

GM MSK Survey Final report 18.3.26

Introduction and Background

The survey was run by NHS Greater Manchester ICB and ran from 22 December 2025 – 8 March 2026 (11 weeks). This used the NHS GM 'Go Vocal' online surveying and analysis platform. A copy of the survey questions is attached.

The primary method of promoting the survey was via the various GM MSK providers, using their patient lists to contact recent and current service users.

860 people visited the survey and 200 of these completed it, giving a conversion rate of 23.3%. This sort of rate is disappointing but not unusual. It should be noted that the responses were skewed to certain localities which is likely to affect the overall results.

Locations

Of those who told us where they live:

HMR: 43
Manchester: 38
Oldham: 37
Tameside: 24
Salford: 17
Bury: 15
Trafford 9
Wigan: 8
No answer 3
Bolton 2
Non- GM: 2
Stockport: 1
Bolton: 1

Where did people first go for help?

Participants most commonly reported first seeking help for their musculoskeletal (MSK) issues from the following sources:

1. General Practitioner (GP):

The majority of respondents indicated that their first point of contact was their GP. This was often described as the default or only known route for accessing healthcare

support for MSK problems. For example, one response stated, "I went to my GP as I didn't know where else to go."

Many respondents viewed their GP as the default or most accessible entry point into the healthcare system for new or worsening health concerns. This is reflected in the high frequency of people stating they went to their GP first, regardless of the nature or severity of their MSK issue. It appears to be the path of least resistance for many people due to familiarity, distance and relative ease of making appointments.

2. Physiotherapist:

A smaller number of participants reported self-referring or being directly referred to a physiotherapist as their initial step. For instance, a response mentioned, "I booked an appointment with a physiotherapist at my local clinic."

Many respondents described their physiotherapist as professional, knowledgeable, and thorough. Several participants highlighted feeling listened to and not rushed during their appointments. Direct access to physiotherapists was seen as a significant benefit, saving time for both patients and GPs.

3. Accident & Emergency (A&E):

A few respondents described attending A&E, particularly when their symptoms were acute or following an injury. A response noted, "I went straight to A&E after my fall because the pain was severe".

Perhaps surprisingly, many people who attended A&E reported a positive experience, praising staff there as being helpful, knowledgeable, and supportive. Most were then referred on to other services.

4. Other:

Some participants mentioned seeking advice from pharmacists, walk-in centres, or using online resources before contacting a healthcare professional. For example: "I checked NHS online advice before making an appointment".

In summary, the individual's GP was the most common first point of contact, followed by physiotherapists and A&E, with a minority using alternative sources such as pharmacists or online information. This pattern suggests that most people prefer to rely on traditional NHS pathways when seeking initial help for MSK conditions.

Primary Care

On average, people reported waiting approximately 3.8 weeks for an appointment in a primary care setting for their MSK condition. Most waited less than 4 weeks, with a significant proportion seen within 2 weeks. However, a minority reported experiencing waits of 8 weeks or longer.

Based on the responses provided, patients seeking help for their musculoskeletal (MSK) condition in primary care were most likely to see either a General Practitioner (GP) or a First Contact Practitioner (FCP):

1. General Practitioner (GP): 78
2. First Contact Practitioner: 49
3. Other (including physiotherapist, MSK practitioner, or unspecified): 17
4. Don't know: 7

Most people attending an NHS health centre for MSK conditions did not feel their condition was fully resolved at the point of contact. While some experienced immediate resolution, the majority described ongoing issues, partial improvement, or dissatisfaction with the outcome. This may reflect the more 'general' nature of primary care and lack of in-house specialists, diagnostics etc.

Overall, participants' experiences of seeking musculoskeletal (MSK) treatment at NHS health centres were mixed, with both positive and negative aspects reported. Many people valued being listened to, receiving clear information, and having shared decision-making, continuity of care, and timely access to appointments. Waiting times for appointments varied significantly, ranging from no wait to over 18 weeks.

Some individuals reported that their issues were resolved quickly and efficiently, often appreciating the professionalism and empathy of staff. Others, however, express frustration with long waits, lack of support for self-management, unclear communication about referrals and next steps, and feeling that their concerns were not fully addressed. There are also comments about the impact of system pressures, such as understaffing and delays, which can affect the overall experience.

Support for self-management is inconsistently offered, and the clarity of information about referrals and next steps varies. While some people feel they have enough time to discuss their condition, others do not. The ability to choose appointment locations is also inconsistent, with some finding this helpful and others experiencing difficulties, especially when mobility is affected.

Community Services

On average, people waited approximately 3.7 weeks for an appointment in community services. Most waited between 1 and 3 weeks, but there is a minority experiencing much longer waits, which increases the overall average:

- No wait at all: 8
- Under 2 weeks: 29
- 2-4 weeks: 33
- 4-8 weeks: 13
- 8-12 weeks: 7
- 12-18 weeks: 2
- More than 18 weeks: 2
- Don't know: 2

Most people attending a community service for their MSK condition did not feel their condition was fully resolved. However, many valued the support, information, and ongoing management they received. Full resolution was uncommon, but partial improvement, diagnosis, or a clear management plan were frequent outcomes. This reflects the chronic or complex nature of many MSK conditions and the role of community services in ongoing management rather than cure.

Many people appreciated the accessibility of community services, particularly when appointments were offered close to home and with minimal waiting times. There is a strong emphasis on the importance of being listened to, receiving clear information, and having shared decision-making in their care. Some participants found community services to be efficient, thorough, and supportive, especially when they were offered self-management advice or exercise plans.

However, several respondents highlighted issues such as long waiting times, lack of choice in appointment locations, and insufficient support for self-management. Communication problems were also noted, including unclear explanations of referrals or next steps and poor sharing of documentation. Some felt their conditions were not fully addressed or that only part of their concerns were assessed.

Overall, while community MSK services are valued for their convenience and the expertise of staff, there are recurring concerns about delays, communication, and the comprehensiveness of care.

Hospital Services

Based on the responses provided, the waiting times for a hospital appointment for musculoskeletal (MSK) conditions are as follows:

- No wait at all: 5 responses
- Under 2 weeks: 19 responses
- 2-4 weeks: 19 responses
- 4-8 weeks: 6 responses
- 8-12 weeks: 4 responses
- 12-18 weeks: 3 responses
- More than 18 weeks: 3 responses
- Don't know: 2 responses

Based on the responses, the average waiting time range to access hospital appointments for musculoskeletal (MSK) conditions was typically between 2-4 weeks and 4-8 weeks. However, there were also a notable number of cases reporting waits of under 2 weeks, 8-12 weeks, 12-18 weeks, and more than 18 weeks.

Attending hospital for MSK conditions did not guarantee resolution for most respondents. While a few had their issues resolved, the majority experienced ongoing symptoms, delays, or required further treatment. Satisfaction was higher when communication was clear and treatment was prompt and effective.

Participants' experiences of seeking musculoskeletal (MSK) treatment from a hospital are highly varied. Many report long waiting times for appointments, with some waiting several weeks or even months before being seen. Communication about referrals and next steps is often described as unclear or insufficient, and several participants feel they were not given enough information or support to manage their condition themselves.

A number of respondents expressed frustration with delays in diagnosis or treatment, and some feel that their pain or symptoms were not taken seriously enough. Others mention that they had to pursue further investigations or treatment privately due to long NHS waiting lists. There are also concerns about the lack of choice regarding appointment locations, which can be problematic for those with mobility issues.

Despite these challenges, some participants describe positive interactions with hospital staff, highlighting professionalism, empathy, and thoroughness. However, the overall picture is one of inconsistency, with experiences ranging from efficient and supportive care to dissatisfaction with delays, communication, and continuity of care.

Overall satisfaction

Not surprisingly, MSK services met expectations for some participants but not for others. A significant proportion of respondents reported positive experiences, particularly regarding professionalism, clear communication, and feeling listened to.

However, there were also notable concerns, especially around long waiting times, lack of support for self-management, insufficient clarity about next steps, and issues with continuity and accessibility of care.

Satisfaction levels varied, with some participants expressing that their needs were fully met, while others felt that the service fell short, particularly in terms of timely access and comprehensive support. The data shows a broad range of experiences, with no clear consensus that needs are consistently met across the group.

Access

Based on the responses received, experiences of accessing help for musculoskeletal (MSK) conditions were also mixed. A significant proportion of respondents reported short waiting times for initial appointments, with many being seen within two weeks. This suggests that, for a notable number of people, initial access was relatively straightforward.

However, there were also several reports of longer waits, with some individuals waiting 8-12 weeks, 12-18 weeks, or even more than 18 weeks for appointments. This indicates that for others, access was more challenging. Some respondents reported no wait at all, while others described delays, ongoing waits for further investigation or treatment, or needing to seek help elsewhere due to dissatisfaction or delays.

There were also instances where people felt their issue was resolved quickly, but others described ongoing conditions, lack of resolution, or needing multiple appointments. In summary, while many people found it easy to get initial help for their MSK conditions, a substantial minority experienced delays or barriers, indicating variability in ease of access across the sample.

Handoffs and co-ordination

Participants frequently highlighted issues with communication between services. Common themes included poor sharing of documentation, delays in information transfer, and a lack of coordination between different parts of the MSK pathway (such as between GPs, hospitals, and community services).

Some respondents reported that important information was sent to incorrect addresses or was not shared promptly, leading to confusion and delays in their care. There were also comments about the need for better integration and continuity, with several people feeling that they had to repeat their history or chase up results themselves due to gaps in communication between services.

Overall, the data suggests that patients see communication and co-ordination between services within the pathway as a significant area for improvement.

Action points

Based on the analysis of the responses, the top 10 ways respondents felt MSK services could be improved are:

1. Reduce waiting times for appointments and treatment.
2. Improve clarity and consistency of communication regarding referrals and next steps.
3. Increase availability of appointment locations, including options closer to home.
4. Enhance support for self-management, including clearer guidance and resources.
5. Ensure patients feel listened to and their concerns are taken seriously.
6. Provide better continuity of care across different services and practitioners.
7. Offer more personalised and tailored treatment plans.
8. Improve access to specialist practitioners and diagnostics.
9. Increase flexibility of appointment times, including outside standard working hours.
10. Enhance coordination and information sharing between services and departments.

Equality considerations

Based on the responses provided, there are some observable differences and similarities in experiences and priorities between protected characteristic groups. However, it is important to note that the sample size for some groups is small, and the data is not comprehensive enough for robust statistical conclusions. The following analysis highlights key trends and notable contrasts:

1. Age-Related Differences -

Older adults often report longer wait times for appointments (e.g. 8-12 weeks or more) and more frequent ongoing or chronic conditions such as arthritis, osteoarthritis, and

mobility issues. This group place high importance on continuity of care, being kept informed, and being seen close to home. Many express satisfaction with being listened to and the professionalism of staff, but some mention frustration with delays or lack of clarity in next steps

Younger adults (under 40) tend to report shorter wait times and experience of more acute or injury-related MSK issues rather than chronic conditions. They tend to prioritise being seen quickly and being listened to, but also value shared decision making and being kept informed. Some younger respondents expressed frustration with being dismissed or not taken seriously, leading to seeking private care

2. Racial/ethnic group differences -

White British/ European respondents made up the majority of responses, so their experiences largely reflect the overall trends. They report a wide range of experiences, from highly positive (quick access, good explanations, supportive staff) to negative (long waits, lack of clarity, feeling dismissed).

Asian/Asian British (e.g. Pakistani, Indian) patients reported similar priorities to white British respondents: being listened to, seen quickly, and continuity of care. Some mentioned specific cultural or language needs, but this is not a prominent theme in the data provided.

There were fewer responses from black/black British and other ethnic minorities, making it difficult to draw strong conclusions. Where present, priorities are similar: being listened to, seen quickly, and continuity of care. No unique barriers or experiences were strongly evident in the data.

3. Sex-based differences

The most notable differences are that women are more likely to provide detailed feedback, express the need for clear information and tailored support, and mention complex health needs. Men are more likely to report immediate resolution or factual outcomes and prioritise proximity and continuity. Both genders value being listened to, speed of access, and continuity of care, but women place slightly more emphasis on being kept informed and shared decision making.

There is no significant gender difference in reported waiting times. Both men and women report a range from "no wait at all" to "more than 18 weeks," with both genders expressing frustration at longer waits. Women are more likely to mention self-referral to MSK services or community services as their initial route.

Conclusions

It should be born in mind that the overall sample of 200 is very small in terms of total numbers received, that the sample is skewed towards acute care by the way it has been promoted, and that 4 of the 10 localities make up the vast majority of the responses received.

There are not sufficient numbers to meaningfully cut the data by locality or service, or to benchmark the experience provided in different settings.

However, the findings do chime with previous work and it is unlikely they would like radically different with a larger or more representative sample. Issues around access, communication, agency and personalisation tend to cut across all services.

The results do provide a baseline for the assessing the current setup from the perspective of service users. By rerunning the exercise after pathway/service redesign, commissioners would be able to gain an indication of the impact of the work.

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