

# The Connect Health Primary Care Guide to Musculoskeletal Referrals

Tips for improving patient experience and outcomes

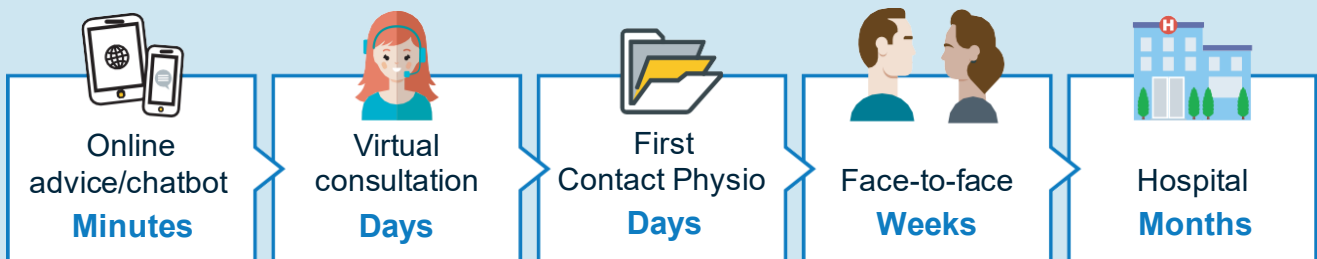
## Emergencies

Refer suspected serious underlying pathology such as cauda equina syndrome, fractures, unstable joints, progressive neurology, cancer and infection to secondary care on-call teams, A&E, UCC and fracture clinics



## Right therapist, Right time

Multiple options for your patients – Supporting self-management



## 3 Qs

- What treatments previously?
- How much improvement?
- How long improvement lasted?



## Which stream?

Online first  
General physiotherapy – High capacity



Specialist orthopaedic MATT, pain, podiatry, paediatric MSK and rheumatology

### Remember

- Check previous discharge letters
- Treat underlying depression
- Enclose hospital letters and results

## Table 1: Which stream?

Connect Health offers one or more of the following:

### Online advice

- Guide patients to online resources to support self-management as exacerbations of many musculoskeletal conditions improve with time, and even where treatment is needed, recovery will be quicker if people have started basic exercises  
<https://www.nhs.uk/>  
<https://www.versusarthritis.org/get-help/>  
<https://www.connecthealth.co.uk/resources/>
- Connect Health online 'chatbot': <https://www.connecthealth.co.uk/phynow/>

### General tier 1 MSK (including physiotherapy)

- Most patients referred to this stream will be offered initial virtual consultation by telephone or video call unless this is not appropriate (please indicate this in referral)
- High-capacity service offering fast and flexible patient access
- Generic clinics for any new, uncomplicated musculoskeletal condition of recent onset, especially first episodes of back and neck pain
- Selecting this option means that delays waiting for electronic triage are avoided
- Physiotherapist can request an opinion in a specialist stream, if indicated

### Community Musculoskeletal Specialist (Interface) Clinics

<b>MATT – Orthopaedics, MSK Podiatry</b>	<ul style="list-style-type: none"> <li>• All patients referred to this stream will be electronically triaged by an advanced clinician and directed to the most appropriate stream</li> <li>• Patients that have lacked persistent benefit following general physiotherapy, have significant functional impairment or suspected significant nerve root involvement</li> <li>• Consideration of appropriate investigations (including MRI, ultrasound) or injection therapy</li> <li>• Assessment for surgical opinion, ensuring appropriate non-surgical management has been trialled, including a shared decision-making discussion, and onward referrals meeting local criteria and thresholds</li> </ul>
<b>Pain</b>	<ul style="list-style-type: none"> <li>• Chronic primary pain (fibromyalgia, chronic widespread pain) and chronic secondary pain (e.g. mechanical low back pain) where the patient is willing to consider a combined physical and psychological approach to managing pain, particularly where other treatments have not been effective</li> <li>• Psychologically-informed multidisciplinary team pain therapies, assessment for combined physical and psychological pain management programmes</li> <li>• Medicines optimisation, where the patient is willing and ready to reduce medication (drugs only work for a small minority of people with chronic pain)</li> </ul>
<b>Rheumatology (Triage)</b>	<ul style="list-style-type: none"> <li>• Suspected inflammatory joint disease or axial/peripheral spondyloarthritis</li> <li>• Investigation of widespread pain where systemic causes have not been excluded</li> <li>• Nb: there are no community rheumatology clinics in Oxon</li> </ul>
<b>Other</b>	<ul style="list-style-type: none"> <li>• Pelvic Health</li> </ul>

## Table 2: Right therapist, Right time

Rapid access to a virtual consultation by telephone or video call, or to a physiotherapist based in primary care leads to early assessment and treatment, and improved outcomes

### Virtual consultations

- Improved recovery times as early advice for symptom relief reduces the likelihood of chronicity
- Supports self-management and self-efficacy
- Provides convenient and timely access to advice and treatment
- Reduces GP appointments for new musculoskeletal conditions
- 20% of people offered virtual consultation telephone advice need no further treatment

## Table 3: 3 Qs

Ask the following three questions to guide shared decision-making

### Supporting shared decision-making

1. What treatments have you had for this condition before?
2. How much improvement did you have with the treatments?
3. How long did the improvements last?

## Table 4: Which stream – Remember...

Suggestions to improve the ability to triage referrals, choose the most appropriate stream and improve outcomes for musculoskeletal health

### Improving patient experience and outcomes

- Seek and treat any co-morbid mental health problems, including depression
- Check previous clinic and discharge letters as they may give suggestions for further management, the conditions for re-referral and the most appropriate service
- Consider if any previous treatments have had a significant meaningful clinical benefit on pain or function, lasting well beyond the end of the treatment. *As a guide, for non-invasive treatments, this means at least a 30% improvement in pain or function, lasting at least 3–6 months beyond the end of treatment. A greater and more sustained improvement would be needed for invasive treatments in view of their higher clinical risks and costs*
- Adequate information should be provided on referral forms to ensure patients have been offered appropriate advice to support self-management before referral, and to support triage
- Manage patient expectation – explain that you are referring for a clinical opinion, and the person may not need imaging, injections or surgery (NICE 2016)
- Include copies of hospital letters and results where the GP clinical system is not linked to SystemOne at Connect Health

**Table 5: Emergencies and Exclusions**

### Emergency referrals

**Refer urgently to secondary care** if there is a reasonable clinical suspicion of serious underlying pathology. Community clinics are not commissioned to investigate cauda equina syndrome and other severe and rapidly progressive neurological disease, metastatic disease, serious trauma, structural deformities, or infection

- **Cauda equina syndrome:**  
Emergency same-day referral to local hospital orthopaedics (or neurosurgery if available) via A+E. Local hospital will transfer to regional neurosurgery unit as appropriate
- **Acute and frank neurological deficit** e.g. foot drop,  
Same day referral to local hospital orthopaedics (or neurosurgery if available) via A+E.
- **Suspected or confirmed serious underlying pathology** e.g. fracture, cancer, infection including septic arthritis, inflammatory disease including temporal (giant cell) arteritis, severe soft tissue trauma with critical joint instability:  
Referral to on-call team, fracture clinic, urgent care centre or accident and emergency, depending on local arrangements

### Other referrals to community clinics

There are several other community services, that may be better suited to managing the requirements for your patient. In such case, please refer to other local providers. The following services are not commissioned from Connect Health and should be referred according to local pathways

- **Children requiring therapy for neurological or developmental or other medical diagnosis -**  
[Make a referral - Children's Integrated Therapies Children's Integrated Therapies \(oxfordhealth.nhs.uk\)](https://www.oxfordhealth.nhs.uk/service_description/childrens-integrated-therapies)
- **Children's Bladder and Bowel (Ages 2-18)**  
[https://www.oxfordhealth.nhs.uk/service\\_description/childrens-contenance-advisory-service/](https://www.oxfordhealth.nhs.uk/service_description/childrens-contenance-advisory-service/)
- **Diabetic footcare** <https://www.oxfordhealth.nhs.uk/podiatry/treatment/>
- **Housebound patients requiring domiciliary therapy** – (If relating to a new illness or injury)  
[Community therapies service \(CTS\)](https://www.oxfordhealth.nhs.uk/service_description/community-therapies-service-cts)
- **Neuro rehab for long term conditions -**  
[https://www.oxfordhealth.nhs.uk/service\\_description/physiotherapy-neurophysio/](https://www.oxfordhealth.nhs.uk/service_description/physiotherapy-neurophysio/)
- **Multidisciplinary falls assessment/ Older persons mobility services**
- **Social prescribing link worker**

### Useful information

- Referrer advice (not for patients) Generic e-mail: [oxfordshire.msk@nhs.net](mailto:oxfordshire.msk@nhs.net)
- Tel: 01865 634336
- If you need non-urgent clinical advice about a specific patient not under our care, please use e-Referral Service (eRS) 'Advice and Guidance' option