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**Referrals Policy**

**[Date of Issue]**

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# Introduction

The referral of a client’s care and/or treatment to another practitioner or service is crucial to the progress of their care. There is also a financial implication of any referral, either to NHS resources or to the client when referring to private (self-funded) services.

During a referral, the communication of relevant client information between services is essential to avoid any fragmentation in care and ensuring high quality and consistent care and/or treatment.

# Policy Statement

[Company Name] is committed to providing high quality person-centred care. This policy aims to guide staff on the procedures to follow when there is a need to delegate care to another professional as well as refer a client. Whether this is for diagnostic tests and investigations, specialist care or on to other community services, such as, through not exclusively, district nurses or social care direct. Clinical need will dictate when this is necessary using the relevant guidelines and operating procedures. [Company Name] will ensure clients are offered choice and access to services within maximum waiting times following national standards.

This policy is based on national guidance and legislation from the NHS Constitution and the Department of Health.

Referrals will only be made to services that ensure continued client safety, such as locally commissioned services from NHS Trusts, private or voluntary sectors with well-established financial, clinical governance and accountability arrangements equal to those found in NHS Trusts. Consideration will be given to the client’s choice of provider where the service is relevant and registered with a statutory regulatory body.

# Scope

This policy and its procedures apply to all staff with any involvement in the care and/or treatment of clients at [Company Name]. The guidance should be read alongside the relevant legislative framework.

# Procedures

In terms of referral and delegation, staff at [Company Name] must:

* Provide a good standard of practice and care and where caring for clients, they must:
	+ refer a client to another professional when this serves the client’s needs.
* Contribute to the safe transfer of clients between healthcare providers and between health and social care providers. This means they must:
* share all relevant information with colleagues involved in the clients’ care within and outside the team, including when care is delegated or referred to another health or social care provider.

Staff are accountable for any decision to transfer care and for the steps taken to ensure that client safety is not compromised. These decisions must be justifiable and clearly recorded.

# Referral to other Providers or Specialist Services

A referral is where it is arranged for another practitioner to provide a service that falls outside of the referrer’s professional competence. Usually this will be to the client’s GP, district nurse, or specialist team, where there is one in place; usually a healthcare professional or service that is registered with a statutory regulatory body. If this is not the case, it is the responsibility of the Registered Manager to demonstrate they are satisfied that the service will ensure the ongoing safety of the client.

When referring a client, effective communication must be maintained at all times. Options should be discussed with the client and their representatives, including the necessary information to allow the client to make an informed decision about their care, including high quality written information. In line with current best practice, the referring staff member should consider signposting the client to other sources of helpful information, such as relevant national or local charities or client groups.

Some referrals may have longer waiting times due to Covid-19 causing some delays in outpatient appointments. Virtual consultations may be arranged if relevant and the client should be advised of this.

When referring a client on to another service staff should explain the plan to transfer their care, along with the reasons why. In addition, the following information should always be forwarded to the service provider:

* full demographic information relating to client.
* relevant information regarding the client’s clinical condition and history as well as prescribed or non-prescribed medication list
* clear explanation of the purpose of referral, investigation or treatment that may be required.

Staff at [Company Name] should ensure that the client is informed as to who has overall responsibility for their care and whether the transfer is temporary or permanent. Staff must also confirm that the client understands what information will be shared with the receiving service. If the client objects to disclosure of information that would be considered essential to the safe provision of care, it should be explained that a referral cannot be made without also disclosing that information and that all data is always protected in accordance with Data Protection Act 2018 and Confidentiality Code of Practice

**Private and NHS Services**

A client may be referred to an NHS hospital or service irrespective of whether the referring organisation is treating them under the NHS or privately.

Where a client opts to pay for private care their entitlement to NHS services remains and may not be withdrawn. Private and NHS care should be kept as separate as possible. Any client seen privately is entitled to subsequently change his or her status and seek treatment with an NHS service. Clients referred for an NHS service following a private consultation or private treatment should join any NHS waiting list at the same point as if the consultation or treatment were an NHS service.

It should always be clear which clinician and which organisation are responsible for the assessment of the client, the delivery of any care and the delivery of any follow up care.

**Referral to Treatment RTT**

Clients have the right to access services within maximum waiting times, or for all reasonable steps to be taken to offer suitable alternative providers if this is not possible. The maximum waiting times are described in the Handbook to the NHS Constitution. Generally, clients, should expect to be seen in an NHS service within 18 weeks or for diagnostic tests within 6 weeks. There are exceptions to the RTT timeframe including obstetrics, genitourinary medicine, emergency and suspected cancer pathways.

**Referral for suspected cancer**

Where there is a possible suspicion of cancer NICE, National Institute for Clinical Excellence sets out guidance for referral criteria. Clients can expect to be seen within a 2-week period in NHS services. These referrals would be made by the client’s GP not [Company Name].

**Diagnostics**

Many clients require diagnostics to inform progress, prognosis or new diagnosis and subsequent treatment. Examples of diagnostic tests include blood tests, endoscopy, scans or x-rays. Diagnostic tests must be performed within 6 weeks of request for the test, to ensure delivery of the national operating standards. These referrals would be made by the client’s GP not [Company Name].

# Consent

When a decision is made to refer a client to another service or speciality, implied consent would be assumed as it is reasonable to expect relevant confidential information to be shared with individuals responsible for health care on a need-to-know basis.

**Implied consent**

If confidential information regarding client is accessed and used for individual care then consent is implied, without having to explicitly say so. This is because it is reasonable to expect that relevant confidential information will be shared with those involved with health care on a need-to-know basis. If a client wishes to withdraw consent for information to be used to support individual treatment, the referring practitioner should be informed. This may mean that it is no longer possible to continue providing care or treatment and this should be explained to the client.

**Explicit consent**

If confidential information relating to a client is used for purposes beyond individual care, for example a research project, then it will normally be necessary to obtain explicit consent. This is a very clear and specific statement of consent. It can be given in writing, verbally or through another form of communication such as sign language.

# Delegation of Care and/or Treatment

Delegation involves a staff member asking a colleague to provide care on their behalf.

Any staff member at [Company Name] delegating the care of a client to another must be satisfied that the person to whom the care is being delegated has the knowledge, competency and experience to provide the relevant care, or that they will be adequately supervised.

The delegating staff member remains responsible for the overall care of the client during their shift.

# Monitoring

The effectiveness of this policy will be assessed through routine audit of referrals and any staff member, client or other provider feedback.

# Related Policies

* Consent (Adults) Policy
* Consent (Children) Policy
* Information Governance and Record Keeping Policy

# Legislation and Guidance

**Relevant Legislation**

* NHS Constitution (July 2015)

**Guidance**

* Gov UK, Handbook to the NHS Constitution for England [Handbook to the NHS Constitution for England - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/supplements-to-the-nhs-constitution-for-england)
* National Cancer Waiting Times Monitoring Dataset Guidance – Version 11.0 September 2020
* Department of Health Referral to Treatment Consultant–Led Waiting Time Rules Suite (Oct 2015).
* NICE National Institute for Clinical Excellence Handbook to the NHS Constitution. General Medical Council: Delegation and referral - GMC (gmc-uk.org)

# Summary of Review

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