

FCP: The Dual Triage Model

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Overview of the Model

Aim: To ensure that patients are referred to the right services at the right time.

How it works:

Every referral to the Musculoskeletal Clinical Assessment and Treatment Service (MCATs), Orthopaedic service or Pain service made by a G.P or ANP in the PCN is triaged by an FCP.

Referrals may be triaged to:

- Orthopaedics,
- Physiotherapy,
- Podiatry,
- The MCATS team,
- Pain clinic,
- Returned to GP if deemed non MSK in origin or for further information to be added/ details corrected.

Benefits

- Patients are triaged into the correct pathway immediately, reducing delay.
- Allows the ability to recall and review certain patients by the FCP for face to face appointments.
- Fewer processes and return to practices (e.g referral rejections, more info needed).
- May create capacity long term.

Data from ICP PCN was analysed retrospectively across two years (Jan 2021 to Jan 2023).

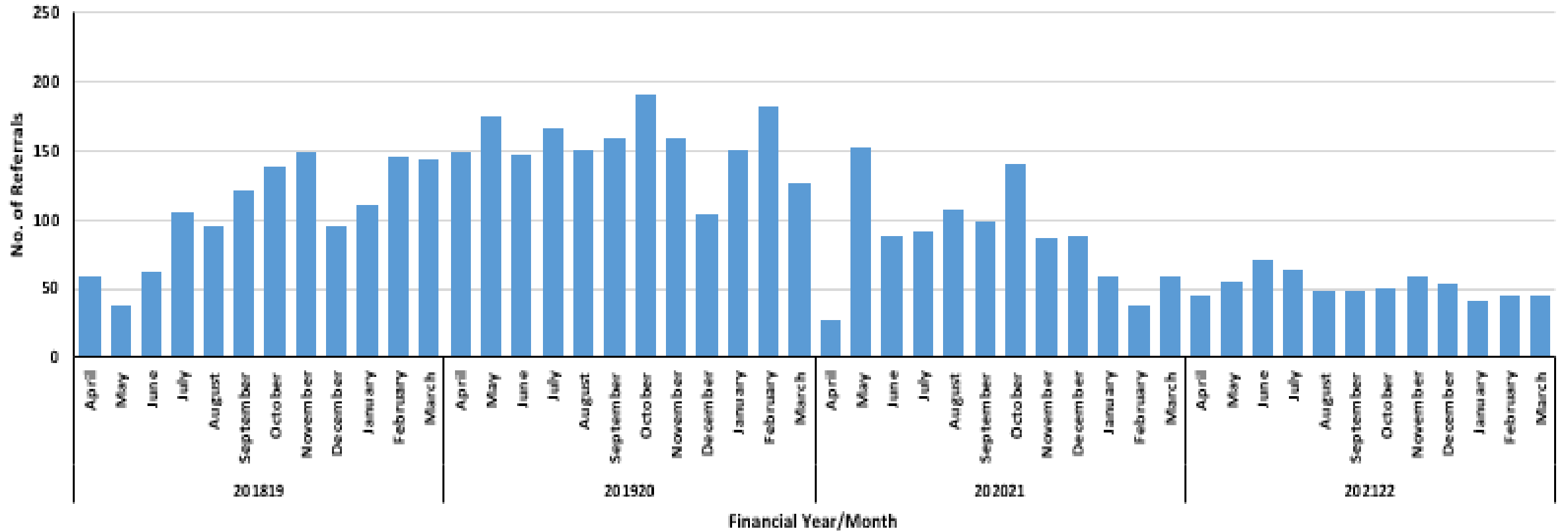
From 2151 referrals:

- 40% went to orthopaedics,
- 21% to MSK CATS,
- 18% to Physiotherapy,
- 6% to pain clinic,
- 6% to podiatry,
- 5% were returned to the GPs,
- 1% to hand therapy.

- ERS data showed a reduction in referrals to orthopaedics of **57.5%**.
- In surrounding PCN's who also employed FCP's at similar times, but did not adopt the dual triage model, data has shown that their referral rates to secondary care have only dropped by **10-15%**.

Impact

No. of Referrals: April 2018 - Present



Challenges and Keys to success

- Engagement of all clinical staff
- Education and Training
- Time
- Key stakeholders invested in the long term benefits and optimising the patient pathway.

Questions

- Thank you for listening!