

## **Frequently Asked Questions**

### **What will change in July?**

**Answer:** A new referral process will be in place with one referral form for all referrals for physiotherapy, pain management, elective orthopaedics and rheumatology. As the referral information for podiatry is quite different to MSK (Musculoskeletal), a separate form will be available for podiatry referrals.

All referrals will be assessed by an advanced musculoskeletal practitioner to ensure that the patient is provided with the right treatment, in the right place, at the right time. Some referrals will simply pass through to the appropriate discipline, whilst others may be considered further before a treatment pathway is decided, this could include a telephone consultation, face to face assessment, diagnostic tests or a period of self-management.

### **How will the service ensure patient choice?**

**Answer:** If your patient needs to be referred as an outpatient to see a consultant or specialist they may choose the organisation that provides their NHS care and treatment. The patient may choose any organisation that provides clinically appropriate care for their condition that has been appointed by the NHS to provide that service.

The triage service will be required to evidence that patient choice is embedded into the service at appropriate points in the patient pathway.

Further information on patient choice is available from

<https://www.gov.uk/government/publications/the-nhs-choice-framework/the-nhs-choice-framework-what-choices-are-available-to-me-in-the-nhs>

### **My patient needs to see a consultant. Can a referral be directly with the consultant? Will the triage service delay my patient's appointment with the consultant?**

**Answer:** All referrals for consultants will be triaged by an advanced MSK, initially this will be for WUTH orthopaedics, pain management and rheumatology only and from 1<sup>st</sup> April 2018, all services within the Musculoskeletal Integrated Triage Service. This is to ensure that patients are fully assessed and all non-surgical routes have been explored before proceeding to surgery, also to ensure that all required diagnostic tests have been ordered. Where patients are suitable for surgery, a

referral will be made by the triage service. Essentially this represents a minimum delay as patients will be triaged within 48 hours, there is additional assurance that the patient will be seen in the right place, at the right time, by the right person and also any diagnostic tests required will be ordered promptly by the triage service. In other regions where a single point of access triage service is in place, a large proportion of orthopaedic referrals are successfully managed through non-surgical treatments resulting in reduced activity into orthopaedics, higher surgical conversation rates and faster referral to treatment times.

### **Will the triage service carry out diagnostic investigations?**

**Answer:** Details of all diagnostic tests already completed by GPs should be provided with the referral information. If further tests are required including X-Ray, MRI, Ultrasound, the triage service will arrange these and keep the patients GP informed of care and treatment being provided for their patient.

### **Will my patient still be able to access services in the community, for example physio and podiatry?**

**Answer:** The triage service will ensure services are still available in the community and will look for opportunities to move further services into the community where appropriate.

### **How will the service support patients outside of appointments?**

**Answer:** A telephone helpline will be in place to answer patient enquiries. This will support both appointment queries, clinical queries and enable recently discharged patients to rapid re-access to the service if required.

In addition the service will look to have comprehensive information available in a number of formats to support self-management, this may include web-based information, phone based apps, support groups, patient portal etc.

### **How will the service engage and work with GPs?**

**Answer:** It is recognised that GPs are a key delivery partner in the Musculoskeletal Integrated Triage Service. Within the service specification, there are many references to the service working with GPs and patients to enhance patient pathways, to ensure that referral processes are appropriate and clearly understood and to support developing the knowledge of GPs to enhance patient care. The Lead GP for musculoskeletal conditions highly recommends this approach along with the collection and analysis of service data and patient reported outcome measures (PROMS) to help inform service transformation.

From the outset, an email service will be in place for GPs for advice and guidance and to raise any queries in respect of patients referred to the service.