

Further Faster Community MSK services Handbook

Checklists and Resource Links

December 2024



Foreword

Growth is the number one priority of this Government, as it is the only sustainable way that we will improve people’s living standards and rebuild our vital public services, such as the National Health Service. This government recognises that poor musculoskeletal health has a significant impact on people, employers, the NHS and the wider economy. Musculoskeletal conditions affect around 20 million people in the UK and are the leading cause of health-related economic inactivity in the UK.

Many of the 20 million people living with musculoskeletal conditions in the UK would benefit from timely and quality treatment but access to services is inconsistent. Waiting lists for musculoskeletal services are the highest in England, at over 348,799 people in September 2024.

By improving access to quality treatment and support in England, this government aims to improve health outcomes and significantly reduce health-related barriers to work, thereby enhancing the impact of new and existing services such as WorkWell.

As a result, this government is launching the NHS Getting It Right First Time Musculoskeletal Community Delivery Programme to bring down musculoskeletal community waiting lists as outlined in the government’s recent [“Get Britain Working”](#) white paper, which sets out ways in which disabled people and people with health conditions, including MSK conditions can be supported.

NHS England’s Getting It Right First Time programme has a proven track record of improving patient care and reducing waits by providing intensive local support to health system. This programme represents a joint effort by the Department for Work and Pensions, NHS England and the Department of Health and Social Care to cut waiting lists, break down barriers to opportunity and kickstart economic growth.

This programme represents our belief that by working together, we can deliver better services for citizens and improve public services across the country.



Alison McGovern, Minister for Employment – Department for Work and Pensions



Andrew Gwynne, Minister for Public Health and Prevention – Department of Health and Social Care



Professor Tim Briggs CBE, Chair of GIRFT and National Director for Clinical Improvement and Elective Recovery – NHS England

Further Faster – Community MSK services

Introduction



Since we started the Further Faster programme in July 2023 I have continued to be hugely impressed with the commitment, innovation and drive from the clinical and operational teams. We have seen very significant progress in reducing 52-week waits, with trusts in Further Faster Cohort 1 collectively reducing 52wk waits by almost 37% compared with an 8% reduction in all trusts that had not been in the programme.

In my regular trust meetings with all specialties in the Further Faster programme it has been fantastic to see such commitment to supporting each other and a real enthusiasm for sharing challenges, ideas and innovations to make things better for patients. What is clear is that in every System there are elements of exemplar practice, which we need to learn from and embed quickly to accelerate improvement for our patients.

As we launch Further Faster 20, a group of 20 trusts focused on both reducing waiting times and enabling people to return to work, community MSK services will be critical to this. We will use our resources and focus in areas where we can have the most substantial impact. By working together, we can use the evidence from this group to show the way for the wider NHS to further improve care across our communities and link together Primary and Secondary care.

In this handbook for commissioned community MSK services, we focus on the huge opportunity in this cohort of patients and services, and I would like to encourage services to complete and submit their data by geographical area to the [NHS England Community Monthly Situation Report](#), to improve the quality of benchmarking available for us all.

We remain steadfast in our aim that by learning from each other and harnessing the solutions that already exist in services across the country, we can have a positive impact for our patients and workforce ensuring better outcomes on a national scale.

None of this work can be achieved without your support and leadership, and I would like to thank you for your ongoing commitment and drive.

Professor Tim Briggs CBE

Chair of GIRFT and NHS England National Director for Clinical Improvement and Elective Recovery

With thanks to Versus Arthritis and their membership for contributing to and supporting the development of this document

How to use this Handbook

The guide is organised to reflect key components of commissioned community MSK service delivery and provides checklists against which you can assess current practice. This aligns with defining principles and actions shared in the [Improvement Framework to reduce MSK waits whilst delivering best outcomes and experience](#).

Resource links signpost you to guidance and case studies relevant to each element of the checklists.

Review the checklists and prioritise work on those that you think will have the most impact in your.

Then use this guide to:

- **Assess** where you are already doing things well and identify where you have opportunities to work differently and more effectively.
- **Understand** your current service's strengths and weaknesses compared with peers and how to best use data to evaluate and drive improvement.
- **Prioritise** improvement actions based on your findings in relation to weaknesses and opportunities.
- **Signpost** you to relevant guidance and case study examples that will help you to identify what changes you can make to reduce waiting times and deliver best outcomes and experience for patients

Accessing Resource Links

Many of the links in the handbook will take you to resources on Future NHS.

These have been made much easier to access because [you can now use your @nhs.net login details to sign in](#).

To do this you need to click on the option at sign in:



Existing Users - Log in

Email *

Leave this blank

Password *

Leave this blank

Log in

[I forgot my password](#)

Or log in with these services

[Log In with @nhs.net](#)

[Log In with NHS England Apps](#)

Click this link on the login page.

You will then be taken to the nhs.net login page. Enter details as usual and you will then be redirected into Future NHS automatically.

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Delivering improvements to commissioned Community MSK services:

This guide contains checklists developed with stakeholder partners to enable providers and systems to reduce commissioned community MSK waiting times while delivering best outcomes and experience for patients.

Checklist: Reducing waiting times and optimising access

Check	Good Practice	Resource Links
<input type="checkbox"/>	Collect, submit and report on measurable indicators in the NHS England Community Monthly Situation Report (sitrep) regarding waiting times for patients.	<p>Guidance:</p> <ul style="list-style-type: none">  NHSE Improvement framework for Community MSK  NHSE 24/25 Operational Planning Guidance  NHSE Equality and Health Inequalities Hub  NHSE Working in partnership with people and communities  NHS Long Term Plan  Fuller stocktake report  Elective Recovery Plan  NHSE Leading the spread and adoption of innovation and improvement  NHSE Population Health Management  NHSE Shared Decision Making  NHSE Good communication with patients waiting for care
<input type="checkbox"/>	Collaborate with primary care leads to optimise referrals to community MSK triage and therapies services.	
<input type="checkbox"/>	Collaborate with secondary care leads to optimise referrals into community MSK therapies services.	
<input type="checkbox"/>	<p>All priority patients are seen within two weeks of receipt of referral. Priority patients are defined as:</p> <ul style="list-style-type: none"> • patients who have had recent surgery/a procedure, requiring rehabilitation; and/or • patients who have had recent injury, fracture or dislocation requiring rehabilitation; and/or • patients with acute and/or complex needs with high levels of pain (such as acute back pain) leading to significant loss of function and/or disturbed sleep and an inability to work or undertake care responsibilities 	
<input type="checkbox"/>	Formulate a recovery plan where the waiting list for non-priority patients exceeds 12 weeks.	
<input type="checkbox"/>	Validate the waiting list by <ul style="list-style-type: none"> • removing repeat referrals 	

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	<ul style="list-style-type: none"> • identifying patients already receiving care within the service • identifying those who would benefit from care in another service • asking all remaining patients if they still wish to be seen and directing them to resources to support self-management where appropriate. <p>If patients state they no longer wish to be seen, they can be removed from the waiting list provided they: have capacity; understand the decision being made; and, have had all communication needs met.</p>	<p>Further Faster Handbooks:</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%; background-color: #008000; color: white; padding: 5px; border-radius: 10px; margin-bottom: 5px;"> Rheumatology Further Faster Handbook </div> <div style="width: 50%; background-color: #008000; color: white; padding: 5px; border-radius: 10px; margin-bottom: 5px;"> Spinal pain services Further Faster Handbook </div> <div style="width: 50%; background-color: #008000; color: white; padding: 5px; border-radius: 10px; margin-bottom: 5px;"> Adult Spinal Services Further Faster Handbook </div> <div style="width: 50%; background-color: #008000; color: white; padding: 5px; border-radius: 10px;"> Orthopaedics Further Faster Handbook </div> </div> <p>Case Studies:</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%; background-color: #008000; color: white; padding: 5px; border-radius: 10px; margin-bottom: 5px;"> Sutton Health & Care MSK Super Clinics </div> <div style="width: 50%; background-color: #008000; color: white; padding: 5px; border-radius: 10px; margin-bottom: 5px;"> Sandwell & W.Birmingham digital triage </div> <div style="width: 50%; background-color: #008000; color: white; padding: 5px; border-radius: 10px; margin-bottom: 5px;"> Midlands Partnership telephone assessment and self referral </div> <div style="width: 50%; background-color: #008000; color: white; padding: 5px; border-radius: 10px;"> Sutton Health & Care clinical assessment & triage </div> </div> <p>Metrics:</p> <div style="background-color: #660033; color: white; padding: 5px; border-radius: 10px; margin-bottom: 5px;"> Commissioned Community MSK waiting times </div>
<input type="checkbox"/>	<p>Be as productive as possible with follow-up capacity to free up more clinical resources assess new patients.</p>	
<input type="checkbox"/>	<p>Offer additional assessment clinics.</p>	
<input type="checkbox"/>	<p>Explore mutual aid across providers.</p>	

☑ Checklist: Delivering triage functions and optimising hospital referrals

Check	Good Practice	Resource Links
<input type="checkbox"/>	<p>Recognise urgent and emergency conditions requiring onward referral and make timely referral as per agreed local pathways.</p>	<p>Guidance:</p> <ul style="list-style-type: none"> NHSE MSK Orthopaedic approach to referral optimisation OPRT Specialist A&G - Rheumatology OPRT Referral optimisation spinal pain in community GIRFT Suspected Cauda Equina Syndrome Pathway NHS Decision Support Tools NICE Guidance NG59 NICE Guidance NG157 BSR – when to refer to rheumatology NICE Guidance NG65 Spinal: When to request MRI NICE Guidance NG100 ARMA – urgent and emergency MSK conditions for onward referral NHSE EBI Programme GIRFT HVLC Pathways Mind the Gap: Gap Analysis
<input type="checkbox"/>	<p>Collaborate with diagnostic leads to optimise requests aligned with best practice guidance, access to results and to inform further decision-making regarding management.</p>	



Collaborate with hospital leads in orthopaedics, spinal services, pain services and/or rheumatology to optimise referrals aligned with best practice pathways through shared decision making.
Consider using 'Mind the Gap' gap analysis tools to support this.

Metrics:



% patients discharged after first attendance in T&O



% patients discharged after first attendance in spinal services



% patients discharged at first consultation in rheumatology

Case Studies:



South West London MSK MDT triage



Barts Health virtual triage for spinal



Bath triage of non-inflammatory rheumatology










Walton and Northern Care Alliance virtual triage

☑ Checklist: Delivering therapies, rehab & supporting self-management

Check	Good Practice	Resource Links
<input type="checkbox"/>	Use locally agreed rehabilitation protocols to guide both fracture and post-surgical rehabilitation.	<p>Guidance</p> <div data-bbox="1086 327 1601 454"> NICE EVA digital technologies for managing non-specific low back pain </div> <div data-bbox="1624 327 2105 422"> ARMA – supportive self-management in MSK </div> <div data-bbox="1086 486 1601 614"> NHSE Supportive self-management peer support guide </div> <div data-bbox="1624 438 2105 566"> NHSE Guide to adopting remote consultations in adult MSK physio </div> <div data-bbox="1086 646 1601 710"> NICE Guidance: NG226 </div> <div data-bbox="1624 598 2105 726"> NHSE talking therapies for anxiety and depression </div> <div data-bbox="1086 742 1601 805"> NICE Guidance: NG193 </div> <div data-bbox="1624 742 2105 885"> NHSE Supported self-management education guide </div> <div data-bbox="1086 837 1601 901"> NICE MSK conditions </div> <p>Case studies:</p> <div data-bbox="1086 957 1601 1045"> Transforming community venues MSK hubs </div> <div data-bbox="1086 1069 1601 1157"> SelfSTarT intervention for low back pain </div> <p>Patient resources:</p> <div data-bbox="1086 1260 1601 1356"> CSP: Managing your bone, joint or muscle pain </div> <div data-bbox="1624 1260 2105 1332"> Arthritis Action website </div> <div data-bbox="1086 1380 1601 1444"> ESCAPE pain website </div>
<input type="checkbox"/>	Use evidence informed interventions such as peer support, self-management education and health coaching to support self-management.	
<input type="checkbox"/>	Use group interventions for appropriate patients to support MSK therapies capacity.	
<input type="checkbox"/>	Make best use of evidence informed digital resources to support rehabilitation and to support the management of long-term conditions for appropriate patients.	
<input type="checkbox"/>	Establish collaborative approaches with the independent and third sectors (charities, social enterprises, and voluntary groups) to support therapies capacity to deliver rehabilitation and/or support people to manage long-term MSK conditions in a variety of community venues.	
<input type="checkbox"/>	Integrate with local talking therapies services as an option for any patient experiencing anxiety and depression in the context of their MSK condition.	
<input type="checkbox"/>	Routinely collect a patient recorded outcome measure and patient recorded experience measure as part of a therapeutic assessment and management plan and use to inform quality evaluation and improvement.	

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☑ Checklist: Reducing and managing missed appointments and implementing Patient Initiated Follow-up (PIFU)

Check	Good Practice	Resource Links
<input type="checkbox"/>	Language and communications methods must consider patients who do not speak English, cannot read due to literacy or visual issues or do not have access to smartphones or emails.	Guidance: <div style="display: flex; justify-content: space-around;"> <div data-bbox="1128 443 1653 539">  NHSE Guide to implementing PIFU in T&O </div> <div data-bbox="1666 443 2114 539">  OPRT: PIFU materials </div> </div>
<input type="checkbox"/>	All patients receive appointment reminders which could include letters, text messaging or phone call reminders and all appointment reminders enable two-way communication with patient.	<div data-bbox="1128 561 2114 657">  NHSE Guide to introducing remote consultations in Adult MSK physiotherapy services </div>
<input type="checkbox"/>	Booking processes are standardised, effective and patients find them easy to engage with.	<div data-bbox="1128 683 1653 778">  NHSE Reducing DNAs in outpatient services </div>
<input type="checkbox"/>	Offer the option of virtual / telephone consultations if requested and where clinically appropriate.	Case Studies:
<input type="checkbox"/>	Implement patient initiated follow up and build into service reporting.	<div style="display: flex; justify-content: space-around;"> <div data-bbox="1128 874 1666 944">  West Suffolk PIFU </div> <div data-bbox="1680 874 2114 944">  Homerton PIFU </div> </div>
<input type="checkbox"/>	Consider providing appointments during evenings/weekends for patient convenience.	<div data-bbox="1128 970 1666 1066">  Devon case study for DNAs in rheumatology </div>
<input type="checkbox"/>	Did not attend (DNA) rates are monitored routinely and DNA audits are conducted regularly to understand potential causes	
<input type="checkbox"/>	An understanding of DNA rates is used to inform planning to maximise clinical capacity.	
<input type="checkbox"/>	The notes of DNA patients are reviewed, and attempts are made to communicate with them to share next steps.	
<input type="checkbox"/>	A list of patients that can attend at short notice is held to fill last minute cancellations.	

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Behavioural Science – Resistors to Change

The improvements and changes recommended in this checklist vary from quite small to much larger multi-dimensional changes, involving numerous stakeholders, and you are encouraged to use your team or system’s preferred improvement approach to help you on your journey.




Within the GIRFT Academy, we have found a number of practical applications from behavioural and neuroscience, which you may find helpful at different stages of your preferred change process, which we will be introducing to you as the programme progresses including resistors to change/addressing ‘threat’, recognising ‘unwritten rules’ at the heart of organisational culture, persuasion and influence, goal setting and habit formation.

For more information on applying behavioural science you can contact Ruth Tyrrell, GIRFT Academy Director via girft.academy@nhs.net.

Applying Behavioural Science – SCARF® Resistors to Change Toolkit

Checklist: Addressing Resistors to Change

Not everyone perceives change as positive and welcome, therefore, to increase acceptance, it is good practice to understand where resistance to change may come from, the cause of the resistance and what actions to take to address it.

Check	Good Practice	Resource Links
<input type="checkbox"/>	Undertake a stakeholder analysis	 SCARF® Multi Stakeholder Assessment Tool
<input type="checkbox"/>	Undertake a SCARF® analysis – understanding fundamental threats of the proposed change & how to address them	 SCARF® Model Basic Worksheet  SCARF® Resistors to Change Toolkit Guide