

Dear referrers,

Firstly, we would like to apologise for any issues you have been having referring into the service over the past week. Some systems changes have been made, and these occurred before we were able to communicate fully to all practices so again apologies for any confusion and inconvenience this has caused.

The following contains supporting information and **includes important information on a change in self-referral method from LISA to PhysioNow and change in referral method to e-RS – see page 3-6**. As you will hopefully be aware from previously sent communications this MSK service will be delivered by Connect Health and HealthShare. The service will cover the boroughs of:

- Brent (historically delivered by Connect Health)
- Hammersmith and Fulham (historically delivered by Connect Health)
- Central and Westminster (historically delivered by HealthShare),
- Hillingdon (pain only – historically, delivered by HealthShare)
- Harrow (new service for both organisations)

The service will facilitate patients from any of the above boroughs to access services in any of the above boroughs as long as they are registered with a GP practice in one of the boroughs. With the exception of Hillingdon which remains pain only patients will have access to:

- Tier 1 MSK Physiotherapy
- Tier 2 / CATS MSK Physiotherapy (Orthopaedics)
- Community Pain
- Community Rheumatology

This document will provide you with:

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- Service telephone number for patients and referrers: 0208 103 3785
- Referral advice (not for patients): nwlondon.mskservice@nhs.net
- If you need non-urgent clinical advice about a specific patient not under our care, please use e-Referral Service (e-RS) 'Advice and Guidance' option

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Key contact details:

As we move to a new unified service, we will be merging telephone numbers and email addresses to have shared contact details across the boroughs.

Telephone number for patients and referrers = 0208 103 3785

Email address (Please do not share with patients) = nwlondon.mskservice@nhs.net

Advice and guidance for non-urgent clinical advice for patients not yet referred to us please use the 'Advice and Guidance' option on e-RS.

Record sharing:

As we have merged services, we have moved to a new singular S1 clinical records system. As such previous record sharing availability will not be set-up. We ask that you follow the below steps to ensure referrers have access to clinical content for your patients who are seen in our service. It also facilitates us to have access to important medical information for your patients which informs clinical decision-making, the absence of effective record sharing can delay patient care. NWL ICB have approved this process so please follow the below:

If your practice uses S1:

Please ensure that your practice has uploaded the most recent version of the North West London ICB whitelist. If you are unsure if the version you have is the most up-to-date or if you have any issues importing it, please contact the North West London IT Service Desk on 020 3350 4050 or email nhsnwl.servicedesk@nhs.net

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Self-referral:

The MSK service will continue to facilitate self-referral for Level 1 physiotherapy. This was previously accessed through the online tool LISA, and this is now changing to PhysioNow. As with previous self-referral this is accessible via a QR code / link (an App is not required). It is accessible 24/7 and will triage patients appropriately.

An attached flyer can be provided to patients, and these are being printed to be sent to practices (apologies for the slight delay), or please direct them to:

- North West London online 'chatbot':
<https://www.connecthealth.co.uk/physionow/>

Please remove any QR codes / posters / flyers containing LISA as this platform is no longer accessible.

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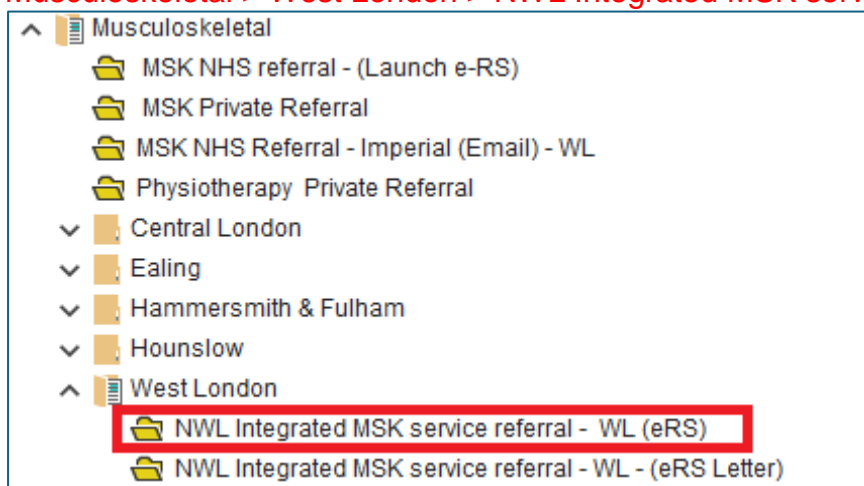
Referring on e-RS

Target Service	Speciality	Clinic Type	Service Name
Physiotherapy	Physiotherapy	<ul style="list-style-type: none"> Musculoskeletal 	NWL MSK Partnership - Physio - MSK
CATS	Orthopaedics	<ul style="list-style-type: none"> Foot and Ankle Hand and Wrist Hip Knee Shoulder and Elbow Spine – Back Pain (not Scoliosis/Deform) Spine – Neck Pain Sports Trauma 	NWL MSK Partnership - CATS – MSK
Pain Management	Pain Management	<ul style="list-style-type: none"> Pain Management 	NWL MSK Partnership - Pain – MSK
Rheumatology	Rheumatology	<ul style="list-style-type: none"> Musculoskeletal 	NWL MSK Partnership - Rheumatology-MSK

Please see the below table and screenshots for guidance on completing an e-RS referral.

Musculoskeletal Physiotherapy - West London

Musculoskeletal > West London > NWL Integrated MSK service referral – WL (eRS)



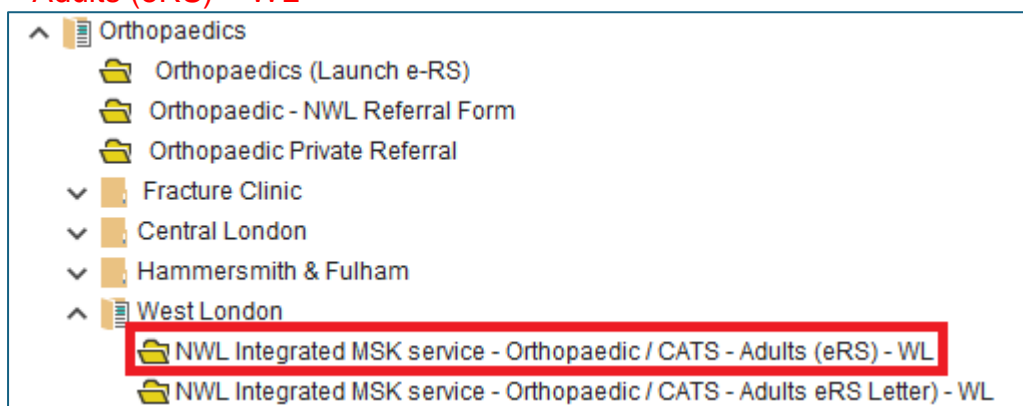
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Please then complete the referral form.

Musculoskeletal > West London > NWL Integrated MSK service referral – WL (eRS Letter)

CATS / Orthopaedics - West London

Orthopaedics > West London > NWL Integrated MSK service – Orthopaedic / CATS – Adults (eRS) - WL



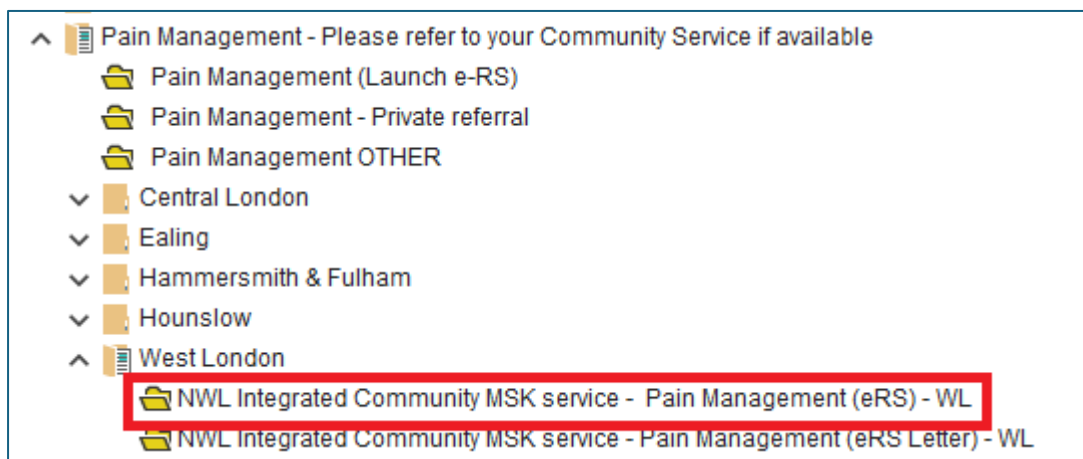
Please then complete the referral form.

Orthopaedics > West London > NWL Integrated MSK service – Orthopaedic / CATS – Adults eRS Letter) - WL

Pain - West London

Pain Management > West London > NWL Integrated Community MSK service – Pain Management (eRS) - WL

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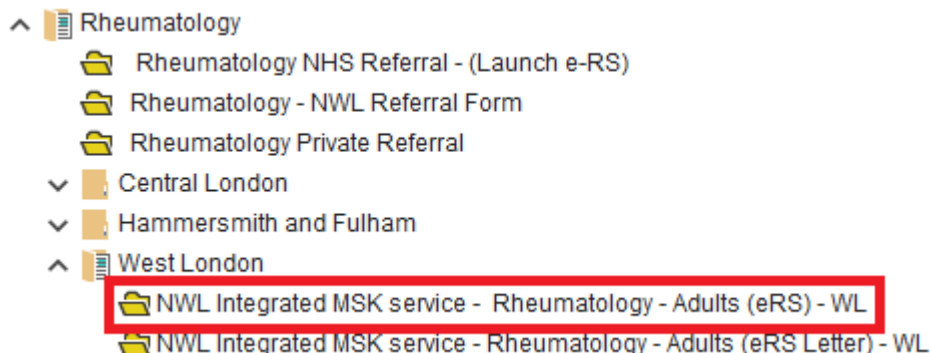


Please then complete the referral form.

Pain Management > West London > NWL Integrated Community MSK service – Pain Management (eRS Letter) - WL

Rheumatology - West London

Rheumatology > West London > NWL Integrated MSK service – Rheumatology – Adults (eRS) - WL



Please then complete the referral form.

Rheumatology > West London > NWL Integrated MSK service – Rheumatology – Adults (eRS Letter) - WL

Please ensure the referral and any supporting documents are added within 3 working days of creating the referral.

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Additional Information

If your referral is urgent, please ensure this is selected on the referral form so our Patient Care Coordination team can prioritise accordingly.

Patient registration and clinical triage will be carried out and the patient will then be:

- Contacted by a member of the partnerships Patient Care Coordination Team to book an appointment.

Or

- Referred on to Secondary Care by the partnership. If the patient is referred on, an outcome letter will be sent to the referrer advising this.

If you require additional support, please contact our Patient Care Coordination Team

Telephone: 0208 103 3785

Email: nwlondon.mskservice@nhs.net

The North West London Primary Care Guide to Musculoskeletal Referrals

Tips for improving patient experience and outcomes.

Emergencies

Refer suspected serious underlying pathology such as cauda equina syndrome, fractures, unstable joints, progressive neurology, cancer, and infection directly to secondary care on-call teams, A&E, UCC and fracture clinics.



Right therapist, Right time

Multiple options for your patients – Supporting self-management.



Online
advice/chatbot
Minutes



Virtual
consultation
Days



First
Contact Physio
Days



Face-to-face
Weeks



Hospital
Months

Consider asking the following three questions to help guide shared decision-making:

Supporting shared decision-making

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1. What treatments have you had for this condition before?
2. How much improvement did you have with the treatments?
3. How long did the improvements last?

Which stream – Remember...

Suggestions to improve the ability to triage referrals, choose the most appropriate stream and improve outcomes for musculoskeletal health.

Improving patient experience and outcomes

- Seek and treat any co-morbid mental health problems, including depression.
- Check previous clinic and discharge letters as they may give suggestions for further management, the conditions for re-referral and the most appropriate service.
- Consider if any previous treatments have had a significant meaningful clinical benefit on pain or function, lasting well beyond the end of the treatment. *As a guide, for non-invasive treatments, this means at least a 30% improvement in pain or function, lasting at least 3–6 months beyond the end of treatment. A greater and more sustained improvement would be needed for invasive treatments in view of their higher clinical risks and costs.*
- Adequate information should be provided on referral forms to ensure patients have been offered appropriate advice to support self-management before referral, and to support triage.
- Manage patient expectation – explain that you are referring for a clinical opinion, and the person may not need imaging, injections, or surgery (NICE 2016)

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- Include copies of hospital letters and results if you have not enabled record sharing from your GP clinical system to the NWL SystemOne unit as described in page 2.

Exclusion criteria applicable to ALL elements of the service

- Patients not registered with a GP practice in the Boroughs mentioned on page 1.
- Referral is not MSK related (chronic pain patients are defined under MSK even when the pathology may be related to the central nervous system)
- Referral is for a patient under 16 years old.
- Those with suspected serious pathology, or red flag symptoms.
- Incomplete referrals - not enough information to make an informed clinical decision on the patient pathway - no clinical summary attached. Triaging members will attempt to follow up and complete the referrals before rejecting or returning to referrer.

Emergency referrals – how to safely manage

- **Refer urgently to secondary care** if there is a reasonable clinical suspicion of serious underlying pathology. Community clinics are not commissioned to investigate cauda equina syndrome and other severe and rapidly progressive neurological disease, metastatic disease, serious trauma, structural deformities, or infection.
- **Cauda equina syndrome:**
Emergency same-day referral to local hospital orthopaedics (or neurosurgery if available) via A+E. Local hospital will transfer to regional neurosurgery unit as appropriate.
- **Acute and frank neurological deficit** e.g., foot drop,
Same day referral to local hospital orthopaedics (or neurosurgery if available) via A+E.
- **Suspected or confirmed serious underlying pathology** e.g., fracture, cancer, infection including septic arthritis, inflammatory disease including temporal (giant cell) arteritis, severe soft tissue trauma with critical joint instability: Referral to on-call team, fracture clinic, urgent care centre or accident and emergency, depending on local arrangements.

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Which stream?

The North West London partnership offers one or more of the following:

Online advice

- Guide patients to online resources to support self-management as exacerbations of
- many musculoskeletal conditions improve with time, and even where treatment is needed, recovery will be quicker if people have started basic exercises.

<https://www.nhs.uk/>

<https://www.versusarthritis.org/get-help/>

<https://www.connecthealth.co.uk/resources/>

- North West London online 'chatbot': <https://www.connecthealth.co.uk/physionow/>

MSK physiotherapy – Tier 1

Age criteria – 16+

- Most patients referred to this stream will be offered initial virtual consultation by telephone or video call unless this is not appropriate (please indicate this in referral).
- High-capacity service offering fast and flexible patient access.
- Generic clinics for any new, uncomplicated musculoskeletal condition of recent onset, especially first episodes of back and neck pain.
- The initial assessment is up to 20 minutes and gathers a detailed history, allowing for diagnosis and formation of a clinical care plan. Clinicians can provide early reassurance around the patient's main concerns and can also mediate against known predictors of chronicity and disability.
- Assessments are completed by an experienced MSK clinician who can offer appropriate guidance and advice to help them self-manage their condition, or

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arrange for onward referral, for a face-to-face appointment or group exercise classes, if required.

Selecting this option means that delays waiting for electronic triage are avoided. A physiotherapist can request an opinion in a specialist stream, if indicated.

How to refer on e-RS

Service	Speciality	Clinic type
NWL MSK Partnership – Physio - MSK	Physiotherapy	Musculoskeletal

Physiotherapy service specific exclusions

- Patients unable to give informed consent, except where a best interest decision is made because they lack capacity.
- Cauda Equina, rapidly progressing neurological deficit and acute infections, requires urgent care referral. Local pathway applies)
- Those who have previously not responded to Physiotherapy treatment for the same presenting condition unless there are good indications that further treatment shall provide improved outcomes.
- Patients with a neurological condition requiring specialist neurological physiotherapy.
- New onset early inflammatory arthropathy. (Instead go to clinics at Northwick Park Hospital, C&W Hospital, St. Marys Hospital)
- Patients requiring community Physio (home visits)

Other services available which may be more appropriate:

- Children requiring therapy for neurological or developmental or other medical diagnosis - <https://clch.nhs.uk/services/physiotherapy-children>
- Housebound patients requiring domiciliary therapy
<https://clch.nhs.uk/services/integrated-rehab-service-brent>
- Neuro rehab for long term conditions- Neuro-rehabilitation at Central London Community Healthcare NHS Trust.

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Level 2 / CATS / Orthopaedics

Age criteria – 16+

- All patients referred to this service will be electronically triaged by an advanced clinician and directed to the most appropriate stream.
- Patients that have lacked persistent benefit following general physiotherapy, have significant functional impairment or suspected significant nerve root involvement.
- Consideration of appropriate investigations (including MRI, ultrasound) or injection therapy.
- Assessment for surgical opinion, ensuring appropriate non-surgical management has been trialled, including a shared decision-making discussion, and onward referrals meeting local criteria and thresholds.

How to refer on e-RS

Service	Speciality	Clinic type
NWL MSK Partnership – CATS - MSK	Orthopaedics	Select any option - all body areas will direct you to one DoS

Level 2 / CATS / Orthopaedics service specific exclusions

- Referral falls within the "2-weeks wait" rules.
- Cauda Equina, rapidly progressing neurological deficit and acute infections, requires urgent care referral. Local pathway applies).
- Patients with a neurological condition requiring specialist neurological physiotherapy.
- Acute trauma injuries should be referred via fracture clinic/ urgent ortho.

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- New onset early inflammatory arthropathy (Instead go to clinics at Northwick Park Hospital, C&W Hospital, St. Mary's Hospital).

Pain

Age criteria – 16+

- Persistent pain which is causing distress and / or impacting adversely on function.
- Persistent pain is pain that has lasted longer than 3 months, where there is either:
 - no obvious cause for the pain after appropriate investigations
 - or a cause for pain has been identified but pain persists despite appropriate treatment (e.g., analgesia and physiotherapy).
- The patient is willing to consider a combined physical and psychological approach to managing pain, particularly where other treatments have not been effective.
 - Psychologically informed multidisciplinary team pain therapies, assessment for combined physical and psychological pain programmes.
- Medicines optimisation, where the patient is willing and ready to reduce medication (drugs only work for a small minority of people with chronic pain).

Pain service specific exclusions

Patients with the following should be managed within the specific related services:

- Significant suicide risk and / or active psychosis, unstable mental health
- Suspected Inflammatory/Rheumatological condition.

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- Pain related to active cancer or palliative care.
- Primary headache and migraine (please consider referral to neurology or special headache service, where this exists)

Patients with primary mental ill health may have their needs better served in mental health services.

Patients with an active primary drug or alcohol problem or known substance misuse may have their needs better served in addiction services.

How to refer on e-RS

Service	Speciality	Clinic type
NWL MSK Partnership – Pain - MSK	Pain Management	Pain Management

Rheumatology

Age criteria – 16+

The community service will triage incoming referrals and where necessary transfer directly to secondary care rheumatology, where suitable to do so. Suitable referrals

- Investigation of widespread pain where diagnostic uncertainty for possible rheumatic conditions remains.

Rheumatology service exclusions

Emergency referrals

- Giant Cell Arteritis, for those with visual involvement
- Septic Arthritis
- Systemically unwell patients with threat to life, limb, or vital organ

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GP's can still refer directly to secondary care rheumatology for urgent clinical conditions such as:

- New onset early inflammatory arthropathy. (Refer directly to clinics at Northwick Park Hospital, C&W Hospital, St. Marys Hospital).

How to refer on e-RS

Service	Speciality	Clinic type
NWL MSK Partnership – Rheumatology - MSK	Rheumatology	Musculoskeletal

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