

Letter to GPs

Physiotherapy Musculoskeletal Outpatients Direct Access Physiotherapists and Clinical Lead NHSCT Physiotherapy

Date:

Dear colleague,

We would like to inform you of a change to our service which will take effect on 22/04/2024. From this date patients will be able to refer themselves to Musculoskeletal (MSK) physiotherapy services in the NHSCT. Health care staff can continue to make referrals in the usual way if required/more appropriate.

Patients will be able to refer themselves to the MSK physiotherapy service by submitting an online form (preferred method) or posting a completed paper copy. Self-referral is not fast track access, just an additional method of accessing the services.

The rational for this change is to:

- Provide a more direct route for individuals to access MSK physiotherapy services.
- Put individuals in control of their care and promote self-management skills.
- Enable best use of GP time by reducing the time spent on MSK consultations.

Inclusion/Exclusion Criteria

This service is available for patients who are aged 16 or older, reside in the Northern Trust area and have a MSK complaint. There are some cases where we advise individuals to consult their GP/relevant health professional to make a referral if it is required. See the exclusion criteria below:

Patients should not self-refer to physiotherapy if they:

- are under 16 years old,
- reside outside of the Northern Trust,
- are under the care of a consultant for the same problem,
- require a home-based appointment,
- are seeking treatment for a neurological, respiratory, obstetric, gynaecological or continence condition, or
- are seeking treatment for pregnancy related pain.

We ask patients to see their GP prior to self-referral if they:

- are seeking treatment for headaches,
- are seeking treatment for recurrent falls,
- have a red, hot, swollen joint,
- have a fever or feel unwell, or
- have a history of cancer.



Red Flag Screening

Our referral forms are designed to screen for potential red flags. Where symptoms of concern have been indicated on the form the patient will be contacted via telephone for further information, their GP will be informed if there is any remaining concern following telephone consultation (see Appendix 1). If anything requires follow-up assessment the patient will be advised where to seek this care (A&E or GP) and the relevant referral will be made if required (eg OAS).

The Cauda Equina Syndrome (CES) screening questions <u>must</u> be completed on every referral form. Patients are advised not to submit the form and to seek urgent advice from their GP or attend A&E immediately if they experience any new CES symptoms. Patients who submit the form anyway will be contacted via telephone when their referral is triaged and referred back to their GP or onto A&E as indicated.

Accessing Referral Forms

The referral forms can be accessed at the following web address: <u>https://forms.office.com/Pages/ResponsePage.aspx?id=8DtzjS5ESUS3R6dl6jWf-</u> <u>AAFi_wXNn5ClCiwoP0Pu91UNUZCTzU1MFFRNkFRSIJVVkxVMjVFM1FVNy4</u>u

Or using the barcode below:



Paper forms can be printed from our website, we would appreciate if your practice could make these available to patients who are unable to use the online form. A copy of the paper referral form is included in Appendix 2.

We will also provide a poster for you to print and display in your practice with the web address and QR code to allow patients to access the form easily. A copy of the poster can be found in Appendix 3. The poster will also contain a QR code to NHSCT MSK Physiotherapy resources which are further detailed below.



Self-management Resources

Please encourage your patients to refer to our website, where possible, for self-management resources and advice prior to referral to physiotherapy.

Our website can be accessed at the following web address:

https://www.northerntrust.hscni.net/services/physiotherapy-services/physiotherapy-serviceoutpatient-service/

Or using the barcode below:



When should the medical staff/health professional make the referral?

We value the information provided on your referrals. For patients with complex presentations or injuries, who require urgent physiotherapy input, we would be grateful if you would continue to send a referral for the patient so that our physiotherapy staff are well informed about the patients' injuries and management to date, prior to triage and assessment.

We hope that you find this new option of referral to physiotherapy both of benefit to your patients and your service.

Kind regards,

Ethan Lowry & Julie Walker DAP Team Leads Andrew Barbour MSK Physiotherapy Clinical Lead



Appendix 1 – Letter to GP when self-referral is declined

Private & Confidential

<<Name>> <<Address line 1>> <<Address line 2>> <<Address line 3>> <<Date>>

Dear Dr

Re: Date of Birth:

The patient named above has recently referred themselves to Musculoskeletal Physiotherapy. Unfortunately we cannot accept the referral for the reasons indicated below:

Patient is under 16 years of age	
Patient is under the care of a consultant for this problem	
Patient requires a home-based appointment	
Patients symptoms are not MSK in nature	
Patient is experiencing recurrent headaches which have not been investigated	
Patient is experiencing recurrent falls which have not been investigated	
Patient is experiencing pregnancy-related pelvic girdle pain	
Patient is seeking treatment for a neurological, respiratory, gynaecological, obstetric, or continence related condition	

Following further clarification patient reported the following red flag symptom(s):

Unexplained weight loss	
Unremitting non-mechanical pain	
Fever	
Progressively worsening neurological symptoms	
Other (Please state):	
Patient was instructed to attend ED/MIU secondary to:	
Cauda Equina symptoms	
Acute injury which required urgent investigations	



Northern Health and Social Care Trust

The patient has been advised to return to their GP practice to address these issues before commencing physiotherapy and the referral has been closed. Please be aware the patient may need a referral to the relevant service. Your opinion and input towards addressing the above concerns would be greatly appreciated. If still indicated, we would be happy to accept a referral to physiotherapy once the above issues have been addressed.

Yours sincerely The Self-referral / Direct Access Physiotherapy Team



Appendix 2 – Paper Self-referral Form

Self – Referral to Physiotherapy

You can now refer yourself to Musculoskeletal Physiotherapy without having to visit your GP.

How to self-refer:

• Paper form

The self-referral form is attached to this leaflet. Please send completed forms via post.

• Online form

The form can be completed online and submitted via our website. To access the online form please scan the QR code to the right.

Privacy Policy

All information / data collected in this self-referral form will be managed in line with Northern Health & Social Care Trust Policy. To find out more information scan the QR code to the right or contact the Trust's Data Protection Officer at the following address:

Information Governance Department Causeway House, 8e Coleraine Road, Ballymoney BT53 6BP

Email: info.governance@northerntrust.hscni.net Tel: 028 2766 1293





HSC Northern Health and Social Care Trust

Who can self-refer?

You can self-refer if you are aged 16 or older, reside in the Northern Trust area, and have a neck or back problem, joint or muscle pain, or a recent injury such as a sprain or strain.

You must consult with your GP prior to self-referring if you:

- Are under the care of a consultant for the same problem,
- Require a home-based appointment,
- Are seeking treatment for a neurological, respiratory, obstetric, gynaecological or continence condition, or
- Are seeking treatment for pregnancy related pain,
- Are seeking treatment for recurrent falls or headaches,
- Have a red, hot, swollen joint,
- Have a fever or feel unwell, or
- Have a history of cancer.

It is **essential** that you arrange for **urgent** advice from your GP or attend your local emergency department **immediately** if you have experienced **any** of the symptoms below and you **have not** seen a doctor for these symptoms:

- a new episode or a sudden change in your ability to pass urine.
- a new loss of sensation to your inner thighs, genitals or back passage area.
- a new difficulty with bowel function resulting in a loss of control (soiling yourself).

What happens next?

Your referral will be triaged (assessed) by a physiotherapist within 2 working days. This will determine if you require routine or urgent assessment. If additional details are required, the physiotherapist may contact you on the telephone number you provided. Your referral will then be added to the waiting list. You will be contacted by letter or telephone to invite you to attend an appointment. If the physiotherapist determines that your issues/symptoms are not suitable for physiotherapy, or may require a more specialist setting, they will facilitate this for you.

What should you do whilst waiting for your initial appointment?

There are many resources available both from the Northern Trust and elsewhere which may help you to manage your condition while you wait. Our website provides resources and links to guide you to appropriate, evidence-based information and support online. Scan the QR code to the right for further information. Or, visit the website below:

https://www.northerntrust.hscni.net/services/physiotherapy-service-outpatient-service/



While you are waiting, if you are concerned that your condition is worsening please seek medical advice



Self-referral to musculoskeletal physiotherapy form

Please ensure you read all the information above to ensure this is the correct service for you. Please ensure all fields have been completed, or we may not be able to process the referral.

First name:	Last name:						
Title:							
Date of Birth:	Health and Care (H&C) number (if known):						
Address:	Contact details: Please provide a telephone number that you are						
	happy to be contacted on if more information is required. Please tick the box if you are happy for us to leave you a message. If we ring you it may						
Postcode:	display as 'unknown number' or 'no caller ID'.						
GP Name and practice address:							
	Email:						
Have you seen your GP or any other medical	Do you require an interpreter?						
professional about this problem?							
Yes 🗌 No 🗌	Yes 🗌 No 🗌						
If yes, please select correct option:	If yes, which language:						
GP 🗌 A&E 🗌 Consultant 🗌	Do you require adjustments for reasons related to a disability? If yes, please provide detail						
Physiotherapist working in GP practice	Yes 🗌 No 🗌						
Orthopaedic assessment service							
Other: 🗌							
Where is your main problem? (Please tick one b							
BackImage: Constraint of the sector of the sect	□ Arm □ Elbow □ □ Knee □ Leg □						
	· ·						
Foot Ankle Multiple joint pain Foot Ankle Multiple joint pain, which joints are affected:							
How long have these symptoms been procent? (Please he as accurate as possible)						
How long have these symptoms been present? (Please be as accurate as possible)							



Is this problem new?	Yes		Return o	of an old pr	oblen	n				
Are your symptoms getting worse?	Yes		No							
Have you already received an information pack from the physiotherapy department?										
	Yes		No							
Do you know what caused your problem?	Yes		No							
If yes, please give details:						•••••				
Are you able to carry out your normal activities	s, work, d	are for a	dependa	int, sport a	t pres	ent?				
Yes 🗆 No 🗆										
If no, what are you having difficulty with?										
Do you have any other medical conditions or information that you think may be relevant, e.g.										
cancer, previous fractures, diabetes, osteoporosis?										
						•••••				
Sometimes we miss what is most important to you. What is concerning you the most?										
Have you lost weight in the last 6 months for re						No				
If yes, how much? Have you developed numbness/tingling/pins &										
Yes No	needies	since the	e start or	your probi	emr					
If yes, where? (Please indicate if symptoms affe	oct one (or both si	dec)							
Hyes, where : (Flease indicate if symptons and			ues)	•••••	••••••	•••••				
						•••••				
Since the onset of your problem do you have a	ny of the	followin	g sympto	oms?						
A new episode or a sudden change in your abil	ity to pa	ss urine?		Yes		No				
A new loss of sensation to your inner thighs, ge	enitals or	back pa	ssage are	a? Yes		No				
A new difficulty with bowel function resulting in	n a loss d	of contro	l (soiling	Yes		No				
yourself)?										
If you answered YES to any of the questions above and you HAVE NOT seen a doctor for this										
symptom, it is essential that you attend your local Emergency Department immediately.										
DO NOT SEND THIS FORM UNTIL YOU HAVE SOUGHT FURTHER ADVICE										
I agree that the information that I have provided in this form is accurate.										
I agree that the information that I have provide	ed in this	form is a	accurate.							
I agree that the information that I have provide Signature: On completion please return to:				ooking Offi	ce, Ro	binsc	 on			
Signature:	Physic	therapy	Central B	ooking Offi allymoney,	ce, Ro	obinso	 on			





Self-Referral to Physiotherapy

You can now refer yourself to musculoskeletal physiotherapy without a visit to your GP!

How to self-refer

Online Form

Please scan the QR code to the right or by visiting: https://www.northerntrust.hscni.net/services/physio therapy-services/physiotherapy-service-outpatientservice/musculoskeletal-msk-physiotherapy-selfreferral/

Paper Form

Self-referral forms are available in both your GP practice and in your local physiotherapy department.

Who can self-refer?

You are 16 years or older, reside in the Northern Trust, Have a neck or back problem, joint or muscles pain, or a recent injury such as a sprain or strain

Who should speak to their GP first?

- If you are under the care of a consultant for the same issue
- If you require a home based appointment
- If you are seeking treatment for a neurological, respiratory, obstetric, gynaecological or continence issue
- If you are experiencing pregnancy related pain
- Have a red, hot, swollen joint
- Have a fever, or feel unwell
- Have a history of cancer

Scan the QR Code to access physiotherapy resources



