

January 2008

Improving care pathways

Suggested guidelines for secondary care
doctors and GPs



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1 Introduction

This joint paper produced by the General Practitioners Committee (GPC) and the Central Consultants and Specialists Committee (CCSC) discusses how commissioners can assess whether resources and capacity within the NHS are utilised efficiently and where this is not the case, that care pathways are put in place to support practice based commissioning (PBC) and the development of care closer to home initiatives.

In December 2006, the Department of Health published the comprehensive guidance document *'Care and resource utilisation: ensuring appropriateness of care'*, designed to help commissioners and PCTs to review current care pathways to ensure that resources are focused on 'giving the patient the right treatment in the right place at the right time' (p8). The practical guidance which provides useful tools to help identify areas of efficiency can be accessed online via the following link:

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_063265

The guidance document *'How to identify opportunities for care and resource utilisation'* further builds on the Department of Health's initiative to ensure appropriateness of care and provides a brief introduction for commissioners on how to develop local care and resource utilisation strategies. The guidance can be accessed through the following link:

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_074960

2 Prior Approval

One of the service redevelopment tools identified by the Department of Health is the concept of 'prior approval', which can be described as a process that 'requires clinicians in secondary care to confirm the appropriateness of a proposed intervention or course of treatment with the referring GP' (para 7.1). While prior approval is usually applied to groups of patients, this form of intervention can in exceptional cases be applied to individuals and in both circumstances there should be an agreed protocol of how patients will be managed in advance of initiating treatment.

When is it appropriate?

We will not attempt here to provide an exhaustive list of when it may be appropriate to seek prior approval. However, in general terms, patients should not be referred to a consultant or from one consultant to another with a condition that can essentially be managed in primary care and/or community services. Whether or not a condition is best managed in primary care and/or community services will clearly depend on the local arrangements in place, but where a referral has been made to secondary care, prior approval for onward referrals should be sought in the following circumstances:

- Where a secondary condition is discovered which is not associated with the original condition, and is not acute;
- Where the original GP referral to a consultant was sent to the wrong specialty - the patient should in this case be referred back to their GP with a recommendation on treatment or suitable referral. In some areas however, GPs may prefer for these referrals to be redirected by the consultant to the appropriate specialty.

When is it not appropriate?

While local guidelines and clear protocols should be developed between clinicians to provide the best possible treatment for patients in a timely manner, prior approval is not intended to prevent or delay the referral process. Where the clinical condition of the patient is such that an emergency or urgent referral is clinically necessary, referrals are always appropriate *without* prior approval. The consultant should in this case inform the GP of their decision to refer without prior approval in the discharge letter.

It is also imperative that prior approval is not driven by short-term financial gains, but is clinically led and clinically appropriate fostering good relations with patients.

3 Consultant to consultant referrals

As in all areas of the NHS, there is the potential to increase efficiencies by examining the pattern of inappropriate referrals. In areas with high levels of consultant to consultant referrals, it may become difficult for practice based commissioners to manage their budgets effectively. In these cases, it is important for practice based commissioners to understand the referral patterns within the hospitals to which they refer and to ensure that those patterns do not change rapidly and unpredictably.

When is it appropriate?

As per the above section on prior approval, there may be instances when onward referrals are appropriate e.g. where a condition may be acute and requires immediate attention.

When is it not appropriate?

In some circumstances however, consultant to consultant referrals may not be appropriate and the patient should be referred back to primary care for a referral by their GP. This is consistent with the principle that the management of patient care should be directed by the GP.

Depending on the level of expertise of the relevant doctor, patients may at times be referred on to a second consultant because of the uncertainty about the appropriate course of action to take. Before this is considered in respect of a minor ailment and in order to avoid a delay to the patient's journey, doctors should be encouraged wherever possible, to manage minor ailments, where this is within their expertise. If it is outwith their specialty or experience, appropriate supervision may be necessary.

If more than one referral pathway is deemed to be appropriate, it will be up to the individual clinician to determine which pathway would be best suited for the patient. If in doubt, the consultant should discuss the proposed referral with the relevant GP, rather than making an onward referral.

In order to ensure a smooth referral process, it is particularly important that the lines of communication between clinicians run effectively and efforts should be made to ensure better working between primary and secondary care. Guidance on this process is outlined at the end of this document. It is also important for the patient to be kept informed at all times and for their needs and/or wishes to be considered.

4 Out-patient follow-up appointments

Another part of the patient journey where there may be room for efficiency improvement is that of out-patient follow-up appointments when patients are asked to return to hospital for a progress update, to undergo tests or to receive test results.

As a general rule, follow-up appointments should only be scheduled when clinically necessary and care should be provided by the right healthcare practitioner in the right setting. By providing patients with appropriate information at the onset of their illness,

unnecessary follow-up appointments can also be avoided. This will help free up resources and capacity, which can be spent on patient care in other areas.

If any particular service is unavailable under the NHS the responsibility for explaining this must rest with commissioners of care and not be left to either the patient's GP or the consultant.

There are several other tools outlined in the *'Care and resource utilisation: ensuring appropriateness of care'* guidance, such as utilisation management and risk profiling, which can be used by commissioners to ensure that resources are used appropriately. In order for commissioning to succeed, it is vital that services are run efficiently and that clinically owned and clinically agreed techniques are developed to evaluate the use of resources.

5 Further guidance

The GPC and CCSC have produced the guidance document *'Improving the exchange of information and patient care: guidelines for secondary care doctors and GPs'* intended to help improve communication between primary and secondary care clinicians and can be accessed through the following link:

www.bma.org.uk/ap.nsf/Content/improvecommunication

The GPC has also produced specific guidance on the role of GPs in helping to develop the primary and secondary care interface in relation to prescribing. This guidance can be accessed at the following link (log-in required):

www.bma.org.uk/ap.nsf/Content/GPprescribingguidance

Guidance on referral management schemes can be found in the joint GPC-CCSC document *'Guiding principles for the establishment, objectives and continuing progress of referral management schemes'* which can be accessed online via the following web address:

www.bma.org.uk/ap.nsf/Content/Referralmanagement