

## Standard Operating Procedures

### Standard Operational Procedure for Non-medical requesting radiology investigations for Advanced Physiotherapy Practitioner working in Spinal Assessment Clinics

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<b>Approved by</b>	<b>Specialist Medicine Divisional Management Board</b>
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#### Aim and scope of Standard Operating Procedure

**AIM:** To enable Advanced Physiotherapy Practitioners (APPs) working autonomously within spinal out-patient clinics to request radiological investigations as agreed under the P37 NMR protocol.

**SCOPE:** This document provides guidance for Advanced Physiotherapy Practitioners requesting radiological investigations whilst working within APP led spinal assessment. The state registered APP non-medical referrer must have undergone an agreed training programme and achieved the necessary competencies before being granted requesting rights including Implications and hazards of Imaging investigations & Ionising Radiation (medical exposure) regulations IR(ME)R, locally agreed protocols & professional responsibility and accountability as outlined in HCPC scope of professional Practice and CSP's Code of professional conduct.

#### Target Staff Categories

Advanced Physiotherapy Practitioners working autonomously in APP led spinal assessment clinics, employed by Worcestershire Acute Hospitals NHS Trust.

#### Key amendments to this Standard Operating Procedure

<b>Date</b>	<b>Amendment</b>	<b>Approved by:</b>
20 <sup>th</sup> June 2024	New Document	Specialist Medicine DMB

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## **Advanced Physiotherapy Practitioner Background**

Advanced Physiotherapy Practitioner (APP) roles were introduced nationally in the 1990's with Worcestershire Acute Hospitals NHS Trust (WAHT) developing roles alongside Orthopaedic Consultant Surgeons in 1997. These APP roles within Orthopaedics were initially to assist in reducing the waiting times for initial consultation with recommendations from the Department of Health at the time stating that by the end of 2005 the maximum waiting times for initial consultation would be three months and initial treatment six months. Further demand for the role was following the reduction in Junior Doctors working hours (European Working Time Direction) resulting in APPs working within a consultant led multidisciplinary pain team, independently within APP led clinics in addition to working alongside the varied Orthopaedic Consultant led teams.

Worcestershire Acute Hospitals NHS Trust (WAHT) Spinal triage Back Pain Clinic (BPC) and Alexandra Back Pain Assessment Clinic (ABPAC) are provided autonomously by Advanced Physiotherapy Practitioners (APPs). Patients are referred direct from General Practitioners (GPs), WAHT T&O services and ROH spinal services, and undergo assessment. The APPs document, using an agreed Physiotherapy Practitioner Spinal Assessment Form, informed by NICE CG 59 [BPC Assessment Sheet with Spondyloarthropathy 2020 v2.pdf](#) (Xerox WR5174 pages 5-8), a detailed clinical history with red flag screening which will inform red flag emergency management e.g. cauda equina syndrome, infection, metastatic spinal cord compression, or identify the need for amber pathway e.g. acute radiculopathy with reported high levels of distress, unable to perform ADL, and risk of losing job. Neurological assessment will inform prognosis and establish a base line for monitoring disease progression identifying possible cervical myelopathy and/or spinal related neurological deficit. The APP will manage the patients' presenting conditions through examination including history taking, clinical examination, identifying and requesting clinical investigations when indicated, ensuring effective use of resources whilst considering clinical necessity. On completion of this process further management will be based on expert clinical reasoning. To ensure consistent high standards of care the APP will work with an advanced scope of practice (ACP), enabling them to be efficient and effective team members and independent clinicians.

Patients requiring spinal surgical opinion are referred to the Royal Orthopaedic Hospital Birmingham, and/or discussed in weekly virtual advice and guidance meetings with a Consultant Spinal Surgeon/Neurosurgeon. NHS England provides guidance on categorisation of spinal surgical patients – emergency, urgent elective, routine elective, and day cases. Spinal Red and Amber pathways (Ref 3.) in addition to the Spinal MSK pathway have been developed to support the timely management of patients requiring surgical opinions at the ROH.

Local services providing support for Spinal patients include physiotherapy, hydrotherapy, Pain services, which can be utilised following referral by APPs for patients requiring non-surgical treatment and support. Suspected non-MSK spinal pathologies causing presenting features are discharged back to GP with recommendation to refer to specialty such as vascular, neurology or rheumatology.

## Purpose

This policy is designed to enable only the identified APPs working in non-consultant led spinal assessment out-patient clinics to request radiological investigations as indicated in accordance with the agreed Radiology Non-Medical referrer protocol [Non-medical Referrer Policy \(imaging exams\) P37](#)

## **Competencies required to be considered for radiology requesting**

HCPC registered and employed by WAHT

Completion of radiation protection course – IR(ME)R training

Completion of Competency document, if in training role working for a minimum of six supervised months

Demonstrate evidence of **competency** on assessment and treatment of musculoskeletal conditions at an **advanced level** i.e. completion or working towards post-graduate qualifications –MSc, MMACP, M-level modules

Understanding of professional accountability and medico-legal issues arising from their extended role.

Awareness of knowledge and competency boundaries.

Knowledge to request appropriate investigations for patients, understand the investigations and reports, and have an ability to act upon them.

The Chartered Society of Physiotherapy has recognised and embraced a broader scope of practice for physiotherapists by encompassing activities traditionally undertaken by the medical profession. However, it is dependent upon each individual physiotherapist, in this case the APP, to demonstrate competency of activities within their personal scope of practice, a notion endorsed by the ESP Physiotherapy Occupational Interest Group, now known as the Advanced Physiotherapy Practitioner Network, APPN, (ESP OIG 2008).

## **Policy applies in the following Situations:**

1. Patients presenting with suspected spinal musculoskeletal problems attending Advanced Physiotherapy Practitioner led WAHT outpatient clinics located at venues across the county of Worcestershire including, but not exclusively;
  - Worcestershire Royal Hospital
  - Alexandra Hospital
  - Kidderminster Treatment Centre

2. Patients presenting in a Back Pain (Spinal) Clinic seen autonomously by an APP requiring radiological investigation to assist clinical diagnosis of presenting problem following expert clinical assessment, in accordance with national and local guidance, demonstrating and documenting need for radiological investigation request.

### **Location/Facilities**

Kidderminster Treatment Centre (KTC) Outpatient Department Consulting Suites 1 & 2  
Alexandra Hospital Redditch Orthopaedic Centre (ROC)

### **Operational Hours** (*Subject to change*)

Back Pain Clinic (KTC) Monday & Friday 8:30am -1pm  
Alexandra Back Pain Assessment Clinic (ROC) Thursday 1pm - 5pm

### **Continuing Professional Development**

The Spinal APPs will keep up to date with improvements in Spinal diagnosis and treatment by:

- Attending relevant study days pertinent to diagnosis and treatment
- Attend in-house appropriate speciality teaching sessions.
- Maintain good clinical knowledge of NICE guidance and national guidance.
- Being involved in clinical decision making with the appropriate Consultant Orthopaedic Surgeon and Pain Management MDT
- Use peers for reflection and feedback using feedback forms and reflective practice.
- Participate in weekly virtual advice and guidance meetings with ROH spinal consultant surgeons
- Attend Quarterly Spinal meetings with ROH Consultant Spinal Surgeon
- Attend Spinal clinics at ROH to observe and discuss complex spinal cases - minimum twice a year
- Attend monthly Spinal MRI review meetings with WHAT Consultant Radiologist

Spinal APPs will also:

- Complete Annual PDR with line manager and gain feedback for PDR from Consultants, MDT and Peer group.
- Satisfy current HCPC and Chartered Society of Physiotherapy code of conduct and practice with regard to continued professional registration.

## Clinical Governance

- Radiology investigations will be requested on ICE by the APP under their individual name in line with agreed P37 within Radiology Non-medical Referrer Policy Key document WAHT-KD-024 [Non-medical Referrer Policy \(imaging exams\) P37](#)
- The registered non-medical referrer must be approved [Non-Medical approval process](#) and have undergone the agreed training programme and achieved the necessary competencies before being signed off including:
  - Implications and hazards of Imaging investigations
  - Ionising Radiation (medical exposure) regulations IR(ME)R
- Evidence of IR(MER) refresher training is required by individual APPs every 3 years to remain on the register
- Radiology investigations requested on ICE following discussion will state the advising Consultant's name within the referral information, for example;
  1. Consultant Radiologist
  2. Recommendation from radiology report (where appropriate and if compliant with NMR P37)
  3. Consultant Spinal Surgeon
  4. Orthopaedic Consultant
- All Spinal clinic APP radiological requests will be reported by the Radiology Department
- It is the responsibility of the registered APP non-medical referrer to ensure that imaging reports are reviewed, and this is documented within the patients' notes.
- Review of any formally reported images will be undertaken either independently or with the support of medical staff.
- All radiological results, requested by the APP, will be discussed with the patient either face to face in clinic, verbally via telephone call or written via letter with copies of correspondence filed in electronic medical notes and GP informed accordingly. *In the case of failed patient contact the GP will be informed*
- Urgent/unexpected radiological results are received via email with 'buddy' system in place to cover staff absence ensuring urgent action upon receipt. APP (see section Page 8)
- Any Urgent Findings related to non-musculoskeletal pathology, for example, suspected malignancy, aneurysm, cystic lesions will be urgently reported to the patient's GP (Alexandra Back Pain Assessment Clinic (ABPAC) & Back Pain Clinic (KTC))

- BPC/ABPAC patients with urgent/unexpected results where spinal specialist opinion is recommended will be reviewed alongside clinical findings referring to Consultant Spinal Surgeon in a timely manner if clinically indicated, and via the Worcestershire Emergency and Urgent Spinal pathway (ref 2) as indicated

### Radiology reports located on ICE

- Access to ICE is required to view electronic reports via ICE desktop.
- Once login has been successful reports are located within patient, location or by requester.
- An indicator will show if the report contains abnormal results. Radiology also sends high priority emails (see below) for reports requiring urgent review.
- Reports are to be reviewed at least once every 5 working days.
- Reports can be viewed by the APP directly via ICE, or secretaries can print of the report, place in clinician's work folder for review when clinician is next in attendance
- Secretaries can notify APP patient details via nhs.net email that reports are ready for viewing via ICE.
- If the absence of an APP from BPC/ABPAC is greater than 5 working days, their results will be reviewed and actioned as necessary by another APP within BPC/ABPAC. In their absence identified individuals; MSK Clinical Lead and MSK Team Leads Physiotherapy WAHT. *All non-spinal APP buddies will receive annual training/update to maintain familiarity and competence.*
- Once results are viewed by the APP it is important to file on ICE. There are several filing options on ICE reflecting clinical action including "normal", "abnormal but no specific action required", "abnormal see notes" or you can free text a specific "action taken".
- **The Spinal APPs are responsible for filing the reports within ICE.** "Requesters are expected to ensure that 95% of pathology & radiology reports (abnormal and normal) are viewed and filed within 28 working days" (Ref. WAHT-CG828)
- Patients of clinical concern at time of assessment should be highlighted to the BPC/ABPAC team members, clinicians, and secretaries, ensuring increased vigilance of ICE for pending reports.

## Urgent/Unexpected Radiology reports

**Radiology email urgent/unexpected results as high priority** to the established 'buddy system' for BPC & ABPAC ensuring the team receive the communication immediately ref: [Policy for the Communication of Critical and Urgent radiology Reports](#) The report is then reviewed; actioned as required.

There will be a delay at weekends and bank holidays in reading the report. Once read an APP/buddy clinician must reply to the urgent email to acknowledge receipt and action, preventing further repeat notifications being sent.

The responding APP/buddy clinician will then email the Spinal APP clinic Buddy group members, by forwarding the urgent/unexpected radiology email advising them either:

1. Report has been actioned nothing further to be done.  
**OR**
2. Report requires further action i.e. FU in clinic, GP to be informed, contact patient.

### Buddy System Spinal APP clinics

The participating clinicians will be:

- APP in spinal clinics
- Identified supporting clinical leads/team leads within MSK Physiotherapy OPD

Participating support administrative staff will be:

- Secretaries for spinal clinics

### Action required for urgent/unexpected radiology reports:

Firstly, review report, images, and clinical letter/assessment. Patient letter and assessment located on CLIP in correspondence and outpatient sections respectively; clinic letter also available via Bluespier.

If urgent findings are **non-musculoskeletal pathology**, for example, suspected malignancy, aneurysm, cystic lesion then contact patient's **GP same day** advising urgent result located on ICE requiring further action.

1. Inform patient results are back, and if confident to do so inform patient of the result, and that the GP will contact them to discuss further and plan further management, as required.
2. Letter to be dictated/completed on Bluespier then uploaded to GP documenting discussion and plan.

If urgent findings **correlate with the clinical diagnosis**, for example L5 nerve root compression reported for right L5 radicular pain +/- neurological change then review letters alongside report and images. Reporting Consultant radiologist might recommend specialist surgical review.



1. Contact patient to confirm that the imaging “matches and explains” their symptoms.
2. Ask if **S&S have changed?**
3. If **yes**, is the change **better, same, or worse?**
4. **Same/Better** – arrange FU\* in clinic with APP, remind patient of red flags & safety net patient.
5. **Worse** – evolving S&S which **DO include amber/red flag indicators** for pathway to Spinal on call @ ROH. Telephone: Royal Orthopaedic Hospital switchboard (0121 685 4000) requesting on-call spinal team.
  - a. If patient is **accepted** Complete referral template via [www.referapatient.org](http://www.referapatient.org) selecting Royal Orthopaedic Hospital and request urgent image transfer via PACS to ROH.
  - b. If patient is **not accepted**, document and arrange urgent FU\* in APP spinal clinic for review and discussion with ROH Spinal A&G meeting. Safety net patient.
6. **Worse** – evolving S&S which **DO NOT include amber/red flag indicators** arrange urgent FU appointment in Spinal APP. Safety net patient.

If urgent findings **DO NOT correlate with the clinical diagnosis, i.e., severe, or critical spinal stenosis, crowding/compression of the cauda equina, cord signal change.**

1. After reviewing patient notes contact patient to advise results are available and demonstrate significant findings/narrowing.
2. Enquire about S&S to establish if there has been any change, onset of red or amber flags, reassure patient if no change and arrange urgent FU\* in Spinal APP clinic. Action referral to ROH if indicated (see action point 5 above)
3. Safety net patient

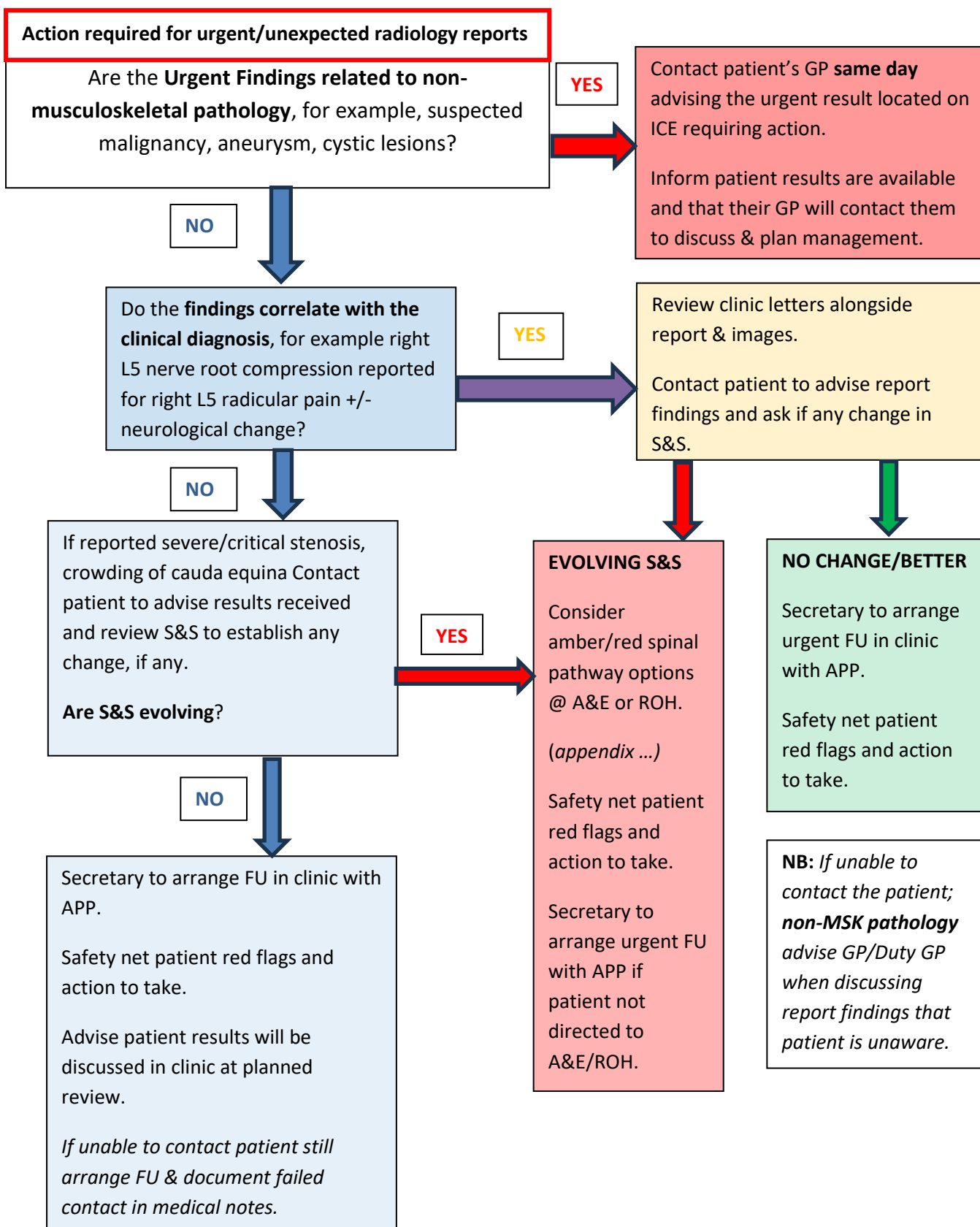
***NB: All contact/failed contact with patient and planned action is to be clearly documented in the medical notes.***

**\*Request Spinal APP FU appointment via email:**

BPC via Secretaries BPC KTC & [wah-tr.kidderminsterbackpainclinic@nhs.net](mailto:wah-tr.kidderminsterbackpainclinic@nhs.net)

ABPAC via T&O OPD appointments:

[wah-tr.OPA-ALX-TandO@nhs.net](mailto:wah-tr.OPA-ALX-TandO@nhs.net) & [wah-tr.alexandrbackpainclinic@nhs.net](mailto:wah-tr.alexandrbackpainclinic@nhs.net)



## References & Key Documents

1. [Overview | Low back pain and sciatica in over 16s: assessment and management | Guidance | NICE CG 59](#)
2. [BPC Assessment Sheet with Spondyloarthropathy 2020 v2.pdf](#)
3. [Worcestershire Policy for Primary Care / Community Access to Emergency and Urgent Spinal Services](#)
4. [Non-medical Referrer Policy \(imaging exams\) P37](#)
5. [Non-Medical approval process](#)
6. [Policy for the Communication of Critical and Urgent radiology Reports](#)