Key learning points

Integration of hospital services can improve access to musculoskeletal services

Multidisciplinary clinics run by general practitioners with special interests and extended scope physiotherapists can effectively manage patients with uncomplicated musculoskeletal problems

In many patients, musculoskeletal pain does not have a specific treatable cause, and in the traditional hospital model there is no service for these people

The targeted early access to musculoskeletal services model applies to any district general hospital, resulting in improved access to musculoskeletal services

Fig 3 Waiting times (weeks) for pain management, rheumatology, and orthopaedics (excluding hand referrals) and for patients with back pain since introduction of targeted early access to musculoskeletal services programme

September 2003), but duplicate referrals were all but eliminated. The community musculoskeletal clinics were well received by general practitioners, and the short waiting time of four to six weeks put them in demand. Patients were generally seen on a one-off basis; less than 10% were referred on or followed up. Patient satisfaction questionnaires showed that 88% of patients rated the service as excellent or good, and 75% were completely satisfied with the service provided.

Lessons learnt and next steps

Since the introduction of the targeted early access to musculoskeletal services, a large proportion of the increased burden of referrals has fallen on physiotherapy services. It is apparent, however, that many referrals to physiotherapy are inappropriate. We are therefore establishing a programme run by general practitioners with special interests and extended scope physiotherapists to educate general practitioners about the role of physiotherapy in the management of musculoskeletal problems. We are also introducing methods for identifying those patients with non-specific musculoskeletal pain that is unlikely to

respond to biological interventions and developing self management interventions based on modifying health beliefs and behaviours. We are also establishing clinical pathways for common hand conditions, such as carpal tunnel syndrome, to help remove the backlog of patients waiting to be seen in the orthopaedic clinics.

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“Best of five” questions

Who led the rebel forces at the battle of Evesham?

- A: Gilbert the Red
- B: John Baliol
- C: Simon de Montfort
- D: Wat Tyler
- E: Jack Cade

This is a “best of five” question—a question with five possible answers, only one of which is correct. The other answers sound reasonable to those without a good knowledge of English history, but they are wrong.

BMJ Learning’s interactive website offers online learning resources to help you with your appraisal and revalidation. We ask best of five questions throughout our learning modules because this type of question closely mimics the way that doctors think: they see a patient, then think of possible diagnoses, and

then pick the most likely one from the different options. So this type of question tests your decision making ability rather than just your ability to recall facts. As a result, most of the royal colleges now use such questions in their exams.

Our new learning modules on chronic obstructive pulmonary disease outline how to diagnose and treat this condition. They also give an update on recent advances such as the role of spirometry in diagnosis and pulmonary rehabilitation in treatment. At the end of the modules, you can try our best of five questions to find out what you have learnt.

And in case you were wondering—Simon de Montfort led the rebel forces at the battle of Evesham, but Edward Longshanks won the day.

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