

Email sent on 25/5/21 To all GPs and All CDs in Lothian

Dear Colleagues

The Lothian Interface Group have felt it timely to remind colleagues of the correct and courteous ways in which we should all be referring patients into and within secondary care.

RefHelp (www.refhelp.co.uk) is an exceptional resource designed by both primary and secondary care colleagues working together to optimise referral pathways, with excellent clinical and management advice within. It is a resource that both primary and secondary care should access prior to considering referral and gives important information about alternatives to referral, and necessary clinical information to facilitate safe triage.

All clinicians receiving referrals are encouraged to use active clinical referral triage (ACRT) and should offer appointments to those patients who will benefit from an outpatient assessment, or give advice back to a referrer where appropriate.

Where a secondary care physician is considering a referral on to another secondary care clinician, we would ask that you look first at RefHelp to see whether there are alternatives to specialist input or whether there is advice on how to manage the problem without further specialty input.

If the referral is justified, then the secondary care clinician should personally make that referral to the speciality with the necessary clinical information that RefHelp advises, to aid appropriate triage (ACRT). This will improve the patient's journey and enable the patient to be triaged more promptly. It also stops placing an administrative burden onto a GP to make the referral.

Where it is not clear that a specialist opinion is required, please do not advise the patient that a referral will be done by the GP. Advise the patient to kindly attend their own GP for review of the problem in question, and the patient's GP can decide with the patient if a referral would be of value.

Where secondary care clinicians are seeing patients referred from **outwith NHS Lothian**, and they feel another specialty referral is needed, please do not make that referral. Please advise the patient's GP of the potential need for specialty review, and allow the GP to decide with the patient if onward referral is appropriate as it is often better for them to be seen within their parent board.

The patient journey, and setting appropriate expectations are paramount in all of this, as well as reducing inefficiencies in a time when we are all working with more limited clinical capacity.

Your consideration in this matter is greatly appreciated

Yours sincerely

Dr Andrea Lomas and Dr Caroline Whitworth

Co Chairs Interface Group