

## Supplementary material 2

### Worked example

#### Clinical Prioritisation score

In this example a 55-year old patient reports he is unable to cope with his pain although the pain is intermittent. He also reports intermittent problems with sleep and has optimised his medication with no significant benefit. He works as a plasterer and is unable to work for more than 4 hours due to pain severity. He was previously diagnosed clinically with moderate knee osteoarthritis.

#### Clinical prioritisation

Condition	Key consideration	Yes , Maybe , No	Score	Weighting	Total score	Comments
Pain	Pain is severe and continuous	No	0	3	0	
	Severe psychological distress (e.g. anxiety, depression, coping) related to their pain	Maybe	1	3	3	
	Unable to sleep with their pain?	Maybe	1	2	2	
Analgesia	Medication is optimised as able and symptoms uncontrolled	Yes	2	3	6	
Work	Are they classed as a key worker or carer?	No	0	3	0	
	Ability to undertake any work severely compromised due to symptoms despite modifications or modifications not possible.	Maybe	1	3	3	
ADLs	ADLS significantly limited by symptoms.	No	0	3	0	
High-Priority Clinical Conditions - Level 3	Frozen Shoulder; Pain > Stiff (Stage 1) that would benefit from injection consideration/ Progressive neurology e.g. possible Myelopathy, significant weakness or bilateral sciatica	No	0	3	0	
Moderate-Priority Clinical Conditions - Level 2	Knee pain with possible mechanical signs/ Irritable Rotator Cuff Related Shoulder Pain (RCRSP) or Stage 2 Frozen Shoulder/ De Quervain's Tenosynovitis with functional limitation/ Carpal Tunnel Syndrome (non responder to splinting or presenting with possible wasting)/ Mod-Severe OA of any joint/ Medium-high risk neck or back pain (consider STaRT score)	No	0	2	0	
Low-Priority Clinical Conditions - Level 1	Knee pain without possible mechanical signs inc. PFP/ Non-irritable RCRSP/ De Quervain's Tenosynovitis without functional limitation/ Initial presentation of CTS without wasting/ Mild-Moderate OA of any joint/ Lower limb tendinopathy e.g. Plantar Fasciopathy, Achilles, GTPS/ Low-risk neck or back pain (consider STaRT score)/ Trigger Finger/ Other	Yes	2	1	2	
	Sum of clinical prioritisation score	16			16	
	<b>Total clinical prioritisation score (%)</b>	<b>31</b>				

## Patient COVID-19 Risk score

In this example we are formulating a risk assessment score for our 55-year old male from a BAME background, and with hypertension.

<b>Patient Risk Assessment</b>		<i>This is a clinical guideline and does not replace clinical reasoning and assessment. The tool is based on UK data.</i>		
<b>Please answer Yes or No to the following questions to determine a risk assessment score</b>				
<b>Do you have any of the following medical conditions?</b>	<b>Yes / No</b>	<b>Score</b>	<b>Weighting</b>	<b>Total score</b>
Aged band	Over 50			
Aged over 70 years	No	0	3	0
Aged over 60 years	No	0	2	0
Aged over 50 years	Yes	1	1	1
Male	Yes	1	2	2
Active treated Rheumatological condition	No	0	3	0
Poorly controlled diabetes (HbA1c > 58 mmol/mol), Hypertension, COPD, Heart Disease, Previous Stroke, Chronic kidney disease, Immunocompromised, Dementia	Yes	1	2	2
Cancer (within the last year)	No	0	2	0
BAME background or known low Vitamin D (less than 50nmol/L)	Yes	1	2	2
BMI over 40	No	0	2	0
Current smoker or asthmatic	No	0	1	0
<b>Total COVID-19 risk score</b>				<b>7</b>

## Overall risk score and matrix with corresponding guidance

Our 55-year old patient falls into the orange category which is an overall risk score of 3 (consider taking extra precautions, review the absolute need for a face-to-face consultation). The corresponding advice can be used to inform clinician conversations with this patient.

Overall risk score									
		<b>Risk vs. Clinical Prioritisation Matrix</b>							
Total COVID-19 risk score (from "Patient Risk Assessment" Tab)	7	<b>Total Risk Assessment Score</b>		High clinical prioritisation (76-100)	Moderate - high clinical prioritisation (51-75)	Moderate - low clinical prioritisation (26-50)	Low clinical prioritisation (0-25)		
Total clinical prioritisation score (from "Clinical Prioritisation" Tab)	31			0	0	1	0		
		0 Negligible	0						
Overall risk	3	1 - 3 Very Low Risk	0						
<b>Do not book unless have discussed with senior clinician</b>		4 - 6 Low Risk	0						
		7 - 8 Moderate Risk (low-moderate)	1					3	
<b>Guidance</b> Consider taking extra precautions +/- testing prior to face to face appointment. Review the absolute need for the patient to be seen face to face. Shared decision making with patient		9 - 10 Moderate Risk (high-moderate)	0						
		11 - 12 High Risk	0						
		13+ Very High Risk	0						
		<b>KEY FOR COLOUR DETERMINATION OF OVERALL RISK</b>							
		1	Can be seen face to face						
		2	Can be seen face to face with caution						
		3	Consider taking extra precautions +/- testing prior to face to face appointment. Review the absolute need for the patient to be seen face to face. Shared decision making with patient						
		4	Consider testing +/- - strongly discouraging face to face appointment. Shared decision making						
		5	Strongly discourage face to face appointment						