

The following guidance has been used in communications with Trust clinicians and supports the standard operating procedures (SOP) for internal referrals into outpatient services.

Internal clinician to clinician referrals

Internally generated demand is the process by which patients are referred within the organisation without asking primary care to make these referrals.

These referrals are to be treated the same as referrals from general practice (with certain exceptions).

For assurance- the appointments are remunerated to the trust in the same way that primary care referrals are.

As a general principle, if a patient is asked to go back to their GP for an issue, then please give a narrative description of the issue and ask the patient to contact their GP to discuss further. It is then up to the primary care team to manage the condition as per local guidance. Please do not provide the patient or GP a specific expectation of the next steps, including investigation, treatment and onwards referral.

In the rare scenario where an external referral has been received but the service is not provided by the Hospital / Trust, then please return the referral to the referring organisation. Please make it clear in any correspondence that you do not have access to that pathway.

If an onwards referral is clearly needed, but the Trust does not have a referral pathway to an external organisation, please try and contact the primary care team to explain the requirement and ask the patient to contact primary care.

Any patient who has a condition that is usually dealt with on an urgent pathway, or where physical care would significantly impact on the mental health of the individual, should be referred urgently via the existing pathways.

These pathways include:

- 2 week waits for suspected cancers
- Rapid access Chest Pain clinic
- Emergency ENT clinic
- SDEC referrals
- EPU referrals
- Virtual Fracture Clinic
- Ureteric Stones Clinic
- TB or other infections with public health implications

This is not an exhaustive list of the current urgent pathways. No current urgent pathway has been altered by this document.

There are 4 scenarios for internally generated demand

1. Patients seen in outpatient settings
2. Patients seen in inpatient settings
3. Patients seen in the urgent care centre or emergency department, SDEC or Ambulatory Care
4. Patients seen in pre-operative assessment

Patients seen in outpatients

Patients who attend with issues that are related to their original presentation, who need this to be seen by either another person within the clinical team or another clinical team, then it is the responsibility of the clinician seeing the patient in the outpatient setting to refer the patient to the appropriate team. Please inform primary care of the referral to the other team.

If the patient has other issues that are neither urgent nor related to the matter referred to, please provide a narrative for the primary care team. It is then up to the primary care team to manage the condition as per local guidance. Please do not provide the patient or GP a specific expectation of the next steps, including investigation, treatment and onwards referral.

Patients seen in inpatient settings

If the patient has an urgent issue (as per the introduction) and this can be managed as an outpatient, then the referral should be made by the inpatient team.

If the issue requiring an outpatient follow up is managed within the admitting team, then that team should make the clinic referral themselves (see the Trust's Inpatient to Outpatient Inter-Speciality Referrals instruction for details).

If the patient has been seen by another clinical speciality whilst an inpatient and they require an outpatient follow up for that given speciality, then the specialist should arrange the follow up for their outpatient clinic.

If you have referred the patient to another team and having seen the patient, they wish for the patient to be followed up in their outpatient clinic, then that team should make the referral as per the guidance.

If you refer to another team, and the team does not need to see the patient, but recommends the patient is seen in their outpatient clinic, then the referring team (i.e. the team with current responsibility for the inpatient) should make the referral as per the guidance in the Trust's Inpatient to Outpatient Inter-specialty Referrals document. If the referral is declined later in the process, then the referred to team who recommended the referral should communicate this to the patient, not the referring team.

Patients seen in the Urgent Care Centre or Emergency Department, SDEC or Ambulatory Care

Urgent Referrals should be made by the standard pathways.

If the patient has been seen by a clinical speciality and they require an outpatient follow up for that given speciality, then the specialist team should make the appointment.

If a patient presents with a condition which requires a referral to a specialist team, and the specialist team, having seen the patient, requires the patient to be seen in outpatients, then the specialist team needs to make the appointment.

If the urgent and emergency care (UEC) clinician has sought advice from another speciality who in turn have advised for an outpatient appointment to be arranged without seeing the patient, then the UEC clinician should make the referral per the guidance in the Trust's Inpatient to Outpatient Inter-specialty Referrals document. Please start the referral with the instruction that the referral has been recommended by the team and stating the name of the person who has made the recommendation. If the referral is declined later in the process, it is the responsibility of the referred to team who recommended the referral to manage the patient expectations of follow up, not the referring team.

If a patient presents with an issue that does not require the input of a specialist team and does not meet the criteria for urgent follow up, please give a narrative description of the issue and ask the patient to contact their GP to discuss further. It is then up to the GP to manage the condition as per local guidance. Therefore, please do not provide the patient or GP a specific expectation of the next steps, including investigation, treatment and onwards referral.

Patients seen in pre-operative assessment

If a patient requires a specialist opinion for a condition noted in a pre-operative assessment that may lead to a delay or cancellation in procedure, then the pre-operative assessment team must refer to the outpatient team as per the Trust's Inpatient to Outpatient Inter-specialty Referrals pathway. Please state the procedure being undertaken and state the urgency of the opinion.

The pre-operative team must inform the GP of any onward referral made.

If a referred to team thinks the referral would be better managed by a different service, then they should pass the referral onto the appropriate service.

If there is a disagreement between the referred to team and the POA team, then there must be a consultant-to-consultant discussion, and an outcome recorded in the patient notes. The patient and primary care must be informed of any change in outcomes and the next steps.