

# **CSP musculoskeletal physiotherapy standards**

The delivery of musculoskeletal (MSK) physiotherapy services  
in the UK for adults of 16 years and over

## Introduction

This document describes eight quality standards that support the development and delivery of high quality musculoskeletal (MSK) physiotherapy services in the public, private and/or independent sector. The standards are intended as a tool for services to demonstrate the value of MSK physiotherapy services and to drive continuous quality improvement. These quality standards can also be used by commissioners, health boards and provider collaboratives to ensure high quality MSK physiotherapy services are available.

These standards cover the delivery of MSK physiotherapy services in the UK, in any setting, for adults of 16 years and over.

The standards apply to services offering physiotherapy services to anyone aged 16 years or over requiring physiotherapy for a MSK condition, their families and carers. These standards cover personalised, evidence-informed physiotherapy based on individual needs and referral to other healthcare pathways or programmes as appropriate.

The standards are for physiotherapy services managing MSK conditions within MSK pathways and across multidisciplinary, integrated care contexts. They should be used in conjunction with local policies and procedures. The standards take into account service delivery both during and beyond the Covid-19 pandemic.

The standards have been developed from high level evidence, in particular National Institute for Health and Care Excellence (NICE) guidance, policy documents and Cochrane systematic reviews, and in collaboration with a working group consisting of MSK researchers, service managers and clinical leads and a patient representative.

Although services are increasingly multi-disciplinary these standards are focused on the delivery of physiotherapy MSK services. However, these standards may be applicable to and adaptable to other professions and multi-disciplinary MSK services.

They have been developed for the following key audiences:

- Physiotherapy service providers - to measure and demonstrate the quality of their services, identify areas for improvement and to undertake and evaluate quality improvement
- The physiotherapy workforce - to measure and demonstrate the quality of their practice, identify areas for improvement/CPD and to undertake and evaluate improvement in their practice
- People with MSK conditions and the public - to provide information about what high quality MSK physiotherapy means for them and to support them to ask their MSK services for evidence about their performance against the standards
- Commissioners, health boards and provider collaboratives - to provide information about what a high quality MSK physiotherapy service means and be able to assess, select and evaluate the services that are provided.

## Why is this quality standard needed?

Musculoskeletal (MSK) problems are common affecting an estimated 18.8 million people across the UK in 2017. MSK conditions are the leading cause of years lived with disability worldwide. MSK conditions resulted in 8.9 million lost working days in the UK in the year 2019/2020 second only to stress, depression or anxiety and account for at least 14% of consultations in primary care.

People with MSK conditions may experience significant impact on different aspects of their lives as a result of their condition and increasingly people are also living with one or more comorbidities impacting on the person in what they can do and also the burden of managing their health. Musculoskeletal problems are increasing and given the ageing population are set to increase for the foreseeable future.

MSK physiotherapists are a key professional group involved in the triage, assessment and management of people with MSK conditions. There is an increasing evidence base for physiotherapy led MSK services and interventions both in clinical effectiveness and in Return on Investment by reducing demand on the health and social care system [NIHR Dissemination Centre (2018) Moving Forward: Physiotherapy for Musculoskeletal Health and Wellbeing, Public Health England (2017) Return on investment of interventions for the prevention and treatment of musculoskeletal conditions].

This quality standard focuses on improving the overall physiotherapy care of adults aged 16 years and over with musculoskeletal conditions across the care pathway. It includes assessment and management of the condition, coordinated MSK pathways, promotion of self-management, population health, audit and evaluation, and clinical governance.

**Quality measures** *Please note: the quality measures in this document are examples only. The actual quality measures will be finalised following consultation on the standards*

The quality measures that follow the standards aim to improve the structure, process and outcomes of MSK physiotherapy. They are not a new set of targets or mandatory indicators for performance management. These are a set of recommended measures but there are many others that can be used depending on the purpose. They are informed by quality standards included in NICE quality standards and consensus work on developing a MSK core outcome set [Burgess et al. 2021 Developing a core outcome set for community and primary care musculoskeletal services: A consensus approach <https://doi.org/10.1016/j.msksp.2021.102415>]

Quality standards and measures can be used for a range of purposes. These include identifying where improvements in care are needed; measuring the quality of care; understanding how to improve care; demonstrating quality of care; setting priorities for and supporting quality improvement. [<https://www.nice.org.uk/standards-and-indicators>]

Expected levels of achievement for quality measures are not specified. Quality standards aim to improve quality of care and currently there is no benchmark for these standards, although this may change during the life of this version of these standards.

The eight quality standards included in this document are:

Quality standard 1: Assessment, diagnosis, management planning and review

Quality standard 2: Personalised physiotherapy

Quality standard 3: Supported self-management

Quality standard 4: Communication

Quality standard 5: Integrated management pathways

Quality standard 6: Population health

Quality standard 7: Evaluation, audit and research

Quality standard 8: Clinical governance

## Quality standard 1: Assessment, diagnosis, management planning and review

People presenting with musculoskeletal (MSK) conditions are offered timely, comprehensive, holistic assessment of the MSK condition and their needs, involving shared decision-making, to develop a personalised physiotherapy plan with outcome measures

- 1.1 Conduct and document a holistic assessment with the person, including physical, psychological and social/work needs and preferences and taking into account any comorbidities and cultural needs the person has
- 1.2 For people with complex presentations, physiotherapy assessment and diagnostics contribute to a multidisciplinary approach and identification of specialist expertise requirements
- 1.3 Undertake case assessment/triage, assessment, investigations, diagnosis, screening and stratification and identify patient preferences to inform the appropriate pathway for each person
- 1.4 Physiotherapy goal setting and planning involves shared decision making and is based on individual needs and preferences and the risks and benefits of evidence-based and locally available options
- 1.5 Families and carers are involved in discussions and decision making if in line with the wishes of the person with MSK conditions
- 1.6 Where appropriate the physiotherapy workforce integrates digital methods including remote, mobile and assistive technologies to assess, monitor and manage the person with MSK conditions
- 1.7 Assessments, management planning and reviews are timely and responsive to the person's needs and use appropriate validated patient reported outcome measures

### Rationale

People with MSK conditions may experience significant impact on different aspects of their lives as a result of their condition. A holistic biopsychosocial assessment that includes the person's physical and mental health as well as their social, cultural and work needs allows development of an individualised physiotherapy plan. [[Osteoarthritis \(2015\) NICE quality standard QS87 standard 2- Assessment at diagnosis, Low back pain and sciatica in over 16s: assessment and management \(2020\) NICE guideline NG59 recommendation 1.1 Assessment of low back pain and sciatica, Chronic pain \(primary and secondary\) in over 16s: assessment of all chronic pain and management of chronic primary pain \(2015\) NICE guideline NG193 recommendation 1.1 Assessing all types of chronic pain](#)]. This takes into account all the needs and preferences of the person and may improve satisfaction, aid self-management and increase effectiveness of treatment. Increasingly, people are living with one or more comorbidities, such as cardiovascular disease, diabetes, lung disease and frailty. These impact on the person in what they can do and also the burden of managing their health [[Multimorbidity: clinical assessment and management \(2016\) NICE guideline NG56 recommendation 1.5 Principles of an approach to care that takes account of multimorbidity and recommendation 1.6 Delivering an approach to care that takes account of](#)

[multimorbidity](#)] Consideration of comorbidities may identify that a multi-disciplinary approach is required, such as referral to falls programmes or pulmonary rehabilitation that would benefit the person with MSK conditions [[OARSI guidelines for the non-surgical management of knee, hip, and polyarticular osteoarthritis \(2019\)](#)]

Risk-stratification or prognostic tools can predict when people are at risk of poor outcome from the MSK condition. People with low risk require mostly a supported self-management approach whereas those at higher risk require more intensive treatment. A risk-stratification approach can help to determine where psychologically informed or multi-disciplinary care is required. This approach improves outcomes for patients and makes best use of healthcare resources. [[Low back pain and sciatica in over 16s \(2017\) NICE quality standard QS155 standard 1 – Risk stratification](#)]

The majority of MSK conditions can be considered as ‘non-specific’ where a specific tissue or pathology cannot be identified and an active approach to treatment is indicated. However, it is important to identify pain from other causes, such as serious MSK pathologies e.g. inflammatory disease, cauda equina syndrome, fractures and non-MSK pathologies e.g. cancer/malignancies, that need, often urgent, further referral/investigation and ensure pathways exist to ensure timely referral. Physiotherapists should be aware of and use appropriate screening tools, frameworks and guidance to inform the case assessment/triage and referral of people with potential serious or non-MSK pathology [[ARMA \(2020\) Urgent and Emergency Musculoskeletal Conditions Requiring Onward Referral, Low back pain and sciatica in over 16s: assessment and management \(2020\) NICE guideline NG59 recommendation 1.1 – Alternative diagnoses, Spondyloarthritis \(2018\) NICE quality standard QS170 standard 1 – Referral, Rheumatoid arthritis in over 16s \(2020\) NICE quality standard QS33 standard 1 – Referral, National back pain and radicular pain pathway \(2017\) Spinal services CRG NHSE, Suspected neurological conditions: recognition and referral \(2019\) NICE guideline NG127, Suspected cancer: recognition and referral \(2020\) NICE guideline NG12, National Backpain Pathway – Clinical Network 2020 Early Recognition of Cauda Equina Syndrome: A Framework for Assessment and Referral, IFOMT \(2020\) International IFOMPT Cervical Framework](#)]. Physiotherapists should work within their scope of practice and meet competencies outlined in relevant competency frameworks. This means physiotherapists managing people with undifferentiated and undiagnosed MSK conditions (such as in first contact roles) adhering to stage 1 of the core competencies outlined in the MSK Core Competencies Framework for First Point of Contact Practitioners or similar. Physiotherapists working at advanced practice level should follow the framework for the country in which they work. [[Health Education England \(2020\) First Contact Practitioners and Advanced Practitioners in Primary Care: \(Musculoskeletal\) A Roadmap to Practice, Health Education England \(2017\) Multi-professional framework for advanced clinical practice in England, National Leadership and Innovation Agency for Healthcare \(2010\) Framework for Advanced Nursing, Midwifery and Allied Health Professional Practice in Wales, Dept of Health, Northern Ireland \(2019\) Advanced AHP Practice Framework. Guidance for supporting advanced allied health professions practice in health and social care, NHS Education for Scotland \(undated\) Nursing, midwifery and allied health professionals \(NMAHP\) development framework. Maximising potential and impact at every level of practice](#)]

Personalised physiotherapy planning and goal setting involves shared decision making between the individual and the healthcare professionals supporting them, putting the person at the centre of decisions about their management. People's personal strengths, preferences, aspirations and needs help inform goal setting. Both the professionals and the person have a role and responsibility for contributing to the decision-making process. The professionals contribute information about diagnosis, cause of disease, prognosis, treatment options and outcomes. Whereas, the person contributes the experience of their illness, how they manage their illness, social circumstances, attitudes to risk, values and preferences. [[Shared decision making \(2021\) NICE clinical guideline CG197, NHS England https://www.england.nhs.uk/shared-decision-making/](#), [Personalised Care Institute \(2020\) Curriculum](#), [Patient experience in adult NHS services \(2019\) NICE quality standard QS15 standard 6 – Decision making](#)] Personalised physiotherapy means people have choice and control over the way their physiotherapy is planned and delivered, based on what matters to them. If desired by the person with MSK conditions, families and carers should be involved in the needs assessment and physiotherapy planning and this is likely to be particularly valuable in those with complex presentations. [[Patient experience in adult NHS services \(2019\) NICE quality standard QS15 standard 5 – Preferences for sharing information](#), [Supporting adult carers \(2020\) NICE quality standard QS200 standard 2 – Working with carers](#)]

Advances in technology mean that innovative and digital methods of assessment, monitoring and management are becoming increasingly available. Physiotherapists should make use of remote, mobile and assistive technologies to assess, monitor and manage people with MSK conditions appropriate to their needs and preferences. This should take into account access to technology and an individual's ability and preference to use digital tools (digital inclusion). [[A Digital Framework for Allied Health Professionals \(2019\) NHS England](#), [The Topol Review: Preparing the healthcare workforce to deliver the digital future \(2019\) NHS Health Education England](#), [Welsh Government \(2015\) Informed Health and Care: A Digital Health and Social Care Strategy for Wales](#), [Digital health and care Scotland 2018 Scotland's digital health and care strategy](#)] Consideration of current national and local guidance e.g. in relation to Covid-19, should also inform whether needs assessments are conducted in person or using remote methods. [[COVID-19: infection prevention and control guidance \(2020\) Department of Health and Social Care](#)]

The physiotherapy assessment should take into account health inequalities. This includes consideration of disparity in risks and outcomes and social determinants of health that may impact on the person with an MSK condition. Health inequalities continue to increase, driven by social determinants of health, such as child poverty, ethnic background, zero hours contracts, lack of affordable housing and homelessness. [[Health Equity in England: The Marmot review 10 years on \(2020\)](#), [NHS Providers 2020 Reducing health inequalities associated with COVID-19](#), [Public Health England \(2021\) Inclusion health: applying All Our Health](#), [Dougall D and Buck D \(2021\) My role in tackling health inequalities. A framework for allied health professionals](#), [The Kings Fund](#)] Validated patient reported outcomes measures should be used to assess MSK health status at intake and to review progress. [[Versus Arthritis MSK recommended indicator set](#)] Patient experience measures should additionally be used to gain feedback from people with MSK conditions on the service.

## Source guidance

- Osteoarthritis (2015) NICE quality standard QS87 standard 2- Assessment at diagnosis
- Low back pain and sciatica in over 16s: assessment and management (2020) NICE guideline NG59 recommendation 1.1 Assessment of low back pain and sciatica
- Chronic pain (primary and secondary) in over 16s: assessment of all chronic pain and management of chronic primary pain (2015) NICE guideline NG193 recommendation 1.1 Assessing all types of chronic pain
- Multimorbidity: clinical assessment and management (2016) NICE guideline NG56 recommendation 1.5 Principles of an approach to care that takes account of multimorbidity and recommendation 1.6 Delivering an approach to care that takes account of multimorbidity
- OARSI guidelines for the non-surgical management of knee, hip, and polyarticular osteoarthritis 2019 <https://doi.org/10.1016/j.joca.2019.06.011>
- Low back pain and sciatica in over 16s (2017) NICE quality standard QS155 standard 1 – Risk stratification
- Urgent and Emergency Musculoskeletal Conditions Requiring Onward Referral, ARMA (2020) <http://arma.uk.net/wp-content/uploads/2021/01/Urgent-emergency-MSK-conditions-requiring-onward-referral-2.pdf>
- Low back pain and sciatica in over 16s: assessment and management (2020) NICE guideline NG59 recommendation 1.1 – Alternative diagnoses
- Spondyloarthritis (2018) NICE quality standard QS170 standard 1 – Referral
- Rheumatoid arthritis in over 16s (2020) NICE quality standard QS33 standard 1 – Referral
- National back pain and radicular pain pathway (2017) Spinal services CRG NHSE
- Health Education England (2020) First Contact Practitioners and Advanced Practitioners in Primary Care: (Musculoskeletal) A Roadmap to Practice
- Health Education England (2017) Multi-professional framework for advanced clinical practice in England. <https://www.hee.nhs.uk/sites/default/files/documents/Multi-professional%20framework%20for%20advanced%20clinical%20practice%20in%20England.pdf>
- National Leadership and Innovation Agency for Healthcare (2010) Framework for Advanced Nursing, Midwifery and Allied Health Professional Practice in Wales <http://www.wales.nhs.uk/sitesplus/documents/829/NLIAH%20Advanced%20Practice%20Framework.pdf>
- Dept of Health, Northern Ireland (2019) Advanced AHP Practice Framework. Guidance for supporting advanced allied health professions practice in health and social care. <https://www.health-ni.gov.uk/sites/default/files/publications/health/AHP-Framework.pdf>
- NHS Education for Scotland (not dated) Nursing, midwifery and allied health professionals (NMAHP) development framework. Maximising potential and impact at every level of practice <https://www.careerframework.nes.scot.nhs.uk/>



- Suspected neurological conditions: recognition and referral (2019) NICE guideline NG127. Recommendations for adults aged over 16
- Suspected cancer: recognition and referral (2020) NICE guideline NG12
- National Backpain Pathway – Clinical Network 2020 Early Recognition of Cauda Equina Syndrome: A Framework for Assessment and Referral [https://ba17bc65-2f2f-4a2f-9427-cd68a3685f52.filesusr.com/ugd/dd7c8a\\_d120b52e59354ae8995651466eddf71.pdf](https://ba17bc65-2f2f-4a2f-9427-cd68a3685f52.filesusr.com/ugd/dd7c8a_d120b52e59354ae8995651466eddf71.pdf)
- IFOMT (2020) International IFOMPT Cervical Framework <https://www.jospt.org/doi/full/10.2519/jospt.2020.9971>
- Shared decision making (2021) NICE clinical guideline CG197
- NHS England Shared Decision Making <https://www.england.nhs.uk/shared-decision-making/>
- Personalised Care Institute (2020) Curriculum [https://www.personalisedcareinstitute.org.uk/pluginfile.php/133/mod\\_page/content/22/PCI\\_Curriculum.pdf](https://www.personalisedcareinstitute.org.uk/pluginfile.php/133/mod_page/content/22/PCI_Curriculum.pdf)
- Patient experience in adult NHS services (2019) NICE quality standard QS15 standard 6 – Decision making
- Supporting adult carers (2020) NICE quality standard QS200 standard 2 – Working with carers
- Patient experience in adult NHS services (2019) NICE quality standard QS15 standard 5 – Preferences for sharing information
- A Digital Framework for Allied Health Professionals (2019) NHS England
- The Topol Review: Preparing the healthcare workforce to deliver the digital future (2019) NHS Health Education England
- Informed Health and Care: A Digital Health and Social Care Strategy for Wales (2015) [Welsh Government]
- Digital health and care Scotland (2018) Scotland’s digital health and care strategy <https://www.digihealthcare.scot/wp-content/uploads/2018/04/25-April-2018-SCOTLANDS-DIGITAL-HEALTH-AND-CARE-STRATEGY-published.pdf>
- COVID-19: infection prevention and control guidance (2020) Department of Health and Social Care
- Health Equity in England: The Marmot review 10 years on (2020) [www.instituteofhealthequity.org/the-marmot-review-10-years-on](http://www.instituteofhealthequity.org/the-marmot-review-10-years-on)
- NHS Providers (2020) Reducing health inequalities associated with COVID-19 <https://nhsproviders.org/reducing-health-inequalities-associated-with-covid-19>
- Public Health England (2021) Inclusion health: applying All Our Health <https://www.gov.uk/government/publications/inclusion-health-applying-all-our-health>
- Dougall D and Buck D (2021) My role in tackling health inequalities. A framework for allied health professionals, The Kings Fund <https://www.kingsfund.org.uk/publications/tackling-health-inequalities-framework-allied-health-professionals>
- Versus Arthritis MSK recommended indicator set <https://www.versusarthritis.org/policy/resources-for-policy-makers/for-healthcare-practitioners-and-commissioners/msk-recommended-indicator-set/>

- Chartered Society of Physiotherapy's Code of Members' Professional Values and Behaviour (2019) Chartered Society of Physiotherapy, principles 1-3
- Standards of proficiency - Physiotherapists (2013) Health and Care Professions Council, standards 1-11 and 14

### **Other evidence sources/resources**

National Low Back and Radicular Pain Pathway 2017

NICE Clinical Knowledge Summaries: Musculoskeletal

<https://cks.nice.org.uk/specialities/musculoskeletal/>

McCrum C. When to suspect spondyloarthritis: A core skill in musculoskeletal clinical practice. Musculoskeletal Science & Practice 2019.

DOI: <https://doi.org/10.1016/j.msksp.2019.102079>

Universal Personalised Care: Implementing the Comprehensive Model (2019) NHS England Versus Arthritis. Clinical Assessment of the Musculoskeletal System.

<https://www.versusarthritis.org/about-arthritis/healthcare-professionals/clinical-assessment-of-the-musculoskeletal-system/>

Greenhalgh S, Finucane L, Mercer C, Selfe J. Assessment and management of cauda equina syndrome. Musculoskeletal Science & Practice 2018 Oct;37:69-74. doi:

10.1016/j.msksp.2018.06.002.

NICE Depression in adults: recognition and management CG90

NICE Evidence Standards Framework for Digital Health Technologies

SIGN Guideline 136 – Management of Chronic Pain 2019. Scottish Intercollegiate Guidelines Network

SIGN Guideline 123 – Management of early rheumatoid arthritis 2011. Scottish Intercollegiate Guidelines Network

HEE First Contact Practitioners and Advanced Practitioners in Primary Care: (Musculoskeletal) A Roadmap to Practice

### **What the quality statement means for a person with a musculoskeletal (MSK) condition**

People with an MSK condition should expect an assessment which meets their personal needs. This will include physical, psychological and social needs, including work, hobbies and important life roles. It will also take into account any other health conditions the person has. The physiotherapy service will measure the person's progress throughout their treatment, often by using questionnaires. This ensures that the treatment they get is right for them and meets their personal needs.

The physiotherapist will use tests and investigations to guide diagnosis of the MSK condition that are based on what works well and is backed up by good quality evidence. Sometimes the physiotherapy assessment will involve other health care professionals who are experts in the person's condition and needs.

The physiotherapy service will use a process called shared decision making. This means the person with the MSK condition will be as actively involved as they want to be in setting goals and planning their physiotherapy management. The planning of physiotherapy management and reviews of the condition will be based on what is available in the local area and their

personal preferences. Family members, carers and friends can be involved if required or helpful and in agreement with the person with the MSK condition.

**What the quality statement means for commissioners/health boards/provider collaboratives**

Ensure services undertake case assessment/triage, assessment, investigations, diagnosis, screening and stratification and patient preferences to inform the appropriate management pathway for each person and that MSK pathways are available and accessible, including where multi-disciplinary and specialist expertise is indicated.

Commission/provide MSK physiotherapy services that use a shared decision-making process in assessment and care and support planning, in which people's physical, psychological and social/work needs are established. Management should be tailored to take account of any co-existing conditions, cultural needs, people's ability to access services and the risks and benefits of available management options.

Ensure that services plan for and provide timely review based on the person's individual needs and that recommended appropriate outcome measures are used to measure the service and patient progress towards their goals.

## Quality standard 2: Personalised physiotherapy

People presenting with musculoskeletal conditions are offered personalised, equitable and timely physiotherapy tailored to their individual needs, preferences and goals.

- 2.1 Physiotherapy is holistic and is based on the person's assessment, a personalised physiotherapy plan and utilising outcome measures
- 2.2 Physiotherapy management is in line with current best practice
- 2.3 Personalised physiotherapy includes facilitation of functional roles important to the person with MSK conditions
- 2.4 Timing, intensity, frequency, location and mode of delivery of physiotherapy is personalised and flexible to the person's individual needs
- 2.5 The use of digital-enabled management is considered, where available, and as appropriate to the person's needs and preferences

### Rationale

Personalised physiotherapy means people have choice and control over the management of their MSK condition and how it is delivered and is based on their individual needs, preferences and goals. Personalised care or person-centred approaches are a core focus of modern healthcare. [NHSE (2019) Universal personalised care: Implementing the comprehensive model, Health Education England (2020) Person-Centred Approaches: Empowering people in their lives and communities to enable an upgrade in prevention, wellbeing, health, care and support, Welsh Government (2015) Health and care standards, Scottish government (2017) Health and Social Care Standards My support, my life]

Personalised physiotherapy implies a shared decision-making approach, taking into account the person's physical and mental health as well as their social, cultural and work needs and involving family and carers if the person wishes. Shared decision-making has been shown to produce a better patient experience and improve outcomes of care. [NHS England Shared Decision Making <https://www.england.nhs.uk/shared-decision-making/>\_Patient experience in adult NHS services (2019) NICE quality standard QS15 standard 4 - Individualised care] Personalised physiotherapy targets known and modifiable risk factors for poor outcome e.g. addressing psychological obstacles to recovery where these are identified [Low back pain and sciatica in over 16s: assessment and management (2020) NICE guideline NG59 recommendation 1.2.14 Combined physical and psychological programmes] or weight management in OA [EULAR recommendations for the non-pharmacological core management of hip and knee osteoarthritis (2013)] Personalised management may include a multi-disciplinary or multi-agency approach, which may include voluntary, community, charitable and social enterprises. Steps should be taken to communicate information in a way that the person can understand and to support them to take an active role in implementing the management plan. [Spondyloarthritis (2018) NICE quality standard QS170 standard 4 - Information, Rheumatoid arthritis in over 16s (2020) NICE quality standard QS33 standard 3 – Patient education] Management should also take into account the

complex interaction between the person's health conditions, the environments they live in, their values and beliefs to actively reduce inequalities.

Evidence-based practice is the integration of best research evidence, individual clinical expertise and patient choice. [Chartered Society of Physiotherapy, Evidence-based practice <https://www.csp.org.uk/professional-clinical/clinical-evidence/evidence-based-practice>]. Best research evidence includes NICE clinical guidelines, SIGN clinical guidance, systematic reviews and studies using methods such as randomised controlled trials, observational studies, cost benefit analyses and qualitative investigations. There is a rapidly increasing research evidence base for physiotherapy-led management for MSK conditions and the physiotherapy workforce should utilise these evidence-based approaches whenever possible. [NIHR Dissemination Centre (2018) Moving Forward: Physiotherapy for Musculoskeletal Health and Wellbeing] Active approaches, especially physical activity and exercise, are frequently recommended [NIHR Dissemination Centre (2018) Moving Forward: Physiotherapy for Musculoskeletal Health and Wellbeing, Osteoarthritis (2015) NICE quality standard QS87 standard 4 - Exercise, Spondyloarthritis (2018) NICE quality standard QS170 standard 3 – Physiotherapy, Welsh Government (2019) Living with persistent pain in Wales] Biopsychosocial approaches e.g. combined physical and psychological approaches have been shown to have improved outcomes for some patients especially where stratification approaches identify multiple risk factors. [Low back pain and sciatica in over 16s: assessment and management (2020) NICE guideline NG59 recommendation 1.2.14 Combined physical and psychological programmes, Chronic pain (primary and secondary) in over 16s: assessment of all chronic pain and management of chronic primary pain (2015) NICE guideline NG193 recommendation 1.2 Managing chronic primary pain – Non-pharmacological management of chronic primary pain]

In a complex health environment, the person with an MSK condition needs to understand the people involved in their management and arrangements and timing for review of their condition. Equity of access to physiotherapy and ensuring options are easy to use and communicated in an easily understandable and culturally sensitive way will reduce inequalities. This improves self-management and ensures the patient is seen by the right person for their needs. [Patient experience in adult NHS services (2019) NICE quality standard QS15 standard 2 – Contacts for ongoing care, Kings Fund (2020) What are health inequalities? <https://www.kingsfund.org.uk/publications/what-are-health-inequalities>, Public Health England (2021) Inclusion health: applying All Our Health]

Management should be an active and enabling process which includes working with the person to help them achieve their personal goals in relation to education, work and important functional roles. Where individuals with MSK conditions are working or wish to return to working the management plan should include occupational advice and support. People with MSK conditions are less likely to be in work and have greater sickness absence [Versus Arthritis (2016) Working with arthritis, ARMA 2017 Work and musculoskeletal health, EULAR recommendations for the non-pharmacological core management of hip and knee osteoarthritis (2013)]. It has been demonstrated that multidisciplinary, coordinated vocational rehabilitation can help to get people back to work sooner, remain in work and also it can have significant economic benefits [NHS England, 2016].

Timing, intensity, frequency and mode of physiotherapy is flexible to the person's individual needs. The mode of delivery (e.g. in person, digital/remote, 1-1, group) and location of physiotherapy should be selected based on the preferences of the person but also local availability. [EULAR recommendations for the non-pharmacological core management of hip and knee osteoarthritis \(2013\) http://dx.doi.org/10.1136/annrheumdis-2012-202745](http://dx.doi.org/10.1136/annrheumdis-2012-202745)] Many MSK conditions can be considered as long-term conditions, e.g. OA, persistent low back pain, inflammatory conditions, that require integrated management packages and regular review to support the person to implement their management programme. [\[Osteoarthritis \(2015\) NICE quality standard QS87 standard 6 – Timing of review, Rheumatoid arthritis in over 16s \(2020\) NICE quality standard QS33 standard 5 – Annual review\]](#)

The physiotherapy workforce should be aware of and consider using available online management resources, as appropriate, such as Escape Pain Online [<https://escape-pain.org/ESCAPE-pain-Online>] and STarTBack- Evidence based implementation of stratified care [<https://startback.hfac.keele.ac.uk/patients/>] Digital and assistive technology has great potential to support management, but be aware of barriers to digital inclusion. [\[A Digital Framework for Allied Health Professionals \(2019\) NHS England, The Topol Review: Preparing the healthcare workforce to deliver the digital future \(2019\) NHS Health Education England, Welsh Government \(2015\) Informed Health and Care: A Digital Health and Social Care Strategy for Wales, Digital health and care Scotland \(2018\) Scotland's digital health and care strategy\]](#)

### Source evidence

- NHSE (2019) Universal personalised care: Implementing the comprehensive model. <https://www.england.nhs.uk/wp-content/uploads/2019/01/universal-personalised-care.pdf>
- Health Education England (2020) Person-Centred Approaches: Empowering people in their lives and communities to enable an upgrade in prevention, wellbeing, health, care and support. <https://skillsforhealth.org.uk/wp-content/uploads/2021/01/Person-Centred-Approaches-Framework.pdf>
- Welsh Government (2015) Health and care standards. <https://gov.wales/sites/default/files/publications/2019-05/health-and-care-standards-april-2015.pdf>
- Scottish government (2017) Health and Social Care Standards My support, my life. <https://www.gov.scot/binaries/content/documents/govscot/publications/advice-and-guidance/2017/06/health-social-care-standards-support-life/documents/00520693-pdf/00520693-pdf/govscot%3Adocument/00520693.pdf?forceDownload=true>
- NHS England Shared Decision Making <https://www.england.nhs.uk/shared-decision-making/>
- Patient experience in adult NHS services (2019) NICE quality standard QS15 standard 4 Individualised care
- Low back pain and sciatica in over 16s: assessment and management (2020) NICE guideline NG59 recommendation 1.2.14 Combined physical and psychological programmes

- Chronic pain (primary and secondary) in over 16s: assessment of all chronic pain and management of chronic primary pain (2015) NICE guideline NG193 recommendation 1.2 Managing chronic primary pain – Non-pharmacological management of chronic primary pain
- EULAR recommendations for the non-pharmacological core management of hip and knee osteoarthritis (2013) <http://dx.doi.org/10.1136/annrheumdis-2012-202745>
- Spondyloarthritis (2018) NICE quality standard QS170 standard 4 - Information,
- Rheumatoid arthritis in over 16s (2020) NICE quality standard QS33 standard 3 – Patient education
- Chartered Society of Physiotherapy, Evidence-based practice. <https://www.csp.org.uk/professional-clinical/clinical-evidence/evidence-based-practice>
- NIHR Dissemination Centre (2018) Moving Forward: Physiotherapy for Musculoskeletal Health and Wellbeing
- Osteoarthritis (2015) NICE quality standard QS87 standard 4 – Exercise
- Spondyloarthritis (2018) NICE quality standard QS170 standard 3 – Physiotherapy
- Welsh Government (2019) Living with persistent pain in Wales <https://gov.wales/sites/default/files/publications/2019-05/living-with-persistent-pain-in-wales.pdf>
- Osteoarthritis (2015) NICE quality standard QS87 standard 6 – Timing of review
- Rheumatoid arthritis in over 16s (2020) NICE quality standard QS33 standard 5 – Annual review
- Patient experience in adult NHS services (2019) NICE quality standard QS15 standard 2 – Contacts for ongoing care
- Kings Fund (2020) What are health inequalities? <https://www.kingsfund.org.uk/publications/what-are-health-inequalities>
- Public Health England (2021) Inclusion health: applying All Our Health <https://www.gov.uk/government/publications/inclusion-health-applying-all-our-health>
- Versus Arthritis (2016) Working with arthritis <https://www.versusarthritis.org/media/2071/working-with-arthritis-policy-report.pdf>
- ARMA Work and musculoskeletal health (2017) <http://arma.uk.net/wp-content/uploads/2017/09/arma-policy-position-paper-work-and-msk-2017.pdf>
- Escape Pain Online [<https://escape-pain.org/ESCAPE-pain-Online>]
- STarTBack - Evidence based implementation of stratified care <https://startback.hfac.keele.ac.uk/patients/>
- A Digital Framework for Allied Health Professionals (2019) NHS England
- The Topol Review: Preparing the healthcare workforce to deliver the digital future (2019) NHS Health Education England
- Informed Health and Care: A Digital Health and Social Care Strategy for Wales (2015) Welsh Government
- Digital health and care Scotland (2018) Scotland’s digital health and care strategy <https://www.digihealthcare.scot/wp-content/uploads/2018/04/25-April-2018-SCOTLANDS-DIGITAL-HEALTH-AND-CARE-STRATEGY-published.pdf>

- Chartered Society of Physiotherapy's Code of Members' Professional Values and Behaviour (2019) Chartered Society of Physiotherapy, principles 1-4
- Standards of proficiency - Physiotherapists (2013) Health and Care Professions Council, standards 1-11 and 14

## **Other resources**

Kings Fund – Making Shared Decision-Making a Reality. No decision about me without me.

NICE Workplace health: long-term sickness absence and capability to work NG146

Hoffman TC, Lewis J, Maher CG. Shared decision making should be an integral part of physiotherapy practice. *Physiotherapy* 2020 vol 108, pp43-49

<https://doi.org/10.1016/j.physio.2019.08.012>

<https://www.england.nhs.uk/publication/a-digital-framework-for-allied-health-professionals/>

Universal Personalised Care: Implementing the Comprehensive Model (2019) NHS England

### **What the quality statement means for a person with a musculoskeletal (MSK) condition**

People with an MSK condition should expect that their physiotherapy is based on a personal assessment and management plan that is right for them (standard 1). Physiotherapy will also be based on what is the best current practice and on good quality evidence.

Physiotherapy will be based on the goals that the patient with an MSK condition and the physiotherapy staff decide upon. Physiotherapy will aim to help people to take part in or resume in activities important for the person and will take into account the patient's cultural and religious needs. Important activities may include taking part in education, work and other life roles, such as being a carer, undertaking hobbies and interests and socialising.

The type and timing of treatments (whether face to face, or by video, group or individual sessions) are decided between the physiotherapy practitioner and person with an MSK condition.

### **What the quality statement means for commissioners/health boards/provider collaboratives**

Commission/provide MSK physiotherapy services that provide personalised (person-centred) management that is timely, equitable and tailored to individual's needs, preferences and goals.

Ensure services use management options that are supported by current best evidence.

Ensure resources are in place to ensure the timing, intensity, frequency, location and mode of delivery of physiotherapy management is personalised and flexible to the person's individual needs in line with the evidence base.



Facilities are available to provide digital-enabled management appropriate to the needs and preferences of the person with MSK conditions and improve accessibility of services.

## Quality standard 3: Supported self-management

People presenting with musculoskeletal conditions are offered supported self-management as part of the management plan to recognise and develop their capability to manage their own health and wellbeing

- 3.1 Actively involve people with musculoskeletal conditions in decision making about managing their own health and wellbeing and in co-creating a personalised self-management plan
- 3.2 Ensure the self-management plan is tailored taking into account a person's level of engagement with their health and well-being, level of dependency on others, health literacy and understanding and accessibility obstacles
- 3.3 Provide appropriate evidence-based self-management resources to support implementation of any personalised self-management plan
- 3.4 Where appropriate, utilise the expertise of families, carers, peers and communities as part of supported self-management
- 3.5 Utilise technology where appropriate and available to support self-management taking into account digital inclusion considerations
- 3.6 A personalised, structured, documented plan for ongoing self-management is co-created and is readily accessible to the person, including when and how to seek further help from the healthcare system

### Rationale

Supported self-management is an important part of the management plan, which enables people to manage their health and well-being. Self-management can enhance an individual's experience, improve confidence to follow their management plan and improve health outcomes. Through a shared decision-making approach and co-creation of a self-management plan people can learn to recognise, treat and manage their own health. Self-management is not only patient education, skills such as being aware of and navigating available resources, problem solving and developing coping strategies enable people with musculoskeletal conditions to be at the core of their care. Supported self-management should enable people to continue to live as they wish, to socialise, remain in work and to manage variations in symptoms as they occur. [NHS England and NHS Improvement (2020) Supported self-management, Osteoarthritis (2015) NICE quality standard QS87 standard 3 – Self-management, Low back pain and sciatica in over 16s (2017) NICE quality standard QS155 standard 3 – Self-management, National back pain and radicular pain pathway (2017) Spinal services CRG NHSE, Welsh Government (2019) Living with persistent pain in Wales]

Supported self-management means physiotherapists work with people to develop their capability to manage their own health and well-being by providing support tailored to their needs. Awareness of a person's personal, social and cultural circumstances, level of activation, level of dependency on others, health literacy and understanding enables equitable access to information, training and education resources which are tailored accordingly. If needed, physiotherapists should work with patients to help them develop self-management skills. Targeted interventions that develop skills in achievable steps and

build confidence and autonomy may help to increase a person's level of self-management. For people with high levels of dependency on others, self-management may be achieved through close working with families and carers. [ARMA (2018) Supported Self-Management for People with Arthritis and Musculoskeletal Conditions <http://arma.uk.net/wp-content/uploads/2018/07/supported-self-management-aug2018.pdf>, Supporting adult carers (2020) NICE quality standard QS200 standard 2 – Working with carers, Health Equity in England: The Marmot review 10 years on (2020) Institute of Health Equity, NHS RightCare: Community Rehabilitation Toolkit (2020) NHS RightCare, Welsh Government (2019) Living with persistent pain in Wales]

The self-management plan should be documented and be readily available to the person in an accessible format. This is likely to be both verbal and a written/digital version which can utilise technology with links to appropriate resources to enhance understanding of the MSK condition and to optimise the person's ability to manage their condition. [Rheumatoid arthritis in adults: management (2018) NICE clinical guideline CG100 recommendation 1.3 Communication and education]

Technology, for example apps, peer support networks and online platforms can support people to self-manage their recovery and rehabilitation. Digital inclusion takes into account access to technology and an individual's ability and preference to use digital tools to self-manage. [A Digital Framework for Allied Health Professionals (2019) NHS England The Topol Review: Preparing the healthcare workforce to deliver the digital future (2019) NHS Health Education England Informed Health and Care: A Digital Health and Social Care Strategy for Wales (2015) Welsh Government, Digital health and care Scotland 2018]

People with MSK conditions may undertake much of the self-management plan independently, it is therefore important that they understand the role of healthcare professionals as well as when and how to seek further help from the health care system through planned review or through self-referral pathways. Planned review by the healthcare team ensures that self-management support of long-term conditions is responsive to the person's changing needs. [Osteoarthritis (2015) NICE quality standard QS87 standard 6 – Timing of review, Rheumatoid arthritis in over 16s (2020) NICE quality standard QS33 standard 5 – Annual review]

### Source guidance

- Supported self-management 2020 NHS England and NHS Improvement <https://www.england.nhs.uk/personalisedcare/supported-self-management/>
- Osteoarthritis 2015 NICE quality standard QS87 standard 3 – Self-management
- Low back pain and sciatica in over 16s 2017 NICE quality standard QS155 standard 3 – Self-management
- National back pain and radicular pain pathway 2017 Spinal services CRG NHSE [https://www.eoemskservice.nhs.uk/docs/default-source/cauda-equina-translations/english---ces-card-pdf.pdf?sfvrsn=114b7059\\_2](https://www.eoemskservice.nhs.uk/docs/default-source/cauda-equina-translations/english---ces-card-pdf.pdf?sfvrsn=114b7059_2)

- Welsh Government (2019) Living with persistent pain in Wales  
<https://gov.wales/sites/default/files/publications/2019-05/living-with-persistent-pain-in-wales.pdf>
- ARMA 2018 Supported Self-Management for People with Arthritis and Musculoskeletal Conditions <http://arma.uk.net/wp-content/uploads/2018/07/supported-self-management-aug2018.pdf>
- Supporting adult carers (2020) NICE quality standard QS200 standard 2 – Working with carers
- Health Equity in England: The Marmot review 10 years on (2020) Institute of Health Equity
- NHS RightCare: Community Rehabilitation *Toolkit* 2020 NHS RightCare
- Rheumatoid arthritis in adults: management 2018 NICE clinical guideline CG 100 recommendation 1.3 Communication and education
- A Digital Framework for Allied Health Professionals (2019) NHS England
- The Topol Review: Preparing the healthcare workforce to deliver the digital future (2019) NHS Health Education England
- Informed Health and Care: A Digital Health and Social Care Strategy for Wales (2015) Welsh Government
- Digital health and care Scotland 2018. <https://www.digihealthcare.scot/wp-content/uploads/2018/04/25-April-2018-SCOTLANDS-DIGITAL-HEALTH-AND-CARE-STRATEGY-published.pdf>
- Osteoarthritis 2015 NICE quality standard QS87 standard 6 – Timing of review
- Rheumatoid arthritis in over 16s 2020 NICE quality standard QS33 standard 5 – Annual review
- Chartered Society of Physiotherapy's Code of Members' Professional Values and Behaviour (2019) Chartered Society of Physiotherapy, principles 1-4
- Standards of proficiency - Physiotherapists (2013) Health and Care Professions Council, standards 1-11 and 14

#### **Other evidence sources/resources**

Pearce G, Parke HL, Pinnock H, Epiphaniou E, Bourne CLA, Sheikh A, Taylor SJC The PRISMS taxonomy of self-management support: derivation of a novel taxonomy and initial testing of its utility *Journal of Health Services Research & Policy* 2016, Vol. 21(2) 73–82

Hutting N, Johnston V, Staal JB, Heerkens YF. Promoting the use of self-management strategies for people with persistent musculoskeletal disorders: The role of the physical therapist. *J Orthop Sports Phys Ther* 2019;49(4):212-215. doi:10.2519/jospt.2019.0605  
Universal Personalised Care: Implementing the Comprehensive Model (2019) NHS England

#### **What the quality statement means for a person with a musculoskeletal (MSK) condition**

Self-management helps people to manage their own MSK condition and well-being. Supported self-management means physiotherapists work with people to develop their ability to manage their own health and well-being by providing support tailored to their needs. People with an MSK condition will be involved in developing a self-management plan that is tailored to their needs. The plan will take into account the person's level of

willingness and ability to self-manage. A documented (written or digital) self-management plan will be provided. This will include information on how to self-manage and when and how to seek further help from health services or practitioners.

In addition, to specific self-management advice the patient with an MSK condition should be provided with information on where they can get help with self-management. This may include local groups, charities and organisations and also, if appropriate, digital resources such as websites and apps.

The self-management plan may involve family, peers, friends and communities of the person with an MSK condition, if the person wants them to be involved.

**What the quality statement means for commissioners/health boards/provider collaboratives**

Ensure that MSK physiotherapy services employ healthcare professionals with the expertise to co-create a personalised, evidence-based self-management plan with each person with an MSK condition to reduce dependency on services.

The self-management plan should be documented, readily accessible to the person with MSK conditions and include information on when and how to seek further help from the healthcare system.

## Quality standard 4: Communication

Communication with people with musculoskeletal conditions is offered in an accessible way, and information is personalised to their needs and preferences

- 4.1 Communication is personalised, accessible and timely in order to support shared decision making and management of the musculoskeletal condition
- 4.2 The physiotherapy workforce has communication skills appropriate to all settings and contexts
- 4.3 Provide information about what to expect of the MSK physiotherapy service and the available care pathways to allow people to navigate the healthcare system
- 4.4 Information giving should be provided in a suitable format for each person with musculoskeletal conditions, which they can access and understand
- 4.5 Utilise technology where appropriate taking into account access, digital literacy, needs and preferences
- 4.6 Family members, carers and other people chosen by the person are involved in communication and shared decision making as required

### Rationale

Communication is a two-way process and recognises that the person's needs and circumstances may change over time. Effective communication tailored to a person's needs and preferences, which they can understand and act on, ensures that they can be actively involved in shared decision making. Communication between health professionals or agencies should be shared with the patient. Shared decision making and self-management of long term or persistent MSK conditions is supported through high quality communication and should include risk and benefits of available management options, prognosis, care pathways and the health personnel involved. Communication should take account of health literacy and be tailored to the level of engagement of the person. The physiotherapy workforce should confirm that the person has heard and understands information by using tools such as 'teach back', 'show me' and 'chunk and check'. [[Health Education England \(2018\) Health literacy 'how to' guide](#)]

Communication is a critical skill for an effective person-centred service. The physiotherapy workforce should ensure they have adequate training in effective communication skills in line with recommended competency frameworks. All communication should be clearly documented as part of the patient record and any communication between health professionals and agencies shared with the patient. [[Health Education England \(2020\) Person-Centred Approaches: Empowering people in their lives and communities to enable an upgrade in prevention, wellbeing, health, care and support](#), [Health Education England, NHS England and Skills for Health \(2018\) MSK Core Competencies Framework for First Point of Contact Practitioners, Capability 1 – Communication](#), [Health Education England \(2020\) First Contact Practitioners and Advanced Practitioners in Primary Care: \(Musculoskeletal\) A Roadmap to Practice](#)]

For long-term conditions communication should take account of the stage of the condition and should be available on an on-going basis. Provision of a named contact or a dedicated helpline number can facilitate communication with the health care team [[Spondyloarthritis \(2018\) NICE quality standard QS170 standard 4 – Information, Low back pain and sciatica in over 16s \(2017\) NICE quality standard QS155 standard 3 – Self-management, OARSI guidelines for the non-surgical management of knee, hip, and polyarticular osteoarthritis \(2019\), EULAR \(2013\) recommendations for the non-pharmacological core management of hip and knee osteoarthritis](#)]

Accessible communication and information helps people make informed choices about the management of their health, can improve access to services, maximise health outcomes and reduce inequalities by promoting social inclusion. Information should be available in a range of formats, including Braille, translated material, large print and Easy Read. The information provided and the terminology/language used should be consistent across all personnel in the management pathway. [[NHS England Accessible Information and Communication Policy \(2016\), Welsh Government \(2019\) Living with persistent pain in Wales](#)]

Written and digital information provision should be used to supplement verbal information. Written information in plain English, in addition to verbal, ensures provision of consistent standardised information for patients, family members or carers, and can improve knowledge about the condition, its management and satisfaction. All sharing of information must adhere to data sharing regulations, such as General Data Protection Regulation (GDPR). [[Osteoarthritis: care and management \(2014\) NICE guideline CG177 recommendation 1.3 Education and self-management, Rheumatoid arthritis in adults: management \(2018\) NICE clinical guideline CG 100 recommendation 1.3 Communication and education, Low back pain and sciatica in over 16s: assessment and management \(2020\) NICE guideline NG59 recommendation 1.2.1 Self-management, Johnson A, et al. \(2003\) Written and verbal information versus verbal information only for patients being discharged from acute hospital settings to home. Cochrane Database of Systematic Reviews](#)]

Digital and online resources may facilitate communication. However, some sections of the population are more likely to be digitally excluded and consideration of how to avoid further exclusion is important. To minimise inequalities, access, digital literacy and communication preferences need to be taken into account and if required, additional support offered [[The Topol Review: Preparing the healthcare workforce to deliver the digital future \(2019\) NHS Health Education England](#)]

Family members, carers or other people chosen by the person should be involved in communication and information exchange when in line with the wishes of the person. Establish and regularly revisit preferences for communicating with and involving family, carers and other people chosen by the person as preferences may change. [[Patient experience in adult NHS services \(2019\) NICE quality standard QS15 standard 5 - Preferences for sharing information](#)]

## Source guidance

- Chartered Society of Physiotherapy 2021, COVID-19 rehabilitation standards: Rehabilitation of adults who are hospitalised due to acute COVID-19 or Long COVID: physiotherapy service delivery  
[https://www.csp.org.uk/system/files/publication\\_files/001745\\_Hospital%20Standards\\_A4\\_V10\\_3.pdf](https://www.csp.org.uk/system/files/publication_files/001745_Hospital%20Standards_A4_V10_3.pdf)
- NHS England Accessible Information and Communication Policy 2016  
<https://www.england.nhs.uk/wp-content/uploads/2016/11/nhse-access-info-comms-policy.pdf>
- Welsh Government (2019) Living with persistent pain in Wales  
<https://gov.wales/sites/default/files/publications/2019-05/living-with-persistent-pain-in-wales.pdf>
- Health Education England, NHS England and Skills for Health 2018 MSK Core Competencies Framework for First Point of Contact Practitioners, Capability 1 – Communication
- Health Education England 2020 First Contact Practitioners and Advanced Practitioners in Primary Care: (Musculoskeletal) A Roadmap to Practice
- Health Education England. Health literacy 'how to' guide. 2018  
<https://www.hee.nhs.uk/our-work/hospitals-primary-community-care/population-health-prevention/health-literacy/health-literacy-toolkit>
- Spondyloarthritis 2018 NICE quality standard QS170 standard 4 – Information
- Low back pain and sciatica in over 16s 2017 NICE quality standard QS155 standard 3 – Self-management
- OARSI guidelines for the non-surgical management of knee, hip, and polyarticular osteoarthritis 2019 <https://doi.org/10.1016/j.joca.2019.06.011>
- EULAR recommendations for the non-pharmacological core management of hip and knee osteoarthritis 2013 <http://dx.doi.org/10.1136/annrheumdis-2012-202745>
- Osteoarthritis: care and management 2014 NICE guideline CG177 recommendation 1.3 Education and self-management
- Rheumatoid arthritis in adults: management 2018 NICE clinical guideline CG 100 recommendation 1.3 Communication and education
- Low back pain and sciatica in over 16s: assessment and management 2020 NICE guideline NG59 recommendation 1.2.1 Self-management
- Johnson A, et al. Written and verbal information versus verbal information only for patients being discharged from acute hospital settings to home. Cochrane Database of Systematic Reviews 2003 DOI: 10.1002/14651858.CD003716
- Patient experience in adult NHS services 2019 NICE quality standard QS15 standard 5 - Preferences for sharing information
- The Topol Review: Preparing the healthcare workforce to deliver the digital future (2019) NHS Health Education England
- Chartered Society of Physiotherapy's Code of Members' Professional Values and Behaviour (2019) Chartered Society of Physiotherapy, principles 1-3
- Standards of proficiency - Physiotherapists (2013) Health and Care Professions Council, standards 2, 3, 5-10, 14

#### **Other evidence sources/resources**



<https://www.england.nhs.uk/personalisedcare/supported-self-management/>  
<https://gov.wales/sites/default/files/publications/2019-05/living-with-persistent-pain-in-wales.pdf>

Hutting N, Johnston V, Staal JB, Heerkens YF. Promoting the use of self-management strategies for people with persistent musculoskeletal disorders: The role of the physical therapist. *J Orthop Sports Phys Ther* 2019;49(4):212-215. doi:10.2519/jospt.2019.0605  
Universal Personalised Care: Implementing the Comprehensive Model (2019) NHS England

### **What the quality statement means for a person with a musculoskeletal (MSK) condition**

For a patient with an MSK condition, any communication with the physiotherapy service should be easy to access and understand. Accessible communication, that takes into account the person's needs and preferences, allows people with an MSK condition to be fully involved in their management. This should also include information to help the person to understand what to expect from the physiotherapy service and the management pathway. The management pathway is when more than one department or health practitioner is involved. Information from all departments and personnel should be consistent.

Communication may use technology, such as mobile phones, email and apps but will take into account the person's personal preferences for communication, access to and ability to use technology. Alternative communication methods will be used if needed. If the patient wishes, family members, carers and friends can be involved in communication and shared decision making as required.

### **What the quality statement means for commissioners/health boards/provider collaboratives**

Ensure communication between MSK physiotherapy services and people with MSK conditions is accessible, timely and personalised for each individual.

Ensure MSK physiotherapy services have arrangements in place for training and assessment of communications skills and competencies.

Ensure services use communication and information giving that is provided in a suitable format for each person with musculoskeletal conditions, which they can access and understand. This allows the person with MSK conditions to understand what to expect from the MSK physiotherapy service and the available care pathways to allow people to navigate the healthcare system.

## Quality standard 5: Integrated management pathways

### People with musculoskeletal conditions receive equitable, personalised management that is integrated across all relevant settings and services

- 5.1 Ensure people with musculoskeletal conditions have timely, equitable access to services based on their personalised physiotherapy plan
- 5.2 Personalised physiotherapy of musculoskeletal conditions is integrated and coordinated with clear and accurate information exchange between all relevant agencies and staff
- 5.3 Management delivered by multidisciplinary networks, which may include health, social care, community, third sector and leisure organisations, is based on the assessment and management plan
- 5.4 The physiotherapy workforce is aware of, and contributes to the development of, optimal management pathways, referral criteria, follow-up arrangements and urgent care pathways
- 5.5 People with lived experience of MSK conditions, the public and communities contribute to the development of management pathways

### Rationale

Management for people with MSK conditions is frequently multi-disciplinary and involves different services and settings. It is essential that management is based on the personalised plan, is equitable for all and is integrated and coordinated, with the management plan being effectively communicated at each transition point between settings and services.

Management of even common and simple conditions frequently involve more than one practitioner working in a single service. For example a person may have a consultation in primary care, followed by referral to hospital for investigations and then referral to a community service. Services may each provide high-quality care, but if they are not well coordinated may fail people moving between services through lack of accurate information exchange and delays in the management pathway. [[Patient experience in adult NHS services \(2019\) NICE quality standard QS15 standard 3 – Information exchange](#)]

Services should be configured to reflect the needs and preferences of the people who use them and should ensure that service provision and access is equitable for all including people who are socially excluded. Socially excluded people often have poor health outcomes, often much worse than the general population, and is a major contributor to health inequalities. A place-based approach recognises the importance of addressing wider determinants of health and can help local services and organisations to reduce health inequalities. [[Public Health England \(2021\) Inclusion health: applying All Our Health, Health Equity in England: The Marmot review 10 years on \(2020, Public Health England \(2019\) Place-based approaches for reducing health inequalities: main report](#)]

Physiotherapy management is based on triage, including assessment, diagnostics, screening and stratification and the needs assessment and subsequent personalised management

plan. Information about the appropriate management pathway for each person with MSK conditions should be communicated in accessible ways that the person can understand so that they can make informed decisions about their management and know which services they require, who they will see and why. [[Patient experience in adult NHS services \(2019\)](#) [NICE quality standard QS15 standard 2 – Contacts for ongoing care, NHS England \(2016\)](#) [Accessible Information and Communication Policy, Welsh Government \(2019\)](#) [Living with persistent pain in Wales](#)]

Clear pathways for timely, often urgent further referral and investigations, where serious MSK and non-MSK pathologies are suspected should be available and known to all of the physiotherapy workforce [[ARMA \(2020\) Urgent and Emergency Musculoskeletal Conditions Requiring Onward Referral](#)] As part of a safety netting approach, people at risk of serious conditions should be aware of symptoms to look out for and what action to take to ensure prompt review of their condition and rapid diagnosis and treatment. [[Greenhalgh et al \(2018\) Assessment and management of cauda equina syndrome. Musculoskeletal Science and Practice, Metastatic spinal cord compression in adults \(2014\) NICE quality standard QS56 standard 1 - Information about recognising the symptoms of metastatic spinal cord compression](#)] For long term conditions and those requiring specialist input the care pathway may be complex. This may include for instance, rapid access to specialist services for diagnosis, support for self-management, timely point of contact with specialist services for safety and relapse management (e.g. if the person experiences medication side effects) and recommended annual reviews. [[Spondyloarthritis \(2018\) NICE quality standard QS170 standard 1 – Referral and standard 4 - Information, Rheumatoid arthritis in over 16s \(2020\) NICE quality standard QS33 standard 1 – Referral and standard 4 – Rapid access to specialist care](#)]

Technology can facilitate coordinated care by allowing seamless and immediate transfer of patient information between services and practitioners. Physiotherapy services are key stakeholders and should be actively involved in digital developments that include their services and impact people with MSK conditions. Comprehensive digital platforms facilitate data sharing across services and ideally these will be ultimately join up all health and care services [[A Digital Framework for Allied Health Professionals \(2019\) NHS England, Informed Health and Care: A Digital Health and Social Care Strategy for Wales \(2015\) Welsh Government, Digital health and care Scotland \(2018\) <https://www.digihealthcare.scot/wp-content/uploads/2018/04/25-April-2018-SCOTLANDS-DIGITAL-HEALTH-AND-CARE-STRATEGY-published.pdf>](#)]

Physiotherapy services and the physiotherapy workforce have specialist expertise in MSK and should contribute to the definition, development and implementation of optimal management pathways, referral criteria, follow-up arrangements and urgent care pathways for people with MSK conditions.

Physiotherapy services must reflect, and should be coordinated around and tailored to, the needs and preferences of patients, their families and their carers [[NHS Constitution for England \(2012\)](#)] People with MSK conditions, the public and communities should contribute to the design and delivery of services and care management pathways to ensure these meet the needs of people needing to use MSK services. [[Next Steps on the Five Year Forward](#)]

[View \(2017\)\]](#) Co-production is one way of ensuring people with MSK conditions, carers and communities contribute to design of MSK services and pathways. Co-production acknowledges that people with ‘lived experience’ of a particular condition are often best placed to advise on what support and services will make a positive difference to their lives. [[Coalition for Personalised Care \(2020\) A Co-production Model](#), [Welsh Government \(2019\) Living with persistent pain in Wales](#)]

## Source guidance

- Patient experience in adult NHS services 2019 NICE quality standard QS15 standard 3 – Information exchange
- Public Health England 2021 Inclusion health: applying All Our Health <https://www.gov.uk/government/publications/inclusion-health-applying-all-our-health>
- Health Equity in England: The Marmot review 10 years on. 2020 [www.instituteofhealthequity.org/the-marmot-review-10-years-on](http://www.instituteofhealthequity.org/the-marmot-review-10-years-on)
- Public Health England 2019 Place-based approaches for reducing health inequalities: main report <https://www.gov.uk/government/publications/health-inequalities-place-based-approaches-to-reduce-inequalities/place-based-approaches-for-reducing-health-inequalities-main-report>
- Patient experience in adult NHS services 2019 NICE quality standard QS15 standard 2 – Contacts for ongoing care
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- Urgent and Emergency Musculoskeletal Conditions Requiring Onward Referral, ARMA 2020 <http://arma.uk.net/wp-content/uploads/2021/01/Urgent-emergency-MSK-conditions-requiring-onward-referral-2.pdf>
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- Metastatic spinal cord compression in adults [2014 NICE quality standard QS56 standard 1](#) - Information about recognising the symptoms of metastatic spinal cord compression
- Spondyloarthritis 2018 NICE quality standard QS170 standard 1 – Referral and standard 4 – Information
- Rheumatoid arthritis in over 16s 2020 NICE quality standard QS33 standard 1 – Referral and standard 4 – Rapid access to specialist care
- A Digital Framework for Allied Health Professionals (2019) NHS England
- Informed Health and Care: A Digital Health and Social Care Strategy for Wales (2015) Welsh Government
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- NHS Constitution for England 2012 <https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england>

- Next Steps on the Five Year Forward View 2017 <https://www.england.nhs.uk/wp-content/uploads/2017/03/NEXT-STEPS-ON-THE-NHS-FIVE-YEAR-FORWARD-VIEW.pdf>
- Coalition for Personalised Care 2020 A Co-production Model <https://coalitionforpersonalisedcare.org.uk/wp-content/uploads/2020/10/C4CC-Co-production-Model.pdf>,
- Welsh Government (2019) Living with persistent pain in Wales <https://gov.wales/sites/default/files/publications/2019-05/living-with-persistent-pain-in-wales.pdf>
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- Standards of proficiency- Physiotherapists (2013) Health and Care Professions Council, standards 1-11 and 14

### **What the quality statement means for a person with a musculoskeletal (MSK) condition**

People with MSK conditions should receive personalised physiotherapy based on their management plan. Management pathways for many people with MSK conditions will involve more than one department, service or health care practitioner. Where the pathway does involve more than one department or practitioner management will be coordinated across the pathway. In addition, timely and accurate information will be exchanged between services and practitioners.

The physiotherapy workforce should be involved in developing management pathways for patients with MSK conditions. Patients, the public and communities should also have the opportunity to contribute to developing management pathways.

### **What the quality statement means for commissioners/health boards/provider collaboratives**

Commission /provide MSK physiotherapy services that provide equitable, personalised management for all people with MSK conditions that is integrated and coordinated across all settings and services.

Ensure management is delivered by appropriate multi-disciplinary networks, which may include health, social care, community, third sector and leisure organisations.

The physiotherapy workforce is able to contribute to the development of optimal management pathways, referral criteria, follow-up arrangements and urgent care pathways.

People with lived experience of MSK conditions, the public and communities are involved in the development of management pathways and commissioning decisions for MSK conditions

## Quality standard 6: Population health

The physiotherapy workforce is aware of and engages in delivering population health priorities and in promoting preventative MSK strategies to optimise health and well-being and address inequalities.

- 6.1 The physiotherapy workforce is aware of and works in partnership to deliver local, regional and national population health priorities
- 6.2 The physiotherapy workforce identifies risks of poor health to promote prevention and address health inequalities
- 6.3 The physiotherapy workforce utilises evidence-based approaches to actively promote good health and well-being
- 6.4 MSK physiotherapy services promote the importance of lifestyle factors necessary for good long term MSK health to people with MSK conditions and organisations
- 6.5 MSK physiotherapy services work in partnership with other organisations and agencies to optimise long term MSK health for their communities
- 6.6 The physiotherapy workforce utilises digital and innovative health interventions, when appropriate, to improve health in the population

### Rationale

Population health involves enabling people to develop control over and improve their own health and wellbeing. Although people are living longer they can spend years in poor health. Although, lifestyle factors do not cause MSK conditions or comorbidities there is a lot that individuals can do to increase their chances of a healthy life, including taking regular exercise, eating a healthy diet, not smoking and limiting consumption of alcohol. MSK conditions are common and frequently contribute to multi-morbidity. With an ageing population combined with poor physical activity and rising obesity levels the number of people living with MSK conditions is set to increase and continue to rise. There is a need to move from a model where MSK problems are only addressed as they arise to a model where good MSK health is promoted throughout life and by multiple agencies. The physiotherapy workforce needs to actively engage in contributing to the development and delivery of local, regional and national public health priorities. [[Musculoskeletal health: applying All Our Health \(2021\)](#), [Department of Health and Social Care \(2018\) Prevention is better than cure](#), [ARMA \(2017\) Physical activity and MSK health](#), [Public Health England \(2019\) MSK Health: A 5 year strategic framework for prevention across the life course](#), [Versus Arthritis \(2014\) Musculoskeletal health: A public health approach](#), [Department of Health and Social Care \(2019\) UK Chief Medical Officers' Physical Activity Guidelines](#), [Bull et. al. \(2020\) World Health Organization \(2020\) guidelines on physical activity and sedentary behaviour](#), [Rausch Osthoff A-K et al.\(2018\) EULAR recommendations for physical activity in people with inflammatory arthritis and osteoarthritis](#)]

Health inequalities and social determinants of health highlight differences in many of the factors that are recommended for maintaining health and well-being throughout life and in achieving optimum outcomes from healthcare. There is a disparity in cardiovascular risk

factors, smoking, substance abuse, mental health and environmental factors. In addition, moving away from health risks is more challenging for those with challenging economic and social circumstances such as homelessness, poor housing and poverty. [Health Equity in England: The Marmot review 10 years on (2020) [www.instituteofhealthequity.org/the-marmot-review-10-years-on](http://www.instituteofhealthequity.org/the-marmot-review-10-years-on)]

Traditionally population health was the remit of public health departments and personnel. In the current climate of increasing demands and the rise of conditions linked to lifestyle and social determinants of health, all healthcare providers and staff have an important role to play in health promotion. The physiotherapy workforce should be aware of obstacles to behaviour change and provide information on lifestyle factors when appropriate and in a timely manner when the person with MSK is receptive to such information. Involvement of other agencies or services may be needed to support people to make lifestyle changes. Evidence compiled from systematic reviews by National Voices has shown that opportunistic advice from health professionals increases physical activity, uptake of preventative procedures, improved diet and reduced smoking and alcohol consumption. Making Every Contact Count (MECC) is designed to ensure consistent healthy lifestyle information is delivered with routine health interactions and draws on behaviour change evidence for brief interventions. MECC can also help to address health inequalities by identifying opportunities for healthy living across a range of interactions with the NHS. The physiotherapy workforce should consider wider determinants of health and the impact on disparities in care and outcomes as part of the personalised assessment and co-created management plan. Services should contribute to and utilise place-based approaches that take into account complex interaction between factors influencing inequalities (e.g. deprivation, protected characteristics, socially excluded groups, geography). [National Voices (2014) Promoting prevention, Public Health England/Royal Society for Public Health (2020) Everyday interactions: Measuring the public health impact of healthcare professionals, Public Health England (2016) Making Every Contact Count]

Partnership between MSK physiotherapy services, other health providers, leisure services and the voluntary/charitable sector has a key role in optimising health and can be particularly valuable in reducing health inequalities as some groups may access leisure services or the voluntary/charitable sector when they may not access health services. Social prescribing may lead to improved health and well-being outcomes and support people to reduce health risks and improve their chances of a healthy life. Social prescribing may also help reduce burden on the health providers, but further work is needed to build evidence on the benefits and costs of social prescribing. In addition, the impact of social prescribing depends on the availability and reach of leisure services and voluntary/charitable facilities. The physiotherapy workforce can help by developing a knowledge of available leisure/voluntary/charitable services and social prescribing opportunities for support and how to signpost people to social prescribing link workers. [NHSE Partnerships and relationships <https://www.england.nhs.uk/ourwork/part-rel/>, What Works Scotland (2015), Partnership working across UK public services, Kings Fund (2020) What is social prescribing?, NHS England (2020) Social prescribing and community based support, National Academy for Social Prescribing]

Increasingly a population health approach to MSK health is being recognised as important as MSK conditions are common and increasingly so as the population ages. Ensuring consistent messages on how to maintain good MSK health throughout life will reduce the number of people developing MSK conditions as well as optimising the management of people who have developed MSK conditions. Physiotherapists are experts in MSK health and preventative approaches, such as physical activity and exercise and should be active in advocating a population health approach for MSK conditions. [[Versus Arthritis \(2014\) Musculoskeletal health: A public health approach](#), [Rausch Osthoff A-K et al.\(2018\) EULAR recommendations for physical activity in people with inflammatory arthritis and osteoarthritis](#)] Several physiotherapy-led interventions have shown a financial Return on Investment and reduce demand on the health and social care system. [[Public Health England \(2017\) Return on investment of interventions for the prevention and treatment of musculoskeletal conditions](#)] In addition, MSK physiotherapy service design should be informed by public health data and co-produced with people with MSK conditions, their families and carers.

Advances in technology mean that innovative and digital health interventions are becoming increasingly available. Digital health interventions are a useful addition for encouraging healthy lifestyle choices and are an adjunct to existing services. Physiotherapy services should contribute to and promote digital health platforms for providing MSK population health messages to colleagues, patients and public, whilst ensuring barriers to digital inclusion do not increase inequalities. Digital inclusion takes into account access to technology and an individual's ability and preference to use digital tools. [[Behaviour change: digital and mobile health interventions 2020 NICE guideline NG183 recommendation 1.3 Using digital and mobile health interventions](#), [Public Health England 2019 Musculoskeletal Health: 5-year strategic framework for prevention across the life course](#)]

### Source guidance

- Musculoskeletal health: applying All Our Health 2021  
<https://www.gov.uk/government/publications/musculoskeletal-health-applying-all-our-health/musculoskeletal-health-applying-all-our-health>
- Department of Health and Social Care 2018 Prevention is better than cure  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/753688/Prevention\\_is\\_better\\_than\\_cure\\_5-11.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/753688/Prevention_is_better_than_cure_5-11.pdf)
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- Department of Health and Social Care 2019 UK Chief Medical Officers' Physical Activity Guidelines



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- Bull et. al. World Health Organization 2020 guidelines on physical activity and sedentary behaviour British Journal of Sports Medicine 2020;54:1451-1462
- Rausch Osthoff A-K, Niedermann K, Braun J, et al. 2018 EULAR recommendations for physical activity in people with inflammatory arthritis and osteoarthritis. Ann Rheum Dis 2018;77:1251–1260 2018
- Health Equity in England: The Marmot review 10 years on. 2020 [www.instituteofhealthequity.org/the-marmot-review-10-years-on](http://www.instituteofhealthequity.org/the-marmot-review-10-years-on)]
- National Voices 2014 Promoting prevention [https://www.nationalvoices.org.uk/sites/default/files/public/publications/promoting\\_prevention.pdf](https://www.nationalvoices.org.uk/sites/default/files/public/publications/promoting_prevention.pdf)
- Public Health England/Royal Society for Public Health 2020 Everyday interactions: Measuring the public health impact of healthcare professionals <https://www.rsph.org.uk/static/uploaded/cdff6f4f-7496-4d6b-80f759301c02f0c0.pdf>
- Public Health England 2016 Making Every Contact Count <https://www.england.nhs.uk/wp-content/uploads/2016/04/making-every-contact-count.pdf>]
- NHSE Partnerships and relationships <https://www.england.nhs.uk/ourwork/part-rel/>
- What Works Scotland 2015, Partnership working across UK public services <http://whatworksscotland.ac.uk/wp-content/uploads/2015/12/WWS-Evidence-Review-Partnership-03-Dec-2015-.pdf>
- Kings Fund 2020 What is social prescribing? <https://www.kingsfund.org.uk/publications/social-prescribing#what-is-it>
- NHS England 2020 Social prescribing and community based support <https://www.england.nhs.uk/wp-content/uploads/2020/06/social-prescribing-summary-guide-updated-june-20.pdf>,
- National Academy for Social Prescribing <https://socialprescribingacademy.org.uk/about-us/what-is->
- Public Health England (2017) Return on investment of interventions for the prevention and treatment of musculoskeletal conditions [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/670211/musculoskeletal\\_conditions\\_return\\_on\\_investment\\_final\\_report.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/670211/musculoskeletal_conditions_return_on_investment_final_report.pdf)
- Behaviour change: digital and mobile health interventions 2020 NICE guideline NG183 recommendation 1.3 Using digital and mobile health interventions

### **What the quality statement means for a person with a musculoskeletal (MSK) condition**

Physiotherapy services should actively promote good health and well-being for people with MSK conditions and the local community. This includes the role of lifestyle choices which can affect health and well-being and MSK conditions. Lifestyle choices that can contribute to health and well-being include diet, weight management, physical activity and smoking.

Lifestyle factors can differ between various groups of people and can lead to inequalities in health and well-being. The physiotherapy service will use population health information and

work with people with MSK conditions to re-design MSK physiotherapy services. The physiotherapy workforce will use opportunities to promote lifestyle choices that will benefit a person with an MSK condition. They will also work in partnership with organisations to ensure long term MSK health is recognised as an important part of population health.

The physiotherapy service may suggest digital (mobile phone, email, apps, websites) to improve health in the local community, but will ensure those with limited digital access or knowledge are not disadvantaged.

**What the quality statement means for commissioners/health boards/provider collaboratives**

Commission/provide MSK physiotherapy services that have evidence of engagement in and delivery of population health priorities and preventative MSK strategies, working in partnership with other agencies as appropriate.

Ensure MSK physiotherapy services utilise evidence-based approaches to promoting good health and well-being.

Ensure services are involved in developing strategies and programmes to optimise long term MSK health for their communities.

## Quality standard 7: Evaluation, audit and research

MSK physiotherapy services use data to undertake evaluation, audit, research and quality improvement to understand the needs of people with MSK conditions, improve the quality of services, optimise outcomes and experience and address inequalities.

- 7.1 MSK physiotherapy services use data to understand the needs of people with MSK conditions, assess quality of service delivery, measure patient outcomes and experience, and monitor for inequalities
- 7.2 Data is collected for a specific purpose and collection, analysis and reporting are planned.
- 7.3 MSK physiotherapy services have robust systems of measurement, monitoring and audit that, where appropriate, are standardised to enable quality improvement and contribute to regional and national interpretation
- 7.4 MSK physiotherapy services work in partnership with people with MSK conditions to evaluate, improve and redesign services and pathways
- 7.5 Good practice and lessons learnt are shared locally, regionally, nationally and internationally
- 7.6 MSK physiotherapy services are evidence-based, integrating research/evaluation findings into practice

### Rationale

The collection of data and use of audit, evaluation and research to understand the needs, experiences and outcomes of people with MSK conditions, the quality of MSK service delivery and to monitor for inequalities is essential to transform and sustain services and reduce health inequalities. Data should be collected at baseline and at other appropriate timepoints. Monitoring of health outcomes and wider determinants of health through data collection will further improve knowledge of health inequalities. This will improve understanding of aspects of equity, such as access, process and outcomes, in order to develop equitable MSK physiotherapy services.

These methods should inform a systematic quality improvement culture to improve quality of care and outcomes for patients and reduce unwarranted variation between services. Data collection, analysis and reporting are burdensome for services and those using them and so data collection must serve a specific purpose. This may be a specific evaluation or research question or to address a quality improvement priority. Data collection may be time limited or on-going dependent on the purpose.

[Kings Fund 2017 [Making the case for quality improvement: lessons for NHS boards and leaders](#), The Health Foundation (2021) [Quality improvement made simple: What everyone should know about healthcare quality improvement](#)]

MSK physiotherapy services must reflect, and should be coordinated around and tailored to, the needs and preferences of patients, their families and their carers [NHS Constitution for England (2012)] Co-production acknowledges that people with 'lived experience' of MSK conditions have a unique contribution to make in developing and evaluating services and

involves working in equal partnership with people who use physiotherapy services, carers and communities to develop, deliver, monitor, evaluate and improve services. People who have a lived experience of MSK conditions should be involved throughout all stages of evaluation, as well as in service design and development. [Coalition for Personalised Care (2020) A Co-production Model, Welsh Government (2019) Living with persistent pain in Wales] Co-production with seldom heard groups gives voice to people who may have previously been considered hard to reach. It helps to develop inclusive participation and enable people to feel more involved with the services they use [Social Care Institute for Excellence (2008) Co-production with seldom heard groups]

Robust systems of measurement and monitoring, including national datasets, such as the Community Services Dataset and NHS Rightcare MSK data can help identify and address gaps in MSK service provision and initiate quality improvement programmes. [NHS Rightcare MSK workstream, <https://www.england.nhs.uk/rightcare/workstreams/musculoskeletal-msk/>] Further standardised MSK datasets are in development to identify and address unwarranted variation in MSK services using metrics of demographic factors, clinical factors, employment factors, MSK health status, patient experience measures, and healthcare utilisation (economic factors). Versus Arthritis has developed a recommended indicator set, which should be used when planning data collection for one of the included dimensions [<https://www.versusarthritis.org/about-arthritis/healthcare-professionals/professional-network-and-clinical-updates/network-news/september-2020-network-news/standardising-data-in-community-and-primary-care-msk-services/>, Versus Arthritis Recommended musculoskeletal indicator set]

Standardised data collection facilitates national and regional comparison of MSK services. This allows sharing of good practice and identifies areas for quality improvement and informs future MSK pathways. The physiotherapy workforce needs to be aware of and engage in data collection at a local, regional and national level. Physiotherapists working at advanced practice level or in first contact roles should be able to demonstrate critical evaluation of practice to ensure it is evidence-based. This should include an understanding and engagement in data collection and analysis to inform patient experience, improving quality of care, service delivery and addressing health inequalities. [Health Education England (2017) Multi-professional framework for advanced clinical practice in England, National Leadership and Innovation Agency for Healthcare (2010) Framework for Advanced Nursing, Midwifery and Allied Health Professional Practice in Wales, Dept of Health, Northern Ireland (2019) Advanced AHP Practice Framework. Guidance for supporting advanced allied health professions practice in health and social care, NHS Education for Scotland (undated) Nursing, midwifery and allied health professionals (NMAHP) development framework. Maximising potential and impact at every level of practice, Health Education England, NHS England and Skills for Health (2018) MSK Core Competencies Framework for First Point of Contact Practitioners, Capability 14. Evidence-based practice and service development, International Federation of Orthopaedic Manipulative Physical Therapists (IFOMPT) Inc. (2016) Educational standards in Orthopaedic manipulative therapy Dimension 1: Demonstration of critical and evaluative evidence informed practice and Dimension 9: Demonstration of a critical understanding and application of the process of research]

There is a rapidly increasing evidence base for the physiotherapy-led management for MSK conditions and service evaluation projects where implementation of evidence into practice has been shown to improve patient outcomes and deliver more efficient use of resources. Management of people with MSK conditions should be evidence-based, which means the integration of best research evidence, individual clinical expertise and patient choice.

[Chartered Society of Physiotherapy, Evidence-based practice

<https://www.csp.org.uk/professional-clinical/clinical-evidence/evidence-based-practice>]

The physiotherapy profession is ideally placed to contribute to the evidence base for MSK conditions and should be supported to participate in evaluation and research, in the development of guidelines and standards and to share evidence of learning and best practice locally, nationally and internationally. [NIHR Dissemination Centre (2018) Moving Forward: Physiotherapy for Musculoskeletal Health and Wellbeing, The AHSN Network, Musculoskeletal, Falls, Fractures & Frailty]

### Source guidance

- Kings Fund (2017) Making the case for quality improvement: lessons for NHS boards and leaders. <https://www.kingsfund.org.uk/publications/making-case-quality-improvement>
- The Health Foundation (2021) Quality improvement made simple: What everyone should know about healthcare quality improvement. <https://www.health.org.uk/sites/default/files/QualityImprovementMadeSimple.pdf>
- NHS Constitution for England 2012 <https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england>
- Coalition for Personalised Care 2020 A Co-production Model <https://coalitionforpersonalisedcare.org.uk/wp-content/uploads/2020/10/C4CC-Co-production-Model.pdf>,
- Welsh Government (2019) Living with persistent pain in Wales <https://gov.wales/sites/default/files/publications/2019-05/living-with-persistent-pain-in-wales.pdf>
- Social Care Institute for Excellence (2008) Co-production with seldom heard groups <https://www.scie.org.uk/co-production/people/seldom-heard/>
- NHS Rightcare MSK workstream <https://www.england.nhs.uk/rightcare/workstreams/musculoskeletal-msk/>
- Standardising data in community and primary care MSK services, <https://www.versusarthritis.org/about-arthritis/healthcare-professionals/professional-network-and-clinical-updates/network-news/september-2020-network-news/standardising-data-in-community-and-primary-care-msk-services/>
- Versus Arthritis Recommended musculoskeletal indicator set <https://www.versusarthritis.org/media/2125/recommended-msk-indicator-set-report.pdf>
- Health Education England (2017) Multi-professional framework for advanced clinical practice in England. <https://www.hee.nhs.uk/sites/default/files/documents/Multi->

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- Chartered Society of Physiotherapy, Evidence-based practice. <https://www.csp.org.uk/professional-clinical/clinical-evidence/evidence-based-practice>
- NIHR Dissemination Centre 2018 Moving Forward: Physiotherapy for Musculoskeletal Health and Wellbeing
- The AHSN Network, Musculoskeletal, Falls, Fractures & Frailty <https://www.ahsnnetwork.com/wp-content/uploads/2018/02/MSK-Falls-Fractures-Frailty-AHSN-summary-cover-with-text.pdf>
- Chartered Society of Physiotherapy's Code of Members' Professional Values and Behaviour (2019) Chartered Society of Physiotherapy, principles 1-4
- Standards of proficiency- Physiotherapists (2013) Health and Care Professions Council, standards 2, 5-7, 9-12 and 14

### **Other evidence sources/resources**

A framework to evaluate musculoskeletal models of care. <http://arma.uk.net/wp-content/uploads/2016/07/Framework-to-Evaluate-Musculoskeletal-Models-of-care.pdf>

### **What the quality statement means for a person with a musculoskeletal (MSK) condition**

To ensure the best service and care is available, physiotherapy services should be actively involved in evaluating their service through quality improvement, evaluation, audit and research. This means measuring important aspects of the service, such as what patients

think about the service they receive and whether patients meet the goals of their management plan. This can then be used to identify areas for improving the service or for using treatments and procedures which have been seen to work.

People with an MSK condition have important and unique knowledge about MSK conditions and services and should be involved in evaluation and in improving and redesigning services and pathways.

Physiotherapy services should share examples of good practice with other departments and organisations. Services for people with MSK conditions should always be informed by best practice and evidence.

Physiotherapy services should make sure that evaluation, audit and research findings are part of everyday practice.

### **What the quality statement means for commissioners/health boards/provider collaboratives**

Commission/provide MSK physiotherapy services that use and can provide data to understand the needs of people with MSK conditions, assess quality of service delivery, measure patient outcomes and experience, and monitor for inequalities. There are robust systems of measurement, monitoring and audit to enable quality improvement and contribute to regional and national projects. Reporting of findings is transparent and good practice and lessons learnt are shared.

Ensure services have evidence of working in partnership with people with lived experience of MSK conditions to evaluate, improve and redesign services and pathways

Ensure MSK physiotherapy services are evidence-based, integrating research/evaluation findings into practice.

## Quality standard 8: Clinical governance

MSK physiotherapy services have a clinical governance framework with a supporting set of operational policy and procedure documents to implement and monitor clinical governance

- 8.1 The physiotherapy workforce is familiar with the clinical governance framework of their organisation and any MSK physiotherapy service specific elements
- 8.2 Each physiotherapy staff member is aware of their individual responsibilities within the clinical governance framework
- 8.3 MSK physiotherapy services have a set of standard operating procedures to support the monitoring and implementation of the clinical governance framework
- 8.4 MSK physiotherapy services have a planned programme of clinical audits and/or service evaluations to compare performance against set standards and to direct continuous quality improvement
- 8.5 People with lived experience of MSK conditions, the public and communities contribute to the development of policy, planning and procedures

Clinical governance was originally defined as ‘a system through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which clinical excellence will flourish’.

[Scally G, Donaldson LJ. Clinical governance and the drive for quality improvement in the new NHS in England. *BMJ* (1998) 317(7150): 61–65. doi: [10.1136/bmj.317.7150.61](https://doi.org/10.1136/bmj.317.7150.61)]

Although initially defined for the NHS, clinical governance is an essential feature of any healthcare organisation and is key to continuous quality improvement, encompassing quality assurance, quality improvement and risk and incident management. Clinical governance ensures a safe and effective healthcare environment for both patients and staff. It also ensures that the MSK physiotherapy workforce have the right knowledge, skills and capabilities to provide high quality MSK physiotherapy.

Successful implementation of the organisational and physiotherapy service clinical governance framework depends on staff at many levels throughout an organisation. MSK physiotherapy services and staff should be familiar with the clinical governance framework of their organisation and any service specific elements of the framework. Each member of staff should understand their individual responsibility for implementing the framework. A culture should be fostered in MSK physiotherapy services that promotes the importance of continuous quality improvement through effective clinical governance.

Multidisciplinary teams within or across multiple provider organisations should have a clinical governance framework that enables a shared assurance of quality. [Pearson B. (2017) The clinical governance of multidisciplinary care. *International Journal of Health Governance*, Vol. 22 No. 4, pp. 246-250. <https://doi.org/10.1108/IJHG-03-2017-0007>]

Clinical governance has seven different pillars, which together form the basis for a clinical governance framework. The seven pillars are:



- Risk management: to understand, monitor and minimise risks to patients and staff. This includes reporting of critical incidents, protocols, risk assessments, policies and procedures (e.g. health and safety, mandatory training, lone working)
- Education, training and CPD: it is essential staff continually update their knowledge to provide the best care possible. Education and training needs for each physiotherapy staff member are informed by regulatory and mandatory training requirements, staff appraisals and relevant competency frameworks.
- Patient and carer experience and involvement – this is integral in several of the MSK physiotherapy standards but is a key part of clinical governance in ensuring people with a lived experience of MSK conditions, the public and communities contribute to the development of policy, planning and procedures.
- Information management and IT: Information held on patients and staff should always be up to date and correct on any systems used. Confidentiality is assured through correct storage and management of data. IT systems should be secure in line with current IT requirements. Accurate record keeping, recording of all communications and ensuring all exchange of information is GDPR compliant is part of information management.
- Clinical effectiveness: MSK physiotherapy practice is evidence-based to provide the best experience and outcomes for patients. As described within the previous standards evidence-based practice is the integration of best research evidence, individual clinical expertise and patient choice. [Chartered Society of Physiotherapy, Evidence-based practice <https://www.csp.org.uk/professional-clinical/clinical-evidence/evidence-based-practice>]. Best research evidence includes NICE clinical guidelines, SIGN clinical guidance, systematic reviews and studies using methods such as randomised controlled trials, observational studies, cost benefit analyses and qualitative investigations.
- Clinical audit and evaluation: Audits and service evaluations are carried out to monitor the quality of MSK physiotherapy. Audits and service evaluations measure against set standards or guidelines, which identifies areas to be targeted for improvement. Improvements are assessed by repeating the audit or service evaluation.
- Staffing and staff management – leadership, staffing levels and skill mix, scope of practice, mandatory training, orientation/induction, active involvement of staff in data collection, audit, quality improvement.

A clinical governance framework supports all aspects of delivering on the Care Quality Commission (CQC) key lines of enquiry. [Care Quality Commission, What we do. <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/five-key-questions-we-ask>] This is underpinned by Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 17 – Good governance. [<https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-17-good-governance>]

As a result, all MSK physiotherapy services should aim to meet the requirements of the Care Quality Commission in England or the respective devolved countries' equivalent organisations [Healthcare Inspectorate Wales <https://hiw.org.uk>, Care Inspectorate Scotland <https://www.careinspectorate.com>, Regulation and Quality Improvement Authority Northern Ireland <https://www.rqia.org.uk>], even if not currently required to register with the relevant regulatory organisation.

## Source guidance

- Scally G, Donaldson LJ. Clinical governance and the drive for quality improvement in the new NHS in England. *BMJ* (1998) 317(7150): 61–65.  
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- Pearson B. (2017) The clinical governance of multidisciplinary care. *International Journal of Health Governance*, Vol. 22 No. 4, pp. 246-250. <https://doi.org/10.1108/IJHG-03-2017-0007>
- Chartered Society of Physiotherapy, Evidence-based practice <https://www.csp.org.uk/professional-clinical/clinical-evidence/evidence-based-practice>
- Care Quality Commission, what we do. <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/five-key-questions-we-ask>
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 17 – Good governance <https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-17-good-governance>
- Healthcare Inspectorate Wales <https://hiw.org.uk>
- Care Inspectorate Scotland <https://www.careinspectorate.com>
- Regulation and Quality Improvement Authority Northern Ireland <https://www.rqia.org.uk>
- Chartered Society of Physiotherapy’s Code of Members’ Professional Values and Behaviour (2019) Chartered Society of Physiotherapy, principles 1-4
- Standards of proficiency- Physiotherapists (2013) Health and Care Professions Council, standards 1-11 and 14

### **What the quality statement means for a person with a musculoskeletal (MSK) condition**

Clinical governance is a system through which healthcare organisations are accountable for continuously improving the quality of their services. It ensures a safe and effective healthcare environment for both patients and staff.

Physiotherapy staff should be familiar with the organisation’s clinical governance framework and the policies and procedures of the MSK physiotherapy service. They should also know their individual responsibility in implementing clinical governance.

People with lived experience of MSK conditions, the public and communities should have the opportunity to contribute to the development of policy, planning and procedures.

### **What the quality statement means for commissioners/health boards/provider collaboratives**

Commission/provide MSK physiotherapy services that can evidence adherence to the organisation’s clinical governance framework.

Ensure that MSK physiotherapy services have a set of policies, procedures and standard operating procedures to support the monitoring and implementation of the clinical governance framework.

Ensure MSK physiotherapy services have an on-going programme of audits/service evaluations to monitor performance and drive continuous quality improvement.

## Quality measures

Quality measures are intended as a tool for services to examine the quality of their service and identify areas for quality improvement initiatives. Included in this section are recommended quality measures that aim to improve the structure, process and outcomes of MSK physiotherapy services. There is a measure of structure, process and outcome for each of the eight standards. These 24 measures form version 1.0 (**date to be added when finalised**) of the CSP MSK musculoskeletal physiotherapy standards audit tool. The audit tool can be used to assess the overall quality of a MSK physiotherapy service. It can be repeated at appropriate intervals to monitor the progress of quality improvement over time.

Additionally, services may want to focus on just one standard especially if this has been identified as an area for improvement. Depending on local requirements and the quality improvement aim there are numerous quality measures that could be used. For example, a service may use one of the quality measures recommended here or identify a quality measure for one or more individual criteria of a single standard.

**Example quality measures** *Please note: the quality measures below are examples only. The actual quality measures will be finalised following consultation on the standards*

### **Quality standard 1: Assessment, diagnosis, management planning and review**

People presenting with musculoskeletal (MSK) conditions are offered timely, comprehensive, holistic assessment of the MSK condition and their needs, involving shared decision-making, to develop a personalised physiotherapy plan with outcome measures

#### **Structure**

Evidence of local arrangements to ensure that people age 16 years or over with MSK conditions have an assessment that includes physical, psychological and social/work needs.

*Data source: local policies/procedures*

#### **Process**

Proportion of people assessed with MSK conditions have an assessment that includes physical, psychological and social/work needs.

Numerator – the number in the denominator who have an assessment that includes an assessment that includes physical, psychological and social/work needs.

Denominator – the number of adults assessed for an MSK condition.

*Data source: record review*

#### **Outcome**

Patients with MSK report that their needs are being met

*Data source: patient survey*

### **Quality standard 2: Personalised physiotherapy**

People presenting with musculoskeletal conditions are offered personalised, equitable and timely physiotherapy tailored to their individual needs, preferences and goals.

### **Structure**

Evidence that MSK physiotherapy is tailored to people's needs and preferences.

*Data source: record review*

### **Process**

Proportion of people with care tailored to their needs and preferences, taking into account their circumstances, their ability to access services and their coexisting conditions.

Numerator – the number of people in the denominator whose care was tailored to their needs and preferences, taking into account their circumstances, their ability to access services and their coexisting conditions.

Denominator – the number of people accessing the MSK physiotherapy service.

*Data source: patient survey*

### **Outcome**

People with MSK conditions are being involved in decisions about their care

*Data source: patient survey*

## **Quality standard 3: Supported self-management**

People presenting with musculoskeletal conditions are offered supported self-management as part of the management plan to recognise and develop their capability to manage their own health and wellbeing

### **Process**

Proportion of people assessed with a MSK condition who have a documented self-management plan.

Numerator – the number in the denominator who have a documented self-management plan.

Denominator – the number of people assessed with a MSK condition.

*Data source: record review*

### **Outcome**

People with MSK conditions feel confident to manage their condition

*Data source: patient survey*

## **Quality standard 4: Communication**

Communication with people with musculoskeletal conditions is offered in an accessible way, and information is personalised to their needs and preferences

**Structure**

Evidence of local arrangements to provide communication skills training for staff.

*Data source: local policies e.g. training record*

**Quality standard 5: Integrated management pathways**

People with musculoskeletal conditions receive equitable, personalised management that is integrated across all relevant settings and services

**Structure**

Local evidence that MSK physiotherapy is integrated with the rest of the MSK pathway.

*Data source: local evidence from MSK pathways*

**Quality standard 6: Population health**

The physiotherapy workforce is aware of and engages in delivering population health priorities and in promoting preventative MSK strategies to optimise health and well-being and address inequalities

**Process**

Proportion of people assessed with a MSK condition who have been advised on physical activity/exercise to optimise their MSK health.

Numerator – the number in the denominator who have a documented advice on physical activity/exercise.

Denominator – the number of people receiving MSK physiotherapy.

*Data source: Record review*

**Quality standard 7: Evaluation, audit and research**

MSK physiotherapy services use data to undertake evaluation, audit, research and quality improvement to understand the needs of people with MSK conditions, improve the quality of services, optimise outcomes and experience and address inequalities

**Structure**

Local evidence of collection of patient reported outcomes measures (PROMS) and patient reported experience measures (PREMS).

*Data source: Local policies/procedures*

**Quality standard 8: Clinical governance**

MSK physiotherapy services have a clinical governance framework with a supporting set of operational policy and procedure documents to implement and monitor clinical governance

**Structure**

Local evidence of policies/procedures/SOPs to support implementation and monitoring of clinical governance framework.

*Data source: local policies/procedures*