

Consultant to Consultant Internal Referrals Policy

Internal referrals should be made between consultants in the following circumstances:

1. Clinically urgent problem referred by the GP requires further investigation by a hospital clinician

For investigation, assessment or treatment of a clinically urgent problem e.g. suspected cancer when no diagnosis established by the first Consultant.

Example: A patient is referred to colo rectal Surgery with symptoms of bowel cancer and no bowel cancer is found; the patient needs referral on to another speciality to exclude other abdominal conditions.

2. Original problem referred by the GP requires further investigation by a hospital clinician

Further investigation, assessment or treatment of the presenting signs and symptoms is required and this cannot be carried out by the GP or first Consultant.

Example: A patient with shortness of breath who has been seen by the Respiratory Physician may need to be internally referred to the Cardiologist for some symptoms.

Patients with minor symptoms should be sent back to their GP e.g. a patient with dizziness should not be referred from ENT to Neurology unless clinically urgent.

3. Pre-operative Assessment

Patients who have a significant medical problem that is identified at pre-operative assessment; the condition prevents surgery and requires specialist advice/treatment.

Example: A patient with previously undiagnosed angina.

However, if the patient has a problem that is routinely dealt with in primary care, e.g. diabetes, hypertension, dermatology, they should be returned to the GP.

4. A&E

— Patient diagnosed with a serious underlying condition and the symptoms do not require admission

or

— Direct referral pathways agreed from Emergency Department and the following specialist clinics: Renal colic, Urinary retention, TIAs, DVTs, Fracture clinic, Knee clinic, ENT and Maxillo Facial clinic, Rapid Access Chest pain clinic, Arrhythmias (to cardiology clinic) and Seizures - especially first fit.

5. Symptoms which are part of a recognised care pathway

The presenting sign or symptom indicates that the patient will be managed within an agreed pathway which requires specialist input at the next stage.

Examples: A patient with carpal tunnel syndrome who has a confirmed diagnosis with nerve conduction studies; a rheumatology patient who needs orthopaedic surgery.

6. Referrals within a Speciality for the Same Condition

The GP has referred to the correct speciality but the wrong Consultant with no charge to be made for the referral for the right consultant..

If the GP has referred the patient to the wrong speciality and does not fall within the above categories, the referral should be sent back to the GP for action

7. Where patients do not fall into the above categories they should be sent back to General Practice. *Example: a patient with retinal eye disease who has been seen by the ophthalmologist should NOT be internally referred to another Consultant for treatment of diabetes or hypertension (this will usually be identified prior to referral)*

Return of patients to GPs

When a patient is referred to another Consultant or back to their GP, it is important to ensure that the patient and the GP are informed who will be responsible for future management. Any delay in administrative processes should be minimised wherever possible and the GP informed by email or letter within 5 days.

Key Principles

It is expected that all internal referrals will be formally authorised by the Consultant in charge rather than a junior doctor.

Notes

- Referrals may be subject to audit and commissioners may not pay for referrals made in contravention of this policy.
- Clinical safety considerations must predominate at all times.
- This policy also applies to Consultant to Consultant referrals to external providers.

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