Harrogate and Rural District CCG Referral Management System

Frequently asked questions

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General

1. Which specialities are being triaged?
The specialties below are currently included in the triage.

- Dermatology
- ENT
- Gastroenterology (medical –*see note below)
- Gynaecology
- Orthopaedics (including MSK)
- Urology

*to access Gastroenterology medical services and clinics on eRS use GI and Liver (Medicine and Surgery) specialty and any of the following clinic types –

- Hepatology
- Inflammatory Bowel Disease
- Lower GI (medical excluding IBD)
- Upper GI – (including Dyspepsia)

2. How do I book a triaged referral through eRS?
To refer patients through the clinical triage, search the 'primary care' button. All other specialities (i.e. non- triaged) search through 'search all'

3. What referrals need to go through eRS?
All referrals that currently pass through RSS will need to go through eRS **apart** from:

- 2ww breast (until further notice – see FAQ on 2ww)
- Memory clinic referrals (need to email to TEWV.mhsopharrogatereferrals@nhs.net)

There is a separate flow chart for ophthalmology referrals in the training materials.
Any other current paper or fax referrals will stay the same as now.

4. Who is performing the RMS clinical triage?
The RMS clinical triage is provided by About Health who use NHS clinicians with substantive contracts. Most are consultants with some specialities also using other clinicians (e.g. extended scope practitioners for MSK and GPwSI for dermatology). Pen portraits of the clinical triagers will be shared separately as part of the information packs. NECS (North East Commissioning Support) provide the booking service once referrals have been accepted for the triaged specialities.

5. How quickly will the RMS triage be performed?
The provider is being contracted to provide clinical triage within 2 working days of the referral being sent, then the decision will be communicated within 1 further working day.

6. What are the referrals triaged against?
The triagers will:

- use the existing CCG thresholds http://www.harrogateandruraldistrictccg.nhs.uk/for-health-professionals/clinicalguidance/
- use their specialist clinical expertise to suggest alternatives to referral if they feel there is opportunity to manage patients in primary care
- ensure that there is a rationale for referral for services which are normally provided in primary care (e.g. ECGs, 24 hour BP, 24 hour ECGs, refitting of ring pessaries)

- check that the Health Optimisation policy has been applied

Sending referrals

7. What do I tell patients about the RMS when I make the referral?
We've been asked by some GPs to suggest a form of words they can use to succinctly explain the process to patients, in conjunction with the patient leaflet:

"I think you probably need to see a specialist, but nowadays what I do is send a letter saying what's wrong and a specialist will read it and then either book you an appointment at hospital or write back to us explaining what we should do here instead. So either an appointment will get sent out to you, or we will be in touch from here. If you've not heard anything in 2 weeks then contact us. Which hospital would you prefer to go to, if you do need to go?"

8. Who needs to have the discussion about choice of provider?
Ideally, the GP should have the discussion about where the patient wants to have their appointment if accepted. The outcome of that discussion should be communicated to the secretary so that it can be included in the referral letter or for a direct booking. If there is no choice of provider specified the referral will be sent to the local provider.

9. Do I need to include all blood tests and imaging with the referral?
The clinicians carrying out the triage do not have access to ICE (online lab results) and diagnostic results on it. These will need to be included in the referral letter if important to the decision on whether to refer. Reference to the tests may be appropriate rather than including the full results.

10. What do I do with 2ww referrals?
The current situation is that all **Harrogate** 2ww referrals should continue to be faxed through to the HDFT number. This should continue as an interim until all 2ww referrals are made electronic. Also, in the interim, **breast 2ww** referrals should be **faxed** through to the HDFT number rather than sent electronically. We will be sending out more information about electronic 2ww referrals once practices have implemented the new eRS system and more familiar with it.

For **York** and **South Tees** 2ww referrals continue using the same process as now (but include breast referrals if these were previously sent via RSS)

11. What if I feel a patient needs to be seen very urgently?
Do not use RMS for very urgent cases. Speak directly to the consultant / on-call team about urgent clinic availability. For other urgent cases not needing to be seen immediately (whether triaged speciality or not), the referral can be prioritised as *urgent* on eRS. The hospital provider also triages cases flagged as urgent to ensure they are placed in the right clinic within appropriate timescales.

12. Can RMS upgrade referrals to urgent or 2WW?
The RMS triage can upgrade referrals to urgent, and will book the patient and inform the practice. If the referral is felt that it should be a 2ww referral then RMS will reject the referral with advice to upgrade to 2ww and follow up with a telephone call to the practice.

13. Can I still use Advice and Guidance for triaged specialties?
Yes. Please continue to use Advice and Guidance for local specialist advice. If the advice is to convert the request to a referral for a triage specialty then it will still need to go through RMS Clinical Triage (searching on 'Primary Care' for the onward booking). Please make reference to the Advice and Guidance in the referral and Health Optimisation information if applicable. This can be added

through the clinical system using the referral template (as you would do a normal referral) when you convert the advice and guidance response to a booking.

14. What if the patient requests referral for a triaged speciality to an out of area provider?
If the patient requests referral to providers other than Harrogate, BMI Duchy, South Tees, Leeds and York these out of area providers will not have a duplicated DoS entry on the Primary Care tab therefore use any other duplicated DoS and clearly specify the choice of provider in the referral letter.

When referrals are rejected

15. If the referral is not sent on to secondary care by the RMS, who informs the patient?
This will be the responsibility of the GP practice. Information about the process is included in the patient information leaflet and patients should be counselled for this before the referral is made.

16. Will I need to review the patient if rejected?
Not necessarily. Clinicians may need to review their patients again in the light of any advice received with rejected referrals but some may need to be referred with further information.

17. Does a resubmission need a new UBRN?
This depends on whether a minor change is needed (e.g. clarifying information or attachment needed) and can be completed within 2 working days.

- If it is a minor change (i.e. can be amended within 2 working days) then reuse the same UBRN from the worklist and amend the current referral and re-send.
- If it is a more major change that is needed (e.g. further investigation needs to be ordered and result attached) and not able to be completed within 2 working days, then use a new UBRN. Please include information about the previous rejected referral.

18. What is the medico legal situation if a patient came to harm because a referral was declined?
The RMS will not simply reject a referral. Any referral which is deemed to be not appropriate will be sent back to the GP with a recommended care plan for the patient to be managed by the GP. About Health, have confirmed when a clinical decision is made at triage the responsibility sits with them and they have clinical negligence cover for this. Any worries about safety/quality need to be flagged to the CCG HARDCCG.Commissioning@nhs.net.

Appeals

19. What if I don't agree with the reason for rejection?
Where a referral has been rejected, but the clinician feels strongly that this is the wrong advice, they should submit a further referral to the RMS explaining clearly their reasons for challenging this decision. If disagreement remains, then please inform HARDCCG.Commissioning@nhs.net and the issue will be considered within one working day by a CCG GP in consultation with an independent specialist (if needed). ***Queries sent through to the CCG will need patient identifiable information removed.*** If the referring GP disagrees with the CCG decision, then the referring GP should follow the CCG complaints procedure.