

Patients in Partnership (PiP)
Thursday 17th September 2009
Questions and Answers – all presentations / panel members

Referral Management Centre presentation – Summary of discussion

The Referral Management Centre (RMC) is located in Southampton. The reason for this is that the RMC shares a building with the Harmoni out of hours service and Amicus IT systems resulting in a centralisation of IT services and economies of scale.

GP referrals are faxed or emailed by the GP to the Referral Management Centre. On receipt the referral, it is logged on the RMC system and sent to the appropriate triage clinician to decide appropriate action. To note we do not have triage in all specialities, however currently we do have triage in: Gynaecology, Orthopaedics, Rheumatology, Paediatrics, Dermatology, ENT, Gastro. An acknowledgement of the referral is sent to the GP, via NHS Net a secure email address. Your referral may also be suitable for one of our primary care ECAS services, Extended Clinical Assessment Services, or may alternatively be sent to secondary care (hospital based services), for further management. The PCT currently run the following ECAS Community Clinics:

Orthopaedics (MSK)	Gynaecology	Cardiology
Upper Limb	Lower Limb	Dermatology
Paediatrics		

Hillingdon PCT has a Contractual Agreement with the RMC for all routine referrals to be processed by the RMC in three working days. The majority of referrals meet this standard. All urgent referrals must be processed by the RMC within 24hrs. This Agreement does not relate to two week referrals which are faxed direct from the GP to the hospital.

Hillingdon Health Limited ["HHL"] was created in January 2007 and has been set up as a Joint Venture vehicle between Harmoni and Hillingdon GP practices. The shareholders of HHL are Harmoni and Hillingdon GP Limited (which is wholly owned by Hillingdon GPs holding lists within Hillingdon). The shareholders include in excess of 97% of the total registered patients of Hillingdon on their patient lists. HHL, also has a contract with the PCT to manage the Urgent Care Centre based in A&E at Hillingdon Hospital.

No	Questions	Response
1.	Is the RMC purely for Hillingdon patients?	Yes, and only for Hillingdon.
2.	What is the cost of the RMC per year?	£500,000 which includes the running of all community based services operating out of hours, all staff working at the RMC, IT and building costs.
3.	What is the criterion used in triaging a referral?	If GP has given a choice of provider the first choice will be offered if the referral is appropriate. If a second provider has a shorter waiting time, the RMC will contact the patient. In approximately 50% of referrals, the GP has not provided current contact details so it is difficult for the RMC to contact the patient direct. The GP should ensure that up to date contact details are provided.

4.	Some patients are surprised at the provider given. Could the RMC include a paragraph in their letter that explains why a patient is receiving a different provider and also why the letter is being sent from Southampton.	This will be taken further with the RMC.
5.	What % of patients are treated within the Hillingdon area as opposed to outside the area?	The PCT will review this figure. Referrals for orthopaedics and dermatology at Hillingdon Hospital NHS Trust are on the increase.
6.	Some patients have more than one referral at a time. The acknowledgement letter does not state the type of referral.	The RMC will include this in their acknowledgement letter.
7.	Can a patient wait for an appointment at their local hospital when the waiting time may be longer?	The system is flexible. GPs need to make sure they provide the RMC with correct contact details. The GP referral should have an option to say that the patient is prepared to wait for a local hospital appointment this of course will be taken forward with the RMC.
8.	If a patient who has waited 12 weeks becomes ill and cannot be treated the patient does not get another appointment. The GP has to refer again. This is not acceptable.	There is a need for the PCT and Hospital Trust to look at this issue.
9.	Concern was expressed about the number of jobs the PCT/RMC was creating when the GP is the best person to refer a patient to a hospital. Why does a GP have to refer to the RMC? The GP should be at the front end and not shuffling paper.	The PCT fully appreciate the concerns. The PCT established a contract with the RMC/HHL to understand referral patterns within Hillingdon and to support planning and decision making for patients in Hillingdon.
10.	Why does a patient sometimes receive a letter from the hospital before receiving the acknowledgement letter from the RMC? This is confusing.	This will need to be reviewed. In terms of the RMC referrals, the PCT will look into this issue.
11.	What will happen if there is a national postal strike?	Communication may be made by telephone. There is a need to ensure current telephone number is on the referral.
12.	There are times when the Choose and Book system cannot provide an appointment date as there are no appointment slots available.	The PCT has no influence over the national Choose and Book system.
13.	Does the RMC assess an internal referral from one consultant to another?	No, the PCT has a panel of doctors who assess internal referrals, this is known as the C2C Panel (Consultant to Consultant Panel).

Other Questions and Answers

14.	How long does the RMC contract have to run?	The Contract runs from 2007 – 2011, with ongoing review.
15.	Patient choice and Choose and Book - a patient is only able to be referred to a provider with whom the GP has a contract.	Patients do have a choice of provider. Providers are paid in accordance with the service it provides to the patient.
16.	If a patient has an MRI scan but not due to return to clinic for six months, would the consultant contact the patient earlier if the scan showed something significant?	Most patients return to clinic after their scan. If the scan showed something that needed urgent attention, the consultant would contact the patient. If the scan was performed for monitoring purposes, the result would wait until the next follow-up.
17.	When is the start date for the 6 weeks for an MRI scan? Is the 6 weeks part of the 18 week wait from referral to treatment?	Appointments are prioritised. Routine appointments may take up to six weeks. The six week wait is part of the 18 week pathway.

18.	The MRI questionnaire should ask a question which relates to what stage the patient is at in the 18 week pathway to enable a longer period after the MRI.	The Trust will consider this in its review of outpatient processes.
19.	If a patient undergoing an MRI needs additional support from a carer, can this be accommodated? Why can't the Consultant provide a prescription which can be dispensed at the community pharmacy?	The carer can be accommodated but the carer will have to complete a questionnaire if required to enter the scanning room.
20.	Do you offer sedation to patients other than paediatrics?	Oral sedation is available for adults. Providing sedation requires additional staff i.e. an anaesthetist and therefore takes longer and is expensive.
21.	Is MRI scanning equipment faster today?	Yes, manufacturers are constantly refining the specifications and introducing new features. The quality of images is excellent.
22.	In the past it was possible to buy negatives. Is this still possible?	Today digital images are saved on a CD and a copy can be given to the patient for £18.
23.	If you purchase a new machine in 2011, will you keep the old machine?	An MRI scanner is very expensive and it is currently leased. Financing is complex. The Trust will need to decide to either extend the lease on the existing scanner or purchase a new scanner. It will give us the opportunity to improve on what we currently have.
24.	When you need medication after attending an outpatient appointment why can't the consultant dispense a prescription which can be taken to a community pharmacist?	Prescriptions for Out Patients dispensed by Community Pharmacists tend to be more expensive than those dispensed by the hospital pharmacy, and the cost comes back to the hospital.
25.	Why does the hospital pharmacy only dispense enough medication for a few days resulting in the patient having to go to the GP for further medication?	The Trust Pharmacy supplies 14 days medication to outpatients and 7 days to A&E and in patients on discharge in line with the North West London Medicines Management Group Policy and PCT.
26.	Patient visited the hospital one year ago and one month ago. The door plates in the ultrasound area and day surgery area were filthy.	The Trust takes cleaning seriously. Regular management inspections are now taking place with the Matrons, the Facilities department and Sodexo (cleaning contractor) – this is over and above regular cleaning inspections that are already part of our contract with Sodexo, therefore there will be an improvement to the standards of cleanliness. The Trust will follow up on this complaint. The Trust has already arranged for cleaning to feature at a next PiP.
27.	Patient reported that an ambulance from Hertfordshire collected a Hillingdon borough patient and drove the patient to Watford Hospital as the ambulance did not have Hillingdon Hospital on its SAT NAV system.	A representative from the ambulance service was sitting in the audience and explained that it very much depended on the local crew and knowledge of the local area. In addition to this, the patient's condition determines whether there is a need for urgent transfer to the most local hospital or another site.