

# The effectiveness of triage, self-referral and direct access services for patients with musculoskeletal pain: a systematic review

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## Abstract

**Introduction:** Musculoskeletal (MSK) pain accounts for ~50million consultations per year, and 9.3 million lost working days per-annum in the UK. The demand for MSK care is set to rise, and is a growing challenge for general practice. Direct access to physiotherapy and other healthcare services may offer appropriate care for MSK pain patients but there's no robust evidence to ascertain the effectiveness or efficiency of this approach in practice. This study aimed to review the evidence regarding (characteristics, outcomes, barriers and facilitators) MSK triage and direct-access services.

**Methods:** A comprehensive search of databases up to February 2018 was conducted to identify studies (trials, cohorts and qualitative evidence) on direct-access and self-referral for MSK in primary care settings. Using predefined inclusion and exclusion criteria, titles, abstracts, and subsequent full texts were independently screened by reviewers. Methodological quality of eligible studies was assessed, and extracted data regarding study characteristics and results were independently reviewed. A mixed-methods synthesis is being undertaken. Current approaches to MSK triage and direct-access will be profiled. Effectiveness of these approaches with regards to clinical patient-oriented and socioeconomic outcomes will be summarised.

**Results:** 13176 unique citations were screened, of which 32 studies were eligible. Approaches to MSK triage and direct-access shared similar goals and characteristics but were heterogeneous in application. Analysis is ongoing and full results will be presented.

**Discussions:** Summary of evidence on MSK triage and direct access will provide insight to healthcare services planning, resource utilisation and clinical decision making. PROSPERO-ID: [CRD42018085978](https://doi.org/10.1111/CRD4.2018085978).

## Patient and Public Involvement (PPI)

Clinicians and patients with musculoskeletal pain formed an advisory group contributing to study design, interpretation and dissemination of findings. Patient representatives from Keele's Research User Group were invited and consulted regarding the outcomes and outcome measures to be included in the evidence synthesis; and important sub-group analysis to be explored in the analysis of data. Further consultations will take place regarding the interpretation and importance of findings to patients and clinicians; how best to present the review findings to the general public, patients and clinicians and the implications of findings for healthcare services planning.