BRIGHTON RMS - WE REALLY DON’T WANT TO BOTHER YOU...!

Please would GP Partners and Practice Managers discuss this with their secretarial staff, and circulate electronically and by printing out, to all your referrers including GPs, Registrars, or ANPs.

B & H RMS are commissioned to enhance the quality of GP referrals using our expert knowledge of local community and hospital services, Choose & Book, clinical pathways and guidelines. We are keen to continue peer conversations to referring clinicians and administrators when we need more information to process a referral to the right place within the right time frame. Most of these conversations take a few minutes but we are aware that call backs can take up valuable clinical time.

We run educational sessions for all referrers (e.g. locums, new partners, GP Trainees) who would like an overview of how the RMS works. Email Paul Forsdick for details.

TOP TIPS FOR REFERRING CLINICIANS

- **We have no access to any hospital based clinical records or results.** If you make reference to previous clinical management within your referral letter, you need to include all the details including dates, name of consultant involved etc. Please attach all hospital letters which can help us to process the referral to the consultant or clinic you want.

- **Add the BICS / RMS and CCG website to your favourites** so you can check referral guidelines before you write the referral. Give us a good reason for side stepping existing pathways.

- **Check it shouldn’t be a 2ww** – if fits 2ww but you do not wish to send as this, tell us this so we won’t call you.

- **Make a decision about which speciality you want to refer to** – if in doubt, ask colleagues at your surgery or phone the GP Triager line at BICS on 560260, if guidelines unclear

- **Please don’t send us the referral with pending primary care investigations – send it with everything complete and attached.** We have NO ACCESS TO PATHLINKS or BSUH. It causes delay while your referral sits in our system, the results may completely alter your planned referral direction and it causes more work to try and obtain outstanding test results from you and your practice staff.
• All referrals should include important history and examination findings (GMC guidance) including negatives, list of medication and relevant Past Medical History. These are often missing: it may be your secretary is not adding the information you think or presume to your referral.

• RMS only processes NEW referrals: if patients require their appointments expedited or have been under outpatient within 6/12 then a chasing letter is required direct to the provider. This does not need to come via BICS.

• Referrals to the following services are NOT currently processed at the RMS and should be sent directly from your practice to BSUH (or via professional support line) – RACOP, Heart failure service, Community Diabetes Service, Rapid access chest pain clinic, emergency eye casualty, community paediatric physio under5 clinic, all Advice and Guidance referrals.

• We suggest practices consider review of referrals from locums, ANPs, GP registrars and F2 doctors: we have noticed that some of these appear that they could have been managed ‘in house’ or reflect reduced knowledge of local pathways/GP management and guidelines.

• Consider using Advice & Guidance – however these do not go through BICS. If you think you need advice from a consultant on a new patient (not under current care of BSUH) please use the A & G forms and send via C & B directly to BSUH. If you need advice on a current hospital patient you can email the consultant directly/via secretaries or fax letter through to department.

• New audiology – check for wax and use the form – please use the audiology referral forms and check meets all criteria appropriately. All patients have to have ears checked for wax and confirmed clear before we can process even if this means a trip for you to a residential/nursing home. In many cases, a hearing aid referral may not be required at all.

• Audiology hearing aids problems – patients with existing hearing aids must return to the provider who fitted those aids within three years of provision. This is not a new referral and patients cannot swap around providers within this time frame.

• Gynaecology/Subfertility – do the swabs within 3/12 of referral and send the results WITH your referral for any patient who may require hysteroscopy/pipelle/IUD
Call us back promptly please: we are trying to help you and your patient. We only call because we don’t have enough information or we have clinical concerns. All Triage GPs are GPs and understand the pressure and complexity of GP workload.

High intervention specialities – across the city, around 9% of all referrals result in an ‘intervention’ back to the practice. However the clinical areas where most intervention occurs are in gastroenterology (missing info, ? 2ww), haematology (many can go direct to A & G), cardiology (rapid access clinics outside BICS, A&G) and CFS service (not using referral forms and incomplete blood work up). Pay particular attention to referral pathways and work up requirements in these areas and you are much less likely to receive a phone call from a triage GP.

MANY THANKS

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Winner

Referral Management Tool
Excellence in Healthcare
Business Intelligence
EHI Awards 2013

Winner

CPAMS
National Clinical Service of the Year
Chemist + Druggist Awards 2012

Finalist

MSK ICATS (Brighton and Hove Health Partnership)
Best Example of Integrated Primary Care
NHS Alliance Acorn Awards 2012

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