting? *Musculoskeletal Care* 12 (4) 251-260.

Meadows KA (2003) So you want to do research? 5: Questionnaire design. *British Journal Of Community Nursing* 8 (12) 562-70.

Newell, R. and Burnard, P. (2011) *Research for evidence-based practice in healthcare*. 2nd edition. Vital notes. West Sussex: Wiley-Blackwell.

NHS (2016a) Physiotherapy – Accessing physiotherapy. <http://www.nhs.uk/Conditions/Physiotherapy/Pages/Accessing-physiotherapy.aspx> (accessed 11 July 2017)

NHS (2016b) The NHS in England. <http://www.nhs.uk/NHSEngland/thenhs/about/Pages/overview.aspx> (accessed 11 July 2017)

Rattray J and Jones M (2007) Essential elements of questionnaire design and development. *J Clin Nurs.* 16 (2) 234-243.

Salisbury C, Foster N, Bishop A et al (2009) 'PD' telephone assessment and advice services for physiotherapy: protocol for a pragmatic randomised controlled trial. *BMC Health Serv Res.* 9 136-147.

Salisbury C, Foster N, Hopper C et al (2013) A pragmatic randomised controlled trial of the effectiveness and cost-effectiveness of 'PD' telephone assessment and advice services for physiotherapy. *Health Technology Assessment* 17 (2) 1-7.

Shenton A (2004) Strategies for ensuring trustworthiness in qualitative research projects. *Education for Information* 22 (2) 12.

Scott A and Smith R (1994) Keeping the customer satisfied: issues in the interpretation and use of patient satisfaction surveys. *Int J Qual Health Care* 6 (4) 353-359.

Turner D (2008) An exploratory study of physiotherapy telephone assessment. *International Journal of Therapy and Rehabilitation* 16 (2) 97-105.

Walsh M and Wiggins L (2003) *Introduction to Research*. Cheltenham: Nelson Thornes Ltd.

Webster V, Holdsworth L, McFadyen A and Little H (2008) Self-referral, access and physiotherapy: patients' knowledge and attitudes -- results of a national trial. *Physiotherapy* 94 (2) 141-149.