Right person, right place, first time

Elective Care High Impact Interventions: First Contact Practitioner for MSK Services

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NHS England and NHS Improvement

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1. Introduction

Despite a decrease in the rate of GP referrals from 2017/18, **there is a rising waiting list and declining performance in elective care against the Referral to Treatment (RTT) standard**. The number of GP referrals to hospitals varies greatly, even after accounting for factors such as deprivation. The **NHS Long Term Plan** includes a commitment to narrow health inequalities, address unwarranted variation in care and build on the work undertaken during 2018/19 to ensure patients will have direct access to MSK First Contact Practitioners (FCP).

In 2018/19 the NHS England national and regional teams supported the roll out of interventions and schemes that will help Clinical Commissioning Groups (CCGs) to deliver the RTT and planning assumptions **to maintain the elective waiting list at March 2018 levels** while improving clinical quality.

As part of this work, **regional teams worked with sustainability and transformation partnerships (STPs) and their CCGs to deliver High Impact Interventions (HII) in the localities where they were most needed**. Further information on HIIs can be found here.

This included the development of First Contact Practitioner (FCP) services to ensure that, where appropriate, patients with musculoskeletal (MSK) conditions are seen by the right person in a primary care setting and they receive appropriate care in a more timely manner.

FCP services improve MSK pathways, improve onward referral practice and enhance patient experience and outcomes.

By the end of 2018/19 98% of STPs had mobilised sites with 98% of planned 2018/19 sites live.

Alongside this specification is an **FCP Mobilisation Plan** for **2019/20**, which was shared with NHS England teams and other stakeholders in March 2019. This includes a trajectory to support planned **rollout** for the adult population in England.

Learning from **2018/19 mobilisation** has been **incorporated** into current planning with a range of support tools updated during **April 2019**.

Rolling out FCP services will reduce the existing GP workload burden, assist with GP staff recruitment and retention efforts and build on the good work completed by CCGs in relation to the 2017/18 MSK Triage HII. This HII specification sets out the key enablers and actions that each STP should take - including identifying at least three sites or equivalent population coverage.

This **guidance focusses on physiotherapists providing a FCP service in MSK care** - where there is already a strong evidence base.

The underpinning principles for the high impact interventions are that patients should be seen by the right person, in the right place, first time; and patients should be seen as quickly as possible in line with their rights under the NHS Constitution.

2. First Contact Practitioner: What it is and why implement it

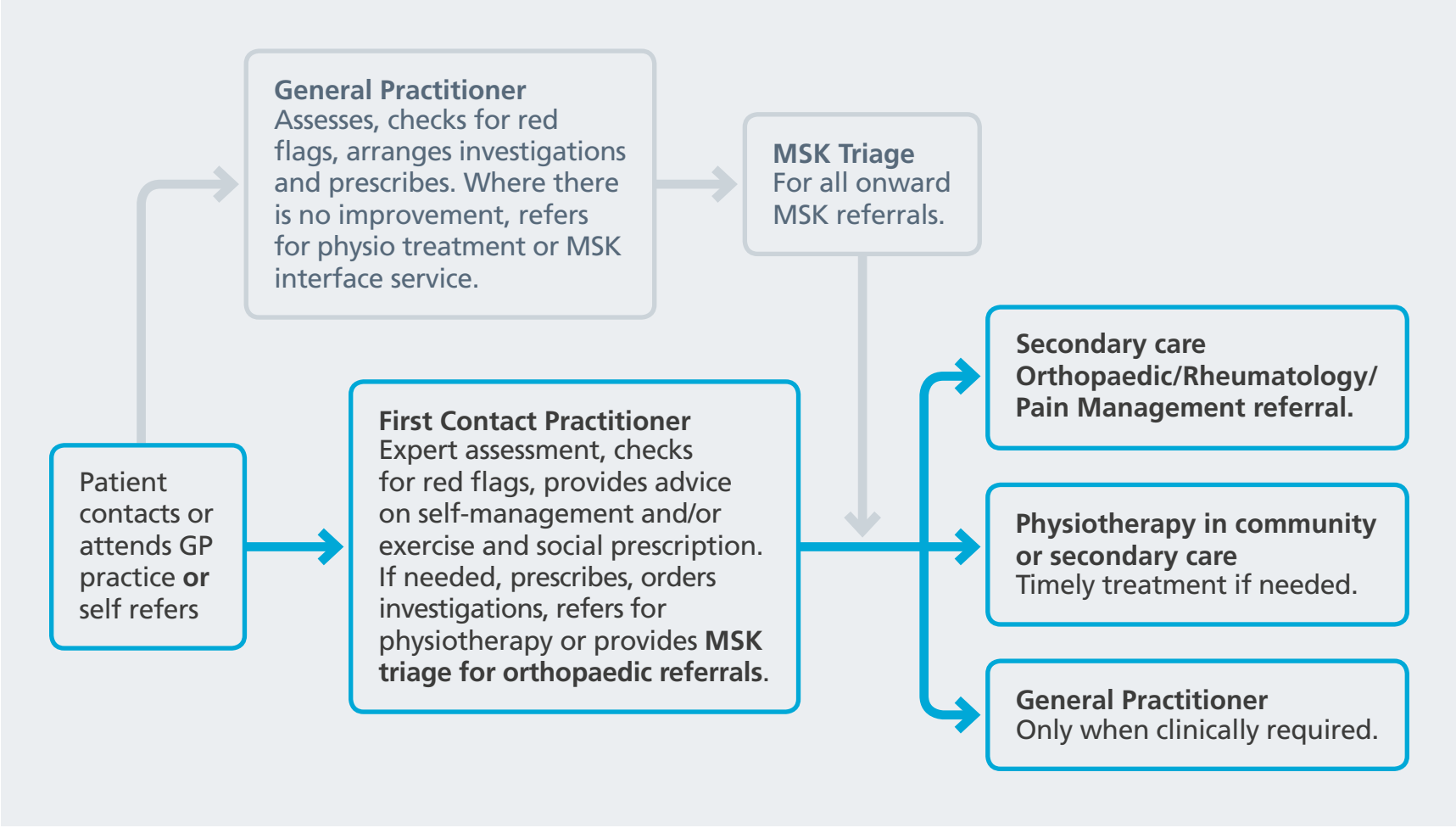
- A First Contact Practitioner service is provided by a registered health professional who is the **first point of contact** for patients, providing new expertise and increased capacity to general practice and providing patients with faster access to the right care.
- They are **qualified autonomous clinical practitioners who are able to assess, diagnose, treat and discharge** a person without a medical referral – where appropriate.
- While FCP services will **take a significant proportion of the MSK workload from GPs**, there is no intention to de-skill GPs. GPs will continue to see a proportion of MSK patients, with FCPs providing advice and expertise into the whole GP team. The Chartered Society of Physiotherapy (CSP) estimates that **physiotherapists working as FCPs could see up to half of all patients with MSK conditions** (up to 10% of all patients currently being seen by GPs).
- The principles proposed for physiotherapists providing FCP services can be applied to other practitioners in other clinical areas who are able to **demonstrate compliance with the Health Education England (HEE) and NHS England** Capability Framework.
- FCP service mobilisation involves transformation of the traditional provision of community or hospital based physiotherapy services as well as the creation of new posts. Physiotherapists will be part of the frontline general practice team. They can be accessed directly by self referral or staff in GP practices can direct patients to them.
- FCP roles will deliver additional capacity for Primary Care MSK population and manage in the region of 20% of the physiotherapy caseload. Rehabilitation will continue to be required as part of the MSK pathway. FCPs will refer for courses of ongoing physiotherapy treatment. Where necessary, further specialist assessment or investigations may take in place in triage services.
- The FCP model brings physiotherapy expertise to the front end of the MSK pathway, but will have an impact throughout a patient's pathway. A review of recent and ongoing FCP pilots demonstrates:
  - The majority of patients are presenting with **relatively complex MSK** conditions.
  - **50% of participants report at least one co-morbid condition** as follows: heart disease, high blood pressure, poor circulation, lung disease, diabetes, kidney disease, neurological disorder, liver disease, cancer, depression and arthritis.
  - **Improved use of diagnostic capacity** with 3-5% cost reductions in plain X-rays and MRI scans ordered by general practice.
  - Over 70% of patients receive specific self-management advice.
  - **Good patient experience** with 90-99% satisfaction rates in pilots.
- FCP services are also reported to deliver a **return on investment of £0.81-£2.37 for every £1** spent on implementing FCP services (Davies C, 2017); with some studies suggesting a higher return (Public Health England, 2017).

  The information provided in this specification should be seen as:
  - A **minimum framework for how FCP services** should be established and developed locally.
  - **Part of a wider transformation of MSK and primary care services integrated with the MSK pathway as a whole**.

3. The clinical case for change

- The FCP role not only reduces existing GP staff workload and increases practice capacity, but **supports faster access to advice and self-care expertise** for MSK triage across a streamlined MSK pathway.
- **One in five people** consult a **GP** about a **musculoskeletal** problem each **year (Arthritis Research UK, 2009)**.
- **17-30%** of **GP appointments** are for **MSK problems** (Jordan et al., 2007) and demand is growing with £141m spent annually on GP consultations for back pain (Arthritis and Musculoskeletal Alliance (ARMA), 2004).
- **91%** of people with arthritis say they are **not given information about exercise/self-care** and only **43%** say they can manage their arthritis well (**Arthritis Care, 2017**).
- **80%** of the **population** will suffer with back pain at some point in their lifetime.
- **MSK** issues are the **second largest cause of sickness absence and are a causal factor in depression**, which is the largest cause of sickness absence (**ONS, 2016**). Back pain alone is costing **£434** per **employee** per year.
- **90%** of acute back pain should resolve within six weeks if patients are supported appropriately, but currently it leads to permanent disability for **5-15% of patients**.
- Early access to **physiotherapy** and **advice** and - where necessary - treatment, **reduces sickness absence, accelerates recovery and improves** the **long-term health** and **wellbeing prospects** of **patients** with **MSK** problems (Addley et al., 2010; Boorman, 2009; NHS Employers, 2012).
- By being part of the **GP team** and using the local referral pathways and services, **the FCP enhances the quality of care provided by the primary care workforce**. This will deliver better MSK management and will **reduce referrals** into **secondary care**.

4. New patient pathway*



*A simplified model to highlight potential new ways of working for FCP services which should not be viewed in isolation. The grey text highlights the key elements of current pathways that will still run concurrently for patients who do not access FCP services.

5. What action is needed

- The FCP role should be situated at the beginning of the MSK pathway and considered **part of the GP team**.
- As a minimum, FCPs need to **meet the criteria of the Health Education England and NHS England** Capability Framework and be supported by appropriate governance and indemnity.
- **Patients must be able to self-refer** to both FCP and community physiotherapy services without going through a doctor for a referral.
- FCP services require some changes in current pathways and traditional physiotherapy provision. This will involve the **transfer of some of the current physiotherapy workforce** from outpatient, secondary care and interface services to the front of the pathway in general practice.
- Services need to be **established with the support of GPs, consultants and other community practitioners, including Local Medical Committees** - ensuring all contributors to the MSK pathway are engaged with the transformation.
- Systems should ensure **FCPs can refer directly** for diagnostics, back to the GP, to local outpatient community physiotherapy services (or viable alternative, in line with local commissioned pathways) and to secondary care.
- FCP services should be accessible through patients' GP practices and allow **rapid access to assessment**. They need to be **freely bookable and signposted by GP practice administrators**.
- FCP services should focus on providing **high-quality assessment and advice**. As such, patients who need ongoing care should be referred into established physiotherapy services. However, where FCPs can reasonably expect to discharge a patient within a limited time (e.g. first follow-up after a diagnostic), this should be considered.
- FCP services should be delivered using a shared decision making approach designed to **support patient self-management**.
- First Contact Practitioners must have **person centred communication skills** that meet HEE skills framework requirements.
- There should be clear high quality **patient communication** to explain the new FCP service.
- The initial service change should be followed up with **ongoing training and development between professional groups**.
- There should be **adequate support and training** for administrative staff who support the signposting process.
- There should be mechanisms in place to **collect patient, FCP, GP and consultant experience** and **patient reported outcome measures**.
- If required, we expect STPs to access **transformation funds to support the development of FCP services** rather than using pre-existing primary care allocations.
- Coverage for each site is expected to be aligned to **Primary Care Networks**, for **population of about 50,000**. Population size may vary due to **local demographics** and **commissioning decisions**.

6. How to achieve success

- Transformation of the primary care stage of the pathway should form part of an **overall review of how MSK services** are delivered within the locality.
- **Data should be collected using data capture systems** such as integrated primary care systems, ideally using the Standardised National Data Collection for First Contact Practitioners process.
- **Remove duplication of provision across the MSK pathway** by maximising the potential of the workforce to deliver integrated pathways - including a range of services such as FCP, MSK triage and integrated clinical assessment and treatment services (ICATS).

- **Ensure FCPs deliver patient centred services**, including approaches to self-management and prevention.
- Ensure FCPs work with local business leaders to ensure the AHP Advisory Fitness for Work Report is recognised as equivalent to the GP Fit Note for entitlement to statutory sick pay.
- Ensure FCPs work across physiotherapy services to support workforce development, prevent isolated working practices and build team capacity and flexibility, thus creating sustainable services.
- **Clear peer learning and supervision models** should be established to support the whole primary care MSK team including GPs, physios and others - ensuring quality and safety.

7. Implementation plan

The **implementation plan** sees STP-level implementation through 2019/20 building on sites mobilised during 2018/19.

The national evaluation process will run alongside this.

This allows systems to build on the local and national evidence base, allow time to identify required specialist practice skills (e.g. self-management and behaviour change and medicines optimisation) and to identify and mitigate any risks.

2019/20	2020/24
Key Actions: STPs are required to: • Select at least two further sites/network of GP practices (circa 50,000 population) to add to the 2018/19 cohort. • Establish the FCP service in the selected sites. • Participate in FCP development collaborative – which provides implementation support, monitoring and evaluation.	**Key Actions:** STPs are challenged to ensure that they: • Continue participation in the FCP development collaborative. • Adopt the roll-out approach recommended by the Mobilisation Plan for FCP.

When developing and **implementing plans for FCP services STPs** and **local commissioners** will be **supported** to:

- Embrace opportunities for better integration across the **MSK pathway**.
- Learn from other **FCP services** in the FCP development collaborative.
- Ensure there is **appropriate patient communication** to explain the new **FCP service**.
- Reduce health inequalities. Ensure that action to drive down health inequalities is central to FCP delivery over the next five years. This is in-line with the NHS Long Term Plan's expectation for all local health systems to set out during 2019 how they will specifically reduce health inequalities by 2023/24 and 2028/29.

The national evaluation will support FCP services to identify key metrics and build a national case for change. It will be led nationally and form part of the support package available through the **FCP development collaborative** (a collaborative resource for sharing learning facilitated by NHS England's Elective Care Transformation Programme).

Throughout mobilisation there will be a requirement to **collect quantitative datasets** to support the national evaluation. During Q1 2019/20 automated processes are being developed to support FCP services.

7. Implementation plan (continued)

		Year 1	Year 2	Year 3	Year 4	Year 5	
	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	**Total**
		(New sites)	(New sites)	(New sites)	(New sites)	(New sites)	
STP sites	41	85	126	196	196	196	**840**
Population Coverage	2,050,000	4,250,000	6,300,000	9,800,000	9,800,000	9,800,000	**42,000,000**
Total Aggregated Population	5%	15%	30%	53%	77%	100%	

The pace of mobilisation is expected to increase during 2021/22 when the number of physiotherapists projected to complete training increases significantly, facilitating backfill, (circa 41% CSP).

NHS England's Primary Care Workforce Team is supporting the NHS Long Term Plan's ambition to increase the number of physiotherapists in primary by 5,000. This increase will support the mobilisation of FCP services.

8. Learning from 2018/19 Mobilisation

The Elective Care Transformation Programme and Chartered Society of Physiotherapy commissioned an evaluation report in 2018/19. This is available through the FCP Development Collaborative.

The purpose of the report was to test the hypothesis that FCP services improved the experience of patients with MSK conditions, reduced pressure on GP workloads, and streamlined pathways of care by avoiding unnecessary onward referrals.

The evaluation highlights the benefits of FCP implementation and lessons learned to support mobilisation from 2019/20 onwards.

Headlines from the evaluation report include:

- 97% of all patients questioned would be likely or highly likely to recommend an FCP service to a friend or family.
- 21% reduction in orthopaedic referrals per day in STPs where FCP has been implemented for two or more months.
- 12% fewer drug prescriptions given by FCPs compared to GPs for MSK patients.
- 10% fewer blood test referrals made by FCPs compared to GPs for MSK patients.
- Patients were much likely to be offered expert advice and guidance.
- During rollout in 2018/19 more than 6,800 patients recorded appointments with an FCP practitioner who would otherwise have been seen by a GP.

8. Learning from 2018/19 Mobilisation (continued)

Lessons learned

The evaluation report includes feedback from a range of stakeholders which has informed a number of workstreams for 2019/20 mobilisation.

This has been reviewed alongside feedback from the 2018/19 FCP specification review.

The Frequently Asked Questions that supported 2018/19 mobilisation have been updated and can be located on the FCP development collaborative website alongside the full evaluation report.

Headline feedback includes:

IT

IT Systems need to be ready to support mobilisation.

The National ECTP team is working with regional teams to establish a single point of contact for all FCP IT/data related issues. This will provide easier access to nationally published FCP support tools and timely responses to issues and direct links to FCP sites.

Data collection

The process for supplying evaluation data can be onerous.

The national elective care transformation programme and the chartered society of physiotherapy are working with NHS Digital and other partners to review the automation and reporting of evaluation data during Q1 2019/20.

Communication

Regional leads should be the conduit for regional communications, especially for a complex workstream such as FCP where there are a number of stakeholders and workstreams.

An updated process and system were established from Q3 2018/19 onwards.

Workforce

Feedback: concerns about the recruitment of sufficient and suitably qualified physiotherapists.

The NHS Long-Term includes a commitment to expand the number of physiotherapists working in primary care networks.

The Elective Care Transformation Programme and the Chartered Society of Physiotherapy are working with the NHS England primary care workforce team and Health Education England to meet this shared ambition.

Engagement

At a local level engagement and alignment is needed across GPs, CCG, STP, local providers and regional leads.

2018/19 mobilisation evidenced that where engagement and alignment were enhanced sites were more likely to achieve successful mobilisation.

9. Case studies (1/5)

Windermere Health Centre

Challenge

The increasing demand on primary care, in particular GP practices, and referrals into secondary care services required a new approach to referrals. This included supporting self-care/self-management approaches. The MSK pathway was identified as an area that could be effectively streamlined to address these issues by co-locating an MSK expert to benefit the patient, GP, secondary care and the wider multidisciplinary team.

Approach

Windermere, a semi-rural GP practice with a 6,000 patient list, initially funded a three month pilot in 2014 for a First Contact Practitioner with an aim to:

- Develop, refine and enhance the model of service delivery for MSK consultations based on patient and other stakeholder perspectives.
- Provide direct access to an expert MSK service closer to home.
- Release GP capacity.
- Manage demand into secondary care by ensuring relevant referrals.
- Improve MSK knowledge and expertise in the GP practice.

The Intervention

First Contact Physiotherapist was funded for two sessions a week, each for four hours. In the first two years 1,579 patients were seen, directly resulting in:

- Recommendation to exercise and advice (45%).
- Referral to core physiotherapy (12%).
- Injection (32%).
- X-ray (5%).
- Referral to secondary care consultant (5%).
- Referral to GP for a blood test/aspiration (1%).

Funding of the model has been through direct GP tariff for injections. The service has been running for three years.

Benefits and outcomes

- 99% patient satisfaction.
- Saw 85% of GP MSK workload.
- Reduction in MSK prescribing of 70%.
- Reduction in referrals to secondary care.
- Capacity: the total referrals in one year average 710.
- Of these, 79% of the overall number would normally have seen a GP as a first contact, so saving 560 GP appointments over 12 months.

For further information see: www.rcgp.org.uk/clinical-and-research/bright-ideas/musculoskeletal-practitioners.aspx

9. Case studies (2/5)

West Cheshire

Background

In West Cheshire, a GP physiotherapy service was piloted across 36 practices and was then expanded to evening appointments. The capacity of the service stands at 12,000 patients per year, which is 25% of the total GP MSK caseload. There is scope to increase the capacity of the service further. The service was developed with a successful clinical triage assessment and treatment service already in place.

Commissioning and staffing

The FCP service is part of the community trust and operates on a commissioned basis across the CCG. The service was set up with funding of £300,000 in year one by the vanguard programme.

Initially the service recruited five Band 7 physiotherapists and one band 2 administrator. An 8a advanced musculoskeletal practitioner works one day per week. Band 7 staff can order X-rays, and some can prescribe. They use 30 minute appointment slots and run core hours of 8:30-16:30 with 30 minutes for lunch. Joint and soft tissue injections are currently offered in the MSK bases, delivered by band 6 and band 7 staff. Complex diagnostics are ordered by band 8a staff through advanced musculoskeletal practitioner clinics to enable them to fully manage complex presentations.

Currently, the service consists of 14 staff covering an establishment of 5.25 whole time equivalent posts.. Over time roles have been shifted to the front end of the pathway resulting in only two additional band 7s. Additionally, band 6s who have developed appropriate competence have been able to support the delivery of the service.

They released a significant amount of efficiency through a 20% reduction in referrals to MSK community and hospital physio services (waiting times have fallen from four months to eight weeks), and have also taken on new patients who would previously have been seen by GPs. The service will continue in the current structure, with some additional funding of about £146,000 per annum. GPs have been their strongest allies.

Outcomes were as follows:

- More than 60% of self-referred patients were discharged after the first appointment.
- Quick access to advice provides rapid return to function and no need for further treatment.
- Fewer than 3% of self-referred patients needed to see the GP for medication reviews or non-MSK conditions etc.
- High patient satisfaction: 99% rated the service good or excellent.
- High GP satisfaction: 91% rated the service 8+ for how beneficial it is to their practice - with 45% scoring it 10/10.
- 20% fewer referrals to MSK physiotherapist services (after 5 years of an annual 12% increase) resulting in a reduction in waiting times.

Savings:

- 84% of patients would have otherwise seen the GP, saving £540k a year.
- 4% less MSK imaging, saving £11,495 a year.
- 5.9% fewer X-rays, saving £28,000 a year.
- 2% fewer orthopaedic referrals, saving £70,000 a year.

9. Case studies (3/5)

Gloucestershire

Background

NHS Gloucestershire CCG established a FCP pilot in a large GP cluster in Cheltenham with advanced practice physiotherapists hosted by the community NHS Trust provider, Gloucestershire Care Services. The project is being delivered directly by GPs through innovation elements of the Improved Access Scheme, which started in October 2017. The FCP pilot is running for 18 months and is exploring new ways of working.

FCP service

Two whole time equivalent Band 8a advanced practice physiotherapists provide a FCP service at St Paul's Medical Centre, a large cluster of five GP practices in Cheltenham, Gloucestershire. The post holders run clinics four days per week, with each physio working half their time in primary care and the other half time in Advanced Practice roles in the community organisation's MSK Interface service. The host provider model gives governance assurance and delivers a consistent model of service across the two clusters. The clinicians are highly familiar with national and local MSK pathways. The model helps avoid indemnity issues for practices, reduces clinical isolation and is more sustainable in terms of maintaining skill sets and competencies.

Training:

Training was provided on injection therapy, bloods investigations, and nonmedical prescribing and included Advanced Practice MSc modules.

Results

An evaluation of patients over one month found that:

- 100% of patients received self-management advice.
- 94% of patients received an exercise prescription.
- 23% of patients received advice about how to use their pain medication effectively and safely.
- 16% of patients were referred on for a course of physiotherapy.
- 13% of patients were referred back to GP for blood tests, medication requests, requests for fit notes or as inappropriate.
- 9% of patients were referred to secondary care orthopaedics or into interface services.
- 3% of patients were referred for further imaging.

Benefits:

- Patient feedback on the FCP services to date has been very positive, specifically about speed and access to appointments (including the ability to book on the same day).
- The FCP model enables GP appointments to be used more appropriately.
- Early GP experience showed the benefit of the FCPs' specialist MSK skills co-located within the practice, providing increased expertise in assessment, diagnosis and appropriate management of MSK disorders.
- The service's evaluation confirmed that the FCP service did not increase onward referrals.

9. Case studies (4/5)

Somerset (Taunton)

Background

Primary care is facing increasing pressures with an aging population and issues with training and retention of staff. It is estimated that around 30% of consultations in primary care are musculoskeletal (MSK) related. NHS Somerset CCG data showed that 26.1% of full time equivalent (FTE) GPs aged 55 and over were due to retire in the next five years.

First contact MSK physiotherapists can provide a streamlined and cost-effective service in primary care by promoting self-management, improving patient care and reducing GP workload.

Methods

- Data was collected at French Weir Health Centre (FWHC) between September 2015 and December 2017 and Warwick House Medical Centre (WHMC) between September 2016 and December 2017.
- Each practice offered eight 20 minute appointments per session and the physiotherapists were able to request investigations, provide injection therapy and prescribe across both sites.
- The number of sessions per site differed across GP practices (FWHC = 0.5 WTE and WHMC = 0.2 WTE) with a population ratio per session at FWHC of 3226 patients per session, compared to 3525 patients per session at WHMC.

Results

- A total of 3287 consultations were provided by the FCP in two GP practices in Taunton.
- On average 40% of the contacts were seen by the FCP, 34% were referred to the FCP by a GP or nurse practitioner, 22% were follow-up consultations and a 4% DNA rate.
- Across both GP practices 52.4% of patients were seen within seven days, increasing to 86.8% with a 0.5 FTE FCP at FWHC.
- In total 75.6% (2485) of patients were managed independently by the FCP with 14.7% and 6.1% referred to physiotherapy and intermediate / secondary care services respectively.
- The FCP roles coincided with a significant reduction in the number of patients seen in orthopaedic intermediate care services from both GP practices. For a 0.2 FTE this equated to 13.6% and 11.3% at WHMC and FWHC respectively. When the FTE increased to 0.5 at FWHC in late 2016, comparative year on year data demonstrated a 44.2% reduction.
- Excellent patient satisfaction was noted as patients felt listened to and found the consultation helpful with average satisfaction scores of 4.9 and 4.7 respectively (using a Likert scale of 0 = strongly disagree and 5 = strongly agree).

Conclusion

The pilot demonstrated that the FCP role is clinically effective in independently managing MSK conditions, while providing appropriate triage and management in a prompt manner.

The benefits of the role have been shown to extend beyond primary care by reducing the demand on intermediate / secondary care services and accelerating the patient pathway.

9. Case studies (5/5)

Lincolnshire

Background

In Lincolnshire a First Contact Practitioner MSK service was piloted in Deepings Practice.

The practice has nearly 24,000 registered patients. There was scope to reduce GP caseload by segmenting the patient demand and redirecting MSK problems to a physiotherapist.

Commissioning and staffing

This pilot was funded by NHS South Lincolnshire CCG from September 2017 to February 2018.

Staff: one band 8A physiotherapist, a GP partner lead and FCP physiotherapist pilot lead at Deepings Practice, reception staff and an MSK administrator.

FCP service

Patients with MSK conditions who contacted the surgery to make an appointment with the GP were identified by GP reception staff and referred directly to a physiotherapist. The practice had a policy to ask patients their reason for wanting an appointment as this helped to direct patients to the correct professional.

The FCP (enhanced physiotherapist service) assessed the patient and:

- Diagnosed.
- Advised on initial physical therapy.
- Organised blood tests.
- Organised radiology investigations.
- Referred to secondary care specialists such as orthopaedics, rheumatology and the pain team.
- Checked their own test results.
- Referred patients to GP where appropriate.
- Asked GP to prescribe when analgesia needed (as the physiotherapist was not a prescriber).

Outcomes were as follows:

- Patient survey results - feedback from patients 100% positive.
- Faster advice and treatment for patients.
- 39% shift of MSK patients to physio, increasing GP capacity.
- Created a more agile pathway for patients presenting with MSK problems.
- Data suggests fewer patients are being referred to secondary care specialists when compared to the same period in the previous year.
- Improved GP and physiotherapist liaisons.

10. Further resources

Arthritis and Musculoskeletal Alliance

ARMA website and their MSK Knowledge Hub.

Chartered Society of Physiotherapy

CSP website resources include:

- Physiotherapy staff cost calculator.
- Implementation guidance, endorsed by BMA, RCGP and CSP.
- FAQs.
- Standard job description and person specification.
- Standardised national data collection form and templates for use with EMIS, System One and Vision.

Further information

For further information on FCP case studies email: fcp@csp.org.uk.

Transforming musculoskeletal and orthopaedic elective care services handbook NHS England website.

If you have any great ideas, case studies or resources that you think could support this High Impact Intervention please get in touch via england.electivecare@nhs.net.

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