NHS
East Staffordshire
Clinical Commissioning Group

SECONDARY CARE INITIATED REFERRALS POLICY

(FORMERLY CONSULTANT TO CONSULTANT POLICY)

Version number	V2.1
Date approved by Finance and Performance or Quality Committee	Reviewed and agreed by Dr Charles Pidsley 24.3.16
Date issued	1st April 2016
Review date	January 2017
Target audience	CCG, GPs, Providers, Consultants

HISTORY OF CHANGES		
Old version number	**Significant changes**	**New version number**
V1	Revised policy	V2.1

Contents

Secondary Care Initiated Referral Policy

1. PURPOSE AND INTRODUCTION

The purpose of this commissioning policy is to differentiate when a patient should be managed in primary care if primary care is able, and managed in secondary care if secondary care is needed. The policy will clarify under which circumstances the **East Staffordshire Clinical Commissioning Group (ESCCG)** will permit Consultant to Consultant referrals within the following Provider Trusts: **Burton Hospital Foundation Trust (BHFT) and Derby Teaching Hospital Foundation Trust (DTHFT)**

The policy is designed to reduce the need for referrals between and within specialities for non-urgent conditions in order to improve efficiency in the way Primary Care and Secondary Care utilise the resources available, and by doing so to take every opportunity to provide patient health care closer to home.

Background

Service Condition 8.4, NHS Standard Contract, states with regards to Consultant to Consultant referrals:
"Except as permitted under an applicable Prior Approval Scheme, the Provider shall not carry out, nor refer to another provider to carry out, any non-immediate or routine treatment or care that is unrelated to a Service User's original Referral or presentation without the agreement of the Service User's GP."

The vast majority of referrals will be made from Primary to Secondary Care ("GP to Consultant") for the following reasons:

- To offer patient choice for each different episode of care. Patients will be offered the opportunity for 'Choice' in relation to referral for and opinion or management of a condition.
- To provide care closer to home wherever possible by ensuring management of patients within primary care where appropriate.
- To contribute to the management of secondary care capacity by ensuring only those genuinely needing secondary care receive it, and in a more timely way as part of 18 weeks pathway.

For these reasons, when a Consultant decides that the opinion of another Consultant/service will be sought, in the majority of cases he/she will write back to the referring GP detailing this opinion so that the patient and their GP can agree on further management.

There are circumstances in which a "Consultant to Consultant" referral is clinically appropriate, and , and therefore the referring GP delegates responsibility for the decision to refer and other circumstances where this is not the case.

2. SCOPE

The scope of this policy applies to services commissioned by the ESCCG from: Burton Hospital Foundation Trust and Derby Teaching Hospital Foundation Trust
This policy applies from 1st April 2016 until further notice.

3. ROLES AND RESPONSIBILITIES

It is the the responsibility of the Trust to document the reason for referral from one Consultant to another Consultant within the patient notes.

A Consultant to Consultant referral must be initiated and carried out only by a Consultant or senior doctor.

Clinical safety considerations must predominate at all times. The provider must give due consideration to assuring itself that any Consultant to Consultant referrals do not circumvent the requirements of 18 week referral pathways that would have been instigated had the patient been referred by their GP. In this regard the Provider must ensure patients are tracked appropriately and their care delivered in a timely manner.

The role of the NHS Commissioners is to:

- Monitor the implementation of the Policy and the impact it has on clinical decision making
- Inform referrers including all primary care practices of the Policy
- Inform all service providers with whom the NHS Commissioners have formal contractual arrangements of the Policy

4. MAIN BODY OF THE POLICY

GP referrers only delegate authority for a consultant to refer a patient to another consultant in the following circumstances:

- In urgent situations requiring a patient to be seen within 14 days for further tests for a condition unrelated to that originally referred if this should become apparent during the course of the initial assessment.
- For further tests to investigate the condition for which the patient was referred.
- For further and essential opinion on the condition for which the patient was referred
- Further management of the condition for which the patient was referred.
- Where there is a suspicion of malignancy which can only be ruled out through direct observation, biopsy or other test, consultant to consultant referral is appropriate where a Consultant believes they do not have the knowledge/proficiency to rule out a malignancy.
- Where there are significant co-morbidities needing specialist input that are going to influence /affect the treatment of the condition originally referred, Consultant to Consultant referral is permitted.
- In conditions where referral back to the GP would have significant adverse effect on the clinical outcome for the patient Consultant to Consultant referral is permitted.
- In cases where further investigation of the presenting signs and symptoms is considered necessary in order to commence treatment but where these further investigations could not be conducted by either the GP or the first Consultant.

Where a non urgent condition of symptom becomes apparent that is unrelated to the condition originally referred, then the patient must be discharged back to their GP (practice) for the GP/patient to decide when to refer and to which Provider/Consultant. In referring a patient back to a GP, Consultants will not raise expectations of the patient that an onward referral will be made.

When an in-patient develops or mentions a condition not related to the reason for admission or during the inpatient stay a condition is identified, and the condition is **not** of an urgent nature no Consultant to Consultant referral will be made, the condition will be noted in the discharge summary and the patient will be referred back to the GP with instructions to ask the GP's opinion regarding his/her management. The GP can then advise the patient of the choices available for on-going diagnosis and treatment of their condition.

All Consultant to Consultant referrals will be clearly documented in the patients' notes, along with the reason for the referral.

4.1: Referral requiring redirection within same specialty (intra-specialty referrals)

- When this occurs before the patient attends for a consultation the referral will be redirected within the specialty without Commissioners incurring additional costs.
- This is without an additional 'new' or 'follow up' appointment being charged.
- Cases where the referrer has sent the patient to the correct specialty but the wrong Consultant should be forwarded to the correct clinician without the delay of sending the referral back to the referrer without charge to the Commissioner.
- Other intra-speciality referrals are not permitted.

4.2: Referral requiring redirection to a different specialty (inter-specialty referrals)

- When this occurs before the patient attends for a consultation the referral will be redirected without Commissioners incurring additional costs.
- The patient's GP will be notified in writing of the redirection of the referral and the reasons for it.

4.3: Referral requiring redirection to another organisation (tertiary referrals)

The CCG considers it is acceptable to make referrals into other organisations or to accept referrals from other organisations in the following circumstances:

- Suspected or diagnosed cancer
- Urgent problems for which delay would be detrimental to the patient's health (the "two week rule" as applied for GP referrals)
- Where the destination is recognised as specialist and only accepts referrals from consultants
- Where the referral is for a very specialist opinion or treatment where the destination of the referral is "the provider of choice"
- Where onward referral is expected and planned as an essential part of the same pathway of care
- Referral to established multi-specialty combined clinics
- Referrals relating to chronic multi-system disease where specialist management or intervention is required, with close collaboration (i.e. sharing of complex clinical information)
- Referrals that facilitate discharge from or prevent an acute admission e.g. Ambulatory Emergency Clinics which are designed to avoid, when clinically appropriate, the need for an emergency hospital admission.

4.4: Other Circumstances

Any circumstances or set of conditions outside of these will be dealt with following the procedure for inter-specialty Consultant to Consultant referrals.

Some pathways of care permit the Trust to refer patients from one Consultant to another.
These pathways will be described in service specifications within the Provider contract with the Commissioners

In the following specific pathways Consultant-to-Consultant referral may occur:

- Any referral that is on a two-week rapid access or emergency pathway
- Transfer of a patient/condition from paediatric to adult service to preserve continuity where required.

- Onward referral is permissable for paediatric patients with psoriasis and severe previously unrecognized asthma
- Referrals to Cardiology to confirm a patient's suitability for surgery

Consultant to Consultant referrals are not permissable when:

- The GP referral does not contain enough information to ensure that the patient will see the right consultant at their first appointment. The Trust will have appropriate referral screening in place to ensure that patients are assigned to the correct consultant and sub-specialism at the start of a referral process to avoid multiple and unnecessary inter-consultant referrals that waste valuable clinic capacity. It is the provider's responsibility for keeping the Choose and Book Directory of Services accurate and up to date.
- The referral triage process has not been adequately applied (Where this is the case, commissioners reserve the right to refuse payment for a consultation with 'the wrong' consultant)
- An incidental finding is made during the course of assessment or investigation that is unrelated to the reason for referral
- A patient discloses symptoms to the consultant that indicate a diagnosis unrelated to the reason for referral
- The Consultant is considering a designated 'procedure of low clinical value' as the next management option for the patient

In all these circumstances, the patient (with a letter from the Consultant or the original GP referral letter) will be directed back to their GP with adequate information and guidance to allow the patient and GP to agree an appropriate course of action. When referring back to the GP, the Provider needs to be clear and document that a transfer of responsibility is taking place with the referral back to the GP

There is no delegated authority for Consultant to Consultant referral in the following defined range of conditions, therefore the patient should be referred back to the GP in accordance with NHS Standard Contract Terms :

- Management of diabetes (see below)
- Management of hypertension
- Management of asthma or chronic obstructive pulmonary disease (unless there are extenuating circumstances involving particularly challenging patients).
- Management of non-malignant skin conditions, in particular viral warts, seborrhoeic warts, mulluscum contagiosum, acne, eczema, urticaria, psoriasis and moles. Exclusion to this would be those with severe disease requiring complex treatment or recognised investigations can only be undertaken in Secondary Care.

In the case of Diabetes, there are only two occasions where an urgent referral to a hospital Diabetic Clinic is mandatory and therefore delegated permissions are given from the referring GP. These are:

1. A newly diagnosed diabetic patient where there is a suspicion that this may be Type 1 Diabetes (and insulin may be required urgently),
2. Diabetic foot ulceration (where NICE guidelines dictate that the patient will be referred and seen in a Diabetic Foot Clinic within 24 hours).

In all other situations the diabetic patient will be referred back to the Clinician responsible for their routine diabetes care (this will normally be their GP – see above comments regarding letters copied patients).

Where an investigation of the presenting problem turns up some incidental abnormal finding (e.g. an elevated blood sugar in a patient who is well and who has no symptoms of diabetes), the abnormal result must be communicated to the patient and GP, the patient must be advised to consult their GP for further advice (with an indication as to the appropriate timescale) and the further management of the patient must be left with the GP. The clinical care of the patient will be returned back to the GP. Where appropriate, a suggested ongoing management plan will be given, including recommendations (rather than mandatory instruction) for onward referral to Community or specialist care where this will be considered.

All other situations will not normally initiate a Consultant to Consultant referral.

5. MONITORING AND EVALUATION

This policy is expected to see a reduction in the amount of Consultant to Consultant referrals at the Trust and monitoring will take place to ensure that this policy is adhered to. Providers will provide regular reporting of Consultant to Consultant referral activity including evidence that the CCG policies are being adhered to.

This policy will also be part of the CCG QIPP scheme and activity will be monitored.

The CCGs will also undertake clinical audits of compliance throughout the financial year.

As part of regular management of the Acute Contract, Consultant to Consultant referral rates at specialty level activity levels will be monitored and managed in accordance with contract terms and conditions

6. REVIEW

The Policy will be reviewed annually alongside the contractual rounds.