Musculoskeletal Assessment Treatment Service

The MATS and Spinal Service referral guide

Bringing musculoskeletal care closer to Home
**Purpose**

To guide, enable and treat:

**Guide:** Guiding patients and Primary Care to the most appropriate pathway.

**Enable:** Enabling patients to maximise their musculoskeletal health and make informed decisions.

**Treatment:** Treating patients with a range of conservative measures.

Making sure patients are seen at the right place, time and by the right person.

The purpose of the MATS and Spinal service is to manage the care of patients with musculoskeletal and spinal conditions to ensure that they are on a clinical pathway that best meets their needs. The service achieves this through taking a holistic approach to patient assessment and management and enabling patients to make informed decisions about their care.
Referral Criteria MATS

Inclusion criteria

- 18 Years and over
- Referral to secondary care

Exclusion criteria

- Suspected Malignancy
- Any one under the age of 18 Years
- Red flags
- Suspected Sepsis
- Suspected inflammatory Joint disease
MSK Pathway

GP and Assessment and management

GP Referral

Choose and Book

Triage

Triaged by senior clinician (48 hrs)

Back to GP for more information

Back to GP to refer directly to Physiotherapy

Discharged back to GP

Reassessment by MSK

Consultant Opinion

Orthotics

MATS

Pain Clinic

Investigate

Bloods

MRI

X-Ray

Peripheral Clinic

Discharge back to GP

Secondary Care:

Physiotherapy
Podiatry

Advice

Physio other appointment

Injection
What will happen to me when I am referred to the MATS and Spinal Service?

Admin Team

When a patient calls the MATS and Spinal Service, the admin team print the referral form sent from the GP. The referral form is then shown to a specialist triage clinician who will decide if the problem is something MATS or Spinal Service can help with or if referral needs to go to the hospital.

If the triage clinician thinks you should be seen in the MATS or Spinal Service, the admin team will go through the choices of our clinics bases these are:

- Hampton House
- Fishponds Health Centre
- Whitchurch Health Centre
- Cossham Hospital
- Westbury Park Clinic
- The Cherington Practice
- Knowle Clinic
- William Budd Health Centre

If the triage clinician feels you should go on to see someone in secondary care then the admin will offer you a choice of hospitals. The admin team are specifically trained so that they can offer you the most appropriate choice. In general, choices include:

- Bristol Royal Infirmary
- NBT (Frenchay and Southmead Hospitals)
- Emerson Green Treatment Centre
- Spire Hospital
- CircleBath
- GP Care
- Nuffield

Different hospitals offer a different range of treatment options and do not always offer all procedures. When your hospital appointment is arranged, admin staff will go through the choices that are available to you. If the place that you would like to go to for your treatment is not listed as a choice, then it is likely that it does not currently offer your procedure.

The admin team will explain waiting times. We also give details of parking facilities and offer further information if requested.
Phone calls can take quite some time because of the discussion about choice, therefore is can be frustrating getting through to someone. Please remember your call is important and to bear this in mind.

The clinical team includes a Specialist GP and Extended Scope Physiotherapists or Podiatrist. This ensures a flow of information, technical service and experience to be transferred throughout the team.

**The role of the Extended Scope Practitioner:**

Extended Scope Practitioners are Physiotherapy and Podiatry clinical specialist with an extended scope practice, this means they can undertake duties such as ordering investigations like x-rays or blood tests and can refer to other health care professionals. In MATS we have 16 ESP’s.

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**Quotes about the MATS and Spinal Service**

“I’ve been so impressed by the MATS team’s commitment to taking on board patient’s views.”

“Lots of organisations say they want to involve patients and change things- from what I have experienced I know that the MATS really do want to.”

“I have admired the courage of the MATS team to expose their vulnerability. They have demonstrated a real commitment to want to improve and to accept a challenge. WOW!”  *Patient*

“I am so impressed with it all. I’ve learned such a lot too.”  *Patient*

“Yet we are an example of how co-operation is possible and can be affective- this has changed the way we work at our practice. I went back and explained to the GP’s who had hated the way things were being done and they feel much happier now. They understand more. We’ve also changed the way we do things at the practice and improved the way we relate to MATS as a result of our involvement with the process.”  *Practice manager*
Organisational structure- MATS and Spinal team

Deputy Director of Operations: Ceridwen Massey
MSK Service Manager: Job Wooster
MSK Service Assistant Manager: Jacqui Love
Consultant Physiotherapist: Johanna Graham
MATS and Spinal Admin Lead: Simon Emmerson
MSK Service Assistant: Marjolein Groot- Bluemink

MATS Team:
Melanie Davies
Linda McBurnie
Sinead Collins
Sin-ti Towlson
Nic Ford
Ankur Raval
Chris Cowley
Jo Camfield
Sin-ti Towlson
Jos Steinmann
Daniel Griffin
Alexa Charles

Spinal Team:
Ali Cowley
Rob Patterson
Linda McBurnie
Keith Greenfield
Damon Henry

GP with specialist interest
Chris Boelling

Administration team
Performance Data Analysts
Neil Hawkins

Patient Care coordinator
Stella Sims
Laura Silsby
Tess Howard
Katy Woodland
Jenna Carrick

Typists
Hillary Goodlet
Debbie Bessell
Claire Gribble

Patient Care Coordinator Assistant:
Primary Care Pathway Low Back Pain

**Possible serious pathology/"Red flags"**
- Non Mechanical pain
- Severe Thoracic pain
- Previous Ca, HIV, steroids
- Unwell, weight loss
- Widespread neurology
- Structural Deformity
- First Episode LBP <20 or >55 years

Consider URGENT referral to Neurosurgery Spinal Clinic or Orthopaedic Surgery. (Or discuss with consultant or to ring MATS Spinal hotline for advice)

**Back pain or nerve root pathology**
- Back pain with or without Sciatica
- Primary Care Management

**Cauda Equina Compression**
- Sphincter disturbance
- Saddle sensory loss OR
- Progressive/ major motor Weakness

**0-4 weeks**
Is the patient distressed?

**Yes**
- Same as NO and also...
- Avoid narcotics if possible
- If sedation required, review at 2/52
- 4-52- physiotherapy if distress not settling

**No**
- Provide reassurance
- X-ray and specialist opinion not required.
- Analgesics and NSAIDS
- Local Heat
- Encourage modified activities
- Beds rest limited to 1-3 days
- Consider manipulative therapy

**4 weeks**
Is the pain settling, even if still present?

**No**
- Review medication
- Gradually increase activity, despite pain

**Yes**
- Progressively return to usual activity

**4-6 weeks**
Is the pain improving?

**No**
- Review diagnostic triage
- Consider X-ray and ESR (any +ve results, consider appropriate referral)
- Are there any yellow flags? If so, physiotherapy/back pain physiotherapy

**Yes**
- Progressively return to usual activity

**6-12 weeks**
Is the pain improving?

**Yes**
- Progressively return to usual activity

**No**
- Consider 2nd opinion, (i.e. single point of entry back pain service)