

Statement on how patients are referred to specialist genetic services from general practice

Introduction

The National Health Service is divided into different levels of service provided by community practice and hospital practice i.e. District General Hospitals and other more specialised services:

Primary Care includes health professionals such as the General Practitioner (GP) the practice nurse, health visitor, district nurse and midwife.

Secondary care is more specialised and is usually provided by the local District General Hospital and Teaching Hospitals and would include departments such as the cardiology department and Paediatrics.

Tertiary services are provided in a few regional centres, for example, Regional Genetics Services, or national services located in centres around the country, for example, some diseases are so rare that they are funded as a national service, e.g. Gaucher disease.

Under most circumstances referral is made from primary care to secondary care by your GP. The circumstances will differ from patient to patient depending on the particular issue or question the patient has to address. Common reasons for referral include:

- Assessment and diagnosis
- Screening for a genetic disorder
- Genetic advice
- Treatment and ongoing management
- Second opinion
- Patient request
- Reassurance

The GP will first make an assessment of the patient's symptoms and signs, differential diagnosis and management plan, which may include referral for specialist care. The referral will be made in discussion with and in accordance with the patient's wishes. Usually a letter will be sent to the hospital specialist unit, rather than the particular consultant, in order that the specialist service can allocate the correct health professional to see the patient. An appointment will then be sent to the patient's home.

With the development of patient choice, GPs are now able to offer up to five choices of specialist units to the patient. The patient will be given information about these units and a choice made on the basis of the information provided by the hospital unit. Patient choice is currently being developed and is not yet universally available or offered however by 2008 any patient undergoing an elective procedure will be offered the choice to go wherever they wish.

The referral process between primary, secondary and tertiary care can vary in different areas. In some areas referral to tertiary units will be made by the secondary care physician, however you may find that referrals all originate from the GP with input from secondary and tertiary care.

Commissioning

The NHS pays for services though the commissioning arrangements made by the Primary Care Trust (PCT) in which the patient's GP works. The PCT will commission services for patients and there should be no need for the GP and or patient to be concerned with the commissioning arrangements.

Under some circumstances the PCT will question the referral. Such circumstances include:

- Referral to specialist unit where there are no service commissioning arrangements
- The referral is for a low priority treatment. These are listed by the local Clinical Priorities Forum. (This happens when national guidelines have not been issued from National Institute for Health and Clinical Excellence - NICE)
- The referral is for treatment outside the usual custom and practice of the NHS. (eg complementary therapy).

In this situation the referral will only proceed with the approval of the PCT. There will be arrangements in place to appeal against a decision by the PCT.

Communication

It is important that any referral is made with good lines of communication between the referring professional, the hospital, and the patient. Referral letters can be sent by post, fax, email or with the patient. Similarly the letter back to the referring professional. Increasingly the NHS is committing to copy all clinical letters to the patient. This should increase the patient involvement in care, improve communications and avoid the problem of 'lost' letters.



**Genetic
Interest
Group**

Working to benefit all those affected by genetic disorders.

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