

GP Referral Arrangements for Harrogate District Foundation Trust

With effect from: 18th May 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>.

Harrogate District Foundation trust has been undertaking work reviewing systems and processes in order to re-open to non-urgent work. Due to the wide ranging impact of managing around Covid-19, routine appointments or treatments are likely to be delayed but such decisions will be made based on individual patient risk assessment.

Advice and Guidance (A&G)

The use of advice and guidance should be utilised where appropriate in the first instance, using e-RS as per current process. HDFT will aim to turn requests around within 2 working days, although this may be impacted by sickness or altered working patterns.

Routine Referrals

From 18th May if a referral is deemed necessary, practices can start to send referrals via established processes (e.g. e-RS).

Referrals will be triaged/screened by a speciality clinician. We are aiming to move to electronic triage across all specialities. Where this is not yet in place, this will be done by paper – please see flowchart below. On assessment the clinician will;

1. Provide advice to the GP via e-RS or by letter if the patient does not need to be seen.
2. Where diagnostics are deemed necessary; where possible, these will be arranged prior to any consultation. Following triage, where blood tests are required, the request and follow-up of results will be done by the secondary care requestor for clinical safety reasons.
3. If the patient does need to be clinically assessed in person – this will be undertaken by telephone or video consultation where appropriate. Where this is not suitable, a face to face appointment will be offered.
4. Following risk assessment, if the patient requires a face to face appointment this will be arranged in line with the social distancing guidelines. Patients should be advised that they will not necessarily be seen or treated at their local hospital site.
5. If further information is required in order to plan investigations prior to the appointment, referring practices will be contacted and asked to re-submit the referral with the information required where re-triage will be undertaken.

Patients who are offered treatment will be reassured by the admissions team in relation to any concerns they may have about attending the hospital while Covid-19 is circulating.

Where patient's decline an offer of treatment, 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 and advice and guidance/ support

provided to the GP in managing the patient. 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, a virtual appointment should be considered before a face to face appointment, to reduce exposure. If the patient requires diagnostics these will be arranged as outlined above.

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

Outcomes from clinical triage and appointments (face to face or virtual) will be communicated with patient and GP (via letter).

All referrals received through March, April and May to date during the acute covid-19 phase, received clinical review prior to being returned. Communication will be going to the general public to inform them that the trust is now in the recovery phase and is receiving referrals.

We recognise concerns that there may be some patients in this scenario who will re-present to their GP if their condition has now worsened. If this is the case, and this information is included on the referral letter, this will be taken in to account during the triage process by the secondary care clinician and prioritised accordingly. There is recognition that there needs to be learning across the system from the first covid-19 wave. In line with this HDFT is committed to working with CCG and primary care colleagues to consider the capacity across the system to clinically review routine referrals in the event that a second wave hits and Covid19 remains with us throughout our winter period. Updates will be provided regularly.

The process outlined above is in line with the referral process for York Hospital, previously agreed by NYCCG and LMC.

Referral Flow chart for Harrogate District Hospital NHS Foundation Trust

