The Leeds Teaching Hospitals NHS Trust

GP Referrals
With effect from: 29th June 2020

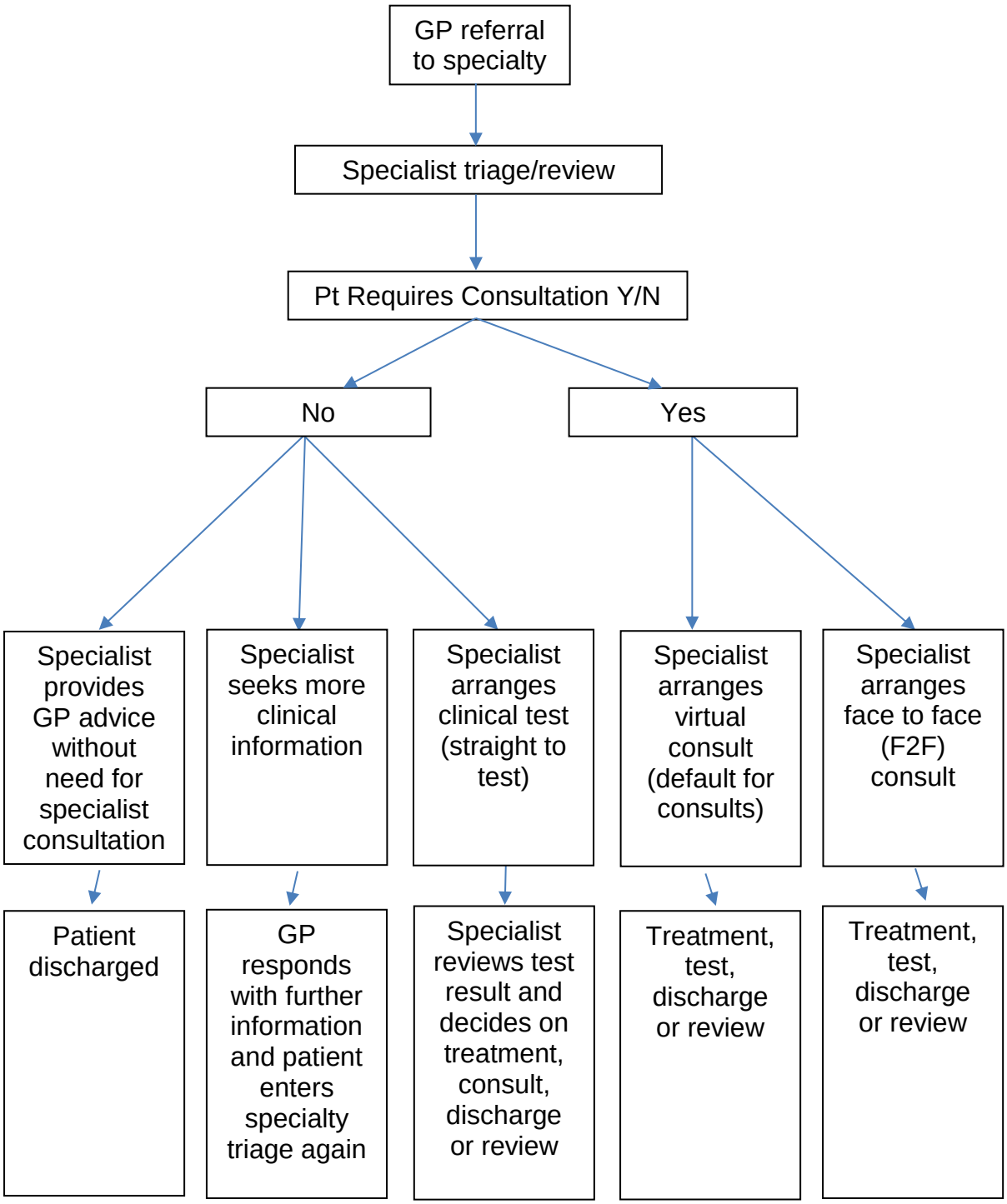
This document and the process described below is based on national guidance on Phase 2: https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/04/second-phase-of-nhs-response-to-covid-19-letter-to-chief-execs-29-april-2020.pdf.

In order to safely deliver services to patients Leeds Teaching Hospitals NHS Trust (LTHT) has been reviewing systems and processes to increase the numbers of patients who can be reviewed by specialist teams. Due to the wide ranging impact of Covid-19, routine appointments or treatments will be delayed for some considerable time but services will try to ensure that patients are prioritised as far as is possible and that patients who require an urgent review receive this promptly.

Principles

- GPs will, as now, manage most patients in general practice with the aim to enable as many patients as possible to be managed locally.
- If a GP feels they need further specialist advice to facilitate local management, they should seek this advice via agreed routes. LTHT and GPs are working to develop new processes to make such advice easier to access.
- Referrals will be reviewed and where possible advice provided to support continued primary care management.
- If the consultant team feels they need to speak to the patient for further review they will contact the patient and then feedback to the GP.
- Patients will be managed remotely where possible either by phone or by video link.
- Patients will only be asked to attend hospital sites if there are tests or examinations that need to be undertaken face to face and cannot be delivered locally.
- Patients will be involved in managing their condition where possible and supported to do so by services that are able to provide advice and support with recognised routes to access services (creation of a shared patient record and patient initiated appointments for long-term conditions, for example).
- System partners will work in the coming weeks to improve communication systems, IT systems and local support offers to further improve these pathways.

GP referral pathway



LTHT specialists will work to communicate with primary care on the routing of the referral

Advice and Guidance (A&G)

Advice and Guidance should be used whenever possible, to maintain safe care for a patient within primary care without the need for a transfer to a secondary care service.

GPs and primary care clinicians should be able to access high quality advice and support for patients quickly (the aim should be to provide this within 2 working days). This will enable a constructive exchange on treatment decisions in the community and possible referral to secondary care that supports GP decision making with the aim of enabling on-going care under the GP where possible.

Advice and Guidance requesting is available within e-RS present but is not seen as sufficiently responsive and does not facilitate a direct dialogue between clinical colleagues. GPs and LTHT consultants have established a working group to develop options for supportive decision making in primary care. This model should deliver improved patient care with fewer hand-offs between primary and secondary care colleagues.

Routine Referrals To Secondary Care
From 29th June if a referral into secondary care is necessary, practices can start to send referrals via established processes (e.g. e-RS).

Referrals will be reviewed by a speciality clinician. We are seeking to facilitate a more complete triage across all specialities. This triage will result in one of a number of outcomes:

1. Provide advice on potential for further local management to the GP if it is felt that the patient does not need further secondary care review.
2. Where diagnostics are deemed necessary, these will be requested prior to any consultation. In some cases results will be reviewed and patients advised of the outcome with no consultation taking place. In other instances results will be reviewed during an appointment with a medic or appropriately qualified nurse.
3. If the patient does need to be clinically assessed in person an appointment will be made for a telephone or video consultation.
4. If the patient requires a face to face appointment because they require an examination or test to be performed as part of their consultation, this will be arranged and conducted in line with the social distancing and infection prevention guidelines. Patients should be advised that capacity for face to face appointments is limited and that this may result in a significant delay before they can be offered an appointment.
5. If further information is required in order to plan investigations prior to the appointment, referring practices will be contacted and asked to provide the necessary information to allow triage to be undertaken. Where there are existing referral guidelines in place and DART forms, referrals where the preliminary work up has not been carried out will be returned to general practice. If the clinician feels other information is needed that is not already within a referral guideline, the hospital clinician will order these tests via Ordercomms so the results go back to them, but will ask general practice to arrange samples. (The CCG blood test payment scheme for consultant requested bloods will apply.)

This approach will be a new way of working will be supported by an internal improvement programme of work. It is anticipated that refinement will add efficiencies to the process in time. Some specialties, by the nature of their clinical cases, will be able to offer more guidance without consultations than others and their will be different proportions of virtual care between specialties.

Face to face appointments
Patients will only be booked a face to face appointment if their consultation cannot be performed remotely because the patient requires physical examination or testing as part of their outpatient visit. Consideration should be given to pathways where patients are tested or imaging performed immediately prior to their consultation - but this does not form part of the consultation itself. In these circumstances an appointment can be made for the testing to take place with a remote appointment being made for the following day. This reduces the time a patient spends at the Trust and reduces the exposure risks for both patient and staff.

Remote appointments
Guidance on remote consultations is available for LTHT teams to support delivery of video and telephone consultations.

Further Considerations

- If patients require further diagnostic or therapeutic treatment, this will be arranged by the hospital clinical teams, again with infection prevention and control guiding arrangements made for their care. Patients concerns relating to IPC will be addressed by the team taking over this element of their care.
- Where patients decline an offer of treatment or investigation, for reasons unrelated to Covid-19 concerns, they will be discharged back to the referrer, in line with the current Access Policy. This course of action will be confirmed by the responsible clinician at the point of discharge. The patient will be advised by letter of this action and a copy of the letter will be shared with the GP.
- If the patient requires follow-up appointment(s), a virtual appointment will be the default method of review unless the patient requires examination or testing as part of the outpatient review.
- Both Hospital and Primary Care Clinicians should plan tests that might need to be done in advance of any clinic or appointment e.g. blood tests or diagnostics and accompany the referral to minimise delays for patients
- Outcomes from clinical triage and appointments (face to face or virtual) will be communicated with patient and GP (via letter).
- It is important that GPs or primary care practitioners inform patients that they may experience a long wait for review if referred to a secondary care service and that they should seek advice from their GP if their condition worsens. The GP can then decide whether they would like the referral to be considered as urgent because of changes in the patient's condition.
- LTHT clinicians and General Practice representatives will undertake work to improve the support and advice available to GPs to improve the care that can be provided to patients without requiring a referral and potential long wait for reviews.