

Appendix 1

Commissioning Policy: Warwickshire North CCG (WNCCG)

Policy	Consultant to Consultant (C2C) referrals
Indications	All specialties
Purpose of policy	<p>Whilst consultant to consultant referrals are appropriate in many cases, Warwickshire North Clinical Commissioning Group (CCG) has agreed a policy is required to outline conditions for C2C referrals.</p> <p>The purpose of this policy is to:</p> <ol style="list-style-type: none"> 1. Ensure patients are managed through the most appropriate clinical route 2. Ensure referrals are made efficiently and effectively 3. Ensure resources are used effectively
Conditions	<p>The CCG agreed C2C referrals should comply with the following conditions:</p> <ul style="list-style-type: none"> • It is appropriate to refer a patient for further clinical management when the referral relates directly to the original clinical condition or where the clinical condition to which the consultant to consultant referral relates is urgent (potentially life threatening). • Patients referred on to another consultant must have been reviewed by a senior physician/surgeon prior to referral. • Patients having non urgent conditions that are not directly related to the original reason for referral must be referred back to the GP for a decision on subsequent management. • When an in-patient develops a condition not relating to the reason for admission and that condition is not considered of an urgent nature, then no treatment (for the developed or opportunistic condition) should be considered and no consultant to consultant referral should be made. When the patient is 'fit for discharge', the developed condition should be noted in the discharge summary and the patient should be advised to see their GP following discharge, to discuss the condition further, not necessary for referral, <p>The CCG will fund C2C referrals as described in this policy where it is deemed that it is appropriate. Referrals outside this policy will be subject to prior authorisation. If a patient may be managed in Primary Care or a community setting, they should be referred back to the most appropriate service or care pathway. Where a C2C referral is not routinely commissioned, the patient should be referred back to their GP or referring clinician, for review with an accompanying letter explaining why C2C referral is deemed unsuitable, and that this decision has been explained to the patient.</p>
Appropriate referrals	<p><u>Appropriate Consultant to Consultant Referrals</u> include:</p> <ul style="list-style-type: none"> • <u>Cancer</u> – for investigation, management, treatment of cancer (or

	<p>suspected cancer) in line with criteria of 2 week wait.</p> <ul style="list-style-type: none"> • <u>Urgent Referral</u> (between consultants) – where delays would be detrimental to patient’s health. An example would be where Radiology, following a GP request, picks up potentially suspicious signs on an investigation, and refers directly to an MDT of the relevant speciality for further clarification and discussion (as per 2-week wait); in the meantime informing the GP of their action. This cross referral is in the patient’s best interest and reduces delay. • <u>Further Investigation or Treatment of the Clinical Condition</u> – that is necessary to add a diagnosis or before commencement of treatment. • <u>Multi-Disciplinary Teams</u> – for cases that require input from more than one clinical speciality for holistic management of patient. • <u>Referrals within same Speciality</u> – where the referrer has sent patient to the correct speciality but to wrong consultant. (Preferably the referral letter should be forwarded to the correct consultant before the patient is seen) • <u>Referrals to Wrong Speciality</u> – where a patient is more appropriately managed in a different speciality. (Preferably the referral letter should be forwarded to the correct consultant before the patient is seen)
Monitoring	<p>Compliance with this policy will be monitored monthly, as per Schedule 2, Part 1 of the contract.</p> <p>Payment will be withheld for any outpatient attendances resulting from an inappropriate consultant to consultant referral, subject to discussions at the monthly contract management meetings held between the CCG and the Trust.</p>

VERSION CONTROL

Version	4
Ratified by	Governing Body
Date ratified	September 2015
Name of originator/author	Chris Pycoc, Secondary Care Consultant
Name of responsible committee	Finance & Performance Committee
Date issued	September 2015
Review date	June 2019