

## The profession is at a point where it can no longer ignore measuring quality

I am delighted to have taken on the role of quality lead for Musculoskeletal Partners Network (MSKPN). It is crucial to engage in a nationwide discourse on shaping the vision of the MSK profession. Allowing it to be dictated solely by health economics won't be the most effective approach to ensuring a sustainable future for MSK.



### My business has flourished since joining MSKPN

MSKPN is a fantastic trade association, set up to improve quality and raise standards, through a collective voice, enabling private musculoskeletal practices to grow and thrive. We joined two days after lockdown and it was like a breath of fresh air. I've learnt heaps and it's very nice to spend time with people with exactly the same challenges as you. It's incredibly good value for money and no other organisation aimed at small or medium sized enterprises is dedicated to MSK specific business issues.

### Why did I agree to be Quality Lead?

When I was asked, I thought about it for 3 seconds and obviously the answer was yes. I am passionate about quality and have demonstrated significant success in integrating the collection of PROMs and PREMs within my own business. I'm not sure the challenges in these areas are well known and I'm very happy to get back into the arena – it really fires me up.

### What quality should mean to everyone?

I've done a lot of work on data collection and RCTs. I like data as it informs me, and I like to be informed. Without having analysis to support my arguments, you may as well just shut up. Importantly, the Health and Care Professions Council introduced 15 new [quality standards](#) in Sept 2023 that we as physios have to abide by. Standard 11 is totally about quality. 11.3 states

- **monitor and systematically evaluate the quality of practice, and maintain an effective quality management and quality assurance process working towards continual improvement**

So all practices have to assure the quality of interventions, measure and use appropriate outcome tools and have them independently verified. It is no longer good enough to use a VAS score at the last appointment and put the answer in notes never to be seen again. External validation is the gold standard. You cannot record your own data. It's like marking your own homework. That has been the biggest change from 2015 to now.

### Quality as defined by the HCPC means you need to take a quality management approach

You have to employ PROMs and PREMs and have them properly analysed. It's a very costly thing and time consuming. It is so much better to use an organisation such as Cemplicity with their ready made model.

### Where is MSKPN at?

In February 2024, within the MSKPN membership, there are 7 organisations representing 32 clinics, involving 220 physios using Cemplicity. That's reflective of 27% of MSKPN membership. That's up from 2 organisations 6 months ago. Many others are thinking about it.

### **My advice on collecting data**

When you first look at your data, please don't panic. It always starts low. Remember this is the gold standard and it is unbiased. Even with the smallest uplift, this gives you incredibly valuable feedback. If you have assessed someone and decided it will go one of two ways, the outcome maybe to refer on. There is a national referral-on rate of 13%. So within our data there will be a number of people who have been brilliantly assessed, treated and referred on.

So approximately one in ten will record a negative, but they may have been correctly assessed and appropriately referred. You may get a great GROC score from these clients but the other scores correctly represent a clinically static or worsening condition.

### **We will continuously evolve so that our data collection produces meaningful data**

I would really congratulate those who have started collecting data, the challenges they have overcome and the challenges they will continue to face. I would encourage everyone to look at this as a way of collecting PREMs and PROMs and to do it through MSKPN because we are set up to deal with it and support you on the journey.

### **Building the MSK data pot**

Everyone was doing it individually before joining MSKPN. Now we have agreed on outcome tools and data collection methods and the bigger the data pot the better, allowing the sector to evidence their work.

### **You have to get the data monkey off your back**

I understand there are challenges financially and it's labour intensive. Every single clinic is on a different practice management system. So my task is sizable - how are we going to overcome these hurdles. There is a lot of groundwork to be done. But the bottom line is you have to do it.

### **If you don't do data collection, you will see the demise of certain aspects of physio**

The system needs a shake up! My feeling has always been that the back is full of muscles and people are not taught to work those muscles. Sadly, people with MSK conditions are far more likely to be given a prescription of opioids than they are to be referred for physiotherapy.

In the 80s, 90% of physios worked in the NHS and private physios generally worked from their living room rather than a dedicated clinic. The average number of appointments was around 7. Now in the NHS patients are invariably given 3 sessions - one to assess, one to treat, one to discharge. These decisions have been made purely for economic reasons. We now have around 42% of physios employed by the NHS with over 7000 private clinics around the country.

### **HCPC is set up to explore individuals not companies**

Inevitably some MSK companies will not be run by physios. That means the CSP and HCPC cannot influence the owners. Nonetheless, their physios will be expected to comply to a set of rules. Professionally I am indited if considered to be negligent in my role if my practice has not been properly evaluated.

The previous standards were set in 2015. The conversation at the time around quality was that you had to recognise it. **Now you have to do it and there needs to be national recognition for this.**

### **My vision as MSKPN Quality lead**

There has to be a recognition that measuring quality is seen as a cost at a national level. My aim is to assist MSK practices in understanding the importance of data collection for their

business. Neglecting this aspect might lead to the decline of certain facets of physiotherapy. I envision a shift in perception, where the measurement of quality is regarded as an essential expense, akin to rent, rates, and staffing. This perspective shift allows us to view data collection as a positive tool for enhancing interventions rather than a barrier to overcome.

### **I'm hoping to share my experience with members**

For example, the penny dropped with some of our senior physios when we demonstrated that over 12 months, the mean improvement for an ACL is 4.8% on a recognised PROMs scale – well above the national average of 3.4%.

### **Commercial aspects and working with Cemplicity are very important**

I see myself as someone who can support with helping members to start addressing the challenges. I'd encourage everyone to think positively about how it can change interventions rather than seeing it as a hurdle.

### **Next steps**

Finding out what people are doing and understanding what is going on nationally, if anything, is really important. I'll be working with Cemplicity to develop the MSKPN member platform on behalf of members in order to grow the depth of the data and allow members to see data collection as a benefit for their businesses.

I've had quite a few members reach out to me already regarding the issues around data collection and I'm very happy for anyone to get in touch.

Dr Lucy Goldby, MSKPN Quality Lead and Director at Balance Performance Physiotherapy  
[lucy@balancephysio.com](mailto:lucy@balancephysio.com)

Read Lucy's member's showcase here: <https://www.mskpn.co.uk/our-work/lucy-goldby-members-showcase/>