

## **NEIAA: consultant-led triage for quality referrals**

Consultant-led triage of all referrals helps ensure that we're making the best use of new patient appointments.

As well as having a consultant check all referrals 'at the front door', the team at Lancashire and South Cumbria NHS Foundation Trust also offer specialist advice straight to primary care.

Here, Dr Lizzy MacPhie explains how this is benefitting the National Early Inflammatory Arthritis Audit.

### **Consultant-led triage**

We have a consultant review all referrals that come into the service. This allows us to challenge those where we're lacking the information we need. We can redirect referrals that are more appropriate to be seen by another discipline within our integrated MSK service.

Where appropriate, it's also meant we can respond with an immediate specialist opinion, rather than the patient having to wait weeks to be seen. It means that we prioritise appointments for those who need to be seen in a specialist rheumatology clinic.

### **Advice and Guidance (A&G)**

In December 2020, a new A&G platform was launched in our area. Initially if there was a referral identified at triage that we thought would be suited to A&G, we would reply to primary care and ask them to resend it via that channel. But we soon realised it was creating more work both for ourselves and primary care.

We decided that as the consultant was making the triage decision, we could respond immediately to requests with a specialist opinion. We considered the option of pushing every referral through A&G but recognised the additional administrative work for primary care if a query then needed to be converted into a referral.

### **Supporting the national audit**

What it's meant for the NEIAA is that we're getting better quality referrals through. We've reduced our routine waits from 16 weeks to 12 weeks and our urgent appointments are between two and three weeks.

When we look at our NEIAA data and those triaged to an EIA appointment over a 6-month period, 51% of patients in 2022 compared to 37% of patients in 2019 have been

subsequently diagnosed with EIA, demonstrating we are seeing more appropriate patients in our urgent appointments.

### **Working with primary care**

We've produced guidance for primary care as to what's appropriate for A&G and updated our directory of services in line with the BSR referral guidance published last year.

In partnership with primary care, we agreed a letter which goes to the patient to explain that we don't need to see them in clinic and that their GP has been provided with immediate advice and will be in touch.

### **Spotting trends**

We've got six months of robust triage data which has helped us to identify trends. We send back more referrals when they've come from nurse practitioners and first contact practitioners, most often for more information.

We've identified high referring practices and those where we are returning or redirecting more referrals. Collecting this data means we can target education.

### **Advice to other units**

- Stakeholder engagement is important. Make sure you engage with primary care to identify any unintended consequences early.
- Review and align your directory of services to the new BSR referral guidance and give primary care colleagues information to help them use the referral and A&G systems better.
- Standardise responses for triage and A&G so you can provide consistent responses.
- Collect triage data to demonstrate appointments saved and to inform discussions about job planning the workload.
- Ensure you job plan the time for clinical triage and responding to A&G queries.

The full directory of services used by Lancashire and South Cumbria NHS Foundation Trust can be seen below.

## Directory of Services used by Lancashire and South Cumbria NHS Foundation Trust

### CONDITIONS TREATED

- RHEUMATOID ARTHRITIS (refer if persistent symptoms for >4 weeks, even with normal ESR/CRP and negative CCP/Rheumatoid Factor)
- INFLAMMATORY BACK PAIN
- PSORIATIC ARTHRITIS AND OTHER PERIPHERAL SPONDYLOARTHRITIDES
- PERSISTENT SYNOVITIS OF UNKNOWN CAUSE
- GIANT CELL ARTERITIS \*PLEASE MARK AS URGENT\*
- AUTOIMMUNE CONNECTIVE TISSUE DISEASE
- VASCULITIS
- GOUT (consider A&G first for gout related queries)
- POLYMYALGIA RHEUMATICA (consider A&G first for PMR related queries)
- FIBROMYALGIA (only where there is concern that other inflammatory conditions need to be excluded)
- OSTEOPOROSIS (consider A&G first for osteoporosis related queries)
- PAGET'S DISEASE

### PROCEDURES PERFORMED

- Joint aspiration and injection
- Soft tissue injection

### EXCLUSIONS

- eRS is ONLY meant for referrals about NEW patients.  
Queries about existing patients can be emailed through to the admin team  
Or Can be sent through on the UHMB A&G system.
- Non-inflammatory joint pain should be referred to physiotherapy or MSK
- Osteoarthritis (consider physiotherapy or MSK)
- Suspected carpal tunnel syndrome should be referred to MSK
- Chronic fatigue Syndrome should be referred to the ME/CFS service
- Fibromyalgia (if diagnosis confirmed and advice about management required suggest referral to community pain team)

### SUGGESTED INVESTIGATIONS

- All patients: FBC, U&E, LFT, bone profile, ESR, CRP
- It's helpful if patients with suspected rheumatoid arthritis have Rheumatoid Factor and CCP antibodies checked, but please don't delay referring
- Patients referred with gout should have an up to date urate checked

## **ADMINISTRATIVE REQUIREMENTS**

- Please include relevant past medical history and current medications
- Please include summary of examination findings
- Please attach letters from previous rheumatology team if patient is transferring care
  
- Please ensure all patients demographic details, including telephone number, are up to date and correct.
- If the patient requires transport this should be booked with the GP.
- Please indicate in referral letter if interpreter is required

## **SERVICE NOTES**

### **ALTERNATIVE SERVICES**

## **Additional advice given to GPs**

### **Advice and Guidance for Rheumatology**

#### **Non-urgent Queries regarding:**

- antibody result queries
- diagnosis & management of PMR (helpful to include date of diagnosis or onset of, summary of steroid use and current dose of steroid)
- diagnosis & management of gout (helpful to include summary of treatment tried and doses of medication)
- management of osteoporosis (helpful to include DXA result, summary of treatment and fracture history)
- existing patients (include named consultant)

#### **Exclusions:**

- queries regarding urgent referrals (eg GCA)