Musculoskeletal physiotherapy service standards

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

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Introduction

This document describes eight quality standards that support the development and delivery of high quality musculoskeletal (MSK) physiotherapy services in the public and 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 patients, 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 requiring physiotherapy for a MSK condition, their families and carers. These standards cover personalised, evidence-based 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 health education standards, competency frameworks and workforce guidelines as well as 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 The National Institute for Health and Care Excellence (NICE) guidance, policy documents and Cochrane systematic reviews. They have been developed in collaboration with a working group consisting of MSK researchers, service managers and clinical leads, a public representative and through consultation with multiple stakeholders.

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/continuing professional development (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 are these quality standards needed?

MSK conditions 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. MSK conditions 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 *https://evidence.nihr.ac.uk/wp-content/uploads/2020/03/Moving-Forward.pdf,* Moving Forward: A guide for the public on the latest physiotherapy research for the health and wellbeing of people with muscle, bone and joint pain *https://evidence.nihr.ac.uk/wp-content/uploads/2020/09/Moving-Forward-FINAL-August-2020_Pages.pdf,* 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)*

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

Quality measures

The quality measures that follow the standards aim to support the improvement of the structure (attributes of the service), process (how processes work to deliver a desired outcome) and outcomes (the impact on people with MSK) 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, 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)* and the MSK Patient Reported Experience Measure (Deacon et al. (2021) Development of a Co-Produced Patient Reported Experience Measure for Community and Primary Care Musculoskeletal Services: A consensus Approach).

Quality standards and measures can be used for a range of purposes. These include: measuring the quality of care; understanding how to improve care; demonstrating quality of care; setting priorities for and supporting quality improvement.
(NICE 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 MSK conditions are offered timely, comprehensive 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 comprehensive assessment with the person, including physical, psychological and social/work/education 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, 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 the person's knowledge, skills and confidence, 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 support 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 comprehensive assessment that includes the person's physical and mental health as well as their social, cultural and work/education needs allows development of an individualised physiotherapy plan. 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 comorbidities, such as cardiovascular disease, diabetes, lung disease, mental health conditions, autism and frailty. These impact on the person in what they can do and also the burden of managing their health. Consideration of comorbidities may identify that a multi-disciplinary approach is required, such as referral to falls programmes, pulmonary rehabilitation or chronic pain services that would benefit the person with MSK conditions.

Risk-stratification or prognostic tools (such as STarT Back and the Patient Activation Measure®) 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.

Across all healthcare settings, 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 and ensure pathways exist to enable timely referral. Such conditions may include serious MSK pathologies e.g. inflammatory disease, connective tissue disorders, scoliosis, cauda equina syndrome, fractures and non-MSK pathologies e.g. cancer/malignancies, that need, often urgent, further referral/investigation. 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. 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. Pathways to physiotherapists with expertise in rare and complex conditions (such as inflammatory and connective tissue conditions, scoliosis, chronic pain) should be available.

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 lived experience of their condition, their expertise in managing the condition, social circumstances, attitudes to risk, values and preferences. 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. Arrangements to support children transitioning to adult MSK services should be in place.

Advances in technology mean that innovative and digital methods of assessment, monitoring and management are becoming increasingly available. Physiotherapists should offer 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). Additionally, consideration of current national and local guidance e.g. in relation to Covid-19, will inform whether needs assessments are conducted in person or using remote methods.

The physiotherapy assessment takes into account the Equality Act in avoiding discrimination of people with protected characteristics as well as health inequalities. Health inequalities includes consideration of disparity in risks and outcomes and social determinants of health that may impact on the person with a MSK condition as well as barriers to accessing treatment and/or self-management. 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.

Validated patient reported outcomes measures should be used to assess MSK health status at intake and to review progress. Patient experience measures should additionally be used to gain feedback from people with MSK conditions on the service.

What the quality statement means for a person with a MSK condition

People with a MSK condition should expect an assessment which meets their personal needs. This will include their physical and mental health as well as their social, cultural and work/education needs 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 may 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, which may lead to referral to other departments or specialists if assessment indicates this is necessary.

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 considered. 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.

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Personalised Care Institute (2020) Curriculum
https://www.personalisedcareinstitute.org.uk/our-personalised-care-curriculum

Patient experience in adult NHS services (2019) NICE quality standard QS15 standard 6 – Decision making

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

Quality standard 2: Personalised physiotherapy

People presenting with MSK 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, based on their individual needs, preferences and goals. Personalised care or person-centred approaches are a core focus of modern healthcare. Each person with a MSK condition should have a sharable, personalised management plan which records what matters to them, their goals and how they will be achieved.

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/education 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. Personalised physiotherapy targets known and modifiable risk factors for poor outcome e.g. addressing psychological obstacles to recovery where these are identified or weight management in OA. 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. The physiotherapy workforce should have a basic understanding of behaviour change to assess a person's knowledge, skills and confidence and modify their approach accordingly. 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. 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. Active approaches, especially physical activity and exercise, are frequently recommended. 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.

In a complex health environment, the person with a MSK condition needs to understand the people involved in their management, and the 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 ensures the patient is seen by the right person for their needs and also improves self-management.

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. The plan should take into account whether the person is in work, the type of work they do, and whether their MSK condition prevents them from working. When 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 so there may be a need to link with occupational health services available through employment and/or recommend reasonable adjustments. It has been demonstrated that vocational rehabilitation can help to get people back to work sooner, remain in work and also has significant economic benefits.

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, home visit) and location of physiotherapy should be selected based on the needs of the person but also local availability. Many MSK conditions can be considered as long-term conditions, e.g. OA, persistent low back pain, inflammatory and connective tissue conditions, that require integrated management packages and regular review to support the person to implement their management programme.

The physiotherapy workforce should be aware of and consider using available online management resources, as appropriate, such as Escape Pain Online and STarTBack-Evidence based implementation of stratified care. Digital and assistive technology has great potential to support management, but be aware of barriers to digital inclusion.

What the quality statement means for a person with a MSK condition

People with a 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 a MSK condition and the physiotherapy staff decide upon. Physiotherapy will aim to help people to take part in or resume activities that are 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 sessions, individual or home visits) are decided between the physiotherapy practitioner and person with a 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 individuals' 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.

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Quality standard 3: Supported self-management

People presenting with MSK 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 MSK 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, communities and charities 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 their knowledge, skills and 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 MSK conditions to be at the core of their care. Supported self-management helps people to continue to live as they wish, to socialise, remain in work/education and to manage variations in symptoms as they occur.

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. When needed, physiotherapists should work with patients to help them develop self-management skills. The physiotherapy workforce should have a basic understanding of behaviour change, use this to assess where the person is in terms of activation and modify their approach accordingly. For people with low levels of activation health and well-being coaches or health trainers can provide further support. Targeted interventions that develop skills in achievable steps and build knowledge, skills and confidence and autonomy may enable a person to self-manage their health and wellbeing. For people with low levels of activation, self-management may be enhanced through close working with families and carers.

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. The self-management plan may include access to peer support, health coaches and link workers and signposting to quality self-management group programmes.

Technology, for example apps 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.

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, patient initiated follow up (PIFU) or through self-referral pathways. Planned review by the healthcare team or clear guidance for PIFU ensures that self-management support of long-term conditions is responsive to the person's changing needs.

What the quality statement means for a person with a 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 a MSK condition will be involved in developing a self-management plan that is tailored to their needs. Self-management planning takes into account the person's needs, preferences 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 a 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 a 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 a 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.

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

Quality standard 4: Communication

Communication with people with MSK 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 MSK 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, 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. Local Patient Advice and Liaison Services (PALS) or Patient Advice and Support Services (PASS) in Scotland can help patients with communication needs and navigating the healthcare system. Communication between health professionals or organisations should be timely and shared with the patient. Both shared decision making and self-management are 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 understood the information by using tools such as, 'Teach Back', 'show me' and 'chunk and check'.

Communication is a critical skill for an effective person-centred service. The physiotherapy workforce should 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 other organisations shared with the patient.

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.

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 age and level of understanding appropriate, culturally sensitive and be consistent across all personnel in the management pathway.

Written and digital information provision should be offered to supplement verbal information. Written information in plain English, in addition to verbal information, 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 the General Data Protection Regulation (GDPR).

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. Access, digital literacy and communication preferences need to be taken into account to minimise inequalities, and if required, additional support offered.

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.

What the quality statement means for a person with a MSK condition

For a patient with a 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 a 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 takeinto 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 a MSK condition, which they can access and understand. This allows the person to understand what to expect from the MSK physiotherapy service and the available care pathways to allow people to navigate the healthcare system.

Source guidance

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Other evidence sources/resources

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Quality standard 5: Integrated management pathways

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

5.1 Ensure people with MSK conditions have timely, equitable access to services based on their personalised physiotherapy plan

5.2 Personalised physiotherapy of MSK conditions is integrated and coordinated with timely and accurate communication between all relevant organisations and staff

5.3 Management delivered by multidisciplinary networks, which may include health, social care, community, third sector and leisure organisations, vocational and mental health services, 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. Each person should have a shareable management plan, 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. Integration of care and services means providing person-centred and coordinated care, working with partner organisations and people with MSK conditions to ensure care pathways work for all people and communities.

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 social exclusion 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.

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 a MSK condition 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.

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. 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. 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.

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 ultimately result in seamless health and care services.

Physiotherapy services and the physiotherapy workforce have specialist expertise in MSK conditions 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. 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. 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.

What the quality statement means for a person with a MSK condition

People with MSK conditions should receive personalised physiotherapy based on their management plan. For many people with MSK conditions management pathways 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.

Source guidance

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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 factors necessary for good long term MSK health to people with MSK conditions and organisations

6.5 MSK physiotherapy services should work in partnership with other organisations 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

A population health approach, aims to improve health outcomes, promote wellbeing and reduce health inequalities across an entire population. It 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. Some factors such as taking regular exercise, eating a healthy diet, not smoking, limiting consumption of alcohol and looking after their mental health do not cause MSK conditions or comorbidities but can reduce the chances of a healthy life. 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. There is a need to move from a model where MSK conditions are only addressed as they arise to a model where good MSK health and health behaviours are promoted throughout life and by multiple organisations. The physiotherapy workforce needs to actively engage in contributing to the development and delivery of local, regional and national public health priorities.

Health inequalities and social determinants of health contribute to disparities within the population in cardiovascular risk factors, smoking, substance abuse, mental health and environmental risk 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.

Traditionally population health was the remit of public health departments and personnel. In the current climate of increasing demands on health and social services and the rise of conditions linked to social determinants of health, all healthcare providers and staff have an important role to play in health promotion. The physiotherapy workforce should have an understanding of behaviour change to allow targeting of population health approaches for each person with a MSK condition. Evidence compiled from systematic reviews by National Voices has shown that opportunistic advice from health personnel 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 health behaviour information is delivered within 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).

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. Health and well-being coaches and social prescribers 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, health and well-being coaches and social prescribers for support and how to signpost people to appropriate link workers.

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 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. Several physiotherapy-led interventions have shown a financial Return on Investment and reduced demand on the health and social care system. 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 behaviour 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.

What the quality statement means for a person with a 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 factors which can affect health and well-being and MSK conditions. Healthy behaviours, that can contribute to health and well-being include diet, weight management, physical activity and smoking.

Health behaviours 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 healthy behaviours that will benefit a person with a 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 organisations 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.

Source guidance

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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 are 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 research priority setting

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 time points. 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 depending on the purpose.

MSK physiotherapy services must reflect, and should be coordinated around and tailored to, the needs and preferences of patients, their families and their carers. Co-production acknowledges that people with 'lived experience' of MSK conditions have a unique contribution in developing and evaluating services. Co-production requires an 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. 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 be more involved with the services they use.

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. 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 (health economic factors). Versus Arthritis has developed a recommended indicator set, which should be used when planning data collection for one of the included dimensions. Services should ensure inclusive data collection by using different formats and languages appropriate to the local population. This ensures all patients are given the opportunity to provide Patient Reported Outcome Measures (PROM) and Patient Reported Experience Measures (PREM) data.

Standardised data collection facilitates national and regional comparison of MSK services. This allows sharing of good practice and identifies areas for quality improvement, informs future MSK pathways and can contribute to setting research priorities. 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, improve quality of care and service delivery, and address health inequalities. The physiotherapy workforce should be involved in developing research priorities to address gaps in the evidence base.

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. 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.

What the quality statement means for a person with a 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 a 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 and contribute to setting priorities for research where evidence is lacking. Services for people with MSK conditions should always be based on 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. Where evidence is lacking physiotherapy services should contribute to setting research priorities and involvement in research.

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.

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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 and Donaldson 1998). Although initially defined for the NHS, clinical governance is an essential feature of any healthcare organisation and is key to high quality services, 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, capabilities and support to provide high quality MSK physiotherapy.

Successful implementation of the organisational 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.

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 to 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. 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, staff well-being, active involvement of staff in data collection, audit and quality improvement are all key aspects of clinical governance.

A clinical governance framework supports all aspects of delivering on the Care Quality Commission (CQC) key lines of enquiry. This is underpinned by Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: 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, Care Inspectorate Scotland, Regulation and Quality Improvement Authority Northern Ireland) even if not currently required to register with the relevant regulatory organisation.

What the quality statement means for a person with a 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 relating to clinical governance.

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

Commission/provide MSK physiotherapy services that can show evidence of 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.

Source guidance

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Standards of proficiency- Physiotherapists (2013) Health and Care Professions Council, standards 1-11 and 14

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 measures form version 1.0 November 2021 of the CSP MSK physiotherapy service 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.

It is essential that services use demographic data of those accessing the physiotherapy service to tailor data collection methods to ensure all patients are given the opportunity to provide Patient Reported Outcome Measures (PROM) and Patient Reported Experience Measures (PREM) data.

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

People presenting with MSK conditions are offered timely, comprehensive 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 a comprehensive assessment that includes quality of life, impact on activities, social/work needs, psychological well-being, comorbidities and screening for serious pathologies.

Process

Proportion of people with MSK conditions that have a documented comprehensive assessment that includes quality of life, impact on activities, social/work needs, psychological well-being, comorbidities and screening for serious pathologies.

Numerator – the number of people with MSK conditions who have a documented assessment that includes quality of life, impact on activities, social/work needs, psychological wellbeing, comorbidities and screening for serious pathologies

Denominator – the number of people with MSK conditions assessed by the MSK physiotherapy service.

Outcome

The needs of people with MSK conditions are being met by the MSK physiotherapy service

PREM questions: Did you feel your needs were met?

Quality standard 2: Personalised physiotherapy

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

Structure

Evidence of local arrangements that the MSK physiotherapy service uses a shared decision making approach.

Process

Proportion of people with MSK conditions with a documented management/treatment plan tailored to their needs, preferences and goals.

Numerator – the number of people with MSK conditions whose documented management/treatment plan is tailored to their needs, preferences and goals.

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

Outcome

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

PREM question: How good was your health professional at involving you as much as you wanted to be, in decisions about your care and treatment?

Quality standard 3: Supported self-management

People presenting with MSK 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

Structure

Evidence of local arrangements to ensure that people with MSK conditions have a co-created self-management plan.

Process

Proportion of people assessed with MSK conditions, suitable for self-management, that have a documented self-management plan?

Numerator – the number of people with MSK conditions, suitable for self-management, who have a documented self-management plan.

Denominator – the number of people accessing the MSK physiotherapy service who are suitable for self-management.

Outcome

People with MSK conditions feel confident to manage their condition.

PREM question: Did you receive sufficient information about your condition or self-care that was easy to understand?

Quality standard 4: Communication

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

Structure

Evidence of local arrangements that communication with people with MSK conditions is available in accessible ways and different formats relevant to the needs of the local population.

Process

Proportion of MSK physiotherapy service staff who have received training in communication skills.

Numerator – the number of MSK physiotherapy staff with documented training in communication skills.

Denominator – the number of MSK physiotherapy service staff.

Outcome

People with MSK conditions have quality communication with the physiotherapy service.

PREM communication questions: How good was your health professional at....

- Involving you as much as you wanted to be in decisions about your care and treatment? (already included in standard 2)
- Making you feel listened to?
- Explaining things to you in a way you could understand?
- Giving you enough time?
- Treating you with care and concern?

Quality standard 5: Integrated management pathways

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

Structure

Local arrangements that the MSK physiotherapy service has onward referral pathways both within the MSK pathway and to non-MSK services (such as pain services, rheumatology, women's health, cancer pathways etc.).

Process

Proportion of people with MSK conditions who required onward referral had to have this referral made by a different clinician outside of the MSK pathway (such as general practitioner, consultant etc.) as no integrated onward pathway was available.

Numerator – the number of people, considered suitable for onward referral, who had to have the referral made by a different clinician outside of the MSK pathway.

Denominator – the total number of people considered suitable for onward referral.

Outcome

People with MSK conditions receive integrated and coordinated care.

Question: How satisfied are you that your care was well coordinated/joined up with other departments/streamlined?

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

Structure

Evidence of local arrangements that the MSK physiotherapy service uses a Making Every Contact Count approach.

Process

Proportion of people with MSK conditions given guidance about health behaviours (e.g. physical activity, smoking cessation, healthy diet, healthy weight, alcohol consumption, mental wellbeing).

Numerator – the number of people with MSK conditions who have documented guidance on health behaviours.

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

Outcome

People accessing the MSK physiotherapy service receive information on health behaviours.

Question: Have you been offered guidance by your health professional on factors such as physical activity/exercise, smoking cessation, healthy diet, healthy weight, alcohol consumption, mental wellbeing?

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

Evidence of local arrangements for collection of patient reported outcomes measures (PROMS) and patient reported experience measures (PREMS).

Process

Proportion of people with MSK conditions that provide data on at least one PROM and one PREM.

Numerator – the number of people with MSK conditions accessing the physiotherapy service that have provided data on at least one PROM and one PREM.

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

Outcome

MSK physiotherapy services engage in data collection, audit and service evaluation to monitor and improve the MSK physiotherapy service.

Question: How often were PROM and PREM data reviewed and evaluated in the last 12 months?

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

Evidence of local policies/procedures/standard operating procedures to support implementation and monitoring of a clinical governance framework.

Process

Proportion of MSK physiotherapy staff involved in quality improvement cycles.

Numerator – the number of MSK physiotherapy staff who have been involved in at least one quality improvement cycle in the previous 12 months.

Denominator – the number of physiotherapy staff in the MSK physiotherapy service.

Outcome

MSK physiotherapy services have an on-going programme of quality improvement.
Question: How many Quality Improvement activities have the MSK physiotherapy service undertaken in the previous 12 months?

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