Department for Work & Pensions

Department of Health & Social Care

NHS England

GIRFT
GETTING IT RIGHT FIRST TIME

Further Faster Community MSK services Handbook

Checklists and resource links

December 2025

GIRFT is part of an aligned set of programmes within NHS England

Foreword

Building an inclusive and thriving labour market where everyone has the opportunity to work is a key commitment of this Government. Tackling health-related economic inactivity will raise living standards and ensure the continued funding of vital public services. It is also central to delivering our wider mission to break down barriers to opportunity, and to improve the health of the nation.

Musculoskeletal conditions affect more than 17 million people in England and have a significant impact on individuals, employers, the NHS and the wider economy. Poor musculoskeletal health is a leading cause of health-related economic inactivity in the UK, with an estimated 26.5 million working days lost to musculoskeletal conditions in 2024.

Early prevention, timely detection and effective rehabilitation of musculoskeletal conditions would benefit many people living with these conditions in England. Most individuals with musculoskeletal conditions can be diagnosed and managed effectively in the community. However, community waiting lists for musculoskeletal services remain amongst the highest in England, with more than 388,000 people waiting in August 2025.

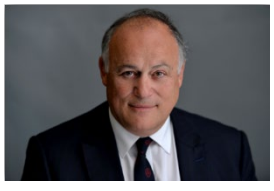
Aligned with the opportunities set out in the ***Get Britain Working*** White Paper, this Government is improving access to high-quality treatment and support to enhance health outcomes and significantly reduce health-related barriers to work.

This Government is committed to building an NHS fit for the future, as set out in the ***10 Year Health Plan***. To support this ambition, the Joint Work and Health Directorate (DHSC/DWP) is working with the Getting It Right First Time (GIRFT) MSK Community Delivery Programme to implement its proven *Further Faster* model for musculoskeletal (MSK) community services. The programme uses data and benchmarking to reduce MSK community waiting times and improve work outcomes.

This initiative supports the missions set out in the ***Get Britain Working*** White Paper, the ***Pathways to Work*** Green Paper and the ***10 Year Health Plan*** by bringing prevention and care closer to home, strengthening employment support and delivering better services for citizens.

Ashley Dalton, Minister for Public Health and Prevention – Department of Health and Social Care

The Rt Hon Dame Diana Johnson DBE MP, Minister for Employment – Department for Work and Pensions



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

Further Faster Community MSK services

Introduction

Since we started the Further Faster programme in July 2023 I have continued to be hugely impressed with the commitment, innovation and drive from the clinical and operational teams involved. We have seen significant progress in reducing 52-week waits nationally since the adoption of this programme.

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

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

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

We remain steadfast in our aim that by learning from each other and harnessing the solutions that already exist in services across the country, we can have a positive impact for our patients and workforce ensuring better outcomes on a national scale. None of this work can be achieved without your support and leadership, and I would like to thank you for your ongoing commitment and drive.

Professor Tim Briggs CBE

GIRFT programme lead and NHS England National Director for Clinical Improvement and Elective Recovery

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

How to use this handbook

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

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

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

Then use this guide to:

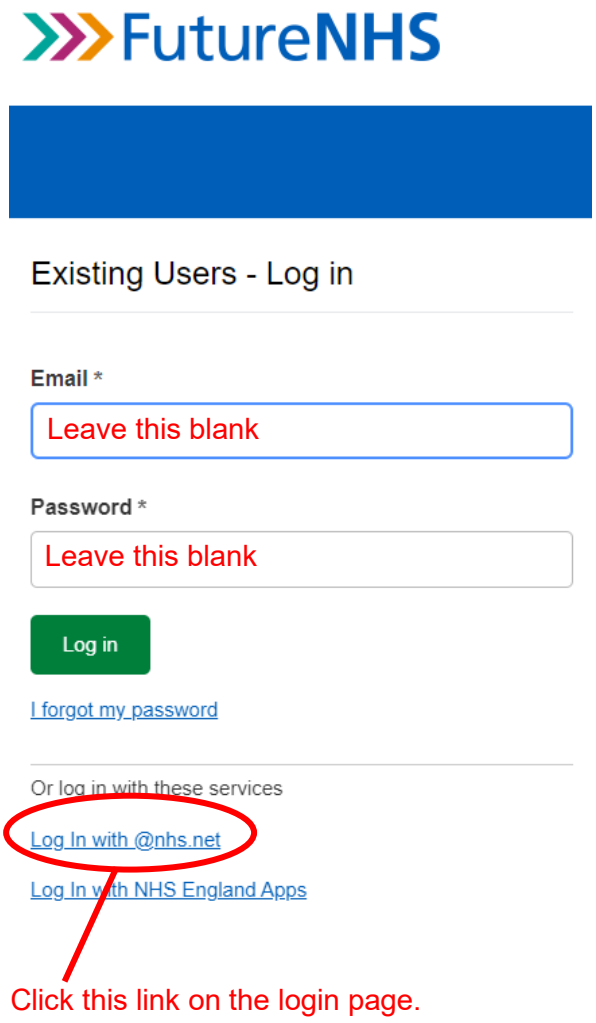
- **Assess** where you are already doing things well and identify where you have opportunities to work differently and more effectively.
- **Understand** your current service's strengths and weaknesses compared with peers and how to best use data to evaluate and drive improvement.
- **Prioritise** improvement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

Accessing resource links

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

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

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



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

Further Faster Community MSK

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Delivering improvements to commissioned Community MSK services:

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

☑ Checklist: Reducing waiting times and optimising access

Check	Good Practice	Resource links
☐	Collect, submit and report on measurable indicators in the NHS England Community Monthly Situation Report (sitrep) regarding waiting times for patients.	**Guidance:**
☐	Collaborate with primary care leads to optimise referrals to community MSK triage and therapies services.	
☐	Collaborate with secondary care leads to optimise referrals into community MSK therapies services.	
☐	All priority patients are seen within two weeks of receipt of referral. Priority patients are defined as: • patients who have had recent surgery/a procedure requiring rehabilitation; and/or • patients who have had recent injury, fracture or dislocation requiring rehabilitation; and/or • patients with acute and/or complex needs with high levels of pain (such as acute back pain) leading to significant loss of function and/or disturbed sleep and an inability to work or undertake care responsibilities	
☐	Formulate a recovery plan where the waiting list for non-priority patients exceeds 12 weeks.	
☐	Validate the waiting list by • removing repeat referrals	

- NHSE Improvement framework for Community MSK
- NHS Fit for the Future Plan
- Fuller stocktake report
- NHSE 24/25 Operational Planning Guidance
- Elective Recovery Plan
- NHSE Equality and Health Inequalities Hub
- NHSE Leading the spread and adoption of innovation and improvement
- NHSE Working in partnership with people and communities
- NHSE Population Health Management
- NHSE Shared Decision Making
- NHSE Implementing PIFU guidance
- NHSE Good communication with patients waiting for care

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	• identifying patients already receiving care within the service • identifying those who would benefit from care in another service • asking all remaining patients if they still wish to be seen and directing them to resources to support self-management where appropriate. If patients state they no longer wish to be seen, they can be removed from the waiting list provided they: have capacity; understand the decision being made; and have had all communication needs met.	**Further Faster Handbooks:** Rheumatology Further Faster Handbook Spinal pain services Further Faster Handbook Adult Spinal Services Further Faster Handbook Orthopaedics Further Faster Handbook **Case Studies:** Sutton Health & Care MSK Super Clinics Sandwell & W.Birmingham digital triage Midlands Partnership telephone assessment and self referral Sutton Health & Care clinical assessment & triage **Metrics:** Commissioned Community MSK waiting times
☐	Be as productive as possible with follow-up capacity to free up more clinical resources assess new patients.	
☐	Offer additional assessment clinics.	
☐	Explore mutual aid across providers.	

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☑ Checklist: Delivering triage functions and optimising hospital referrals

Check	Good Practice	Resource links
☐	Recognise urgent and emergency conditions requiring onward referral and make timely referral as per agreed local pathways.	**Guidance:** NHSE MSK Orthopaedic approach to referral optimisation OPRT Referral optimisation spinal pain in community NHS Decision Support Tools BSR – when to refer to rheumatology Spinal: When to request MRI ARMA – urgent and emergency MSK conditions for onward referral Mind the Gap: Gap Analysis OPRT Specialist A&G - Rheumatology GIRFT Suspected Cauda Equina Syndrome Pathway NICE Red Flag Signs and Symptoms NICE Guidance NG157 NICE Guidance NG65 NICE Guidance NG100 NHSE EBI Programme NICE Guidance NG59 GIRFT HVLC Pathways
☐	Collaborate with diagnostic leads to optimise requests aligned with best practice guidance, access to results and to inform further decision-making regarding management.	

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☐	Collaborate with hospital leads in orthopaedics, spinal services, pain services and/or rheumatology to optimise referrals aligned with best practice pathways through shared decision making. Consider using 'Mind the Gap' gap analysis tools to support this.	**Metrics:** % patients discharged after first attendance in T&O % patients discharged after first attendance in spinal services % patients discharged at first consultation in rheumatology **Case Studies:** Southwest London MSK MDT triage Barts Health virtual triage for spinal Bath triage of non-inflammatory rheumatology Walton and Northern Care Alliance virtual triage Mersey and West Lancashire digital assessment and triage tool

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

Check	Good Practice	Resource links
☐	Use locally agreed rehabilitation protocols to guide both fracture and post-surgical rehabilitation.	**Guidance:** NICE EVA digital technologies for managing non-specific low back pain ARMA – supportive self-management in MSK NHSE Supportive self-management peer support guide NHSE Guide to adopting remote consultations in adult MSK physio NHSE talking therapies for anxiety and depression NHSE Supported self-management education guide NICE Guidance: NG226 NHSE MSK Digital checklist NICE Guidance: NG193 NICE MSK conditions
☐	Use evidence informed interventions such as peer support, self-management education and health coaching to support self-management.	
☐	Use group interventions for appropriate patients to support MSK therapies capacity.	
☐	Make best use of evidence informed digital resources to support rehabilitation and to support the management of long-term conditions for appropriate patients.	
☐	Establish collaborative approaches with the independent and third sectors (charities, social enterprises and voluntary groups) to support therapies capacity to deliver rehabilitation and/or support people to manage long-term MSK conditions in a variety of community venues.	
☐	Integrate with local talking therapies services as an option for any patient experiencing anxiety and depression in the context of their MSK condition.	**Case studies:** SelfSTarT intervention for low back pain Transforming community venues MSK hubs Digital self-management app Mersey Care self-management
☐	Routinely collect a patient recorded outcome measure and patient recorded experience measure as part of a therapeutic assessment and management plan and use to inform quality evaluation and improvement.	**Patient resources:** CSP: Managing your bone, joint or muscle pain Arthritis Action website ESCAPE pain website

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

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

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Behavioural Science – Resistors to Change

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

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

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

Applying Behavioural Science – SCARF® Resistors to Change Toolkit

☑ Checklist: Addressing Resistors to Change

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

Check	Good Practice	Resource Links
☐	Undertake a stakeholder analysis	SCARF® Multi Stakeholder Assessment Tool
☐	Undertake a SCARF® analysis – understanding fundamental threats of the proposed change & how to address them	SCARF® Model Basic Worksheet SCARF® Resistors to Change Toolkit Guide

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Further Faster c-MSK Handbook

Appendix 1: Community Appointment Days

Checklists and resource links

December 2025

Further Faster c-MSK

Context:

All the advice contained in the Further Faster c-MSK Handbook can be applied to community MSK services. In recent years, Community Appointment Days (CADs) have become a useful tool for many community MSK providers across England. This appendix is an implementation checklist covering design principles and practice for NHS Providers implementing or exploring CADs. Relevant case studies, guidance and templates are provided where applicable. ***Tip: This checklist is a living document — use it to develop a local version that reflects your context and priorities.***

☑ Checklist: Demedicalise and humanise care

Check	Good Practice	Resource links
☐	Begin with “What matters to you?” conversations	What matters to you? Personalised Care Curriculum
☐	Use Strength-based language. Recognise the patient as expert about themselves	
☐	Provide a personal passport/booklet for patients to write notes	
☐	Create compassionate, unhurried environments where patients can stay as long as they wish	
☐	Prioritise relationships and conversations over consultations; avoid unnecessary notetaking	

☑ Checklist: Ensure visibility and access

Check	Good Practice	Resource links
☐	Deliver care in familiar, trusted community spaces (e.g., halls, libraries)	
☐	Select accessible venues with good transport links	
☐	Offer varied services such as health checks, peer support, advice and education	

☐	Design inclusive, non-clinical environments with welcoming signage and minimal barriers (e.g., tables, doors, screens)	
☐	Enable flexible access, encouraging drop-ins as well as scheduled appointments	

☑ Checklist: Build the right multi-disciplinary team

Check	Good Practice	Resource links
☐	Include diverse roles: clinicians, administrative staff, care coordinators, VCSE partners, social prescribers, health coaches, volunteers	HEE Toolkit
☐	Brief all staff and volunteers on both logistics and the ethos of CADs	
☐	Schedule team huddles at the start and end of each day	

☑ Checklist: Share resources

Check	Good Practice: Outpatient activity and capacity	Resource links
☐	Provide accessible health and well-being information in line with the NHS England Accessible information standard	NHSE Accessible Information Standard
☐	Highlight local community groups and voluntary sector services	e-lfh Health Literacy
☐	Share tools for self-management and wider determinants of health (e.g., finance, housing, befriending services, digital apps)	
☐	Offer digital support or signposting for those less confident online (e.g., NHS App, health literacy tools, digital access groups)	
☐	Share resources openly with both attendees and staff	

☑ Checklist: Build a reflective learning culture

Check	Good Practice	Resource links
☐	Provide ongoing training in health coaching, shared decision making and trauma-informed care	Personalised Care Institute
☐	Normalise learning from mistakes; foster curiosity and support	
☐	Encourage empathy, vulnerability and psychological safety	
☐	Debrief after each CAD (e.g., 30 minutes at the end of the day and again a week later)	

☑ Checklist: Design with and for Communities

Check	Good Practice	Resource links
☐	Co-design CADs with VCSE partners and local residents	
☐	Regularly ask: Who is benefiting? Who is missing? What's working or not working?	
☐	Use feedback to adapt and improve each event	
☐	Celebrate shared progress to build local momentum	

Further Faster c-MSK

☑ Checklist: Purpose-led and equitable

Check	Good Practice	Resource links
☐	Understand who uses your services — and who does not	NHSE: Equality and Health Inequalities Impact Assessment
☐	Explore barriers and lived experience of exclusion	
☐	Tailor CADs to the needs of the local population	
☐	Support wellbeing and belonging for all staff and volunteers	
☐	Complete an Equality and Heath Inequalities Impact Assessment (EHIA) for the CAD model	

☑ Checklist: Monitor, evaluate and adapt

Check	Good Practice	Resource links
☐	Collect real-time feedback from patients and staff	GIRFT CAD Webinar
☐	Track outcomes such as discharges, waiting time reductions and self-management rates	NICE shared decision making
☐	Use validated measure of Shared Decision Making (SDM) (see NICE guidance)	NHSE Core20PLUS5
☐	Apply protected characteristic data and Core20PLUS5 lens to assess reach and equity impact	Somerset MSK CAD days
☐	Feed learning into future planning and share across teams	Sussex MSK CAD days

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