**GP Referral Arrangements for York Teaching Hospital NHS Foundation Trust**

**With effect from: 7th May 2020**

This process has been agreed by YTHFT, VoY, ER and NY CCGs, and relates to referrals to York Teaching Hospital NHS Foundation Trust. 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. The Trust and CCGs will continue to update PCN CDs and LMC weekly on the capacity locally for delivering elective activity.

**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. YTHFT will continue to turn requests around within 2 working days, except where staff sickness prevents this.

**Routine Referrals -**

With immediate effect, if a referral is deemed necessary, practices can start to send referrals via normal processes i.e. through RSS. RSS will then undertake the choice conversation with the patient and explain the process below so they are fully informed. Please note - **there is no change in pre-Covid processes for practices**.

To enable clinical triage prior to an appointment being booked, the Trust are setting up a process on e-RS called a Clinical Assessment Service (CAS). Referrals will be triaged/screened by a specialty clinician – please see flowchart below. Upon assessment the clinician will either;

1. For routine and urgent referrals, provide advice to the GP if it is deemed an appointment (virtual or face to face) is not required

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.

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.

5. 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 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.

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 and accompany the referral

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

**Referral Flow chart for York Teaching Hospital NHS Foundation Trust**

GP consultation (virtual or F2F)

**Advice to GP**   
Advice provided back to GP via dictated letter, response also copied to eRS request.

If response not accepted by GP, an Advice & Guidance request should be submitted for further input.

If patient chooses not to accept an appointment of any type, they should be discharged back to GP, with A&G to GP provided as per usual process

**Face to Face** appt

RSS book into appropriate CAS for review

GP Practice send referral via RSS

Outcome communicated to patient, GP and referrer

RSS call patient, offer choice and re-iterate wait and potential appointment types

GP Practice send referral via RSS

**Virtual appointment**  
telephone/video/on-line

Clinical triage undertaken by specialty clinician and outcome determined  
(within 72hrs if resource permits)

**Routine**  
GP to explain potential longer wait for appointment and type of appointments that may be offered

Reviewed and advice back to GP within 48 hrs

A&G request received at Trust and uploaded to internal Notify system

**Advice & Guidance**  
GP request A&G via e-RS

**Urgent or 2WW**

Outcome of triage may be F2F appointment; diagnostic test booking etc.

On receipt, clinical triage undertaken via Notify system (patient may be contacted by appropriate consultant)

RSS call patient, offer choice and send referral to the Trust via e-RS