

Therapies Prioritisation Guideline

Owner:	Michael Mundy/Benjamin Thomas
Approved by	Therapies Clinical Governance Approval Group
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Extension approved:	
Review Date	2 nd April 2029

Key Amendments

Date	Amendments	Approved by:
25th January 2023	Document extended to 30th June 2023 whilst under review.	Dr J Trevelyan/ Benjamin Thomas
23 rd May 2023	Document reviewed and separated by speciality (Musculoskeletal/Pelvic Health/Rheumatology)	Michael Mundy/Benjamin Thomas
Jan 2026	Document expanded to include prioritisation information for all OP specialities within physiotherapy and occupational therapy	Michael Mundy/Benjamin Thomas

Prioritisation Level Guidance	
P3	Waiting list letter sent and front sheet/referral added to waiting list file. If minimal waitlist this can be skipped and P2 process followed.
P2 or if P3 being sent for	Validation letter sent to patient (Letter sent date documented on front sheet). Front sheet/referral filed.
P1	Call patient initially. If no contact, follow as per P2 and attempt further calls.
Confirmation letters for appointments should be sent routinely unless very short notice.	
If no response to validation for >4/52 follow NRV process.	

***Please note – all time frames referenced in this document refer to time from receipt of referral. Where there is an open RTT clock attempts should be made to prioritise patients that are at risk of an RTT breach or are identified as a long waiter. In these instances patients should be managed as a P1.**

Prioritisation Levels – MSK Physiotherapy

Tier	Definition	Examples	Action
Priority 1 (Urgent)	Patients to be seen in <1 week	<ul style="list-style-type: none"> • Post MUA or Capsular release surgery • Hand tendon repairs/Splinting requirements inc Trapeziectomy, Dupuytren's – urgent referral to OT • Nerve repairs • Patients requiring changes to braces and/or boots – timings as per post op instructions and protocol • List not exhaustive and clinical reasoning to be used 	<p>Face to face usually required.</p> <p>Consider virtual management where possible based on patient preference and clinical reasoning.</p> <p>Able to offer at all sites</p>
Priority 2 (Urgent)	Patients to be seen in <2 weeks	<ul style="list-style-type: none"> • ACL Surgery • Arthroplasty/revision/replacement surgery • Acute trauma – soft tissue, ligamentous, bone (If seen by physio in trauma clinic may not need to be seen within 2/52) • Achilles ruptures/repairs • Oncology – mastectomy, lumpectomy, neck dissection • Suspected Chronic regional pain syndrome • Paediatric Musculoskeletal conditions • <i>Priority 3 patients who have been waiting >3 months</i> • Acute Vestibular Syndromes (labyrinthitis, neuritis), operations of the inner ear and BPPV • List not exhaustive and clinical reasoning to be used 	<p>Face to face or virtual management based on patient preference and clinical reasoning.</p> <p>Able to offer at all sites</p>
Priority 3 (Routine)	Patients to be seen in <3 months	<ul style="list-style-type: none"> • Chronic pain • OA • Degenerative non-urgent pathologies • Vestibular • Chronic dizziness, vestibular migraine and PPPD • List not exhaustive and clinical reasoning to be used 	<p>Face to face or virtual management based on patient preference and clinical reasoning.</p> <p>Able to offer at all sites</p>

Prioritisation Levels – Pelvic Health Physiotherapy

Tier	Definition	Examples	Action
Priority 1 (Urgent)	Patients to be seen in <1 week	<ul style="list-style-type: none"> • Pelvic Girdle pain that cannot be managed with video advice • List not exhaustive and clinical reasoning to be used 	<p>Face to face usually required.</p> <p>Consider virtual management where possible based on patient preference and clinical reasoning.</p> <p>Able to offer at all sites</p>
Priority 2 (Urgent)	Patients to be seen in <2 weeks	<ul style="list-style-type: none"> • Post-natal diastasis (between 2-4 weeks) • Post-natal pelvic floor dysfunction • Post-natal pelvic girdle pain • 3rd/ 4th degree tears (seen on ward, telephone call at 6 weeks) • Post lat dorsi reconstruction (4 weeks) • Antenatal pelvic floor issues such as incontinence, prolapse or sexual dysfunction (initial can be tel call) • Postnatal pelvic floor issues such as incontinence, pelvic floor issues, or sexual dysfunction (initial can be tel call) • Antenatal carpal tunnel • Post natal de Quervains Tenosynovitis 	<p>Face to face or virtual management based on patient preference and clinical reasoning.</p> <p>Able to offer at all sites</p>
Priority 3 (Routine)	Patients to be seen in <3 months	<ul style="list-style-type: none"> • Pelvic floor dysfunction- including Stress urge incontinence/urge incontinence, prolapse, bowels problems • Post urology surgery (prostatectomy, TURP) • Pelvic pain not related to pregnancy • Post uro-gynae surgery • Antenatal and postnatal asymptomatic patients for preventative workshops • Paediatric Pelvic floor dysfunction- Stress incontinence/urge incontinence only 	<p>Face to face or virtual management based on patient preference and clinical reasoning.</p> <p>Able to offer at all sites</p>

Prioritisation Levels – Rheumatology Physiotherapy

Tier	Definition	Examples	Action
Priority 1 (Urgent)	Patients to be seen in <1 week	<ul style="list-style-type: none"> • No patients are required to be seen in this category. 	
Priority 2 (Urgent)	Patients to be seen in <2 weeks	<ul style="list-style-type: none"> • Post steroid injection. • At Consultant request to manage an acute “flare up” of a patient’s existing rheumatological condition. • At Consultant request to manage an acutely symptomatic newly diagnosed rheumatological condition. 	<p>Face to face or virtual management based on patient preference and clinical reasoning.</p> <p>Able to offer at all sites</p>
Priority 3 (Routine)	Patients to be seen in <3 months	<ul style="list-style-type: none"> • R.A • A.S • Fibromyalgia • Connective tissue disorder • Ehlers-Danlos Syndrome. • Chronic pain • List not exhaustive and clinical reasoning to be used 	<p>Face to face or virtual management based on patient preference and clinical reasoning.</p> <p>Able to offer at all sites</p>

Prioritisation Levels – Rheumatology Occupational Therapy

Tier	Definition	Examples	Action
Priority 1 (Urgent)	Patients to be seen in <1 week	<ul style="list-style-type: none"> Patients who have undergone post op hand surgery for rheumatological condition (may be shared care with hand therapy service) Existing rheumatology patients who are experiencing an acute flare of an inflammatory rheumatological condition impacting significantly on hand function and ADL's List not exhaustive and clinical reasoning to be used 	<p>Face to face usually required.</p> <p>Able to offer at all sites</p>
Priority 2 (Urgent)	Patients to be seen in <2 weeks	<ul style="list-style-type: none"> Patients who are newly diagnosed with an inflammatory arthritis with early development of joint changes/deformities which are impacting significantly on hand function. Existing rheumatology patients who have a progression of a joint deformity or development of a new joint deformity, impacting on hand function. Patients with inflammatory conditions (new or long standing) whose symptoms are not yet controlled and impacting significantly on hand function and ADL's. Priority 3 patients who have been waiting >3 months List not exhaustive and clinical reasoning to be used 	<p>Face to face or virtual management based on patient preference and clinical reasoning.</p> <p>Able to offer at all sites</p>
Priority 3 (Routine)	Patients to be seen in <3 months	<ul style="list-style-type: none"> Rheumatology patients (new or long standing) requiring Ax/Rx for stable or gradual progressing conditions (including OA) with some impact on their hand function and occupational performance Patients who have Fibromyalgia secondary to a rheumatology diagnosis who require Ax, Rx and self-management education Rheumatology patients with no acute changes requiring a regular review as per NICE guideline for RA. List not exhaustive and clinical reasoning to be used 	<p>Face to face or virtual management based on patient preference and clinical reasoning.</p> <p>Able to offer at all sites</p>

Neurology & Rehabilitation – Physiotherapy Out-Patients

Tier	Definition	Examples	Action
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Priority 1 (Urgent)	Patients to be seen in <1 week	<ul style="list-style-type: none"> No patients are required to be seen in this category. 	
Priority 2 (Urgent)	Patients to be seen in 2-4 weeks	<ul style="list-style-type: none"> Patients who are falling due to neurological impairment. Consider whether the needs of this patient can be met within the outpatient setting or if review within the community is more appropriate in the first instance. Patients discharged from an acute in-patient admission requiring specialist follow up physiotherapy to facilitate discharge. Outpatient physiotherapy in this instance is to support ongoing rehabilitation. Issues of function and safety within the patient's home environment will need to be reviewed and supported by community teams as appropriate. Significant, sudden deterioration in function (e.g. exacerbation, onset of pain) 	<p>Face to face assessment or telephone triage to support appropriate booking for face to face intervention.</p> <p>Face to face or virtual input to support management according to patient preference.</p> <p>Available on all sites.</p>
Priority 3 (Routine)	Patients to be seen in <3 months	<ul style="list-style-type: none"> Patients experiencing a general deterioration in activity level Patients requiring baseline assessments following discussion with referring Specialist in order to monitor activity level (this may include patients commencing on disease modifying drugs). Patients with a new diagnosis of a neurological condition requiring specialist physiotherapy for assessment and treatment of mild/moderate impairment. Patients requiring a physiotherapy assistant, space and equipment to undertake exercises to regain function. Assessment of patients following BTX injection. 	<p>Face to face assessment or telephone triage to support appropriate booking for face to face intervention.</p> <p>Face to face or virtual input to support management according to patient preference.</p> <p>Available on all sites.</p>

N.B. All patients considered for prioritisation for Neurological physiotherapy within the Acute Trust must require specialist, hands on therapy with appropriate patient directed goals

Neurology & Rehabilitation – Occupational Therapy Out-Patients

Tier	Definition	Examples	Action
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Priority 1 (Urgent)	Patients to be seen in <1 week	<ul style="list-style-type: none"> • Patients who have been referred by A&E following a head injury and advice and education is needed to ensure optimum symptom management allowing return to occupations. • List not exhaustive and clinical reasoning to be used 	
Priority 2 (Urgent)	Patients to be seen in <2 weeks	<ul style="list-style-type: none"> • New splint referrals who are identified by referrer as being at immediate risk of development of pressure sores. • Patient admitted with a head injury, seen by inpatient OT and urgent review required to support discharge. • Patients who are referred for driving, are still continuing to drive and there are significant concerns raised and objective assessment required to support next step • Priority 3 patients who have been waiting >3 months • List not exhaustive and clinical reasoning to be used 	<p>Face to face usually required.</p> <p>Head injury follow up post inpatient episode can be telephone appointment.</p>
Priority 3 (Routine)	Patients to be seen in <3 months	<ul style="list-style-type: none"> • Patients with a new diagnosis / long term neurological condition requiring specialist occupational therapy for assessment and treatment. • Patients who are nearing the end of a medical revocation of license and assessment is required to support relicensing. • Patients who are keen to return to driving in the near future to enable participation in social occupations. • Patients who have a long standing neurological condition and review re splints / cognition is required • List not exhaustive and clinical reasoning to be used 	<p>Face to face usually required.</p> <p>Able to offer on all sites</p>

Prioritisation Levels – Hand Therapy

Tier	Definition	Examples	Action
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Priority 1 (Urgent)	Patients to be seen in <1 week	<ul style="list-style-type: none"> • Post tenolysis/ MUA release surgery • Trauma Hand surgery inc tendon and nerve repairs/ ORIFs/ debridement ect. • Elective surgery inc Trapeziectomy, Dupuytren's *** • Patients requiring changes to splints – timings as per post op instructions and protocol • MCP Arthroplasty/CMC arthroplasty • Trauma requiring urgent splinting inc boutonniere, mallets, volar plates, swanneck, etc.. • List not exhaustive and clinical reasoning to be used 	<p>Face to face required.</p> <p>Able to offer at all sites</p>
Priority 2 (Urgent)	Patients to be seen in <2 weeks	<ul style="list-style-type: none"> • Acute trauma – soft tissue, ligamentous, bone (If seen in hot hand clinic may not need to be seen within 2/52) • Contractures to the hand post trauma. • Oncology – inc lymphedema post mastectomy • Suspected Chronic regional pain syndrome • Paediatric conditions • <i>Priority 3 patients who have been waiting >3 months</i> • List not exhaustive and clinical reasoning to be used 	<p>Face to face required.</p> <p>Able to offer at all sites</p>
Priority 3 (Routine)	Patients to be seen in <3 months	<ul style="list-style-type: none"> • Chronic pain/ chronic tendinitis • Chronic CRPS • Injuries exceeding 6 months. • Degenerative non-urgent pathologies • List not exhaustive and clinical reasoning to be used 	<p>Face to face will be required.</p> <p>Able to offer at all sites</p>

*** Patients referred for elective surgery are usually referred pre-surgery – post surgical hand therapy appt timings as per post op instructions and protocol.*

Prioritisation Levels – Respiratory Physiotherapy

Tier	Definition	Examples	Action
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Priority 1 (Urgent)	Patients to be seen in <1 week	<ul style="list-style-type: none"> No patients are required to be seen in this category 	
Priority 2 (Urgent)	Patients to be seen in <2 weeks	<ul style="list-style-type: none"> Asthma patient due to commence biologic therapy Bronchiectasis chest clearance indicated as urgent by thoracic consultant referral Asthma patient indicated as urgent by thoracic consultant referral 	<p>Face to face or virtual management based on patient preference and clinical reasoning.</p> <p>Able to offer at all sites normally- <i>*KGH currently unavailable until September 26</i></p>
Priority 3 (Routine)	Patients to be seen in <3 months	<ul style="list-style-type: none"> New diagnosis of Bronchiectasis Bronchiectasis chest clearance with increased infections / difficulty clearing sputum / sputum sampling required BPD struggling with SOB symptom / exercise tolerance Chronic cough management List not exhaustive and clinical reasoning to be used 	<p>Face to face or virtual management based on patient preference and clinical reasoning.</p> <p>Able to offer at all sites normally- <i>*KGH currently unavailable until September 26</i></p> <p>Consider referral to COPD team if patients have a COPD diagnosis</p>