

choose and book

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 the Department of Health, 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).

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;
- The gold standard for referrals should be the traditional GP to consultant referral;
- 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>.