

[sent via email]

05/04/22

Dear colleague,

**Re: MSK pathway for patients that require onward referral to Neurology,
Rheumatology, Pain Clinic and Neurophysiology**

Following the ongoing review of the RSS service, several areas have been reviewed by clinicians and commissioners, and recommendations made to support the streamlining of the RSS processes, including for the above pathways.

To minimise duplication and unnecessary workload for primary care, the RSS team will work on behalf of GPs for all MSK related referrals that require onward referral to the above related speciality /services.

This will occur following assessment and recommendation from the OIS (Orthopaedic Interface Service within WHC) clinician via accompanying clinical letter and according to the triage guidelines agreed with secondary care below. Clear and timely communication with the GP will occur in parallel. This will also help to achieve improved equity in access across Wiltshire.

Rheumatology:

- When an investigation suggests more of a rheumatological condition e.g., Inflammatory arthropathy
- Patient with suspected persistent synovitis with no obvious MSK cause
- High suspicion that patient presents with more of a rheumatological condition following NICE guidelines/pathways and has no known diagnosis

Neurology

- Persistent neurological symptoms with no diagnosis confirmed from spinal examination/investigations
- Patient presenting with UMN signs and symptoms, and no formal diagnosis having been given
- High suspicion from examination that patient presents with more of a neurology condition with no obvious MSK cause

Neurophysiology

Consistent equal access to Nerve conduction studies to Neurophysiology across Wiltshire following criteria below:

- If symptoms present as more of a peripheral neuropathy and condition may warrant invasive treatment

- If examination is inconclusive and if more of a central/spinal or peripheral component exists, then further information being required prior to arranging appropriate treatment

Pain Clinic criteria:

- Back pain with sciatica – acute – would consider steroid injection
- Chronic LBP with yellow flags
- Facet type LBP – may benefit from injections
- Neuropathic type pain

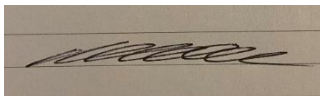
Yours sincerely,

Carol Langley Johnson,
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Rachel Meakin -Advanced Physiotherapy Practitioner

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