

# MSK Outpatient Triage – Summary Report (Interim IIA)

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Each of the numbered sections below must be completed  
Please state if the IIA is interim or final

## **1. MSK Outpatient Triage – Summary Report (Interim IIA)**

## **2. What will change as a result of this proposal?**

- The outpatient physiotherapy team review all self-referring patients by phone at present.
- We planned to undertake a change in service where patients can either opt for a review by telephone or face-to-face.
- In the early stages we planned to do this at our East Lothian Community Hospital on one day, and at Musselburgh Primary Care Centre on another day.
- If the feedback is positive our next step would be offering a choice of telephone or face to face assessment at one of our four current sites (either Haddington, Musselburgh, Dunbar, or North Berwick with a fixed location on specific days) covering the five weekdays.
- Our long-term goal would be multiple clinics running at different sites (relating to local demand,) offering a mix of face to face and telephone reviews – determined by patient choice. This would involve successful completion of this pilot study and increased staffing.

## **3. Briefly describe public involvement in this proposal to date and planned**

A questionnaire was distributed to service-users and staff.

## **4. Is the proposal considered strategic under the Fairer Scotland Duty?**

Yes



## **5. Date of IIA**

28<sup>th</sup> March 2023, 9am – 10.30pm via Teams

**6. Who was present at the IIA? Identify facilitator, lead officer, report writer and any employee representative present and main stakeholder (e.g. Council, NHS)**


<b>Name</b>	<b>Job Title</b>	<b>Date of IIA training</b>
Craig Ferguson	Acting Clinical Lead, Physiotherapy, ELHSCP	
Allison Bell (Chair)	MSK Lead, ELHSCP	March 2023
Jacquie Bell	Chair, Dunbar & East Linton Area Partnership/Health and Wellbeing Sub-Group	
Lorna Bellany	NHS Lothian East Lothian Partnership and Place Team	
Lucy Higginson	ELC Equalities and Tackling Poverty Officer	
Rosanne Woods	Fa-side Health and Wellbeing Subgroup Chair	
Lana Taylor	Operations Lead, VCEL	
Claire Glen	Lead, NHSL East Lothian Partnerships and Place Team	
Jane Ogden-Smith	Equalities and Engagement Officer, ELHSCP	Dec 2022 Sept 2009

## 7. Evidence available at the time of the IIA

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
Data on populations in need	<ul style="list-style-type: none"> <li>• <a href="#">East Lothian Joint Strategic Needs Assessment report 2022</a></li> <li>• MSK Test of Change Information              MSK Traiging Test of Change IIA informatic</li> <li>• <a href="#">East Lothian IJB Strategic Plan 2022-25 Engagement Feedback report</a></li> </ul>	<p>Evidence from the Outpatient Triage report suggests that the planned change in service will lead to better outcomes for patients. Many patients still prefer face-to-face and staff are better able to assess conditions at first hand. This leads to fewer referrals to the physio waiting list than phone triage.</p> <p>A considerable number of people referred to physio via phone triage can wait for five weeks for an appointment. The first physio appointment is also sometimes the last, as patients can be supported to self-manage at that session.</p> <p>Face-to-face triage is preferable for people with learning disabilities, BSL users and other people requiring interpreted meetings. Many older people prefer face-to-face.</p> <p>However, there are advantages to phone triage for some people, for example, people in employment who struggle to make time to make a physical appointment, people in geographical areas who have difficulties with transport, carers, parents of young children etc.</p>
Data on service uptake/access	MSK Test of Change Information  MSK Traiging Test of Change IIA informatic	7508 patients used the Outpatient Triage service last year. Most of this was supported by phone triage. Patients reported high levels of satisfaction although many did express a preference for face-to-face interventions.
Data on socio-economic disadvantage e.g. low	<a href="#">Ward Profiles and Snapshots   East Lothian Council</a>	This indicates that Musselburgh, Tranent and Prestonpans have the

<b>Evidence</b>	<b>Available – detail source</b>	<b>Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal</b>
income, low wealth, material deprivation, area deprivation.		<p>highest levels of deprivation. The Outpatient Triage evidence shows that 27% of all referrals come from patients at Musselburgh GP practices, 11% from Prestonpans and 9% from Tranent.</p> <p>The intention to hold regular face-to-face clinics in Musselburgh will address need and improve access from people from across Musselburgh. People on low incomes in Tranent and Prestonpans will still be able to use phone triage.</p> <p>Depending on the success of the test of change and funding being available, the project does intend to look at having Advanced Practitioners embedded in some local practices in the longer term, so this may go some way to addressing the needs of people on low incomes in those areas.</p>
Data on equality outcomes	2011 Census and NRS updates	<p>Census information is very out of date and we rely on other sources of information such as translation and interpretation requests, SEEMIS schools database and ESOL for information about ethnic minority and minority ethnic populations in East Lothian.</p> <p>There are currently no racial or LGBT equality networks in East Lothian and this has been identified as an area that needs to be progressed by ELC and ELHSCP equalities officers.</p>

Evidence	Available – detail source	<b>Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal</b>
		The Outpatient Triage service has provided a number of appointments with Bulgarian, Polish and BSL interpretation supplied by physical interpretation or Big Word language support. Their preference is for physical interpretation as they feel this lead to better outcomes for patients in terms of being able to investigate, demonstrate exercise and deal with other matters that patients raise during the course of triage.
Research/literature evidence	<ul style="list-style-type: none"> <li>• <a href="#">Transforming Outpatient Services Change Package - Getting patients on the right pathway through transforming Community Allied Health Professional (AHP) MSK services</a></li> <li>• <a href="#">Musculoskeletal physiotherapy service standards</a></li> </ul>	
Public/patient/client experience information	MSK Test of Change Information	The team collated 153 patients responses to the Outpatient Triage Service:

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
	 MSK Traiging Test of Change IIA informatic	<ul style="list-style-type: none"> <li>• 54% of patients reported they would have preferred a face-to-face consultation</li> <li>• 29% rated the service as good</li> <li>• 13% rated the service as great</li> <li>• 58% rated the service as excellent</li> </ul>
Evidence of inclusive engagement of people who use the service and involvement findings	As above	As above
Evidence of unmet need	As above	The data shows that those triaged by phone are likely to wait longer for a resolution. The expansion of face-to-face is likely to resolve issues earlier for patients. A one-month snap shot of referrals shows that of 305 referrals: <ul style="list-style-type: none"> <li>• 177 patients supported through phone triage were referred to the physio waiting list (average 5 week wait)</li> <li>• 76 patients seen face-to-face resulted in 25 people being put on waiting list, and the remainder being supported at first visit with exercise advice and over-the-counter pain relief.</li> </ul>
Good practice guidelines	<ul style="list-style-type: none"> <li>• <a href="#">Transforming Outpatient Services Change Package - Getting patients on the right pathway through</a></li> </ul>	<hr/>

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
	<a href="#">transforming Community Allied Health Professional (AHP) MSK services</a> <ul style="list-style-type: none"> <li>• <a href="#">Musculoskeletal physiotherapy service standards</a></li> </ul>	
Carbon emissions generated/reduced data		More face-to-face appointments will increase car and public transport use; however, early intervention and resolution of issues should offset this somewhat
Environmental data		Not applicable
Risk from cumulative impacts		Not applicable
Other (please specify)		-
Additional evidence required		-

**8. In summary, what impacts were identified and which groups will they affect?**

Equality, Health and Wellbeing and Human Rights	Affected populations
Positive	<p><b>Phone triage</b></p> <p>Phone triage can have a <b>positive impact</b> for people who are time-poor and/or <b>economically poor or housebound, for example, working people, carers, parents</b>. It can also be positive <b>people who are geographically isolated, cannot afford</b></p>

Equality, Health and Wellbeing and Human Rights	Affected populations
	<p><b>transport to appointments, people on the autistic spectrum, people with agoraphobia, people with sight impairments, people with physical disabilities.</b> It may also be more suitable for <b>young people aged 16+ who cannot take time out of school or further education.</b></p> <p><b>Face-to-face triage</b></p> <p>Face-to-face triage can be <b>positive</b> for <b>older people, people who require interpretation (for example, BSL, community language) and people with learning disabilities, including those who require some communication support.</b></p>
<b>Negative</b>	<p><b>Phone triage</b></p> <p>Phone triage could have <b>negative impacts</b> for <b>people who are unable to afford longer phone calls, people who use BSL or do not have English as first language, people with learning disabilities.</b></p> <p><b>Face-to-face triage</b></p> <p>Face-to-face triage may have <b>negative impacts</b></p>



<b>Equality, Health and Wellbeing and Human Rights</b>	<b>Affected populations</b>
	on <b>people who cannot afford to travel, who have poor access to public transport, people on the autistic spectrum, working people (particularly people who cannot afford to take time off for appointments), carers who cannot take time away from their cared-for person, parents with young children.</b>

<b>Environment and Sustainability including climate change emissions and impacts</b>	<b>Affected populations</b>
<b>Positive</b>	Phone triage reduces the use of personal and public transport.
<b>Negative</b>	Additional face-to-face triage increases use of personal and public transport.

<b>Economic</b>	<b>Affected populations</b>
<b>Positive</b>	Neither option has a particular impact on the local economy, although phone triage does enable people to take less time off work.
<b>Negative</b>	-

**9. Is any part of this policy/ service to be carried out wholly or partly by contractors and if so how will equality, human rights including children’s rights, environmental and sustainability issues be addressed?**

No

**10. Consider how you will communicate information about this policy/ service change to children and young people and those affected by sensory impairment, speech impairment, low level literacy or numeracy, learning difficulties or English as a second language? Please provide a summary of the communications plan.**

The lead officer will liaise with the ELHSCP Senior Communications Adviser to develop a communications plan to raise awareness of the service amongst the public and health professionals.

**11. Is the plan, programme, strategy or policy likely to result in significant environmental effects, either positive or negative? If yes, it is likely that a Strategic Environmental Assessment (SEA) will be required and the impacts identified in the IIA should be included in this. See section 2.10 in the Guidance for further information.**

No

**12. Additional Information and Evidence Required**

None

**13. Specific to this IIA only, what recommended actions have been, or will be, undertaken and by when? (these should be drawn from 7 – 11 above) Please complete:**

<b>Specific actions (as a result of the IIA which may include financial implications, mitigating actions and risks of cumulative impacts)</b>	<b>Who will take them forward (name and job title)</b>	<b>Deadline for progressing</b>	<b>Review date</b>
Outpatient Triage Lead officer to agree communications plan with Senior Communications Adviser	Craig Ferguson	Spring 2023	Feb 2024

Specific actions (as a result of the IIA which may include financial implications, mitigating actions and risks of cumulative impacts)	Who will take them forward (name and job title)	Deadline for progressing	Review date
MSK Lead Officer to review evidence of test of change and arrange further IIA to assess next steps, including embedding physios in some GP practices	Allison Bell	June 2023	TBA

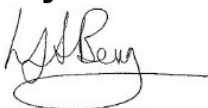
**14. Are there any negative impacts in section 8 for which there are no identified mitigating actions?**

No

**15. How will you monitor how this proposal affects different groups, including people with protected characteristics?**

Through user uptake data and user experience information.

**16. Sign off by Head of Service**

Name   
Date 27/04/2023

**17. Publication**

Completed and signed IIAs should be sent to:  
[integratedimpactassessments@edinburgh.gov.uk](mailto:integratedimpactassessments@edinburgh.gov.uk) to be published on the Council website [www.edinburgh.gov.uk/impactassessments](http://www.edinburgh.gov.uk/impactassessments)  
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