

Rightpath

Paediatric Musculoskeletal (MSK) Triage in the Community

Nicola Smith¹, Sharmila Jandial², Jill Firth³, Helen Light³, Katharine Kinsey³,
Neil Snowden³, Judith McNaught⁴, Vicky Mercer⁴, Beverley Stidolph⁵, Tim Rapley⁶, Alan Nye³, Helen Foster^{1,2}

¹ Musculoskeletal Research Group, Institute of Cellular Medicine, Newcastle University, Newcastle Upon Tyne, UK, ² Paediatric Rheumatology, Great North Children's Hospital, Newcastle upon Tyne, UK, ³ Pennine MSK Partnership Ltd, Oldham, UK, ⁴ Physiotherapy, South Tyneside NHS Foundation Trust, South Shields, UK, ⁵ Quality Research & Clinical Audit, South Tyneside NHS Foundation Trust, South Shields, UK, ⁶ Social Work, Education & Community Wellbeing, Northumbria University, Newcastle Upon Tyne, UK.



Background

- Musculoskeletal (MSK) problems in children & young people (CYP) are common. Evidence is clear that delay in access to specialist care is observed in CYP with serious MSK disease (including cancer, infection, orthopaedic, rheumatology, neurodisability conditions) & the pathways from primary care to specialist care are often complex & protracted, with evidence of inefficient use of resources & often inappropriate & repeated investigations, which result in additional delay.
- There is therefore need to both expedite patients to the appropriate service when pathology is likely, & conversely manage those patients who do not need specialist care, nearer to home, with additional measures to provide families with appropriate information & allay parental concerns about normal variants in childhood development.
- We piloted community-based triage & clinics for CYP with MSK problems (called **Rightpath**, see Figure 1) based on the validated adult MSK model developed by Pennine MSK Partnership Ltd (PMSKP) to test the assumption that Rightpath will be a safe pathway, provide better patient & family experience & will inform educational needs & the development of primary care to better manage MSK problems in CYP.

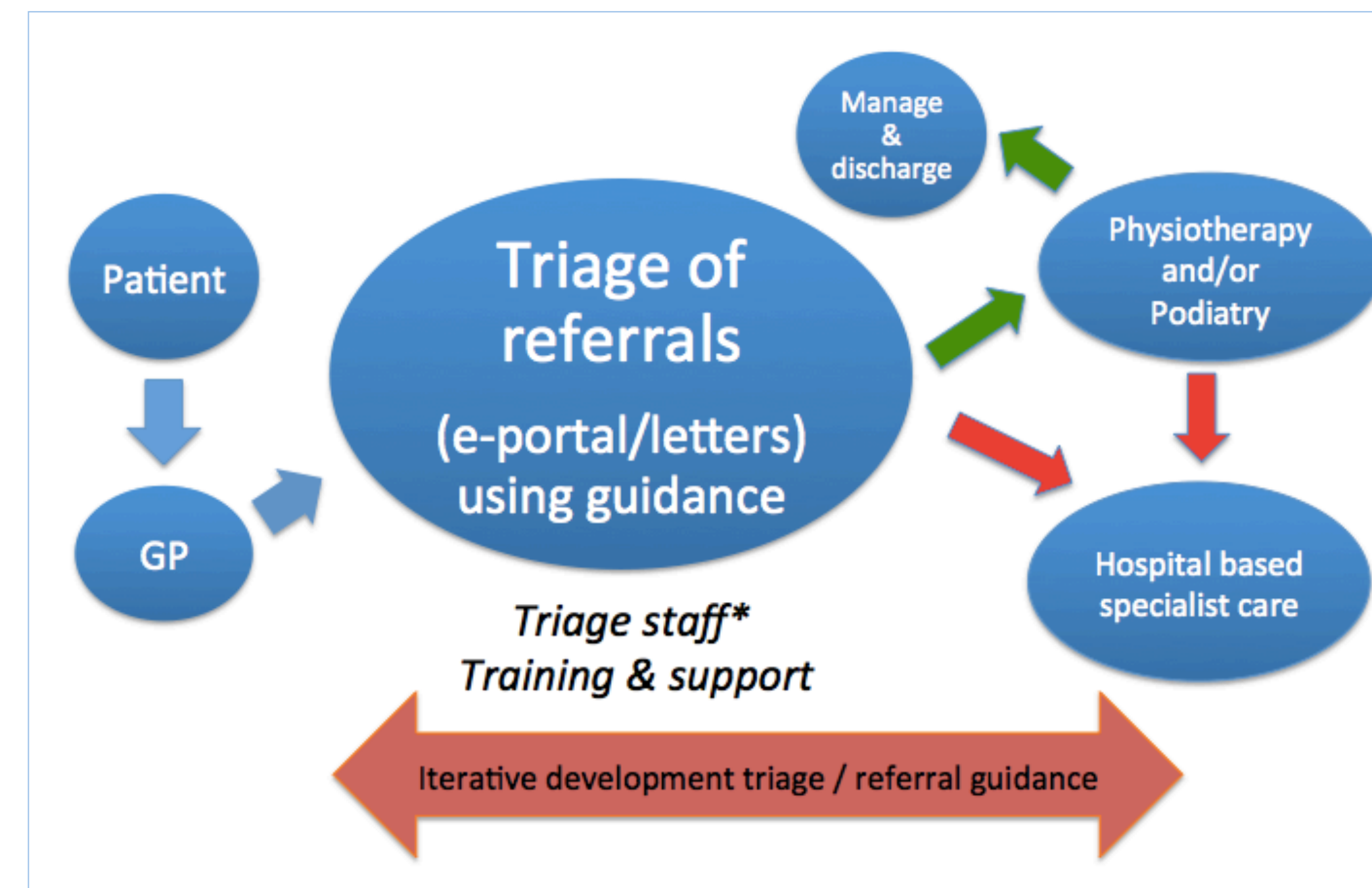


Fig 1: Rightpath pathway

- Triage by expert MSK nursing & allied health professionals with triage & referral guidance developed in partnership with specialists. Triage based on set of criteria aimed to direct normal variant or non-serious MSK conditions to physiotherapy/podiatry & to direct those with more serious suspected pathology to the appropriate specialist service.

Methods

- Piloted first at PMSKP, Oldham with iteration of the triage guidance & process followed by implementation of definitive version at South Tyneside NHS Trust to assess direct GP referrals to i) paediatric physiotherapy & podiatry & ii) general paediatrics to ascertain the number of patients who would be eligible for Rightpath. Using mixed methods, evaluation focused on 3 key areas:

- Implementation** – Rightpath established within the existing service. Workshops with service providers (triage staff & clinicians) held at two time points to refine triage guidance & process.
- Training** – for triage staff based on their weekly log of triage experiences & regular case based discussions & feedback.
- Evaluation** – focusing on four sources of data:
 - Parents/patients short feedback questionnaire to explore expectations of & satisfaction with the service;
 - Service providers weekly log documenting experience of providing the service & any training needs or areas for further learning;
 - Routine patient data collected (including demographics, patient flow, referral data & times, eventual diagnosis);
 - Service providers directed to self-directed learning provided on paediatric musculoskeletal matters (PMM – www.pmmonline.org) & usage explored.

- Ethical approval, with informed consent from all participants.
- National Institute for Health Research Clinical Research Network (NIHR CRN) portfolio adopted.

Results

- Triage has been appropriate with no significant 'red flag' pathology triaged inappropriately to Rightpath; low threshold for specialist onward referral if clinical concerns identified by the triage process.
- 6 month follow up data (PMSKP) gives further assurance about safety & triage appropriateness.
- Site 1: PMSKP (Fig 2):** Approx. 25% (101/398) triaged to Rightpath.

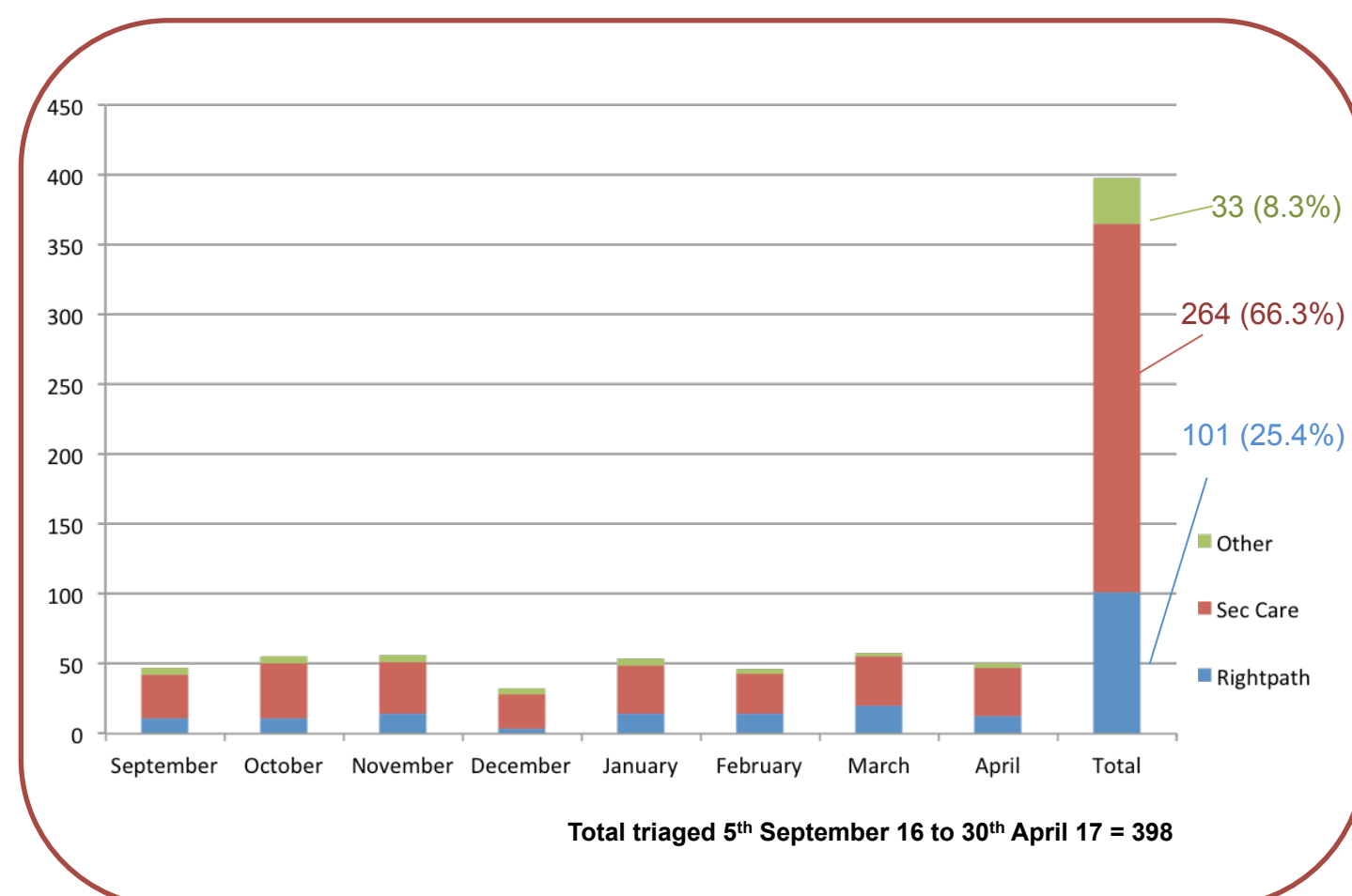


Fig 2: PMSKP Triage Figures

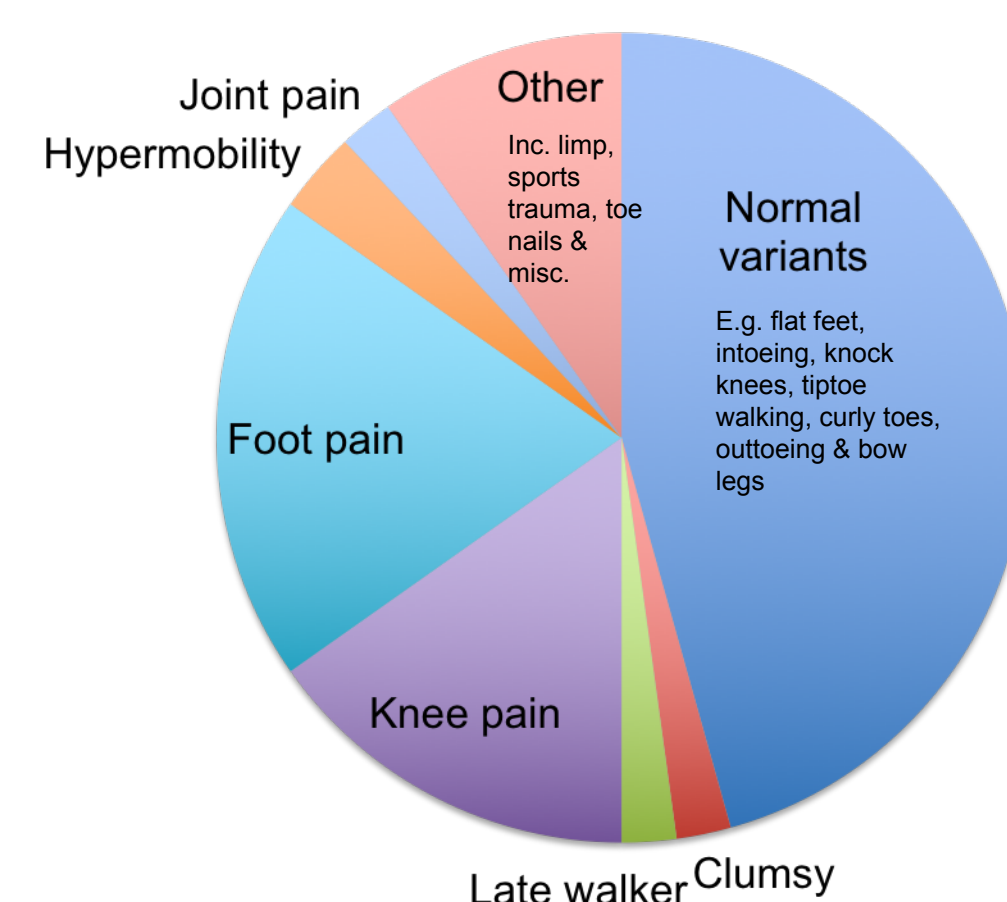


Fig 3: PMSKP Presentations

- Site 2: South Tyneside:** Analysis in progress.
 - Number of MSK referrals between 15/05/17-17/10/17 = 90 (28% eligible for Rightpath).
 - Number directly triaged to podiatry (N=36) or physio (N=25) as of 26/10/17.
- Patient/ Provider Feedback**
 - ✓ Similarly very positive across both sites.
 - ✓ Rightpath 'well liked' by parents/patients with no complaints or requests for subsequent specialist referral (see figure 4); 99% 'would recommend the service to family & friends & satisfaction scores are high (see Table 2).
 - ✓ Service providers (primary care physiotherapists & podiatry) describe the workload to be appropriate for their existing professional skills (see Fig 5).
 - ✓ Triage staff deemed the triage process 'manageable' (64% of decisions 'easy/very easy') & triage guidance to be useful commenting that paediatric experience is important to decision-making.

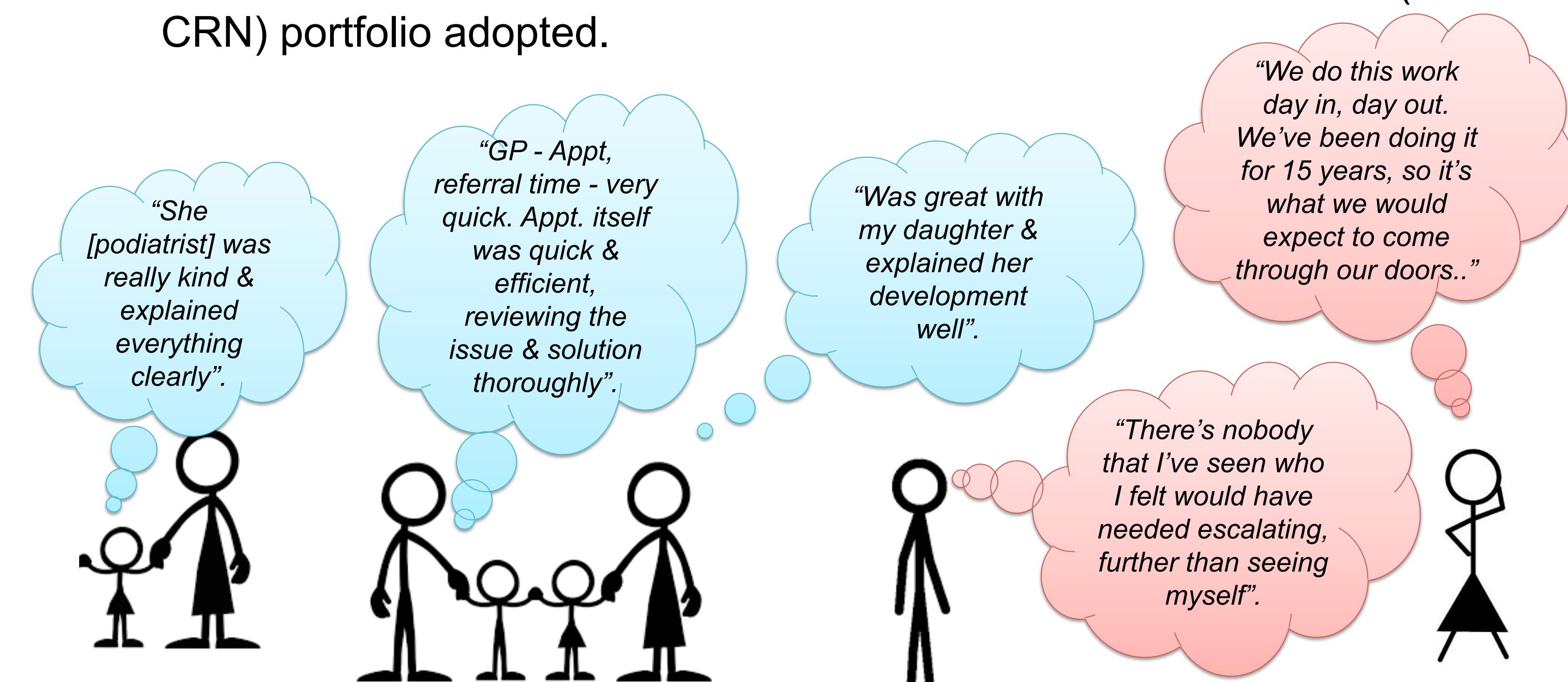


Fig 4: Quotes from patient/parent questionnaire Fig 5: Quotes from service providers

Conclusions

- We have shown the Rightpath model to be safe, feasible, acceptable & transferable; approx. 25% of referrals from primary care triaged to be assessed quickly & closer to home by an appropriate clinician (paed physio/podiatry) with high satisfaction from families. The pilot process has iteratively informed the triage guidance & approaches to training to promote dissemination of the model. A Rightpath website is coming soon including resources to support widespread implementation.

Table 1: PMSKP Patient Data	
Demographics	Presentations (Figure 3)
Median age 7.5 years (<1-15)	Normal variants - 46%
Assessment	Outcome
Podiatry N=38 / Physio N=37	Discharged after first visit – 55%
Time to first assessment reduced from 14 weeks to: 95% <4 weeks	Ongoing treatment - 35%
31% <2 weeks	Onward referral 11% (physio n=5; specialist care n=3)

Table 2: Parent/Patient Satisfaction Scores (1 'no effort' - 9 'every effort made')	
<ul style="list-style-type: none"> 'Listened to things that matter most to you about your/your child's health' (8.9). 'Included what matters most to you in choosing what to do next' (8.9). 'Helped understand your/your child's health issues' (8.8). 	Feedback Q N=121

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