

## Sussex MSK Partnership Central – Integrated Triage Manual

### Document History and Control

Version	Date	Brief summary of change	Reviewer
V1	22.08.2019	Finalised version	
V2	05.11.2019	Minor changes to add lacerations to H&W and PAR redirect to patient	Fern Bolwell
V3			

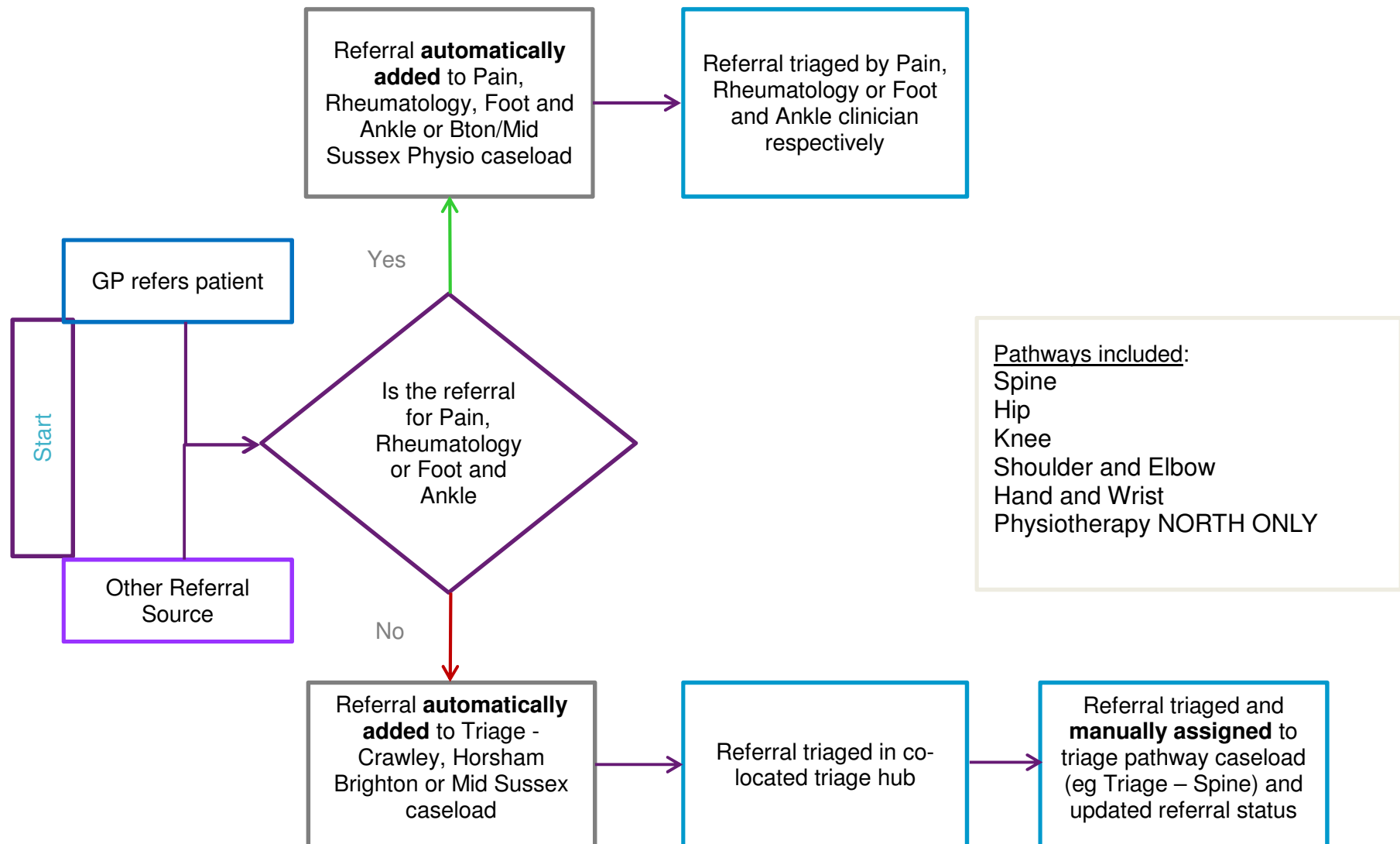
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# Integrated Triage

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**Link to Integrated Triage Manual folder: <T:\CentralMSK\Central Information Resource\Process notes and useful documents\Integrated Triage Manual>**

Triage Process

## Clearing Red Flags during Triage

If Red Flags are present on the referral and you suspect serious pathology, please try to make contact with the patient during the triage time. If you continue to have concerns, please discuss with a colleague if unsure.

**If Cauda Equina Syndrome (CES) is suspected, please call the patient and if confirmed where possible provide the patient with a letter (by email or fax to A&E) to take with them to A&E and a CES credit card. A&E will explore the risk of CES. If risk is excluded, the patient should be made an urgent appointment with a clinician to manage their back pain. All notes should be documented in S1.**

**[T:\CentralMSK\Central Information Resource\Pathways\Serious Pathology Pathways\CES Warning Credit Card.pdf](#)**

If you are unable to contact the patient, please notify your next colleague due to do triage that day. If this is unsuccessful or you are the last person, please book into an urgent telephone slot.

Please keep the admin team informed when processing a serious pathology referral.

Use the following link to access serious pathology pathway guidance:

**[T:\CentralMSK\Central Information Resource\Pathways\Serious Pathology Pathways\SMSKP Serious pathology pathways V7.pdf](#)**

## **Clinical Triage criteria options**

### **Decision to refer to the following:**

- Physiotherapy
- AP clinic
- Co-Located
- Secondary care
  - Onward Referral
  - For MSK Consultant (in house)
- For Fracture Clinic/For A&E
- Chasing Letter
- Return to Practice

### **General principles for referral in to physiotherapy**

- No previous conservative management
- Previous therapy which resolved the issue
- A condition covered within the CEC guidelines
- Does not require further investigation

### **General Principles for referral in to AP clinic**

Please follow pathway guidance

- Previous conservative management for this condition with no benefit
- Severe / worsening symptoms not responding to conservative management
- Previous surgery for this condition
- Consider pain AP if had previous investigations, conservative management, injections all with no benefit.
- Evidence that patient does not want physiotherapy

### **General principles for referral to secondary care – see pathway**

**guidance: [T:\CentralMSK\Central Information Resource\Pathways\Pathway Guidelines](#)**

- Compartment syndrome
- Loosening of prosthesis
- ?infection post-surgery
- Suspected fracture

### **Back to GP – follow Redirect to Referrer process**

- Lumps and bumps (NB Ganglia see pathway guidelines)
- Request for diagnostics to rule out non MSK condition (eg cancer)
- Unclear reason for referral
- Non MSK condition
- Suspicion of Infection or systemically unwell

**\*Of note if the referral is a self-referral please contact the patient and not the GP surgery to discuss redirection**

## General principles for Triage

- Make sure you identify the correct referral to triage, often the surgery will send multiple referrals at the same time – these will need separate triage templates.
- Ensure you read all relevant documentation, of note the clinical information summary will always be labelled document (1)
- Make clear, concise and helpful admin notes to aid booking, resolve queries and on holds and indicate next steps
- If it is unclear why a referral has been sent as urgent please call the patient to discuss their symptoms. Please record the discussion and reasoning for your decision in your triage notes before downgrading the referral.

## IMPORTANT Integrated Triage Changes, as of 6<sup>th</sup> August 2019

The key changes:

1. Triage will now be completed from the Triage – <locality> caseloads:
  - **Triage – Brighton**
  - **Triage – Mid Sussex**
  - **Triage – Crawley**
  - **Triage – Horsham**
2. The Pathways included in the new Integrated Triage process are:
  - Spine
  - Hip
  - Knee
  - Shoulder and Elbow
  - Hand and Wrist
  - Physiotherapy NORTH ONLY
3. Referrals are assigned to a pathway, i.e. Triage - <pathway>, caseload.

For example, the referral you triage will be placed initially in a triage locality caseload, e.g. '**Triage - Horsham**'. You will then assign a new caseload, which will move the referral to a specific triage pathway caseload, e.g. '**Triage -Knee**'.

\*You also need to be aware of all referral status options used in Pathways to triage, e.g. 'For Physio...' and 'For MSK...'

## SystemOne Process Triage Steps in Brief (changes underlined)

- 1) Open **Caseloads** view within SystemOne
- 2) Go to the triage locality caseload you will be working from, eg, 'Triage – Horsham' / 'Triage – Brighton'
- 3) All referrals in this caseload should have the status of 'Awaiting Triage'.

(Any referral in this caseload with any other status should be raised to Triage Liaison or POM)

Filter on column = Latest Status.

Value = Awaiting triage

- 4) Retrieve patient. Go to **SMSKP Triage Template** and check previous triage entries. Open a new **Triage Template**
- 5) Follow the SMSKP Triage Template steps (listed top left corner):
  1. *Identify which referral you are triaging*
  2. *Read the relevant referral documents in **Record Attachments***
  3. *Can you make a decision?*  
*Think CEC, DAPOT, Dual pathway, redirection and if a conversation with the referrer/patient is required.*
  4. *Input your triage decision*
    - *Select outcome.*
    - *Select on hold/RTP reason if required.*
    - *If upgrading urgency (routine to urgent), tick Upgrade to URGENT box.*
    - *Add any additional notes to the **Triage Notes** box.*
  5. *Link template to the correct referral in **Other Details** box*
  6. *Amend referral – check **Urgency** and **Priority**.*  
*Change the **Referral Status** to indicate waitlist and **Caseload** to indicate Triage Pathway (eg, Triage – Knee)*
- 6) **'Ok' on the triage template**
- 7) **Save** the patient record

Use the link below to access further detail on the **S1Process Triage Steps in Brief**:  
<T:\CentralMSK\Central Information Resource\Process notes and useful documents\SystemOne Triage Processes\3. Triage\Triage Steps in Brief CURRENT.docx>

### **On Hold - Admin process**

If a referral has missing information or needs additional admin input;

- Place the referral on hold by selecting 'Suspended' in the Triage Template,
- Give your on hold reason from the drop down options
- Add clear notes to the admin team for the next steps, eg, Spine XRay 2019 not attached please chase,
- Link the referral using other details,
- Right click and amend referral
- Update referral status to On Hold – Admin
- **Update the Caseload to Triage – Pathway, eg Triage - Physiotherapy NORTH**

### **On Hold - Clinical process**

If a referral needs a conversation with the referring clinician or patient;

- It is your responsibility to contact the surgery/patient. If you are unable to do this liaise with the next available triager and Suzie Mulhern
- Place the referral on hold by selecting 'Suspended' in the Triage Template,
- Give your on hold reason from the drop down options
- Add clear notes for the next steps, e.g. unclear referral, please contact surgery to discuss
- Link the referral using other details,
- Right click and amend referral
- Update referral status to On Hold – Clinical
- **Update the Caseload to Triage – Pathway, eg Triage – Spine**

### **On Hold - for MSK Review (i.e. passing for DAPOT)**

To pass a referral for specialist review if you are unable to make a decision or if a DAPOT is required and you do not work in that pathway;

- Place the referral on hold by selecting 'Suspended' in the Triage Template,
- Add clear notes for the next steps, eg, 'Knee XRay required, please DAPOT',
- Link the referral using other details,
- Right click and amend referral
- Update referral status to On Hold – MSK Review
- **Update the Caseload to Triage – Pathway, eg Triage – Knee**

If needed to pass to relevant clinician – process as per above

[T:\CentralMSK\Projects and Project Management Team\Triage Redesign \(IOC\)\Process Maps and Documents\Diagnostics at the Point of Triage\Clinical Only Diagnostics at the Point of Triage - Whole Process V1 171130.docx](T:\CentralMSK\Projects and Project Management Team\Triage Redesign (IOC)\Process Maps and Documents\Diagnostics at the Point of Triage\Clinical Only Diagnostics at the Point of Triage - Whole Process V1 171130.docx)



## **Dual Pathway**

If the referral has 2 separate conditions on it:

- **For Physio Referrals**

In this instance, proceed to triage and make your decision (Routine or Urgent) based on the most significant condition. Then, add a note stating that there are 2+ conditions and that the patient requires one 75 minute new patient appointment.

- **For MSK AP Referrals**

Follow the Dual Pathway process, Make clear admin notes about what should happen, e.g 'book routine Spine AP appointment and urgent knee AP appointment'. check Dual Pathway tick box, select the referral status 'On Hold-Admin' see Page 25:

<T:\CentralMSK\Central Information Resource\Process notes and useful documents\SystemOne Triage Processes\3. Triage\SMSKP Central S1 Only Triage Process Draft 1.1.docx>

## **Expedite/Chasing Letter**

[To triage an expedite/chasing letter ensure you review the original referral plus any new information received:](#)

- [Add clear notes to admin, eg, 'upgraded to urgent please book appointment within 2 weeks'](#),
- Link the referral using other details,
- Right click and amend referral
- Update referral status to 'Chasing Letter'
- **Update the Caseload to Triage – Pathway, eg Triage - Knee**

<T:\CentralMSK\Central Information Resource\Process notes and useful documents\SystemOne Triage Processes\6. Chasing.Expedite Letter>

## Physio South

When triaging a referral for physio in Brighton or Mid Sussex

- Select the referral status 'For Physio Brighton Only' / 'For Physio Mid Sussex Only',
- Select Pathway triage caseload based on the anatomical site requiring physio, eg, 'Triage – Hip'
- These referrals will be forwarded by admin to BSUH for booking

## Physio North

When triaging a referral for physio in Crawley and Horsham you will need to update the Caseload and referral status as below:

### **Caseload:** Triage - Physiotherapy NORTH

- For Physio North 30 ORTHO Waiting List
- For Physio North GROUPS Waiting List
- For Physio North OBSTETRIC Waiting List
- For Physio North ROUTINE Waiting List
- For Physio North URGENT Waiting List
- For Physio North WH Waiting List
- For Physio North - Spine Startback
- Obstetric - Telephone Appointment
- For Telephone Appointment

## Physio North Referral Status 'For Physio North URGENT Waiting List'

### **Urgent Guidelines**

- Patients with onset of symptoms of less than 6 weeks duration  
**\*Please use clinical reasoning if referral for a flare up of an acute-on-chronic condition**
- Significant night pain affecting sleep
- Any new neurological symptoms e.g. paraesthesia, radiculopathy
- Worsening symptoms or neurology
- Orthopaedic conditions not appropriate for orthopaedic clinic (see Page 3)
- Recent change to work status due to pain e.g. unable to work/affecting work / carer.
- High risk of falls / recent or multiple falls history
- Walking aid/splint patients who have a clear diagnosis can be booked in with a PTA. These are UPGRADED TO URGENT and add a Triage Note stating 'For PTA'
- Amputees are UPGRADED TO URGENT and seen by Laurence Gyton in Horsham
- Virtual Clinics. Less than 4 weeks duration, able to be managed over the phone.

## Referral Status 'For Physio North ROUTINE Waiting List'

### Routine Guidelines

- Symptoms lasting longer than 6 weeks.
- Stable or improving condition.
- No neurological involvement.
- All other referrals not captured above.

## Referral Status 'For Physio North 30 Ortho Waiting List'

### Orthopaedic Clinic – 30 minute appointments

- Just out of plaster / TKR
- 1<sup>st</sup> appointment, post-op ACL reconstruction / rotator cuff repair
- Post-operative peripheral joints (Inc. ORIFs)

*\*Please note the date of surgery and when Physio should be commenced on the admin note on S1, eg Surgery 01/05/19- physio required 6/52\**

Conditions not appropriate for Orthopaedic Clinic:

- Post-op Spines
- Complex post-ops e.g. complex fractures.

Patients with significant co-morbidities or additional communication needs i.e. their assessment cannot be completed in <45 minutes

## Referral Status 'For Physio North – Spine StartBack'

### Physio Spine

- For Routine and Urgent Spine physio patients, an additional questionnaire will be sent to patient to complete prior to appointment

## Referral Status 'For Telephone appointment'

- Patients whose symptoms are less than 4 weeks that would benefit from advice and self Mx over the phone that may prevent the need for them to attend the department or reduce the duration of treatment

## Referral Status 'For Physio North WH Waiting List'

### Women's Health

- Any referrals for continence, pelvic floor/prolapse and/or perineal tears which are greater than 12 weeks in duration  
If the referral states urgent, triage as urgent and add in the Triage Notes box that patient needs to be seen urgently
- Referrals for patients' post-gynaecological surgery should be triaged as urgent.
- Patients referred with persistent pelvic pain relating to gynaecological causes. Add in Triage Notes box for patient to be booked in for a telephone appointment to gain a greater understanding of their problem before a face-to-face appointment is booked.
- Patients who are referred with post-natal Rectus Abdominus Diastasis can be triaged as Women's Health (routine).  
(Check wait times for Obstetrics and Women's Health – patient may be seen quicker in Obstetrics)

## Referral Status 'For Physio North OBSTETRIC Waiting List'

### Obstetric

- Obstetric (pregnant) patients who are **less than 34/40 weeks pregnant** or up to 6 weeks post-natal, with symptoms of thoracic or lumbar back pain, or hip, or pelvic pain that have started in their pregnancy, should be triaged as 'Obstetric Urgent'.
- Patients who are referred with post-natal Rectus Abdominus Diastasis or early, ongoing post-natal MSK pain can also be triaged as Obstetric.  
(Check wait times for Obstetrics and Women's Health – patient may be seen quicker in Obstetrics)

*\*Please make a note in the admin box for patients to be offered either Crawley or Horsham if they are in their 3<sup>rd</sup> trimester (>27 weeks)\**

### Conditions not appropriate for Obstetric Clinic:

- Patients who are coming in with MSK conditions which started **prior** to their pregnancy or which are **unrelated** to their pregnancy.
- Pregnancy-induced carpal tunnel syndrome should now be triaged as MSK.

- Post-natal patients who are more than 6 weeks after delivery can be triaged to MSK for ongoing rehab. Andi Rodriguez and Justine Elliott can support.
- Women's Health patients with referrals for persistent gynae or pelvic pain need to be triaged to a telephone call.

### Referral Status '*Obstetric – Telephone Appointment*'

- New Obstetric patients 34+ weeks pregnant, for appointments with Justine Elliott in her virtual clinic.

### Neuro Patients

#### Referral Status '*On Hold – Admin*'

- We do not see any neuro patients, please select 'on hold-admin' then in the notes please send to neuro team.  
Any referrals for Functional Neurological Disorder (FND), should be marked on admin hold and then in the notes please send FND letter, as neither us or neuro accept these patients
- We no longer accept referrals for any respiratory patients so please redirect back to the GP. Place on 'admin on hold' with a note saying send Respiratory letter.
- We do not accept patients from the Gatwick Immigration Centre. However, if you do have one please email NHS number to Dan (Do not task) who will triage on a case by case basis.

### (Referral Status '*For Physio North GROUPS*' – (COMING SOON))

This option is currently not in use for new referrals, however in the future there will be assessments for New Patients in gym classes.

### *Physiotherapy Assistant (PTA) New Patient Slots*

If you have a PTA available, walking aid/splint patients who have a clear diagnosis can be booked in directly with them.

Please add in the Triage Note box 'patient with [insert name of PTA]'.

Admin may need to convert one of their FU slots to a NP slot.

Crawley PTA: Debbie Millis

Horsham PTA: James Harding and Jodie Gyton

## **MSK Referral Statuses**

MSK clinics use the following **referral statuses**:

- Onward Referral
- Onward Referral Urgent
- For MSK Co-Located Waiting List
- For MSK Consultant Waiting List
- For MSK AP Waiting List

## **Hand & Wrist**

**Caseload:** Triage – Hand & Wrist

Full Hand & Wrist triage guidelines:

<T:\CentralMSK\Central Information Resource\Pathways\Pathway Guidelines\Hand and Wrist>

**Please note lacerations of the fingers or hand to go direct to secondary care**

<b>Diagnosis</b>	<b>AP clinic</b>	<b>Secondary Care</b>
<b>Thumb base OA</b>	Previous physiotherapy Previous injection Considering surgery after failed conservative mx If considering injection – Select GP Beaconsfield option Brighton and tick injection required box If patient in Crawley or Horsham please consider CMC OA class triage to ‘For MSK AP Waitlist’ and task team using ‘Send OA thumb’ button on triage template.	Previous surgery on same thumb <6 months
<b>CTS</b>	<b>URGENT within 5 days if muscle wasting and constant sensory loss.</b> Muscle wasting – urgent AP - Routine: Previous injections Previous physiotherapy Bilateral symptoms e.g. potential cervical source spinal AP clinic *If suspected CTS click button for CTS questionnaire	Muscle wasting – request or desire for surgery Constant sensory loss Previous surgery on same side <6 months
<b>Trigger finger</b>	If considering injection – GP Beaconsfield option Brighton tick injection required box or add note for injecting clinician	<b>URGENT: locked trigger finger</b> Routine: NOAC – for injection – injection criteria
<b>Finger/ hand trauma– soft tissue</b>	Physio first line  NB unless potential tendon rupture open wound, mallet finger or fixed deformity - ref to secondary care	<b>URGENT: potential tendon/ ligament rupture from GP referral letter</b>


<b>Finger joint pain /swollen joint</b>	Previous injection – requesting injection	<b>URGENT: Suspected infection/ septic joint</b> Signs of synovitis/heat/stiffness – multiple joint pains - Rheumatology referral
<b>Dupytren's</b>	AP clinic to confirm diagnosis - However if Dupytrens diagnosed and mention of deformity 30 degrees PIP/ 10 degrees DIP or positive table top test direct straight to secondary care	If referral mentions positive table top test or 30 degrees at PIP/10 degrees DIP - refer to secondary care
<b>Ganglia</b>	N/A	Refer to secondary care
<b>De Quervains tenosynovitis</b>	Previous physiotherapy and patient wants an injection- tick injection required box Consider GP Beaconsfield in Brighton NB post partum / breastfeeding mothers - injection not indicated therefore refer to physio	2 injections previously and conservative mx – check S1 history
<b>Wrist pain DAPOT wrist x-ray if trauma – check for previous x-ray</b>	Atraumatic refer to physio however <u>BSUH are not currently seeing wrist pain</u> Traumatic onset <b>URGENT if trauma within 6/52</b> Routine if trauma >6/52 Previous physiotherapy	N/A
<b>Neurological symptoms E.g. potential cervical source For bilateral symptoms</b>	<b>Shoulder &amp; Elbow AP clinic if:</b> Ulna neuropathy	N/A
<b>Lumps &amp; bumps</b>	RTP - Please see note on ganglia	N/A


**Please note the following when triaging for upper limb:-**

\*All possible CTS patients should have a questionnaire sent prior to appointment. Click 'Send CTS Q' button on triage template. This generates a task – click OK to send to team.

**3. Additional requirements**

Injection Required at first appointment  

Dual Pathway  

Patient doesn't want to go to physiotherapy  

[Referapatient.org](https://www.referapatient.org)

If an injection is required – tick box then select 'For

GP Beaconsfield' button for Brighton patients. This generates a task – click OK to send to team

Consultant clinics are available at the Vale only.



## **Shoulder & Elbow**

**Caseload:** Triage – Shoulder & Elbow

Full Shoulder & Elbow triage guidelines:

[..\..\Pathways\Pathway Guidelines\Shoulder and Elbow\190716 - Shoulder and Elbow Guidelines V9.doc](#)

<b>Diagnosis</b>	<b>AP clinic</b>	<b>Secondary Care</b>
<b>Traumatic shoulder pain</b>	<p><b>Check x-ray to exclude bony pathology</b>  <b>Urgent AP clinic</b>                      Suspected rotator cuff tear</p> <p>Routine <b>AP clinic for imaging</b>                      Dislocation - male/ contact sports/ age &lt; 21 – refer to</p>	Grade 5 ACJ dislocation
<b>Recurrent dislocation</b>	<p>Previous physiotherapy                      Suspected trauma or structural pathology</p>	Refer to shoulder and elbow guidelines (above)
<b>Frozen shoulder</b>	<p>If had previous physiotherapy arrange DAPOT shoulder X-ray at point of triage</p>	N/A
<p><b>Olecranon bursitis</b>  <b>NB: SMSKP do not aspirate so RTP if this requested on referral</b></p>	N/A	<p>If recurrent and for bursectomy refer to secondary care</p>
<b>Biceps rupture - distal</b>	<p><b>Urgent AP clinic</b>                      Unclear diagnosis</p>	Urgent referral to secondary care if obvious distal biceps rupture

Consultant clinics are available at the Vale and Crawley (there are no co-located clinics).

## **Hip & Knee**

### **Caseload:** Triage – Hip

Full Hip triage guidelines:

[\\rdrfs001.sussex.nhs.uk\group\\_on\\_bgh6001\CentralMSK\Central Information Resource\Pathways\Pathway Guidelines\Hip\190430 Hip Guidelines v7.doc](\\rdrfs001.sussex.nhs.uk\group_on_bgh6001\CentralMSK\Central Information Resource\Pathways\Pathway Guidelines\Hip\190430 Hip Guidelines v7.doc)

There are currently no hip consultants in Brighton (TBC)

Consultants: Mr Mark Edmondson – Crawley (Consultant only)

Mr Ed Parnell – The Vale (Consultant only)

Mr James Gibbs – The Vale (Consultant and co-located)

### **Caseload:** Triage – Knee

Full knee triage guidelines:

[\\rdrfs001.sussex.nhs.uk\group\\_on\\_bgh6001\CentralMSK\Central Information Resource\Pathways\Pathway Guidelines\Knee\190430 - Knee Guidelines V9.doc](\\rdrfs001.sussex.nhs.uk\group_on_bgh6001\CentralMSK\Central Information Resource\Pathways\Pathway Guidelines\Knee\190430 - Knee Guidelines V9.doc)

All knee conditions refer to physiotherapy in the first instance excluding the following:

<b>Diagnosis</b>	<b>AP clinic</b>	<b>Secondary Care</b>
<b>Meniscal tear</b>	URGENT if: Under 35 AND history of trauma AND mechanical symptoms (locking) Preferably in co-located clinic	N/A
<b>Mechanical instability following trauma</b>	URGENT if under 35 and/or grossly unstable Preferably in co-located clinic	N/A
<b>?significant tendon/muscle injury</b>	URGENT - Within 2 weeks of injury Preferably in co-located clinic	N/A

Please tick the box if an injection is required at first appointment so that the admin team can book with the appropriate AP.

Patients who may be appropriate for surgery can be triaged to co-located (eg. OA knee who has been through physio).

Please note patients who may need unicompartmental knee, upper tibial osteotomy, or patients with multiligament injuries should be seen in a Mr Chauhan co-located clinic, note this in your triage notes for the admin team.

Consultants: Mr S Chauhan – Brighton (Consultant & co-located, APs can direct list)

Mr David Crone – Brighton (Consultant)

Mr Ed Parnell – The Vale (Consultant)

Mr James Gibbs – The Vale (Consultant and co-located)

Mr N Bowman – Crawley (Consultant)

Mr S Rajaratnam – Crawley (Consultant)

## **Spine**

### **Caseload:** Triage – Spine

Full Spine triage guidelines:

[\\rdrfs001.sussex.nhs.uk\group\\_on\\_bgh6001\CentralMSK\Central Information Resource\Pathways\Pathway Guidelines\Spine\190603 - Spine Guidelines v14.docx](\\rdrfs001.sussex.nhs.uk\group_on_bgh6001\CentralMSK\Central Information Resource\Pathways\Pathway Guidelines\Spine\190603 - Spine Guidelines v14.docx)

It is the triager's responsibility at action urgents straight away.

**If Cauda Equina Syndrome (CES) is suspected, please provide the patient with a letter to take with them to A&E where possible and a CES credit card. A&E will explore the risk of CES. If risk is excluded, the patient should be made an urgent appointment with a clinician to manage their back pain.**

Diagnosis	AP clinic	Secondary Care
<b>Foot drop - phone call to patient</b>	Over 48 hours phone call to patient then urgent referral to AP or DAPO or A&E	If less than 48 hours A&E
<b>myelopathy- phone call to patient</b>	If considered stable then Urgent AP or DAPOt or A&E	To secondary care - if considered unstable or progressive neurology
<b>Suspected inflammatory condition</b>	Urgent review in spine AP clinic if suspicious of axial SpA <a href="#">Links\Msk Think SpA Spondyloarthritis recognition and referral.pdf</a>	N/A
<b>Previous spinal surgery</b>	Routine unless worrying features	<b>Under 6 months back to surgical team</b>
<b>Significantly worsening symptoms and function</b>	Urgent AP	
<b>Suspected vertebral fracture</b>	AP Clinic	

Please note there are currently no Spine Consultants within our service.

## **Other Referrals**

Include clear triage notes as to why you have redirected the referral to another pathway.

## **Foot & Ankle Referrals**

**Caseload:** Triage – Foot & Ankle

**Referral Status:** On Hold – MSK Review

For Patients with Foot & Ankle conditions

## **Rheumatology Referrals (including Fibromyalgia)**

**Caseload:** Triage – Rheumatology

**Referral Status:** On Hold – MSK Review

For Patients with Rheumatology conditions where the referral includes a definitive diagnosis with both clinical features and evidence on imaging.

## **Pain Referrals**

**Caseload:** Triage – Chronic Pain

**Referral Status:** On Hold – MSK Review

For Patients referring into the Pain service:

- Patient not effectively managing with pain and needing support / medication review
- No new symptoms / diagnosis requiring investigation under spine / other pathway
- Has already explored conservative options already (physio, pain clinic for injections etc)
- If you are in doubt- for example whether the referral is for an MSK or Pain condition triage to MSK or physio as appropriate for investigation or management.

## **Paediatrics**

Only accept referrals for patients who are **older than 16 years** of age. This is the case even if the patient has been seen in an adult orthopaedic clinic. Until the age of 16 patients are seen by the paediatric team.

If the referral is received within a few weeks of the patients 16<sup>th</sup> birthday, the referral can be accepted and the patient booked for their 1<sup>st</sup> appointment after their birthday (unless in exceptional cases of urgency where you are directed to discuss with your line manager/AP)

## **Steroid Injection Information**

Patient information leaflet: <http://sussexmskpartnershipcentral.co.uk/wp-content/uploads/2016/03/Joint-injections.pdf>