Derby and Derbyshire
Clinical Commissioning Group

CLINICAL POLICY ADVISORY GROUP (CPAG)

Consultant to Consultant Referral Policy

Statement

Derby and Derbyshire CCG (DDCCG) has deemed that consultant to consultant referral without patient choice is appropriate in certain situations listed within the policy. DDCCG has also deemed that consultant referral back to the patient's GP is appropriate in certain situations listed within the policy.

These commissioning intentions will be reviewed periodically. This is to ensure affordability against other services commissioned by the CCG.

1. Background

There are times when consultants in secondary care refer patients to another colleague, either within the same speciality or in another speciality. This can be within the same provider or between providers – so called consultant to consultant referrals.

The requirement to offer patient choice adds a layer of complexity to the issue of consultant to consultant referrals. There are situations in which the offer of patient choice may adversely affect patient care and others where choice would be both appropriate and desirable. This policy outlines the situations when consultant to consultant referral without choice may be appropriate and when patients should be referred back to their own GP.

2. Recommendation

Situations when Consultant to Consultant Referral would be Appropriate

- Further investigation of the referral complaint. 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

- Very specialised treatment in Tertiary referral

- Cross speciality referrals related to the **original** condition, such as where cross-speciality referral is part of a recognised pathway, for example: a patient referred by a cardiologist for cardiac surgery; a mastectomy patient requiring breast reconstruction

- Urgent problems for which delay would be detrimental to the patient's health

- Confirmed or suspected cancer

- Patients in whom the anaesthetist has identified during their pre-operative workup a condition that needs further specialist investigation prior to their surgery being undertaken and these investigations or treatment are not appropriate to be undertaken in Primary Care

- Pre-operative assessments, including in other specialities such as cardiology

- Within a multi-disciplinary team, which should not be recorded as a new outpatient appointment but as a follow up appointment

- Referrals within a specialty for the same condition.
- Conditions that are related to the presenting problems e.g.
    - Where there is an established pathway e.g. gastroenterology to GI surgery

GPs are asked to provide comprehensive information in the referral letter and refer to a specialty, rather than a specific consultant, as far as possible.

Staff who screen the referrals are asked to ensure that referrals are directed to the

appropriate specialist.

Any patient referred onto a consultant to consultant referral must be initiated and carried out only by a consultant or senior doctor.

Where a referral from one consultant to another is considered to be the required action, this decision must be taken or authorised by the consultant only, rather than a member of his/her team. The patient's GP must be informed of the referral via a copy of the consultant referral letter**.**

Where a Derbyshire patient has had an initial NHS outpatient appointment in a private setting and then needs to be onward referred back to a NHS site to continue their treatment the referral should be clearly marked as 'NHS Patient'.

Consultant to Consultant Referral between Organisations

It is acceptable for the Trust to accept referrals from other organisations only where the referral is for a very specialist opinion/treatment for which the Trust is the 'provider of choice'.

Situations in which Referral Back to GP Would be Appropriate

- Conditions that are unrelated to the presenting problems and do not require urgent referrals
- Incidental findings, except cancer
- Conditions that can be dealt with within Primary Care
- Those patients who Did Not Attend (DNA) their appointment
    - Every DNA should be reviewed on an individual patient basis by the clinician at the end of the clinic before making any decision on whether to discharge the patient back to the GP
    - Where a DNA is not under the direct control of the patient an appointment can be rebooked without having to ask the patient's GP to go through the referral process again
- Those patients who cancel their appointments
    - Every cancellation should be reviewed on an individual patient basis by the clinician at the end of the clinic before making any decision on whether to discharge the patient back to the GP.

If there is any doubt as to whether a patient needs to be managed by the hospital or whether a patient should be referred back to the GP to be offered a choice of provider, it would be advisable for the consultant to contact the GP to discuss the case.

Consultants will advise patients of the decision taken to refer back to the GP and will not raise expectations that a further referral will be made to them. GPs will review the information received from the consultant and decide whether the condition can be managed within Primary Care or if a referral is required.

The GP is responsible for ensuring the patient is fully engaged in the process and for offering at point of referral. Any delay in administrative processes must be minimised for those referrals sent back to the referrer.

Processing for reporting back to GPs

Consultants will work towards a 7 day standard for returning the clinic correspondence to the GP.

Exclusions

- Cancer pathways, including Palliative Care
- Transplant Surgery
- Patients who remain under the original team referred to (e.g. neurology) but require simultaneous input directly associated with their current condition/treatment from another team (e.g. respiratory)
- Natural referral paths associated with treatment of the same condition as part of specific recognised and agreed pathways e.g. neurology to neurosurgery, cardiology to cardiac surgery. This does not apply to patients requiring therapy or other input into their pathway which is available in the community
- Referrals into Paediatric Endocrinology on the basis that it is a Consultant to Consultant referral
- Referral of registered patients from Haematology to other clinicians for medical, surgical and obstetric issues
- Immuno-suppressed children and adults.
- Referrals for Procedures of Limited Clinical Value where policies should be adhered to: http://www.derbyshiremedicinesmanagement.nhs.uk/clinical-policies-home/clinical-policies

It is anticipated that this list of exclusions will remain under review for the life of the policy and that any proposals to amend or add to the list will be discussed further between Commissioner and Provider to ensure an appropriate decision-making process.

3. Rationale for Recommendations

The recommendations stated within the policy will help providers:

- Support patients to be treated closer to home
- Support GPs to retain control over their patients
- Reduce the number of referrals bouncing around the system
- Manage demand
- Make more efficient use of resources

4. Useful Resources

- NHS England Consultant to Consultant Referrals Good Practice Guide, published November 2018, https://www.england.nhs.uk/wp-content/uploads/2018/11/elective-care-good-practice-guide.pdf

5. References

- NHS England Consultant to Consultant Referrals Good Practice Guide, published

November 2018, https://www.england.nhs.uk/wp-content/uploads/2018/11/elective-care-good-practice-guide.pdf

- NHS Standard Contracts 2017/18 2018/19, https://www.england.nhs.uk/wp-content/uploads/2016/11/17-18-nhs-contrct-training-slides-2.pdf

6. Appendices

Appendix 1- Consultation

Consultee	Date
Derbyshire Affiliated Clinical Commissioning Policy Group	14/09/2017
Public Health Input	14/09/2017
SDCCG Contracting Managers	08/09/2017
Derby and Derbyshire Local Medical Committee	31/07/2019
Head of Contracting and Performance, Head of Patient Access and Administration, UHDB	07/08/19
Head of Contracting, CRHFT	06/08/19
Clinical Policy Advisory Group	August 2019
Clinical and Lay Commissioning Committee	September 2019
Clinical Policy Advisory Group	July 2020
Clinical and Lay Commissioning Committee	August 2020
Derby & Derbyshire Local Medical Committee	September 2020
The Primary and Secondary Care Clinical Transformation Group	September 2020
Chief Executive, Derby and Derbyshire Local Medical Committee	October 2020
Clinical Policy Advisory Group	October 2020
Clinical and Lay Commissioning Committee	November 2020

Appendix 2- Document Update

Document Update	Date Updated
Policy updated – version 1.2	September 2018
Policy updated – version 2	August 2019
Policy updated - version 2.1. Addition of the following exclusion criteria to policy: 'Referrals for Procedures of Limited Clinical Value where policies	July 2020

should be adhered to: http://www.derbyshiremedicinesmanagement.nhs.uk/clinical-policies-home/clinical-policies‘.	
Policy Updated. Addition of the following inclusion criteria to policy: • Conditions that are related to the presenting problems e.g. o Where there is an established pathway e.g. gastroenterology to GI surgery	September 2020