WHY ARE WE DOING THIS STUDY?

One in three people have a musculoskeletal condition affecting their muscles, bones or joints. This can cause pain, difficulty moving, time off work, and increased chance of conditions like heart disease. The NHS spends £6.3 billion on these conditions each year. Physiotherapy is standard care which helps, but wait lists are long and there are not many other options. Also, it often focuses on the referral reason and not other health and social care needs which these people have. Community Appointment Days or ‘CADs’ offer an appointment to help people with their musculoskeletal condition, and other health and social care needs. People can access an assessment, rehabilitation and advice, health promotion, and support from social care, local council and the voluntary sector. This takes place in a non-medical setting like a leisure centre. When CADs have been run, people were happy with their care and waiting lists were shorter. However, we do not know if CADs should be made available everywhere because we do not know for certain if they really help people with musculoskeletal conditions or if they support the NHS in the best way. Our study aims to find out if CADs should be a part of musculoskeletal care or not. If the study finds that CADs are helpful, it will also tell us how to make sure as many people can benefit from CAD as possible.

WHAT WILL WE DO?

We will set up 8 locations where people with musculoskeletal conditions go to a CAD and 8 locations where they have standard care. The set up will be decided at random so we can make a fair comparison of approaches. This study will focus on quality of life and healthcare costs. We will find out what worked well (or not) at each of the CADs during interviews with people who went to them, those who organised and paid for them, and group discussions with staff who worked at them. We will see if people are more likely to come to their first appointment if it is at a CAD, whether they are more likely to come back if their care was first at a CAD, and the time people with musculoskeletal conditions are waiting for care. We will also see if we can measure the environmental impact of CAD compared to standard care. CADs and standard care are already in use so there is no extra harm expected from this study. Each CAD location puts measures in place to lower any risk identified by an assessment done in advance of the day. We will monitor for any harm faced by people who take part and follow best practice to support them.

WHAT WILL HAPPEN NEXT?

We will share our findings widely on whether CADs should be a part of musculoskeletal care and how to do this well or not be implemented and what next steps might be.