

OPERATING POLICY FOR SURREY DOWNS CCG REFERRAL SUPPORT SERVICE (RSS)

Policy Number	CL12
Version	1.0
Owner	Majorie de Vries – RSS Manager
Approving Committee	Executive Committee
Date agreed	12 th May 2015
Next review date:	12 th May 2017

VERSION CONTROL SHEET

Version	Date	Author	Status	Comment
0.1	6 th May 2015	Majorie de Vries	Draft	Draft for comment Executive Team Meeting 6 th May 2015
0.4	12 th May 2015	Majorie de Vries	Draft	Draft for comment Executive Team meeting 19 th May 2015
1.0	14 th July 2016	Majorie de Vries	Draft	Changed C&B to E-Referrals.

EQUALITY IMPACT ASSESSMENT TOOL

To be completed and attached to any procedural document as part of main document sited between version control sheet and contents page

		Yes/No	Comments
1.	Does the document/guidance affect one group less or more favourably than another on the basis of:		
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
	• Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable?	N/A	
4.	Is the impact of the document/guidance likely to be negative?	No	
5.	If so, can the impact be avoided?	N/A	
6.	What alternative is there to achieving the document/guidance without the impact?	N/A	
7.	Can we reduce the impact by taking different action?	N/A	

For advice in respect of answering the above questions, please contact the CCG. If you have identified a potential discriminatory impact of this procedural document, please contact as above.

Names and Organisation of Individuals who carried out the Assessment: Please give contact details	Date of the Assessment

CONTENTS

EQUALITY IMPACT ASSESSMENT TOOL	2
1. EQUALITY STATEMENT	4
2. INTRODUCTION	4
3. RSS APPLICATION PROCESS.....	5
3.1 Who can make a referral?	5
3.2 Responsibilities of the requesting clinician	5
3.3 Application Form.....	5
3.4 On Receipt of an RSS referral	5
4. PROCESSING OF REFERRALS	6
4.1 Checking for Eligibility for processing.....	6
4.2 Referral Ineligible for processing	6
4.3 Referral Rejected from provider to RSS.....	6
4.4 Process Mapping Eligible referral.....	7
4.5 Anonymity and RSS Tracking Record.....	8
4.6 Acknowledgement of Requests	8
5. URGENT REFERRALS AND TWO WEEK RULES.....	8
6. INCREASING ACCESS TO PSYCHOLOGICAL THERAPY (IAPT) REFERRAL	8
7. REFFERAL SUPPORT SERVICE TELEPHONE SCRIPT	9
7.1 Booking Appointment	9
7.2 Changing Appointment	10
7.3 Cancelling Appointment.....	10
7.4 Patient restricted to NHS Acute Trust only.....	11
7.5 Patient chooses Independent Provider whilst on phone	11
7.6 Return to Practice	11

1. EQUALITY STATEMENT

The Clinical Commissioning Group (CCG) aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account the Human Rights Act 1998 and promotes equal opportunities for all. This document has been assessed to ensure that no-one receives less favourable treatment on grounds of their gender, sexual orientation, marital status, race, religion, age, ethnic origin, nationality, or disability.

Members of staff, volunteers or members of the public may request assistance with this policy if they have particular needs. If the person requesting has language difficulties or difficulty in understanding this policy, the use of an interpreter may be considered.

The CCG embraces the four staff pledges in the NHS Constitution. This policy is consistent with these pledges.

2. INTRODUCTION

The RSS was set up in October 2013 following the withdrawal of EDICS from the local health economy and its initial objectives were:

- To replace the knowledge of local service providers that EDICS had and thus aid GPs in ensuring that patients were referred to clinically appropriate services,
- To help improve patient pathways from its unique position between referrer and provider,
- To help remove any conflicts of interest that may exist between referrers with an interest in a provider organisation,
- To help ensure that patients are offered a choice of clinically appropriate providers,
- To help implement best practice pathways across all specialties
- To help manage referrals by ensuring that alternatives are pursued prior to referring when appropriate,
- To help promote collaborative working relationships between the CCG and Primary Care.

The RSS handles referrals for the majority of GP practices in the Surrey Downs area; however some types of referral remain outside its scope. The CCG's ambition is that in the future all referrals will be handled through the RSS.

Out-of-scope referrals currently include those subject to the two-week rule, referrals to mental health services (not IAPT), direct access services, letters to expedite appointments and fracture clinic. In all such cases, referrers are instructed to continue sending these directly to providers.

3. RSS APPLICATION PROCESS

3.1 Who can make a referral?

Referrals can be submitted by a Surrey Downs CCG practice, GP, practice secretary or an equivalent autonomous practitioner provided s/he will be responsible for administering the treatment (“the requesting clinician”). Patients may not make applications directly.

3.2 Responsibilities of the requesting clinician

- The requesting clinician is required to affirm that s/he has discussed the proposed treatment with the patient (or has offered such a discussion) before the referral is made on his/her behalf.
- The requesting clinician has received consent from the patient to refer into the RSS.
- It is the responsibility of the requesting clinician to ensure that all the information required in support of the referral is provided.
- If the referral is considered eligible and it is considered further information is required to enable the RSS admin team to make an appointment, the referral **will be returned to practice** requesting the clinician to provide additional information. This will be via E-Referrals.

3.3 Application Form

All referrals should be submitted via E-Referrals..

Failure to use E-Referrals and not to follow the above process or submit the referral in the required format **will be returned to practice.**

3.4 On Receipt of an RSS referral

On receipt of an RSS application, each form will be checked by the RSS team to ensure that:

- An appropriate proforma or referral letter from referring clinician has been attached
- Relevant medical history , previous letters/investigations are attached
- All contact details of patient have been provided
- All parts of the front sheet have been fully completed

- Patient has given consent

4. PROCESSING OF REFERRALS

4.1 Checking for Eligibility for processing

Completed referrals will be reviewed and processed by the RSS admin team within 72 hours of receipt.

4.2 Referral Ineligible for processing

If the referral is not sufficiently complete, as checked against the relevant guidelines, the referral and attached documentation **will be returned to the practice** within 72 hours of receipt of the referral by the RSS team.

A referral may also be rejected:

- If the minimum data set is incomplete, name, age etc.
- If the procedure is not routinely funded and needs application for an Individual Funding Request (IFR)
- Referral was intended as a private referral
- Patient is already in the system and will be sent follow up from the provider
- Patient needs GP review and no referral needed at all.

The RSS team select 'advise referrers' on E-referral which sends the referral back on to the practice's work list. An e-mail is also sent to the secretary either asking them to complete administrative process or inform the GP the referral has been returned and the reason. The referral can be re-processed once information requirements are completed.

4.3 Referral Rejected from provider to RSS

If a Provider receives a referral from the RSS they feel is not suitable for either the clinic or site they can reject the referral back to us. This would be either rejected by E-Referrals or by email. The RSS will contact the Provider by phone to check to see if the patient has been contacted and re-booked; if not the RSS would make contact with the patient to explain and re-book them an appropriate appointment.

If this issue could have been avoided the RSS team will make the necessary amendments to processes and/or documentation i.e. supporting provider to update the Directory of Service.

4.4 Process Mapping Eligible referral

<ul style="list-style-type: none"> • Patient visits GP
<ul style="list-style-type: none"> • Practice creates on E-Referrals a UBRN and updates proforma or attaches referral letter and any additional information.
<ul style="list-style-type: none"> • Practice finds <u>Surrey Downs</u> under the correct specialty in E-Referrals and books a fictitious appointment and submits.
<ul style="list-style-type: none"> • UBRNS appear in <u>Referrals for Review</u> at RSS where they are counted each morning.
<ul style="list-style-type: none"> • These UBRNS will stay on <u>Referrals for Review</u> until the admin team check's patient consent and information provided against the relevant guideline.
<ul style="list-style-type: none"> • If information is missing the referral <u>will be returned to practice</u>. A reason can be selected and comments can be added so the practice can view this.
<ul style="list-style-type: none"> • If the referral requires an application for an individual funding request (IFR), the referral <u>will be returned to practice</u>. A reason can be selected and comments can be added so the practice can view this.
<ul style="list-style-type: none"> • If referrals have all relevant information the team select <u>Record Assessment</u> and start the process.
<ul style="list-style-type: none"> • The team begins by selecting the hospitals/clinics offering the service requested, they will view the wait times and available appointments. The team call the patient to discuss their appointment and offer choice.
<ul style="list-style-type: none"> • The team calls the patient and if they are available an appointment is booked; if the patient is not available the team will consider the most appropriate location and shortest wait and book the appointment. This can be changed by the patient if necessary. The team posts a cover sheet to confirm where the appointment is and the time/date.
<ul style="list-style-type: none"> • If a provider is not directly bookable or has no appointments available on E-Referrals then either the <u>Request</u> or <u>Defer to Provider</u> button is selected. <ul style="list-style-type: none"> ○ If the '<u>Request</u>' button has been selected the team will give the patient the contact number of their chosen provider (request letter is not sent to patient). ○ If the '<u>Defer to Provider</u>' button has been selected the patient will be sent an appointment in due course directly from their chosen provider.

4.5 Anonymity and RSS Tracking Record

A file for each eligible referral will be created on the RSS database by the RSS Team. A unique identifier (NHS number) will be assigned to the referral information.

The referral information will be anonymised and distinguished only by the identifier, in keeping with NHS Caldicott principles. All the actions, decisions and reasons relating to a referral will be summarised on the RSS database.

4.6 Acknowledgement of Requests

All referrals will normally be processed within 72 hours of receipt, where there is likely to be a delay, the RSS Team will inform the requesting clinician.

5. URGENT REFERRALS AND TWO WEEK RULES

RSS does not accept clinically urgent cases that need an appointment within 2 weeks – these should be sent directly to the provider by the referring practice.

6. INCREASING ACCESS TO PSYCHOLOGICAL THERAPY (IAPT) REFERRAL

All IAPT referrals will be considered in the same way as all other referrals; via agreed clinical eligibility criteria.

<ul style="list-style-type: none">• Patient attends G.P. practice and G.P. requests patient to complete IAPT referral form ensuring both PHQ-9 and GAD-7 scores are completed.
<ul style="list-style-type: none">• The practice scans the IAPT referral form onto their system, raise UBRN and send to us.
<ul style="list-style-type: none">• UBRN is picked up from review list and accepted.
<ul style="list-style-type: none">• Attachments are reviewed by the team to ensure all documentation and IAPT form is present before contacting patient. If scores are incomplete the referral <u>will be returned to practice.</u>
<ul style="list-style-type: none">• The scoring system dictates which service the patient should be referred to. If the scores are below a certain threshold patients are referred to the Tier one service 1st Steps; however if the scores are high the referring G.P. is responsible for confirming that they have already attended 1st Steps or a valid reason why they should be referred directly to a Tier 2 service.

<ul style="list-style-type: none"> • The practice must also ensure that a tick box has been completed which gives the RSS consent to leave voicemail.
<ul style="list-style-type: none"> • Patient is called on mobile number as 1st points of contact, if the patient answers the team run through options of clinics and wait times. All attachments and a fax referral are then sent across to the chosen provider.
<ul style="list-style-type: none"> • If patient does not answer a letter is sent out to patient with their options asking them to contact RSS. If there is no contact after 2 weeks then the referral <u>will be returned to practice.</u>

7. REFERRAL SUPPORT SERVICE TELEPHONE SCRIPT

The following telephone script has been devised to assure all providers that they all have equal referring opportunities.

7.1 Booking Appointment

Good morning, I am calling from NHS Referral Support Service, could I speak to Mr/Mrs X. We have received your GP letter to book you a (specialty) appointment.

There are 3 choices in your area; they are (1.2.3.). Do you have a preference to which provider you would like to attend?

Or

Your GP letter requested Dr X at provider 1 or you could also be seen by another consultant at provider 1 or provider 2 sooner.

Or

As you have decided that you would like to attend the nearest hospital the first available appointment is on x/x/xx however if you wish to be seen earlier the provider 2 has a sooner appointment.

If an appointment is booked on E-Referrals:

We have confirmed your appointment day, time and address, your letter will be posted to you today.

If however the referral was sent to chosen provider by email when no appointments available on E-Referrals for Routine/Urgent or not directly bookable service:

I am now going to send your referral across to your chosen provider. They will then send you an appropriate appointment in due course.

Thank you for your time, good bye.

7.2 Changing Appointment

Good morning Referral Support Service, how may I help you?

On your letter you should have a booking reference (UBRN) – can you please tell me the number.

Do you mind holding the line please while I do a search for you?

Can I now ask you your name? *Check that this name corresponds with the name on the screen.*

How may I help you?

I can see your appointment date and time, would you still like to be booked at the same provider as you do have other choices (*read choices to patient*).

On E-Referrals the reason for an appointment change will be selected and if necessary an additional comment will be added in the free text box. Also we inform the patient to avoid changing appointment more than twice as hospital may reject it if changed for the third time.

Appointment rebooked and the new appointment letter posted to patient.

Thank you for calling, good bye.

7.3 Cancelling Appointment

Good morning Referral Support Service, how may I help you?

On your letter you should have a booking reference (UBRN) – can you please tell me the number.

Do you mind holding the line please while I do a search for you?

Can I now ask you your name? *Check that this name corresponds with the name on the screen.*

How may I help you?

Can I ask you the reason that you're cancelling your appointment please?

On E-Referrals the reason for an appointment cancellation will be selected and if necessary an additional comment will be added in the free text box.

Thank you for letting us know, good bye.

7.4 Patient restricted to NHS Acute Trust only

Used only if patient queries the choice and is only suitable for the NHS Trust clinics:-

Your medical history indicates that you would not be a suitable patient to consider any provider other than one of the main NHS hospitals.

7.5 Patient chooses Independent Provider whilst on phone

The provider you have chosen has exclusion criteria with restricted BMI to ensure patient safety; please may I ask you for your height and weight please to check that your BMI is within their limit in order for you to attend your appointment there?

7.6 Return to Practice

When a patient is chasing a referral that has been **returned to practice** we will inform the patient “that unfortunately, we were unable to process your referral as we needed further clinical information from your GP” or “it is a procedure not normally funded by the NHS so an Individual Funding Request will require completion, so please contact your GP for a full explanation.

If dealing with a difficult patient the following script will be used by the team:

(Stay calm at all times)

“I am sorry you feel this way and I can assure you that I am trying to help you. However if you continue to talk to me in this manner I will have to end our conversation and we will have to return your referral back to your GP practice”.

(If verbal abuse continues)

“I am very sorry but I have to end this call now” (hang up)

(Contact GP practice immediately to notify GP and let them know that this referral will be returned to practice)

If a patient calls and is distressed or is asking for clinical help beyond your remit say

“I am sorry I am unable to help you with this as I am not clinically trained, you will need to call your GP to discuss these matters”

(Contact GP practice immediately and ask them to inform the duty GP of the patients distress/issues)