

UHDB & CRH PROCESSES FOR GP REFERRALS DURING THE COVID-19 PANDEMIC

We appreciate the work undertaken in primary care, under tremendous pressure, to ensure that patients are prioritised. By now, primary care professionals and our populations are well aware of the need to optimise use of GP services in order to help prevent the spread of Covid-19.

We realise that GP practices are also increasingly offering alternatives to face-to-face appointments, including clinical triage, remote access and telephone based assessments, as well as redeploying staff to work in more urgent areas. Our acute trusts are also looking to change the way they deliver their services, including clinical triage, virtual appointments, virtual review of diagnostics and patient initiated follow ups. Some of these options are already being used in some areas in our Trusts, so we have asked for wider use of these options too.

Where clinically appropriate, referrals into secondary care should be avoided due to the downturn in capacity. It would be of great benefit to the system and our patients if alternative options such as self-care can continue to be discussed with patients and referrals only made when clinically necessary. **Patients need to continue to be made aware of the pressures hospitals and community providers are facing.**

Where possible, Trusts are keeping some Services open where they can, but this will now mostly be done virtually and not face-to-face. However, some Services have had to close because clinicians are needed in other areas to support the Covid-19 response; Bariatrics, Anaesthetics and Pain Management services are now closed to new referrals.

These steps that we are collectively taking will naturally result in a reduction of routine referrals to secondary care; however in some cases there will still be a clinical requirement to make these referrals.

Where patients are showing Covid-19 symptoms, we have asked GP practices not to refer until the appropriate period of self-isolation has been undertaken. This includes for routine and urgent referrals.

We appreciate that this is a very challenging time for you and the wider health community, and we appreciate the work you are undertaking to prepare the resources you have to meet the needs of our patients.

UHDB Referral Guidance	CRH Referral Guidance
Face to face appointments will only be offered when deemed absolutely necessary from a clinical perspective and will be reviewed on a case by case basis.	
<p>2ww Referrals¹</p> <ul style="list-style-type: none"> - Please follow existing referral process for 2ww - Patients will be telephone triaged to relevant Straight to Test service or consultant telephone consultation at agreed time slot. On rare occasions a face-to-face appointment may be deemed appropriate. - As per the current process referrals that are not considered to be appropriate for a cancer pathway (following Senior Clinical review) will be returned to GPs via the NHS electronic-Referral Service with accompanying guidance. 	<p>2ww Referrals¹</p> <ul style="list-style-type: none"> - Please follow existing referral process for 2ww - Patients will be telephone triaged to relevant Straight to Test service or consultant telephone consultation at agreed time slot - Referrals that do not meet the criteria will be returned to GPs (on the NHS electronic-Referral Service) with standard paragraph re Covid-19 pressures followed by consultant letter to patient and GP informing them of the outcome of referral, including appropriate safety netting advice. Central Booking Team telephones patient to explain they will not be seen at this time and GP will re-refer in the future when capacity allows
<p>Urgent Referrals</p> <ul style="list-style-type: none"> - GPs to make use of Consultant Connect and /or Advice and Guidance to determine if referral necessary in current climate. - Patient referral deemed necessary by GP. - Clinical triage of referral takes place and responded to appropriately. - Type of appointment required is assessed (face-to-face or non face-to-face) and patient notified accordingly. - Consultant / clinician contacts patient via telephone in first instance. 	<p>Urgent Referrals</p> <ul style="list-style-type: none"> - GPs to make use of Consultant Connect and /or Advice and Guidance to determine if referral necessary in current climate. - Patient referral deemed necessary by GP. - Clinical triage of referral takes place. - Type of appointment required is assessed (face-to-face or non face-to-face) and patient notified accordingly. - Consultant / clinician contacts patient via telephone in first instance. Escalation 1 = video call. Escalation 2 = face-to-face appointment.
<p>Routine Referrals</p> <ul style="list-style-type: none"> - If necessary please refer through the NHS electronic-Referral Service, however as clinics are cancelled there will be no slots to book into. The option to defer to provider should be used. UHDB will book the patients as services come back on line ensuring that previously cancelled patients are booked in order. - The Appointment Slot Issues list will not be actively monitored by UHDB, but where there is capacity; clinicians will review and prioritise patients and may offer a telephone or video appointment. - Please advise patients that it is unlikely that they will be contacted during this Covid -19 incident period. If their symptoms worsen they should return to their GP who can then upgrade the referral to urgent. 	<p>Routine Referrals</p> <ul style="list-style-type: none"> - GPs have been dissuaded from making any routine referrals at the current time. Patients are being advised that if their symptoms worsen they should return to the GP who will consider upgrade to urgent +/- discussion with hospital-based clinician. - GPs to make use of Consultant Connect and /or Advice and Guidance to determine if referral necessary in current climate. - Patient referral deemed necessary by GP. - Clinical triage of referral takes place. - Type of appointment required is assessed (face-to-face or non face-to-face) and patient notified accordingly. - Consultant / clinician contacts patient via telephone in first instance. Escalation 1 = video call. Escalation 2 = face-to-face appointment.

¹ See also: NHS England Clinical guide for the management of non-coronavirus patients requiring acute treatment: [Cancer](#)

<p>Diagnostics</p> <p>We will continue to provide the following key diagnostic services as usual:</p> <ul style="list-style-type: none"> - Undertake all inpatient imaging services across all modalities - All Cancer targets, 2ww and all active cancer treatment cases (CT, MRI and ultrasound scan (USS)) and all other requests that are marked as urgent (subject to usual Radiologist led vetting process) - Plain film services remain for: in-patients; cancer; trauma; and fracture/infection. All others will be delayed in line with all other modalities. <p>We have chosen to restrict the level of our routine outpatient imaging service by postponing routine appointments to a waiting list. All Imaging requests will be reviewed by specialist Radiologists. All patients and referrers will be contacted to ensure they are fully informed if their imaging has been delayed or cancelled. If referrers disagree with the decision to delay or cancel a request, Imaging is happy to receive email enquiries with further supporting clinical details via uhdb.covid19imagingenquiry@nhs.net justifying the request. The appointment can then be reinstated.</p> <p>Pathology</p> <p>Users are being informed of changes to the service via the electronic requesting and reporting systems.</p>	<p>Diagnostics</p> <p>We will continue to provide the following key diagnostic services as usual:</p> <ul style="list-style-type: none"> - Undertake all inpatient imaging services across all modalities - All Cancer targets, 2ww and all active cancer treatment cases (CT, MRI and ultrasound scan (USS)) and all other requests that are marked as urgent (subject to usual Radiologist led vetting process) - Plain film services (inpatient and outpatient) as usual <p>We have chosen to restrict the level of our routine outpatient imaging service provision across cross-sectional Imaging (CT, MRI and USS) by postponing routine appointments to a waiting list, which will be regularly reviewed. We have exercised Consultant Radiologist led clinical triaging of all requests and appointments in the system thus far as a safety net in order not to miss any urgent clinical requests.</p>
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