

## Referral Arrangements for Northern Lincolnshire and Goole NHS Foundation Trust

With effect from: **Monday 11th May 2020**

This process has been agreed by NLAG, NL and NEL CCGs, and relates to referrals to Northern Lincolnshire and Goole NHS Foundation Trust. The LMC have been involved in the discussions on this document. The process outlined will be under constant review.

This process has been revised based on national guidance on phase 2 <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/04/second-phase-of-nhs-response-to-covid-19-letter-to-chief-execs-29-april-2020.pdf>.

NHS Hospitals should continue to accept **all** referrals during the COVID-19 pandemic period. On making a referral, the referrer should explain the process set out below to ensure the patient understands that unless a face to face appointment is absolutely necessary, their appointment will be delivered either by telephone or video. If a patient is not able to have a virtual appointment, this should be identified before referral and conveyed in the referral letter.

Routine appointments or treatments are likely to be delayed but such decisions will be made based on individual patient risk assessment. Potential delays are due to a range of factors including; the initial pausing of elective activity, staff absence and self-isolation due to COVID 19 and PPE availability. Whilst the Trust is developing its plans for recommencing elective activity, these limiting factors will remain an issue. NLAG will continue to update specialty waiting times information on its website, however, this is difficult to quantify at the moment. NLAG will have in place processes to risk stratify and review its waiting lists which reflect the waiting times.

The 2 week wait pathway has not changed.

### **Advice and Guidance (A&G)**

The use of advice and guidance should be utilised where appropriate in the first instance, using eRS as per current process. NLAG has arrangements in place to respond to these requests within 48hrs except where staff sickness prevents this.

### **Referral Assessment Service (RAS) –NLAG Clinical triage of referral (not a Referral Management Service) all referral types**

If a referral is deemed necessary, the referral will come into NLAG via a Referral Assessment Service on eRS. Referrals will be triaged/screened by a specialty clinician. On assessment the clinician will;

1. For routine and urgent referrals, provide advice to the GP/referrer if applicable via eRS.
2. Where diagnostics are deemed necessary; where possible, these will be arranged prior to any consultation. Following triage, where blood tests are required, the request and follow-up of results will be done by the secondary care requestor for clinical safety reasons. The request will be ordered via DART and the patient will be advised to attend an agreed site for their blood to be taken.
3. If the patient does need to be clinically assessed in person – this will be undertaken by telephone or video consultation where appropriate. Where this is not suitable, a face to face appointment will be offered.
4. If the patient requires a face to face assessment this will be arranged in line with the social distancing guidelines. Patients should be advised that they will not necessarily be seen or treated at their local hospital site.

- Inadequate/inappropriate clinical information on a referral will result in the referring practice being contacted and asked to re-refer the patient once the necessary clinical information has been added to the referral form.

Patients will be risk assessed as to whether they need to come in for a face to face appointment.

Where patient's decline an offer of treatment, for non COVID reasons, they will be discharged back to the referrer, in line with the current Access Policy. This course of action will be confirmed by the responsible clinician at the point of discharge and advice and guidance/support provided to the GP/referrer in managing the patient. The patient will be advised by letter of this action and a copy of the letter will be shared with the GP/referrer.

If the patient requires follow-up, a virtual appointment should be considered before a face to face appointment, to reduce exposure. If the patient requires diagnostics these will be arranged as outlined above.

Hospital and Primary Care Clinicians should plan tests that might need to be done in advance of a clinic e.g. blood tests or diagnostics.

Outcomes from clinical triage and appointments (face to face or virtual) will be communicated with patient and GP (via automated messaging)

### Referral process flow chart

