Eastern AHSN

Single Point of Access for Musculoskeletal Services – Rapid Evidence Review

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Part of The AHSN Network

Office for Life Sciences

NHS

Executive Summary

Background and Methods
Eastern AHSN were commissioned by NHS East of England to produce a Rapid Evidence Review on the available literature for Single Points of Access in Musculoskeletal services. A formal quality appraisal of the evidence was not conducted. Searches for studies published since 1st January 2012 were conducted 17 October 2022 and 7 November 2022 on the electronic databases Cochrane Central, Medline, Pubmed and PEDro.

Results
The volume of evidence identified was low with minimal controlled studies identified. This was further noted by the systematic reviews that were studies. Three systematic reviews were identified assessing Single Points of Access and three randomised controlled trials. In total fifteen studies were deemed suitable for full review and a further five studies were noted as being useful for additional consideration.

Discussion and Conclusions
The evidence review identified that there was considerable variation in how Single Points of Access services could be implemented, with differences in pathways, types and extent of triage. It was identified that physiotherapist led triage had similar or lower rates of referrals for investigations and that when referred it was deemed appropriate which is supported by increased conversion rates from physiotherapist referral compared to usual care. There was also high agreement rates between physiotherapists and surgeons in treatment approaches and diagnosis.

The systematic reviews also identified that Single Points of Access services had positive impacts on waiting lists and waiting times for patients compared to usual care. This was attributed due to reductions in referrals and an increase in patients being conservatively managed (with fewer follow up appointments required). It was also noted that physiotherapist led triage provided comparable clinical outcomes and quality of care compared to the usual care pathways. Participants that had been triaged and managed by a Single Points of Access also showed greater intent to follow advice and instructions for self-managed care which may reduce follow up appointments and need for sick leave.

The evidence suggests that a Single Point of Access will be able to support the reduction in individuals waiting for care in musculoskeletal services and may be able to minimise the burdens that MSK disorders can place on the UK workforce and healthcare. This can be achieved by reductions in referrals and appropriateness of referrals, higher levels of conservative management and patient intent to follow guidance and reducing waiting lists for secondary care services. Minimal recommendations in implementation of Single Points of Access were available.

Background

The promotion of integrated working between Health and Social Care services within England has been a priority of the Government for many years (Department of Health 2011). It has also been identified through consultation with patients by National Voices that having "one first point of contact" is desirable (National Voices 2013). One method of supporting the goal of integrated care is the provision of a Single Point of Access (SPOA). A Single Point of Access provides a primary, or the only, access route into a care pathway.

Musculoskeletal (MSK) disorders present a significant burden to healthcare in the United Kingdom. MSK appointments constitute almost 30% of appointments in General Practice and cost the NHS around £5 billion per year (Sahni et al. 2021). MSK disorders also account for over 7 million working days lost per year due to work related MSK disorders (Health and Safety Executive, 2022). As a result, MSK disorders have a large impact on the workforce and the NHS, in both cost and time. There can also be detrimental effects to the individual in terms of mental health as a result of their MSK conditions. The COVID pandemic has further exacerbated the strain that is placed on MSK services across the UK with a record number of people on waiting lists for care. For elective treatments the waiting list as of February 2022 has increased by almost 50% from 4.4 million to 6 million. The ability to minimise the burden that MSK disorders place on the UK, whilst also reducing the COVID pandemic related backlogs, is of great importance. There is already currently work being undertaken by NHS England with regards to First Contact Physiotherapists (FCP) which are physiotherapists placed withing local GP practices to see patients experiencing MSK issues. However, this alone may not be sufficient to solve the burdens or backlogs of MSK disorders.

This Rapid Evidence Review was commissioned by NHS East of England to identify published evidence relating to Single Points of Access in Musculoskeletal services. The Rapid Evidence Review aims to address the following objectives:

Objectives

- What is the volume and type of evidence available for SPOA in MSK and Orthopaedic (including mixed referrals, expanding to rheumatology, pain and spinal services if a lack of literature.)
- What are the overall findings in relation to effectiveness? (Without critical appraisal)
- What are the limitations and gaps in the evidence in terms of type, size, and relevance of studies?

Methods

Searches for studies published since 1st January 2012 were conducted on 17th October 2022 and again on 7th November 2022. The searches were performed on the electronic databases Cochrane Central, Medline, Pubmed and PEDro. The search terms used can be found in Appendix 1.

The search results were initially checked for potential relevance against the inclusion/exclusion criteria below using the title. If there was uncertainty based on the title, the abstract was also utilised at this time. Following the initial review, the abstracts of the remaining not already reviewed literature were checked against the inclusion criteria. Studies that met the inclusion criteria are summarised within the results section as to their relevance. An additional search was undertaken for national guidelines from relevant professional bodies (NICE, GIN, GIRFT, CSP, BOA, BSRM) however no guidance was found for Single Points of Access.
For the purposes of this Rapid Evidence Review the definition of Single Point of Access was agreed to be:

NHSEI National Definition (BestMSK)

A single point for triage, assessment, and treatment for all MSK patients to ensure they are seen by the right person, in the right place at the right time.
Most SPOA are established within community MSK interface services as part of an integrated MSK system supporting referral optimisation and management of people outside of hospital outpatient services where appropriate

NHSE SW MSK Pathway Improvement
One gateway service through which **all** MSK (see above) referrals must pass in order to access Secondary Care Services (this should include consultant to consultant referrals within Secondary Care)

Inclusion/Exclusion Criteria

Inclusion
Any research, evaluation, observational studies (e.g. cohort, case-control) on SPOA in MSK
Single Point of Access matches the definition outlined in the methods or information that is relevant to the implementation of a Single Point of Access.
English language
Published 2012 – 2022

Exclusion
Conference abstracts, study proposals, non-systematic reviews, narrative reviews, commentaries, letters, editorials, prepublication prints

Search Results

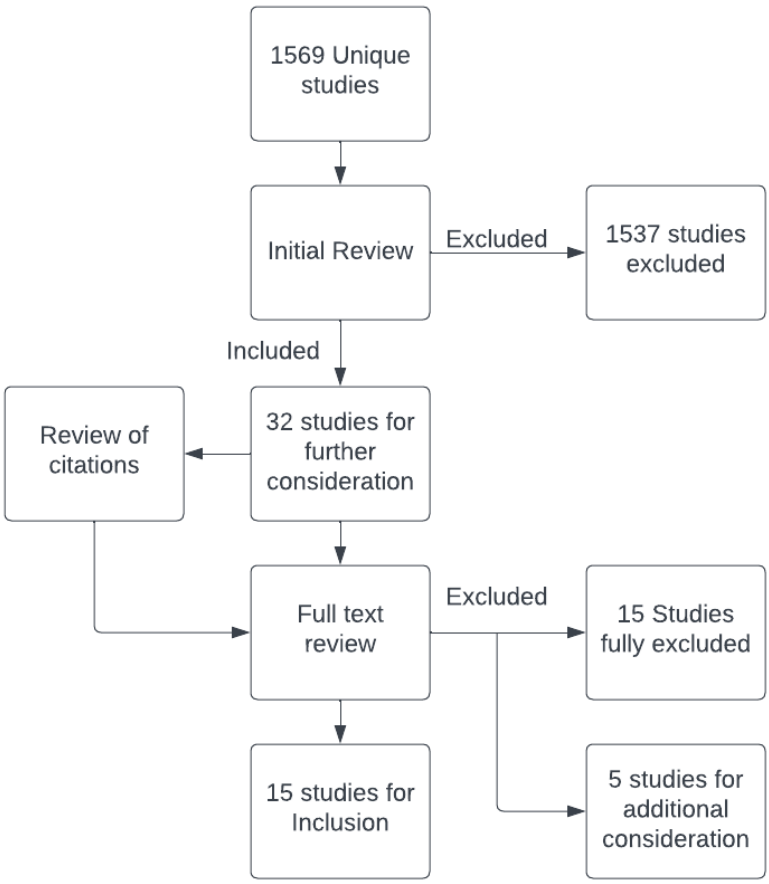
The searches returned 1569 unique studies and the search teams used can be found in appendix 1. Fifty studies were deemed suitable for detailed consideration. These studies were reviewed at an abstract level with full texts obtained if further clarity was required as to whether the study was suitable.

Reasons for exclusion based on the review of the title and abstract included:

- Papers were regarding emergency triage
- Papers were regarding AI or electronic tools comparisons for triage
- Papers were unrelated to Single Points of Access or providing information about implementation

Thirty-two studies met the criteria for further considerations and the full text of these papers were reviewed to confirm their relevance against the inclusion criteria outlined. The citations within these texts were also reviewed for relevance to this rapid evidence review. Following this review a further two studies were identified from the references as relevant to the review.

The full text review identified thirteen studies that were appropriate for inclusion in the review resulting in fifteen studies total for inclusion in the discussion. Five studies that did not meet the full inclusion criteria, but may be of interest, are summarised in the narrative following the discussion of the included studies. The fifteen studies are summarised in Table 1 below:


1569 Unique studies
Initial Review
Excluded
1537 studies excluded
Included
Review of citations
32 studies for further consideration
Full text review
Excluded
15 Studies fully excluded
15 studies for Inclusion
5 studies for additional consideration

Literature Results (Table 1)

Study reference and type	Study aim	Study population, size and context	Key results	Author's conclusion
Babatunde et al. (2020) Systematic review	Review of the evidence regarding characteristics, outcomes, barriers and facilitators of MSK triage and direct access services.	26 eligible studies reviewed – 4 trials, 1 qualitative, remaining studies were observational.	Reduced health care costs through MSK triage/direct access options, via reduced requirements for follow up appointments and treatment. Decrease in work related absence. Similar outcomes to usual care	MSK triage and direct access services lead to comparable clinical outcomes with lower healthcare consumption, and can help to manage GP workload. However not enough evidence to assume results in long term health and socio-economic gains.
Samsson et al. (2020) Systematic review	To establish the current evidence body on the impact of Physiotherapist-led orthopaedic triage on health, quality, and service outcomes for patients referred for orthopaedic consultation, compared with standard orthopaedic surgeon care.	2 RCTs and 11 cohort studies	Perceived quality of care was higher or equal to standard of care. Higher surgery conversion rates (55%-91% vs 22-28%) in PR-led triage. Lower or equal referrals for investigations, shorter waiting times and lower costs. High agreement between PT and Orthopaedic surgeons' treatment approach's, referral for investigation and diagnosis. Limited number of RCS and variable methodological quality were the main limitations.	Evidence of low to moderate certainty suggests that PT-led orthopaedic triage leads to similar diagnostic decisions as standard care, has a higher conversion-to-surgery rate, reduces waiting times, is cost effective and valued by patients, and that health outcomes are equivalent.
Joseph et al. (2014) Systematic review with expert and	To determine the optimum features of triage systems for patients with musculoskeletal conditions.	34 studies	Variety of triage methods were identified and performed by a variety of occupations and is effective using	Triage can be performed effectively via a number of methods and by a range of clinicians. Satisfaction, cost,

patient perspectives.			a range of outcomes. Qualitative data revealed the value of supportive interdisciplinary teams and support is more important than choice of clinician. Patients trusted, and expressed preference for, experienced clinicians to perform triage.	diagnostic agreement, appropriateness of referral and waiting list time have been improved though triage. Multidisciplinary support mechanisms are critical elements of successful triage systems. Patients are more concerned with access issues than professional boundaries.
Bornhoft et al. (2019) Randomised Controlled Trial	To determine whether triaging to physiotherapists affects the progression of health aspects over time differently than traditional management with initial GP assessment. The secondary aim was to determine whether triaging to physiotherapists affects patients' attitudes of responsibility for musculoskeletal disorders.	72 patients with musculoskeletal disorders	Physiotherapy triage group showed significant improvement for health -related quality of life at 26 weeks. The triage model did not consistently affect patients' attitudes of responsibility for MSK disorders. There were mostly no significant differences between the two groups based on the attitudes regarding responsibility for MSK disorders scale (used to indicate externalisation)	Triaging to physiotherapists for primary assessment in primary care leads to at least as positive health effects as primary assessment by GPs and can be recommended as an alternative management pathway for patients with musculoskeletal disorders.
Samsson et al (2016) Randomised Controlled Trial (unblinded)	To evaluate patients' perceived quality of care in a physiotherapist-led orthopaedic triage in primary care, compared with standard practice.	203 patients referred for orthopaedic consultation. (163 patients analysed)	Participants perceived higher quality of care in the intervention arm in regard to receiving best possible examination and treatment. In regard to receiving information about examination and	Both groups reported receiving good quality of care, with significantly higher reporting in the intervention group. This model of care seems to meet patients' expectations and results in a greater intention to follow

			treatment, results and self care, caregivers understanding, respect and commitment. Patients also felt more informed in the decision making. Intervention participants reported that their expectations of treatment were met at a greater rate and they had greater intent to follow the advice.	advise and instructions for self-management.
Bornhoft et al. (2019) Randomised controlled trial	To evaluate the cost-effectiveness from the societal perspective of this new care-pathway through primary care regarding triaging patients with MSK disorders to initial assessment by physiotherapists compared to standard practice with initial GP assessment.	55 nurse-assessed patients with musculoskeletal disorders randomised to either physiotherapists or GPs with 1 year follow up.	The group allocated to physiotherapy had larger gains in QALYs at lowered total costs.	Triaging directly to physiotherapists in primary care has a high likelihood of being cost-effective.
O'Farrell et al. (2013) Retrospective service evaluation	Evaluation of a recently established musculoskeletal assessment clinic	714 patients attending the MAC in St Vincent's University Hospital Dublin for MSK Complaints, 54% female mean age 50 (12-89)	76% of patients were independently managed by Physiotherapists. 110 patients referred for orthopaedic intervention with a 73% conversion rate	Significant number of patients referred for an orthopaedic consultation may be managed independently and that onward referrals were highly appropriate.
Fennelly et al. (2018) Online survey	Online survey to assess APP staffed triage centres for patients awaiting orthopaedic and rheumatology consultant/specialist doctor appointments in Ireland focusing on service, clinician and patient outcome factors	17 completed surveys from 13 sites of Advanced Practice Physiotherapists	Advanced Practice Physiotherapists (APP) had positive experiences working in the triage service, relating to learning opportunities and clinical support network but experiences were	APP reported reduced wait times and positive experiences of the opportunities.

			consultant dependent. APPs reported reduced wait times.	
Desmeules et al. (2013) Observational Study	To assess the diagnostic agreement of an APP compared to orthopaedic surgeons as well as to assess treatment concordance, healthcare resource use, and patient satisfaction in APP led triage services	120 patients with hip or knee complaints in an outpatient orthopaedic clinic.	88% agreement for diagnosis and triage recommendation between APP and consultant. No differences in imaging tests ordered. APP provided more education and prescribed more NSAIDs, joint injections, exercises and supervised physiotherapy. Patient satisfaction was higher for APP care.	The diagnoses and triage recommendations for patients with hip and knee disorders made by the APP were similar to the orthopaedic surgeons. These results provide evidence supporting the APP model for orthopaedic care.
Lyons et al. (2022) Prospective, observational study	To review the effectiveness of a physiotherapy triage clinic run by advanced practitioner physiotherapists (APP), who specialise in the review of upper limb referrals from primary care physicians.	646 patients attending an upper limb APP physiotherapy triage clinic	Only 201 patients required review by an orthopaedic surgeon, 56 (28%) patients were scheduled for an operative procedure and 145 (72%) patients reviewed had a shoulder injection including subacromial and glenohumeral intra-articular injections. Initial discharge rate was 68%	High discharge rate after initial assessments for upper limb musculoskeletal pathology. Beneficial in alleviating waiting list pressures. High surgical conversion rate of patients being offered surgical intervention after being referred by the APP.
Gwynne-Jones et al. (2017) Observational study	Assessing the effectiveness of a Joint Clinic as a triage tool.	358 patients attending a joint clinic	Of the 143 patients that were referred for first specialist assessment, 115 underwent or were awaiting surgery. A further 18 were recommended for surgery but score below prioritisation thresholds.	The joint clinic was effective as a triage tool, 93% of patients referred for FSA were recommended for surgery, freeing up surgeon time.
Bornhoft et al. (2014)	To investigate whether	2329 patients with	Fewer patients in the intervention	Reduced utilisation of medical services

Case Control Study	sorting/triaging patients with MSK disorders directly to physiotherapists affects their utilization of medical services at the clinic for the MSK disorder and to determine whether the effects of the triaging system vary for different sub-groups of patients	Musculoskeletal disorders.	arm required multiple GP visits, sick-leave recommendations, or prescriptions.	when triaged by physiotherapists likely due to altered management of musculoskeletal disorders.
Caffrey et al. (2019) Retrospective service evaluation	the aim of this study was to undertake a service evaluation of activity and outcomes of a physiotherapist-led rheumatology-based Musculoskeletal Assessment Clinic (MAC). The primary objective was to quantify the proportion of patients independently managed by the clinical specialist physiotherapists (CSPs).	508 patients attending the MAC between August 2012 and February 2014	75% of patients were independently managed without needing to see a consultant with 17% referred to the rheumatology team. 87% of referred patients received an intervention. Patients with MSK pain and degenerative conditions were more likely to be able to be independently managed by the CSP compared to patients with rheumatological/inflammatory conditions.	Majority of patients who attended were independently managed suggesting that physiotherapists-led triage may be a useful and efficient means of managing a proportion of patients referred for a specialist rheumatological consultation.
Hazlewood et al. (2016) Retrospective observational study.	To evaluate the short-term and long-term impact of a centralized system for the intake and triage of rheumatology referrals on access to care and referral quality.	Review of the first 2 years of the central referral and triage in rheumatology program	Decrease in wait-time variability and wait times for moderate and urgent referrals. Improved quality of referral information and elimination of duplicate referrals. Urgency of the referral was assigned correction in 90% of cases. Over the long term the service	A centralised system for the intake and triage of rheumatology referrals improved referral quality, reduced system inefficiencies and effectively managed wait times on a prioritised bases for a growing large referral population.

			maintained short wait times for more urgent patients.	
Fenelly et al. (2018) National data audit	National evaluation of an APP triage service	Data from 22 APPs covering 13981 patients.	77% of appointments the APPs were able to make clinical decisions regarding patient management and managed patient care pathways without onward referral to consultants in over 80% of cases. Of those managed by the APP only 6.5% of patients were re-referred within one year.	This national evaluation of APP services demonstrated that the majority of patients assessed by an APP did not require onward referral for a Consultant Doctor appointment. Therefore, patients gained earlier access to orthopaedic and rheumatology consultations in secondary care, with most patients conservatively managed.

The volume of evidence identified was low with only three randomised controlled trials and three systematic reviews. The remaining studies were all observational studies. There was significant variation in the pathways, types, and extent of triage. Some had all referrals made through a Single Point of Access where others only had patients that were being referred into secondary care. The three systematic reviews (Joseph et al., Samsson et al., and Babatunde et al.) all identified that the available evidence was a significant study limitation, with the low numbers of randomised controlled trials (RCTs) and variable methodological quality being the two primary limitations.

The systematic reviews identified that a Single Point of Access or similar triage system for musculoskeletal disorders had equivalent health outcomes as usual care. Physiotherapist led triage also had similar or lower rates of referral for investigations (Samsson et al. (2020) and that referrals to secondary care were highly appropriate as evidenced by higher surgical conversion rates. The systematic reviews highlighted that there were high rates of agreement between physiotherapist and surgeons' treatment approaches, referral recommendations, and diagnosis. The reviews also discussed the positive implications on waiting lists and times for patients compared to usual care. A critical element of success in operating a triage system was determined to be Multi Disciplinary Team (MDT) support mechanisms (Johnson et al. (2014)

Of the studies reviewed, four of the fifteen identified that the triage systems resulted in reduced referrals (O'Farrel et al. (2013), Lyons et al. (2022), Caffrey et al. (2019), and Fennely et al.(2018)) with the majority of patients being suitable for management without onward referrals to consultant (74-80%) which likely resulted in the reduction in wait times for secondary care access. There was high agreement rate in the appropriateness of the onward referrals which is supported by the high conversion rates for surgery (73%-89%) when referred through the triage system. Conversely the conversion rate for GP referrals is estimated to be between 20% to 30% (Wood et al. (2016)). Hazlewood et al. (2016) noted that in the central referral and triage system studied the quality of referral information was improved and that it had eliminated duplicate referrals, this in turn resulted in reduced system inefficiencies.

Two Randomised Controlled Trials (Bornhoft et al. (2019) and Samsson et al.(2016)) noted that the triage systems provided comparable clinical outcomes (also highlighted in the systematic reviews) and quality of care compared to usual care pathways. Samsson et al (2016) noted that whilst both arms of the studies perceived they had received good quality of care, the intervention (triage) arm reported significantly higher perceived quality of care than the control arm. Importantly the intervention group also showed greater intention to follow the advice and instructions from the physiotherapists for self-managed care which can result in reduced requirements for follow up appointments and need for sick-leave.

Fennely et al. (2018) noted that the experience of the professionals staffing the Single point of access was also positive. The Advanced Physiotherapy Practitioners reported that the learning opportunities and clinical support networks were of benefit both professionally and for job satisfaction.

Six studies identified that the implementation of a triage system had resulted in positive impacts to wait times and workloads. This was generally achieved as a result of the reduction in onward referrals to surgeons but also that patients were requiring fewer follow up visits (Bornhoft et al. (2014) and Babatunde et al. (2020))

There is a limited availability of evidence addressing the practical challenges and recommendations of implementing a Single Point of Access triage service. Babatunde et al. (2020) identified the challenges associated with open access models were a lack of knowledge regarding the access and legality of the system for providers and administrators. They also

noted robustness and provision of risk management policies presented a barrier. In the combined models of triage patient satisfaction when triaged direct to self-management following a telephone triage call was poor.

Hazlewood et al. (2016) in reviewing their Single Point of Access service highlighted that a key component of the service was the development of a multi-user database where all referrals needed to be entered and tracked. It was also noted that the primary cause of errors in the triaging of patients was related to incomplete referral information, identifying that sufficient referral information was essential for the running of the Single Point of Access. In addition, one study (Desmeules et al. (2013)) determined there was a statistically significant increase in consultation times with physiotherapists spending on average 13 minutes compared to surgeon consults taking 11.2 minutes, however they had higher patient satisfaction (93.2% to 86.1%).

The available evidence is not sufficient to be able to evaluate the long-term effectiveness and impact of the musculoskeletal triage systems nor the socio-economic impact. In addition, any potential impact the First Contact Practitioner programme that has been implemented in the United Kingdom has not been addressed in the available literature. Additional trials comparing FCP vs Single Point of Access vs usual care would provide greater certainty of the potential benefits of the models.

Additional Studies for Consideration

During the rapid evidence review five studies were identified that were excluded from the primary discussion due to not fulfilling the inclusion criteria outlined previously. However, they have been included in this rapid evidence review as they may offer additional insights into the service-user perspectives (both patient and professional) as well as confirming the appropriateness of referrals, treatments and diagnoses outlined in the primary discussion.

The five studies all identified there were high levels of agreement between physiotherapists and consultants in the appropriate treatment, diagnosis, and referral decisions (73% to 87%). These studies also noted that a majority of patients were suitable to be managed entirely within primary care (72%-97%) and when patients required onward referrals to surgeons there was a high conversion rate.

Additional Studies (Table 2)

Study reference and type	**Study aim**	**Study population, size and context**	**Key results**	**Author's conclusion**
Verdanayagam et al. (2021) Systematic Review	To evaluate the evidence on whether APPs are accurate at diagnosis, can triage appropriately and improve patient treatment outcomes and access to care for patients with musculoskeletal disorders.	Systematic review of 13 studies meeting the inclusion criteria	APP are accurate at diagnosis, can triage appropriately and improve treatment outcomes and access to care. Lack of high-quality primary studies in the review however the highest quality studies	The evidence of varying quality consistently shows that APPs can accurately diagnose, appropriately triage and effectively manage patients with musculoskeletal disorders in various clinical settings.

			had similar findings	
Decary et al. (2017) Single arm study	1) evaluate agreement on the diagnosis and surgical triage between a physiotherapist using a standardized ME without the use of imaging results and physicians and 2) to assess the validity of the physiotherapist's ME to diagnose common knee	179 patients consulting for any knee complaint at an outpatient orthopaedic clinic and a primary care family medicine clinic diagnosed and triaged by two evaluators, a physiotherapist and an expert physician. Physiotherapists completed only a medical exam and physicians had access to imaging.	High agreement in diagnosis between physiotherapist and physician (k=0.89) and triage recommendation agreement was also good (k=0.73)	There was high diagnostic agreement and good triage concordance between the physiotherapist and physicians. The ME without imaging may be sufficient to diagnose or exclude common knee disorders for a large proportion of patients. Replication in a larger study will be required as well as further assessment of innovative multidisciplinary care trajectories to improve care of patients with common musculoskeletal disorders.
Jovic et al. (2018) Exploratory study design	To investigate the clinical effectiveness of an advanced practice physiotherapist triaging patients referred from primary care to the orthopaedic clinic with chronic hip and knee pain	87 patients referred from general practice in Tasmania. Patients assessed by an APP and a consultant orthopaedic surgeon.	High diagnostic agreement between APP and surgeon (k=0.93) and a substantial agreement for treatment recommendations (k=0.75). Surgical conversion rates increased from 38% to 78% under a physiotherapist led triage service.	An advanced physiotherapist assessing and treating patients with chronic hip and knee pain made decisions that match substantially with decisions made by an orthopaedic consultant
Lowry et al. (2020) Concordance Study	Establish diagnostic, surgical triage, and medical imaging agreement between advanced practice physiotherapists (APPs) and orthopedic surgeons (OSs) for the management of patients with shoulder disorders	50 patients referred to an Orthopaedic surgeon for shoulder complains. These patients were assessed by an OS and an APP.	Good diagnostic agreement (k=0.8). There was moderate agreement for triage of surgical candidates (k=0.46) this was attributed to APPs referring patients to surgeons for further evaluation.	APPs could improve access to care for shoulder disorders and can safely initiate care without compromising satisfaction.

	in an outpatient orthopedic clinic.		Appropriateness of imaging requests was moderate (k=0.42). Patients' satisfaction was high with no significant differences between providers	
Mir et al. (2018) Retrospective review	To establish diagnostic agreement rates between orthopaedic consultants and advanced practice physiotherapists (APPs) for paediatric orthopaedic patients, examine the appropriateness of referrals by APPs to consultants and report on the surgical conversion rate (SCR).	Study participants were two APPs and four orthopaedic consultants at a single site. A retrospective review of all patients referred from an APP clinic to consultants conducted for 2014 with a 3 year longitudinal follow up through to the end of 2016	Mean agreement was high (82%) with 12 of the 15 individual codes demonstrating agreement rates over 90%. 87% of referrals from APPs were deemed to be appropriated by the consultants.	Good to excellent diagnostic agreement was found between the APPs and Consultants. APPs are clinically effective in the diagnosis and onward referrals of paediatric orthopaedic patients in a triage setting

Conclusion

In conclusion, the rapid evidence review identifies there are multiple methods of implementing a single point of access system in musculoskeletal services. A single point of access can support the reduction in waiting times for access to both primary and secondary care via reduction in referrals and follow-up appointments. There is high agreement between physiotherapists and surgeons regarding diagnosis, treatment approaches and referral appropriateness. Professionals working in the triage systems also reported positive experiences of the system both professionally and emotionally.

Patients who accessed services through a triage system also demonstrated increased intent to follow through with self-management advice and instructions which may assist in reducing the burden MSK disorders can have in the workplace, the NHS and on the patient. However, the long-term impacts and effects of the triage system have not yet been demonstrated. In addition, the impact that the First Contact Practitioner programme may have on Single Points of Access services has not been evaluated.

There was limited discussion in the available literature about recommendations to implement a single point of access. The recommendations that were mentioned highlighted the importance of having a multi-user database to manage and track referrals and the importance of strong MDT support and oversight.

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Appendix 1
Search Terms
Single Point of Access MSK
Single Point of Access Musculoskeletal
SPOA MSK
SPOA Musculoskeletal
Single Point of Contact MSK
Single Point of Contact Musculoskeletal
SPOC MSK
SPOC Musculoskeletal
Patient Contact Centre MSK
Patient Contact Centre Musculoskeletal
Clinical Review and Triage MSK
Clinical Review and Triage Musculoskeletal
Triage Hub MSK
Triage Hub Musculoskeletal
Triage Centre MSK
Triage Centre Musculoskeletal
Triage Clinic MSK
Triage Clinic Musculoskeletal
Patient Booking Service MSK
Patient Booking Service Musculoskeletal
Clinical Assessment and Triage MSK
Clinical Assessment and Triage Musculoskeletal
Assessment Clinic MSK
Assessment Clinic Musculoskeletal