Appendix 1

Oxford University Hospitals
NHS Foundation Trust

Practical guide: *When can clinicians refer patients to other consultants?*

Principle 1: Clinicians MUST refer patients with new findings of cancer or other urgent conditions

Please ensure that any onward referrals required to other specialists are made directly where patients have time critical conditions. Copy the GP in to your referral but do not ask the GP to make the referral on your behalf.

Principle 2: Clinicians SHOULD refer patients for further investigation of the referred complaint(s)

Cases where further investigation of the presenting signs and symptoms are considered necessary in order to address the clinical problem but where these further investigations (or the interpretation of them) could not be conducted by either the GP or the first consultant.

e.g. patients with shortness of breath may need to be referred to a Cardiologist having been seen by Respiratory

Principle 3: Clinicians SHOULD refer patients where their symptoms are part of a recognised care pathway

Cases where the presenting sign or symptom automatically indicates that a patient would be managed within an agreed care pathway - either formally approved or accepted local best practice

e.g. patients with carpal tunnel syndrome who have had the diagnosis confirmed with nerve conduction studies and have not improved with conservative management, or haematology patients who need orthopaedic surgery

Principle 4: Clinicians MAY refer to a more appropriate colleague in specialty for the same condition

Cases where it is obvious the referrer has sent the patient to the correct specialty but the wrong consultant should be forwarded to the correct clinician without the delay of sending the referral back to the referrer.

If the patient has been referred to an incorrect specialty, unless it falls into the above categories, should be referred onward to the right specialty, with a clinical note feeding back to the GP about the quality of their original referral.

The service must make all reasonable efforts to triage effectively to the right specialty and right clinician (without returning the patient to the GP) prior to their first appointment. However, triage cannot be perfect all the time.

Principle 5: Referrals on to Musculoskeletal services and/or pain management MUST be referred through the MSK MATT/hub.

When patients require referral to:

- MSK Orthopaedics,

- MSK Physiotherapy,
- MSK Rheumatology or
- Pain management services (for **all** patients requiring pain management, not just MSK)

These should be forwarded directly to the MSK MATT [MSK Assessment Triage and Treatment centre], currently provided by Healthshare. These referrals **should not** be sent back to the referrer, but directly to Healthshare via the e-referral service where available and otherwise electronically from an nhs.net email account to occg.healthsharemsk@nhs.net. Consultants should also provide clinical information as required by the MSK MATT. The Healthshare team may then contact the patient directly to gather more information. Onward referral will be made or adjusted if deemed clinically appropriate.

Principle 6: Private patients MAY be referred directly to NHS outpatients or inpatients, but MAY NOT receive treatment or privileged access that is not available to NHS referred patients

Principle 7: DO refer patients back to primary care for management where appropriate, but DO NOT recommend another referral when you do so