

# Onward Referral Protocol

**Author: Dr Sonali Kinra, Deputy Medical  
Director, NCL ICB  
(endorsed by the NCL Referral Interface Group)**



# MANAGEMENT OF ONWARD REFERRALS FOR NCL

## Key principles:

1. This new guidance applies to **all** patients (including private) of **any** age requiring an **onward referral from any NCL provider** for further investigation or treatment
2. "Time critical" means any delay in clinical care that could result in significant harm to the patient (mental or physical)
3. Clinical accountability lies with the clinician who has identified the need for further investigation or treatment **and will rely on the individual clinician's judgement about what is best for the patient**

**Patient presents with additional symptoms or incidental diagnostic findings from tests ordered by a secondary care clinician**

**Actions required:**

**ANY suspected cancer or time critical problem** requiring further investigation or treatment, whether **RELATED OR UNRELATED** to the original condition.

**Do not send back to GP for onward referral**

1. **DISCUSS** the findings with the patient
2. **REFER DIRECT** to appropriate specialist or other provider (eg Mental Health) for further investigation or treatment.
3. **ORGANISE** relevant tests/medications
4. **CONSIDER** need for safety netting

**ANY symptoms (or incidental diagnostic findings)** that are **DIRECTLY RELATED** to the original condition and which require further specialist advice or diagnostics

**ANY symptoms (or incidental diagnostic findings)** that are **NOT DIRECTLY RELATED** to the original condition **AND** the clinician believes they have sufficient information on the clinical history/ previous treatment to make an **onward referral** for a specialist opinion.

**ANY symptoms (or incidental diagnostic findings)** that are **NOT DIRECTLY RELATED** to the original condition **BUT** the clinician does not have sufficient information on the clinical history/ previous treatment to make an **onward referral** for a specialist opinion

1. **EXPLAIN** clearly to the patient that their **GP will** decide where they can best be managed (ie primary care, a community service or secondary care).

**Do not raise the patient's expectation that an onward referral is likely**

2. **REFER** to the GP for a **decision** on further management and **explain** that it may take some time for the GP to receive your letter
3. **ASK** the patient to contact their GP to discuss/ request action.

**Do not tell the patient to wait for the GP to contact them**

## Background and scope

- 1) The purpose of the NCL Onward Referral Protocol is to ensure patients are managed in the most appropriate care setting, referral decisions are made in patients' best interests and do not delay the patient's care journey.
- 2) This new guidance applies to **all patients** (including private) of **any age** requiring an onward referral from any NCL provider for further investigation or treatment.
- 3) With the **exception** of urgent suspected cancer or time-critical problems, referrals from Emergency Departments are out of scope of this protocol. For any other newly identified clinical finding or routine referrals, ED clinicians should advise the patient to make an appointment with their GP for assessment and further investigation or treatment. They should **avoid** making requests to the GP for specific investigations or management.
- 4) Clinical responsibility lies with the clinician who **has identified the need** for further investigation or treatment and will rely on their **individual clinical judgement** about what is best for the patient.
- 5) This protocol has been agreed with the organisations listed in Appendix 1. Further discussions will be required for expansion to cover onward referrals from community and mental health providers.

## Protocol

Onward referrals are deemed **appropriate** if patients present with additional symptoms or incidental findings from tests ordered by a clinician in a community or secondary care setting and **any** of the following criteria are met:

- **Any suspected cancer or time critical problem** requiring further investigation or treatment, whether **related OR unrelated** to the original condition, and for which any delays could result in significant harm (either mental or physical) to the patient
- Any symptoms (or incidental diagnostic findings) that are **directly related** to the original condition **and** which require further specialist advice or diagnostics
- Any symptoms (or incidental diagnostic findings) that are **not directly related** to the original condition **and** the clinician believes they have sufficient information on the patient's clinical history/previous treatment to make an onward referral for a specialist opinion
- Referrals to other specialties (eg cardiology) for a new diagnosis/finding identified at pre-operative assessment

- The patient has additional vulnerabilities which could increase the risk to them if a referral is not made. These include frail and elderly, homeless, suspected dementia, learning disability, autism, serious mental illness, carer. Please note this list is not exhaustive
- The original referral has been sent to the wrong specialty

## Key points

**Patients should not be referred to their GP to request an onward referral.** Clinicians should discuss the findings with the patient and refer directly to the appropriate specialist or other provider for further investigation or treatment. They should consider any need for safety-netting and organise relevant tests or medication.

**For any symptoms (or incidental diagnostic findings) that are not directly related** to the original condition, and the clinician does not have sufficient information on the clinical history/previous treatment to make an onward referral for a specialist opinion, patients should be signposted to their GP for their **assessment and a decision on further management.**

Clinicians must **avoid raising patients' expectations** about a referral to secondary care. They should explain clearly to the patient that the GP will decide on further management and **ask the patient to contact their GP.** They should **not** advise them that the GP will contact them.

## Approval

NCL Clinical Advisory Group Approval	18 <sup>th</sup> February 2026
Date next review is required	February 2028

## Appendix: Referral Interface Group membership

Name	Role	Organisation
Sonali Kinra	Co- Chair	NCL ICB
Paul Sinden	Co-Chair	GP Provider Alliance
Alexis Ingram	Pathway lead	GP Provider Alliance
Jeremy Sanford	Pathway Lead	GP Provider Alliance
Ross Cunningham	Pathway Lead	GP Provider Alliance
Tobi Gould	Pathway Lead	GP Provider Alliance
Gulsen Gungor	Programme Management Support	NCL ICB
Shirena Counter	Programme Management Support	NCL ICB
Steve Fothergill	Analytics	NCL ICB
Victoria Wicks	ICB Senior Pathway Manager	NCL ICB
Vicky Weeks	LMC Pathway Representative	MD for NCL ICB, London-wide LMC
Vicky Jones Charlotte Hopkins Mike Greenberg Charles House Helen Simpson  Jenny Cross	Medical Director Medical Director Medical Director Medical Director DCD Med Specialties, Clinical Lead OP transformation Medical Director	NMUH WH Barnet Hospital UCLH UCLH  Royal Free Hospital
Forhad Ahmed David Senior Sarah McNamara Maureen Browne Natalie Samuel	Operational Lead Operational Lead Operational Lead Operational Lead Operational Lead	NMUH WH RF UCLH UCLH