

Integrated MSK Service GP Newsletter August 2018



Wirral University
Teaching Hospital
NHS Foundation Trust

Welcome to the first GP newsletter for the new Integrated MSK service. This newsletter will be published monthly to provide useful information and keep you up to date with progress.

Helpline

GP – WUTH.MSK@nhs.net

Patient – 0151 604 7501 OPTION 2

Activity July 2018

Triage service	Referrals
Upper Limb	849
Lower Limb	1,347
Spinal	953
Rheumatology	174
Podiatry	
TOTAL	

Current Waiting Times

Specialty	Wait to be seen	
Orthopaedics	Foot & Ankle	11 weeks
	Hip & Knee	16 weeks
	Upper Limb	15 weeks
Rheumatology	10 weeks	
Pain	17 weeks	
Physiotherapy	6 weeks	
Podiatry	3 weeks	

Frequently Asked Questions

This section addresses the most frequent issues that have been flagged up to us in the first month of the service.

How do I attach the referral form?

[This document](#) explains how to make a referral on e-RS via EMIS web, including how to attach a referral form. The page is designed to be printed out and folded into a leaflet, so is not in the correct order when read on screen.

We are still receiving some handwritten referral forms. The form has been designed to be uploaded into EMIS so that a lot of it will self-populate.

When will my patient hear from you?

We aim to contact the patient within 7 days of us receiving the completed referral.

We have a backlog of patients who have been triaged but are waiting to be booked. This is because we were unable to recruit enough booking clerks for go live. Patients may wait 2 weeks before they hear from us. We have recruited more booking staff so we should see an improvement very soon.

We have had some instances where a patient has called us after 7 days, but we have only just received the referral. This can sometimes be because the referral was waiting for an attached letter. We cannot see the referral until the referral is attached.

How do increase the priority of my referral?

We have had incidences of duplicate referrals being sent to triage with an increased priority. We believe that this is because we are not managing to contact patients within 7 days right now. Unless there is a clinical urgency, the referral is downgraded to routine on triage. Multiple referrals can lead to patients being given multiple appointments as a duplicate will not be obvious to the triage team. This is confusing for patients and can lead to longer waits as appointments are blocked. Please bear with us whilst we get through the backlog.

Should I request an X-ray in advance of an MSK referral?

An up to date x-ray is extremely useful to the Triage team.

- Where applicable, please request weight bearing x-rays
- When requesting x-ray of the knee, please request skyline views as well as AP/Lateral views to assess the patellofemoral joint

What information do I need to give to my patient?

There is a patient leaflet available [here](#) on the WUTH website. It is important to help the patient understand that;

- The outcome of the triage is the best course of treatment for their condition
- We may triage a patient to see an MCAS physiotherapist to assess the patient face to face, examine them and possibly order some scans
- so that scans can be ordered in advance of their appointment with a surgeon. This will enable them to be listed for surgery much quicker.
- an appointment with a consultant is only necessary when surgery is an option, and a physiotherapist is often far more specialised in their condition.

Where do I refer for domiciliary visits?

If you think that the patient requires domiciliary physiotherapy for an MSK condition or podiatry, refer to the MSK service. If the patient requires Rehab at Home or Occupational Therapy, refer to Wirral Community Foundation Trust using the [referral](#) form.

Where do I refer for non-MSK physiotherapy?

Continue to use WROCS to refer for Neuro, Respiratory and Women's physiotherapy. Any referrals for MSK using WROCS will be rejected and you will be asked to refer using e-RS (Choose & Book) to the triage service.

My patient has pain in two different joints. Where do I send the referral?

If you believe that the pain is related, for example the patient has hip pain and knee pain, then refer into the service once; in this example to Lower Limb Triage.

If the pain is more generalised, you may consider this to be a potential rheumatological issue and therefore a Rheumatology Triage referral is appropriate.

If the pain is unrelated, for example shoulder and knee pain, then the patient requires two separate referrals. This is because the patient will have two, distinct referral to treatment pathways and two referrals will ensure that they are triaged by the most expert clinician, and forwarded to the correct specialty as quickly as possible.

I have a patient under 16 that requires MSK physiotherapy. Can I refer to the MSK service?

The MSK service is for patients of 16 and older. Children can be referred directly to Paediatric Physiotherapy using WROCS.

Developmental physiotherapy should be referred to the Child Development Service via email.

Where should I send a referral for Podiatry?

Podiatry has a dedicated triage service. If a patient may require more than podiatry, make the referral to the Lower Limb Triage service. That way an appointment can be made for physiotherapy and podiatry. Please consider biomechanical podiatry referral in patient's presenting forefoot pain in the absence of mortons' neurological features. There are self-help information leaflets available [here](#) that may help your patient.

How do I find out where my referral was triaged to?

How will I know if my referral was rejected?

It is possible to review the outcome of your referral using e-RS worklists. The worklists are available once logged onto e-RS with your smartcard, and by clicking on the "Worklists" tab. They consist of four worklists that should be regularly maintained;

- Referrer Action Required
- Awaiting Booking/Acceptance
- Outstanding Referral Letters
- Advice and Guidance

Under the worklist '*Referrer Action Required*' are referrals where action is to be taken by the referrer. These referrals are under the duty of care of the referring organisation and include UBRNs that may have been rejected or cancelled. There are four reasons why a referral could be on this list;

- 1) Assessment Result
 - The MSK triage has recorded a triage outcome. Click on the UBRN, view the comments, and then remove from the worklist.
- 2) Cancelled UBRN
 - A referral has been cancelled by the patient. This will only occur with non-MSK referrals, as MSK patients are not given a password to use e-RS.
 - The hospital has booked the patient outside of e-RS (e.g. for an injection)
- 3) DNA

4) Rejected UBRN

- The referral has been rejected. Click on the UBRN, click Actions, select View History to review the comments
- If advised to refer to another service, select Update/Book on the current UBRN
- If the referral is no longer required, cancel the request and record in the patient's notes

I suspect that my patient may have cancer. Do I refer to the MSK triage service?

Any patient with suspected cancer must be referred under the 2 week rule directly to the relevant Trust and specialty. The MSK Triage Service is unable to refer under the 2 week rule, and therefore a direct referral will ensure that the referral is actioned quickly.

I would like to refer for consideration for arthroplasty surgery. What information should I include to speed up the process?

The following information will assist the physiotherapist to triage the patient quickly;

- a. Make sure BMI is included on referral (must be < 40)
- b. An up to date weight bearing x-ray will prevent delay
- c. Documentation of exhausted conservative measures
- d. Is the patient aware of risks/benefits arthroplasty surgery (THR/TKR booklet available)

Meet the Team

Every month, we will focus on a different part of the integrated service. This month we will focus on the Upper Limb triage team.

Upper Limb triage team



Sophie Adam, Shoulder Specialist
Susan Dixon, Hand Specialist

Robbie Ryan, Upper Limb Senior
Chloe de Matas, Shoulder Specialist (not pictured)

All referrals for patients with an upper limb condition are triaged by our team of Advanced Upper Limb Physiotherapists. This gives all patients rapid access to a specialist opinion and ensures that only appropriate referrals are sent on to the consultants.

The team triaged 832 referrals in July 2018 and saw 48 patients in MCAS clinics.

The upper limb triage team have all worked in Orthopaedic clinics for some time, and therefore can provide expert opinion on patient referrals. This also gives them access to Mr Kaye, Mr Morris and Mr Robinson for opinion on individual patients when necessary.

The team have enjoyed being able to signpost patients to the correct treatment and have contributed to the FAQ above with what they have learned since starting to triage.