

8 May 2007
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PCT Chief Executives

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Dear Chief Executive,

Referral Management Schemes

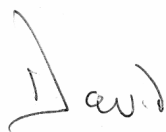
As I know you appreciate, clinical involvement in the re-designing of care is central to the delivery of safe, quality assured, cost effective care. Referral Management Schemes (RMS) have the potential to enhance care for patients when they are set up with clinical involvement and endorsement. The BMA have recently published guidance, which I fully endorse, on running referral management schemes. You can find the guidance at <http://www.bma.org.uk/ap.nsf/Content/Referralmanagement?OpenDocument&Highlight=2,Referral,Management>.

However, there are other aspects of care not covered by the BMA guidance as successful RMS will need to be developed in the context of broader health reforms. First and foremost, the vision and function of an RMS must be developed and agreed with practice-based commissioners. The RMS should not, for example, prevent a practice-based commissioner from developing alternative schemes. Secondly, I would also expect many practice based commissioning initiatives to reduce the need for RMS through decreasing reliance on secondary care services.

Thirdly, the RMS should fit within the overall direction of health commissioning as envisioned by the PCT and practice based commissioners. Finally, whilst the referral from GP to consultant will remain a key component of care, referral to other clinicians have equal value

I trust that you will find this correspondence useful as you work closely with your clinical staff and practice based commissioners to create effective RMSs that add extra value for local patients.

Kind regards,



David Colin-Thomè
National Clinical Director for Primary Care and 18 weeks

Referral Management Guidelines

Clinical involvement in the redesigning of care is central to the delivery of safe, quality-assured, cost-effective care. Referral Management Schemes (RMSs) have the potential to enhance care for patients when they are set up with clinical involvement and endorsement.

The Central Consultants and Specialists Committee and General Practitioners Committee produced a document in March 2007, which has been endorsed by David Colin-Thomè, National Clinical Director for Primary Care, that aims to set out the key guiding principles for the establishment, objectives and continuing progress of referral management schemes, whether these schemes are operating through Choose and Book or not.

The term "Referral Management Scheme" is intended to cover all such schemes including Clinical Assessment Services (CAS), Clinical Assessment and Treatment Services (CATS), and Integrated Clinical Assessment and Treatment Services (ICATS), i.e. all arrangements that incorporate any intermediary level(s) of triage, assessment and treatment between traditional primary and secondary care including paper-based screening systems (or their electronic equivalent).

Please see David Colin-Thomè's letter overleaf for his views on RMSs and his additional thoughts on the use of RMSs. This letter and guidance can be viewed on the Department of Health website at: http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH_074531

The Guiding Principles of Referral Management Schemes

Listed here are some of the main principles that the Central Consultants and Specialists Committee and General Practitioners Committee agreed should be taken into account by a Primary Care Trust when designing a referral management scheme.

- Referral management's prime purpose is to improve the patient care pathway to deliver tangible benefits for patients. It should not lengthen or complicate the patient journey. It must not be simply to save money, though it can and should consider cost-effective use of resources;
- Referral management schemes must only be introduced following discussion between a broad representative body of primary and secondary care doctors, managers and, where appropriate, other health professionals and patients. The discussions must demonstrate real engagement and agreed common outcomes;
- Referral management schemes should not cut across patient choice principles. They should be transparent; patients should be fully informed about the process that will apply to their referral, with advice about the possible outcomes and the implications for their care;
- Referral management schemes must recognise and support the value of specific referral by a patient's doctor to a particular consultant or team for clinical reasons. They must not weaken the principle of clinician-to-clinician referral where it is clinically indicated;
- Any referral management scheme must include timely and appropriate consultation with and communications to all professionals and patients that could be affected;

For a full list of guiding principles, objectives and functions, and online outline of a model process for establishing a referral management scheme, please visit <http://www.bma.org.uk/ap.nsf/content/referralmanagement>.