GETTING IT RIGHT FIRST TIME

NHS England

Community MSK First Contact Physiotherapy (FCP) Handbook

Checklists and resource links

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Royal College of General Practitioners

Chartered Society of Physiotherapy

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Foreword

First Contact Physiotherapists (FCPs) have become an established and valued part of musculoskeletal care, helping patients access expert assessment, advice and management at the earliest stage of their healthcare journey. Their contribution supports improved patient experience, better outcomes and more effective use of NHS resources.

The GIRFT FCP initial report, published in the spring of 2026, highlighted the significant benefits that FCP services bring to patients and systems, while also identifying variation in how services are delivered, governed and integrated within local pathways. Reducing unwarranted variation and adopting best practice more consistently presents an opportunity to maximise the impact of the FCP role.

This handbook has been developed as part of the GIRFT programme to support commissioners, providers, Primary Care Networks and Integrated Care Boards in reviewing and improving local FCP services. Through practical checklists and supporting resources, it aims to help systems strengthen governance, improve integration and support high-quality, consistent care.

There is no single model for delivering successful FCP services. However, all services should be underpinned by effective collaboration, robust governance and a commitment to continuous improvement. By learning from successful practice and working together across organisational boundaries, we can continue to improve care and outcomes for people living with musculoskeletal conditions.

I would like to thank everyone who has contributed to the development of this handbook and to the continued improvement of FCP services across England.

Professor Tim Briggs CBE

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

Professor Tim Briggs is a consultant orthopaedic surgeon at the Royal National Orthopaedic Hospital NHS Trust.

Introduction

Musculoskeletal conditions remain one of the most common reasons people seek help from primary care services. First Contact Physiotherapists play a key role in ensuring patients receive timely specialist assessment, advice and management, helping people access the most appropriate care while supporting integrated musculoskeletal pathways.

As FCP services have expanded across England, a range of delivery models have developed. Many services are delivering excellent care and demonstrating the value that FCPs bring to patients, practices and local healthcare systems. However, opportunities remain to strengthen consistency in areas such as governance, workforce development, service integration, operational delivery and the measurement of quality and outcomes.

This handbook has been developed as a practical improvement resource to support those responsible for commissioning, providing or leading FCP services. It complements GIRFT's Community MSK Further Faster Handbook and focuses specifically on the factors that enable FCP services to deliver high-quality, safe and effective care.

The guide is structured around a series of practical checklists covering capability and governance, integration, service delivery and optimisation of the FCP role. These are intended to support local self-assessment, identify opportunities for improvement and signpost users to relevant guidance, tools and examples of good practice.

We encourage systems to use this handbook flexibly, adapting the recommendations to local circumstances while maintaining a focus on collaboration, continuous improvement and delivering the best possible outcomes and experience for people living with musculoskeletal conditions.

Andy Saunders

GIRFT Community MSK clinical advisor for First Contact Practice

Andy is an Advanced Physiotherapy Practitioner and Clinical Lead for the First Contact Practitioner service within Midlands Partnership University NHS Foundation Trust. In his GIRFT role, he is leading the rapid analysis of current service provision and the development of recommendations to support future practice. He also provides specialist expertise to the GIRFT programme in this area of MSK practice. Andy is also Chair of the Midlands FCP Clinical Forum and a guest lecturer at Keele University.

How to use this handbook

This guide is designed to support best practice across a range of important metrics. It is organised around key sections of the pathway and provides checklists against which you can assess your current practice. It is important that national best practice standards are implemented locally.

Resource links signpost you to guidance, metrics 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 system.

Then use this guide to:

- **Assess** whether you are already doing the right things and identify where you have opportunities to work differently and more effectively.
- **Understand** your current service's strengths and weaknesses compared with peers. The guide will help you to find and review the relevant Model Hospital System Metrics to compare performance.
- **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 demand;
    - release capacity;
    - increase throughput; and
    - reduce length of stay;

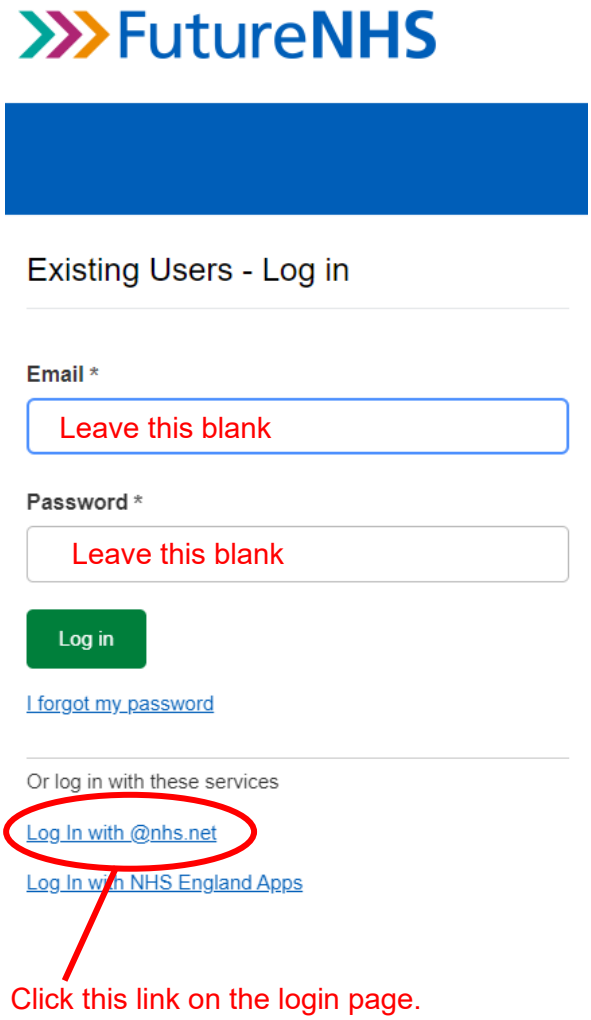
  while maintaining and improving quality and outcomes.

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.

Delivering improvements to FCP services:

This guide contains checklists developed with stakeholder partners to enable providers and systems to implement best practice recommendations for First Contact Physiotherapy services. Tip: This checklist is intended as a practical improvement tool. Adapt it locally to reflect your service model, workforce, governance arrangements and improvement priorities.

☑ Checklist: Capability and governance

The GIRFT national FCP evaluation revealed considerable variation in awareness and application of Care Quality Commission (CQC) regulatory requirements and the nationally recognised educational framework for FCPs. Variation was also observed in arrangements for job planning, clinical supervision and professional support, alongside differences in governance, accountability and oversight of service quality and patient safety.

Check	Good practice	Resource links
☐	Primary care services commissioning or delivering MSK FCP are aware of and are compliant with CQC guidance for FCP roles.	CQC guidance for FCP roles
☐	All FCPs have a minimum of five years' post-qualification experience, with at least three years' specialist expertise (experience) in MSK physiotherapy.	Network DES contract 26-27
☐	All FCPs must complete the MSK FCP roadmap to practice.	FCP Roadmaps to Practice
☐	Where FCPs have not yet completed the MSK FCP roadmap to practice, PCNs, practices and providers maintain visible, agreed plans for completion, typically within six months of starting work within primary care, with robust interim governance arrangements, including: • supervision; • risk mitigation.	MSK FCP Learning Hub
☐	All FCPs should be able to demonstrate continued working at an advanced-level capability in the clinical practice pillar of MSK physiotherapy.	NHSE supervision guidance
☐	A formal governance agreement is in place, clearly defining responsibilities between the employer, PCN/practice(s) and any host/provider for: • recruitment assurance; • induction; • scope of practice;	NHSE: AHP job planning guide

	• supervision; • operational oversight; • absence cover; • incident reporting; • complaints; • audit; • referral quality and escalation.	
☐	FCPs have an agreed scope of practice which is visible and understood by all relevant practice/PCN staff, including local commissioned community MSK (cMSK) services aligned to their: • competence; • job plan; • prescribing formulary and governance; • injection therapy governance; • diagnostic access and governance; • local pathways and host practice arrangements.	
☐	All primary care services have formal, regularly reviewed, governance processes in place to record, investigate and learn from incidents relating to the quality and safety of FCP services.	
☐	All FCPs have an agreed and regularly reviewed job plan aligned to the NHS England job planning guidance.	
☐	All FCPs have supporting professional activity (SPA) time, outlined within their job plan that is appropriate to their job role and education/training requirements.	
☐	All FCPs have daily clinical administrative time as part of their direct clinical contact (DCC) time. The amount of time allocated will be dependent on their role and outlined within their job plan.	
☐	All FCPs have access to on the day clinical support from a named clinician with appropriate expertise.	
☐	All FCPs have access to regular supervision, with a clinical supervisor with appropriate expertise aligned to NHS England supervision guidance.	

☐	All FCPs are fully inducted and embedded within their GP practice/PCN, allowing them to participate in relevant clinical, operational, and service development activities, as integral members of the primary care team.	

☑ Checklist: Integration

GIRFT has identified that FCP services across England are delivered through a variety of models, including independent FCP providers and practitioners directly employed within primary care, as well as through local commissioned community musculoskeletal services. Regardless of the delivery model, it is essential that all FCP providers work in partnership with the local commissioned cMSK service and actively engage and collaborate to promote an integrated local MSK care system. Integrated Care Boards (ICBs), or designated MSK leads within ICBs, should have oversight of local FCP service provision and facilitate connections between FCP providers and commissioned cMSK services to promote collaboration, communication and service integration.

Check	Good practice	Resource links
☐	FCP service providers and commissioned cMSK/secondary care services actively engage and collaborate, providing regular feedback between services, to optimise referrals and enable integrated care.	NHS England Improvement Framework NHS England Adult cMSK Service Specification NICE Red flag guidance NHS clinical commissioning policies Shared decision making NICE condition specific guidance
☐	FCP providers and commissioned cMSK services collaborate to enable FCPs to fully understand the local commissioned cMSK service(s) function including: • nature of triage and therapies provision; • access criteria and processes; • waiting times for priority and non-priority patient; • awareness of the local relevant policies and procedures, e.g., attendance policy.	
☐	FCP services participate in local MSK pathway redesign and service improvement activity alongside community and secondary care providers.	
☐	FCPs have access to peer support, or teaching through local networks, training hubs or communities of practice.	

☑ Checklist: Operational delivery

Ensuring FCP appointments are used effectively and efficiently by all stakeholders is essential to provide patients with appropriate access to FCP appointments within primary care without duplication of care or delay in referral to alternative services.

Check	Good practice	Resource links
☐	The FCP role is actively promoted to all stakeholders, including patient groups and the Voluntary Community and Social Enterprise (VCSE) Health and Wellbeing Alliance, to facilitate a collaborative approach to patient care.	CSP FCP resources NHSE reducing DNAs NHSE decision support tools Case study: FCP data collection portal
☐	All practice/PCN multidisciplinary teams should be aware of acceptance and exclusion criteria for FCP services to optimise case load, without duplication of care or delay in referral to alternative or GP led services.	
☐	All FCP services use standardised booking processes which, where relevant, are easy to use for patients, supported by a clear explanation of the FCP role.	
☐	All FCP services offer the option of virtual/telephone consultations if requested and where clinically appropriate.	
☐	Consider providing FCP appointments during GP enhanced access times.	
☐	Routinely monitor and regularly audit did not attend (DNA) rates to understand causes and inform planning to maximise clinical capacity.	
☐	FCP services routinely review health inequalities and access data to identify opportunities to improve equity of access.	

☑ Checklist: Clinical delivery

GIRFT has found variation in how FCP roles are operationalised within primary care, particularly in relation to key responsibilities such as diagnostic requesting, fit note certification and prescribing. Variation also exists in access to secondary care referral pathways, and links to employment support services such as WorkWell. These differences may limit the system-wide benefits of the FCP role and impact the quality, consistency and equity of care delivered within primary care. The collection and use of performance and quality metrics, including patient-reported outcome measures (PROMs) and patient-reported experience measures (PREMs), was also found to be inconsistent.

Check	Good practice	Resource links
☐	All FCPs can recognise urgent and emergency conditions requiring onward referral to secondary care services and make timely referral as per agreed local pathways.	Fit note guidance
☐	Where FCPs have access to diagnostics, collaborate with diagnostic leads to optimise requests aligned with best practice guidance, access to results and to inform further decision-making regarding management.	WorkWell guidance
☐	Where FCPs are non-medical prescribers, prescribing governance procedures are in place, managed at the appropriate organisational level according to the FCP employment model.	Patient Group Direction use in PCNs
☐	Where FCPs administer joint and soft tissue injections, patient group directions (PGDs) for relevant medicines are authorised at the appropriate organisational level according to the FCP employment model, and ongoing governance procedures are in place.	NICE Red flag signs and symptoms
☐	The factors for when FCPs do not have access to diagnostics, injection therapy and prescribing are understood, and quality improvement plans undertaken to facilitate access where appropriate, locally agreed and in collaboration with local community and hospital services.	GIRFT Cauda Equina Pathway
☐	Where available, FCPs make best use of evidence informed digital resources to support rehabilitation and to support the management of long-term conditions for appropriate patients.	Core component descriptions
☐	Collaborate with hospital leads in orthopaedics, spinal services, pain services and/or rheumatology to optimise direct referral access from primary care where locally agreed, aligned with best practice pathways through shared decision making.	NICE Digital guidance HTE16
		NHSE supported self-management
		NHSE shared decision making
		GIRFT Spinal infographic

Check	Good practice	Resource links
☐	Where capable and where locally agreed, all FCPs are able to certify/amend fit notes for patients presenting with MSK conditions within their scope of practice.	
☐	All FCP services have pathways in place to access health employment support services such as WorkWell to help patients remain in or return to work.	
☐	FCPs make best use of patient resources and non-medicalised interventions to improve supported self-management for MSK conditions, signposting patients to accessible evidence-based resources to support self-management and make best use of: • social prescribing; • health coaches; • Talking Therapies and other local mental health services; • other core community health services, including mental health services; • the third sector.	
☐	All FCP services routinely collect, review and share performance, quality and outcome metrics with relevant stakeholders (e.g., PCNs, practices, community MSK services and ICBs).	
☐	FCP services routinely collect, share and analyse patient-reported experience measures (PREMs) and patient-reported outcome measures (PROMs) with the same relevant stakeholders.	

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.

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

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

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Getting It Right First Time (GIRFT)

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

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