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	28.04.2021	Update H&W and physio guidelines following triage training sessions	Fern Bolwell
V4	04.05.2021	Added guidance on triaging out of hours	Gwil Jones
V5	27.08.2021	Update physio referral guidelines	Gwil Jones
V6	13.06.2022	Update Admin-On Hold and Return to Practice guidance Update Pain, Rheum and F&A referral status	Gwil Jones
V7	25.11.2022	Update FCP process Update S&E, spine, H&K guidance	Gwil Jones Pathway Clinical Leads

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Sign off process	Fern Bolwell Laura Finucane
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Document	Saved in – T:\CentralMSK\Central Information Resource\Process notes and useful documents\Integrated Triage Manual

Integrated Triage

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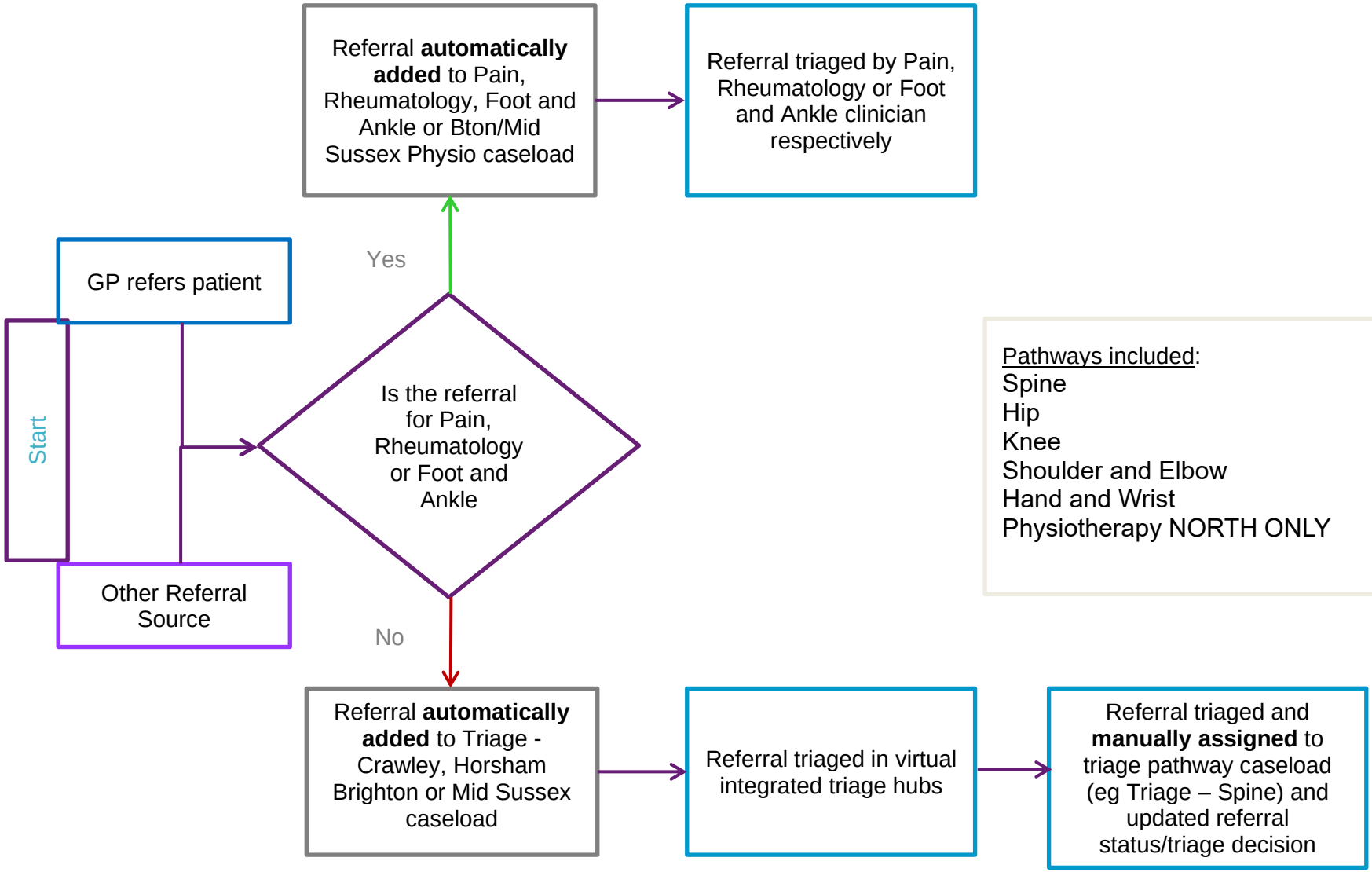
Link to Integrated Triage Manual folder: T:\CentralMSK\Central Information Resource\Process notes and useful documents\Integrated Triage Manual

Triage Process



Pathways included:
Spine
Hip
Knee
Shoulder and Elbow
Hand and Wrist
Physiotherapy NORTH ONLY

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.

If you are sending someone to A&E from triage please use the triage status 'For Accident & Emergency' and put this on a triage – pathway caseload i.e Triage – spine.

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
- Secondary care
- For Fracture Clinic/For A&E
- Chasing Letter
- Return to Practice

General principles for referral into 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 into AP clinic

- 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
- Please follow pathway guidance for specific conditions.

General principles for referral to secondary care (see page 12 for Onward Referral Process)

- See pathway guidance (T:\CentralMSK\Central Information Resource\Pathways\Pathway Guidelines)
- See specific pathway examples below

Return to Practice (see page 9 for Redirect to Referrer process)

- Lumps and bumps if non-MSK. See H&W guidance re Ganglia.
- Request for diagnostics to rule out non MSK condition (eg cancer)
- Unclear reason for referral
- Referral has insufficient information to make a triage decision
- Expedite request not agreed
- Duplicate referral
- Non MSK condition
- Suspicion of Infection or systemically unwell
- GP requesting a diagnosis of Fibromyalgia syndrome - (ie undiagnosed FMS)
- Referral for symptoms <6 weeks in duration (see Physio guidelines)

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)
- **It is really important** that you make clear, concise and helpful triage notes to aid booking, resolve queries and on holds and indicate next steps
- If you are amending the referral priority (upgrading or downgrading) please include clear clinical reasoning for the decision.

IMPORTANT Integrated Triage Changes, as of 6th 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…'

SystmOne Process Triage Steps in Brief (changes underlined)

1) Open **Caseloads** view within SystmOne

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\SystmOne Triage Processes\3. Triage\Triage Steps in Brief CURRENT.docx

On Hold - Admin process

We are trying to reduce the volume of referrals we put On Hold for Admin. However, this referral status would still be appropriate for:

- New referrals for patients who have been seen in the service for the same condition in the past 6 months. These patients can be added to the appropriate follow-up waiting list.
- Referrals with no documents attached where there may have been a scripting issue (i.e. GP has sent relevant information but automated S1 processes haven't attached them properly).

If a referral 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
- 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**

Please note - if a referral appears to have missing information (e.g. clinic letter, imaging/blood results) but a triage decision can be made based on the information that *has* been provided please:

1. Accept referral and triage to relevant caseload
2. Task the pathway admin team to obtain any additional info prior to the appointment.

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 Mia Betts or Gwil Jones.
- 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. call patient to discuss injection contraindications
- 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 process (including 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" or "H&W AP to review please". Specify if requiring review by a particular clinician.
- 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**

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

On Hold - FCP process

Referrals from FCPs into MSK clinics aren't clinically reviewed at triage as the FCP consultation is viewed as the triage step in the patient's journey and re-triaging these referrals would be an unnecessary additional step. When triaging referrals from FCPs:

- Place the referral on hold by selecting 'Suspended' in the Triage Template.
- Link the referral using other details.
- Right click and amend referral.
- Update referral status to On Hold – FCP.
- **Update the Caseload to Triage – Pathway, eg Triage – Knee**

Please note – some GP practices in Brighton & Hove employ their own FCPs, i.e. clinicians who don't also work within SMSKPc. Referrals from these FCPs should be clinically triaged as normal.

Dual Pathway process

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\SystmOne Triage Processes\3. Triage\SMSKP Central S1 Only Triage Process Draft 1.1.docx

Expedite/Chasing Letter process

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\SystmOne Triage Processes\6. Chasing.Expedite Letter

If you don’t agree with the expedite request as there is not enough clinical reasoning to expedite, then please refuse the referral and follow the redirect to practice process (below). Include clear reasoning in your triage notes as to why the expedite request isn't being supported.

Redirect to Referrer process

If a referral meets any of the Redirect to Practice criteria outlined above (see page 4), please:

- Include clear triage notes indicating why we are unable to accept the referral. This information will be included in the redirect to practice letter which is sent back to the referrer.
- Select the referral status ‘Redirect to Practice’.
- Select Pathway triage caseload based on the anatomical site relevant to the referral, eg, ‘Triage – Spine’.
- Select outcome as "Referral Refused".

Triaging to Physio South

When triaging a referral for physio in Brighton or Mid Sussex

- Include clear triage notes demonstrating clinical reasoning
- 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'
- **There is no need to change the priority level assigned to a referral (i.e. urgent or routine) – UHSx Physio will do this as part of their triage**
- These referrals will be forwarded by admin to BSUH for booking
- Please note – referrals for conditions less than 6 weeks in duration should be redirected to practice. Please add clear triage note that referral is for a condition <6 weeks in duration.
    - Select the referral status as 'Redirect to practice'
    - Select Pathway triage caseload based on the anatomical site of the condition, e.g. 'Triage – Hip'
    - These patients will receive a specific <6 weeks redirect letter (with GP copied in).

Triaging to 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

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

Urgent Guidelines

- New or worsening neurological symptoms (such as pins and needles, numbness and/or associated weakness)
- Orthopaedic conditions not appropriate for orthopaedic clinic (see Page 10)
- **Recent change** to sleep or work status due to increasing MSK pain e.g. unable to work/affecting work/carer.
- High risk of falls, recent fall(s) or multiple falls history **due to MSK condition**.
- 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. If they are a Crawley patient please put a note for Laurence Gyton, if they are a Horsham patient please put a note for Georgina Horler

- Please note – referrals for conditions less than 6 weeks in duration should be redirected to practice unless they meet the above criteria. Please add clear triage note that referral is for a condition <6 weeks in duration.

For assessment by a B4 PTA
If a patient could be seen by a PTA, please specify this in the Triage notes section.

Appropriate patients include:

- Ankle - #, sprains
- Knees – TKR, arthroscopy, tibial plateau #, patella #
- Hips – THR, proximal femur # (DHS, IM nails)
- Shoulder – total shoulder, proximal humerus #
- Elbow # olecranon, distal humerus #
- Wrist – rad/ulna #

Referral Status 'For Physio North ROUTINE Waiting List'

Routine Guidelines

- Stable or improving condition.
- Stable neurology.
- All other referrals not captured above.
- **NB - we now accept referrals from the Gatwick Immigration Centre. These should be triaged as per normal guidelines.**

Referral Status 'For Physio North 30 Ortho Waiting List'

Orthopaedic Clinic – 30 minute appointments with Physio/Osteo or 45 minute appointments with B4 PTA

- Just out of plaster / TKR
- 1st appointment, post-op ACL reconstruction / rotator cuff repair
- Simple fractures
    - Post-operative peripheral joints (Inc. ORIFs)
    - Conservative management

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 (please triage for Urgent Physio):

- 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 ESCAPE Triage Call Waiting List'

A streamlined journey for patients with hip or knee OA into our ESCAPE-Pain classes. Suitable for patients:

- >45 years old
- Confirmed or likely diagnosis of OA/degenerative changes
- Who aren't reporting severe joint pain.

Patients on this waiting list are sent an opt-in letter for a 30 min virtual appointment to assess suitability for the ESCAPE-Pain Programme.

Referral Status 'For Physio North WH Waiting List'

URGENT

- Triage as urgent and add in the Triage Notes box that patient needs to be seen urgently if:
  - Post-gynaecological surgery (up to 3 months after)
  - Grade 3 to 4 degree tear post-natal (up to 3 months post-natal)
  - Continence, prolapse or internal pelvic pain **in pregnancy or 3/12 post-natal period**
  - **Recent change** to sleep or work status due to continence, prolapse or internal pelvic pain.

ROUTINE

- Continence, prolapse or internal pelvic pain **not related to pregnancy.**

Referral Status 'For Physio North OBSTETRIC Waiting List'

URGENT

- Back, pelvic, or hip pain in pregnancy or up to **3/12 post-natal**

ROUTINE

- Post-natal (up to 3/12) rectus abdominus diastasis/ diversification recti.

Conditions not appropriate for Obstetric Clinic:

- Patients with MSK conditions which started **prior** to their pregnancy or which are **unrelated** to their pregnancy
- Pregnancy-induced carpal tunnel syndrome should be triaged as MSK.
- Male patients with rectus abdominus diastasis/ diversification recti go to MSK Physio.

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 by placing on 'admin on hold' with a note saying send Respiratory letter.

Triaging to Secondary Care (Onward Referral) Process

Certain conditions should be directed straight onto our Orthopaedic colleagues in secondary care. Please see brief guidance per pathway below and in-depth pathway guidelines here: T:\CentralMSK\Central Information Resource\Pathways\Pathway Guidelines. To triage referrals to Secondary Care:

- Select the referral status 'Onward Referral'.
- Select Pathway triage caseload based on the anatomical site relevant to the referral, eg, 'Triage – Spine'.
- Select outcome as "Accepted".
- Ensure referral priority is correct (Routine or Urgent).

Triaging to ICATS clinics

MSK ICATS clinics use the following **referral status**:

- 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

Hand & Wrist Triage Guidelines:

Before making a triage decision please check on System One notes to see whether the patient has been seen in physio/AP/Hand Therapy to help guide you.
Please also be aware that there are differing pathways in the 'North' and 'South' Localities.

Please note the following when triaging for upper limb:-

*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

*NOACs= Novel Oral Anticoagulants eg apixaban, dabigatran, rivaroxaban etc

	Triage – For Routine/ Urgent Physio	**Triage – H&W For AP WL**	**Triage – H&W Onward Referral**
Condition	**Physiotherapy appropriate when:**	**AP appropriate when:**	**Secondary Care appropriate when:**
Thumb OA	• Mild/mod functional changes • Not had physiotherapy • Not appropriate for CSI or doesn't want CSI • Consider OA thumb class (North)	• Symptoms persist despite conservative management • Would like to consider other options such as surgery or CSI • Note pts in SOUTH can have CSI at Beaconsfield (North patients - check PMSH/pt on *NOACs)	• Previous surgery on thumb >?6 months • Patient/GP referral states they wants surgery (check S1) • Pts on NOACs in the North who are specifically requesting CSI on referral
CTS	• Intermittent symptoms of paraesthesia/pain in median nerve distribution and have not had any conservative mgt	• Symptoms persist despite previous conservative management • Constant sensory change but no thenar wasting	• Thenar atrophy noted • NCS confirmed severe CTS with clinical symptoms • Pts on NOACs in the North who are requesting CSI on referral

	• Consider CTS group (North)	• Bilateral CTS - South • Pt would like CSI in South – consider Beaconsfield as first option • Pt would like CSI in North(unless breaches PGD - NOACs) • If ?metabolic cause or inflammatory cause	• Previous CSI with no improvement and patient would like surgery
Trigger Finger/Thumb	Grade 1-2 (able to unlock trigger finger/thumb without manual extension) – follow guidelines on website	• Grade 3-4 or if conservative management has not helped • Significant functional impairment mentioned • Pt would like CSI in North (unless breaches PGD - NOACs) • Pt would like CSI in South – consider Beaconsfield	• Stuck finger/thumb – urgent • Unsuccessful conservative plus x2 CSI and patient wants surgery • Pts on NOACs in the North who are requesting CSI on referral
Soft Tissue injuries Eg tendinopathies Ligament injuries	• Requesting or appropriate for Rehabilitation • No lacerations and tendons intact	• No improvement after conservative mgt after 3-4+ months with functional impairment • Trauma with change in appearance– ?need for DAPOT – contact H and W AP	• Trauma and potential tendon rupture/ligament disruption
Finger Joint swelling	Not appropriate unless OA mentioned in referral	• Multiple joint finger swelling or Dactylitis • If wants CSI (South/consider	Infection mentioned/suspected refer as urgent

		Beaconsfield) • If wants CSI (unless breaches PGD – NOACs - North) • DAPOT bloods +/- Xray if suspect inflamm process – contact H and W AP if unsure	
Dupuytren's		If unable to contact patient at triage and referral does not detail if positive table top sign/sig./ functional effect	• Telephone call if possible at Triage– do you need surgery/do you meet >30 degrees fixed flexion at MCPJ plus 10 degrees PIPJ/DIPJ. Positive table top sign
Ganglions			• Refer to H and W consultant
De Quervains Tenosynovitis	if no previous conservative mgt	• Symptoms persist despite previous conservative management • Pt would like CSI in North(unless breaches PGD - NOACs) • Pt would like CSI in South – consider Beaconsfield	• Previous injections unsuccessful and wants surgery • North Patient on NOACs and requesting CSI
Wrist pain	• No trauma • Post fractures - acute	• Consider DAPOT if recent trauma – contact H and W AP • Urgent if trauma <6 weeks • Symptoms persist despite previous conservative management • Pt would like CSI in	• Instability eg SNAC (scapholunate advanced collapse)/SLAC (scaphoid non union advanced collapse) with significant effect on function • Avascular necrosis • Patient would like CSI in North

		North(unless breaches PGD - NOACs) • Pt would like CSI in South – consider Beaconsfield	but pt on NOACs
Lacerations of the fingers/hands	N/A	N/A	• Refer straight onto secondary care as urgent
Conditions that are not originating in the hand and wrist	Triage under sh/elb/spine guidelines		

Shoulder & Elbow

Caseload: Triage – Shoulder & Elbow
Full Shoulder & Elbow triage guidelines:
..\..\Pathways\Pathway Guidelines\Shoulder and Elbow\190716 - Shoulder and Elbow Guidelines V9.doc

Diagnosis	AP clinic	Secondary Care
Traumatic shoulder pain	**Suspected bony injury** **1.** Check available x-rays to ensure bony pathology/fracture findings have been actioned – if not then refer as **URGENT to fracture clinic** **2.** If XRs normal triage as **URGENT S&E AP**. **3.** If no XR and MOI raises suspicion of bony injury, triage as **URGENT S&E AP *AND* DAPOT XR** **Suspected rotator cuff tear** If traumatic rotator cuff tear is suspected triage as **URGENT S&E AP**. **Dislocation** If suspected traumatic dislocation and instability triage as **URGENT S&E AP**	ACJ dislocation Grade V & VI (Rockwood classification)
Recurrent dislocation	Previous physiotherapy rehab for >3/12. Suspected trauma or structural pathology.	Refer to shoulder and elbow guidelines (above)
Frozen shoulder	If had previous physiotherapy and/or struggling with pain. Arrange DAPOT shoulder X-ray at point of triage	N/A
Olecranon bursitis **NB: SMSKP do not aspirate so RTP if this requested on referral**	N/A	If recurrent and for bursectomy refer to secondary care
Biceps rupture - distal	If unclear diagnosis, triage to **Urgent S&E AP.**	If obvious distal biceps rupture triage to secondary care as **URGENT**

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

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

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

Diagnosis	AP clinic	Secondary Care
Meniscal tear	URGENT if: Under 45 AND history of trauma	N/A
Mechanical instability following trauma	URGENT if under 45 (where there is evidence of gross instability)	N/A
?significant tendon/muscle injury	URGENT if no functional loss and/or any diagnostic uncertainty	URGENT where evidence of functional loss (particularly affecting extensor mechanism) and clear evidence of injury (# clinic <6w, Orthopaedics >6w)
AVN	Urgent if suspected but no AVN on x-ray	Urgent if AVN without OA on x-ray Routine if AVN with OA on x-ray
OA	Evidence of previous conservative management	If had x-ray which shows bone-on-bone OA, evidence of SDM conversation that patient wants surgery and meets CEC criteria.

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

Please note – there are no co-located clinics.

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

It is the triager's responsibility to 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
Foot drop - phone call to patient	Over 48 hours phone call to patient then urgent referral to AP or DAPOT or A&E	If less than 48 hours A&E
Myleopathy- phone call to patient	If considered stable then Urgent AP or DAPOt	To A&E if considered unstable or progressive neurology
Suspected inflammatory condition	Urgent review in spine AP clinic if suspicious of axial SpA. Useful link: Links\Msk_Think SpA_Spondyloarthritis_recognition and referral.pdf	N/A
Previous spinal surgery	Routine unless worrying features	**Under 6 months back to surgical team**
Significantly worsening symptoms and function	Spine AP	
Traumatic low back pain (not including suspected osteoporosis)	Initial management (6 weeks) in primary care. If GP unable to manage due to continuous pain – for Spine AP.	
Scoliosis	For Spine AP if scoliosis is thought to be contributing to the presenting or current symptoms (e.g. radiculopathy or back pain) and for exclusion of other possible contributing pathology without worsening deformity.	For secondary care if primary reason for referral is for evaluation and management of existing or developing scoliosis or if known scoliosis with worsening deformity and/or worsening symptoms.
Suspected vertebral fractures	Initial management in primary care including GP to arrange x-ray and myeloma screen – see OP guidelines (Osteoporosis.docx (live.com)). Triage to Rheumatology if	If vertebroplasty considered due to intractable non-radicular pain caused by compression fractures due to osteoporosis. See NICE guidelines:

	patient fractures despite taking appropriate supplementation / bisphosphonates, or if the patient is unable to tolerate first line bisphosphonates.	(www.nice.org.uk/guidance/ta279)

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: Awaiting triage
For Patients with Foot & Ankle conditions

Rheumatology Referrals

Caseload: Triage – Rheumatology
Referral Status: Awaiting triage

- For Patients with Rheumatology conditions where the referral includes a definitive diagnosis with both clinical features and evidence on imaging.
- For referrals directed to or for Osteoporosis/Fracture Liaison service.

Pain Referrals

Caseload: Triage – Chronic Pain
Referral Status: Awaiting triage
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
- Patient willing to explore self-management
- Patient may require onward referral to secondary care for intervention (e.g. injections)
- Patients with a diagnosis of FMS
- Patients with CRPS
- Patients with non-MSK pain (e.g. jaw pain) which has been fully investigated

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 patient's 16th birthday, the referral can be accepted and the patient booked for their 1st 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: Steroid-Joint-Injections-all-Revised-V3-1.pdf (sussexmskpartnershipcentral.co.uk)

Guidance for Triaging Out of Hours

- Triage should be carried out during the day to avoid any late calls (as appropriate) to patients.
- No triage after 8pm Mon-Fri and 4pm at the weekend.
- Seek help from others triaging to help you make any difficult decisions and document this.
- If there is any suggestion of CES signs and symptoms, you MUST **ring** the patient AND **document** (in clinical conversation on S1) even if you're unable to make contact.
    - Please attempt more than once and document
    - If no contact made, you MUST **task** triage co-ordinator (i.e. Mia Betts) AND Spine Admin for this to be picked up urgently on the next working day.