

Derbyshire CCG's Commissioning Statement Private to NHS Provider Referrals

If patients have been seen outside of the NHS and wish to transfer/opt in to NHS care, then the clinician making the referral into the NHS service must ensure that they adhere to any local referral policies, processes and criteria. If the referring clinician is not aware of local arrangements (for example when seen out of area) then the default process is for patients to be referred back to their own GP for onward referral.

This helps ensure equality of access for all Derbyshire patients and ensure that where appropriate, patients go through the relevant referral processes, policies and criteria checks commissioned by the CCG.

Whilst we recognise that this approach may have an effect on the workload of general practice, we do not expect this to be significant and we have taken steps to minimise the burden and ensure patient pathways remain safe and appropriate, as outlined below;

- Private patients may be referred directly into an NHS service under the following circumstances:
 - Where the referring consultant is aware of local referral policies, processes and criteria and refers into NHS services adhering to the above.
 - For follow-up care, i.e. when the patient has already had treatment carried out (for example; have had a joint replacement or been prescribed medications for a condition).
 - Where there are urgent problems for which delay would be detrimental to the patients' health (in line with what would be sent as an urgent referral)
 - Suspected cancer (2 week wait referrals)
- Where there is a referral triage and support service in place (e.g. MSK-CATS) private patients must go through this route, rather than be directly referred into secondary care. Patients should be referred in with comprehensive notes of any assessment and/or treatment carried out so that the triage service can review and ensure that any unnecessary steps in process are avoided. Clinicians may refer directly into the service without going via the patients GP.
- When private providers/consultants send a patient back to the GP to be referred into an NHS service, they are asked to make it clear in the communication/notes back to the GP that the patient has been assessed by a specialist and does not necessarily need to be physically seen and re-assessed by the GP - although this will remain at the discretion of the GP.

Where patients do not fit the scenarios listed above and the patient is to be referred in via their own GP, the CCG will support GP's to direct the referral on via the correct referral routes/process without seeing the patient themselves if they feel it is appropriate.

When a patient is referred into NHS services via the correct referral process, the provider can list the patient for a procedure without the need for an unnecessary first appointment, providing the relevant consultant is happy to do so and the supporting referral information is adequate to allow this.

Thank you for your cooperation.