**CHCP EAST RIDING MUSCULOSKELETAL (MSK) SERVICES – GUIDANCE FOR REFERRERS**

This guidance is intended for clinicians referring into the East Riding MSK service for patients:

* **With a specific MSK condition**
* **Aged 5 years and over.**
* **Registered with an East Riding GP**

**Please note, referrals that outline patients with asymptomatic issues, with no impact on function will be rejected.**

**Exclusion criteria and options are listed within this document.**

**1) Introduction**

The East Riding MSK service is based at several different locations throughout the region and offers Outpatient and Telehealth appointments (including video consultations) and digitally supported self-management options.

**2) Referral Process and Criteria**

Patients can access the East Riding MSK service via several routes that are fully inclusive and enables a choice of self-referral portals or through healthcare professionals.

Self-referral is only available for patients aged 18 and over via Telehealth or Self-referral website.

Ages 5-17 require a Healthcare Professional referral.

**Consideration of Red Flags or Inappropriate MSK Referrals**

Any patient with symptoms requiring urgent assessment should be directed to the local Emergency Department or Urgent Care Centre. You could also consider contacting the on-call hospital team within the relevant specialty (eg. Orthopaedics, Rheumatology, Neurology, Neurosurgery) via the advice and guidance services.

Conditions requiring urgent investigations include:

* Suspicion of cauda equina syndrome or suspicion of serious spinal pathology – refer to A&E immediately (if unsure, please discuss via the advice & guidance portal, or contact neurosurgery on-call) There is now an advised national pathway outlined and suggested by GIRFT for the management of CES and available through the NHSFutures website.
* Recent trauma with suspicion of fracture – request urgent X-Ray / refer to fracture clinic.
* Suspected Joint or Spinal Infection / Discitis – refer to ED or contact the on-call Orthopaedic doctor.
* Any suspicion of cancer or metastatic disease (see below)

Please do not refer any patient with a cancer history and a new onset of MSK pain where there is any suspicion of metastatic disease. These patients should always be referred back to their oncology team, usually under a 2-week rule referral if they are no longer under oncology review. We will not accept any patient with current clinical red flags and a cancer history. In cases with a low index of suspicion for metastatic pain, routine blood tests and a plain X-Ray would be appropriate prior to referral to MSK services. Patients with a suspicion of sarcoma should be referred urgently via the regional sarcoma pathway.

**Consideration for simple MSK problems with a duration of symptoms less than 3-6 weeks**

Please avoid referring simple MSK problems with a duration of symptoms less than 3-6 weeks. The vast majority will resolve with simple advice, analgesia and exercises that can be provided in primary care. Alternatively defer the patient to our website where clear advice, resources and rehab for MSK conditions can be found ([www.chcpmsk.org.uk](http://www.chcpmsk.org.uk))

If you refer a patient that meets the above criteria to the MSK service, please note we will implement our Digital Management of Acute Symptoms (DMAS) pathway and placed on Patient Initiated Follow Up (PIFU)

This will offer supported self-management for all benign, acute referrals with:

* Direct access to [www.chcpmsk.org.uk](http://www.chcpmsk.org.uk)
* Specific resources for management of acute conditions
* Open access into MSK via Patient Initiated Follow Up
* The ER MSK website ([www.chcpmsk.org.uk](http://www.chcpmsk.org.uk)) also has healthy living, smoking, weight management and mental health advice links.

**Information to Include in an MSK Referral**

We are happy to consider referrals for all non-urgent MSK conditions. If an MSK cause is uncertain then please consider routine investigations to help exclude non-MSK causes prior to referral.

An MSK referral should contain enough relevant information to enable us to make a triage decision as to how the patient is best managed, without us needing to examine their medical records, or return the referral to you requesting further information. The following details should always be included where able:

* Area of pain/symptoms and working diagnosis/clinical suspicions
* History; including duration and onset (traumatic, insidious, occupational etc.)
* Previous treatment and investigations
* Relevant co-morbidities
* Patient expectations (eg. advice, physiotherapy, investigations, injections, surgery)
* Any cancer history or other clinical red flags
* Any specific post orthopaedic procedure protocols, instructions, follow up appointment dates or further investigations. Please note if referrals are sent without relevant Orthopaedic Protocols the referral may be rejected until this information is sent and delay timely care.

**Referral Option Routes**

**If the patient requires MSK Physiotherapy assessment, advice and guidance please consider the fowling options.**

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| EAST RIDING MSK TELEHEALTH SERVICE 01377 208300 | EAST RIDING MSK WEBSITE[www.chcpmsk.org.uk](http://www.chcpmsk.org.uk) | ERS/EMAIL chcp.er-mskphysio@nhs.net |
| Inclusion* Must be 18yrs and over.
* Able to fully converse on telephone.

Method* Self Referral

Process* For advice and guidance of MSK issues
* Telehealth will be provided within 1-5 working days of referral and/or no longer than 15 working days.
* Full assessment completed and advice, management plan implemented.
* If face to face required will be placed on appropriate waiting list
 | **Inclusion*** **Must be over 18yrs.**
* **Has access to the internet and is tech enabled.**
* **Issue of benign nature with duration less than 6 weeks**

**Method*** Self-Referral

**Process*** If meets <6 weeks criteria DMAS will be implemented
* If not, will be triaged within 2 working days and placed on appropriate waiting list
 | **Inclusion*** **5yrs and over**

**Method*** Referral by Health Professional
* ERS
* Or via email on approved referral form

**Process*** If meets <6 weeks criteria DMAS will be implemented
* If not, will be triaged within 2 working days and placed on appropriate waiting list
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**Triage Criteria**

Patients who are referred and suitable for the MSK service are triaged within one working day of receipt of referral.

The ER MSK service has Routine and Priority triage criteria.

Priority: to be seen within 10 working days.

Priority criteria are patients who have:

1.**Patients who have had \*recent\* orthopaedic surgery requiring a specific post op MSK rehab plan**

2.**Patients who have had a \*recent\* fracture/dislocation and require a specific rehab MSK plan, following orthopaedic clearance and advice**

\***Recent**\* is defined as current/ongoing episode of care for surgical/fracture/dislocation issue and/or require ongoing care previously provided by secondary care. Any soft tissue acute injuries not included within 1&2 will trigger the DMAS pathway and be given supported self-management at point of triage.

**Whilst we appreciate waiting times can occasionally be lengthy, we cannot support letters asking to expedite referrals unless Priority criteria are met.**

Routine: all other MSK specific issues will be deemed as routine unless Priority criteria are met and clearly outlined on referral.

All patients that are routine will be sent digitally supported self management for Digital Management of Symptoms (DMOS) to facilitate timely information and education at point of triage.

**3) Important Information including Imaging and other services**

When referring into the MSK service, **please do not** tell the patient that they are being referred for a scan or other investigation or that they need to have a Physiotherapy assessment before being referred for a scan/investigation. We adhere to the guidance set out below. We assess all patients individually and only would suggest a referral for investigations based on clinical need and following a thorough assessment, to change pathway, if red flags are suspected or for surgical screening.

The East Riding MSK service clinical pathways align with NICE, iRefer and are consistent with:

HUTH spinal imaging pathway is based on NICE NG59 guidance.

HUTH USS imaging pathway is based on the Evidence-Based Interventions List 2 Guidance by The Academy of Medical Royal Colleges Evidence.

York spinal pathway is based on the iRefer Royal College of Radiographers and the National Low Back Pain Pathway Guidance.

Please do not dual refer patients to MSK and other specialities for the same condition or if they have an appointment with a First Contact Practitioner within your PCN for the same issue.

If there is any uncertainty in decision making on appropriate service, please defer to below section on Exclusion Criteria.

Please note, we do not accept referrals for patients as a stop gap whilst waiting for services with lengthy waiting times that are within our exclusion criteria.

**4) Additional Guidance on Corticosteroid Injections**

* **We do not offer standalone injections for patients. The ER MSK Service is not commissioned to provide an injection service as a stand alone intervention.**
* For referrals requesting standalone injections, the patient will be contacted, and informed ER MSK does not offer this, and they will be deferred back to the referrer if they do not wish to have a MSK assessment.
* All patients are assessed, and injections are only considered when they meet our Clinical Care Pathway criteria.
* If you patient does not require a physiotherapy assessment, or you wish to refer them for a stand alone injection, please refer to the Enhanced Injection service commissioned through Primary Care.

**5) Exclusion Criteria and options for alternative services**

Patients **will not** be deemed appropriate for the East Riding MSK service.

* **Any referral that does not have an MSK condition contained in the referral, and/or states is asymptomatic, with no loss of function.**
* **Patients under 5 years of age, and/or do not have an East Riding GP.**
* **Requests for the provision of orthotic devises, splinting or orthopaedic supports**

**These patients will be rejected and advised to seek the most appropriate service where available.**

**If a referral is not suitable, information will be provided to the referrer for the most appropriate service is possible, in a timely manner.**

**The following information outlines the exclusions not suitable for the ER MSK service, with options for you to refer to where available or appropriate.**

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| **FOR PATIENTS REQUIRING:** | **REFERRAL OPTIONS FOR APPROPRIATE PATIENT MANAGEMENT** |
| * Patients requiring a home visit.
* Provision of walking aid or equipment or mobility assessment as a standalone contact
* Neurological conditions eg CVA, MS, PD, MND, Peripheral Neuropathy
 | CHCP NHS Service <https://www.chcpcic.org.uk/chcp-services/hull-and-east-riding-community-rehabilitation>01482247111For urgent issues or to aid prevention of hospital admission please refer to <https://www.chcpcic.org.uk/chcp-services/intermediate-care> |
| * Respiratory/CVS conditions eg Asthma, COPD, CCF
 | CHCP NHS Service <https://www.chcpcic.org.uk/chcp-services/intermediate-care-services><https://www.chcpcic.org.uk/chcp-services/pulmonary-rehabilitation-east-riding>01482247111 |
| * Falls associated with fragility and falls through poor mobility
 | CHCP NHS Service <https://www.chcpcic.org.uk/chcp-services/hull-east-riding-falls-service> |
| * Urinary Incontinence and vaginal prolapse including post-natal pelvic floor issues.
* Diastasis Rectus post-partum
 | CHCP NHS Service <https://www.chcpcic.org.uk/chcp-services/bladder-bowel-health>Women’s Health Physiotherapy referral needed via HUTH for Diastasis, specific pre- and post-partum issues.  |
| * Chronic Fatigue Syndrome as primary diagnosis
 | Humber NHS Service <https://www.humber.nhs.uk/Services/chronic-fatigue-syndrome-service-cfs.htm>orYorkshire Fatigue ME/CFS Service & Yorkshire Fatigue Clinic<https://www.chcpcic.org.uk/chcp-services/yorkshire-fatigue-me-cfs-service> |
| * Amputees of lower or upper limb
 | HUTH NHS Service <https://www.hey.nhs.uk/limbunit/> |
| * Dizziness, vertigo and other vestibular conditions including balance disorders.
 | Primary care management Secondary Care Vestibular (HUTH/YORK) available through specialist routes if appropriate.  |
| * Medically unstable patients or patients with suspicion of Red Flag/Sinister features on referral
 | Appropriate medical management  |
| * Bell’s Palsy
 | Primary care management  |
| * Management of Primary Rheumatological Conditions once diagnosed including:

PMR/Fibromyalgia and/or without specific MSK problem | Primary Care management escalated where appropriate to:HUTH Rheumatology <https://www.nhs.uk/services/hospitals/services/service/defaultview.aspx?id=193822>York NHS Rheumatology https://www.yorkhospitals.nhs.uk/our-services/a-z-of-services/rheumatology/rheumatology-at-york/ |
| * Hypermobility as primary diagnosis that are asymptomatic, and/or without specific MSK problem
 | Primary care management  |
| * Children under 5
 | Humber NHS Service hnf-tr.childrensphysio@nhs.net |
| * Toe walkers or in-toeing gait as diagnosis, Developmental Coordination Disorder, Developmental Delay
 | Humber NHS Service hnf-tr.childrensphysio@nhs.netPlease note: Humber children’s service does not see toe walkers without additional issues. |
| * Persistent/Chronic Pain as primary diagnosis
 | CHCP Pain Management Service <https://www.chcpcic.org.uk/chcp-services/community-pain-management>HUTH NHS service <https://www.nhs.uk/Services/hospitals/Services/Service/DefaultView.aspx?id=195268> |
| * Temporomandibular Disorder
 | Primary care or Dentistry/Orthodontics  |
| * Long Covid Rehabilitation
 | [Humber Long COVID Triage and Assessment Service – Hull CCG](https://www.hullccg.nhs.uk/humber-long-covid/) |
| * Provision of orthotic devices, splinting or orthopaedic supports
 | ABH Steeper hnyicb-ery.alfredbeanorthotics@nhs.netLakeland Orthoticshnyicb-ery.lakelandorthoticsclinic@nhs.net |