

---

# Developing a Primary Care Fracture Clinic (PCFC)

Initiative Type

Model of Care

Status

Close

Added

27 July 2017

Last updated

30 October 2020

URL

<https://clinicaexcellence.qld.gov.au/improvement-exchange/pcfc>

## Summary

The PCFC treats patients with either a simple fracture (not requiring surgery, low potential for infection), or a soft tissue injury. Patients can opt to engage with this model following presentation or referral to hospital or self-refer via a general practitioner (GP). Following referral assessment in hospital, eligible patients are offered the opportunity to have the injury managed in a PCFC by a GP who has additional training in musculoskeletal injuries, or to be treated at the hospital outpatient

---

fracture clinic. Patients choosing the PCFC option are provided with a brochure, contact details of the relevant clinic, and direction on making a booking. Should it be required, an escalation pathway back to a hospital orthopaedic specialist is built into the model. Supporting protocols and patient information leaflets were developed with emergency, orthopaedic and GP input. The HHS funds the patient's consumables and training for the GP and clinic nurses is provided by hospital orthopaedic specialists.

## Key dates

Jun 2014

## Implementation sites

Nambour General Hospital / Sunshine Coast University Hospital

## Partnerships

Ochre Health

## Key Contacts

Gillian Puckeridge

0027

[paul.blee.hiu](mailto:paul.blee.hiu)

Orthopaedic Clinical Nurse Consultant, Surgical Services

Sunshine Coast University Hospital

(07) 5202 8727

Gillian.Puckeridge@health.qld.gov.au

---

## **Aim**

The aim of the PCFC was to improve patient access to the most appropriate clinical care for their condition and manage specialist service demand through alternative pathways for non-specialist cases (simple fractures and soft tissue injury not requiring specialist orthopaedic review)

## **Benefits**

- Patients are treated in the most appropriate clinical location, closer to home and with a well-defined escalation process that provides an effective safety net for the patients and general practice
- Minimal cost to the HHS
- Releases consultant capacity to see more complex patients and those most likely to require surgery
- Relationship development between hospital and primary care – improved care coordination, skill recognition and spread, shared understanding of processes

## **Background**

An increasing orthopaedic outpatient waiting list/caseload, recognition by management that the current hospital based fracture clinic model was unsustainable, and growing overtime wages were the drivers behind the Sunshine Coast Hospital and Health Service (SCHHS) initiating the PCFC. The Nambour General Hospital (NGH) orthopaedic outpatient clinic was operating beyond capacity. Local data identified that a significant proportion of patients would not require surgery and could be potentially managed in a primary care setting under a new model of care, enhancing the capacity of orthopaedic specialists to see patients with more complex fractures. The Scottish Fracture Clinic model provided the contextual foundation for development.

## **Solutions Implemented**

Primary Care Fracture Clinic

## **Evaluation and Results**

- 
- Up to 25 per cent of patients with simple fractures not likely to require surgery were treated closer to home by primary care
  - Reduced general inconvenience for patients, specifically; travel time, waiting times in clinic, and cost (especially in parking fees)
  - Released orthopaedic specialist occasions of service
  - Improved surgical conversion rates
  - Reduced total and long wait volumes of patients waiting for a specialist orthopaedic appointment

## **Lessons Learnt**

- Enthusiastic general practice commitment is mandatory
- It is a priority to ensure that there are no out of pockets expenses for the patient (bulk billing GPs)
- Executive and specialist led medical support is critical
- Robust communication pathways between orthopaedics, emergency medicine and general practice, including escalation processes and supporting protocols and patient information leaflets, are essential