NHS
North East Essex
Clinical Commissioning Group

PLEASE NOTE POLICY IS UNDER REVIEW

NORTH EAST ESSEX CLINICAL COMMISSIONING GROUP CONSULTANT TO CONSULTANT REFERRAL POLICY

NEE/CCG/2013/041

Target Audience	Providers, Commissioners and Contract Managers
Brief Description (max 50 words)	This policy sets out the principles by which the North East Essex Clinical Commissioning Group will permit and monitor Consultant to Consultant Referrals
Action Required	Following approval at the Transformation & Delivery Committee, Contract Managers will ensure that the policy is incorporated into relevant provider contracts and disseminated to all General Practitioners.

Document Information

Title /Version Number/(Date)	Consultant to Consultant Referral Policy / v6.0/ March 2016
Document Status *(for information/ action etc)* and timescale	
Accountable Executive	Director of Nursing & Clinical Quality
Responsible Post holder/Policy Owner	Head of Contracts
Date Approved	2013
Approved By	Transformation & Delivery Committee
Publication Date	2012
Review Date	June 2017
Author	Helen Rowland
Stakeholders engaged in development/review	CCG Clinical leads, Collaborating Commissioners across East of England, key acute service providers
Equality Impact Assessment	**EQUALITY IMPACT ASSESSMENT** This document has been assessed for equality impact on the protected groups, as set out in the Equality Act 2010. This Policy is applicable to Acute Providers and General Practitioners. This policy affects all patients requiring a Consultant to Consultant Referral. The policy does not negatively affect any patient irrespective of their age, disability, sex, gender reassignment, pregnancy, maternity, race (which includes colour, nationality and ethnic or national origins), sexual orientation, religion or belief, marriage or civil partnership.
Contact details for further information	nee-ccg.acutecommissioning.nhs.net

Amendment History

Version	Date	Reviewer Name(s)	Comments
1.0	September 2012	NEE CCG Contracts team	
2.0	December 2012	NEE CCG Clinical leads	Amendments made regarding communication between Consultants and GPs regarding incidental findings
3.0	December 2012	Local acute providers, various collaborating commissioners across the East of England	Collaborating Commissioners approved. Minor amendments/points of clarification proposed by providers
4.0	May/June 2013	CCG clinical leads and contract managers	Provider proposed amendments reviewed and agreed where appropriate
5.0	January 2016	CCG Corporate Team	Policy Note
6.0	March 2016	NEE Clinical Review Group, CCG Contracts Team	Review of current policy against national guidance and local application- no changes made. Minor amendment to job titles.

This policy progresses the following Authorisation Domains and Equality Delivery System (tick all relevant boxes).

Clear and Credible Plan		Collaborative Arrangements	
Clinical Focus and Added Value	**x**	Engagement with Patients/Communities	
Commissioning processes	**x**	Leadership Capacity and Capability	
Equality Delivery System	**x**	NHS Constitution ref	

Glossary

Term	Definition
Accountable Executive	CCG Executive accountable for development, implementation and review of the policy
Policy Owner	Post holder responsible for the development, implementation and review of the policy

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1. Principles

1.1 Other than for the exceptions listed below, North East Essex Clinical Commissioning Group (NEE CCG) requires clinicians in secondary care to confirm the appropriateness of onward referrals to other secondary care clinicians by referring such patients back to their GP for either on-going referral or other management

1.2 This supports patient choice and ensures that the General Practitioners(GP) has a continuing oversight of the care given to their patients. It is recognised that the policy is likely to result in fewer hospital attendances.

1.3 This process should be managed by all parties to ensure that undue delays are not put into the system which would be detrimental to patients health

1.4 These requirements apply in all the following situations:

1.4.1. Consultant to Consultant referrals (C2C) within a specialty;

1.4.2 Consultant to Consultant referrals between specialties; and

1.4.3 Consultant to Consultant referrals to another hospital trust

1.5 For the purposes of this policy the term 'Consultant' includes specialist nurses.

1.6 These principles have been agreed jointly with primary and secondary care clinicians

2. Agreed/Permitted Consultant to Consultant Referrals

2.1 The following Consultant to Consultant Referrals are permitted:

2.1.1 Where a diagnosis of cancer is confirmed or suspected;

2.1.2 Urgent problems for which delay would be detrimental to the patient's health – the expectation here is that the patient needs

to be seen within 2 weeks. This should be clearly documented in the patient's notes;

2.1.3 For Ministry of Defence (MOD) patients;

2.1.4 For palliative care;

2.1.5 For all children under 17, for the same or for unrelated condition. (Conditions that can be managed appropriately in primary care should be referred back to the GP);

2.1.6 For Paediatrics to refer on to adult physicians as part of transition of care;

2.1.7 For pre-operative assessment, including assessment in other specialties such as cardiology;

2.1.8 For all commissioned pathways where C2C referrals are detailed as part of the patient pathway;

2.1.9 For pregnant patients who need review by other specialists as a result of their pregnancy;

2.1.10 Cross referral within the same department with sub-specialty interests for the same condition;

2.1.11 All requests or referrals for tests / investigations alone;

2.1.12 Part of an 18 week pathway- e.g. onward referral to another consultant for the same related issue for the patient to receive 1st definitive treatment (18 week clock still ticking);

For example: If a patient has been referred to Ear Nose & Throat (ENT) for a cyst on the nose and the ENT consultant wants the dermatologist to have a look and then decide appropriate course of treatment it is acceptable to refer the patient from one consultant to another.

2.1.13 Where onward referral for conditions unrelated to the original presenting condition is appropriate to support decisions to treat for the original presenting condition to avoid waiting times breaches of the standard (i.e. where a patient requires another specialty opinion to assess suitability for surgery, this referral should proceed in order to avoid breaches of 18 weeks standard, e.g. patient seen by Trauma & Orthopedic (T&O) team, but has co-morbidity of cardiac condition that needs investigation to determine fitness for surgery - referral back to GP would result in breaches of 18 weeks standard); and

2.1.14 Part of the management of a Long Term Care patient requiring onward referral to another consultant for specialist advice / treatment whose symptoms directly / indirectly relate to the long term condition

For example: If a patient is being cared for by a Rheumatologist but requires the advice / treatment from the Chest Physician, this onward referral is appropriate in the long term care of this patient unless the advice / treatment is available in Primary Care.

3. Prohibited C2C Referrals:

3.1 The following Consultant to Consultant referrals are prohibited:

- **3.1.1** For conditions that are unrelated to the original presenting condition;
- **3.1.2** For conditions that do not require urgent referral;
- **3.1.3** For incidental clinical findings (except in the event of a cancer clinical finding);
- **3.1.4** For conditions that can be dealt with by the Primary Care team, for example hypertension, diabetes, asthma, Chronic Obstructive Pulmonary Disorder (COPD), thyroid disease, lipid disorder; and
- **3.1.5** When a patient requests a second opinion

3.2 IF THE REFERRAL falls within the prohibited list above please write the discharge letter to the GP and advise the GP of any potential need for assessment by the GP for additional conditions/findings identified. Please do not advise the patient that they will be onward referred to another consultant as this will be a decision for the GP following the relevant assessment. The GP will discuss your letter with the patient and will write a new referral if required

For example: Patient is referred to respiratory for a chest problem, whilst treating the condition it has been noted that the patient has a problem with their eyes and or their knees, this is unrelated and will require assessment by the GP who will determine whether a new referral is required.

3.3 Referrals from clinical colleagues outside of the Trust are not incorporated within the clause above. This could include, but is not limited to, for example, Optometrists and Dentists.

4. Tertiary Referrals

4.1 All tertiary referrals must be made in line with pathways agreed via Clinical Networks in place from time to time where there is a network arrangement identified within the contract that covers the care required by that patient.

4.2 All tertiary referrals covered by an agreed pathway that is included within a formal service specification must be made in line with that service specification.

4.3 Any tertiary referrals that are not covered by a clinical network or by a locally agreed pathway that is included in the service specification of the service will require formal authorisation for funding using the application process within the North East Essex CCG Prior Approvals Policy.

5. Process

5.1 GPs are asked to provide comprehensive information in the original referral letter to ensure that the patient is seen by the appropriate clinician within a specific specialty in the first instance.

5.2 Consultants can onward refer within own specialty before first outpatient appointment if they consider it to be more appropriate for the patient to be seen by a different Consultant.

5.3 GPs are asked to respond promptly to requests for additional referral information to facilitate direction of patient to the appropriate specialist.

5.4 When a request for assessment and consideration of onward referral is sent back to the GP this should be made within 1 week with all the necessary information. Patients should be advised to arrange to see their GP 2 weeks following the attendance at the hospital clinic to be assessed/ discuss the consultant's findings.

5.5 NEE CCG will not pay for outpatient appointments which have been made following a consultant to consultant referral outside of the above parameters.

5.6 All Consultant to Consultant referrals should be documented clearly in the patients notes

6. Guidance

6.1 Internal Sub-specialty consultant transfer is common especially in specialties where a Choose and Book appointment has been made by the patient

6.2 In specialties such as Orthopaedics a patient may book a slot with a consultant who specialises in Hips only for the consultant to find that the patient is a back referral. The 18 week clock remains ticking until that patient receives definitive treatment or is discharged from outpatients. The 18 week team would recommend that you do the following:

6.2.1 Ensure that the directorate/specialty has an operational plan in place that enables the original appointment to be re-booked with the appropriate consultant.

6.2.2 If a date has not yet been booked but a referral letter has been received by a consultant that does not match their sub specialty they should pass the referral letter onto the general manager for action rather than onward referring to their colleague. The clock started as soon as the referral letter was received by the trust and will remain ticking until definitive treatment or discharge from outpatients has taken place.

6.3 If you require any further guidance on the issue of C2C referrals or in respect of interpretation of this policy, please address any queries to:

nee-ccg.acutecommissioning@nhs.net

7. Compliance

7.1 Providers will assure themselves of their compliance with the terms of this policy.

7.2 NEE CCG will undertake audits of compliance throughout the financial year to establish whether referrals are being made in compliance with this policy.

APPENDIX A

AUDIT PLAN - Monitoring Statement

Policy Title: Consultant to Consultant Policy
Policy Owner: Head of Contracts
Approving Committee: Transformation & Delivery Committee
Group/committee responsible for ensuring actions are in place: Operational Executive

Aspect of the policy to be monitored	Monitoring Method	Individual/ Team responsible for the monitoring	Frequency	Group/ committee that will receive the findings/ monitoring report	Actions taken by the Group/committee
Compliance by Providers with the policy	Clinical notes audit	Contracting team	Annual	Transformation & Delivery Committee	