NHS
Mansfield and Ashfield
Clinical Commissioning Group

NHS
Newark and Sherwood
Clinical Commissioning Group

Practice Nurse Education – MSK Referrals

- Please make a referral for physiotherapy to general physiotherapy and NOT the MSK triage hub. This can be done in the same way as GP colleagues or you can encourage patients to make a self-referral. However please DO NOT do both.

- You can refer to MSK triage Hub via same format as GP's if you think the problem will need specialist orthopaedics, rheumatological or a podiatric surgery issue.

- Please remember that the MSK triage hub is for **MSK only** not a direct referral hub for women's health, community, falls, osteoporosis, neuro, vascular etc. These referrals will be returned back to the referrer.

- The MSK pathways that have been developed give a good idea on the types of conservative management options and time scales for referrals into physiotherapy and or into triage hub, for example, early OA hips and knees should be referred to physiotherapy not MSK Triage hub. Here is the link for the pathways https://midnottspathways.nhs.uk/guidance-pathways/orthopaedics-msk/

- May we remind you we have no direct access fracture clinic and so have to return the patient to the GP surgery for referral into the clinic.

- Cauda equina or imaging with xxxx should be dealt with by the requesting clinician not passed to the MSK triage hub to deal with unless only for urgent orthopaedic opinion and not immediate treatment.

- The referral should include information on body part, time since onset, minimum data set, subjective and objective information and clinical tests that have been completed. The MSK service should be able to make a decision based on the information on the letter, without having to access the S1 notes or ICE/EMRAD.

  Examples:

  1. "Examination/history-mri-abnormalities that warrant referral. degen changes and impingement at multiple levels. Plan- refer to MSK hub"
  2. ''x-ray. OA.moderate to severe, naproxen no benefit'
  3. "Thanks for seeing this lady who was given splints for her hands/wrists. I wonder if you would kindly see her and advise further management"

  From the first two above referrals we were not able to identify body part without looking for it on S1 in a patients notes. If patient has not consented to sharing we could not access her information and would have to send back to referrer which adds delay for patient. The third example could have been a referral to physiotherapy, or if more information on subjective signs/symptoms, objective tests/markers would have been easier to triage.

We want to stress we are not trying to be difficult but hope by working in partnership we can make more informed decisions to ensure the patient is seen in the right place at the right time.