ARMA Co Production Guide for People with Lived Experience of Musculoskeletal Conditions

England

This document is for people living with musculoskeletal conditions who are involved in co-producing and co-designing services or who are interested in being involved in future. Musculoskeletal (MSK) Conditions is the term used by NHS England to cover all conditions affecting bones, joints and muscles. This includes all forms of arthritis, back pain, inflammatory, rheumatic and auto immune conditions.

Summary of key points

Co-production is about working with people with lived experience to make joint decisions with health care professionals about services and issues that affect them.

The input of people with lived experience is increasingly valued in the NHS.

There are different ways to get involved, from surveys and focus groups to being part of a committee or working group to co-production where people with lived experience participate on an equal basis with professionals.

How to make your contribution effective:

- Be clear about what you want to say.
- Be confident – your voice matters.
- Be prepared – make sure you understand what proposals are being discussed and what questions need answering.
- Make your points clearly and respectfully. Be constructive, but if you don't agree with something, say so.
- Listen to others, even if you don't agree with them.
- If you don't understand jargon or acronyms – ask what is meant (see appendix 2 & 3 for some commonly used jargon and acronyms).
- Do your homework if necessary – find out about current services, what is considered a good service and contact relevant national patient organisations for information.

If you are going to be involved in detailed service design you might want to find out more about how the NHS works. This 5 minute film is a quick way to find out the basics.

https://www.kingsfund.org.uk/audio-video/how-does-nhs-in-england-work

There is more information in this guide.

Who is this document for?

The NHS increasingly understands the importance of asking people who use their services what they think about how services can improve. This document is for anyone who has been asked to give their views and would like more information about how to do this effectively. Depending on what sort of activities you will be involved in you may not need all the information here. Find the bits that are useful to you and we hope you can:

- Feel more confident to say what you think.
- Make your points effectively in meetings.
- Understand some of the jargon you may hear.
- Understand how the NHS works if you need to.
- Learn more about co-production if that interests you.

The views of people with lived experience are extremely valuable when making decisions about healthcare. People have different experiences and perspectives on healthcare, and it is important that diverse voices are heard. Decisions are always better if they take account of differing viewpoints.

You may be very confident taking part in meetings, perhaps because you attend a lot of meetings for your work. Or you may be someone who isn’t used to meetings. You may feel out of place, for instance if you are the only black person, the only woman, or the only person who doesn’t understand the jargon. If you are the only person in the room representing a particular group, then please don’t be discouraged. Your voice is more important because you are the only one who can give that perspective.

This guide focuses on co-production and NHS services. Researchers also involve people living with the conditions they are researching, not just as research participants but also on advisory groups and committees. You might work with researchers to design studies or help them decide what a good outcome would look like from a patient perspective. Some of the information in this guide may help you make a more effective contribution to research.

Why now?

The Best MSK Health programme, launched in 2021, aims to support provision of high quality, high value, personalised MSK services. The programme encourages co-production in all MSK service improvement work.

We hope that this guide will enable you to feel confident to take part in co-production if opportunity arises, or any other way that services invite you to have your say.

What is co-production

Co-production is a term that is used when people with lived experience help to shape and develop their local services. Co-production is a way of working that involves people who use health and care services, carers and communities in equal partnership; and which engages groups of people at the earliest stages of service design, development and evaluation. Co-production acknowledges that people with 'lived experience' of a particular condition are often best placed to advise on what support and services will make a positive difference to their lives.

In addition to involvement in redesign or development of services, people with lived experience of MSK conditions should be involved in the co-production of resources and materials for patients which describe and support such new services.

This should mean that any services or new pathways or models of care are designed and developed with the needs and outcomes of the people who will be using the service and their family at the forefront.

> *"If we continue to work on our plans without speaking to the people we serve then we are missing the most important viewpoint and voice. When we start by listening to the people we serve, and join them as equal partners, it shifts the focus to a shared aim, a reason to work together to achieve it with an authenticity that can't be challenged. That is when real change can happen." Local MSK service Manager*

If you want to know more about co-production, see the work of the Coproduction Collective.

https://www.coproductioncollective.co.uk/

If you want to learn more skills for co-production then you can apply to do the Patient and Public Voice (PPV) Partners Influence and Impact – interactive virtual training at the link below:

https://www.england.nhs.uk/get-involved/learning/

Services may also involve or consult people in ways which are not co-production. Co-production is part of a range of approaches that includes citizen involvement, participation, engagement and consultation. Services should be seeking to continuously understand the experience of people using them and seek to improve. Some of the contents of this guide may be useful if you are involved or consulted in other ways.

You could be asked to take part in a variety of activities including surveys, one to one interviews and focus groups. You may be asked to be part of a group or committee that regularly reviews the services provided.

Diversity

There is an increasing focus in the NHS on health inequalities. For instance, some types of musculoskeletal condition are more common in areas of deprivation, but these areas often have less services and people wait longer for treatment. Chronic pain is more common amongst women, people from some ethnic backgrounds, older people and people living in deprived areas. You may want to ask how this is being addressed through co-production. For example, "The group I belong to is based in the south of the city. How are we getting the views of the less well-off north?" or "We have a big Polish community in this area. How are we ensuring we hear their views?"

Section 1

GETTING INVOLVED

Whether you are involved in co-production, or being consulted on proposals, it is important to be clear about what you want to say. Think about things like:

- Are the proposals feasible?
- Will the new services be accessible to all?
- Is there anyone that may be excluded?
- Do the proposals meet the needs of the patient group? For instance, are these the right services, in the right place? Is there anything missing?
- Are there any other services you have used that demonstrate best practice that could be referenced?

Focus Groups

You may get invited to focus groups, where a group of people with lived experience come together to answer some questions and share their views and experiences. This might involve commenting on a proposal, or it could be asking what you like or don't like about services as they are now. A focus group involves a number of people and you are usually being asked about your personal views or experiences.

Taking part in meetings

You might also be invited to represent patient views at meetings where most or all of the other people are clinicians. In this case you may need to think about what other people want and a wider picture, not just your own situation.

Do your homework

It is a good idea to make sure you go to any initial meeting armed with the information you need so that you aren't left feeling lost when discussions start. You can also ask the person who invited you to the meeting to provide any links to, or print outs of, resources they feel might be helpful to you.

A good place to start would be to take a look at the national guidance on the specific condition that you are representing. The best place to look is on the National Institute for Health and Care Excellence (NICE) website, or there is a list of links at the end of this guide.

Best MSK Health has a wealth of best practice guidance, pathways and toolkits on line. It can be quite difficult to find what you need. There is a guide to the Best MSK Health "Futures" site in appendix 1.

You might also want to find out about current local services. You can often do this by looking at the hospital or Integrated Care System[1] website. An example of what you would look for might be where different services are run from.

If you can, ask other people what they think, for instance if you are a member of a local group, tell people what you are doing and ask their views.

Get in touch

National patient organisations often have a lot of information and materials that they can provide. They may also be interested in sending a representative, or at the very least be in touch with the team, so it's always worth checking to see if there is an appropriate national patient organisation who might be able to provide useful information/support.

A list of relevant ARMA patient organisations can be found on their website.

Before the meeting

It can be daunting for patient representatives to attend a meeting where often you are with a group of people who already know each other well. There are also some occasions when patients can sometimes be left behind when discussions are happening and it feels like the other health professional are talking in another language!

Here are some top tips which will help you to feel confident when you take part:

- Contact the chair or a member of the team to ask for a meeting / briefing ahead of time.
- Ask the chair to say at the start of the meeting that there are lay people present so please explain any jargon.
- Ask for any documents which are going to be discussed in plenty of time.
- Ask for a list of people attending and their job title so that you can do a bit of research and know who will be there.
- If a meeting has already taken place ask for the notes and minutes, plus an opportunity to be caught up.
- If the meeting is going to be in person, ask if you can claim travel expenses and how to do this.
- Be on time. Key information about the purpose of the meeting, how it will run and ground rules are often set out right at the start.
- In some places which do co-production well, titles (such as Dr.) are not used in meetings so that everyone is seen as having equal status. You might want to ask about this in advance.

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[1] Integrated Care Systems co-ordinate NHS services across a wide area. There are 42 in England.

During the meeting

- Everyone has a story to tell and you will have been invited to take part in the meeting because the team want to hear your views. You must bear in mind though that you are representing people with a range of experiences, symptoms and challenges and so need to make sure that you focus on the big picture.
- Make some bullet point notes to help you articulate what you want to say and to remind you of the important wider issues. Making your points clearly will make it easier for people to listen.
- Be constructive – if you don't think a proposal will work, say so, but also say how it could be done better. There may be people at the meeting with very different opinions. It is important to listen carefully to what they are saying. It is OK to disagree with them but it should be done respectfully.
- Say what is good as well as what is bad – If you want to make a very critical point then it is helpful to start by briefly saying something positive. E.g. This is a really strong proposal which tackles an important problem but ….
- Don't just tell your own story – Personal stories are useful to bring points to life and show how things can be improved. Use them to make a point about the discussion.
- Don't be afraid to ask - if people are using jargon you don't understand. (In an online meeting you can do this in the chat so you don't have to interrupt.) This might be easier to do if the chair has already made people aware of the need to explain jargon.

After the meeting

If you take on an action, make sure you follow up promptly. If you aren't clear, contact the Chair or relevant member of the group, to clarify. Make sure you know the deadline.

You may also want to follow up in other ways, e.g. to offer to take part in a meeting that is planned or to have a more detailed conversation with someone if there wasn't time to cover things at the meeting. At an in person meeting you can ask the person after the meeting is finished. On line you can use the chat. Or you can email the person.

In person meetings

If you have not been to the meeting venue before, it's a good idea to plan to arrive early in case you get lost. When you come into the room there may be lots of people who know each other. If it is your first meeting someone may notice a new person and come over to welcome you. If not, and you don't know anyone in the room, find a seat at the table next to someone, then introduce yourself to them.

Online meetings

- You are as likely these days to be invited to an online meeting as an in person one.
- You should be sent a link in advance which may require you to download software or set up an account in your name so it is best to check in advance.
- Keep yourself on mute unless you are speaking.
- Use the raise hand functions if you have any comments or questions.
- If you feel uncomfortable speaking, especially at the beginning you can also use the chat function.
- It can be quite hard to follow both the chat and the spoken discussion. It is fine to ignore the chat so that you can concentrate on the discussion.
- Follow the lead of others if they have their camera switched on or off. However, if you prefer your camera off for any reason, you shouldn't have to keep it on. Some people choose to put their camera on only when they are speaking. If you have poor Wi-Fi connection, keeping your camera off can help.
- Think about what is behind you as that may be on show if cameras are on. You may be able to blur your background.

Online meeting platforms

The two most common platforms are Zoom and Microsoft Teams. Others include GoToWebinar and Google Meets. They all work in a similar way, but are laid out slightly differently. Don't get flustered if you make a mistake – everyone has forgotten to take themselves off mute during a meeting. One benefit of arranging to speak to the Chair or the person who invited you to the meeting ahead of time is that you can get a feel for the platform they are using.

If possible join on a laptop or desktop as this makes it easier. However, it is possible to join on a tablet or even a phone, but you will see fewer people on screen and using the controls is harder as they are smaller.

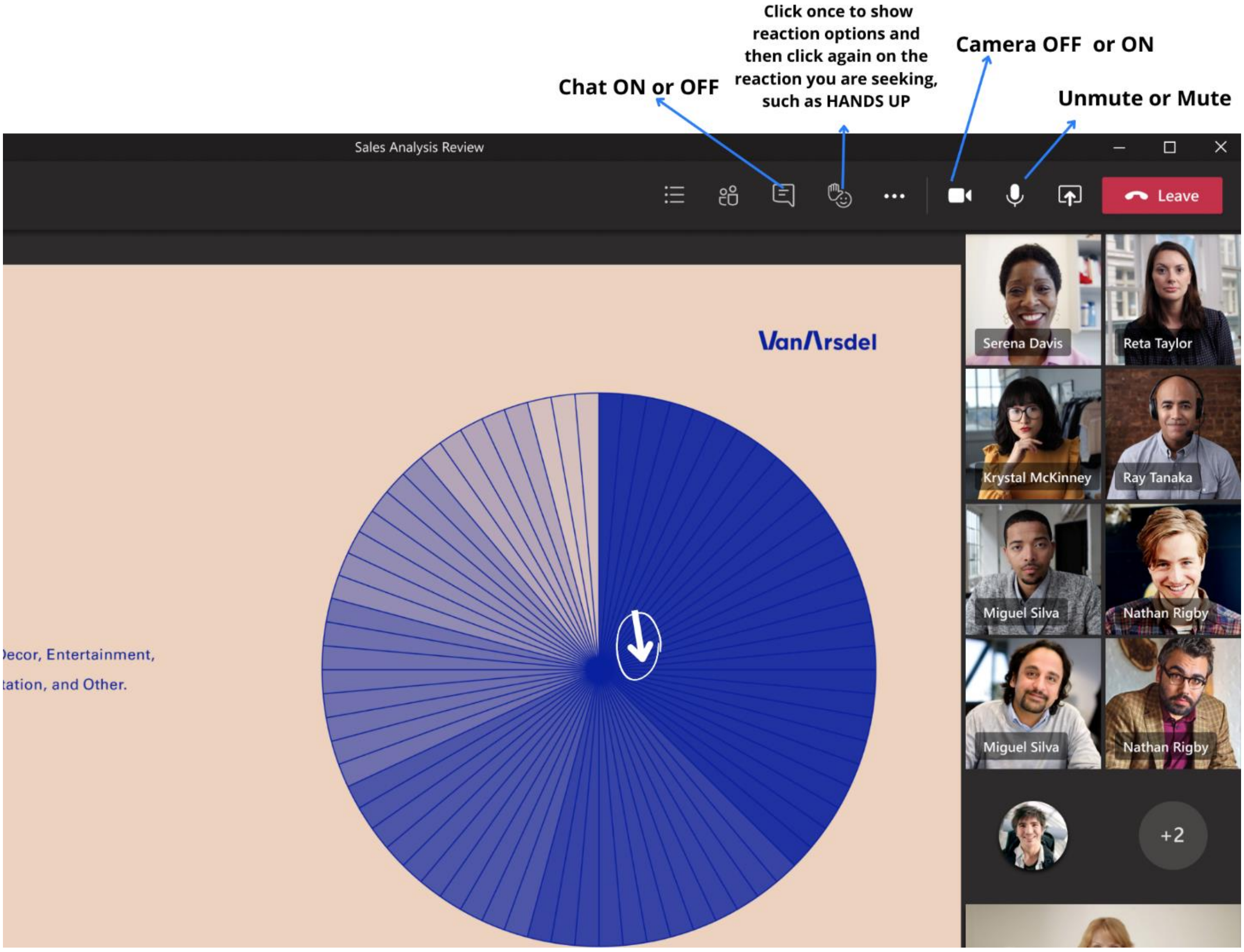
Microsoft Teams

Most NHS meetings are held in Teams. When you click on the link you will see how you look on camera so you can check how it looks before you join. When you click join you will be in a waiting room until the meeting host lets you in. It's worth having a number for someone in case you can't get in, but meetings sometimes do start a few minutes late, so don't worry if you have a short wait.

You will see the faces of people who have their camera on. In a larger meeting not everyone can be seen at once. If your camera is switched on, behave as though people can see you but they may not be able to.

If you want to speak, raise your hand using the hand raise function in “reactions”, wait for the chair to call you, take yourself off mute. When you have finished speaking, put yourself back on mute and lower your hand.

You can open the chat or close it at any time during the meeting. Sometimes the chat can be distracting when you are trying to listen to what is being said.



Click once to show reaction options and then click again on the reaction you are seeking, such as HANDS UP

Camera OFF or ON

Chat ON or OFF

Unmute or Mute

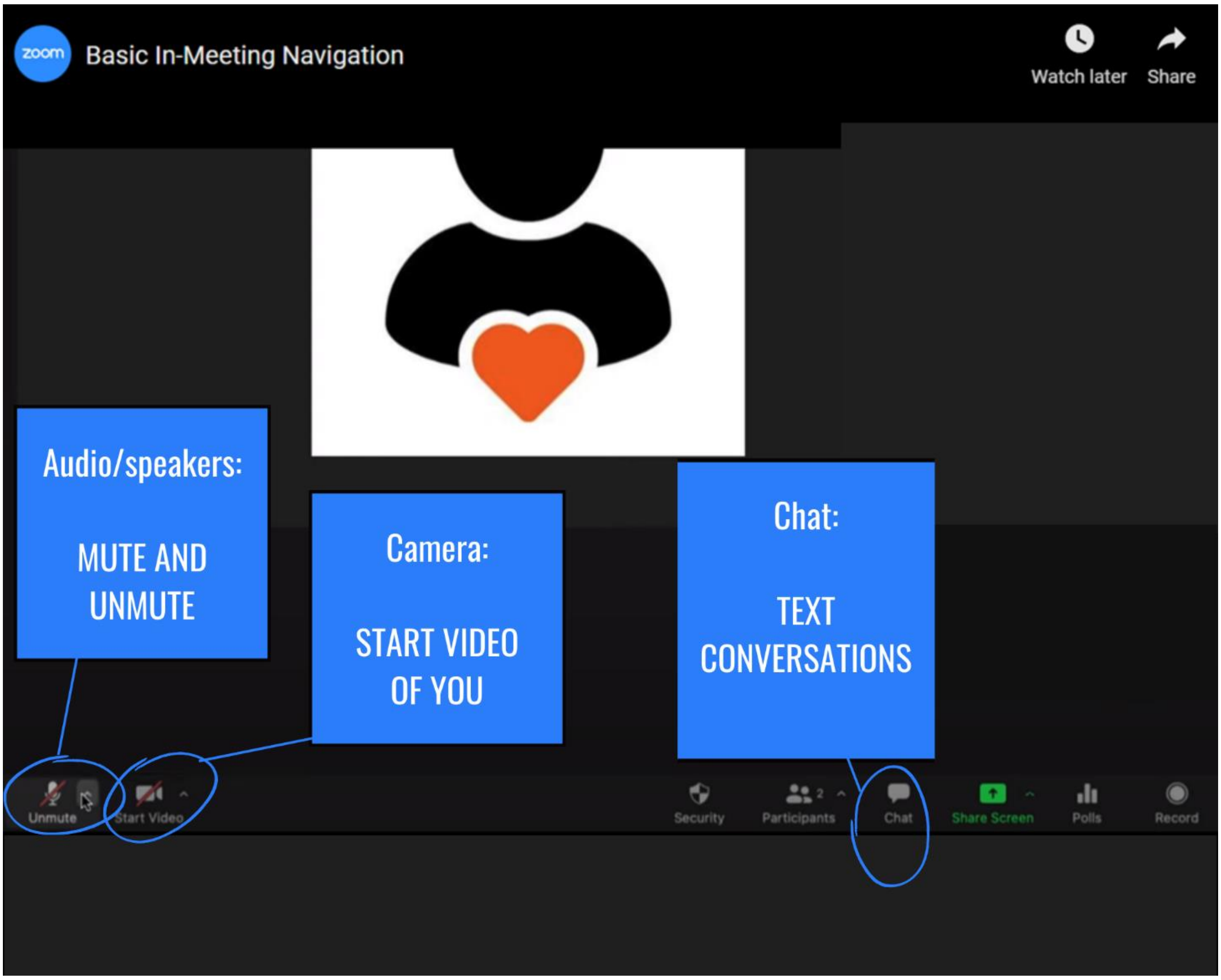
Zoom

The other common platform is Zoom. To join, click on the link. You may be asked to enter a password, which you should have been given. You may be put in a waiting room or get straight through to the meeting, depending how it has been set up.

You can change your view so that you see the speaker large on the screen or gallery, where you see up to 25 participants. Sometimes the meeting organiser controls this. Usually you can choose. It is often useful to show as many people on screen as possible so that you have a better feeling for who is in the meeting and how they look.

Zoom allows you to change your name, so you can make sure it is correct and also, if you want, add your role at the meeting, e.g. Jane Brown, Patient (or Person with arthritis) or Joe Black, Local Arthritis Trust

Taking part in the meeting is the same as for Teams above, but things are in a different place.



Accessibility in online meetings

Both Zoom and Teams have features that can make them more accessible.

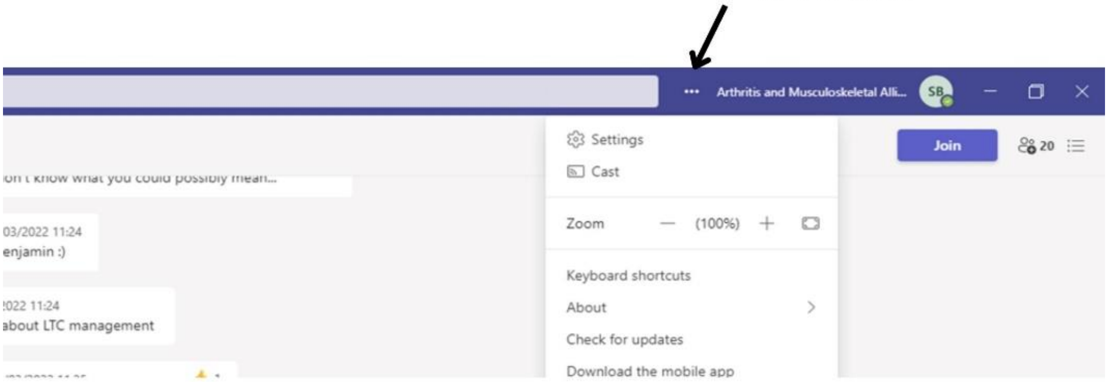
Teams:

Live captions – allows people who are D/deaf to see what is being said. To start and stop using live captions in a meeting, go to your meeting controls and select More options (…) > Turn on live captions or Turn off live captions.

Magnify screen content - To zoom in, press the Windows logo key+Plus sign (+). To zoom out, press the Windows logo key+Minus sign (-).

High contrast - With the high contrast mode, the enhanced colour contrast can help you see text and items on your screen better, making it also less straining on your eyes.

Before you join a meeting, open settings by clicking these three dots then clicking Settings and then select high contrast.

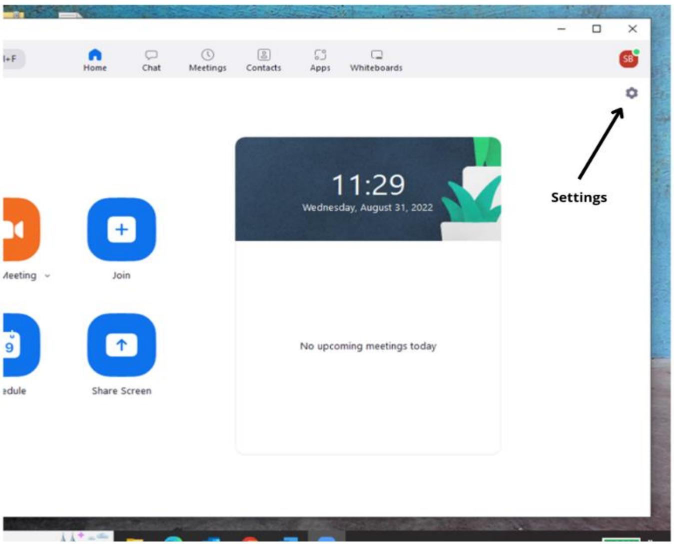


Click the THREE DOTS to select HIGH CONTRAST

Zoom:

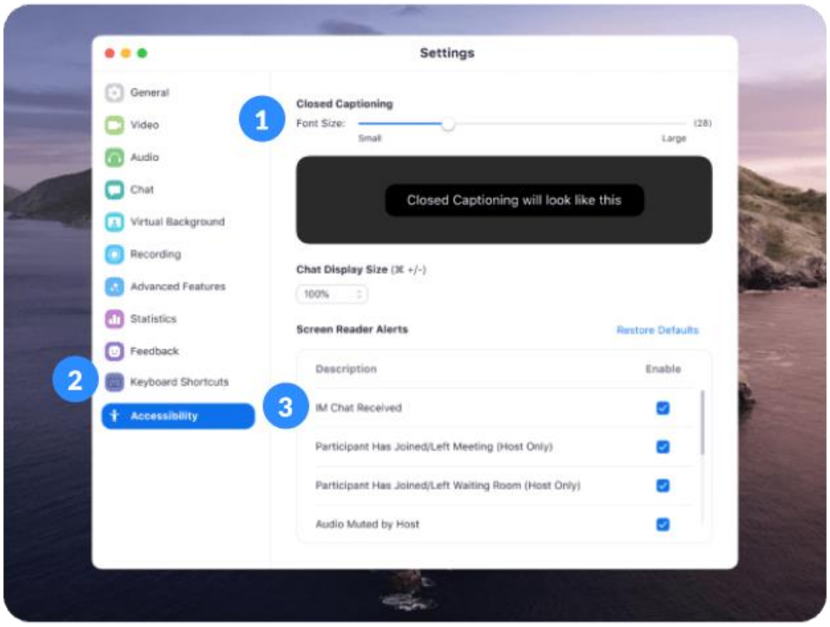
Live captions - If the meeting organiser has enabled it, Zoom can show automated live captions. It is worth asking about this in advance, as it has to be enabled. If it is, then a button at the bottom of the screen will give the option of live captions.

Accessibility settings: Open the zoom app on your device. While not in a meeting you will find a small cog icon towards the top right of the screen. Click this to get settings.



The bottom option is accessibility. Here you can:

1. Customize the font size of chat and captions.
2. Control your Zoom experience with just a keyboard. Zoom supports Keyboard Shortcuts for easy navigation.
3. Use Zoom with a screen reader and customize the audible announcements you want to hear with control over screen reader alerts.



Font Size: (28)

Chat Display Size (⌘ +/-) 100%

Screen Reader Alerts

Description	Enable
IM Chat Received	☑
Participant Has Joined/Left Meeting (Host Only)	☑
Participant Has Joined/Left Waiting Room (Host Only)	☑
Audio Muted by Host	☑

Commenting in writing

You might be asked to comment on any draft proposals for services or other plans. In order to do this effectively keep the following in mind:

- Follow any instructions that are given about how to respond.
- Be clear about what is being asked to make sure your response is relevant.
- Be clear in what you say as it is harder for people to come back for clarification.
- Say what you want to say but don't write too much. A few short points can often be more effective.
- Use the form that is provided.
- Answer any specific questions asked.
- If no comment form is provided use tracked changes so that the person reviewing can easily see what you have said.

Section 2

UNDERSTANDING THE NHS

If you are going to get involved in a significant project it might be useful to know about how the NHS works.

Although it is called the National Health Service, NHS services are provided by a wide range of separate organisations. Co-ordinating this is a big challenge and sometimes the way the organisations are funded can work against best practice.

This 5 minute film is a quick way to find out how the system works:

https://www.kingsfund.org.uk/audio-video/how-does-nhs-in-england-work

The main providers of NHS services in England are:

Hospitals – sometimes a hospital trust will run just one hospital. Increasingly several hospitals are managed by one single organisation or trust. Hospitals are usually paid for the work they do – each procedure, each outpatient visit, each day someone is in hospital.

Community providers – provide things like physiotherapy services, podiatry or rehabilitation after an operation. They can be provided by hospitals, local independent providers or companies such as Virgin Healthcare or Connect Health who provide services all over England. Community providers are commissioned to provide specific services and may be paid by the number of patients they see, or a "block contract", e.g. to provide all the physiotherapy required in the local area.

Primary care – includes GPs, pharmacies, dentists. GP services are provided by local GP practices where you can see a GP and practice nurse. Increasingly you may also see a First Contact Practitioner[2], pharmacist, social prescribing link worker or health coach. GP practices are usually run by the GP Partners and may have just one surgery or several. There are a few places where GP services are run by a provider such as the hospital or a national provider. Practices are paid per patient registered and then extra for certain things such as flu and COVID vaccinations. Individual GP practices are now grouped into Primary Care Networks to try to co-ordinate their work. People's first point of contact with NHS services is that they are registered with a GP practice.

Pharmacies and dentists have contracts to provide NHS services but also provide other things like private consultations or over the counter medicines.

Co-ordinating all this

Each different bit of the NHS has a different function, provides different services and often uses different databases that are not compatible with other parts of the system. This can create

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[2] First Contact Practitioner (FCP) is a skilled MSK professional. If you contact your GP surgery and ask to see the doctor, you might see an FCP instead of the GP.

problems for people who need to use several different services or specialists as they are not joined up. The NHS is working to improve this through “integrating” services.

This short animated film shows what integration means from a patient’s point of view.
https://www.kingsfund.org.uk/audio-video/joined-care-sams-story

- Integrated Care Systems (ICS) exist to bring all this work together and co-ordinate services to ensure the needs of the population can be met. They are fairly new and from July they will receive most of the funding for services in their area and decide how to spend it. ICSs cover quite a big area, e.g. the whole of greater Manchester or in more rural areas, several counties. ICSs also bring with them an opportunity to change how the health and care system works with the voluntary sector. Each ICS is run by an Integrated Care Board (ICB) which may have a representative of the voluntary sector as a member.
- Provider partnerships – Because ICS are so large it is often better to co-ordinate services at a more local level. This more local level is often called “place” and will often be the area of one local council. In a place, the different providers form partnerships to co-ordinate their services.
- Primary Care Networks (PCN) – these are much more local networks of GP surgeries. They may do things like share out weekend appointments so they are not all open every day or employ one First Contact Practitioner who will see patients from all the practices in the network. The area covered by a PCN is sometimes called a neighbourhood.

To find out more about the NHS there is a free online course called The NHS Explained.
https://www.kingsfund.org.uk/health-care-explained/online-course

SECTION 3: Appendices

Appendix 1 Further information

National Institute for Health and Care Excellence (NICE) guidelines

NICE guidelines set out what good looks like for treating a range of conditions. It can be useful to talk about NICE recommendations and how any proposals might help implement these (or not). The main guidelines for MSK are:

Chronic pain (primary and secondary) in over 16s: assessment of all chronic pain and management of chronic primary pain

Low back pain and sciatica in over 16s

Osteoporosis: assessing the risk of fragility fracture

Rheumatoid arthritis in adults: management

Nice Quality Standard (updated 2020) QS33 - https://www.nice.org.uk/guidance/qs33

Spondyloarthritis in over 16s

ARMA Newsletter

One way to keep up to date with a range of useful resources is to subscribe to the ARMA newsletter. It is an email once a month. You will not be put on any other mailing list if you subscribe.

Best MSK Health

The Best MSK Health programme produces pathways, guidelines and toolkits setting out what a good MSK service should look like. Most of their resources are published on a website called NHS Futures. You need to register to access NHS Futures. You will be asked why you want to register. You just need to say that you are involved in improving MSK services locally and want to access the Best MSK Health workspace. You should then get registered.

Then you have to ask for the Best MSK Health workspace to be added to your account.

Once you get onto the Best MSK Health site you will find a lot of information so it can be hard to find what you need. The latest news is always towards the top.

Scroll down the front page and you will find large coloured buttons for the key areas. Depending on what you are working on you can find resources for the key workstreams:

- Rheumatology
- Orthopaedics
- Spinal
- Primary and Community services
- Paediatrics (Children and Young People)

- Data and analytics
- Diagnostics
- Falls, fragility fractures and osteoporosis
- Supporting people to self manage long term conditions

The documents can be overwhelming in the amount of detail they include. Look out for some of the key principles (see below) as a starting point.

For a general introduction to the programme you can watch a recording of one of the update webinars in the webinar folder.

Resources are being added all the time so we can't link to them all here.

There are some common principles across most of the pathways, which might give you points to raise about whatever piece of work you are involved in.

- Mental health – having a long term MSK conditions can impact on people mental health. How are people able to access mental health support if they need it?
- Patient organisations – are people being referred to local groups and/or national charities appropriate to their condition for support?
- Voluntary sector – are the voluntary sector involved in delivering support to people with long term conditions locally?
- Social prescribing and health coaches – Are people with MSK conditions able to access link workers and health coaches to support them?
- Personalised care – how are the principles of personalised care embedded in local services? This would include shared decision making, personalised care and support planning and self management support.

Rare Diseases framework

https://www.gov.uk/government/publications/uk-rare-diseases-framework

Appendix 2 Jargon and acronyms

All too often those involved in the NHS can talk in acronyms and jargon that we wouldn't necessarily use in every-day life. Here are some of the most common terms you might find used if you do decide to get involved in co-production locally.

Term	Acronym	What it means
Allied Health Professional	AHP	The third largest workforce in the NHS. There are 14 professionals defined as AHPs. The AHPs most used in MSK services are physiotherapists, occupational therapists, podiatrists, osteopaths, dietitians, orthotists and radiographers.
Commissioning		The process of buying healthcare services to meet the needs of the local population in England. (Purchasing of healthcare services is done differently in Wales, Scotland and Northern Ireland where health is devolved).
Community assets		Anything in a community which might help people's health and well being. This is quite wide and can include green spaces, local community groups, gyms that are welcoming to people who are not already super-fit. Patient groups could be considered community assets.
Community care/services		Services such as physiotherapy or podiatry which don't need to be delivered in a hospital environment. They are sometimes based in hospitals but not always. They normally see people who live locally. Some areas have a system that allows you to refer yourself direct to physiotherapy. In other areas a GP referral is needed to access community services.
Conflict of interest	COI	A situation in which an individual has competing interests or loyalties.
Department of Health and Social Care	DHSC	The Government department which oversees health and social care policy.
First Contact (MSK) Professional	FCP	Physiotherapists or other health professionals specialising in MSK conditions that are part of the GP practice. FCPs are able to directly treat some MSK conditions and also refer into secondary care where necessary.

Getting It Right First Time	GIRFT	A quality improvement programme run by NHS England.
Health Care Professional	HCP	A term which covers all healthcare professionals including doctors, nurses, AHPs, etc.
Health coach		Health coaches support people who want to make changes in their lives to manage their health or long term condition.
Integrated Care System	ICS	ICSs oversee the delivery of most NHS services in England. They are partnerships between local organisations, including NHS Trusts, CCGs, PCNs and local authorities (local councils). There are now 42 ICSs covering the whole of England.
Integrated Care Board	ICB	The Board that oversees the work of an ICS. You should be able to find out who is on the Board of your local one as it will be set out in the terms of reference. It includes representation from primary, community and secondary care, local authority and other stakeholders.
Key Performance Indicators	KPIs	A quantifiable measure used to show if an organisation, initiative or change is successful.
Multidisciplinary Team	MDT	A team made up of health professionals who are members of different disciplines each providing specific services to patients. In rheumatology, for instance, this might consist of rheumatologists, physiotherapists, nurse specialists, occupational therapists and podiatrists. It might also refer to cross department working, so where someone lives with multiple conditions several specialists may meet to discuss the best options for the patient.
Musculoskeletal	MSK	Any condition related to bones, joints or muscles. It doesn’t just mean back pain and osteoarthritis. It includes rheumatic conditions, autoimmune conditions and others.
NHS England -	NHSE	NHS England oversees the budget, planning, delivery and day-to-day operation of the commissioning side of the NHS in England.
NHS Rightcare		A quality improvement programme run by NHS England

NHS Trust	Each Trust will often be referred to with an acronym, e.g. NELFT = North East London Foundation Trust	An organisation within the NHS in England. In a location there may be several Trusts involved in delivering different aspects of healthcare.
National Institute for Health and Care Excellence	NICE	Provides national guidance and advice to improve health and social care.
National Institute for Health Research	NIHR	NIHR funds, enables and delivers health and social care research that improves people's health and wellbeing.
Office for Health Improvement and Disparities	OHID	The organisation overseeing public health in England. They work on prevention and reducing inequalities (disparities).
Public Health		Public health is the science of protecting and improving the health of communities, rather than individuals. This is achieved by promoting healthy lifestyles, prevention, and detecting, preventing and responding to infectious diseases. In England public health was overseen by Public Health England. It is now overseen by the Office for Health Improvement and Disparities (OHID)
Pathways (clinical pathways, integrated pathways)		Pathways are a process used to help ensure that patients are seen in the right place at the right time, by the right health professional. It is a decision making tool which can often be in the form of a flow chart.
Personalised care		Means people have choice and control over the way their care is planned and delivered, based on ‘what matters’ to them and their individual strengths, needs and preferences. (Not to be confused with personalised medicine which is using information about your unique genetics and biology to decide on the best treatment.)

Primary Care		Anything you access directly. This includes general practitioners (GPs or family doctors), first contact practitioners (FCP) and practice nurses. Also, dentists and pharmacists. Primary care provides the first point of contact in the healthcare system. It is the route by which we most commonly access other parts of the NHS, such as hospital care. Primary care GP services will only see patients who live in their local area.
Primary Care Network	PCN	GP practices, community services, mental health, social care, pharmacy, hospital and voluntary services in a local area grouped together
Providers		The organisations who provide the services bought by the commissioners. These can be hospitals or community providers. This might be local (e.g. a hospital or local physiotherapy service). They might be large national providers (e.g. Virgin Healthcare or Connect Health).
Quality & Outcomes Framework	QOF	A voluntary annual reward and incentive programme for all GP practices in England, detailing practice achievement results.
Secondary Care/services		Services such as a rheumatologist or surgeon. You might be referred to if you need to be seen by someone with more specialist knowledge and is usually delivered in a hospital. A referral from a primary care practitioner is required to access secondary care. Secondary care may see patients from a wider area than community services especially where the hospital specialises in a condition.
Shared Decision Making	SDM	Ensures that individuals are supported to make decisions that are right for them. A clinician supports a person to reach a decision about their treatment. The conversation brings together the clinician’s expertise, and what the patient knows best: their preferences, personal circumstances, goals, values and beliefs.
Social prescribing		Services designed to support people with a wide range of social, emotional or practical needs, and many schemes are focused on improving mental health and physical wellbeing. Link workers give people time, focusing on ‘what matters to me’ and

		taking a holistic approach to people’s health and wellbeing. They connect people to community groups and statutory services for practical and emotional support.
Tertiary care/services		Tertiary care includes specialist hospitals, and a referral from a secondary practitioner is generally required to access tertiary care. Tertiary services are very specialist and people may have to travel some way to access these services.
Triage		Often used in rheumatology or musculoskeletal medicine to decide if someone needs to be referred to secondary care to see a specialist. For example, if someone presented with back pain, they may be examined to determine if it is inflammatory which would need referring to a rheumatologist, or if it is mechanical which would mean a course of exercises or physiotherapy in the community.
Voluntary Community and Social Enterprises	VCSE	Charities, local voluntary organisations and not for profit organisations. It can include small informal groups as well as formal charities.

1 September 2022