



South Tyneside and Sunderland  
NHS Foundation Trust

pennine  
partnership **msk** Ltd



**Newcastle**  
University  
UK | Malaysia | Singapore

**RightPath**

# Paediatric Musculoskeletal Triage

## RightPath: A pilot study

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on behalf of the RightPath team

Wednesday 20<sup>th</sup> November 2019

**“Right child, right place, right time”**

# Aims of today

- Background behind RightPath
- Overview of the process
- Results
- Conclusions and Impact

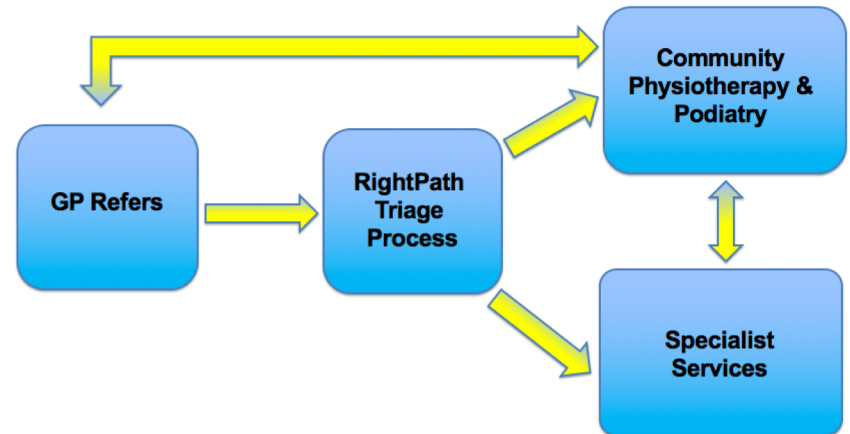


“Right child, right place, right time”

Pathways from primary care to specialist care in paediatrics are often complex



RightPath provides clarity of care pathways



“Right child, right place, right time”

# Piloted at two sites



- Pennine MSK Partnership (PMSKP) in primary care - with iteration of triage guidance and process
- Roll out at second site (South Tyneside NHS Foundation Trust (STFT) - with triage of primary care referrals to general paediatrics).

# MSK triage for children and young people (CYP)

- Iterative, real time development of triage guidance and referral pathways based on adult model
- Referrals for CYP with ‘normal variant’ or non-serious MSK lower limb conditions were diverted and seen locally
- Those with suspected serious pathology triaged to secondary care
- Review of 1<sup>st</sup> 100 triage decisions to ensure patient safety

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# Evaluation

- Parents/patients short feedback questionnaire to explore expectations of & satisfaction with the service
- Triager and clinician 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, eventual diagnosis)
- Service providers signposted to self-directed learning provided on paediatric musculoskeletal matters (PMM – [www.pmmonline.org](http://www.pmmonline.org)) & usage explored.

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# Results

- In Oldham, RightPath reduced waiting times from mean 14 weeks to 2-4 weeks
- **Improved triage experience** utilising AHPs with paediatric knowledge
- Patients were triaged appropriately
  - No significant ‘red flag’ pathology triaged to community care by RightPath



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

“Right child, right place, right time”

# Parent

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

*"Everything was explained in a way I could understand. We were listened to. The appointments could be out of school hours"*



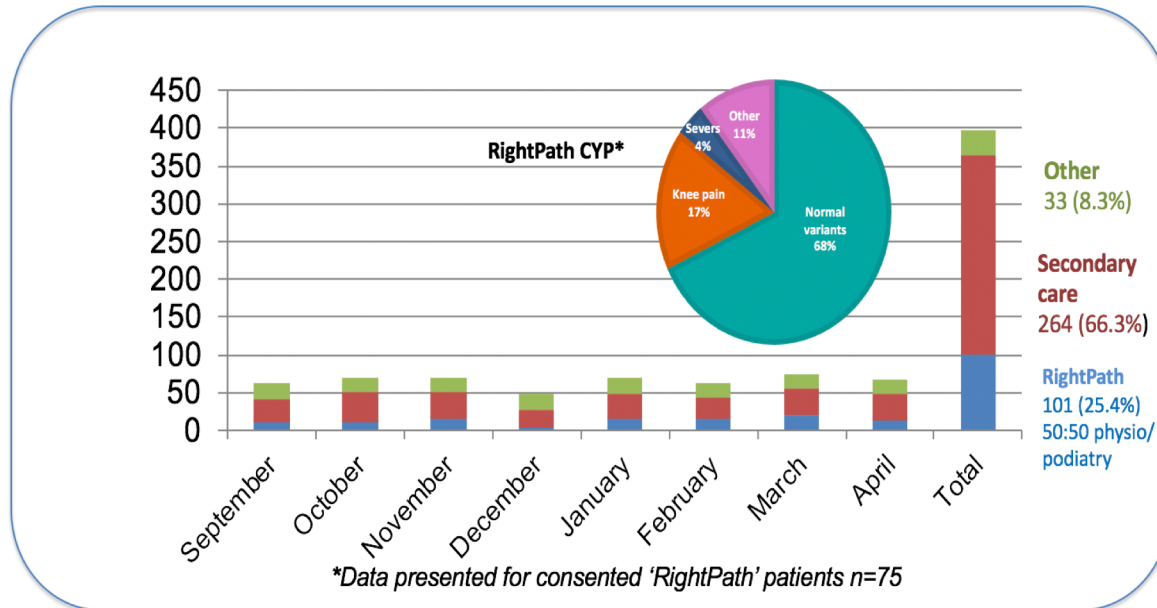
*"Diagnosis and treatment organised on the day"*

*"I much preferred being seen in the community"*

**"Right child, right place, right time"**



- Total Triaged at Site 1 (101 RightPath, 264 specialist paediatric services, 33 Other)



- Triage at Site 2 over 6 months – of the 281 referrals to General Paediatrics, 32% had an MSK focus, and 28% of these were deemed suitable for RightPath

# Feedback

**99%** would recommend the service to family & friends

Parent/Patient Satisfaction Scores (1 'no effort' - 9 'every effort made')

'Helped understand your/your child's health issues' (8.8/9)

'Listened to things that matter most to you about your/your child's health'  
(8.9/9)

'Included what matters most to you in choosing what to do next'  
(8.9/9)

Questionnaires for both sites (STFT and PMSKP) N=121

**“Right child, right place, right time”**

# Focus on training and education

- Evidence that adult triage staff cannot adequately assess paediatric patients

“At times challenging, but I think that’s because we’re not paediatric trained, rather than the processes”

“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”

- Iteratively produced triage decision support and educational materials

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

“Right child, right place, right time”

# Innovative educational resources



## FLAT FEET

Usually suitable for RightPath. Specialist opinion in the first instance may not be needed.	Consider referral if any of the below are identified, either from letter or after assessment.
<ul style="list-style-type: none"> <li>The child is under six years of age and no red flags</li> <li>Mobile flat foot (i.e. the medial longitudinal arch forms normally when the child stands on tip toe, or when the big toes are passively extended)</li> </ul>	<ul style="list-style-type: none"> <li>Absent medial longitudinal arch when child stands on tip toes or when big toes are extended (i.e. non-mobile flat feet / foot)</li> <li>Asymmetrical changes (i.e. one foot fixed and flat)</li> </ul>

## MUSCULOSKELETAL TRIAGE GUIDANCE FOR CHILDREN AND YOUNG PEOPLE

### RED FLAGS

**DIRECT TO A&E**

Suspected Septic Arthritis  
Suspected Slipped Upper Femoral Epiphysis (SUFE): Hip, groin, distal thigh pain in 10-16 year olds should always be regarded as potential SUFE. Leg pain on weight bearing with pain on passive hip movements are signs of SUFE.

RED FLAGS - Discuss with senior clinician / urgent referral / 2-week potential cancer pathway

<b>RHEUMATOLOGY REFERRAL</b> Suspected inflammatory arthritis - Joint swelling, early morning stiffness and pain, systemic illness and motor milestone regression.	<b>PAEDIATRIC REFERRAL</b> Suspected NAL Suspected neurological problem (muscle wasting, weak reflexes, sensation changes) bowel or bladder problems, milestones delay / regression. Possible cancer (weighting, weight loss, systemic illness, morning headaches, etc.)	<b>ORTHOPAEDIC REFERRAL</b> Limping Child (not suspected to be SUFE) Back problems (pain, scoliosis, neurological symptoms, systemic illness)
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<http://www.rightpath.solutions>

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## RightPath: a new model of care for children and young people

RightPath is a novel model of care to triage children and young people with musculoskeletal presentations in the community; the aim is to facilitate referral to the appropriate clinicians - either referral to hospital based care or to community based clinicians. RightPath was developed and evaluated in the UK by a multi-professional partnership of clinical academics, social scientists, primary and community care doctors, nurses, physiotherapists, podiatrists along with paediatric specialist doctors and health care managers. The organisations involved were Newcastle University, UK, Pennine MSK (Oldham, UK) and South Tyneside NHS Foundation Trust, UK.



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### Resources Implementation

Here we include the triage guidance (creative open license in PDF format) and monthly newsletters

[View Resources](#)

### Resources Education and Training

Here you will find examples of case based workshops for triage teams and some sample triage letters. Coming soon!

[View Resources](#)

### Resources Evaluation

Here we include proformas for feedback

[View Resources](#)

### E-Platform

Introduction to Paediatric Musculoskeletal Clinical Skills - pGALS

Paediatric Musculoskeletal Medicine in Primary Care - A Guide for GPs

The Child with Fever - Infection or not?

[View E-Platform](#)

### PMM Pages

View pages from the PMM website found most useful by the RightPath triage team.

[View Pages](#)

### RightPath Outputs

A publication describing RightPath is currently being prepared for peer review and will appear here soon.

[View Resources](#)

Doctors & Clinicians Help log in/register

**pmm** Paediatric Musculoskeletal Medicine INTERNATIONAL

Search site

Clinical Assessment Investigation Limping Child Pain by Site Arthritis Resources

Top Tips  
Children Differ From Adults  
History  
Examination  
Red Flags  
Normal Variants  
Cases  
Learning Outcomes

## Understand | diagnose | change

Whether you are looking to learn more about paediatric musculoskeletal problems, or are involved in the care of children, then pmm and pmm-nursing will help you change your clinical practice for the better

[find out more about us >](#)

**Welcome to pmm-international**

pmm-international is for all clinicians who may encounter children with musculoskeletal problems and aims to raise awareness, knowledge and clinical skills to facilitate early

**Site Statistics**

To date (end of February 2019) pmm has >431,000 hits and >163,000 users from 209

<http://www.rightpath.solutions>

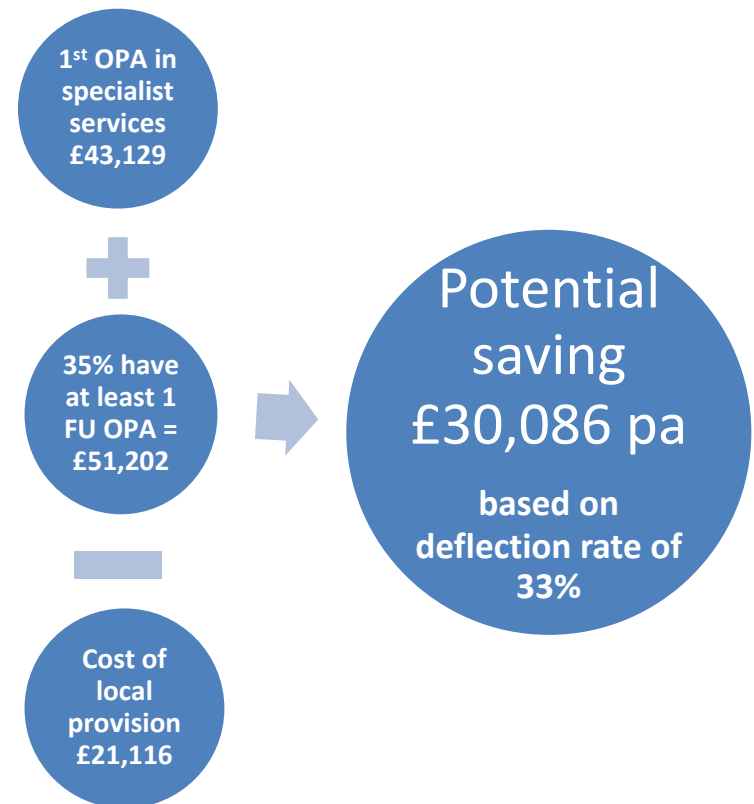
# An integrated pathway

- **Planning:** pathway was co-produced with a wide range of stakeholders, including patient groups
- **Achievable:** 2-site evaluation demonstrated acceptable use in different healthcare settings
- **Collaboration** across CCG, primary care and hospital specialist support and through delivery by community allied health professionals
  - Breaking down healthcare boundaries and barriers
- **Effective:** Approximately 25% of referrals from primary care triaged to be assessed quickly and closer to home

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# Scalable and Replicable

- Most innovations built to solve a local problem – RightPath is different
- Model has been proven to be transferable to a different geographical area, despite local variations in patient pathways
- Assessment and treatment in the community more cost-effective than hospital care



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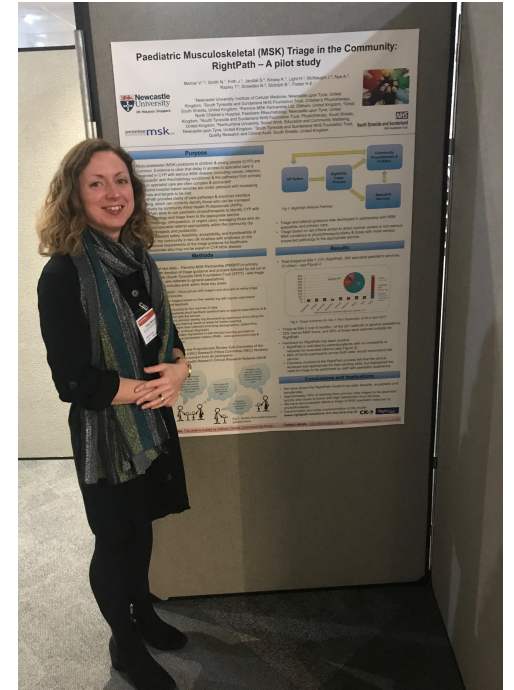
# Impact

- Informed clinical care pathways
  - NICE Clinical Knowledge Summary (2019) based on RightPath triage guidance
- Relevant to UK and International healthcare settings
  - BSR Best Practice Award 2018
  - APLAR-ARA Best Abstract Award at congress 2019
  - Finalist at this years HSJ Awards
- Aligned to interim NHS People plan 2019
  - “enabling every NHS pound to go further in improving access to...and quality of care”

**“Right child, right place, right time”**







# What's next for RightPath?

- Triage guidance - creative commons license and on website
- Commissioned by Oldham CCG with others interested
- Manuscript submitted for publication
- 'RightPath for you' survey to evaluate our model further and identify ways to promote adoption and commissioning
- Dissemination events

**“Right child, right place, right time”**

# Acknowledgements RightPath stakeholders & partners

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