

## Consultant to Consultant Referral Policy

### Introduction

In order to ensure that all Consultants in SaTH manage consultant to consultant referrals in a consistent way, the CCG has introduced a new Consultant to Consultant policy. This policy replaces the existing policy, which clinicians felt was not sufficiently discriminating and thus would not influence the consultant to consultant decision making process.

### Aim

The aim of the policy is to provide clear guidance for consultants as to when they could and could not refer patients on to other consultants without the necessity of referring back to the patient's GP. Commissioners want to avoid large volumes of patients being referred back to primary care unnecessarily whilst ensuring that patients who can be treated in a community setting are given that opportunity.

The policy applies to outpatient appointments made by one consultant to another and not to ward referrals, when an inpatient needs another opinion for a newly emerging life threatening clinical situation e.g. congestive cardiac failure in a patient with admission for pneumonia.

### Requirements of the policy

#### **A Consultant may refer directly to another Consultant when:**

- 1. The presenting referral symptom involves a different speciality** e.g. referred to dermatology with facial skin lesion but with involvement of adjacent buccal mucosa where orthodontic opinion sought, or referral for back pain, where investigation excludes an orthopaedic cause but identifies the cause elsewhere e.g. vascular or gynaecological.
- 2. Prioritisation of 2 conditions:** investigation of referring condition by consultant reveals other condition in same speciality which needs to be managed first or harm will come to the patient e.g. referred for cataract and found by ophthalmologist to have glaucoma so latter needs treating first prior to cataract referral being treated, consultant can refer to other consultant. Referrals in the same speciality will not attract a new first outpatient tariff but a follow up tariff.

**Consultant to consultant referrals may not occur when:**

1. **It can be done in primary care or in a community setting.** E.g. lumps and bumps excision. If in doubt speak to a TRAQS sifter on telephone number 01952 580462; if so discharge back to TRAQS to redirect.
2. **Sub-specialisation** in the same department; it is not proposed that a second outpatient referral should be paid when due to subspecialisation the patient is seen by the wrong consultant in a trust speciality who redirects the referral to a colleague in the same department.
3. A patient reveals **symptoms unrelated to the referring condition** e.g. dyspepsia when referred for back pain.
4. Referrals from A&E to other Consultants, unless part of immediate emergency or urgent care.
5. **A procedure of “low clinical value”** as defined by the Telford and Wrekin Policy

This proposal has been approved by Telford and Wrekin CCG GPS, Mr Bruce Summers, NHS Telford and Wrekin CCG board.

The policy will be included in the SaTH Contract for 2013/2014.