

# Stratified primary care for adults with musculoskeletal pain: the STarT MSK research programme including RCTs

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## Plain language summary

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the STarT MSK research programme including RCTs

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## Plain language summary

**A**round 20% of adults consult their general practitioner each year with a musculoskeletal problem. Musculoskeletal problems represent the largest group of long-term conditions for which patients consult their general practitioner. Although many patients have mild symptoms that can be self-managed with support, some have more serious or persistent problems that need treatments such as physiotherapy. Care varies widely because it is not easy to identify who should be supported to self-manage and who needs more treatment.

In this programme we adapted and finalised a short questionnaire [the Keele STarT MSK (Subgrouping for Targeted Treatment for Musculoskeletal pain) Tool] to sort patients consulting their general practitioner with back, neck, shoulder, knee or multisite pain into one of three groups: those at low, medium and high risk of a poor outcome (for example, patients still experiencing high levels of pain or disability at 6-month follow-up). We recommended treatment options that general practitioners could provide, or offer referral to, for each group of patients and gave general practitioners training to use the new approach. We consulted patients, general practitioners and physiotherapists about this new approach and tested whether or not it led to better outcomes for patients and whether or not it was good value for money for the NHS.

Results showed that the Keele STarT MSK Tool works well to identify patients at low, medium and high risk of poor outcome. The approach had several positive impacts on general practitioner clinical decision-making and received positive feedback from patients and clinicians. However, matching groups of patients to the available treatments recommended in this programme did not lead to consistently better patient outcomes than those of patients receiving usual care. We found stratified care had greater potential for the group of patients at high risk.

The challenge remains to improve primary care treatments in ways that lead to better outcomes for patients with musculoskeletal pain.



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