HealthshareHull MSK Service

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1st Oct 2014

Introduction

Every year 20% of general population consult their GPs regarding musculoskeletal problems (RCGP 2010). Research evidence recommends GPs to manage many of these musculoskeletal conditions within primary care setting. Early identification of serious pathology, inflammatory conditions and psychosocial issues associated with musculoskeletal conditions are considered as vital in managing MSK conditions in the community. Other key recommendations include the use of local services such as physiotherapy and MSK interface services.

An effective triage process identifies the patients who can be managed by primary care or community-based services and which will need referring to specialist services either in the community or the acute unit (DH, 2006). Provision of core therapies in the community with simple and rapid access is essential to support this pathway and effective self-management and education improves outcomes over the long term. Additionally it also helps to reduce and improve the use of secondary care.

This document is aimed at providing guidance to GPs to choose the appropriate MSK pathway for their patients in partnership with **HealthshareHull.** We will outline the role of **HealthshareHull** MSK services within these pathways. We are determined to improve the quality of management from primary care onwards and as such will be working with you to clarify and improve expectations of primary care management including referral.

What is HealthshareHull?

Healthshare is a clinical stakeholder organisation specialising in the delivery and management of MSK, Physiotherapy, Podiatry and IAPT exclusively within the NHS. Established in 2009, Healthshare provides these services nationally across 18 CCGs. Our service in Hull has been named **HealthshareHull.** Our core delivery model is the ability to rapidly get the patient to the right clinician at the right time, within the same service:

- Community-based surgical and non-surgical (FSEM) Consultant opinion
- Community-based management for MSK conditions in the community delivered by
  - FSEM Consultant
  - GP with special interest in MSK conditions (GPwSI)
  - Extended Scope Physiotherapists (ESPs)
  - Specialist MSK podiatrists
  - MSK Physiotherapists
- Medication Review
- Interactive web-based self-management resources for both patients and GPs
- Case management across the pathway
- Class-based rehabilitation
- Diagnostic access and reporting including community-based access to images

HealthshareHull offers access to these services in a single, managed pathway and includes the services previously identified as PhysioDirect.

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Scope of Service

Referrals by whatever route are triaged and directed within the service to:

Core Therapy Services

- Telephone triage and advice
- Primary Care management advice
- MSK Physiotherapy
- MSK Podiatry
- MSK Women's health
- Osteopathy
- Peripheral joint injection
- Group exercise classes
- Advice, education and self-management resources
- Condition management and rehabilitation classes
- Links with interfacing community, social care and leisure services

Triage Services

- High level MDT assessment and opinion
- Diagnostics and USG injection
- Surgical referral
- High level medication review

HealthshareHull is committed to developing a fully accessible and integrated MSK service for the population of Hull that allows for a smooth efficient patient journey for all patients and looks to actively engage with all local stakeholders in MSK Healthcare delivery within Hull and would welcome feedback and suggestions on the current proposed pathways and service delivery.

Named contacts for the service are:

Head Office	:	HealthshareHull, Highlands Health Centre, Lothian Way, Bransholme, Kingston Upon Hull, HU7 5DD Phone : 01482 300 003
Clinical Service Manager	:	**Mick Cammish** Email : mick.cammish@nhs.net Phone : 07921 609 130
Referral & Administration Lead	:	**June Allerston** Email : june.allerston1@nhs.net Phone : 01482 300 003
Clinical Director	:	**Nick McGrath** Email : nick.mcgrath@healthshare.org.uk Phone : 07903 151 306
Operations Director	:	**Neil Cook** Email : neil.cook@healthshare.org.uk Phone : 07780 636 462

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Inclusion Criteria for HealthshareHull Service

MSK Triage Service	Physiotherapy
1. Patients with complex medical history and non-specific musculoskeletal symptoms 2. Patients who failed with conservative treatments, without clear surgical indication 3. Patients who have unclear diagnosis 4. Available investigation does not clearly indicate surgery but need advice on management 5. Patients who require MSK podiatry assessment and orthotics	1. Simple musculoskeletal conditions 2. Patients who require a minimum level of conservative therapy prior to surgery 3. Patients with a clear diagnosis 4. Available investigations indicate a further trial of conservative treatments 5. Patients who could benefit from physiotherapy, osteopathy

Exclusion Criteria for HealthshareHull Service

Adults Service

1. Patients with Red flag symptoms e.g. suspected cancer, cauda equin, etc.
2. Service users with post-operative or post-traumatic complications
3. Lumps and bumps without previous investigations (except ganglion)
4. Suspected fractures, infection and acute trauma
5. Widespread neurology with or without upper motor neuron signs
6. Chronic pain management
7. Non-MSK women's health

Referral Process – From 1st October 2014

GP Referral

Assess the patient for primary care management and provide self-management advice with the resources provided.

If not appropriate for primary care management:

- Using the self-populating e-referral form, formatted for your patient administration system, please indicate the requirement for MSK Triage or Physiotherapy.
- Please complete all past history and diagnostic data and follow the guidelines below for recommended investigations prior to referral for MSK Triage.
- Please provide the patient with our service information leaflet.
- Email referral via **NHS.net to nyhcsu.healthsharehull@nhs.net** or refer on CAB **HealthshareHull** and attach the referral.

Self-Referral

Patients have the option to self-refer via the website: **www.healthsharehull.org.uk**
or via telephone on: **01482 300 003**

Patients under the age of 18 can only access the service via a GP referral.

Regardless of the route in to the service, all referrals will be managed according to clinical need.

- Those marked for **MSK Triage** on the referral form will be booked in to the appropriate specialist clinic. There may be a request for further details to the GP if the referral is incomplete in these cases.
- Those marked for **Physiotherapy** or who self-refer will receive a clinical telephone triage to direct their care on the most clinically appropriate route and give advice and initial self-management programmes.

Clinical Pathways and Guidance

Direct Secondary Care Urgent Referrals

1. Patients with cauda equina and associated red flags (A & E referral)
2. Traumatic Fractures (fracture clinic referral)
3. Acute injuries with evidence of significant tendon or neurovascular damage
4. Suspected septic arthritis
5. Cranial arteritis (GCA), systemic vasculitis
6. Acute spinal cord compression
7. Acute monoarthritis or Polyarthritis
8. Problems associated with joint replacement
9. Limping children/teenagers (suspected slipped femoral epiphysis)
10. Suspected musculoskeletal tumours

Red Flags in Back Pain

Red flags are clinical indicators of possible serious conditions requiring further medical intervention and investigations. All patients referred into the HealthshareHull service must be screened by their referring clinician for possible Red Flags prior to referral to the service.

Any patients with a high clinical suspicion of cancer or other serious pathology must be sent to secondary care. The 2 week referral pathway must be followed for all patients with suspected cancer and emergency secondary care referral made for other serious pathologies such as cauda equine etc.

Very High Risk

- Age > 50 years
- + History of cancer
- + Unexplained weight loss
- + Failure to improve after 1 month of conservative treatment

High Risk

- Age < 10 or >51
- Medical history (current or past) of Cancer, TB, HIV/AIDS or injection drug abuse, Osteoporosis
- Weight loss > 10% body weight (3-6 months)
- Cauda equina syndrome
- Severe night pain
- Loss of sphincter tone and altered S4 sensation
- Positive extensor plantar response

Medium Risk

- Age 11-19
- Weight loss 5-10% body weight (3-6 months)
- Constant progressive pain
- Abdominal pain and changed bowel habits with no change of medication
- Inability to lie supine
- Bizarre neurological deficit
- Spasm/Disturbed gait

Low Risk

- Weight loss < 5% body weight (3-6 months)
- Smoking/Systemically unwell
- Trauma/Vertebrobasilar insufficiency
- Bilateral pins and needles in hands and/or feet
- Previous failed treatment/Thoracic pain
- Headache/Physical Appearance
- Positive Vertebral artery testing
- Positive Upper cervical instability tests
- Use of intravenous drugs or steroids
- Severe/unremitting night-time pain
- Pain that gets worse when lying down

Yellow Flags in Back Pain

Yellow Flags or Psychosocial Factors encompass a patient's beliefs and attitudes toward their condition. They have been shown to be a major determinant in long-term sickness absence and progression into chronic pain and disability. Although Yellow Flags are designed for use in acute low back pain, in principle they can be applied more broadly to assess likelihood of development of persistent problems from most acute presentations.

The most useful checklist we have found for assessment screening is the following alphabetic aid:

A- **Attitudes** towards the current problem. Does the patient feel that with appropriate help and self-management they will return to normal activities?

B- **Beliefs:** The most common misguided belief is that the patient feels they have something serious causing their problem-usually cancer. 'Faulty' beliefs can lead to catastrophisation and hinder engagement with a rehabilitation programme unless addressed.

C- **Compensation:** Is the patient awaiting payment for an injury. Most often patients do want to recover and there is little evidence for sudden recovery post payment, but the engagement may be altered while this is on-going.

D- **Diagnosis:** Most patients priority is to know what is wrong, and unfortunately are given many differing or confusing diagnoses. Inappropriate communication can lead to patients misunderstanding what is meant. e.g. 'your disc has popped out' or 'your spine is crumbling'.

E- **Emotions:** Patients with other emotional difficulties such as on-going depression and/or anxiety states are at a high risk of developing chronic pain. Depression state is the most accurate prognostic indicator of recovery from back pain.

F- **Family:** Families may be under-supportive, or, more seriously for the prognosis, over supportive and remove some incentives for recovery.

W- **Work:** The worse the relationship, and the more time spent away from work, the more likely they are to develop chronic LBP. Often there is an employer requirement for full recovery prior to re-starting work, whereas a gradual restart is necessary for full recovery in most cases.

The presence of yellow flags may highlight the need to address specific psychosocial factors as part of a MDT approach through the engagement of relevant interfacing service strands such as IAPT, Community Pain Management Services and **HealthshareHull.**

The priority here is to:

- Ensure patients have consistent advice to stay gently active to avoid fear-avoidance behaviour
- Communicate that it is very unlikely for there to be any damage or long term disability with back pain
- Control the pain to allow gentle activity
- Address anxiety and depression through the appropriate services as necessary
- Avoid discussing secondary care or high level procedures and diagnostics if possible (see guidelines below)

Spinal Radiology Guidance (RCR)

Condition	GP Care Investigations	Specialist Investigations
Low Back Pain	• Routine investigation is not necessary	MRI, CT
Lumbar Radiculopathy	• MRI to consider conservative management	MRI, CT
Scoliosis	• Full length standing AP spinal X-ray and lateral view	MRI
Thoracic Pain	• Routine investigation is not necessary • X-ray in suspected infection, tumours, osteoporosis	CT, MRI, Nuclear Medicine
Neck Pain, Brachialgia, Spondylosis	• AP. Lateral x-ray for persisting neck pain (OA spine)	MRI, CT, Nuclear Medicine
Sacroiliac Joint Pain	• Routine investigation is not necessary • Bloods with HLA B-27 for suspected Ankylosing spondylitis	MRI

Lower Limb Radiology Guidance (RCR)

Condition	GP Care Investigations	Specialist Investigations
Hip Pain with limited mobility	• X-ray Pelvis with AP view to check degeneration	MRI, MRA
Persisting Knee Pain with signs of OA	• Standing AP, lateral and skyline view x-rays	MRI
Intermittent Knee Locking with suspected loose bodies	• X-ray with tunnel view, Standing AP, lateral	MRI
Traumatic Knee Pain with locking, giving way	• MRI	MRI
Ankle Pain	• No routine investigation recommended • AP and Lateral view X-ray in persisting ankle pain following trauma or signs of osteoarthritis • USS for non-resolving ankle sprain and tendinopathies	USS, MRI
Plantar Heel Pain	• No routine investigation recommended • USS for chronic plantar fasciitis • X-ray ONLY for non-responsive plantar heel pain due to calcaneal spur	USS, MRI

Upper Limb Radiology Guidance (RCR)

Condition	GP Care Investigations	Specialist Investigations
Shoulder Impingement	• X-ray is not routinely indicated • USS is useful for cases who are non-responsive to physiotherapy • "Y" view and 30 degree caudal tilt to eliminate acromial spurs in recalcitrant cases	MRI, MRA
Frozen Shoulder	• Plan x-ray with standard AP view	MRI
Shoulder Instability	• X-ray with AP and Lateral view in traumatic cases	MRA
Elbow Pain	• Investigations are not routinely indicated • X-ray for osteoarthritis which is not improving with physiotherapy or loose bodies	MRI
Wrist	• MRI for traumatic wrist pain associated with clicking and/or locking to eliminate TFCC tears	MRA
Hand	• AP, lateral view of CMCJ for persisting thumb pain or in the presence of deformity • USS can be useful to examine early synovitis of small joints	MRI

Hip Pathway

Routine referral to Physiotherapy service

1. Osteoarthritis Hip (Oxford Hip Score is below threshold for surgery)
2. Hip impingement in younger adults
3. Groin injuries and sports related groin pain
4. Greater Trochanteric Pain Syndrome (GTPS)

GP advice & Management

1. Medications review: e.g. analgesia, NSAIDs
2. Self-management information – **www.healthsharehull.org.uk**
3. Weight-loss advice
4. Steroid injections where appropriate

GP diagnostics prior to MSK triage referral

1. Arrange standard AP weight-bearing X-ray of hip for suspected Osteoarthritis (Oxford Hip Score <40)
2. Arrange 'Frog leg view' x-ray for suspected hip impingements to address Hip Dysplasia
3. Arrange bloods for patients with constitutional symptoms along with hip pain

Referral criterion for MSK Triage service

1. Failure GP management and self-management
2. Condition requires assessment for ultrasound guided steroid injections e.g. Hip Joint, Meralgia Paraesthetica
3. Nil/Limited improvement or recurring problem following physiotherapy

Exclusion for referral

1. Suspicion of fracture
2. Suspicion of tumour
3. Bone disease or infection
4. Avascular Necrosis of femoral head
5. Problems associated with previous replacement surgery

Knee Pathway

Routine referral to Physiotherapy service

1. Osteoarthritis of Tibiofibular/Patellafemoral/Tri-compartment Joints
2. Patellofemoral/Anterior knee pain in younger patients
3. Traumatic knee injuries with no clear indication for surgery
4. Tendinopathy, Bursitis around knee

GP advice & Management

1. Medications review: e.g. analgesia, NSAIDs
2. Self-management information - **www.healthsharehull.org.uk**
3. Weight loss advice
4. Knee replacement avoidance physiotherapy service
5. Steroid injections in primary care

GP diagnostics prior to MSK triage referral

1. Arrange weight-bearing knee x-rays (AP, LAT and Skyline views) for all patients with Osteoarthritis (Oxford Knee Score <40) and history of trauma
2. If patient <40 with recent history of fever presenting with abnormal blood results - consider ESR, CRP, FBC
3. Consider bloods FBC, ESR, CRP, Uric/urate level for Acute Mono-arthritis

Referral criterion for MSK Triage service

1. Failure of medical and self-management
2. Inflammatory knee problems: acute, chronic mono-articular pain
3. Conditions require assessment for steroid injection
4. None/Limited improvement or recurring problem following physiotherapy

Exclusion criteria for referral

1. Suspicion of fracture
2. Suspicion of tumour
3. Bone disease or infection
4. Problems associated with previous replacement surgery

Ankle Pathway

Routine referral to Physiotherapy service

1. Osteoarthritis of ankle
2. Post traumatic ankle pain and instability
3. Tarsal Tunnel Syndrome, Sinus Tarsi Syndrome
4. Teniopathies around ankle: Tibialis Posterior, Achilles, Peroneals
5. Chronic ankle ligament sprain

GP advice & Management

1. Medications review: e.g. analgesia, NSAIDs
2. Self-management information – **www.healthsharehull.org.uk**
3. Weight loss advice
4. Steroid injection by GP where appropriate

GP diagnostics prior to MSK triage referral

1. Standard AP, lateral x-rays for ankle osteoarthritis
2. Bloods: ESR, CRP, serum urate for suspected inflammatory condition, Gout

Referral criterion for MSK triage service

1. Failure of medical and self-management
2. Condition requires MSK podiatrist assessment
3. Condition requires assessment for steroid injections under USS guidance
4. None/Limited improvement or recurring problem following physiotherapy

Exclusion for referral

a. Suspicion of fracture
b. Suspicion of tumour
c. Bone disease or infection
d. Tendon ruptures (e.g. Achilles, Plantar Fascia, Tibialis Posterior)

Foot Pathway

Routine referrals to physiotherapy service

1. Morton's Neuroma and Bursitis
2. Extensor and Flexor Tendonitis
3. Metatarsalgia
4. Plantar Fasciitis
5. Osteoarthritis 1st MTP Joint & Hallux Valgus
6. Tenosynovitis of foot and miscellaneous foot pain

GP advice & Management

1. Review of medications: NSAID, analgesics, neuropathic medications
2. Self-management advice - **www.healthsharehull.org.uk**
3. Weight loss advice
4. Appropriate footwear advice
5. Steroid injections for appropriate patients

GP diagnostics prior to MSK triage referral

1. Standing X-ray for Hallux Rigidus, Hallux Valgus
2. Uric acid, CRP, ESR and FBC for suspected Inflammatory joint disease, Gout

Referral criterion for MSK triage service

1. Failure of medical and self-management
2. Condition needs further assessment for diagnosis by MSK Podiatrist
3. Condition requires assessment for steroid injections under USS guidance
4. None/Limited improvement or recurring problem following physiotherapy

Exclusion for referral

1. Suspicion of fracture
2. Suspicion of tumour
3. Bone disease or infection
4. Diabetic foot and wound care
5. Tendon ruptures
6. Nail problems

Thoracic/Lumbar Spine Pathway

Routine referrals to physiotherapy service

1. Simple/mechanical/postural back pain
2. Discogenic back pain
3. Sciatica/leg pain
4. Piriformsi syndrome
5. Sacroiliac joint pain

GP advice & management

1. Adequate early stage pain control: e.g. Analgesia, NSAIDs, muscle relaxants, neuropathic medications
2. Self-management information – **www.healthsharehull.org.uk**
3. Weight loss advice & active lifestyle advice
4. Identify and advise on red flags, yellow flags

GP diagnostics prior to MSK triage referral

1. MRI is required for all lower back pain over 6 months which is non-responsive to physiotherapy
2. ESR, CRP, HLA B-27 can be arranged for suspected inflammatory back pain
3. X-ray is not required for non-specific low back pain
4. X-ray is indicated only with suspected primary bone tumours & fractures

Referral criterion for MSK triage service

1. Failure of medical and self-management
2. Nil/Limited improvement or recurring problem following physiotherapy
3. Conditions with complex presentations need further assessment for diagnosis

Exclusion for referral

1. Suspected fracture
2. Suspected tumour
3. Bone disease or infection or metastases
4. All patients with cauda equina symptoms (B&B, widespread neurology)

Neck Pain Pathway

Routine referrals to physiotherapy service

1. Simple/mechanical neck pain
2. Discogenic neck pain
3. Cervical Radiculopathy
4. Cervical Spondylosis
5. Headaches associated with neck pain
6. Acute Torticollis/Spasmodic neck pain

GP advice & management

1. Medications review: Analgesics, NSAIDs, muscle relaxants, neuropathic meds
2. Self-management information – **www.healthsharehull.org.uk**
3. Ergonomic advice & active lifestyle advice

GP diagnostics prior to MSK triage referral

1. X-ray is indicated over 50 years and neck pain more than 6 months
2. Arrange MRI scan with suspected myelopathy

Referral criterion for MSK triage service

1. Failure of medical and self-management
2. Nil/Limited improvement or recurring problem following physiotherapy
3. Conditions need further assessment for diagnosis form spinal orthopaedics

Exclusion for referral

1. Suspected fracture
2. Suspected tumour
3. Bone disease or infection or metastases
4. All patients with cord compression/long tract signs & symptoms: widespread neurology, gait abnormalities, positive Babinski/Hoffman's

Shoulder Pathway

Routine referrals to physiotherapy service

1. Capsulitis: Frozen shoulder, Osteoarthritis
2. Shoulder impingement syndrome (primary & secondary)
3. Internal derangement/impingement
4. Shoulder instability, rotator cuff pathology

GP advice & Management

1. Medications review: NSAID, moderate analgesia
2. Self-management advice – **www.healthsharehull.org.uk**
3. Steroid injections

GP diagnostics prior to MSK triage referral

1. Arrange standard AP & Lateral x-ray for all frozen shoulders
2. Please arrange standard AP, lateral view for traumatic shoulder pain
3. Please arrange 30 degrees caudal tilt, Y view for recalcitrant impingement to exclude acromial spurs

Referral criterion for MSK triage service

1. Failure of medical and self-management
2. Nil/Limited improvement or recurring problem following physiotherapy
3. Patients require steroid injections under ultrasound guidance
4. Complex shoulder problems

Exclusion for referral

1. Suspected fracture or tumour
2. Traumatic shoulder dislocation
3. Bone disease or infection

Elbow Pathway

Routine referrals to physiotherapy service

1. Medial elbow pain - Golfers Elbow, Ulnar Neuropathy
2. Lateral elbow pain - Tennis Elbow
3. Elbow joint pathology - Osteoarthritis, post traumatic stiffness/pain
4. Posterior elbow pain - Olecranon Bursitis, Triceps Tendinopathy
5. Anterior elbow pain - Biceps Tendinopathy, Cubital Tunnel Syndrome

GP advice & Management

1. Medications review: NSAID, analgesic patches
2. Self-management – **www.healthsharehull.org.uk**
3. Activity modifications, ergonomic advice
4. Steroid injections

GP diagnostics prior to MSK triage referral

1. X-ray with AP, lateral view for suspected elbow joint OA or loose bodies which is not responding to physiotherapy
2. X-ray for suspected fractures or tumour

Referral criterion for MSK triage service

1. Failure of medical and self-management
2. Nil/Limited improvement or recurring problem following physiotherapy
3. Condition requires steroid injections under ultrasound guidance
4. Complex conditions needing further assessment for diagnosis

Exclusion for referral

1. Suspicion of fracture or tumour
2. traumatic elbow dislocation
3. Bone disease or infection

Hand Pathway

Routine referrals to physiotherapy

1. Carpal Tunnel Syndrome
2. Tendinitis around hand
3. Ulnar nerve entrapment
4. Osteoarthritis of hand and wrist
5. Idiopathic wrist pain

GP Management

a. Medications review: NSAID, analgesic, neuropathic medications
b. Self-management - **www.healthsharehull.org.uk**
c. Activity modifications, ergonomic advice
d. Steroid injections where applicable

GP diagnostics prior to MSK triage referral

1. Blood tests ESR, CRP, RF, FBC for suspected inflammatory arthritis
2. Anti-CCP antibody for suspected Rheumatoid Arthritis
3. X-ray hand for Osteoarthritis of wrist, hand & CMC thumb

Referral criterion for MSK triage service

1. Wrist and hand pain failed to medical and self-management
2. Nil/Limited improvement or recurring problem following physiotherapy
3. Condition require steroid injections under ultrasound guidance
4. Complex hand conditions

Exclusion for referral

1. Suspicion of fracture or tumour
2. Bone disease or infection
3. Dupuytren's contracture more than 60 degrees in the MCP joint – secondary care referral
4. Carpal Tunnel Syndrome with marked thenar muscle wasting or moderate to severe changes on NCS - secondary care referral

Healthshare Clinical Sites

Highlands Health Centre
Lothian Way
Bransholme
Kingston Upon Hull
HU7 5DD

Kingswood Surgery
10 School Lane
Kingswood
Kingston Upon Hull
HU7 3JQ

The Orchard Centre
250 Ellerburn Avenue
Kingston Upon Hull
HU6 9RR

Elliott Chappell Health Centre
215 Hessle
Road
Hull
HU3 4BB

Westbourne NHS Centre
81 Westbourne Avenue
Hull
HU5 3HP

Morrill Street Health Centre
Morrill Street
Holderness Road
Hull
HU9 2LJ

Marfleet Primary Healthcare Centre
Preston Road
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HU9 5HH

Freedom Centre
Preston Road
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HU9 3QB

East Park Health Centre
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