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## **Introduction**

Welcome to our Musculoskeletal (MSK) Physiotherapy annual report which covers the period from April 2024 to March 2025.

MSK conditions continue to have a major impact on people's lives. It is one of the leading causes of time off work and more years are lived with an MSK disability than any other condition. The MSK Physiotherapy Service continues to provide a person-centred approach where each person is individually assessed and their bespoke care is focused on symptom management, movement, exercise and supported self-management. As we help patients to recover and return to normal activities, we also encourage them to take up more active and healthy lifestyles. In addition we focus on health improvement and support patients who have wider health needs (e.g. who require support on issues such as alcohol, smoking, weight management, stress management) by signposting to appropriate services.

Our report provides a brief overview of the main areas of focus over the last year, namely:

- Service performance: data on demand/activity and waiting times.
- Impact data: Patient reported outcomes measures and patient reported experience.
- Impact data: Success of Advanced Practice Physiotherapists within Primary Care.
- Brief summary of 5 key priority projects (and work around Health Care Staffing Act).

- MSK Digital strategy.

We believe that our report provides an overview of some of the key areas of work and successes within the MSK service over the last year and that the data presented within our report reflects the amount of work that goes into ensuring that our MSK service is “Fit for the Future, fit for life”.



## **Section 1: A year in data: an overview**

The MSK Physiotherapy service continues to have a huge focus on data, in regards to waiting times; quality assurance and to inform and drive priority project work.

MSK performance data in regards to waiting demand, capacity and waiting times is presented within Section 1.1 of the report. Data collected from patients in regard to their treatment outcome and experience of the MSK service is presented within Section 1.2 and Section 1.3 provides data on the success of Advanced Practice Physiotherapists within GP practice. Section 2 presents some of the project work carried out within 2024/25.

There has been ongoing priority project work to address waiting times (see section 1.1). The project work utilised Quality Improvement methodology and the driver diagram for the priority project work is included within section 2.1 below. Demand for service provision rose by almost 7% in 2024/25 when compared to the previous year (when demand also rose by 13.3% on previous year), which meant that maximum routine waiting times and number of patients waiting for a routine appointment rose throughout the year, even with the dedicated focus on waiting times.

Data was collected in regards to Patient Reported Outcome Measures (PROMS) and patient experience (Section 1.2). Both measures validated the quality of service provision, with PROMS demonstrating

service effectiveness in reducing patients' pain, increasing patients' function and returning patients to the workplace. The feedback on patient experience with service provision was overwhelmingly positive.

Impact data from Advanced Practice Physiotherapy (APP) staff based within GP Practice (see section 1.3). APPs demonstrated their effectiveness in supporting 78% to self manage their MSK condition. Requests for bloods, medication and imaging were low, as were onward referral rates to MSK and orthopaedics (including lower than GP practices without an APP) which shows the APPs to be a cost effective resource within a Primary Care setting. The priority projects are then summarised in section 2.0 and the Digital Strategy presented as a hyperlink (and attachment).

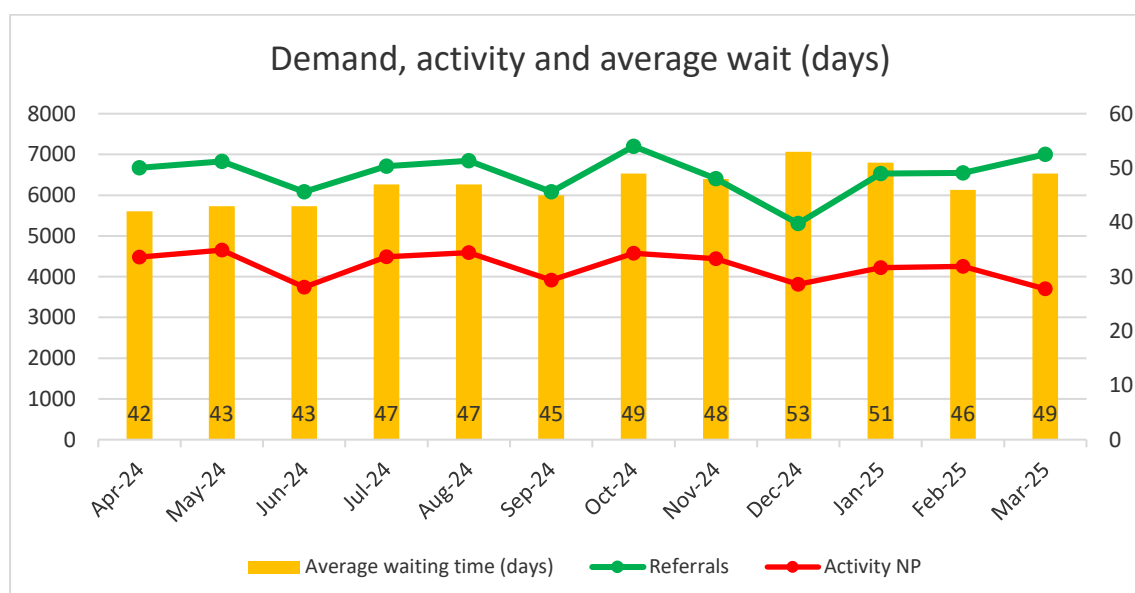
## **1.1 Referral rate; activity and average waiting times.**

### **1.1.1 Referrals and Demand**

Demand for the MSK service has risen in 2024/25 compared to the two previous years (referral rate demonstrated a further increase 6.8% this year on top of the 13.3% increase the previous year). The service received 78,746 referrals in 2024/25 (compared to 73,680 referrals in 2023/24 and 65,017 in 2022/23). The referral rate was consistently around 6-7k referrals per month (with referrals peaking at over 7k in both October and March. The service experienced the usual seasonal dip in

December with 5,358 referrals). This data is presented within Graph 1 below.

**Graph 1: Demand, Activity and average waiting times**



Graph 1 above and Table 1 below also show maximum routine waiting times across the year. Maximum wait for a routine appointment has increased by 3 weeks over the second half of the year (from 13 week maximum wait to 16 week maximum wait for a routine appointment). Previously the service has been able to respond to rising demand by recruiting agency staff (or over recruit short term) using MSK reserves budget. However within 2024/25 there was an additional turnover savings of £375k to achieve a further 3% savings (on top of the normal 4% turnover target of £320k). This meant that the service was not in the position to recruit agency staff to address rising waiting times as reserves budget had to be utilised to achieve the increased turnover target. As well as demand increasing staff have reported on the increase in patient complexity (see section 3.0 below) with increased prevalence of socioeconomic issues; comorbidity and mental health issues. These

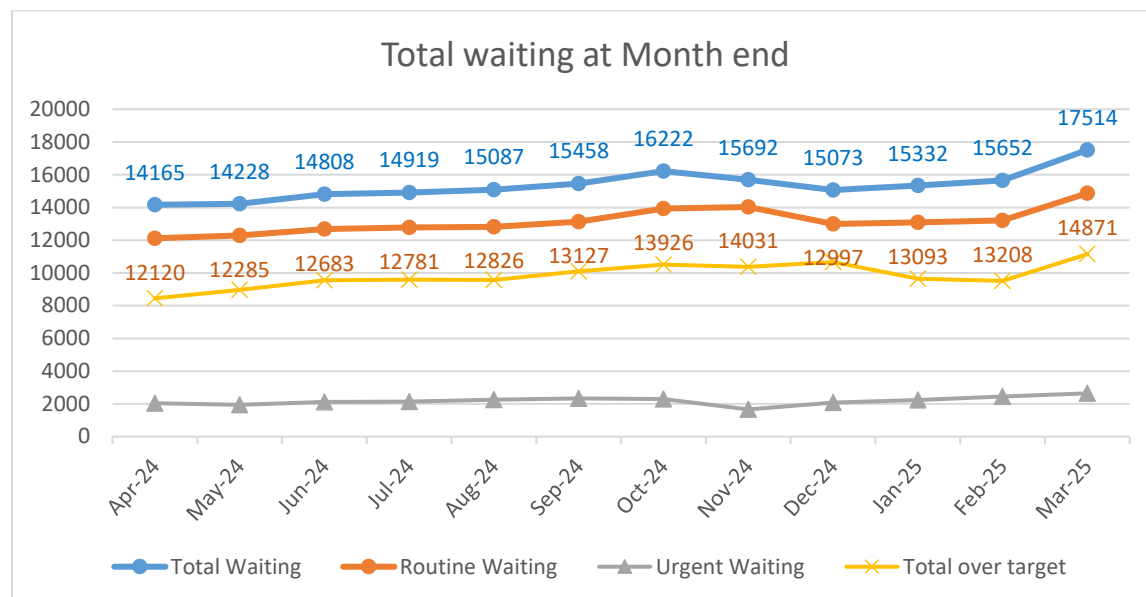
patients require more support and time to discuss and signpost to appropriate services. There has also been an ongoing issue around both increased use of interpreter services and inefficiencies in provision of interpreters by the interpreting service, both of which impact on service capacity detrimentally. Frequently interpreters either do not attend for appointments or cancel at the last minute which ultimately results in rebooking of the patients; additional capacity and additional workload for clinical staff. This is being highlighted via NHS Datix system and reported through Board wide group around interpreting services.

**Table 1: Demand, Activity and maximum routine waiting times**

Referrals											
Activity NP											
Waiting time in weeks											
Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
6671	6831	6086	6713	6845	6086	7201	6403	5305	6529	6547	7004
4478	4652	3743	4489	4588	3913	4578	4438	3816	4218	4253	3699
13	12	13	13	13	13	14	13	14	15	14	16

There has also been a rise throughout the year in the number of patients waiting on an appointment over 2024/25 (see Graph 2 below). Despite the rise in referral rate by 5,358 referrals, there were 3,298 more patients waiting for a routine appointment over the period (increasing from 14,216 in April 24 to 17,514 at end of March 25). As previously stated referral rate increased by 5,358 referrals demonstrating that the ongoing priority project work to address routine waiting times has offset some of the rise in demand. The service has also had to work to prioritise that the proportionate increase in urgent referrals are all appointed within the 4 week target (see below).

**Graph 2: Monthly total number of patients waiting for an appointment**



All referrals into the MSK service are clinically vetted into “urgent” and “routine” based on clinical need and then appointed into “urgent” and “routine” appointment types. The service trakcare templates are built in such a way that 40% of all New Patient appointments are maintained to prioritise “urgent” referrals and ensure that these patients are appointed within the Scottish Government AHP MSK waiting times target of 4 weeks (see below). Any urgent appointment not utilised is converted to a routine appointment to address routine waiting times and the appointments are provided to those patients who have been waiting longest.

The service continues to be able to appoint all urgent referrals within this 4 week target. Although the service achieves the Scottish Government waiting times for all urgent referrals, the target states that 90% of patients should be seen within a 4 week period. In order to achieve this target the service’s priority project work has focussed primarily on reducing routine appointment waiting times (until the routine waiting



times are closer to 4 weeks the percentage of patients seen within the target will not vary much- see Table 2 below).

**Table 2: Percentage seen within Scottish Govt AHP MSK waiting times of 90% patients seen within 4 weeks.**

	Apr 24	May 24	Jun 24	July 24	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25
% seen 4 wks	<b>43%</b>	<b>40%</b>	<b>38%</b>	<b>38%</b>	<b>39%</b>	<b>37%</b>	<b>37%</b>	<b>47%</b>	<b>32%</b>	<b>40%</b>	<b>41%</b>	<b>39%</b>

### 1.1.2 Service Capacity and Activity

New patient (NP) activity levels within 2024/25 are illustrated by the red line within Graph 1). Despite all the ongoing work to improve waiting times there was a very slight decrease in new patient appointments in 2023/24 compared to the previous year (64,653 NPs in 2024/25 compared to 65,141 NPs in 2023/24).

There are several reasons for this decrease. Firstly as previously mentioned the service had reserves funding to recruit agency staff (n= 7-10 wte over various times) in 2023/24 which was not available this year due to increased turnover savings target. This significantly impacted on service capacity and meant that the service did not have the increased capacity to meet the growing demand.

Recruitment into MSK vacancies has improved compared to previous years (with more applicants for posts and therefore posts are easier to fill) but the service still has high staff turnover due to size of the service

(with most staff moving to promoted posts). Although this high turnover is essential towards financial savings there is an ongoing impact on service capacity/activity when posts are vacant for a period of time, both during the period when the post is unfilled but also due to the impact of absorption of caseload by others when a staff member leaves the service.

Sickness absence has impacted on capacity throughout 2024/25. Prior to the pandemic sickness absence rates within MSK service were rarely over the 4% target. However during 2024/25 sickness absence rates were consistently over the 4% target (see Table 3 below). There is no cover available for maternity leave. Data throughout the year demonstrates that sickness absence, maternity leave and annual leave results in up to a quarter of the workforce being absent across all months.

**Table 3: Monthly % sickness absence rates 2024/25**

	Apr 24	May 24	June 24	Jul 24	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24	Jan 24	Feb 25	Mar 25
%	7.86	7.57	7.09	7.56	8.28	6.74	5.68	7.83	8.08	7.61	7.09	6.03

Service capacity has also been impacted by supporting orthopaedic colleagues to improve their long waits for a Spinal assessment (waiting times were 78 weeks). In the interest of patient care, the MSK service agreed to release MSK sessional commitment of 0.9wte Orthopaedic APPs for a period between Nov 24 and March 25 (but this has now extended in 2025/26). Although the Board centrally funded extra hours and overtime for MSK staff to allow backfill, there was not sufficient

uptake to compensate for the loss of the sessional commitment. The service lost approx. 250 New Patient appointments whilst supporting orthopaedic colleagues, further impacting on service capacity.

Accommodation challenges have also impacted on service capacity and the ability to provide the best rehabilitation environment for our patients in one Physiotherapy site. This has primarily been due to other services utilising MSK space during the pandemic and the area not yet being returned to MSK. There has been a delay in getting bespoke MSK rehabilitation space returned, but capital funding has been approved by the Health Board and work has commenced to relocate the occupying service and return the space to MSK.

### **1.1.3 Demand vs Capacity and impact on waiting times**

The gap between the red and green lines on Graph 1 demonstrates that the referral rate (demand) continues to be higher than New Patient (NP) capacity. This, as well as the backlog of patients waiting for a routine appointment has meant that addressing waiting times has been an ongoing challenge. The ongoing priority project to address waiting times has really only served to offset some of the year on year increase in demand (see section 2.1).

The gap between demand and capacity is not as great as the data suggests as a variable proportion of patients referred routinely to the service do not 'opt in' at the time of appointment offer. However, there is still a challenge around demand continuing to exceed capacity, which limits ability to address the backlog of patients waiting for a routine appointment.

## **1.2 Impact data: Patient Reported Outcomes and Experience of the MSK service.**

### **1.21 PROMS**

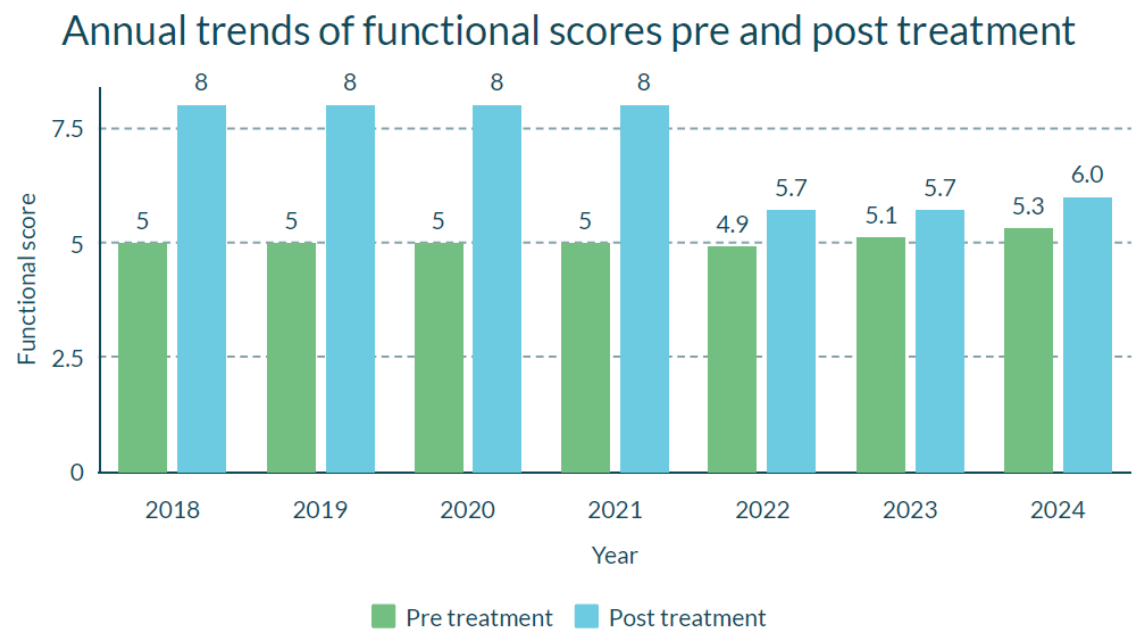
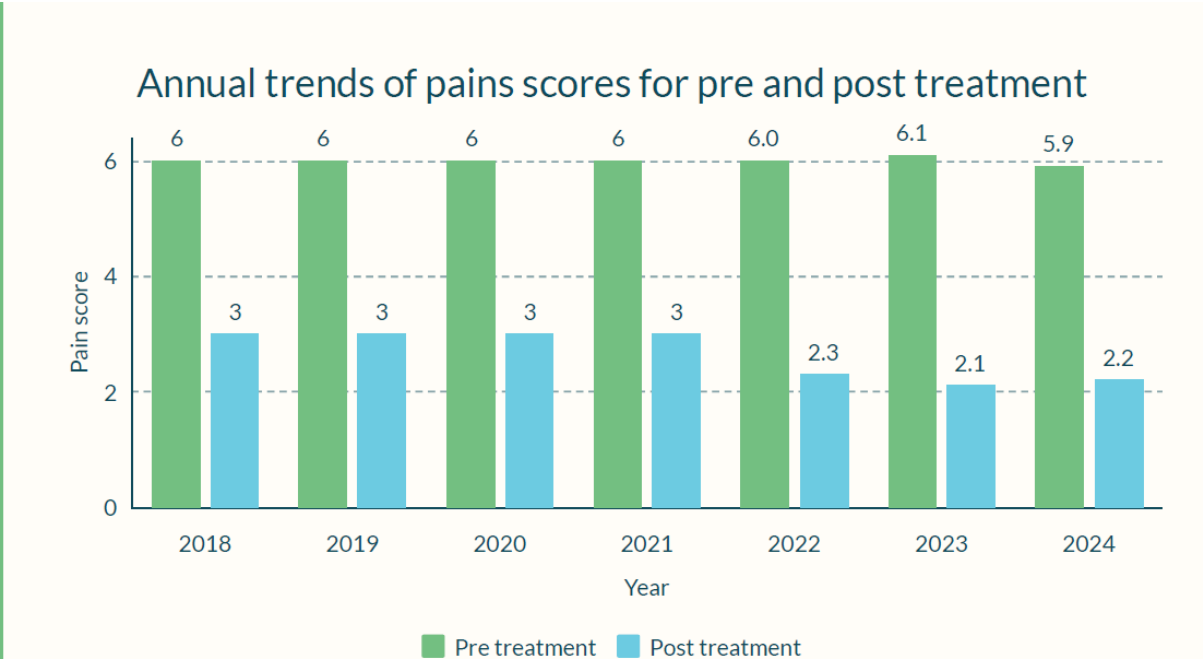
Patient Reported Outcome Measures (PROMS) using validated tools are gathered routinely after a course of treatment. The MSK service collects PROMS across the 4 quadrant areas. This is to demonstrate impact of care, quality of care and provide assurance around equity of clinical care across all areas. The results over the years have indicated real consistency within the MSK Physiotherapy service with very similar quantitative outcome data across the wide geographical area.

There have been historical challenges in completion rate of PROMs over the years, but this has improved since the introduction of Digital Clinical Records/Active Clinical Notes over the last 2 years, with the PROMS being embedded in the ACNs.

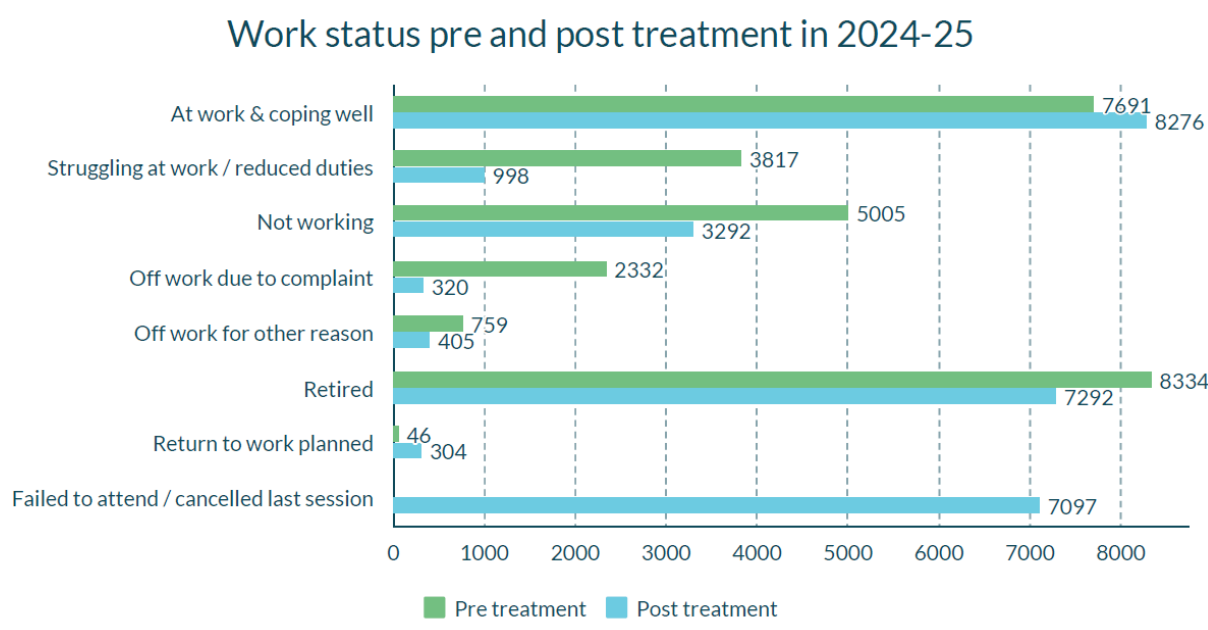
There was a significant increase in the completion of PROMs in 2023/24 (n = 48,715) and then marked further increase in 2024/25 (n = 51,648 completed).

A snapshot of 2024/25 data are presented in the infographics 1 and 2 below and demonstrate the reduction of pain (from a score of 6 to 2); improvement in function (from a score of 5 to 6) and successful return to work as a result of MSK service intervention (infographic 2).

**Infographic 1: Patient Reported Outcome Measures on Pain and Function over the years.**



## Infographic 2: Work status pre and post physiotherapy



### 1.22 PREMS: Patient Reported Experience of our MSK Physiotherapy Service

The MSK Physiotherapy service currently generates patient feedback through the Consultation and Relational Empathy (CARE) measure, Care Opinion website and through a QR code (emailed to patients with their exercise programme) which invites patients to provide feedback on their experience of MSK physiotherapy.

This breadth of methods ensures that our service gets continuous feedback from patients throughout the year. We are always striving to explore new and more effective ways to generate and respond to feedback from patients.

#### CARE measure:

The CARE measure is a recognised and validated tool to measure empathy and has a direct correlation to improved patients outcomes

(Mercer SW and Reynolds W. Empathy and quality of care. BJGP 2002, 52 (Supplement), S9-S12). Between May and August 2024 over 4000 individual CARE reports were generated. The average score for the service was 4.89 / 5. This tells us that our staff build positive and empathic relationships with their patients. Staff also get the opportunity to reflect upon qualitative feedback from patients as part of the completion of the CARE measure and can use this to inform their PDP and training and development needs.

### **CARE opinion:**

Currently Care Opinion feedback is only available for our physios working in the acute sites but the service is aware that West Dunbartonshire HSCP are subscribing to Care Opinion in 2025/26.

Some examples of patient feedback from the Care opinion website for MSK physiotherapy:

*"I have just completed my 6 weeks physiotherapy classes with L (Physio) and S (HCSW) at the New Victoria Hospital. I thoroughly enjoyed the classes. The instructions, atmosphere and venue and the staff were amazing, professional and fun. Thank you for helping me with my recovery. Excellent."*

*"I was referred by my GP to Physio MSK in Renfrewshire H&SC after a hip operation. On arrival I was seen by Physiotherapist M who was very professional and helpful. After my fall I had totally lost confidence and M supported me to realise I could get back on my feet again..... Just wanted to take this opportunity to personally thank M who put in a tremendous amount of time and patience to help me."*

*"Following successful treatment at the fracture clinic at GRI I was referred for Physiotherapy at Woodside H&C centre in January 2024. I was treated by physiotherapist D. His care and attention has been exemplary. His standard of care made my treatment a pleasure and I even began looking forward to my*

*appointments. .... I was amazed by D's holistic approach to treatment, he is an asset to his department and GGC health Board."*

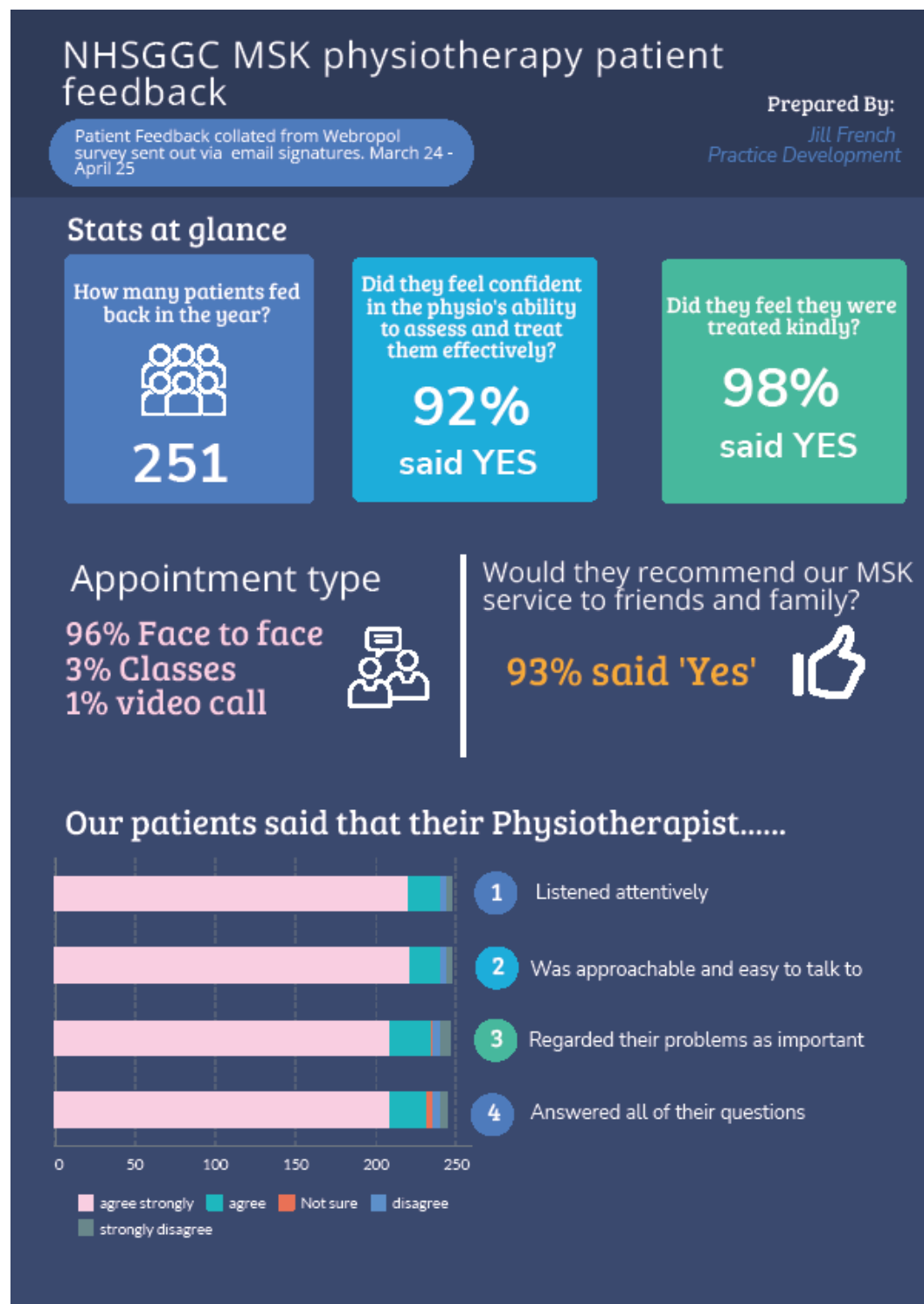
### **Feedback from webropol via email:**

Patient feedback is also generated on a continuous basis through a QR code added to an email sent to patients with their exercise programme.

The service collates the results quarterly and share the feedback with staff. This provides an opportunity to share the positive comments patients have added and to reflect upon any areas for improvement. In 2024/25 the service received feedback from 251 service users via this feedback mechanism. A summary for the whole year is presented in infographic 3 below.



## Infographic 3: Patient feedback on MSK service provision via webropol



### **What patients said:**



### **Continuous Improvement**

As a service we recognise that we can continue to improve the ways we collect and use patient feedback to inform the development of our service. In 2025 we plan to test out CollaboRATE as a tool to measure the extent to which our clinicians are using shared decision making during consultations.

We also aim to explore more effective ways of generating feedback from our hard to reach populations.

### **1.3 Impact data: Patient Reported outcome and experience for Advanced Practice Physiotherapists within GP practice**

Advanced Practice Physiotherapists (APPs) were recruited to support GP practices as part of the Multidisciplinary team within the Primary Care Improvement Plan. This was with a view to releasing GP time and providing expert and timely MSK advice for patients.

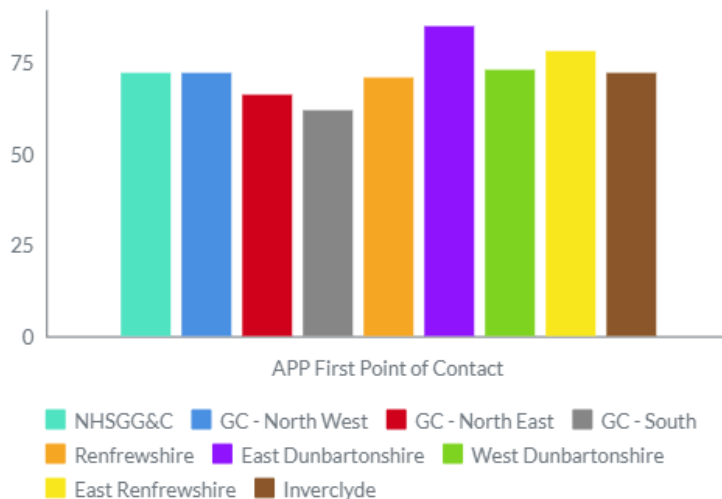
There are now almost 30wte APPs in GP practices across GGC (covering 44% of the GGC population). The resource was based on the recommended national model of one whole time equivalent APP per 16 - 18,000 head of population. In 2024/25, APPs provided 63,747 patient appointments across GGC (an increase of 804 appointments from 2023/24). Impact data from the Board area can be accessed via this hyperlink [GP APP Impact Data 2024-25](#)

#### **Impact data shows that:**

- 89% of available APP Appointment were filled, (of note this figure is unlikely to reach 100% due to last minute cancellations).
- 72% of patients had not seen a GP prior to their APP appointment, demonstrating the release of GP time spent on MSK consultations, (this has risen from 68% in 2023/24). The remaining 28% of patients were directed to the APP via the GP.

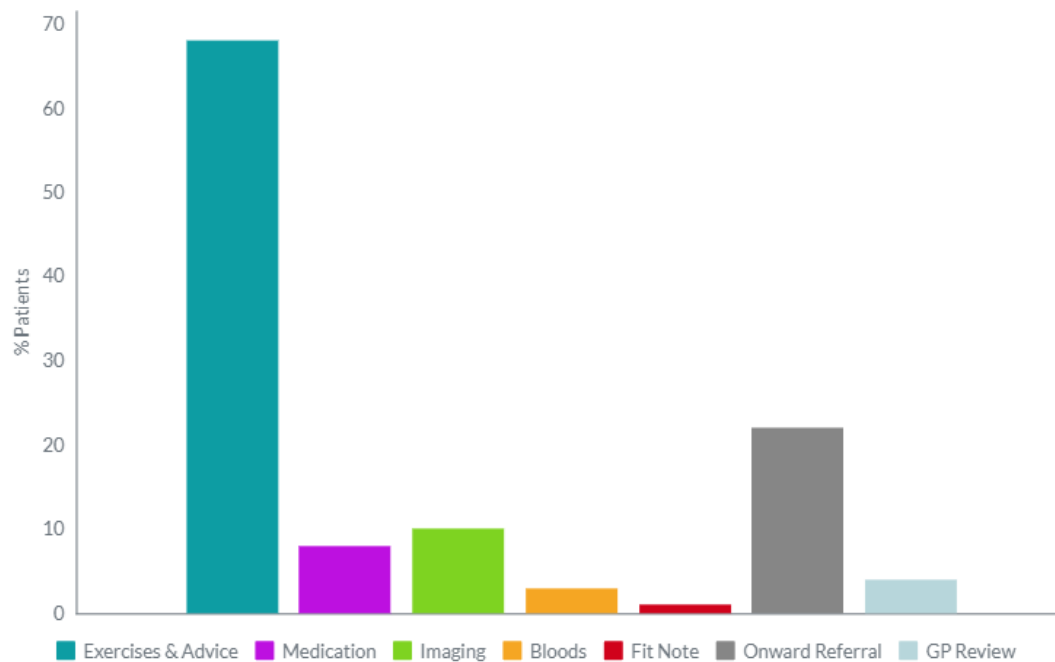
## Infographic 4: Patients attending APPs as a first point of contact in Primary Care

% NP Appointment where APP as First Point of Contact, All HSCPs & NHSGGC



78% of patients attending an APP were supported to 'self-manage' their MSK condition within primary care. Please refer to the infographics below. GP practices with APPs have demonstrated that they reduce referrals to orthopaedics by 24% when compared to GP practices without APPs.

## Infographic 5: What happened when patient attended GP APP?



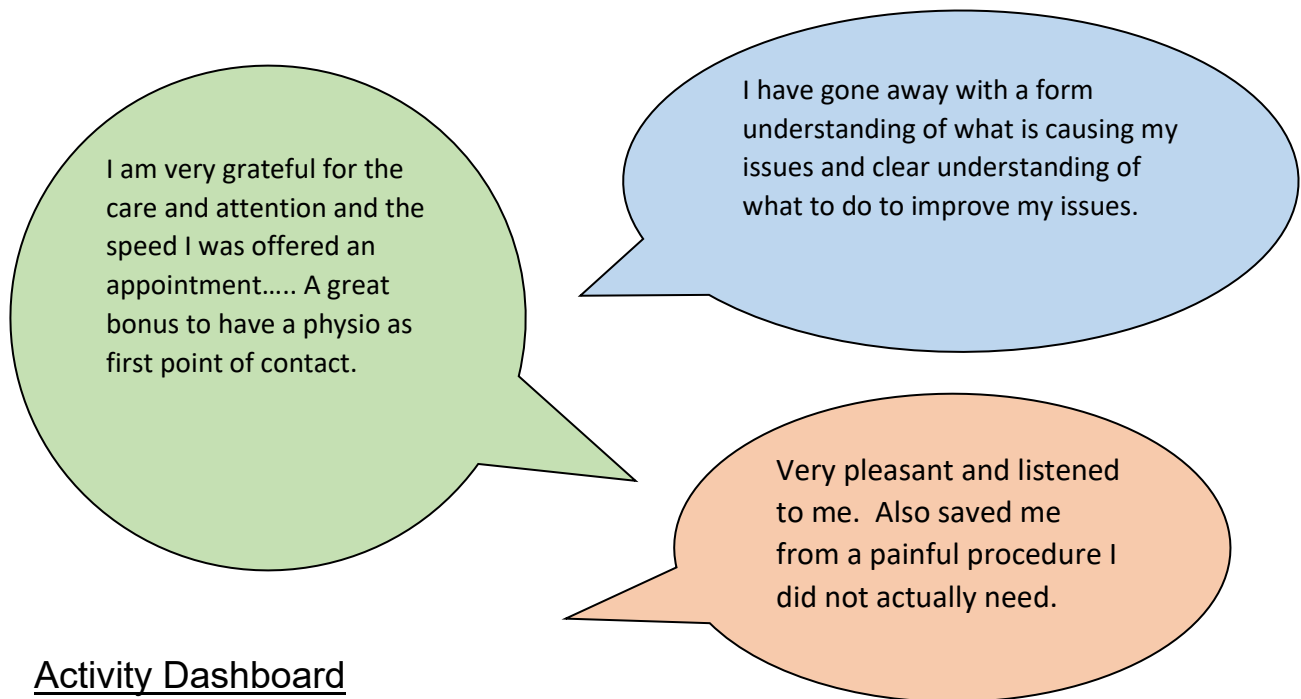
Only **22%** of all patients seen required onward referral!



### Patient Feedback

During 2024/25 all staff within the GP APP team collected 25 Patient Reported Experience Measures (PREMS) using the Consultation and

Relational Empathy Measure (CARE), accounting for 900 PREMS. The team average score was 4.8/5, demonstrating extremely high levels of satisfaction.



### Activity Dashboard

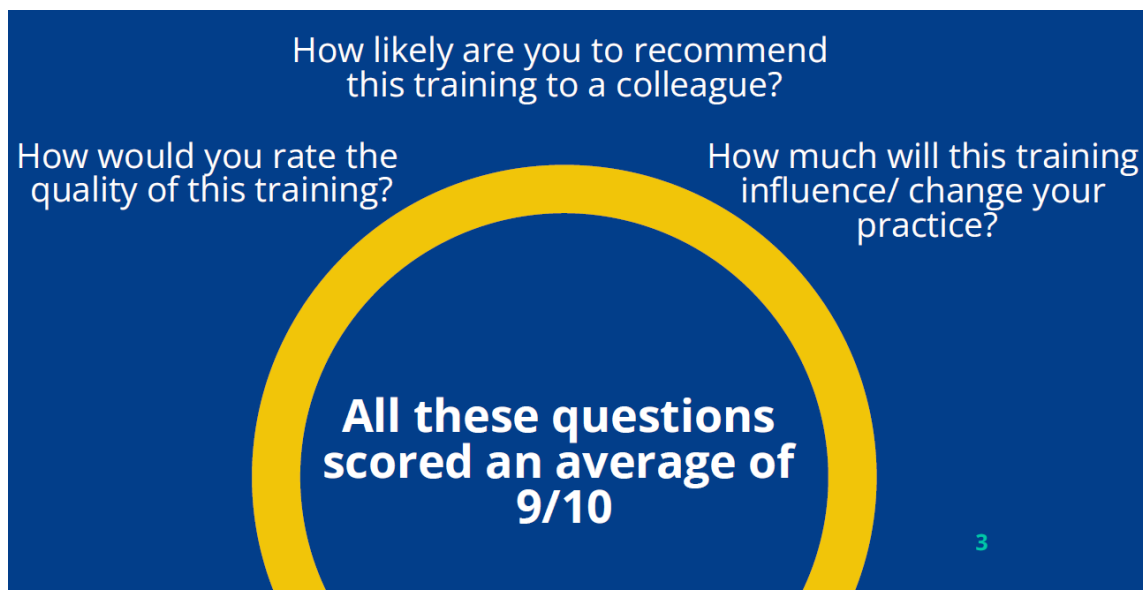
The service has worked with Public Health Scotland last year to review how APP activity is gathered & recorded. An electronic dashboard was developed (in line with National Agreed Data for APP activity in Primary Care). This has now been rolled out across GG&C for the APP team. The dashboard supports business intelligence, and data obtained is being used to improve the efficiency of how our service is used.

### MSK Education

In collaboration with the core MSK Physiotherapy service APPs provide regular educational sessions to GP trainees. This aims to support learning and development and upskill other health care professionals in the management of MSK conditions. Sessions delivered provide

overview of assessment/ diagnosis of commonly seen MSK presentations, an overview of the MSK Physiotherapy service and links to useful resources that patients can be directed to which support self-management. These sessions have always been rated highly. The infographic below highlights feedback from the last session.

### **Infographic 6: GP trainee feedback on education sessions provided by APPs**



In addition, APPs provide shadowing opportunities, 1:1 or group training on MSK issues within the practices they are aligned to.

### **Pathways**

The GP APP team have worked in collaboration with colleagues in Primary care, MSK physiotherapy and Orthopaedics to re-vamp the lower back pain (LBP) pathway across NHS Greater Glasgow and Clyde. The new streamlined LBP pathway will support clinical decision making for patients presenting with back pain across the healthcare system. This will allow patients to get the right care, in the right place first time. It is the first step in a meaningful collaboration with multiple

care providers to support the patient journey across a single MSK pathway.

The group have developed serious pathology guidelines for Musculoskeletal conditions to aid clinical decision making and timely management of patients within primary and community services. The document, which will go live online, will have links to pathways, contact numbers and decision support tools to enable staff to safely and effectively manage patients presenting with red flag symptoms across the differing healthcare landscapes of NHS GGC.

### **MSK Waiting List Project**

10% of a GP APP's working week is spent within the MSK service. This capacity was utilised to see a proportion of MSK's new routine patients at point of referral. Modelling Primary Care clinics the GP APPs assessed patients (within 30mins) and supported them with advice and guidance. Patients were either signposted to another service, given the opportunity to access further rehab if required (after 12 weeks), or discharged to self-manage their condition.

Patient satisfaction for this model of care was high and 83% of patients felt confident or very confident to self-manage their MSK condition following the initial appointment.

Although 57% of patient were given the opportunity to be reviewed, only 24% of these initiated a review appointment.

A full summary of the project is available [here](#).

This project echoes findings within the literature that demonstrate improved patient satisfaction and self-efficacy with the implementation of



patient-initiated review (PIR). The project also demonstrated improved efficiency for the MSK service. In view of these findings the MSK service is exploring increasing the uptake of PIR amongst staff and service users.

## **2.0 Key Priority Objectives**

The service had a year of success with regards to progressing 5 priority objectives. The service priority objectives are below, all of which were a continuation from work started last year:

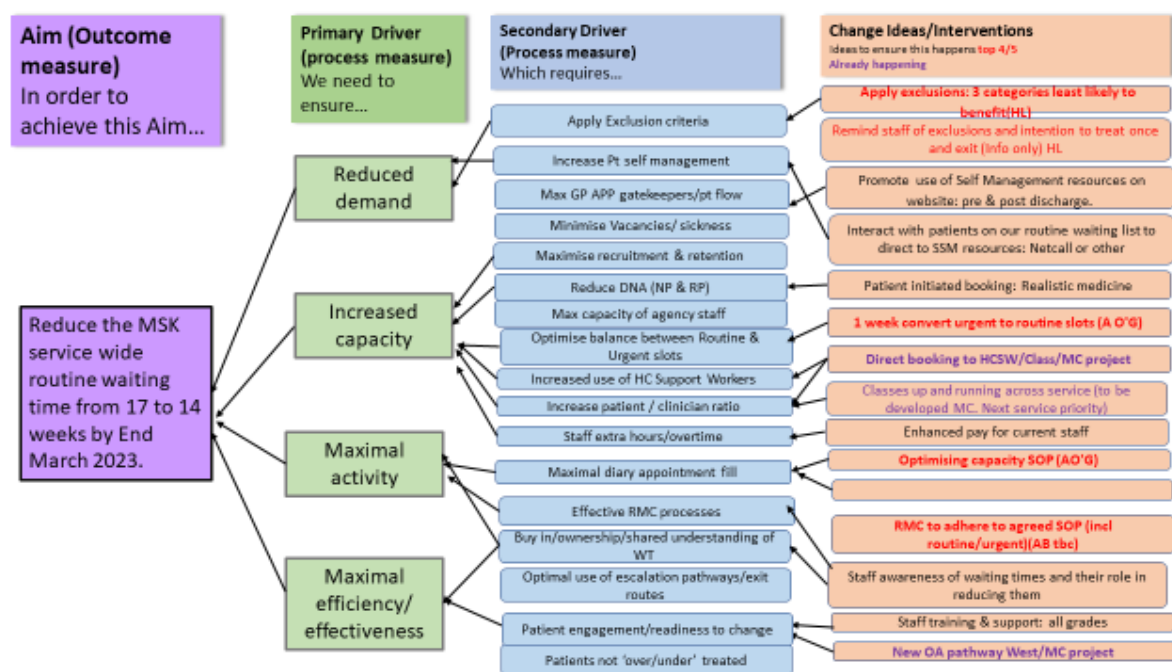
- Waiting times
- Vetting
- Internal referral
- Staff wellbeing
- Streamlining MSK Pathways of Care and shared decision making for patients with OA of Hip/Knee.

A short summary of each project is presented below.

### **2.1 Waiting times**

The waiting times data has been presented within Section 1.1. This section presents the Priority Project work which went towards addressing the maximum routine waiting times. Quality Improvement methodology was used within the project work. The driver diagram for the project work is within Infographic 7 below.

## Infographic 7: Driver diagram demonstrating Quality Improvement Approach to waiting times project.



Waiting times are multifactorial and hence the tests of change (right hand column) were multi-faceted. There were several tests of change which are listed on the right hand side of the driver diagram. A brief overview is provided on four of these tests of change. Firstly, the service continued to follow a Standard Operating Procedure to maximise efficiency. This involved local admin staff merging any two unutilised return slots in clinician's diaries and converting to new patient slots. The increase in new patient availability is measured monthly and this created additional New Patient (NP) appointments each month (ranging between 39-146 additional NPs each month).

A further test of change started in Jan 24 and was aimed at directly increasing the % seen within 4 weeks whilst still adhering to Board Access Policy. This test of change involved the Advanced Practice Physiotherapists in Primary care (in their MSK sessional commitment) seeing routine self referred patients at point of referral. This has been

reported within section 1.3 above and the findings will inform a priority project within 2025/26.

The service worked with Digital health colleagues to introduce Netcall/Patient hub in December 2024. This means that patients receive a text message at point of referral to the routine waiting list. The link within the text message connects patients to the MSK Physiotherapy website which was developed 2 years ago to provide patients with information to manage their MSK condition. The benefit of Netcall is being evaluated but the expectation is that more patients will be able to manage their condition independently and therefore not opt in/require assessment when they reach the top of the routine waiting list. The current utilisation/ "hit rate" is 62%.

The work on OA pathways is presented within Section 2.5 below.

## **2.2 Vetting.**

The MSK Physiotherapy service agreed that one of its priority projects for 24/25 was to complete the review and rebuild our referral vetting process within TrakCare (this project commenced in 2023/24). The main drivers behind this project were to ensure patients reached the correct grade and expertise of clinician at point of access e.g. Advanced Practice Physiotherapist (APP) through to Health Care Support Worker (HCSW), thus ensuring the right care was provided by the right clinician in a more timely manner, improving the patient journey and utilising the available clinical skills more effectively and also optimising capacity across the service.

All vetting outcomes have been redesigned to allow direct booking of appropriate new patients to our APP's and HCSW and also direct

booking to some clinicians with specialist skills e.g. booking appropriate patients requiring a corticosteroid injection to a member of staff who is trained to carry out this intervention. This will directly improve the patients' journey and resultant effective use of capacity. The vetting outcomes have also been redesigned so that the Referral Management Centre (RMC) will now automatically book urgent patients to urgent appointments and routine patients to routine appointments ensuring the urgent appointments are kept for their purpose of seeing clinically urgent patients quicker. The project has also gained staff feedback and acted on this to aim to improve the process of vetting e.g. moving admin tasks associated with vetting to admin staff to complete; streamlining our vetting guides from one per quadrant to one for the service; updating vetting time required in each quadrant with current referral rates and reviewing all staff templates to ensure equity and enhance staff wellbeing.

### **2.3 Internal Referrals via Trakcare system**

It is necessary that patients receive the right care with the right clinician at the right time based on timely referrals and consistent standard of appropriate referral information. Electronic referral is favoured over paper referral for future access to the service. This is to increase the speed of referral to the service; to provide a full audit trail; and to have the ability to swiftly return referrals when they are inappropriate for the MSK service without any delay in patient referral management. Clinical governance issues associated with the inability to return a referral to the referrer on Trak Care has identified the need to tailor individual standard operating procedures for each service wishing to refer internally.

A patient referral may require to be returned for a variety of reasons. This could include referrals having insufficient clinical information to accurately vet a referral as urgent or routine, the condition may not be MSK in nature or the patient may not living within Greater Glasgow and Clyde Board area. As there is no established process to electronically return inappropriate referrals this presents a patient safety and clinical governance issue. The main issue with internal referral is the lack of ability to quickly, easily and safely return electronically inappropriate referrals evidenced by a clear audit trail. The bulk of referrals through internal referral will come from Orthopaedics inpatient and outpatient across the three main sectors of North, South and Clyde, however other referrers such as Major Trauma, and Orthotics have come on board and refer to MSK via this option on Trak Care. The service project is currently working around agreements with each of the Orthopaedic sectors for Orthopaedic inpatient and outpatient referral. To date Orthopaedic South and Clyde inpatients referrals are dealt with through internal referral reducing paper based referrals. Unfortunately Orthopaedic outpatient referrals from South and Clyde despite much service engagement, has yet to deliver an agreed procedure for the return of referrals. This is a significant challenge and has delivered minimal progress to getting this objective over the line. Everyone is in agreement that electronic referrals are the appropriate way forward for the obvious benefits of, speed, paper light, audit trail and clinical governance. The plan is to continue to engage with these services to complete the objective, but to do so requires a commitment to work in collaboration with MSK Physiotherapy to get the job done and deliver the best for the patient in managing referrals that require to be returned without detriment to the patients journey

## **2.4 Staff wellbeing**

The service recognises that staff wellbeing is essential in delivering the high-quality care we aspire to. The service focusses its efforts through the well-established Wellbeing steering group. The service aim is to maintain a focus on staff wellbeing and a working culture that supports it.

Each staff group has representation on the Steering group who meet 6 times a year. Wellbeing is a standing item on local agendas and all are encouraged to bring suggestions and act locally to enhance wellbeing. The regular service Newsletter always contains up to date wellbeing resources and shares good practice related to the 5 steps to wellbeing that we use as a guide. This supports all staff to take a proactive approach to their wellbeing in line with updated HCPC standards of practice.

The annual half day Wellbeing Event was held in the QEUH Teaching and Learning Centre in November 2024 and attended by 100 staff. The keynote speaker was Corinne Hutton, founder of the charity Finding your Feet and quadruple amputee. She spoke of her bravery and resilience in overcoming the trauma she experienced as a result of suffering from acute pneumonia and sepsis.

This was followed by a range of breakout sessions which included active classes as well as a craft and games room which were all very well received.

The Wellbeing session evaluated well:

- 96% of attendees rated the event “excellent” or “very good”.

- 97% would recommend it to colleagues.
- All breakout sessions rated above 80%.

The service also continued to offer staff monthly mindfulness drop in sessions this year.

Staff wellbeing at all levels in our service is important and continues to be one of the service priorities. Based on feedback we have decided to offer staff more choice about how they use their wellbeing hours. Local wellbeing reps are exploring options that staff have suggested locally. We also wish to introduce regular measurement of wellbeing to support our QI approach.

## **2.5 Streamlining Osteoarthritis MSK Pathways of Care for hip and knee.**

The MSK service has developed and implemented an enhanced care pathway for patients with hip and knee osteoarthritis to improve patient care. Grounded in the principles of realistic medicine, shared decision making and based on best practise guidelines. Two pilot studies were conducted in the West and South quadrants. The pathway focus is on delivering high value patient centred care through improved access and supported self-management.

Key developments included upskilling, Band 3 healthcare support workers to deliver one to one sessions supporting patients in identifying what matters most to them and guiding them through available options such as group classes, information sessions and referral to live active, weight management and 3rd sector services. This will be continued to



be monitored to make sure that these are safe and deliver positive patient experiences.

The service also adapted based on feedback from those who chose not to engage, replacing virtual sessions with FTF formats to better meet patients' preferences.

Following the success of these two pilot studies the pathway was rolled out across Greater Glasgow and Clyde in January 2025. And is now in the implementation and spread phase. Ongoing improvements are being made based on staff and patient feedback and the service plans to review early impact data in June /July 2025.

## **2.6 Safe Staffing Readiness**

The Health and Care (Staffing) (Scotland) Act was passed by the Scottish Parliament in 2019. The work was paused to allow everyone to focus efforts on the Covid-19 pandemic. Enacted on 1 April 2024, the Act is applicable to all health and care staff in Scotland.

The act will:

- Apply nationally agreed, evidence based workload and workforce planning methodologies and tools.
- Ensure that key principles - notably consideration of professional judgement, local context and quality measures - underpin workload and workforce planning and inform staffing decisions.
- Monitor and report on how they have done this and provide assurance regarding safe and effective staffing.

Proposals are intended to:

- Strengthen and enhance arrangements already in place to support continuous improvements and transparency in workforce planning and employment practice across Scotland.
- Enable consideration of service delivery models and service redesign to ensure Scotland's health and social care services meet the needs of the people they serve.
- Provide assurance - including for patients and staff - that safe and effective staffing is in place to enable the provision of high quality care.
- Actively foster an open and honest culture where all staff feel safe to raise concerns regarding safe and effective staffing.

There are a number of objectives for 24/25 that our team have working to which will support services to have a workforce that provides safe and high-quality care to ensure the best care outcomes for people experiencing care and that their staff are fully supported to carry out their role effectively and efficiently.

This has included the development of the Real time staffing and Time to Lead Standard Operating procedures along with MSK health-care-staffing-scotland-act-2019-statutory-guidance. Full service training on the Turas modules has commenced.

We are currently waiting on the safe staffing tool to be developed centrally but will utilise Safe Care in the interim. The service is currently waiting to trial of Safe Care tool. It is anticipated the current patient reported outcome measures and patient reported experience measures that the service currently has in place will provide the evidence of the provision of high quality care moving forward

### **3.0 Training, Education and staff development towards best patient care**

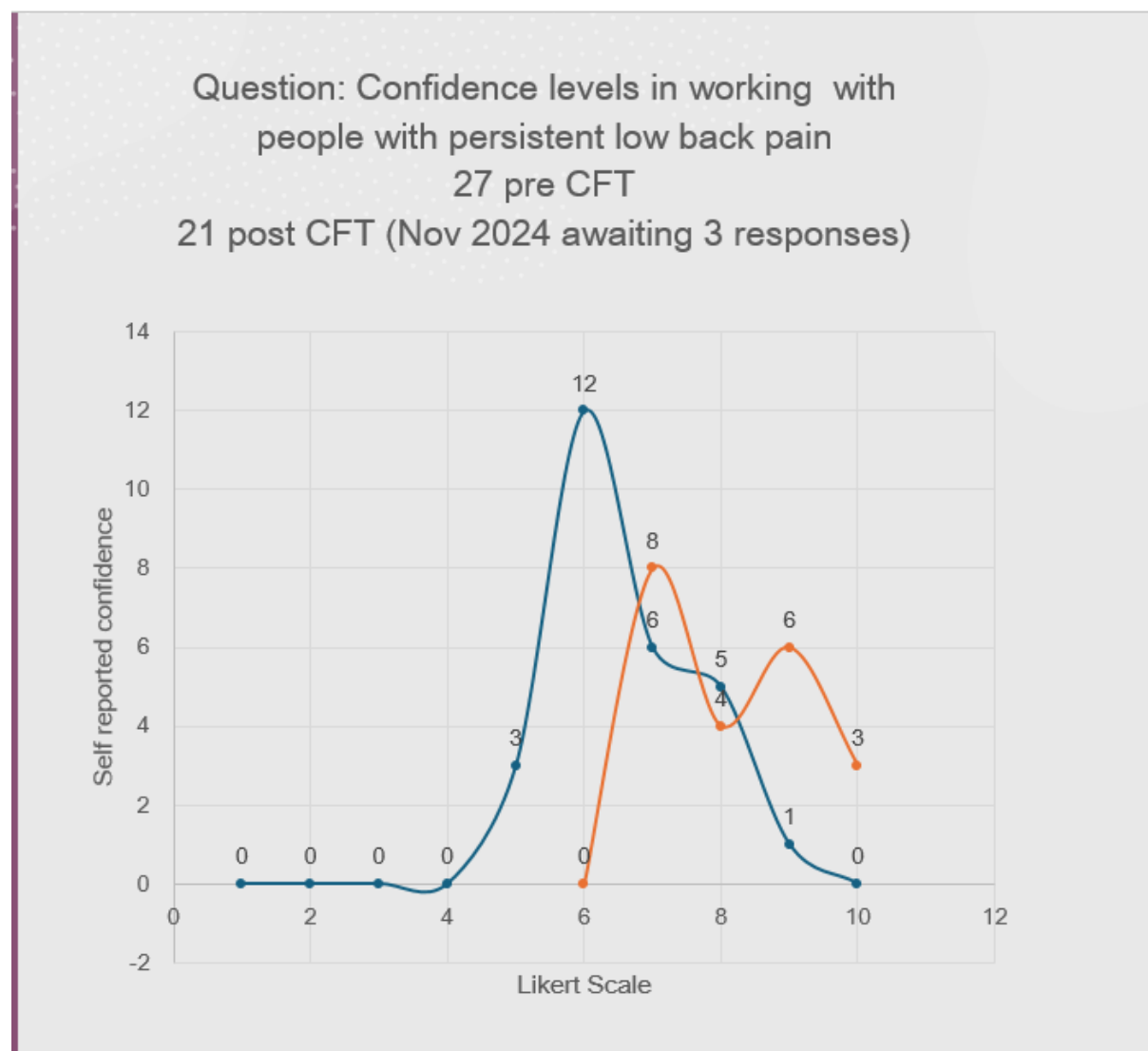
Patients are presenting with more complex and multiple co-morbidities and the service needs to ensure that staff have the skills and knowledge to effectively assess and manage this patient group. As such the service previously invested £30k in training 28 staff in Cognitive Functional Therapy (CFT).

‘Cognitive Functional Therapy (CFT) was developed as an approach to address and manage disabling Low Back Pain (LBP). It can be used for many different types of back pain, as well as other disorders. The underlying motive for this approach is to analyse the behavioural psychology and beliefs seen within patterns of movement’

Over the past year, our Cognitive Functional Therapy (CFT) training initiative for MSK staff has reached its conclusion, with 28 staff members completing both workshops and 5 achieving formal competency. Reaching competency in CFT is a significant achievement, requiring a high level of commitment, clinical reasoning, and advanced communication skills. The primary driver for introducing this training was to improve staff confidence in managing a particularly complex group of patients — those with persistent low back pain, who represent a substantial proportion of our MSK referrals. As the graph below illustrates, we have seen a marked increase in clinician confidence following the training. Internationally, the evidence base for CFT continues to grow, with recent studies demonstrating sustained positive outcomes for patients even three years post-intervention — a rarity in healthcare interventions to address persistent musculoskeletal pain. A highlight of the programme was a visit from Professor Peter O’Sullivan, a leading expert in the field, who spent a day with the team delivering

training and treating patients. Professor O'Sullivan was so impressed by the MSK clinicians that he offered up this full day workshop free of charge. This was an invaluable opportunity for staff to observe expert practice in real time and further strengthen their clinical understanding. The relationships developed with the wider CFT community throughout this process has laid a strong foundation for future learning, collaboration, and development across our MSK services.

**Graph 3: Confidence levels of staff working with people with persistent low back pain pre and post CFT training** (confidence pre training is the blue line and post training is the orange line).



## **4.0 MSK Digital Strategy**

The use of Digital technology has become much more of a normal part of our service delivery in recent years and is a common thread running through the majority of work plans we have progressed through this period.

Our Digital Steering Group for the service oversee our digital projects and this is recorded within the MSK Digital Strategy. This gives an overview of our current digital projects, but is also a place to articulate our future digital ambitions. Please follow this link to view the full Digital Strategy:-

[MSK Digital Strategy](#)

(If the link cannot open please refer to attached Appendix 2 document).

## **Conclusion**

We believe that this summary report demonstrates the huge volume of quality work that has been carried out within the MSK service within the last year. We take pride in the amount of data that we collate and use towards best staff and patient care. The service continues to drive forward to ensure the best care for MSK patients.

