

# Explore the Modern MSK Pathway Guide

Primary Care teams are being asked to do **more** — with exactly the same time, the same resource, and the same capacity. Across the system, demand is rising faster than workforce growth, appointment supply is tight, and clinical teams are absorbing increasing complexity that was never designed to sit entirely within the traditional general practice model. What was already a stretched service is becoming even less sustainable as practices continue to balance access, continuity, quality, and safety under mounting pressure.

## More Appointments

Demand continues to outpace available clinical slots across every PCN, with patients increasingly arriving sooner, sicker, and more often. As access expectations rise, teams are forced to make difficult choices about who is seen, when they are seen, and whether the current model can keep absorbing additional volume without affecting quality or continuity.

## More Complexity

Patients are presenting with increasingly complex, multi-morbid conditions that rarely fit neatly into a single pathway. MSK problems are often compounded by pain, frailty, long-term conditions, mental health needs, social factors, and delayed presentation, which means clinicians must spend more time assessing risk, coordinating care, and deciding the most appropriate next step.

## More Admin

Referral management, documentation, coding, safety-netting, correspondence, and follow-up tasks consume clinical time long after the appointment has ended. The administrative burden increasingly fragments the day, reduces time available for direct patient care, and adds invisible pressure to already overloaded teams.

## More Pressure

Access targets tighten while workforce shortages, recruitment gaps, sickness absence, and funding constraints remain in place. That combination creates a system where expectations keep rising but resilience is falling, making it harder for practices to deliver timely care without burning out staff or compromising the patient experience.

Meanwhile, NHS strategy is accelerating the shift towards **integrated neighbourhood care**, **prevention-focused healthcare**, and **community-based delivery** — closely reflecting the direction of the **NHS Long Term Plan** and the move to multidisciplinary neighbourhood models. With **ARRS roles** helping expand capacity beyond core GP provision, the system is increasingly looking for services that can be delivered closer to home, reduce avoidable escalation, and support a more joined-up local response to need. This makes structural change not just desirable, but necessary.

## Why PCNs Are Turning to Integrated FCP Services

First Contact Physiotherapy (FCP) offers a practical way to respond: improving access, supporting self-management, and ensuring patients are seen by the right clinician at the right time. The evidence base also supports FCP as an effective part of modern MSK pathways, with benefits that include improved patient outcomes, quicker access to advice and treatment, fewer unnecessary GP appointments, and more efficient use of clinical resource. In practice, this can free up GP time for more complex work while giving patients earlier, more targeted, and often more confidence-building care.

### What Response Primary Care Delivers

Integrated FCP services help primary care respond more intelligently to demand by putting the right expertise at the front of the pathway.

- Faster access for MSK patients, often at the point of first contact
- Reduced GP demand and fewer avoidable consultations
- More appropriate clinical triage and earlier decision-making
- Better patient experience through timely advice, reassurance, and treatment
- Improved self-management support for common MSK conditions
- Fewer unnecessary referrals into secondary care

### The Strategic Fit

Integrated FCP services align with the wider NHS direction by bringing care closer to home, reducing fragmentation, and enabling more proactive, community-based management of MSK needs. They also fit the logic of ARRS investment by extending the capacity of the multidisciplinary workforce, supporting neighbourhood health ambitions, and helping PCNs design pathways that are more local, more coordinated, and more sustainable over time.

**Because smarter pathways > simply working harder.**