

# Patient perspectives of general practice consultation for musculoskeletal disorders: A qualitative study

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## Abstract

**Background:** Musculoskeletal disorders (MSKDs) are a significant reason for general practice consultations in the United Kingdom. Current models of care include consultation with a General Practitioner (GP) or a First Contact Physiotherapy Practitioner (FCPP). Evidence suggests that FCPP led care is safe, yet it is unknown whether patients share this belief.

**Purpose:** To explore patients' perspectives of general practice consultation for MSKDs, including views on safety, satisfaction and recommendations for future practice.

**Methods:** A secondary data analysis utilising qualitative data from the Patient Reported Experiences and Outcomes of Safety in Primary Care (PREOS-PC) questionnaire completed by 426 general practice patients who consulted with a MSKD between December 2019 and October 2022. Responses to the question 'What changes, if any, would you suggest to your GP surgery to make sure that health care is provided safely?' were analysed using content analysis.

**Results:** 606 responses across three timepoints were analysed. Two themes and six subthemes were identified; views on safety and satisfaction (inherent trust in the system, provision of face-to-face appointments, prompt access to care, person-centred care) and recommendations for future practice (appointment system: prompt access to face-to-face appointments, delivery of care: co-ordinated and collaborative person-centred care).

**Conclusions:** Patients commented that FCPP consultations provided quick and accurate diagnoses and targeted advice. Recommendations for future practice included prompt access to face-to-face appointments, phone calls to be answered more quickly, improved communication for test results and follow ups, patients to feel listened to with a more individualised approach, and better continuity of care.

## KEYWORDS

first contact physiotherapy practitioner, musculoskeletal disorder, PREOS-PC, primary care

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## 1 | BACKGROUND

Musculoskeletal disorders (MSKDs) are a significant reason for consultations with a General Practitioner (GP) (Keavy, 2020), and as the population ages, the prevalence of MSKDs grows (Office for National Statistics, 2021). It is suggested that up to 30% of GP consultations in England are for a MSKD (NHS England, 2024). Current models of care include consultation with a GP or more recently, a First Contact Physiotherapy Practitioner (FCPP). FCPP led care is a GP practice-based service initiative in which an experienced physiotherapist can assess, diagnose and manage patients without prior GP consultation (Goodwin et al., 2021). The intention is that FCPPs will be accessible for all general practice patients in England presenting with a MSKD (NHS England, 2020). There is evidence that FCPP led care is safe and provides successful clinical outcomes and a reduction in unnecessary referrals (Goodwin et al., 2021; Mercer & Hensman-Crook, 2022; Walsh et al., 2024).

Whilst evidence suggests that FCPP led services are safe and effective (Goodwin et al., 2021), patients need to share this belief for the service to be utilised. The Patient Reported Experiences and Outcomes of Safety in Primary Care (PREOS-PC) questionnaire was designed to assess patient's experiences relating to safety, and determine recommendations for improvement (Ricci-Cabello, Saletti-Cuesta, et al., 2017). The survey combines quantitative scoring with open ended questions to determine patient perspectives on safety, whilst also seeking recommendations for improvements to care. In a previous study (Ricci-Cabello, Saletti-Cuesta, et al., 2017), the PREOS-PC questionnaire was completed by 6736 primary care users across England. Findings suggested that patients believe that the safety of health care is influenced by timely access to appointments, quality of clinical care, and relationships with health-care providers or continuity of care. Findings also indicated that younger patients and those with poorer health status were more likely to report harm, and younger patients were more likely to report experiences of safety problems (Ricci-Cabello, Reeves, et al., 2017). However, studies that explore patient perceptions of safety in a general practice setting across GP and FCPP MSKD consultations specifically are warranted to determine patient perceptions of safety and satisfaction. Following a recent realist evaluation exploring FCPP in general practice (Walsh et al., 2024), PREOS-PC data were available from a sample of 426 patients who consulted with a GP or FCPP for a MSKD.

### 1.1 | Aims

The aim of this study was to explore patients' perspectives of general practice consultation for MSKDs, including perceptions of safety, views on satisfaction and recommendations for future practice. Secondary aims were to explore whether patient perceptions of general practice consultation for MSKDs differ between GPs and FCPPs, across patient age groups, between site of MSKD presentation (spinal vs. peripheral joint) and across time points (over time).

## 2 | METHOD

### 2.1 | Study design and sample

As part of a previous study exploring the clinical and cost effectiveness of FCPP led care (Walsh et al., 2024), PREOS-PC data were collected (amongst a range of outcome measures) from  $n = 426$  general practice patients who consulted with MSKDs. Patients were from 46 practices across the four United Kingdom (UK) nations. The questionnaires were completed and returned at three time points: baseline (initial consultation), 3 months, and 6 months later. Data collection occurred between December 2019 and October 2022 and the PREOS-PC qualitative data are presented and discussed in this paper. Further details of the full study are available (Walsh et al., 2024). <https://doi.org/10.3399/BJGP.2023.0560>.

### 2.2 | Survey tool

PREOS-PC was specifically designed to capture perspectives on patient experience and safety in primary care, and is based on three elements of patient safety:

1. Patient interaction with the health care system, including self-management
2. Standards of care
3. Actual or potential harm to patients (Ricci-Cabello et al., 2016).

The tool is considered to have structural and construct validity (supported by factor analysis, correlation between scales, and known group analyses), high internal consistency (Cronbach's  $\alpha$  0.75–0.96), and no major ceiling or floor effects (Ricci-Cabello et al., 2016). It has been validated for hard copy self-completion (Ricci-Cabello et al., 2016).

### 2.3 | Data collection

Free text responses to the question, 'What changes, if any, would you suggest to your GP surgery to make sure that health care is provided safely?', were the focus of the current analysis. Demographic data including age and presenting MSK condition were also collected.

### 2.4 | Data analysis

A summative content analysis approach was utilised. This consists of a systematic coding and categorising approach used to establish trends and patterns of words, in which keywords (codes) are identified before and during analysis (Hsieh & Shannon, 2005). It allows for quantification of qualitative data (manifest content analysis), but also interpretation (latent content analysis) (Hsieh & Shannon, 2005). A content analysis approach has been used previously to analyse other

PREOS-PC data, the findings from which were utilised as an initial guide to generate codes prior to beginning analysis for the current study (Ricci-Cabello, Saletti-Cuesta, et al., 2017).

Firstly, all patient reported data were exported to Microsoft Excel and cleaned by removing responses that contained no useful information for example, "N/A". Data were read repeatedly to get an understanding of the dataset and then coded by highlighting key words using the pre-generated codes as an initial guide. Codes were grouped into sub-themes and themes, all of which were modified and refined several times by RT throughout the data analysis. Themes were further discussed and revised with a second researcher (AB), counted and presented in a table prior to the final analytical model being agreed with the full team. Anonymised direct quotes from participants are used to exemplify themes (Vaismoradi et al., 2013). NVivo 14 was used to support the coding process (Lumivero, 2023). Data were analysed at each TP separately to allow exploration of changes in patient perspectives over time. Findings were also explored to determine any differences between the FCPP and GP datasets across age bandings and between peripheral and spinal presentations.

## Ethical approval

Ethical approval was provided on 18 June 2019 (IRAS ID: 261530; REC reference number: 19/NI/0108). HRA approval was granted on 25 June 2019. Written participant consent was provided for secondary data analysis, including use of anonymised quotes.

## 3 | RESULTS

### 3.1 | Response rate

A total of 1169 out of a possible 1278 answers to the question 'What changes, if any, would you suggest to your GP surgery to make sure that health care is provided safely?' were received across the three timepoints. After data cleaning (e.g. removal of 'N/A' or 'nothing'), 606 responses were deemed useful for analysis. This included 230 responses at baseline (Time point (TP) 0), 187 responses at three months (TP1) and 189 responses at six months (TP2).

### 3.2 | Demographics

Demographic data are presented in Table 1:

### 3.3 | Themes

Two main themes were identified: views on safety and satisfaction and recommendations for future practice. These aligned with the main aims of the study. There were six subthemes (See Figure 1).

TABLE 1 Participant demographic data.

	N (%)
Sex	
Male	186 (31%)
Female	420 (69%)
Type of consultation	
GP consult	157 (26%)
FCPP consult	182 (30%)
FCPP (AQ) <sup>a</sup> consult	267 (44%)
Age	
18–34	27 (4%)
35–64	261 (43%)
65 and over	318 (53%)
Reason for consultation	
Spinal (back/neck)	170 (28%)
Peripheral (shoulder/arm/leg/foot)	436 (72%)

<sup>a</sup>AQ indicates an FCPP with additional qualifications (e.g. prescribing, injecting, ordering investigations).

The subtheme 'inherent trust in the system' describes comments that reported a feeling of overall safety, confidence and general satisfaction with no recommendations for improvement. This subtheme incorporates descriptions of practices and staff as 'excellent' or 'good' for example, without elaboration on specific reasons why. The theme 'provision of face-to-face appointments' suggests that for care to be delivered safely, appointments should be delivered face-to-face rather than by telephone. The subtheme 'prompt access to care' suggests that for a feeling of safety and satisfaction to be achieved, appointments need to be available in a timely manner. This timeliness included response times to telephone calls made to the Practice. 'Person-centred care' incorporated comments about feeling listened to, timely and accurate diagnosis, a holistic and individual approach and effective communication around test results and follow ups.

The subtheme 'Appointment system: prompt access to face-to-face appointments' indicates that most recommendations about the appointment system suggest that participants would like faster access to face-to-face appointments. 'Delivery of care: co-ordinated and collaborative person-centred care' incorporates comments about the need for services to work together and the need for professionals to communicate and collaborate with each other and with the patient, including the importance of listening to enable an individual approach to care.

To address the secondary aims, response counts were collated to explore whether patient perceptions of general practice consultation for MSKDs differed between GPs and FCPPs, across patient age groups, between site of MSKD presentation (spinal vs. peripheral joint) and across time points (initial consultation, 3 months, 6 months). For each area under exploration, the number of positive

and negative responses is tabulated for each TP, totalled, and supported with anonymised quotes (Tables 2 and 3).

### 3.4 | Views on safety and satisfaction

Four subthemes were identified for views on safety and satisfaction: inherent trust in the system, provision of face-to-face appointments, prompt access to care and person-centred care. There were 102 comments about inherent trust in the system; these were positive in

all cases and represented GP and FCPP consultations, spinal and peripheral presentations and all age groups:

Never had a problem with my GP surgery and always felt safe and well cared for.

(female aged 66, consulted FCPP for back)

On the whole I think the care I have received has been excellent.

(male aged 82, consulted GP for leg)

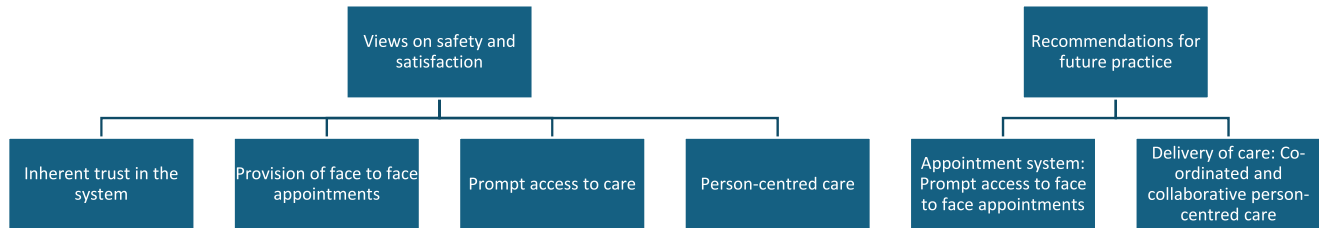


FIGURE 1 Themes and subthemes.

Provider	TP0		TP1		TP2		Total	
	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative
GP	15 (10%)	11 (7%)	13 (8%)	8 (5%)	12 (8%)	7 (4%)	40 (25%)	26 (17%)
FCPP	16 (9%)	5 (3%)	9 (5%)	8 (4%)	13 (7%)	12 (7%)	38 (21%)	25 (14%)
FCPP(AQ)	26 (10%)	20 (7%)	12 (4%)	14 (5%)	17 (6%)	18 (7%)	55 (21%)	52 (19%)
Age								
18–34	2 (7%)	1 (4%)	2 (7%)	1 (4%)	2 (7%)	1 (4%)	6 (22%)	3 (11%)
35–64	24 (9%)	15 (6%)	12 (5%)	14 (5%)	17 (7%)	18 (7%)	53 (20%)	47 (18%)
65 & over	31 (10%)	20 (6%)	20 (6%)	15 (5%)	23 (7%)	18 (6%)	74 (23%)	53 (17%)
Consultation								
Spinal	17 (10%)	8 (5%)	12 (7%)	5 (3%)	13 (8%)	10 (6%)	42 (25%)	23 (14%)
Peripheral	40 (9%)	28 (6%)	22 (5%)	25 (6%)	29 (7%)	27 (6%)	91 (21%)	80 (18%)

TABLE 2 Response counts and percentages for the theme of 'Views on safety and satisfaction'.

Provider	TP0		TP1		TP2		Total	
	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative
GP	0	13 (8%)	0	16 (10%)	0	17 (11%)	0	46 (29%)
FCPP	0	23 (13%)	0	27 (15%)	0	13 (7%)	0	63 (35%)
FCPP(AQ)	0	53 (20%)	0	41 (15%)	0	38 (14%)	0	132 (49%)
Age								
18–34	0	7 (26%)	0	0	0	1 (4%)	0	8 (30%)
35–64	0	36 (14%)	0	50 (19%)	0	32 (12%)	0	118 (45%)
65 & over	0	46 (14%)	0	34 (11%)	0	35 (11%)	0	115 (36%)
Consultation								
Spinal	0	21 (12%)	0	24 (14%)	0	12 (7%)	0	57 (34%)
Peripheral	0	68 (16%)	0	60 (14%)	0	56 (13%)	0	184 (42%)

TABLE 3 Response counts and percentages for the theme of Recommendations for future practice.

Eight negative comments were received regarding concerns with safety due to not being able to access face-to-face appointments. Comments represented all time points and GP and FCPP consultations, but only one comment was received by a patient presenting with their spine and no comments were received from patients in the 18–34 age group:

The return of face-to-face appointments rather than telephone appointments are surely safer.  
(female aged 65, consulted FCPP for leg)

Views on prompt access to care were mixed, 23 comments were positive, 47 were negative, and these were balanced across time points, GP/FCPP consultations, site of presentation and age group. Positive comments were made about the option to use e-consult and fast access to face-to-face FCPP and GP appointments:

The quick appointment with the physio was very good addition and helped me manage my muscle pain much more quickly.  
(female aged 58, consulted FCPP for leg)

I have no problems with my GP practice. I use e-consult and have always been contacted within a few hours of my message and have been offered a face-to-face appointment with a GP either the same or the next day.  
(female aged 67, consulted FCPP for back)

Negative comments were focussed on the difficulty in accessing appointments by phone:

The major problem with the GP surgery is the time, frustration and sometimes failure to get an appointment. Waiting for up to an hour to get through on the phone only to find out that all the appointments have been taken so have to phone the next day and go through the same problems resulting in giving up completely through frustration.  
(male aged 67, consulted FCPP for back)

Nine positive comments were received about person-centred care. Most positive comments (8/9) related to the provision of physiotherapy. These were made by patients presenting with both spinal and peripheral disorders, but no comments were made by the 18–34 age group:

Having a physiotherapist was excellent as targeted advice was available, saved time and helped me solve a specific musculoskeletal issue which was impacting other health  
(female aged 45, consulted FCPP for back)

There were 48 negative comments. Negative responses indicated dissatisfaction with telephone appointments and a preference for face-to-face contact (18/48). Some patients reported dissatisfaction with communication around tests and the prescription/ordering of medications (12/48). Comments were spread across all groups, but only one comment was made by a patient in the 18–34 age group:

Telephone triage does not cut it in many cases and will result in many undiagnosed conditions, I fear.  
(male aged 63, consulted FCPP for leg)

Communication is the main problem. You should be told if a blood test shows a potential problem.  
(female aged 71, consulted FCPP for neck)

### 3.5 | Recommendations for future practice

Two subthemes were identified for recommendations for future practice: appointment system: prompt access to face-to-face appointments and delivery of care: co-ordinated and collaborative person-centred care. All comments in this theme were deemed negative as they were suggesting a need for change. The subtheme 'appointment system: prompt access to face-to-face appointments' contained the largest number of comments totalling 177. These were spread across all three time points, age groups and spinal/peripheral presentations. The key recommendations were that appointments should be available more quickly and should be conducted face-to-face. Comments also indicated that phone calls should be answered more quickly but there was also support for online booking of appointments:

Getting an appointment is a real problem. Improve the appointment situation, face-to-face not telephone. Improve no. [number] of doctors available. Improve telephone reception.  
(male aged 79, consulted FCPP for shoulder)

Online appointment booking to resume, it was easy before Covid. Could book online appointment with suitable date and time.  
(female aged 46, consulted GP for foot)

There were 67 recommendations about co-ordinated and collaborative person-centred care, spread across all time points and groups. Comments centred around the need for improved communication for diagnoses, test results and follow ups, for patients to feel listened to with a more individual/holistic approach, and better continuity of care:

Being able to see the same GP, not being passed from GP to GP. For GPs to look at your past, not just now to build a better bond with you, so better trust is in place,

to follow up and not forget to pass you on to help when asked for.

(female aged 56, consulted GP for shoulder)

## 4 | DISCUSSION

This study explored patients' perspectives of general practice consultation for MSKDs, including views on safety, satisfaction and recommendations for future practice. The results provide insight into the extent to which patients feel safe and satisfied with care and recommendations for future practice.

### 4.1 | Interpretation and comparison with previous literature

The sub-theme 'inherent trust in the system' which represented feelings of overall safety, confidence and general satisfaction, contained 102 positive comments, with the majority of these indicating a sense of general overall satisfaction with their GP Practice. In addition to the positive comments regarding safety and satisfaction it is worthy of note that nearly half of the responses to the survey question were answered with responses such as 'N/A' or 'nothing'. It could be assumed that those patients were also satisfied with the care at their practice if not wanting to make suggestions for change. When considering other measures of satisfaction with primary care, The NHS England Friends and Family Test indicates that 91% of responses indicate overall satisfaction with GP Practice care in the most recent report (NHS England, 2023).

Negative comments around provision of face-to-face appointments may be due to the Covid-19 pandemic, which coincided with the data collection phase. Ricci-Cabello, Saletti-Cuesta, et al. (2017) noted that difficulties accessing healthcare were reported as a safety concern in their study and linked this to austerity during the period of data collection. In a recent rapid realist synthesis to understand the role of paramedics in primary care, Stott et al. (2024) reported that patient participants in their study were happy to see a paramedic if it meant faster access to care, indicating that expedited access to an appointment is a priority for patients. In contrast to Ricci-Cabello, Reeves, et al. (2017), the younger patients in the present study did not make many comments regarding experiences of harm or safety concerns. There was only one comment made at each TP by the younger age group and these related to difficulty with accessing care promptly. Most comments on safety were from patients aged 35 or over. Patients in the 18–34 age group made up only 4% of the sample; therefore, few comments were expected.

Dissatisfaction with prompt access to care attracted a high number of comments and most of these were directed to the challenges of accessing appointments by phone. The majority of patients regarded this as a frustration, impacting on their satisfaction, rather than a direct safety concern. Indeed, the subtheme 'appointment system: prompt access to face-to-face appointments' contained the

largest number of comments in the 'Recommendations for future practice' theme. The key recommendations were that phone calls should be answered more quickly and appointments should be available sooner and be conducted face-to-face, echoing the findings from Ricci-Cabello, Saletti-Cuesta, et al. (2017). In a recent study exploring the impact of virtual primary care on quality and safety in the UK, Sweden, Italy and Germany, Neves et al. (2024) reported that virtual care technologies positively impacted on timeliness and efficiency of care as well as effectiveness, safety and patient-centredness. In the current study, there is some indication that younger patients may be in favour of the online/e-consult booking system as positive comments tended to be made by those younger than 65 years. This aligns with the findings of Neves et al. (2024), who found that some patient groups, including older persons, may be less engaged in the future use of remote care.

When considering person-centred care, positive comments were made about the provision of physiotherapy. Patients remarked on receiving quick and accurate diagnoses, feeling listened to, and receiving targeted advice. In a qualitative investigation of the Additional Role Reimbursement Scheme in primary care, Jones et al. (2024) suggested that quality of care may be enhanced by the broadening of roles due to access to staff with specific knowledge, which supports this finding. Negative comments regarding person-centred care, and therefore recommendations, suggested the need for improved communication regarding test results and follow ups and more continuity of care. Ricci-Cabello, Saletti-Cuesta, et al. (2017) describe patient-centred communication as a determinant of safety and satisfaction and this appears to be comparable to the findings of the present study.

Secondary aims of the study were to explore whether patient perceptions of primary care consultation for MSKDs differ between healthcare professionals (GP vs. FCPP), across patient age groups, between site of MSKD presentation (spinal vs. peripheral joint) and across time points (baseline, 3 months, 6 months). It appears there is no clear difference in this dataset across time points or between healthcare professionals, however patients receiving care by an FCPP (AQ) did appear to make a greater number of recommendations about prompt access to face-to-face appointments, an interesting finding as fast access to physiotherapy appointments was also a positive finding. However, it could be interpreted that patients were making this comment regarding access to GP appointments. Only 28% of the sample consulted with a spinal problem, but it appears there are no clear differences in the comments made between patients with spinal and peripheral joint problems.

### 4.2 | Strengths and limitations

This study presented data from a geographically diverse sample of patients from 46 GP practices across all four nations of the UK. A large number of responses ( $n = 563$ ) were answered with comments such as 'N/A' or 'nothing' and it is unknown whether these participants were indeed satisfied with safety provision and therefore had

no suggestions for changes. The method of data collection did not permit any follow-up/exploration of patient views. Furthermore, most comments made by patients did not directly refer to safety; therefore, this may not be a key issue for patients when choosing which healthcare professional to consult; instead, many patients may have 'inherent trust in the system'. It is worthy of note that data collection overlapped with lockdowns and restrictions that were put in place due to the Covid-19 pandemic, which may have influenced the study findings.

## 5 | CONCLUSION

This study presents some key recommendations for the future delivery of general practice consultations for MSKDs. Patients remarked that consultation with an FCPP enabled quick and accurate diagnoses, a feeling of being listened to and targeted advice. In the future, patients would like appointments to be available more quickly, to be conducted face-to-face and for phone calls to the general practice to be answered more quickly. Recommendations were also made for improved communication for test results and follow ups, a more individual/holistic approach, and better continuity of care. General practice continues to rapidly evolve and the findings from this study may also be relevant to a wider range of consultations beyond MSKDs.

## AUTHOR CONTRIBUTIONS

Nicola Walsh conceived and designed the initial study. Rachel Thomas and Alice Berry collected and analysed the data with support for interpretation from Nicola Walsh and Fiona Cramp. Rachel Thomas led the manuscript preparation. All authors reviewed and revised the manuscript. Nicola Walsh supervised the overall project.

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## CONFLICT OF INTEREST STATEMENT

None.

## DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

## ETHICS STATEMENT

Ethical approval was provided on 18 June 2019 (IRAS ID: 261530; REC reference number: 19/NI/0108). HRA approval was granted on 25 June 2019. Written participant consent was provided for secondary data analysis, including use of anonymised quotes.

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