# The role of primary to specialist care referral guidelines in cost effective care

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## Background

- The UK National Health Service is facing significant financial pressures: **£20 billion efficiency savings needed by 2015**
- The Department of Health has launched an initiative to encourage savings through improvements in quality, innovation, productivity and prevention **(QIPP)**
- The National Institute for Health and Clinical Excellence **(NICE)** is responding by identifying priority areas where targeted advice may help **reduce ineffective practice and improve the quality of patient care**.

# Primary to specialist care referrals

- In the UK, General Practitioners act as **gatekeepers** to specialist care
- Referral to a specialist service is a crucial point in a patient's management
- A delay or failure to refer when indicated could compromise patient care whilst unnecessary referrals are costly and can impact on the care of others
- Significant **variations** in referral practice are known to exist both within and across GP practices in the UK
- Variation in practice highlights a **potential target for quality and improvement savings.**

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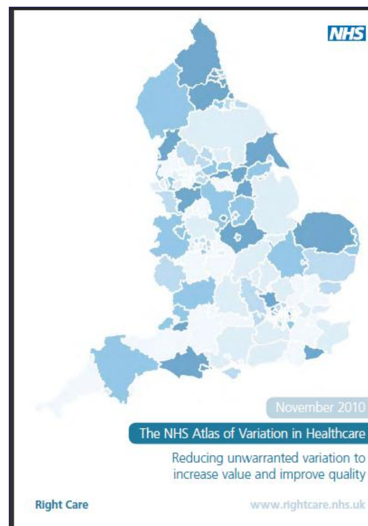
# NHS variation in healthcare

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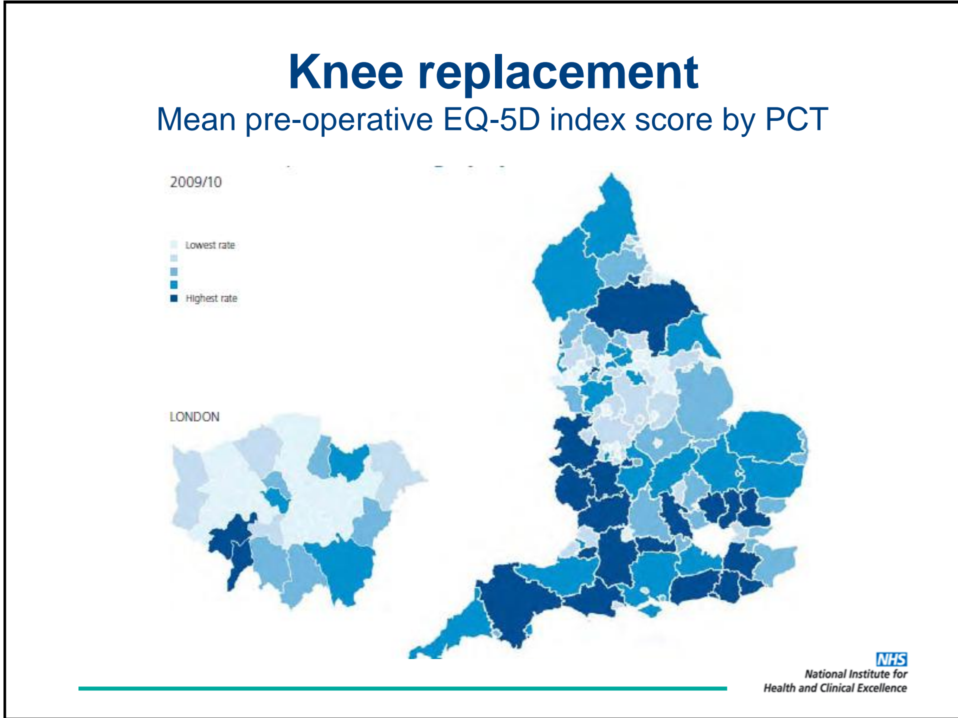
Knee replacement
Mean pre-operative EQ-5D index score by PCT
2009/10
Lowest rate
Highest rate
LONDON
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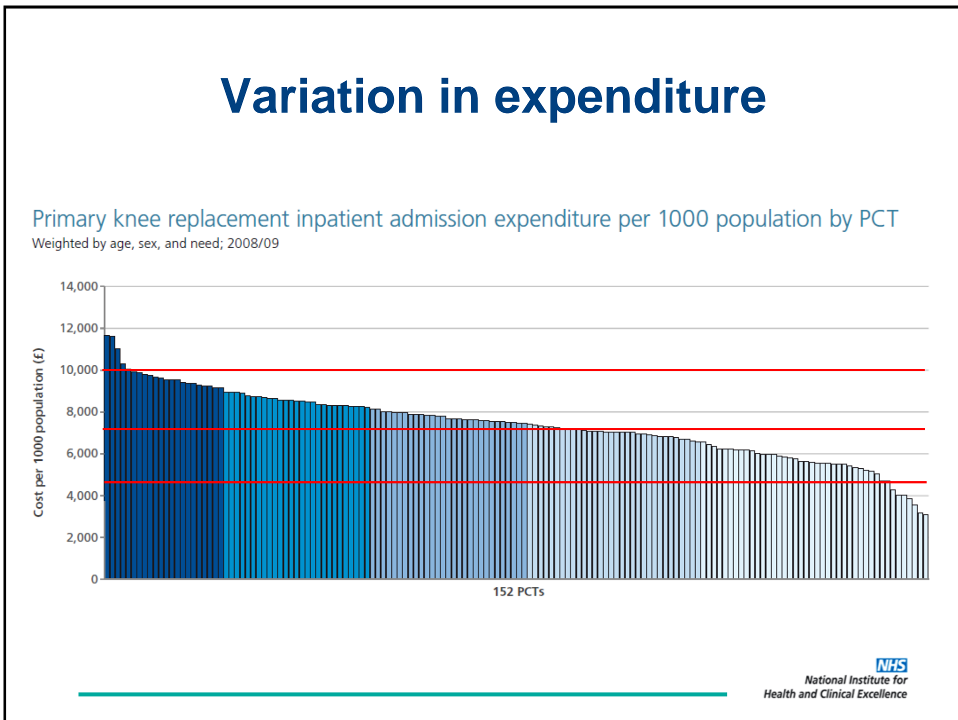
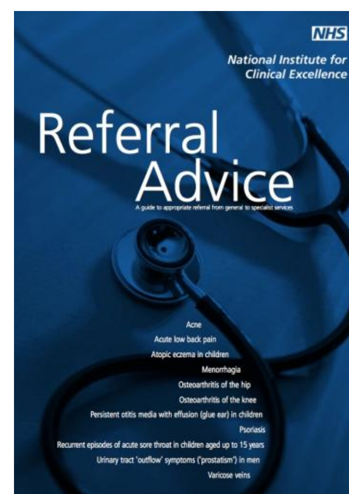

Variation in expenditure
Primary knee replacement inpatient admission expenditure per 1000 population by PCT
Weighted by age, sex, and need; 2008/09
Cost per 1000 population (£)
14,000
12,000
10,000
8,000
6,000
4,000
2,000
0
152 PCTs
National Institute for Health and Clinical Excellence

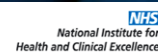
## Inappropriate referrals

- Inappropriate referral to specialist care places a **large financial burden** on the NHS
- By following best practice recommendations **clinical outcomes** and **patient experience** could be improved and **inequalities in patient care reduced**
- The impact of guidance on reducing variation in referral rates from primary to specialist care depends on the **quality and nature of the referral advice recommendations**
- A decision to refer a patient depends on several factors:
  - **The needs and expectations of individual patients and their families**
  - **The knowledge and experience of the individual practitioner**
  - **And the range, type and level of services available locally.**

## NICE and referral advice

- In 2001 NICE issued first advice on **referral to specialist services** for 11 common conditions seen in primary care
- Advice based on best evidence and consensus best practice
- Primary aim to encourage local health communities to discuss referral issues
- Subsequent referral advice issued **within topic specific clinical guideline documents.**



## Improving access to NICE referral advice

- As part of the QIPP initiative NICE revisited its referral advice recommendations
- A pilot project was initiated to improve the **accessibility** and **uptake** of NICE referral recommendations
- All NICE referral advice available in **clinical guidelines, cancer service guidance** and **public health guidance** were extracted and collated in a database.

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## Construction of a database

- Each record contains:
  - **the 'referral advice' recommendation**
  - **the timescale in which the referral should take place**
  - **any additional relevant information from the guideline.**
- The database is updated on a monthly basis incorporating all new NICE guidance – **currently 552!**
- GPs can search the database according to clinical field and specific clinical topic.

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- Shared learning implementing NICE guidance
- 'Do not do' recommendations
- Referral advice

# NICE referral advice

## What are the NICE 'referral advice' recommendations?

During the process of guidance development NICE's independent advisory bodies often give advice on referral from primary care to secondary care. At a workshop held in late 2009, it was suggested that referral advice should be made more accessible.

The NICE 'referral advice' recommendations database was created, and is maintained, by NICE's Research and Development team. Read further information about the team´s work.

## What is in the NICE 'referral advice' recommendations database?

The NICE 'referral advice' recommendations database contains current primary-to-secondary referral advice from NICE clinical guidelines, cancer service guidance and public health guidance. The database replaces the NICE publication 'Referral Advice: A Guide to Appropriate Referral from Primary to Specialist Services' (December 2001).

Each record in the database contains the 'referral advice' recommendation and includes additional information including the 'referral advice' category, health topic, the guidance it comes from (with a link to the relevant paragraph in the guidance) and the other 'referral advice' recommendations from the same guidance.

Search the NICE ´referral advice´ recommendations database

## Explanation of 'referral advice' categories denoting timescale in which a referral should be made

Each NICE 'referral advice' recommendation has been categorised as follows:

| 'Referral advice' category | Explanation |
|---|---|
| Immediate | Within 24 hours |
| Urgent | Within 14 days |
| Timeframe not specified | Timeframe to be determined by the clinician with responsibility for the referral |

This page was last updated: 22 December 2010

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# Categories of advice

Each NICE 'referral advice' recommendation has been categorised as follows:

| 'Referral advice' category | Explanation |
|---|---|
| **Immediate** | Within 24 hours |
| **Urgent** | Within 14 days |
| **Timeframe not specified** | Timeframe to be determined by the clinician with responsibility for the referral |

Development of referral advice requires a range of methods:

- **A systematic review of the evidence base**
- **Identification and consideration of other evidence not amenable to systematic review**
- **Consensus based on best practice using field experts, stakeholder opinion and extensive consultation.**

'Good' referral advice must be precise but also flexible.

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You can search the NICE 'referral advice' recommendations database by:

- typing in a specific term in the 'referral advice' recommendations box
- selecting an appropriate topic
- selecting the type of source guidance.

To see the full list of all NICE 'referral advice' recommendations leave all the fields blank and click the 'Search' button.

Search 'referral advice' recommendations

'Referral advice' recommendation: diabetes

'Referral advice' by topic: Please select one

'Referral advice' by sub-topic: Please select one

'Referral advice' by guidance type: Please select one

Search

Search results

Results 1-10 of 29

1 2 3 Show All

| Guidance ID | NICE 'referral advice' recommendation | 'Referral advice' category | Select all for export |
|---|---|---|---|
| CG15 | Children and young people with suspected type 1 diabetes should be offered immediate (same day) referral to a multidisciplinary paediatric diabetes care team that has the competencies needed to confirm diagnosis and to provide immediate care. | Immediate | |
| CG15 | Children and young people with type 1 diabetes and suspected anxiety and/or depression should be referred promptly to child mental health professionals. | Time frame not specified | |
| CG15 | Diabetes care teams should consider referring children and young people with type 1 diabetes who have frequent hypoglycaemia and/or recurrent seizures for assessment of cognitive function, particularly if these occur at a young age. | Time frame not specified | |
| CG15 | Eye surveillance for adults newly diagnosed with type 1 diabetes should be started from diagnosis. | Time frame not specified | |
| CG15 | For people with an ulcerated foot, arrange referral to a specialist diabetes foot care team incorporating specifically trained foot care specialists (usually state-registered podiatrists) within 1-2 days if there is no overt infection of the ulcer or surrounding tissues, or as an emergency if such infection is present. If peripheral vascular disease is detected, refer for early assessment by a specialist vascular team. | Immediate | |

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# 'Referral advice' recommendation details

## Recommendation details

**Referral advice recommendation:** For people with an ulcerated foot, arrange referral to a specialist diabetes foot care team incorporating specifically trained foot care specialists (usually state-registered podiatrists) within 1-2 days if there is no overt infection of the ulcer or surrounding tissues, or as an emergency if such infection is present. If peripheral vascular disease is detected, refer for early assessment by a specialist vascular team.

**Recommendation ID:** 77

**Referral advice category:** Immediate

## Source guidance details

**Guidance ID:** CG15

**Guidance:** Type 1 diabetes

**Issue date:** July 2004

**Guidance document:** View paragraph in relevant document

**Paragraph number:** 1.11.3.7

**Page number:** 59

**View all NICE referral advice recommendations from this guidance:**

- Children and young people with suspected type 1 diabetes should be offered immediate (same day) referral to a multidisciplinary paediatric diabetes care team that has the competencies needed to confirm diagnosis and to provide immediate care.
- Children and young people with type 1 diabetes and suspected anxiety and/or depression should be referred promptly to child mental health professionals.
- Diabetes care teams should consider referring children and young people with type 1 diabetes who have frequent hypoglycaemia and/or recurrent seizures for assessment of cognitive function, particularly if these occur at a young age.
- Eye surveillance for adults newly diagnosed with type 1 diabetes should be started from diagnosis.
- When managing retinopathy, referral to an opthalmologist

## Overview of results

- **The project took longer** than anticipated revealing the difficulties in formulating specific and appropriate referral advice by guideline groups
- **Inconsistencies** in classification and methodologies used to define referral criteria were found between guideline groups
- **Terminology** relating to referral varied, making identification and extraction of all relevant information time-consuming
- Despite these difficulties an intuitive, comprehensive and up-to-date **database of referral advice** was produced.

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## Web stats for database use

| Period | No. of page views | Cumulative total of page views |
|---|---|---|
| April 2011 | 815 | 20447 |
| May 2011 | 997 | 21444 |
| June 2011 | 845 | 22289 |
| July 2011 | 516 | 22805 |
| **2010-2011** | **19632** | **19632** |

Following the launch of the database in **2010** web stats and reports from the NICE field team evidence that the **resource is continuing to be accessed.**

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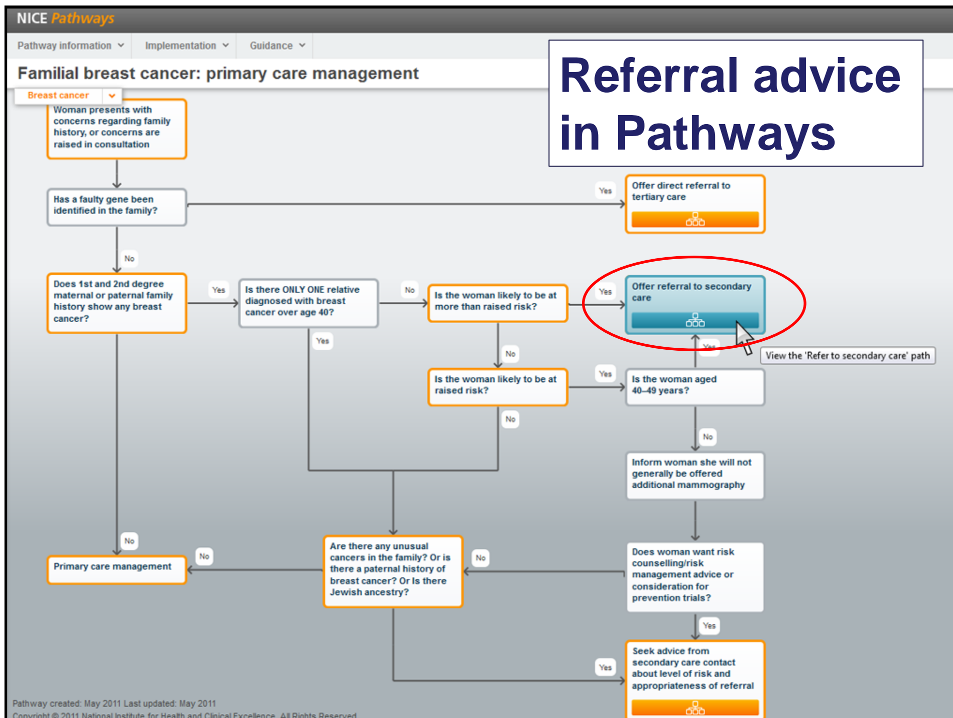
# Referral advice and saving money

| Example of cost savings with implementation: | | |
|---|---|---|
| **Referral recommendation:** | **Source:** | **Estimated savings:** |
| Referral for arthroscopic lavage and debridement should not be offered as part of treatment of osteoarthritis, unless the person has knee osteoarthritis with a clear history of mechanical locking (not gelling, 'giving way' or X-ray evidence of loose bodies). | Osteoarthritis Costing Report: Implementing NICE guidance | Estimated savings with implementation **£23.6 million** |

Referral recommendations will be incorporated into **NICE clinical pathways.**



NICE Pathways

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## Familial breast cancer: secondary care management

Breast cancer

- Woman is referred to secondary care
- Is the woman likely to be at raised risk or more than raised risk?
  - Yes → Is there at least one criterion present in the family history?
  - No → Is the woman assessed to be at risk?
    - Yes → Is there at least one criterion present in the family history?
    - No → Offer referral back to primary care
- Is there at least one criterion present in the family history?
  - Yes → Offer referral to a specialist genetics service
  - No → Are there any unusual cancers in the family? Or is there a very strong paternal history of breast cancer? Or Is there Jewish ancestry?
    - Yes → Seek advice from tertiary care contact about levels of risk and appropriateness of referral
    - No → Are surveillance criteria met?
      - Yes → Mammography and/or MRI surveillance after appropriate discussion of risks and benefits
      - No → Manage in secondary care

Pathway created: May 2011 Last updated: May 2011

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### Manage in secondary care

Offer appropriate information.

All women at all care levels should receive standard written information that includes:

- risk information about population level and family history levels of risk, including a definition of family history
- the message that, if their family history alters, their risk may alter
- breast awareness information
- lifestyle advice, including information about HRT, oral contraceptives, lifestyle (including diet, alcohol etc.), breastfeeding, family size and timing
- contact details of those providing support and information, including local and national support groups
- the message that women can bring a family member/friend to appointments
- details of any appropriate trials or studies that may be appropriate to consider taking part in.

In addition women being cared for in primary care should receive:

- advice to return to discuss any implications if family history changes or breast symptoms develop.

Women being referred to secondary care should receive:

- information on the risk assessment that may take place and advice on obtaining a comprehensive family history if required
- information about potential outcomes, depending on the outcome of the risk assessment (including referral back to primary care, management in secondary care or referral to a specialist genetics service) and what might happen at each level.

Women being referred back to primary care should receive:

- detailed information about why secondary or tertiary care is not required
- advice to return to primary care to discuss any implications

Key priorities for implementation

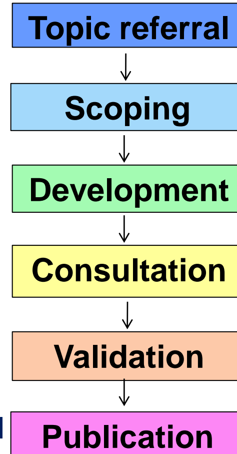
Source guidance

Women being referred to secondary care should receive:

- information on the risk assessment that may take place and advice on obtaining a comprehensive family history if required
- information about potential outcomes, depending on the outcome of the risk assessment (including referral back to primary care, management in secondary care or referral to a specialist genetics service) and what might happen at each level.

# Implications for guideline developers

- Clear referral guidelines can **reduce costs** associated with inappropriate referrals
- Guideline developers can improve the quality, efficacy and uptake of advice by **agreeing uniform methods and terminology** when drawing up referral recommendations
- Referral advice must be both **clear and specific whilst leaving flexibility** to allow for clinical judgement
- Advice should be constructed in a way that encourages local health communities to **discuss referral problems and develop local referral protocols.**

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# Acknowledgements and contacts

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http://www.nice.org.uk/aboutnice/howwework/researchanddevelopment/about.jsp

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