

Section B Part1

North Central London Consultant to Consultant Referral Protocol: When Appropriate and When Not

Coverage: North Central London Trusts

The following protocol has been agreed between NHS North Central London, NCL, on behalf of PCT, GP commissioners and shadow clinical commissioning groups, with provider Trusts within North Central London.

This protocol applies from the 1 April 2012 until further notice.

Principles

To facilitate the effective use of consultant to consultant, C2C, referrals there must be some key guiding principles to ensure patient safety and reduce clinical risk. The overarching principle, however, is if the patient may be able to be managed in primary and community care they should be referred back to their GP.

- Where a condition can be managed in primary and community care, the patient should be referred back to their GP practice;
- GPs and GP commissioners, who are responsible for budgets within their health economy, must take the decision as to how resources are provided and where they are directed;
- Patients should be offered choice of hospital, and be advised as to the options available for accessing high quality care;
- Patients should have access to care closer to home consistent with local and national policies;
- Patients should have access to care in line with 18 week referral to treatment pathways;
- All appropriate consultant to consultant or accident and emergency to fracture clinic referrals that comply with the protocol need to be approved by the consultant;
- Delays in urgent clinical cases should be kept to a minimum (less than 2 weeks);
- Patients should be fully informed on the process and the role of their GP;
- GPs should be informed in writing, where a C2C referral takes place;
- C2C referrals should be maintained at levels within agreed Commissioner/Provider Contract Activity Plans.

When C2C Is Not Appropriate

- Where the condition may be managed in primary and/or community care settings;
- Any non urgent problems (more than 2 weeks) which are not directly related to the original referral;
- When an inpatient develops a condition not related to their original condition and is non-urgent (more than 2 weeks);

- No Accident and Emergency outpatient referrals other than those to fracture clinic or defined otherwise as urgent;
- No procedures of limited clinical effectiveness should be subject to consultant to consultant referrals.

Where a consultant to consultant referral is not indicated, the patient should be referred back to the GP for ongoing action. Such consultations should generate a letter to the GP outlining the described clinical findings and indicating that a referral to another specialty may be appropriate.

Consultants should advise patients that the GP will be notified regarding their condition and that the GP will reassess and make any further decisions about their management or referral based on their knowledge of the skills and expertise of services available in the community.

When C2C May be Appropriate

In certain circumstances it is recognised that consultant to consultant out-patient referral, or accident and emergency to a fracture clinic, may be of benefit to the patient where there exists a clinical necessity.

The circumstances under which consultant to consultant referral may be appropriate are as follows:

- For investigation, management or treatment of cancer, or suspected cancer in line with Cancer Network criteria for referral;
- Where symptoms or signs suggest a life threatening or urgent condition that requires the patient be seen in less than 2 weeks - this is likely rarely to be appropriate for out-patient referral;
- Referrals directly related to the patients' suitability to undergo a general anaesthesia where necessary;
- For high risk patient groups presenting at A&E who may not readily comply with referral, for example some of those with possible TB. For these patients doctors will make a clinical judgment about the need to be seen urgently in the out-patient department;
- A&E referrals to fracture clinic or otherwise defined as urgent in accordance with this protocol;
- Where there exist suspected adult or child safeguarding concerns.

Clinical Governance

Where consultant to consultant referrals are appropriate both the Trust and Commissioners need to be assured that the clinical governance arrangements support safe and effective care. To this end where a patient who is referred as urgent is not seen within the required 2 weeks as defined by this protocol then this should prompt the hospital to record this occurrence as a Serious Incident.

The Trust must also 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 Trusts must ensure patients are tracked appropriately and their care delivered in a timely manner.

Supplementary Information

Roles

Whilst the title of the protocol relates to consultants, it is understood that junior doctors acting under consultants' instructions or guidelines will also make referrals where indicated. However, any referrals should be signed off by or have evidence of being discussed with the Consultant. Similarly it applies to midwives.

Patient not GP registered

Where a patient is known not to have a GP, the Hospital should make efforts to redirect the patient to the local GP Led Health Centre or Homeless Primary Care centre to register for their care and onward referral.

Clarification of Payments

Urgent Referrals – where a patient is referred as urgent under this protocol, but is not seen within 2 weeks then in addition to an SI being recorded the Trust will not be entitled to payment for such outpatient referral.

Consultant-to-consultant referrals within the same specialty shall be chargeable on the basis of an outpatient follow up not first outpatient tariff.

Definitions

Consultant to Consultant referrals comprise the following:

The CSL methodology for C2C is to split them into 2 groups:

- Initiated by the same consultant
- Initiated by a different consultant

The following sources of referrals codes are used for 'Initiated by the same consultant':

Code	Description
01	Following an emergency admission
02	Following a Domiciliary Consultation
10	Following an Accident And Emergency Attendance (including Minor Injuries Units and Walk In Centre's)
11	Other - initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode

The following sources of referrals codes are used for 'Initiated by a different consultant':

Code	Description
04	Referral from an Accident And Emergency Department (including Minor Injuries Units and Walk In Centre's)
05	Referral from a CONSULTANT, other than in an Accident And Emergency Department

Footnotes:

Urgent Referrals

NCL will expect 'urgent consultant to consultant referrals normally to be seen within 2 weeks. However, it is recognised that there may be sound operational or clinical reasons for some urgent referrals being seen within a longer timescale while still meeting the requirements of the 18 week pathway. Provided that NCL and UCLH clinicians agree that any such referrals were urgent and have been appropriately dealt with, they will be deemed to be compliant with the protocol.

When C2C referral may be appropriate

In addition to the circumstances above, consultant-to-consultant referrals can be made without prior approval from a GP when the referral is directly related to managing the same complaint