

A musculoskeletal single point of referral in primary care. The effect on physiotherapy, occupational therapy and orthopaedic triage providers.

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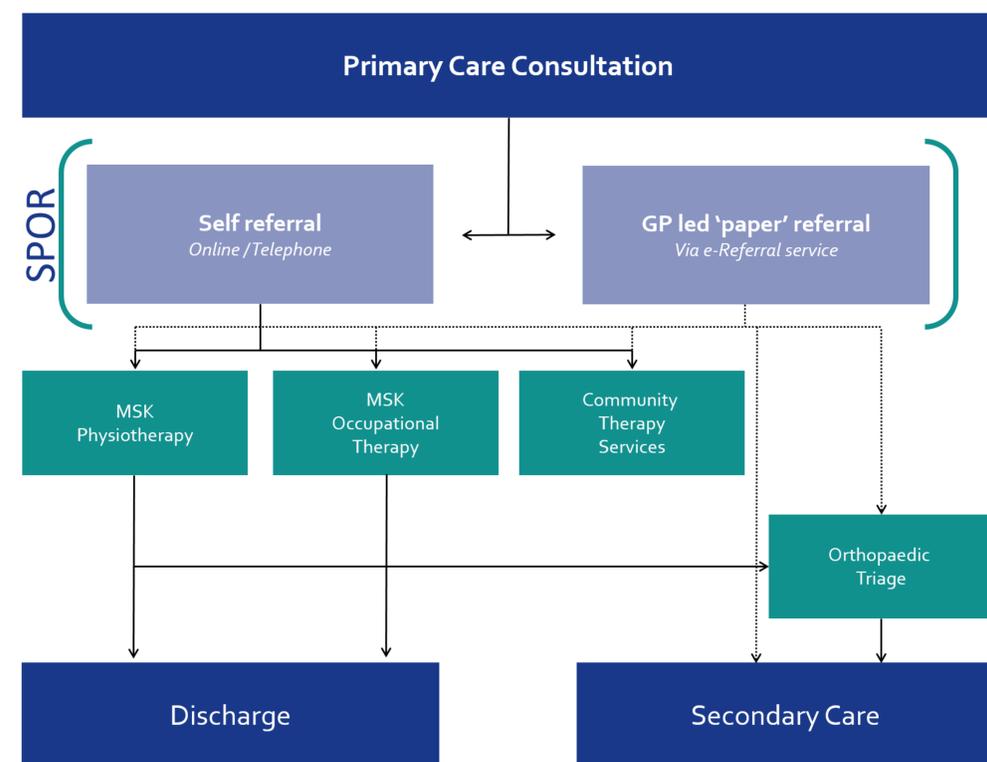
Background

There is increasing pressure on musculoskeletal (MSK) therapy services across the NHS. This is partly due to an aging population, increased demand on primary care services and a relative decrease in funding. This is compromised by a staffing shortfall across the health service and a high number of patients seeing an inappropriate clinician at their first contact following referral. This wastes resource and creates delay.

Developing efficient models for deciding on which service patients see initially mitigates some of these concerns. The **Single Point of Referral (SPOR)** model was described by Lennox and Karstad in 2013¹.

Patients in South Norfolk and Norwich were facing long waits and the secondary care services were receiving a large number of inappropriate referrals and had a low surgical conversion rate. The MSK contract was tendered by the CCG with the aim of improving patient journey and efficiency.

A joint contract was secured between Norfolk Community Health and Care (NCHC) and Allied Health Professionals Suffolk (AHPS); NCHC providing the clinical services, AHPS providing the triage and patient administration services.



Methods

The pathway for MSK referrals was redesigned around a SPOR with self-referral, via the AHPS online portal, and with traditional GP 'paper' referral, via the e-Referral service.

All referrals received were triaged by senior physiotherapists to criteria jointly decided by clinicians in primary, intermediary and secondary care services. All triage is completed within 24 hours of receipt of referral and the service operates a 6-day working week.

Key performance indicators (KPIs) were contractually defined with thresholds at 95%. Routine patients to be seen in 28 working days, urgent patients to be seen in 7 days and orthopaedic triage patients to be seen in 14 working days. Orthopaedic triage patients are required to have received a first definitive treatment within 7 weeks.

Acknowledgements

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References

1: The Community Musculoskeletal Service; Lennox & Karstad, Sept 2013, Journal of Trauma and Orthopaedics: Volume 01, Issue 02, pages 60-66

Aims

1. Improved patient journey: right person, first time.
2. Decreased waiting times for therapy services and secondary care
3. Increased surgical conversion rate
4. High patient satisfaction

Results

No adverse clinical incidents have been reported from physiotherapists providing SPOR.

From inception in October 2016 to July 2018 the service has received over 75,000 referrals into the MSK SPOR. 52.5% of all referrals have been received via self-referral.

During the course of the SPOR the number of referrals has been stable following an initial surge. The KPIs for the MSK Physiotherapy and MSK Occupational Therapy are showing steady improvement and regularly exceeding the required 95% threshold. The KPI for Orthopaedic Triage appointments is improving, however below threshold. The number of patients receiving treatment within 7 weeks is consistently above threshold. Patient satisfaction is consistently over 80% with an average of 84.72% in the last 12 months. Orthopaedic surgical conversion rate is most frequently reported at 70%, this compares with a reported 55% average conversion from GP alone¹.



Key Messages

- Physiotherapist led SPOR is safe and effective at managing patient flow for MSK services
- SPOR combined with self-referral does not lead to increasing numbers of referrals
- SPOR combined with self-referral can improve waiting times, patient satisfaction and surgical conversion rate in secondary care

