



RightPath Model of Care Paediatric Musculoskeletal Triage in the Community

Professor Helen Foster, Professor of Paediatric Rheumatology
Newcastle University Medicine Malaysia and Newcastle University, UK

on behalf of the RightPath team



Acknowledgements RightPath stakeholders & partners

Newcastle (Great North Children's Hospital)

Paediatric Rheumatology

Prof Helen Foster (consultant)

Dr Sharmila Jandial (consultant)

Liz Clayton (physiotherapist)

Sr Ruth Wyllie (nurse specialist)

Paediatric Orthopaedics

Philip Henman (consultant)

William Bliss (consultant)

Sharon Solan (physiotherapist)

Julie Allen (physiotherapist)

Social Science Newcastle University

Dr Nicola Smith

Social Science Northumbria University

Prof Tim Rapley

South Tyneside NHS Foundation Trust

Judith McNaught (physiotherapy lead / manager)

Vicky Mercer (paediatric physiotherapist)

Peter Morgan (podiatrist)

Dr Gabriel Okugbeni (consultant paediatrician)

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Dr Jon Tose (GP commissioner)

Dr Sharmila Parks (GP commissioner)

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Dr Alan Nye (GPwSI Rheumatology & Director)

Dr Jill Firth (Director for Service Improvement)

Kath Kinsey (research nurse)

Helen Light (research nurse)

Dr Neil Snowden (consultant rheumatologist)

RightPath triage teams & clinicians

Oldham CCG

Dennis Gizzi (Chief Executive Officer)

Manchester Children's Hospital (Paediatric Rheumatology)

Dr Alice Chieng (consultant paediatrician)

Dr Phil Riley (consultant paediatrician)

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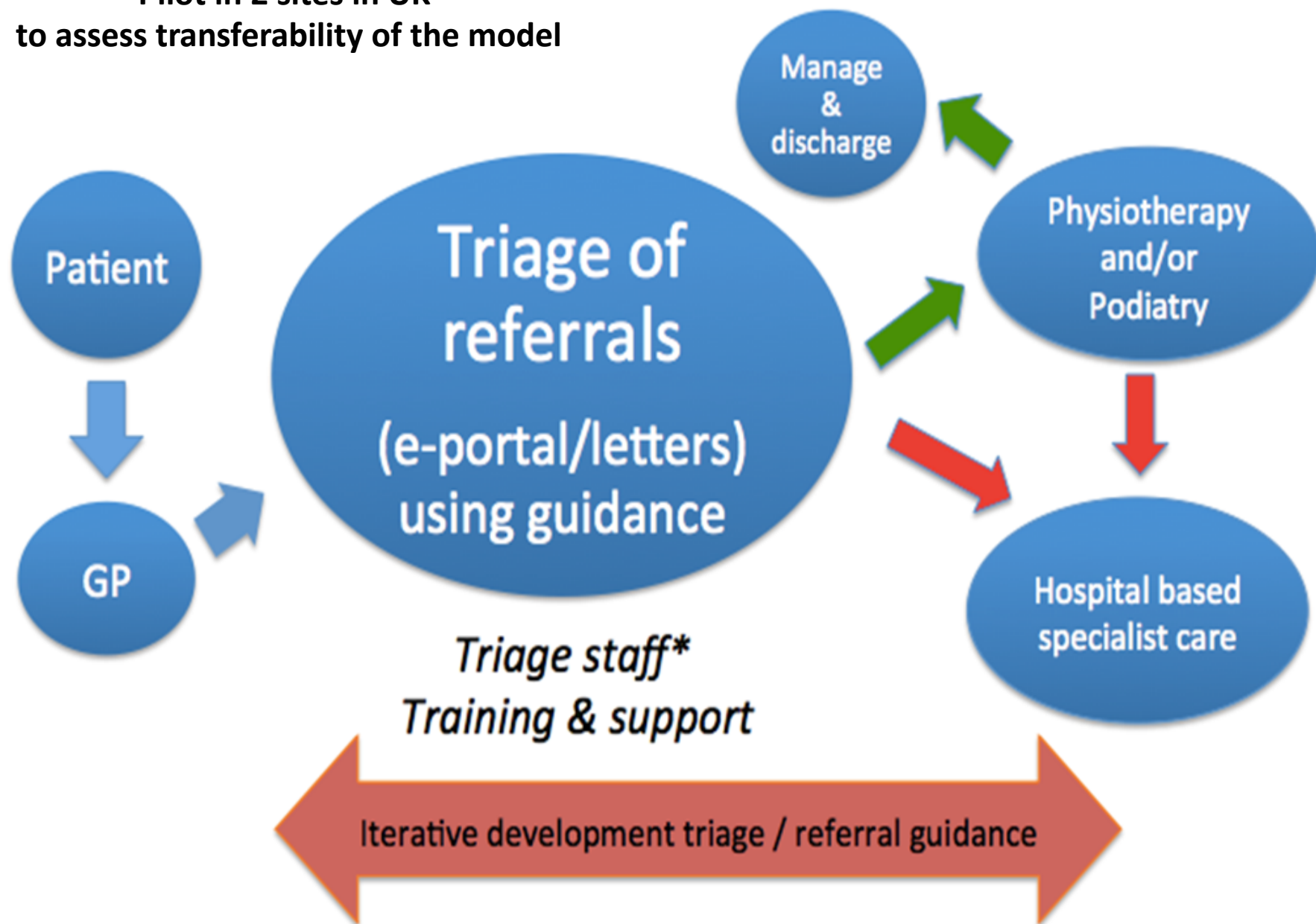
Background: rationale

- **Referral pathways for children & young people (CYP) with musculoskeletal (MSK) conditions are often complex & inefficient**
- **Many CYP are referred with minor / self-limiting MSK problems or parental concerns around normal variants**
- **Delays in diagnosis for childhood onset MSK pathologies are well recognised which may adversely affect outcomes**
- **Specialist paediatric services are under pressure with increasing numbers of referrals & long waiting times**

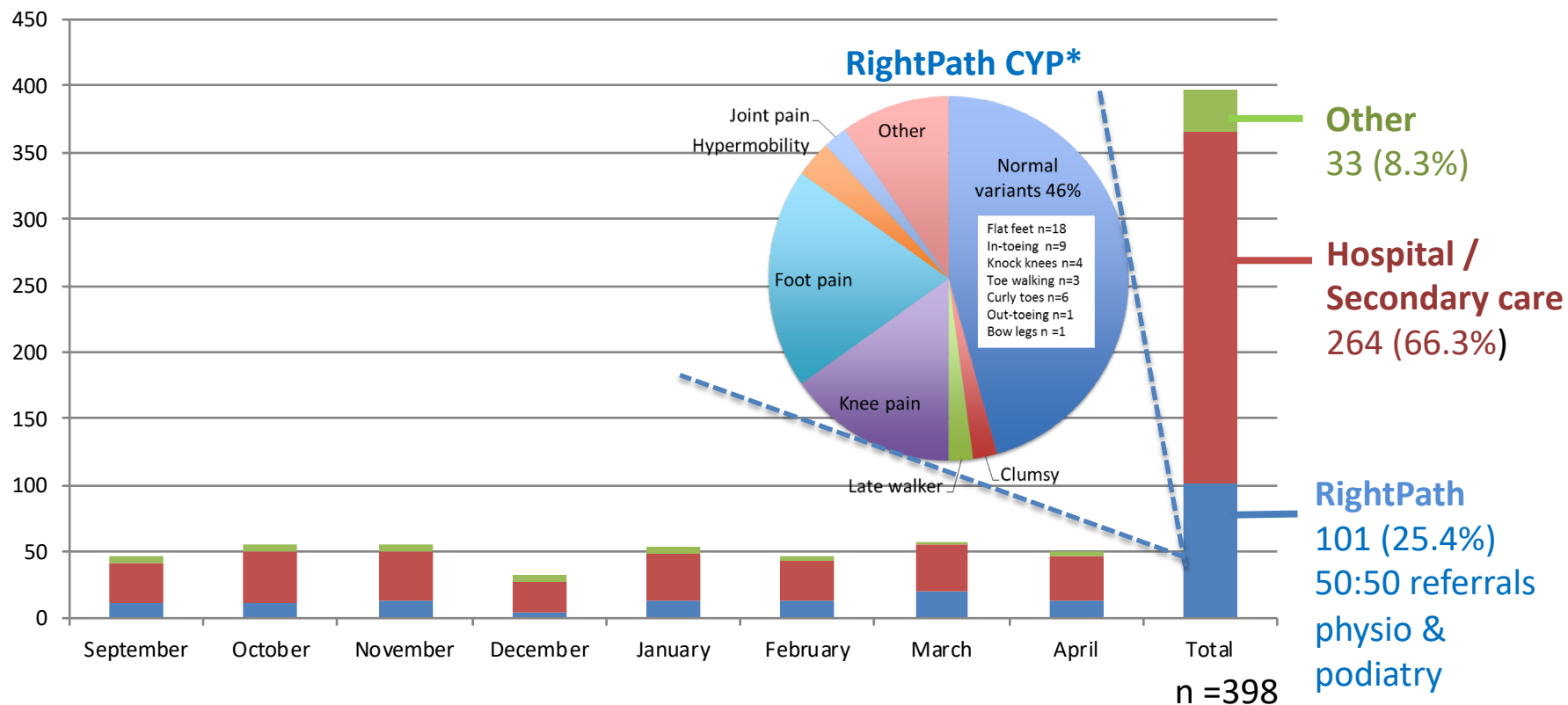
MSK triage for CYP: the model

- **Iterative, real-time development of triage guidance & referral pathways based on validated adult model**
 - Training & testing of guidance by expert MSK nurses & allied health professionals (AHPs)
- **Referrals for CYP with 'normal variant' or non-serious MSK lower limb conditions were diverted & seen locally by AHPs with paediatric expertise**
 - those with suspected MSK pathology triaged to hospital care (secondary care)
- **Review of 1st 100 triage decisions to ensure patient safety**

**Pilot in 2 sites in UK
to assess transferability of the model**



Pilot in site 1: triage outcomes

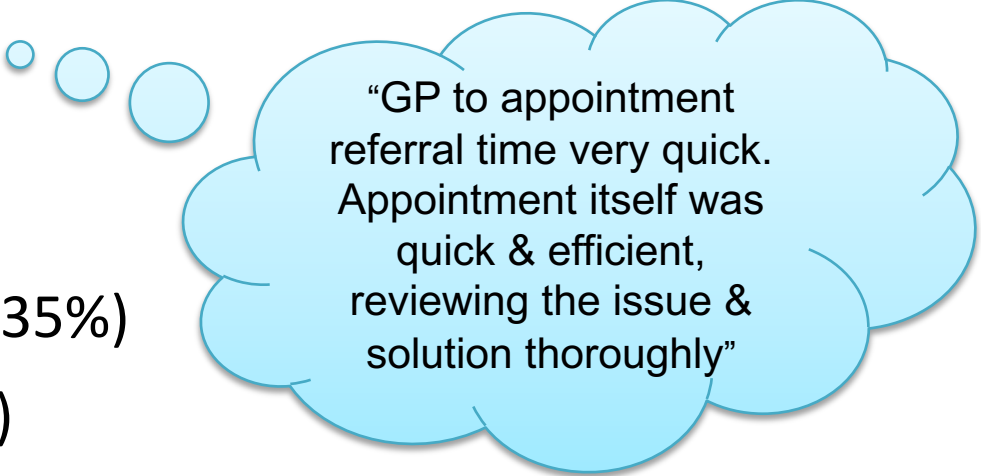


**Data for consented 'RightPath' patients n=75*

**Pilot in 2 sites in UK
to assess transferability of the model**

RightPath patient journey

- **Time to first assessment reduced from 14 weeks to:**
 - <2 weeks: 31%**
 - <4 weeks: 95%**
- **Discharged** = 41 (55%)
- **Ongoing treatment** = 26 (35%)
- **Onward referral** = 8 (11%)
 - 5 for physiotherapy
 - 3 of these to specialist care
- **Re-referred / presented within 6/12** = 3 (1 Osgood Schlatters; 1 foot pain 'DNA'; 1 outpatient attendance pending no 'red flag' conditions)



"GP to appointment referral time very quick. Appointment itself was quick & efficient, reviewing the issue & solution thoroughly"

Service evaluation & development

Service evaluation across both sites

- **Triage process feedback**
 - Weekly logs & focus group or interview
- **Clinician feedback**
 - Weekly logs & focus group
- **Parent/patient service feedback**
 - Questionnaire based on 'FFT' & 'Collaborate' (a PROM for SDM), completed immediately after consultation

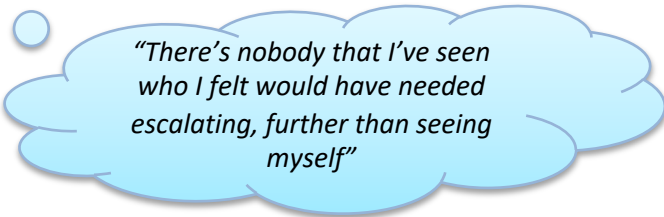
FFT 'Family and Friends Test'

PROM Patient Reported Outcome Measure

SDM Shared Decision Making

Insights – clinicians and families

- Similar case mix to regular clinical practice – *‘no surprises’*



“There’s nobody that I’ve seen who I felt would have needed escalating, further than seeing myself”

- Patients & families seemed **‘happy with consultation & treatment plan’** - *‘Nothing negative mentioned’*
- RightPath **‘well liked’** by families
 - no complaints or requests for subsequent specialist referral
 - 99% **‘would’** recommend the service to family & friends and satisfaction scores are high

Focus groups with triagers

- **Adult MSK triage staff reported challenges**

- confidence
- emotional impact
- lack of paediatric knowledge

"It just feels like a huge responsibility when it's children for some reason".

"When we triage adults it's almost like you can read between the lines sometimes from what the GP is giving you".

"At times challenging, but I think that's because we're not paediatric trained, rather than the processes".

- **Difficult referral decisions were often due to case complexity or the quality of the referral letter**

"You're trying to sort of marry them upthe information is not there....I think that was the most useful training thing, the triage guide, but then in conjunction with discussion of letters"

Triage lessons learned

- **‘Skill mix’ of triager & support important**
 - Improved triage experience utilising AHPs with paediatric ‘know how’
- **Variable quality of referral letters impacts on decision making**
 - Further work needed to explore ways to improve content of referral letters
- **Complex cases make triage decisions more challenging**
 - Complexity reflects clinical practice: triage for onward referral deemed therefore appropriate

Lessons learned: Training & development

- Expert advice needed initially to support use of triage guidance
- Sample letters very useful to practice using triage guidance with support of experts
- Preferred training format: 'blended approach' most suitable
 - Peer learning
 - MDT Triage quality meetings (cases & topics)
 - Paediatric Musculoskeletal Matters website as a useful 'go-to' resource



RightPath: Targeted Education

- **Triage and referral guidance**
 - Reflecting musculoskeletal clinical presentations in primary care
 - When to be concerned and refer to hospital sub-specialist (rheumatology / orthopaedics or paediatrics) or refer to community paediatric physiotherapy or podiatry for management
 - Developed iteratively with triage teams: ‘target audience’ paediatric physiotherapists
 - Links to PMM (as the ‘go-to resource’)
- **Informing next steps**
 - NICE have commissioned new Clinical Knowledge Summary (2019) based on RightPath triage guidance to facilitate reach to primary care across UK



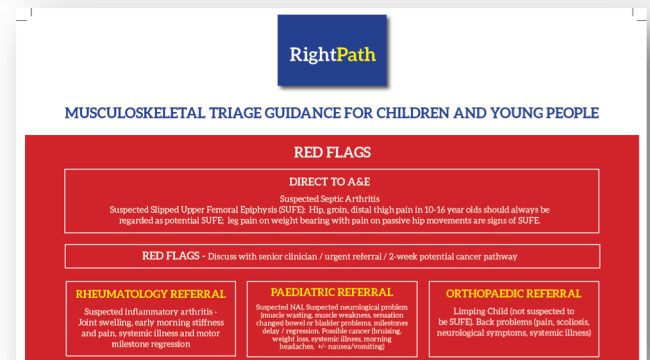
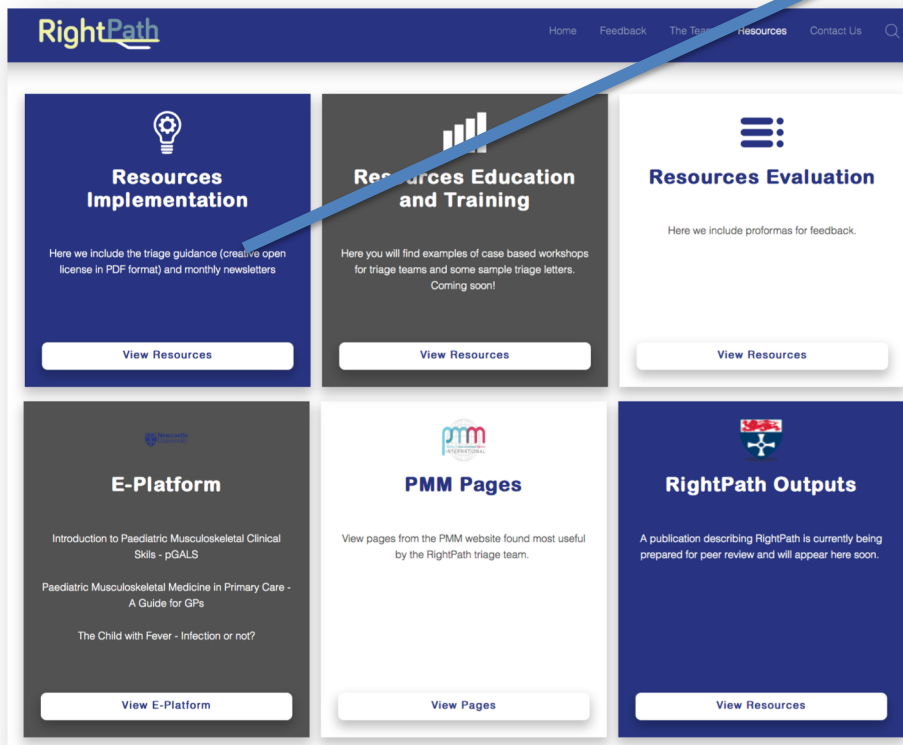
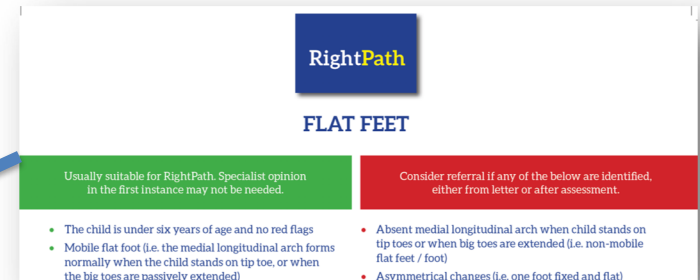
RightPath - conclusions

- **Access to care for CYP with MSK presentations is variable and likely results in ineffective and inefficient use of resources (workforce) and family time**
 - 'right place, right time, right service'
- **Clarity of care pathways & improved interface working can identify those that can be managed in the community**
 - Example of high quality inter professional learning using real cases, iterative & blended approaches (for primary care, specialist & allied health providers)
- **Exemplar of cross-boundary research**
 - Primary care, hospital & community providers in partnership with consumers & researchers: likely transferable to other areas of child health to inform 'evidence-based best practice'

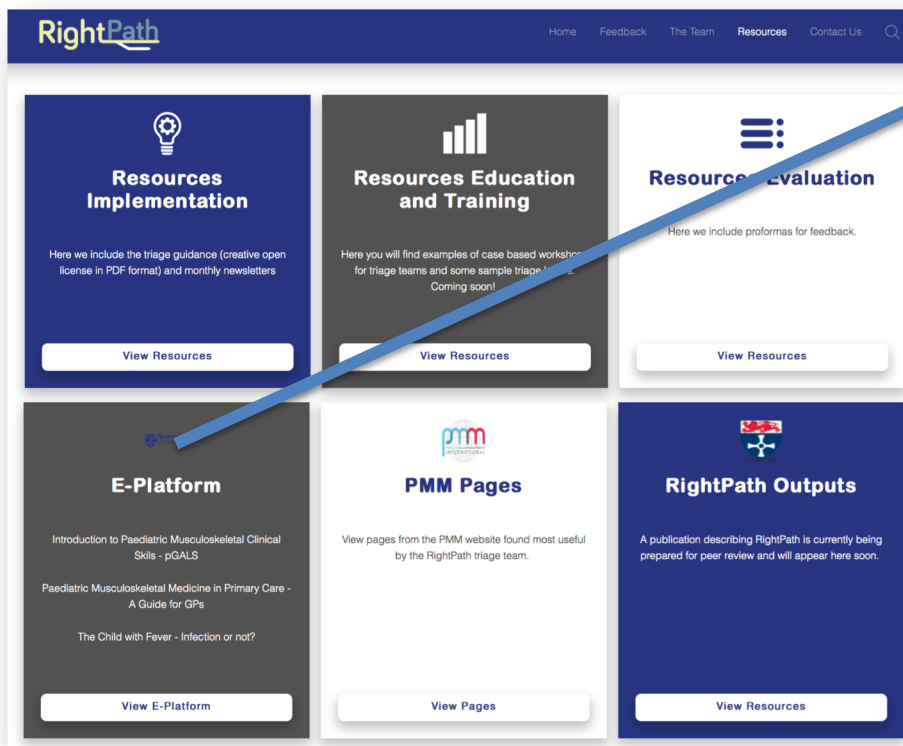
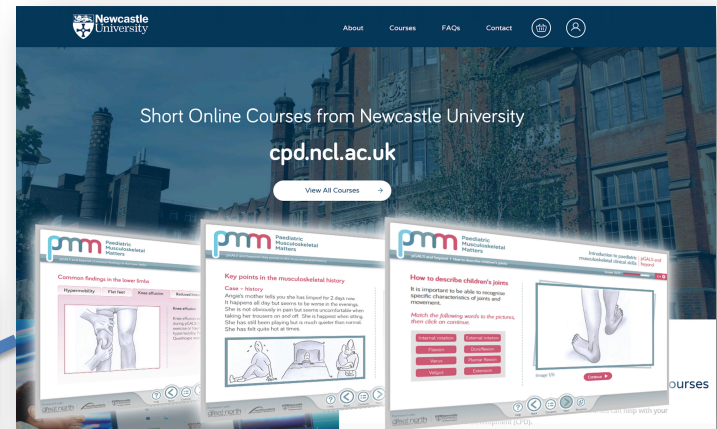
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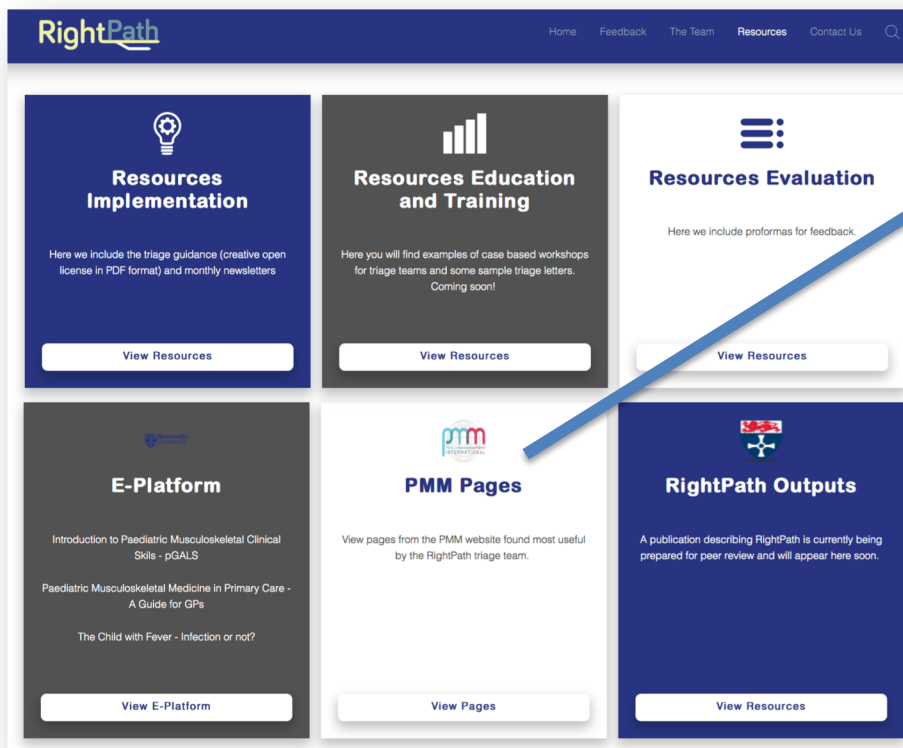
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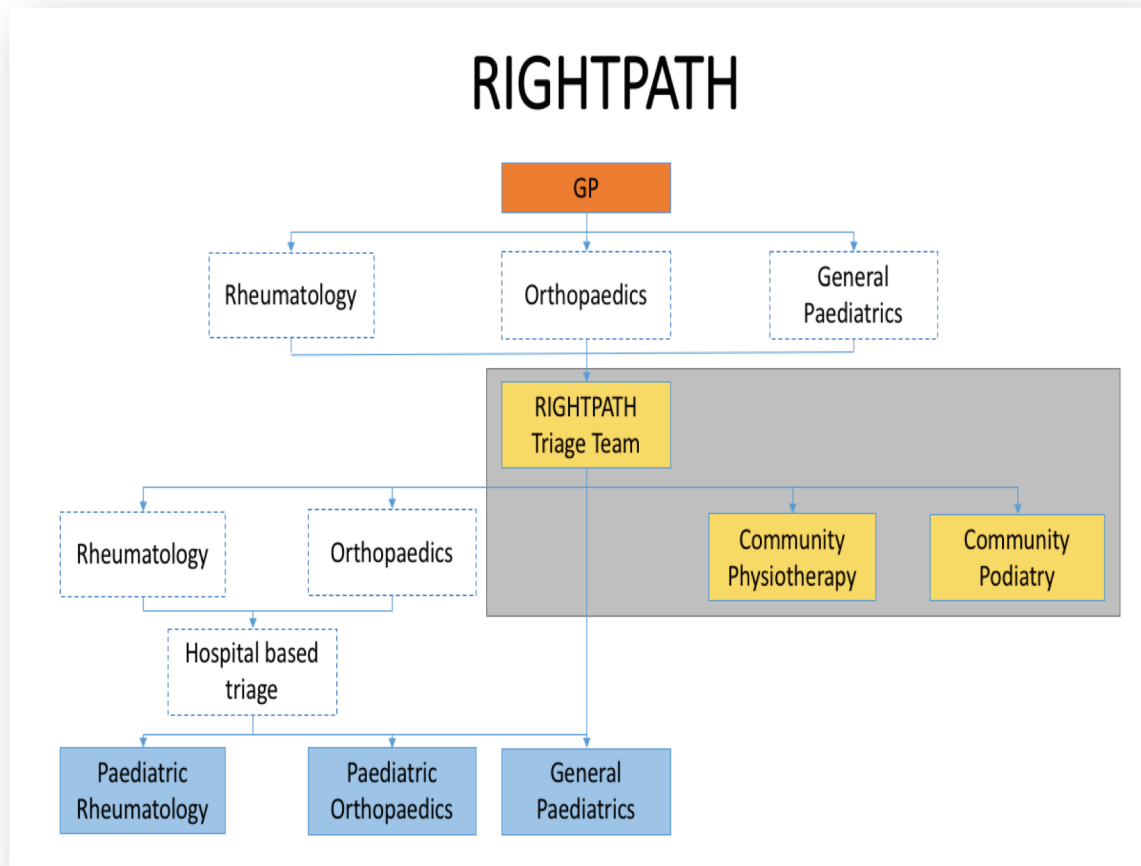


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A new model of musculoskeletal triage for children in the community

Smith N, Firth J, Kinsey K, Snowden N, McNaught J, Mercer V, Jandial S, Nye A, Foster HE