

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.

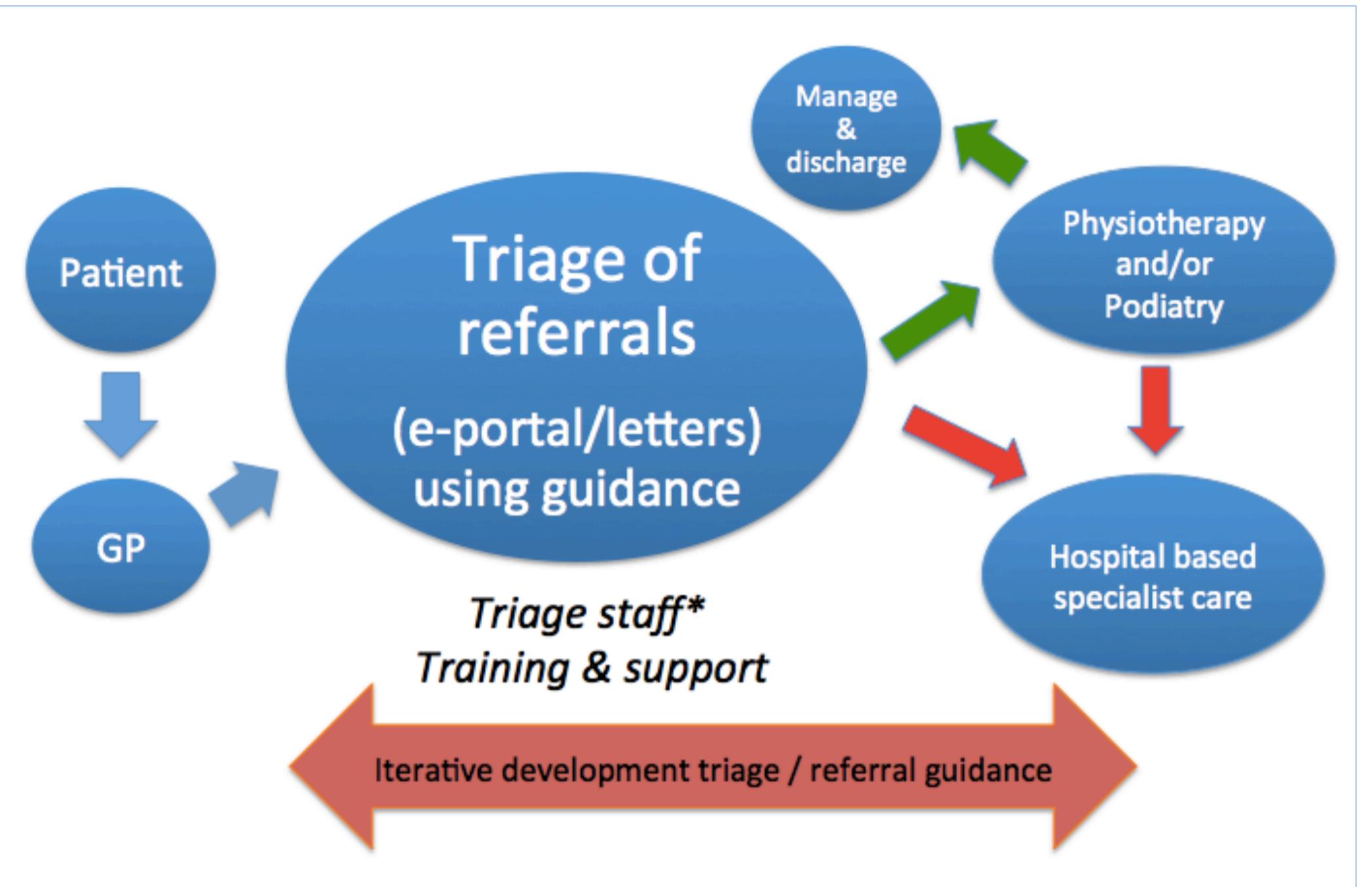


Fig 1: Rightpath pathway

- 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.

- 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.

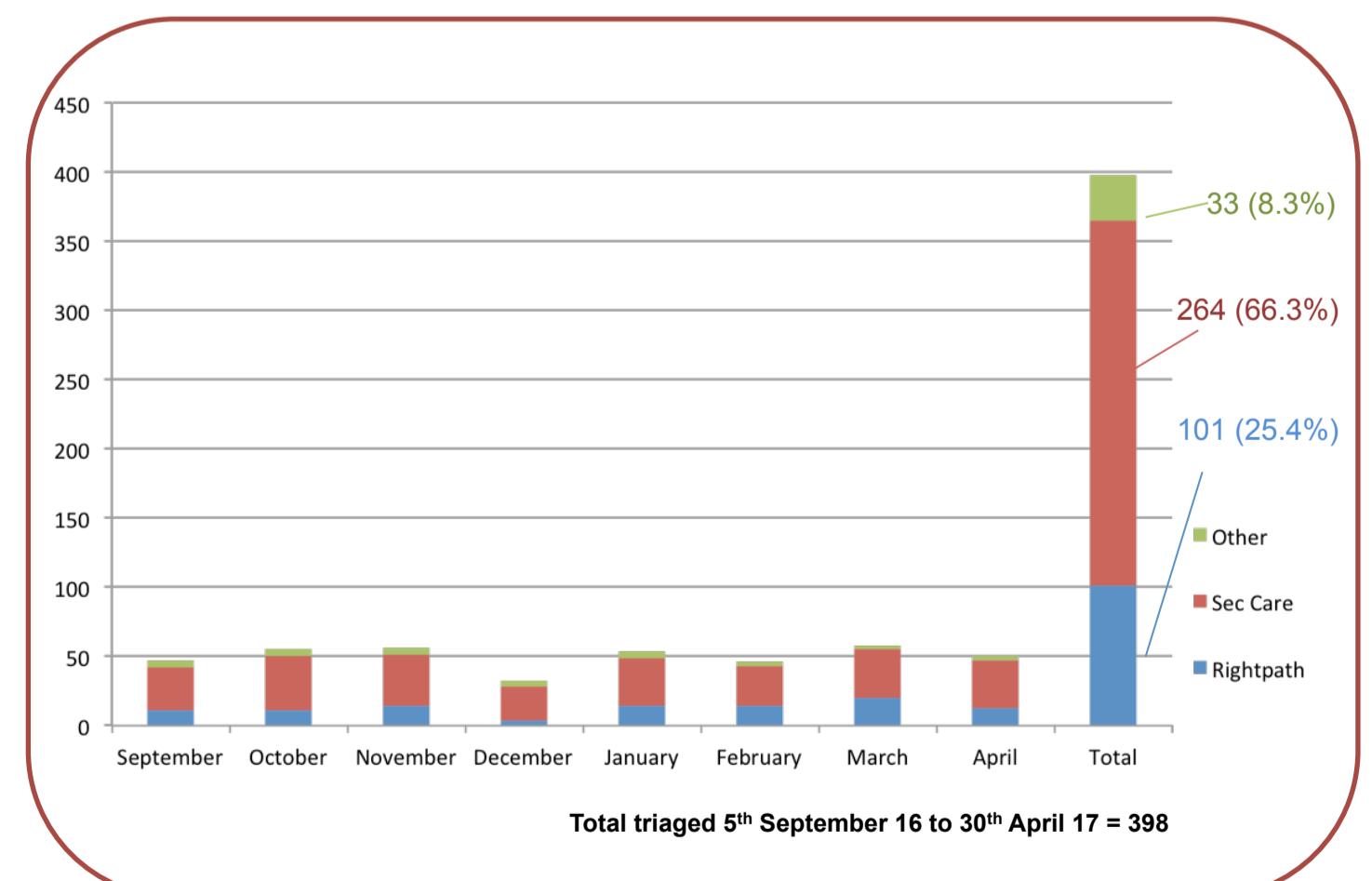


Fig 2: PMSKP Triage Figures

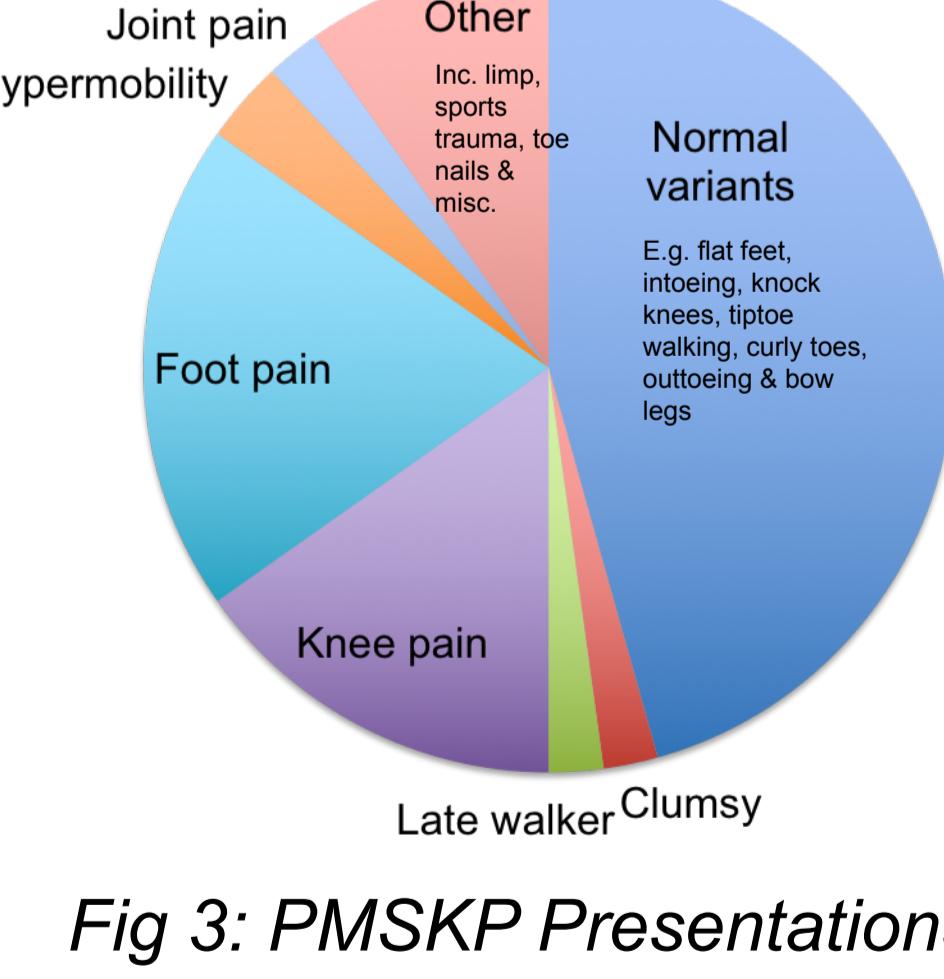


Fig 3: PMSKP Presentations

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 31% <2 weeks	Ongoing treatment - 35% Onward referral 11% (physio n=5; specialist care n=3)

Table 2: Parent/Patient Satisfaction Scores (1 'no effort' - 9 'every effort made')

- '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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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.

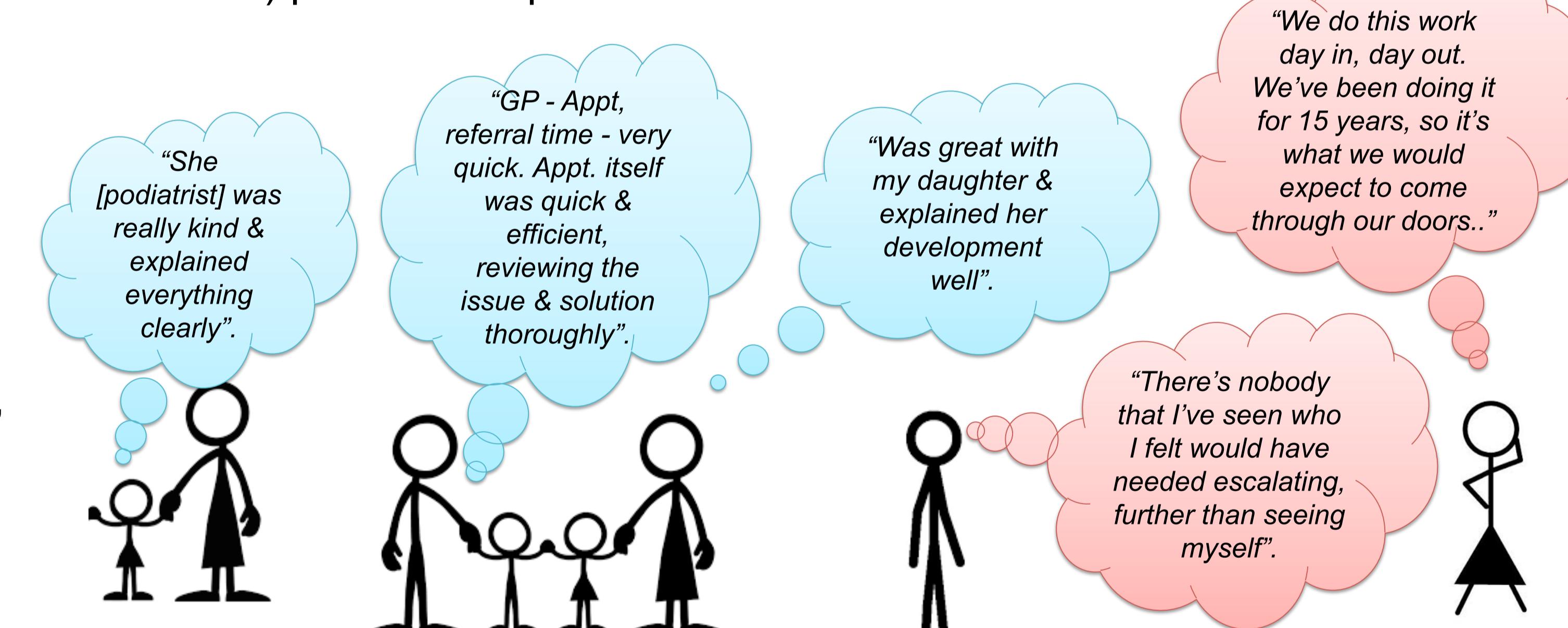


Fig 4: Quotes from patient/parent questionnaire Fig 5: Quotes from service providers

