**Camden Community MSK CATS service (including MSK Pain) Referral guidelines for GPs**

All Camden musculoskeletal (MSK) services are for patients over the age of 16 years registered with a Camden GP. For routine MSK conditions, patients can self-refer to the community MSK service. For those patients with complex MSK conditions (including MSK Pain) and who require a specialist opinion, referral is via MSK CATS (Clinical Assessment and Treatment Service).

**What is MSK CATS?**

The community MSK CATS comprises extended scope practitioners (ESP), GPwSIs, podiatrist (specialist biomechanist), sports and exercise medicine consultant (SEM), orthopaedic and rheumatology consultants. The CATS team request diagnostic investigations (x-rays, ultrasound, MRI scans and bloods but not currently for neurophysiology tests (nerve conduction studies) and offer steroid injections (blind and ultrasound guided) along with high volume injections (by SEM consultant).

**What is CPAMS?**

The community MSK Pain Assessment and Management Service (CPAMS) comprises of specialist MSK Pain ESP’s and consultants, specialist pain management physiotherapists and clinical psychologists and clinical nurse specialists in pain management. Access to the service is through GP referral to CPAMS (via MSK triage) highlighting the specific reason for the CPAMS referral.

**Direct referral to secondary care from GP is required for:**

**Red flags - urgent**
- Suspicion of systematic inflammatory disease requiring medical management e.g. morning stiffness present for >30 minutes for more than 6 weeks.
- Suspicion of serious pathology (malignancy, infection) i.e. general malaise, weight loss, night sweats, loss of appetite.
- Signs of cord compression/cauda equine syndrome i.e. bilateral leg pain, bladder/bowel frequency or retention, saddle anaesthesia, gait disturbance, pins & needles or numbness.
- Suspicion of recent fracture requiring intervention.
- Suspicion of rheumatological disease.

**Post-surgical problems**

Where a patient has recently had an operation and has developed a complication of that surgery, they should be referred back to the surgery/department that performed that surgery. This should include:
- Immediate post-operative complications
- Later complications e.g. prosthesis failure
- Trauma to prosthetic joint

**Acute trauma**

Any acute MSK trauma such as suspected fracture, dislocation or major soft tissue rupture, should be referred to A&E or Fracture clinic.

**Previously assessed patient suitable for surgery**

Where a patient has been previously assessed as suitable for surgery (either in MSK CATS or secondary care) but has deferred this and re-presents within a reasonable time period and requests surgery - these patients should be referred direct following previous recommendations.

**Inclusion Criteria**

Any patient presenting with an MSK condition (spinal, upper limb or lower limb) inclusive of acute and chronic pain of MSK origin.

Referrals will be directed to CPAMS for those patients with MSK pain that have not been adequately controlled by standard approaches in primary care and who have significant/high risk factors for poor outcome and significant impact on ADLs.

**Exclusion Criteria (who should you not refer?)**

1. Patients with pain of non-MSK origin will not be considered for MSK services or CPAMS and should be referred to the appropriate secondary care department (see examples below):
   - Visceral/abdominal pain
   - Pain related to cancer
   - Non-MSK lumps and bumps

2. Children

MSK CATS and CPAMS do not see children. Patients under 16 years old with MSK problems should be referred to secondary care (Paediatrics) or via A&E as appropriate.

**Direct referral to secondary care Pain Management is appropriate for the following:**
- Joint hypermobility syndrome
- Complex presentations requiring more intensive management (including significant and complex psychological presentations such as patients who have been subjected to torture)
- CRPS (complex regional pain syndrome)
- Chronic pelvic pain
- Certain neuralgias e.g. post herpetic neuralgia, trigeminal neuralgia