


# **BARNSLEY REFERRAL TOOLKIT: *REFERRAL SUPPORT TRAINING EVENT***

WEDNESDAY 15 MAY 2019

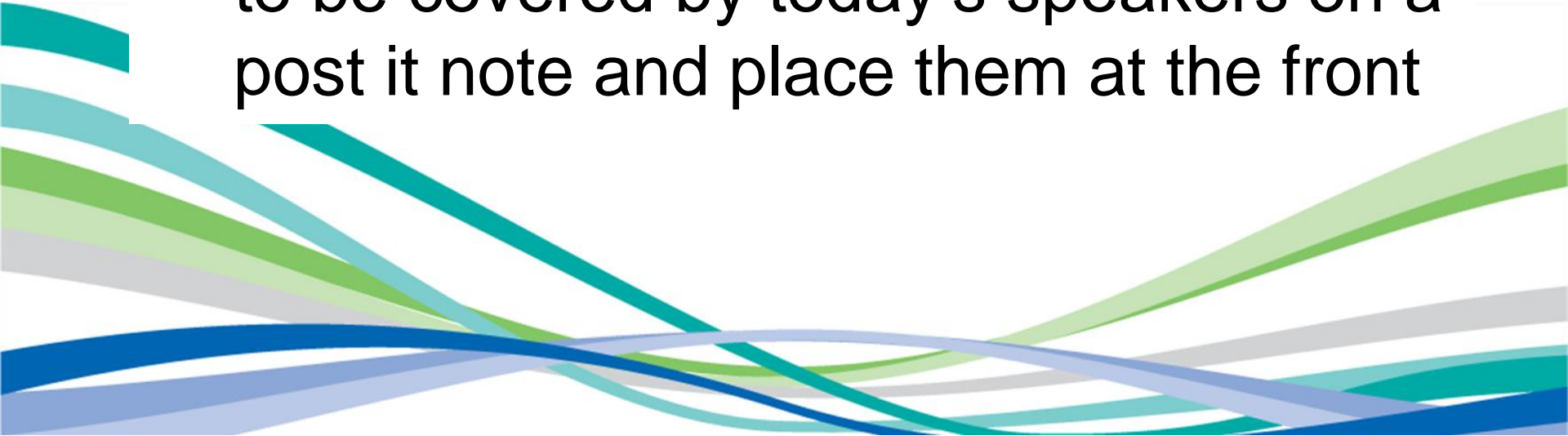
A light blue rounded rectangular box with a handle at the top, containing the text 'Barnsley Referral Support Toolkit' in dark blue. The box is set against a background of overlapping wavy lines in shades of teal, green, and blue.

**Barnsley  
Referral  
Support  
Toolkit**

# AIMS & OBJECTIVES OF TODAY'S SESSION

- To support practice understanding of referral processes
- To ensure practices are clear of the CCGs commissioning policies
- To help practices to meet the requirements of the 2019/20 Practice Delivery Agreement (PDA) – Referral Toolkit Scheme
- To answer questions and queries from practices about the referral processes and commissioning policies using Q&A sessions
- Improve the content of referrals; avoid rejected referrals, delays to patients and ensure consistency and clarity on policies

# TABLE ACTIVITY – OBJECTIVE SETTING

1. What do you want to get out of attending today's event?
  2. Write any questions or topics you wish to be covered by today's speakers on a post it note and place them at the front
- 

# COMMISSIONING POLICIES - UPDATES

DAVID LAUTMAN, LEAD COMMISSIONING AND  
TRANSFORMATION MANAGER, BARNSLEY CCG



# Evidence Based Interventions



## Evidence-Based Interventions: Guidance for CCGs

Published by NHS England in partnership with NHS Clinical Commissioners, the Academy of Medical Royal Colleges, NHS Improvement and the National Institute for Health and Care Excellence

ADHERENCE TO COMMISSIONING POLICIES

# **PATHWAYS OVERVIEW DOCUMENT**



# COPIES IN EVENT PACK

**Evidence Based Interventions (Clinical Thresholds)**

Complete checklist and attach to referral.  
 • Ref E and H require prior approval by IFR  
 • • Refer via the SWYPFT Community MSK Service

| National Pathways (Category 2)  |   |
|---------------------------------|---|
| Ref                             | Intervention  |
| E                               | Breast reduction / asymmetry and gynaecomastia                      |
| F                               | Removal of Benign Skin Lesions                                      |
| G                               | Grommets in children  |
| H                               | Tonsillectomy (Adults/Children)                                     |
| I                               | Haemorrhoid surgery   |
| J                               | Hysterectomy for heavy menstrual bleeding                           |
| *Only applies to Secondary Care |   |
| K                               | Chalazia removal (Meibomian Cysts)                                  |
| L                               | Arthroscopic shoulder decompression for sub-acromial shoulder pain* |
| M                               | Carpal tunnel release   |
| N                               | Dupuytren's surgery*  |
| O                               | Ganglion surgery*   |
| P                               | Trigger finger release*   |
| Q                               | Varicose vein surgery   |

| Local Pathways |  |
|----------------|--|
| 1              | Grommets in Adults                                   |
| 2              | Benign Perianal Skin Tags                            |
| 3              | Management of Gall Bladder Disease – Cholecystectomy |
| 4              | Surgical repair of Hernias                           |
| 5              | Blepharoplasty                                       |
| 6              | Cataract Surgery                                     |
| 7              | Hallux Valgus (Bunions) *                            |
| 8              | Osteoarthritis<br>• Hip Replacement*                 |
| 9              | Osteoarthritis<br>• Knee Replacement*                |
| 10             | Ingrown Toe Nail*                                    |
| 11             | Male circumcision                                    |

\*All Barnsley referrals for Orthopaedics or Rheumatology should be referred via the SWYPFT MSK Triage service.

[Link to the SY&B Commissioning for Outcomes Policy:](https://www.healthandcaretogethersyb.co.uk/about-us/useful-documents)  
<https://www.healthandcaretogethersyb.co.uk/about-us/useful-documents>

**Procedures not routinely commissioned or offered**

can be applied for via a clinical letter to the IFR panel

| Local Pathways |   |
|----------------|---|
| Ref            | Intervention  |
| -              | Acupuncture<br>(except for chronic tension type headaches and migraine) |
| -              | Vasectomy under General Anaesthetic*                                    |
| -              | IVF<br>(commissioned in accordance with policy, approval via IFR)       |
| -              | Reversal of male / female Sterilisation                                 |
| -              | Specialist plastic surgery procedures                                   |

**Procedures (Category 1)**

|   |   |
|---|---|
| C | (HMB) in women  |
| D | Knee arthroscopy for patients with osteoarthritis                 |
|   | Injection for non-specific low back pain (Spinal Joint Injection) |

Version 4.0  
 Date of issue: 29 March 2019  
 Page 1 of 4

**Vasectomy**  
 \*Refer to non-scalpel locally commissioned community services on the E-Referral System.  
 Referrals for vasectomy under general anaesthetic require IFR approval.

## National Pathways - Procedures not routinely commissioned or offered

| Ref      | Intervention  |
|----------|---|
| <b>A</b> | Snoring Surgery (in the absence of Obstructive Sleep Apnoea (OSA)) - <b>NEW</b> |
| <b>B</b> | Dilation and curettage (D&C) for heavy menstrual bleeding (HMB) in women        |
| <b>C</b> | Knee arthroscopy for patients with osteoarthritis - <b>NEW</b>                  |
| <b>D</b> | Injection for non-specific low back pain (Spinal Joint Injection)               |



## Local Pathways - Procedures not routinely commissioned or offered

| Ref | Intervention  |
|-----|---|
| -   | Acupuncture<br><br>(except for chronic tension type headaches and migraine) |
| -   | Vasectomy under General Anaesthetic*  |
| -   | <b>IVF</b><br>(commissioned in accordance with policy, approval via IFR)    |
| -   | Reversal of male / female Sterilisation                                     |
| -   | Specialist plastic surgery procedures                                       |

## National Evidence Based Interventions (Clinical Thresholds)

| Ref | Intervention  |
|-----|---|
| E   | Breast reduction / asymmetry and gynaecomastia                      |
| F   | Removal of Benign Skin Lesions                                      |
| G   | Grommets in children  |
| H   | Tonsillectomy (Adults/Children)                                     |
| I   | Haemorrhoid surgery   |
| J   | Hysterectomy for heavy menstrual bleeding                           |
| K   | Chalazia removal (Meibomian Cyst)                                   |
| L   | Arthroscopic shoulder decompression for sub-acromial shoulder pain* |
| M   | Carpal tunnel release*  |
| N   | Dupuytren's surgery*  |
| O   | Ganglion surgery*   |
| P   | Trigger finger release*   |
| Q   | Varicose vein surgery   |

## Local Pathways - Evidence Based Interventions (Clinical Thresholds)

|    |  |
|----|--|
| 1  | Grommets in Adults                                   |
| 2  | Benign Perianal Skin Tags                            |
| 3  | Management of Gall Bladder Disease – Cholecystectomy |
| 4  | Surgical repair of Hernias                           |
| 5  | Blepharoplasty                                       |
| 6  | Cataract Surgery                                     |
| 7  | Hallux Valgus (Bunions) *                            |
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| 9  | Osteoarthritis<br>• Knee Replacement*                |
| 10 | Ingrown Toe Nail*                                    |
| 11 | Male circumcision                                    |

# Tonsillectomy

- All requests for tonsillectomy should be made using the Individual Funding Request (IFR) process
- You must obtain prior approval from the IFR Panel before your patient can be referred to ENT
- Send a clinical letter and completed checklist to IFR
- If there is diagnostic uncertainty then you may of course refer directly to ENT for an opinion - this should be clearly stated in your referral

## RECURRENT TONSILLITIS

Sore throats are due to acute tonsillitis which is disabling and prevents normal functioning **AND**

7 or more well documented, clinically significant, adequately treated episodes in the preceding year **OR**

5 or more such episodes in **EACH** of the preceding 2 years **OR**

3 or more such episodes in **EACH** of the preceding 3 years



Apply to IFR prior to referral to ENT - include dates of disabling episodes of tonsillitis when your patient has been seen **and** treated

## 2 OR MORE EPISODES OF QUINSY



Apply to IFR prior to referral to ENT - include clinical history, dates of episodes, any information from secondary care

## SEVERE HALITOSIS SECONDARY TO TONSILAR CRYPT DEBRIS



Apply to IFR prior to referral to ENT - include details of period of time halitosis has been present, first line treatment tried or considered

## FAILURE TO THRIVE (CHILD) SECONDARY TO DIFFICULTY SWALLOWING DUE TO ENLARGED TONSILS



Refer to ENT for opinion and treatment (ENT will apply for funding if required)

## POSSIBLE OBSTRUCTIVE SLEEP APNOEA CAUSING SEVERE DAY TIME AND NIGHT TIME SYMPTOMS



Refer to ENT for opinion and diagnosis (ENT will apply for funding if required)

## BIOPSY / REMOVAL OF LESION



Refer to ENT for opinion and treatment (ENT will apply for funding if required)

## ENT Opinion Required



Refer to ENT for opinion with clinical history (ENT will apply for funding if required)

# Relationship With Other Commissioning Policies

Patients should only be referred to secondary care once they meet BOTH the Get Fit First Policy AND any other commissioning policy

The following policies have specific BMI criteria that must be met as part of the criteria for referral:

|                 |               |
|-----------------|---------------|
| Varicose Veins  | BMI below 30  |
| Plastics Policy | BMI 18.5 - 27 |

The completion of 6 months health improvement does not overrule these specific BMI criteria.

## For Hip / Knee Replacement

The requirement for “Patient has a BMI of less than 35” is replaced with “Patient meets Get Fit First criteria” i.e.

- Patient has a BMI of less than 30
- **OR**
- Patient has engaged with Get Fit First health improvement and reached target weight (lost 10% from starting weight)
- **OR**
- If the patients completes Get Fit First health improvement (6 months) but fails to achieve necessary weight loss then referral is at the discretion of the clinicians involved, however further weight will likely be advised and the surgeon may not operate due to increased risk.

# Combined referral form

## HALLUX VALGUS REFERRAL FORM

|  |  |
|--|--|
| * To: <input type="text"/>   | Referral Date: <input type="text"/>                    |
| * Specialty: <input type="text"/>  | * Sub Specialty (if appropriate): <input type="text"/> |
| * Provider Booking Department (Insert provider organisation): <input type="text"/> |  |

| Patient Details                          |  | GP Details                          |  |
|--|--|-------------------------------------|--|
| Forename: <input type="text"/>           |  | Referring GP: <input type="text"/>  |  |
| Surname: <input type="text"/>            |  | Registered GP: <input type="text"/> |  |
| Date of Birth: <input type="text"/>      |  | Practice: <input type="text"/>      |  |
| NHS No: <input type="text"/>             |  |                                     |  |
| Gender: <input type="text"/>             |  |                                     |  |
| Ethnicity: <input type="text"/>          |  |                                     |  |
| Hosp No (if known): <input type="text"/> |  |                                     |  |
| Address: <input type="text"/>            |  |                                     |  |
|  |  | Telephone: <input type="text"/>     |  |
|  |  | Fax: <input type="text"/>           |  |
|  |  | Practice code: <input type="text"/> |  |
| Home Tel No: <input type="text"/>        |  |                                     |  |
| Work Tel No: <input type="text"/>        |  |                                     |  |
| Mobile Tel No: <input type="text"/>      |  |                                     |  |

### CLINICAL THRESHOLD - Hallux Valgus Surgery

Instructions for use:  
**To Referring Clinicians (e.g. GP's):** Please refer to the full policy prior to referral and provide evidence to support the criteria selected.  
**To Consultants:** Please refer to the full policy, and ensure there is evidence that the criteria selected are met. Please file for future compliance audit.

The CCG will only fund hallux valgus surgery when the following criteria are met:

This procedure is **not** funded for cosmetic reasons or for asymptomatic or mild symptomatic hallux valgus.

In ordinary circumstances\*, referral should not be considered unless the patient meets one of the following criteria.

|  | Yes | No | Delete as appropriate |
|--|-----|----|-----------------------|
| Significant and persistent pain when walking AND conservative measures tried for at least six months (eg. Toe spacers, bunion pads, medication or altered footwear) do not provide symptomatic relief OR |     |    |                       |
| Ulcer development at the site of the bunion or the sole of the foot OR   | Yes | No |                       |
| Evidence of severe deformity (overriding toes) OR  | Yes | No |                       |
| Physical examination and X-ray show degenerative changes in the 1st metatarsophalangeal joint, increased intermetatarsal angle and/or valgus deformity >15 degrees                                       | Yes | No |                       |

\*If clinician considers need for referral/treatment on clinical grounds outside of these criteria, please refer to the Individual Funding Request policy for further information.

PLEASE NOTE: Secondary Care to reject referral if this form is not complete and return patient to Primary Care.

### GET FIT FIRST IN BARNSELEY

#### FORM A - PART 1 – Referral for Assessment / Diagnosis / Review

Please note: For referrals for opinion/review/diagnostic sent to secondary care – please advise the patient that the Get Fit First health improvement policy may be required if surgery is indicated. Patients may be referred back to Primary Care to initiate the Get Fit First Policy prior to surgery.

\* Reason for Referral:

- Assessment  Yes  No
- Diagnosis  Yes  No
- Review  Yes  No

#### FORM A - PART 2 - Get Fit First – not applicable

Patients BMI is under 30 / patient is a non-smoker:  Yes  No

Please list any other clinical reason/s for exemption here:

IFR approval attached:  Yes  No

BMI:   
 Height:   
 Weight:   
 Smoking:   
 Waist measurement:

#### FORM B - Get Fit First Policy Completed

If the patient declined to attend either smoking cessation or weight management, please ensure that the 6 month health improvement period has been completed and provide evidence of this below:

BMI:   
 Height:   
 Weight:   
 Smoking:   
 Waist measurement:

For patients that have followed the Get Fit First Policy AND their metrics remain outside the Get Fit First Policy:

- Please confirm start and end date of health improvement:
  - Start
  - End
  - Duration

Any other clinically relevant comments:

Dear Colleague,

Thank you for kindly seeing this patient.

Presenting Complaint

Free Text Prompt

Relevant Clinical Findings

Free Text Prompt

Action to be Taken

Free Text Prompt

I have attached my recent consultation herewith which is also self-explanatory. I will appreciate your assessment and advice.

Many thanks.

(Referring Doctor)

\* Interpreter required? Yes/No. If yes, please state which language:

### MEDICAL HISTORY

- History
    - Active Problems
    - Significant Past
  - Current medication:
    - Acute
    - Repeat
  - Blood Pressure: \$(Last\_5\_BP\_Readings)
  - Alcohol Consumption
- Known allergies:

### LABORATORY RESULTS (Latest result within last year unless stated)

Clinical Threshold  
Checklist

Get Fit First

Referral Letter



Home

### Clinical support by body system

|                                    |  |   |   |
|------------------------------------|--|---|---|
| <br><b>Brain and mental health</b> | <br><b>Ophthalmology and ENT</b>             | <br><b>Respiratory and Smoking</b>                        | <br><b>Cardiovascular and Lipids</b>                |
| <br><b>Endocrine and Diabetes</b>  | <br><b>Gastroenterology</b>                  | <br><b>Renal, Urology and Mens Health</b>                 | <br><b>Women's and Sexual Health</b>                |
| <br><b>Paediatrics</b>             | <br><b>Dermatology, MSK and Rheumatology</b> | <br><b>Cancer, Palliative Care, Pain and Older People</b> | <br><b>Laboratory investigations and Infections</b> |

### Clinical support by type

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

**<http://best.barnsleyccg.nhs.uk/>**

## Commissioning

Barnsley PDA

Local Pathways Shortcut

SYB Commissioning for Outcomes Policy

Get Fit First in Barnsley

Individual Funding Request

Adult Safeguarding

Child Safeguarding

[Spotlight - safeguarding briefings](#)

Mental Capacity Act

PREVENT

Serious Incident Reporting

CQC

Infection Prevention and Control

Working with interpreters

# Patient Information

Louise Exley

Contract and Commissioning  
Support Manager





http://www.barnsleyccg.nhs.uk/



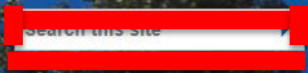
Welcome to Barnsley CCG



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**Barnsley**  
Clinical Commissioning Group





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Click to watch our film of 2018




  
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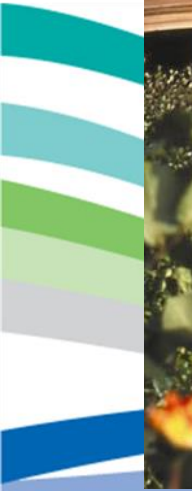
  
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- ▶ Annual report and accounts
- ▶ Transforming Care Partnership
- ▶ Local transformation plan for children and young people's mental health
- ▶ Independent investigations
- ▼ Evidence based interventions
  - ▶ Acupuncture
  - ▶ Arthroscopic shoulder decompression
  - ▶ Benign Perianal Skin tags
  - ▶ Blepharoplasty
  - ▶ Breast reduction, asymmetry & gynaecomastia
  - ▶ Carpal Tunnel release
  - ▶ Cataract Surgery
  - ▶ Chalazia removal
  - ▶ Cholecystectomy
  - ▶ Dilatation and curettage for heavy menstrual bleeding
  - ▶ Dupuytren's Surgery
  - ▶ Fertility procedures
  - ▶ Ganglion Surgery
  - ▶ Grommets for adults

## Evidence based interventions

South Yorkshire and Bassetlaw Clinical Commissioning Groups (Rotherham, Barnsley, Doncaster, Sheffield and Bassetlaw) have been working together to develop a common South Yorkshire and Bassetlaw Commissioning for Outcomes Policy. This policy was implemented on 1 February 2018, and was updated on April 2019 as a result of the latest guidance.

The Commissioning for Outcomes Policy brings together all of the relevant existing policies from each CCG into one policy document and also introduces a number of additional policies. This policy will help to ensure that we get the best clinical outcomes for Barnsley people and for everyone across our wider region of South Yorkshire and Bassetlaw.

We have this policy because we want to ensure that you are getting the best clinical outcome for your condition. Therefore, we want to reduce the number of interventions we do that don't always work. Interventions, in this case, refer to some surgeries or treatments that doctors prescribe, without any special approval.

Up until now, the NHS has used these interventions to treat patients, but there is evidence to show that this is not always the best way of treating some conditions. This means that they can be ineffective.

Your own doctor and consultants will be able to refer to the guidance within the policy and apply it consistently for everyone. That's not to say it's a one size fits all approach – your GP will discuss what realistic benefits you can get from different treatments and you'll decide together what could work best for you.

Please read the [South Yorkshire and Bassetlaw Commissioning for Outcomes Policy](#) for the guidance on each intervention please click on the relevant tab on the left side menu.

The updated patient information leaflet relating to this policy can also be accessed here

**Get Fit First**  
The Get Fit First policy applies to these interventions. For further information please see the [Get Fit First](#) page.

**More information**  
Nationally, the NHS is working on patient information around this subject; as soon as this is available we will publish it on this page.

Alternatively, please contact Louise Exley, Commissioning and Transformation Project Coordinator on the below details for more information:



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- ▶ Cataract Surgery
- ▶ Chalazia removal
- ▶ Cholecystectomy
- ▶ Dilation and curettage for heavy menstrual bleeding
- ▶ Dupuytren's Surgery

## Ganglion Surgery

Ganglia are small lumps on the tendon of their wrists and arms. They are not cancer. Many people have them, and they never bother them. Ganglia can disappear all of a sudden over time. They usually do not hurt, but sometimes can tingle and may cause some pain if pressed.

You can get them removed with surgery. This intervention is called ganglion excision.

- Does it work?
- How can I be referred?
- Get Fit First

We recommend that ganglion excision is prescribed in some cases, like if it is painful, if the doctor isn't sure about its nature, or if it causing more severe problems.

However, there are other available ways of treating ganglia, such as pain relief or having it sucked out with a needle.

# What happens next?

- National plans - videos
- CCG monitoring and updates





**Top Tips**

# **Commissioning Policies**

- 1. Ensuring using updated combined Referral Forms in Clinical Systems (have version control V2.0 March 2019) on bottom.**
- 2. Two new policies: Knee arthroscopy & Snoring Surgery (not routinely commissioned)**
- 3. Varicose Veins and Grommets (adults and children) now need checklist**
- 4. Familiarise yourself with Patient Information / BEST**



# New Referral pathway for lower GI and FIT test



<http://best.barnsleyccg.nhs.uk/clinical-support/local-pathways-and-guidelines/lower-gi-pathway/80072>

# Lower GI Pathway



Cancer, Palliative Care, Pain  
and Older People



Gastroenterology

## Conditions and indicators

Cancer

## High Risk Lower GI

- Lower GI 2WW Referral form
- Lower GI 2WW Timed Pathway

## Low Risk Lower GI

- Lower GI Symptoms pathway
- Lower GI 2WW Referral form (If positive FIT test the GP would need to complete this 2WW referral form)

## FIT Faecal Immunochemical Test

- Key things to know about FIT
- Practical delivery of the FIT Test
- Introduction of FIT
- Patient information leaflet (step by step instructions)

**SYB Link** -Explanation of the integrated lower GI pathway

Contact Siobhan Lendzionowski at  
[Siobhan.lendzionowski@nhs.net](mailto:Siobhan.lendzionowski@nhs.net) if you need any help



## Top Tips

- Only keep a small stock of FIT kits
- Look for the FIT results on ICE, as they come via this route.
- Results will be sent to a generic inbox - STHT Pathology Lab has set up a generic code per Practice, so results will be sent to the generic inbox at each Practice.



## Top Tips

- A FIT test is not the same as the FOB test.
  - Give the patient a FIT leaflet or show them a video about it, as it tells them how to complete the FIT tests.
  - Always ensure that a printed ICE request form is included in the FIT kit given to the patient (in advance)
- If positive: Use the new up-to-date two week wait lower GI form on ERS for onward referral, this includes the FIT criteria for referral.

## CHANGING LIVES

# NHS e-Referral System (e-RS) Updates

- Referrals
- Cancer 2WW
- Advice and Guidance
  - Sam Harper- Head of Service/Professional Lead for Nursing- Outpatients
  - Dr Kay Baxter- Consultant Dermatologist & Clinical Lead Outpatients
  - Justine Britton- Operational Lead Outpatients



# eRs referral update

- 100% referral via eRs achieved at BHNFT October 2018.
- Development of RAS (referral assessment service)
  - Diabetes ✓
  - BREATHE ✓
  - Cardiology paediatric ✓
  - Dermatology under development

# eRs referral update

- 2WW: RAS development to enable STT (straight to test)
  - Prostrate ✓
  - Lower GI under development
- ICS interest in vetting (triage) processes as part of outpatient transformation programmes.

## What is Advice and Guidance and when might it be used?

- Advice and Guidance (A&G) allows one clinician to seek advice from another.
- The reasons why a clinician may wish to seek Advice and Guidance include:
  - Asking another clinician/specialist for their advice on a treatment plan and/or the ongoing management of a patient
  - Asking for clarification (or advice) regarding a patient's test results
  - Seeking advice on the appropriateness of a referral for their patient (e.g. whether to refer, or what the most appropriate alternative care pathway might be)
  - Identifying the most clinically appropriate service to refer a patient into (and how to find that service – e.g. what clinical term to search on).
- The requester and responder are able to attach documents to the platform, which may include diagnostic results, scanned images (e.g. ECGs) or previous correspondence related to the patient. The responder is also able to respond with proposed treatment plan or links to external documents and websites.



# NHS Long Term Plan

## Chpt 5: Digitally-Enabled Care

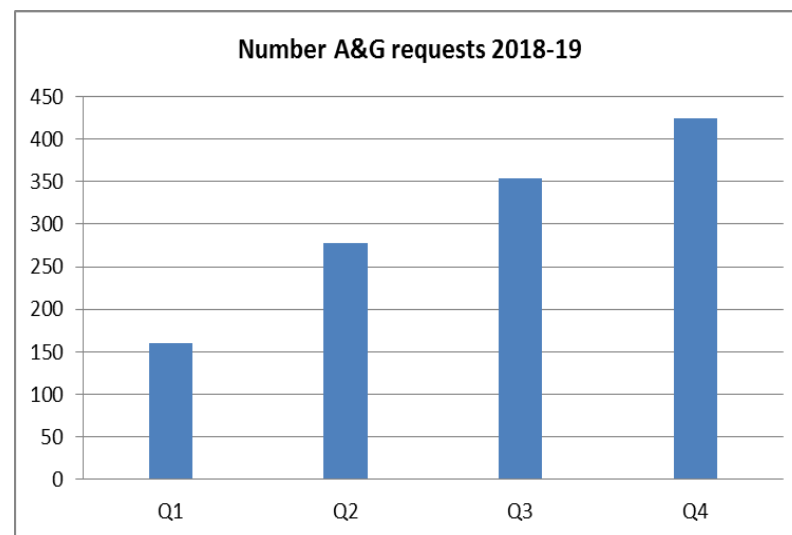


Technology will enable the NHS to redesign clinical pathways.

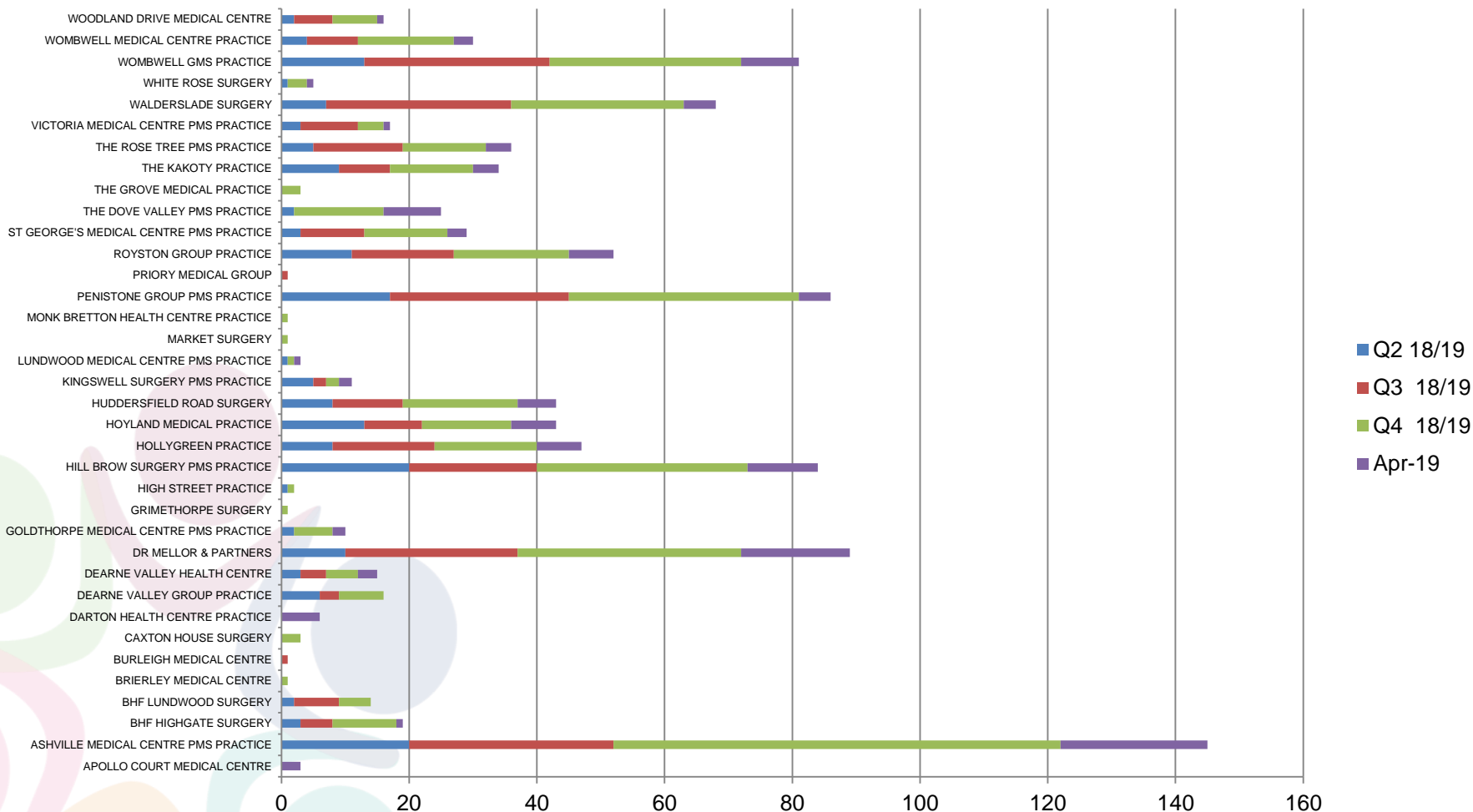
Easy access to referral decision tress, referral templates and direct access to investigations that reflect evidence based best practice and **universal access to ‘one click away’ specialist advice and guidance for GP’s will avoid many patients from requiring referral for appointment.**

## Implementation of CQUIN 2018/19: Offering Advice & Guidance

- This CQUIN was designed to provide a route for GPs to obtain prompt advice and guidance (A&G) from specialty secondary care providers in order to ensure that patients with non-urgent needs can be managed outside of a routine referral to secondary care.
- A roll out plan across jointly agreed specialities was commenced 2017 to achieve a 75% target by end of Q4 2018/19.
- The number of requests for A&G rose during roll out in keeping with the number of services extending the service



## Practice data- referrals by practice each quarter



# Challenges

- Poor quality information
- Inadequate relevant history
- Poor quality images
- Misuse- seeking earlier appointments/results
  - [barnsleyopdcentralreferral@nhs.net](mailto:barnsleyopdcentralreferral@nhs.net)
- Lack of responsiveness to requests for further information
- Embedding 2 day turnaround in all specialist teams

## Advice and Guidance workflow

GP initiates advice and guidance with the consultant/ specialty of their choice and informs the patient they are seeking expert advice

GP asks a question and adds relevant clinical information

GP / GP admin reviews A+G worklist daily, actions any replies and monitors unanswered queries

GP / GP admin copy and paste A+G dialogue into clinical system or save a pdf of the dialogue into the GP system

GP /GP admin converts the A+G to a referral if needed, liaises with the patient over choice of service and adds any additional clinical information

# Dermatology case study



Dear colleague,

I would appreciate your advice. This 83 year old man presented 6 weeks ago with itchy, dry lesions on the body. On examination there are multiple dry, scaly, macules all over the body. Treatment tried so far: antihistamines (hydroxyzine, Chlorphenamine, fexofenadine), creams (permethrin - one of my colleagues thought initially this could be scabies, betamethasone ointment) and finally steroids (prednisolone 30mg daily for 7 days). The only thing that worked a bit was the steroid. I wonder if this might be psoriasis, but I am not sure. Bloods are all normal. I am not sure what to suggest for this patient, who is becoming increasingly frustrated by all the itching. Thank you for any advance for your help.  
Regards.

## Advice Conversation

16:25 - Sent by [Redacted] (Referring Clinician Admin)

please see attached

Administration

[Redacted] - Amr.jpg

16:46 - Sent by [Redacted] (Service Provider Clinician)

Dear Dr [Redacted]

Thank you for your Advice & Guidance enquiry.

Some questions if I may:

- any skin history previously?
- any h/o atopy?
- any FHx of skin problems
- who does the patient live with? Anybody else affected by itch/rash?
- any stress/triggers in the last 6 months?
- is the patient well otherwise?
- any preceding illness/infective episode?
- any new medications in the last 6-9 months?
- did the patient have x2 treatments for scabies a week apart? And were any close contacts treated simultaneously?
- any new/localising symptoms (weight loss, night sweats etc.)
- is the patient well nourished?

Any lumps in the axillae/groins? Any burrows in the finger webs? To suggest persistent scabies?

O/E of the photo - the patches look eczematous/urticated eczema (but are not classic)

ICE bloods- note:  
- raised eosinophils (typical causes = drugs, parasites, atopy)  
- low phosphate? cause  
- raised gamma GT - ? alcohol? other  
- iron at low end of normal and low transferrin  
[Normal U&Es, Ca2+, ESR, Igs]

Would also suggest check of B12, folate and vit D levels

Look forward to hearing from you

Many thanks

Kindest Regards

[Redacted Signature]

Advice Status: Referrer To Submit Further Information

# Dermatology case study 2



**Advice Conversation**

24-Apr-2019 08:22 - Sent by [redacted] (Referring Clinician Admin)

for advice [redacted]  
This 9 year old boy is under dermatology for his atopic eczema and his Mum is requesting further Fucibet today which she thinks should be on repeat medication for him. This was requested when he was seen last year in Sept but not mentioned in his latest clinic letter from March this year. This is not something that I would normally put on repeat but I know he has had troublesome eczema in the past. Please could you advise whether you still want this to be available as repeat medication for him.  
Many thanks  
Dr [redacted]

25-Apr-2019 03:51 - Sent by [redacted] (Service Provider Clinician)

Dear Dr [redacted]  
I have reviewed the letters from Sept 2018 and March 2019.  
When did [redacted] last get prescribed a tube of Fucibet? What size was it (30g?, 100g?) and how long did that last him? Am just trying to get a feel for how active his skin is and how much they are relying on the Fucibet.  
If the Fucibet is being used for a few days/week - during a flare (before stepping down to 1%hydrocortisone as the skin improves) - then yes OK for repeat prescriptions.  
If using this daily and in large quantities and the skin is poorly controlled then please kindly request an earlier follow up appointment. Your admin team can do that by emailing: barnsleyopdcentralreferral@nhs.net  
Thank you  
Kindest Regards  
[redacted]

26-Apr-2019 13:11 - Sent by [redacted] (Referring Clinician Admin)

Dear Dr [redacted]  
Thank you for your reply - I will pass this on to Dr [redacted]  
Regards  
[redacted]

29-Apr-2019 05:44 - Sent by [redacted] (Service Provider Clinician)

Thank you [redacted]  
[redacted]

Advice Status: Referrer To Review Response

Add Attachment Add Web Link

Enter advice response details here

2000 characters remaining

Return to referrer with advice  
 I require further information

## To note.....

- Please close down responses promptly- a reply actually acts as another request in the multiway conversation!
- We close after 10 working days of no response but.....
- Most specialties use a team approach, it can be difficult to follow conversations if A&G is closed and reopened or multiple queries are made whilst respondent #1 is still working on the initial response
- It works really well!

Dear Colleague,

Last month I had written to you about this lady's itchy rash which was not improving with the treatment we prescribed so far. You very kindly replied with advice on topical treatments and I am now pleased to say the patient is fully better. I wanted to drop a note to you and thank you for your input and say thank you for this excellent service. It has no doubt saved a referral and ultimately successfully treated a patient!

Best wishes,

## Advice & Guidance procedure at Barnsley Hospital NHSFT

- Referrers can seek clinical advice from colleagues to help enhance their knowledge of how to manage a problem, diagnose a condition, and decide whether a referral or follow-up is needed, or whether other, more suitable, management options may be available in alternative care settings.
- Unlike a referral into a triage service, a request for advice and guidance requires the referrer to act based on the response, which may include the suggestion to refer into a bookable service.
- The Advice and Guidance feature now allows a multi-way conversation to take place between GPs and Consultants that can help strengthen professional relationships, share knowledge and promote important clinician-to-clinician dialogue around patient care.
- Services are listed on eRs.



## Top Tips

# Barnsley e-RS Services

- Copy in event pack
- Lists services where Advice and Guidance is available at BHNFT and SWYPFT

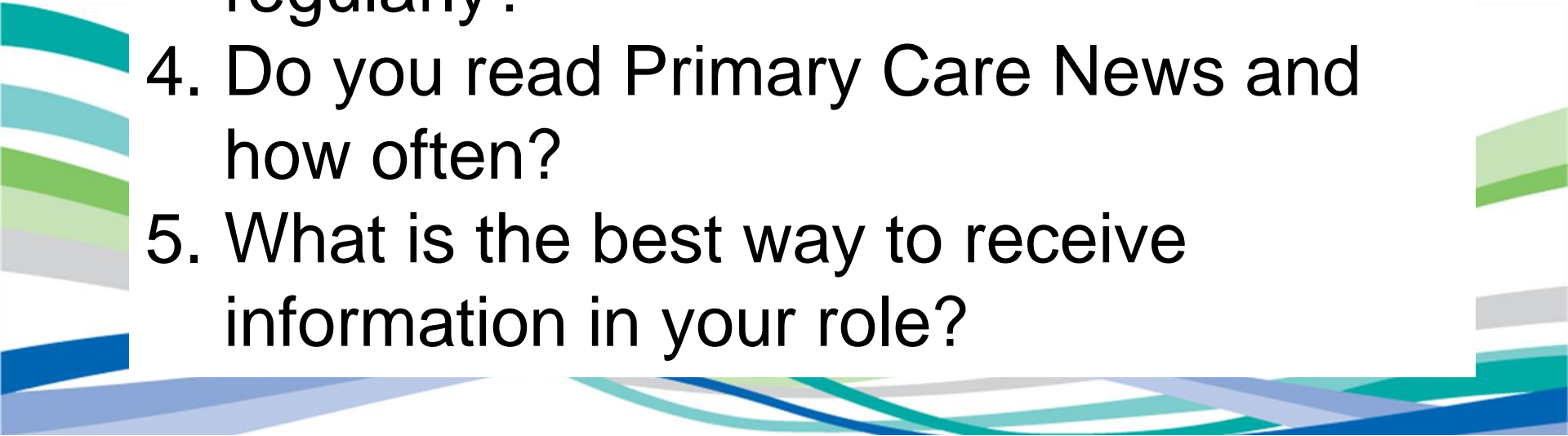
### Key

|  |  |
|--|--|
|  | BHNFT e-RS service                                   |
|  | BHNFT e-RS service available on Advice and Guidance  |
|  | SWYPFT e-RS service available on Advice and Guidance |

### Barnsley e-RS Services

|   |   |   |
|---|---|---|
| <b>2WW</b>  | <b>Dermatology - Paediatric</b>                                       | <b>Haematology</b>  |
| 2WW Breast Surgery  | Dermatology - Paediatric  | Haematology - A&G   |
| 2WW Colposcopy  | Dermatology - Paediatric  | Haematology - General   |
| 2WW Gynae Lumps and Bumps   | <b>Diabetics</b>  | <b>Obstetrics Medical Disorders</b>   |
| 2WW Gynae Post Menopausal   | Diabetics - Advice & Guidance   | Obstetrics Medical Disorders  |
| 2WW Haematology   | Diabetics - Referral Assessment Service                               | <b>Ophthalmology</b>  |
| 2WW Haematuria  | <b>Dietetics</b>  | Ophthalmology - General   |
| 2WW Head and Neck   | Dietetics - Diabetes  | Ophthalmology - Paediatric  |
| 2WW Lower GI  | Dietetics - General   | Ophthalmology - Cataract  |
| 2WW Lung  | Dietetics - Paediatrics   | Ophthalmology - Glaucoma  |
| 2WW Oral and Maxillofacial  | <b>Endocrinology</b>  | <b>Oral, Maxillofacial and Orthodontics</b>   |
| 2WW Prostate  | Endocrinology Advice & Guidance                                       | Oral and Maxillofacial Surgery  |
| 2WW Skin  | Endocrinology - General   | Orthodontics  |
| 2WW Thyroid   | <b>Endoscopy</b>  | <b>Paediatrics</b>  |
| 2WW Upper GI Dysphagia  | Endoscopy - Colonoscopy   | Paediatric Orthopaedics   |
| 2WW Upper GI  | Endoscopy - Lower GI  | Paediatric - Advice & Guidance  |
| 2WW Urology   | Endoscopy - Upper GI  | Paediatric - General  |
| 2WW Voice & Swallowing Clinic   | <b>ENT</b>  | Paediatric - Allergy - Referral Assessment Service  |
| Assessment for Family History of Breast Conditions                                      | ENT - General   | <b>Pregnancy</b>  |
| <b>Audiology</b>  | ENT - Voice & Swallowing  | Pregnancy Advisory  |
| Audiology - Tinnitus  | ENT - Paediatrics - BHNFT - over 5 years                              | <b>Respiratory</b>  |
| Audiology - BPPV  | ENT - Paediatrics - New St - under 5 years                            | Respiratory Medicine - General  |
| Audiology - Hearing Assessment Only - Over 50's   | <b>Gastroenterology</b>   | Respiratory Medicine - Long Term Oxygen   |
| <b>Breast</b>   | Gastroenterology Advice & Guidance - New 1 <sup>st</sup> October 2018 | <b>Rheumatology</b>   |
| Breast Reconstruction   | Gastroenterology - General  | Rheumatology - via MSK  |
| Breast Surgery  | Gastroenterology - Iron Deficiency Anaemia                            | Rheumatology - Early Inflammatory - via MSK   |
| <b>Cardiology</b>   | <b>General Surgery</b>  | <b>Trauma &amp; Orthopaedics</b>  |
| Cardiology - Advice & Guidance  | General Surgery   | Trauma & Orthopaedics - via MSK   |
| Cardiology - General  | <b>Geriatric</b>  | <b>Urology</b>  |
| Cardiology Paediatrics - Advice & Guidance  | Geriatric Medicine - Falls  | Urology - Advice & Guidance   |
| Cardiology Paediatrics - Referral Assessment Service - New 1 <sup>st</sup> October 2018 | Geriatric Medicine - Parkinson's                                      | Urology - General   |
| Cardiology - Rapid Access Chest Pain  | Geriatric Medicine - Unexplained Falls & Syncope                      | Urology - Stone Clinic  |
| <b>Colorectal</b>   | Geriatric Medicine - General  | Urology - Male LUTS   |
| Colorectal  | Geriatric Medicine - Stroke - New 1 <sup>st</sup> October 2018        | <b>Vascular</b>   |
| <b>Dermatology</b>  | <b>Gynaecology</b>  | Vascular - Varicose Veins   |
| Dermatology - BCC   | Synaecology - General   | Vascular - Claudication   |
| Dermatology - (General)   | Synaecology - Colposcopy  | <b>MSK services</b>   |
| Dermatology - GPSi  | Synaecology - Hysteroscopy  | Musculoskeletal Screening Service 2(Telephone CAS) - rheumatology - SWYPFT 2(Barnsley BDU)-RXG    |
| Dermatology - Advice & Guidance   | Synaecology - Urogynaecology  | Musculoskeletal Screening Service 2(Telephone CAS) - Pain Management - SWYPFT 2(Barnsley BDU)-RXG |
|   |   | MSK Screening Service Telephone CASE - orthopaedics. SWYPFT 2 (Barnsley BDU) - RXG                |

# TABLE ACTIVITY – DISCUSSION

1. How are policies / processes cascaded within your practices?
  2. How do you hear about updates?
  3. Do you visit the BEST website and how regularly?
  4. Do you read Primary Care News and how often?
  5. What is the best way to receive information in your role?
- 

# GET FIT FIRST 2019/20

Lucy Hinchliffe

Contract and Commissioning Support Manager

Barnsley CCG



# GFF – One year on – Engagement at initial conversation

Weight

90% of  
patients  
accept  
advice or  
referral

Smoking

85% of  
patients  
accept  
advice or  
referral

Equivalent to  
offering 20  
conversations a  
day offering  
support to stop  
smoking / reduce  
BMI

# Practice Monitoring Data

## 1. Patients

- Smoking status
- BMI

## 2. Referrals

Referrals to support services

## 3. Outcomes

Post health-improvement period

## 4. Surgery outside of policy

# Changes for 2019/20

## Practice Monitoring Data

### Section 3

Outcomes post-health improvement period

3.1 Patients meeting weight loss targets AND referral to surgical specialty

3.2 Patients smoking cessation quit achieved AND referral to surgical specialty

Via reporting template AND Coding



# Submission Deadlines

| <b>Submission</b> | <b>Date</b> | <b>Date</b> | <b>Month</b> | <b>Year</b> |
|-------------------|-------------|-------------|--------------|-------------|
| 1                 | Tuesday     | 7           | May          | 2019        |
| 2                 | Friday      | 7           | June         | 2019        |
| 3                 | Friday      | 5           | July         | 2019        |
| 4                 | Wednesday   | 7           | August       | 2019        |
| 5                 | Friday      | 6           | September    | 2019        |
| 6                 | Monday      | 7           | October      | 2019        |
| 7                 | Thursday    | 7           | November     | 2019        |
| 8                 | Friday      | 6           | December     | 2019        |
| 9                 | Tuesday     | 7           | January      | 2019        |
| 10                | Friday      | 7           | February     | 2020        |
| 11                | Friday      | 6           | March        | 2020        |
| 12                | Tuesday     | 7           | April        | 2020        |

**[BarnsleyCCG.GFFreturns@nhs.net](mailto:BarnsleyCCG.GFFreturns@nhs.net)**

# PATIENT LEAFLETS



<http://www.barnsleyccg.nhs.uk/patient-help/getfitfirst>



# Get Fit First- Support Services

Louise Exley

Contract and Commissioning  
Support Manager

15.5.2019

A decorative graphic at the bottom of the slide consisting of several overlapping, wavy lines in shades of teal, green, blue, and grey.

# Support to stop smoking

- Patients can access Yorkshire smoke free



**SMOKEFREE**

| GFF Patients                       | Other Patients                     |
|------------------------------------|------------------------------------|
| (BPL) Barnsley Wellbeing Programme | (BPL) Barnsley Wellbeing Programme |
| Slimming World                     | Tier 3                             |
| WW                                 | Live Well Barnsley                 |



**Help us to help you Get Fit First for your operation**  
Support to lose weight

<Date of Referral>

It's easier to stick with a weight loss plan when you have support. As part of the Get Fit First programme you will be encouraged and supported to adopt a healthy eating and exercise programme tailored to your needs to assist you in your weight loss journey.

Barnsley Clinical Commissioning Group (CCG) is piloting an approach where eligible patients are offered 12 sessions of funded membership at a choice of weight management groups or 12 weeks funded exercise on referral membership.

Funding is available for one option per patient e.g. you may choose one of the three options:

- Barnsley Premier Leisure (BPL), or
- Slimming World, or
- Weight Watchers

You have been given this leaflet because a medical professional has confirmed you meet the below referral criteria. Further information about the support available and how to take up the offer can be found on the reverse of this leaflet.

**Referral Criteria**

You must meet all of the following criteria to be eligible for a referral:

- Have a body mass index (BMI) of 30 or over and need a routine, non-urgent operation in a surgical specialty covered by the Get Fit First programme.
- Be an adult aged 18 years and above
- Motivated to lose weight and committed to attend weekly for 12 weeks
- Not be an existing member of your selected option, or have been a member in the last 3 months.

We are able to fund attendance for the initial 12 weeks/sessions. If you liked the provider and wanted to carry on you will need to pay for any additional sessions yourself.

If these options aren't for you, there are also lots of local groups you may wish to use, visit [www.livewellbarnsley.co.uk](http://www.livewellbarnsley.co.uk) for more details or check out the NHS website [www.nhs.uk/livewell](http://www.nhs.uk/livewell) for ideas and advice on moving more and achieving a healthy weight.

## Help us to help you Get Fit First for your operation

Support to lose weight

Please choose only ONE of the below offers of support.

You are able to take this leaflet home and make a decision at a later date.

|                    | Barnsley Premier Leisure  | Slimming World   | Weight Watchers  |
|--------------------|---|--|--|
| What's The offer?  | <ul style="list-style-type: none"> <li><b>Weeks 1-4:</b> weekly 1:1; including initial consultation, gym induction, personalised exercise programme and review at week 4</li> <li><b>Weeks 4-10:</b> weekly group educational session (attendance optional)</li> <li>Unlimited use of gym and swimming facilities at any BPL site for 12 weeks</li> <li>1:1 completion consultation at 12 weeks</li> </ul>  | <ul style="list-style-type: none"> <li>Weekly group weight management sessions for 12 sessions</li> <li>1:1 support and motivation from consultant</li> <li>24/7 online access throughout your referral to success stories/recipes etc.</li> </ul>   | <ul style="list-style-type: none"> <li>Weekly group weight management meetings for 12 sessions</li> <li>1:1 support and motivation from coach</li> <li>24/7 online access throughout your referral to success stories/recipes etc.</li> </ul>  |
| What happens next? | <ul style="list-style-type: none"> <li>With your consent, ask your GP practice to complete the BPL "Get Fit First Exercise Referral Form" on your behalf.</li> <li>Hand this form back into your GP receptionist and ask for a BPL referral.</li> <li>Wait for a call from BPL (within a week) to arrange initial consultation.</li> </ul> <p><b>Please note:</b> In order to deliver patients with safe care, your GP practice will share relevant elements of your medical history* with BPL to help them determine an appropriate fitness programme for your needs. By accepting this referral you are consenting to this information being shared with BPL. You can withdraw this consent at any time by contacting your GP practice.</p> | <p><b>Patient self-referral</b><br/>Contact Slimming World helpline via phone: <b>01773 304 250</b> (local rate) and provide the following unique information:</p> <ul style="list-style-type: none"> <li><b>Practice Ref:</b> &lt;Practice ODS Code&gt;</li> <li><b>Patient Ref:</b> &lt;NHS Number&gt;</li> </ul> <p>Your call will be answered by a member of the screening team who will ask you some quick questions, find you a convenient local group to attend and answer any concerns you may have.</p> <p>For more information on Slimming world please visit: <a href="http://www.slimmingworld.com">www.slimmingworld.com</a></p> <p><u>Helpline opening hours:</u><br/>Mon - Fri 9.00am – 6.30pm.<br/>Sat &amp; Sun – Closed.</p> | <p><b>Patient self-referral</b><br/>Contact Weight Watchers helpline via phone: <b>0345 602 7068</b> (local rate) quoting ref: <b>WVRS101</b>. You will also need to provide the following unique information:</p> <ul style="list-style-type: none"> <li><b>Practice Ref:</b> &lt;Practice ODS Code&gt;</li> <li><b>Patient Ref:</b> &lt;NHS Number&gt;</li> </ul> <p>Your call will be answered by a member of the Weight Watchers Helpline who will ask you some quick questions, find you a convenient local group to attend and answer any concerns you may have.</p> <p>For more information on Weight Watchers please visit: <a href="http://www.weightwatchers.co.uk">www.weightwatchers.co.uk</a></p> <p><u>Helpline opening hours:</u><br/>Mon – Fri 8.00am – 10.00pm<br/>Sat &amp; Sun 9.00am – 5.00 pm</p> |

The codes on this form are unique to you, please keep this information safe.

Mark Goodhead  
BPL  
Health Referral Scheme Co-ordinator





# BPL Wellbeing Offers

---

Mark Goodhead

Programmes  
Delivered by  
BPL

Barnsley  
Wellbeing  
Programme

Health Referral  
Scheme



# Barnsley Wellbeing Programme



**BARN斯LEY**  
Metropolitan Borough Council



# Barnsley Wellbeing Programme

Funded by BMBC Public Health

Free 12-week support programme

Includes 1:1 and group support

Advice on diet, nutrition and physical activity

Referral through Primary Care only

Includes unlimited use of all BPL facilities including gym, swim & group exercise sessions

# Referral Criteria

BMI 25+

Controlled Asthma

Controlled Type II Diabetes

Hypercholesterolemia

Mild Anxiety

Mild Depression

Mild Hypertension

Obesity

Stress

Patients requiring non-urgent surgical procedure

# Referral Process

Referral Form on Clinical Systems (Get Fit First Form)

Complete online form and send via email to BPL

Email address [bpl.hrs@nhs.net](mailto:bpl.hrs@nhs.net)

Practice will receive confirmation patient has been accepted

BPL will contact patient to arrange consultation

Patient attends programme

Patient results sent to Practice upon completion

Practice will be informed should patient not wish to attend

Patients completing will be given options to continue activity

Where  
can  
patients  
attend?

Dearneside Leisure Centre

Dorothy Hyman Sports Centre

Hoyland Leisure Centre

The Metrodome Leisure  
Complex

Royston Leisure Centre

Health  
Referral  
Scheme



# Health Referral Scheme

No external funding. Patient self-funds the scheme

12-week programme focused on physical activity

Self-Referral in addition to clinician referral (any source)

Monthly and pay per session options available at reduced rate. No joining fee or contract

Patient is supported for 12 weeks with 1:1 appointments every 4 weeks

Includes unlimited use of all BPL facilities including gym, swim & group exercise sessions

# Referral Criteria

As Wellbeing Programme. With addition of;

Cancer (post treatment)

Fibromyalgia

Mild Osteoarthritis

Mild Osteoporosis

Mild Rheumatoid Arthritis

Simple Mechanical Back Pain

COPD





**BARNSLEY**  
Metropolitan Borough Council



Any Questions?

---

# Live Well Barnsley

## #Livewellbarnsley

Claire Beecroft

# What is Live Well Barnsley?

- Online directory of over 1350 health, well-being, Local Community Groups, care and support services, specific illness support groups and community group & events.
- Focus on staying well, promoting community-based services and combating isolation




# What is Live Well Barnsley?

- Available to everyone: public, professionals and first-contact staff
- Each entry includes:
  - description
  - contact information
  - map

Age UK Barnsley Health and Well-being Centre

[Leave feedback](#) [Add to shortlist](#)



**Description**

Age UK Barnsley's Health & Wellbeing Centre provides a friendly and stimulating environment, Monday to Friday, 9am - 2.30pm. We provide a varied programme of activities, talks and chair based exercise, a hot midday meal and refreshments throughout the day. This service offers a safe, personalised and fulfilling day out for the older person and provides respite time for their usual carer. Please ring us on 01226 776820 to find out more and book a free trial session

**Service Details**

**Locations:**  
36 Queens Road, Barnsley, S71 1AR (directions displayed on map)

**Organisation:**  
Age UK Barnsley

**Contact Details**

**Address:**  
36 Queens Road, Barnsley, S71 1AR

**Telephone:**  
01226 776820

[Enquire about this service](#)

# Aimed at:

- those who want to **help themselves**
- people who want to **get out and about**
- encouraging **involvement in the community**
- people who **don't qualify for social care**, and those who **receive PIP**
- **staff across agencies** who support people



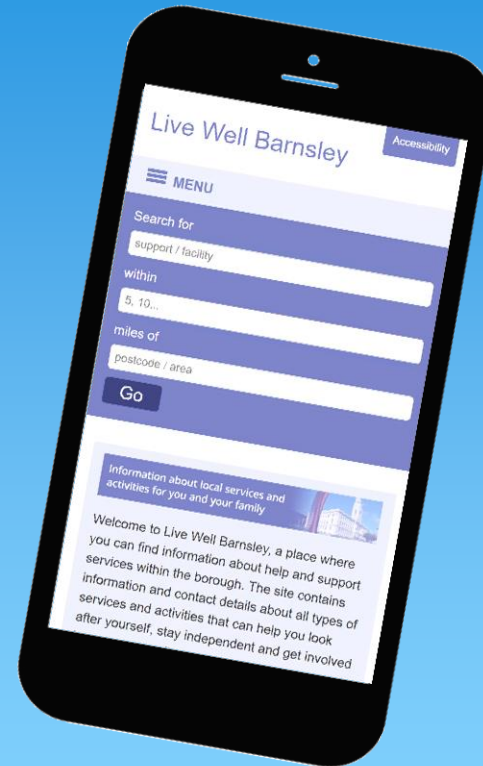
# Why use it?

- Comprehensive
- Accurate, current and up to date
- Free for providers to register
- Links to CQC inspection reports



# Why use it?

- Mobile-optimised
- Accessible
- Easy to use and find services



# Finding information

- Search

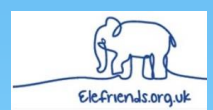
Search for  within  miles of

- Choose a category

|   |   |   |  |   |   |
|---|---|---|--|---|---|
|  |  |  |  |  |  |
| Accommodation and care homes  | Carers  | Community and leisure   | Education and employment   | Health and wellbeing  | Living at home  |



# Services already on Live Well Barnsley



# New Plans for Live Well Barnsley

- \* **BMBC IT Team are to rebuild the website in-house: September 2019**
- \* **Better functionality – easier to search**
- \* **Same branding**
- \* **A chance for Feedback & scope for missing services**

# What people say

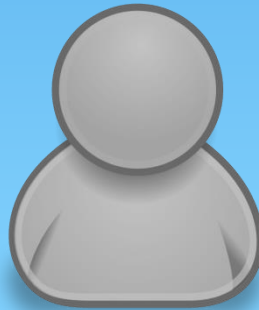
Mum and Dad weren't ready to move into residential care but as their house became too big, we found out about all the housing options that were available across Barnsley.



Being able to have a cuppa and a chat with others in the same position as me is a welcome break whilst my husband enjoys an activity with the Dementia Carers Team.

# What people say

Finding an exercise class that was at a slower pace and considered other health issues helped me get moving again.



By visiting a local drop in I was able to learn new IT skills, get help with a job application, check through my benefits and have a cuppa with a friendly face.

# How you can help

- **Promote Live Well Barnsley**
- Use the directory yourself and **give us feedback**
- Encourage services, groups and organisations to **register**



# Registering & More Information

- Email: [livewell@barnsley.gov.uk](mailto:livewell@barnsley.gov.uk)
- **ClaireBeecroft@barnsley.gov.uk**
- Phone: **01226 775779**



South West  
Yorkshire Partnership  
NHS Foundation Trust

# Musculoskeletal Service 12 months on!

CAS/e-Referral/MSK  
Assessment/Physiotherapy  
Donna Ardron

With **all of us** in mind.

# Introduction

- Physio and GPSI led service within the Barnsley Team of SWYT
- Main base at New Street HC
- Community Clinics



# Clinic Locations

- Main base – New Street Clinic
- Darton LIFT Building
- Hoyland Leisure Centre
- Penistone Health Centre
- Priory Day Unit ( Monk Bretton)
- Thurnscoe LIFT Building

# What is the CAS?

- This is the first part of the MSK pathway
  - This is all undertaken electronically via eRS.
  - Referral is made by GP/practice
  - Allocated an appointment and patient is given information by GP practice
  - The referral is attached to the UBRN and is only visible to the MSK service once this is done
  - If the referral is not attached the UBRN is not live to the MSK service and cannot be viewed

# What is CAS?

- The referral is read by one of the team of Expert Clinicians within 48 hours of being attached - **based upon the information provided**, the most appropriate healthcare provider/service provider is selected
  - **This is TRIAGE**

# What is CAS?

- At the point of telephone call, the patient is informed of the Triage decision and is offered choice of service provider where available and appointment time/date.
  - An onward appointment is booked.

# What is the Community MSK Service

- The Community MSK service comprises
  - GPSI
  - Advanced Physiotherapy Practitioners, Physiotherapists
  - Exercise Instructors
  - Admin team

# What happens in the MSK service?

- Initial clinical assessment is carried out
- Management plan formulated
- Conservative measures implemented
- Diagnostic Investigations requested where indicated- includes informing of the results
- Therapeutic CSI injections (non spinal)
- Hydrotherapy and Group sessions
- Self management advice and signposting
- Onward referral to other services

# What the community MSK service is not...

- Secondary Care
- The only gateway to investigations- GPs can still request investigations and this can be really helpful in making a correct Triage decision.
- The only provider of therapeutic injections- again GPs can continue to provide this service
- Able to provide acupuncture for pain.

# Referral Proforma

- Updated the referral proforma
- Available on BEST website
- Contact David Lautman to arrange for this document to be embedded into your local system- (apart from EMIS web and VISION)
- **MUST BE COMPLETED IN FULL-if this is done, the only other required attachments will be GFF/Clinical Threshold Documents**



# Referral Proforma

- **Referring to**
- ▶ Musculoskeletal (including Physiotherapy)
- Orthopaedics    Rheumatology    Pain Management
- 
- **Appointment urgency**
- Routine                      Urgent
- 
- **Reason for Referral**
- ▶ <Insert reason for referral as descriptive text. Nature of problem, duration and potential related symptoms>
- 
- **Management for this problem so far?**
- ▶ <Insert text>
- 
- **Expectations of referral:**
- ▶ <Insert Expectation from referral would be helpful and perception of main problem>

# Important bits that have changed...

- **Expectations of referral:**
- ►<Insert Expectation from referral would be helpful and perception of main problem>
- **No Red Flags**
- **Red Flags – Patients requiring treatment for Red Flags should be referred on the appropriate acute pathway**
- 
- **History of Ca    Significant unexplained weight loss    Night Pain    Related sleep disturbance**
- **Cauda Equina symptoms**
- **Metastasis ruled out – where there is a previous history of cancer please confirm that metastasis has been ruled out before referral**
- 
- **Investigations: (X-Ray, USS, MRI, Bloods, including those to rule out potential metastasis or inflammatory disease)**
- <Insert Details of any investigations so far>

### Pathway

- Clinical Threshold applies- attached       Completed/direct to Get Fit First pathway

### Special Needs to Consider (tick all that apply)

- Vision impairment       Physical disability       Female clinician required  
 Hearing impairment       Learning disability       Male clinician required  
▶  
 Other – please specify ▶



**South West  
Yorkshire Partnership**  
NHS Foundation Trust

### Last Consultation

<Insert last relevant consultation relating to this referral>

### Past Medical History

<Insert past history of similar problems including dates of any investigations or interventions>

### Active Problems

<Insert any ongoing health issues. State if the patient is currently receiving any other medical care, investigations or treatment>

### Current Acute Medication

<Insert any newly prescribed medication eg prescribed in the last three months>

### Current Repeat Medication

<Insert any medication on repeat prescription>

### Allergies

<Insert any known allergies or state 'no known allergies'>

**Latest BMI:**<Insert current BMI> **Alcohol:** <Insert units> **Smoking status:** <Insert >

### Recent Pathology

<Insert any recent pathology in the last four months including bloods>

**Diabetic**  <insert recent HbA1c here>

With **all of us** in mind.

1<sup>st</sup> JULY 2019



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- Any referral that is not on the correct proforma will be rejected



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# Get Fit First

Barnsley CCG have issued guidelines for referrals to secondary care. The aim is to improve surgical outcomes

GFF- applies where a patient is to be considered for any surgery regardless of condition.

Key features of GFF

- BMI
- Smoking

# Barnsley Guidelines



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- GFF –
  - applies to all surgical referrals
  - Must be attached for all referrals into CAS in order to support the Triage process
  - FAILURE TO ATTACH GFF FORMS LEADS TO REJECTION OF THE REFERRAL IF A SURGICAL OPINION IS NEEDED. It is not sufficient to put this information into the referral letter.
  - IT ALSO GIVES AN INDICATION THAT SURGERY IS NOT BEING CONSIDERED

# BMI under 30

- Patients will be triaged to conservative or surgical management as appropriate

# BMI over 30

Pt needs to enter a period of health improvement of 6 months duration in which to reduce their BMI.

The improvement must be documented and evidenced with dated information.

If the BMI remains over 30, then the patient must lose 10% body mass to be considered.



# GFF continued

- Does GFF apply to patients who are referred for physio?
  - No- however physio frequently is the first line in the management of many musculoskeletal problems
  - Potential for delays in further care

# Barnsley Guidelines



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- Clinical Thresholds
  - ASAD
  - CTS
  - Dupuytren's
  - Ganglions
  - Hallux Valgus
  - THR
  - TKR
  - Trigger Finger

# Clinical Thresholds continued

- For conditions to which a clinical threshold applies, the form must be completed and attached for the patient to be triaged appropriately and referral processed. Without the fully completed form a secondary care opinion will be declined.
- Rejected Referrals-Referrals will be rejected back to the GP surgery if this information is missing where an onward referral needs to be made. We will include clear instructions as to what is missing

# Get Fit First and Clinical Thresholds

- Clinical threshold
- Condition specific
- Must be completed to process onward referral to secondary care
- GFF
- Not condition specific  
Applies to all referrals that will be considered for surgery regardless of condition and body part

# Reducing rejections

- Include the required information
- Undertake pre referral investigations
- Identify what has been done so far
- Manage expectations
- Don't refer with blatant disregard for GFF
- Complete IFR if required
- Limit the additional attachments- make attachments appropriate

# Rejected Referrals

- Clear information/instruction
- What is missing
- What needs to be attached
- Rebook, attaching ALL the information.
- Don't replace/substitute one with another
- If GFF /clinical threshold isn't met but there is nothing conservative that can be realistically offered
- If the patient has red flags and should be sent directly to a secondary care provider- Not through CAS

# Advice And Guidance

- Advice and Guidance tab on eRS
- Use this if there is uncertainty about what is the best management for a patient
- We are actively checking this and will respond. We can only respond to the information that we are given.

# What is new?



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- Referral Proforma- as discussed
- Groups- Delivery is now at three sites
- Escape Pain – an evidence based National Programme for OA hips and Knees
- Back to Your Best – new functional Back rehabilitation group in line with EBP and Sheffield MSK service
- Exercise Support Group to support patients on exit from the service

With **all of us** in mind.



# Contact Information



South West  
Yorkshire Partnership  
NHS Foundation Trust

- MSK SERVICE
- New Street Clinic
- Upper New Street
- Barnsley S70 1LP
- 01226 644858

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ADHERENCE TO COMMISSIONING POLICIES

# **INDIVIDUAL FUNDING REQUESTS (IFR)**



# IFR Team

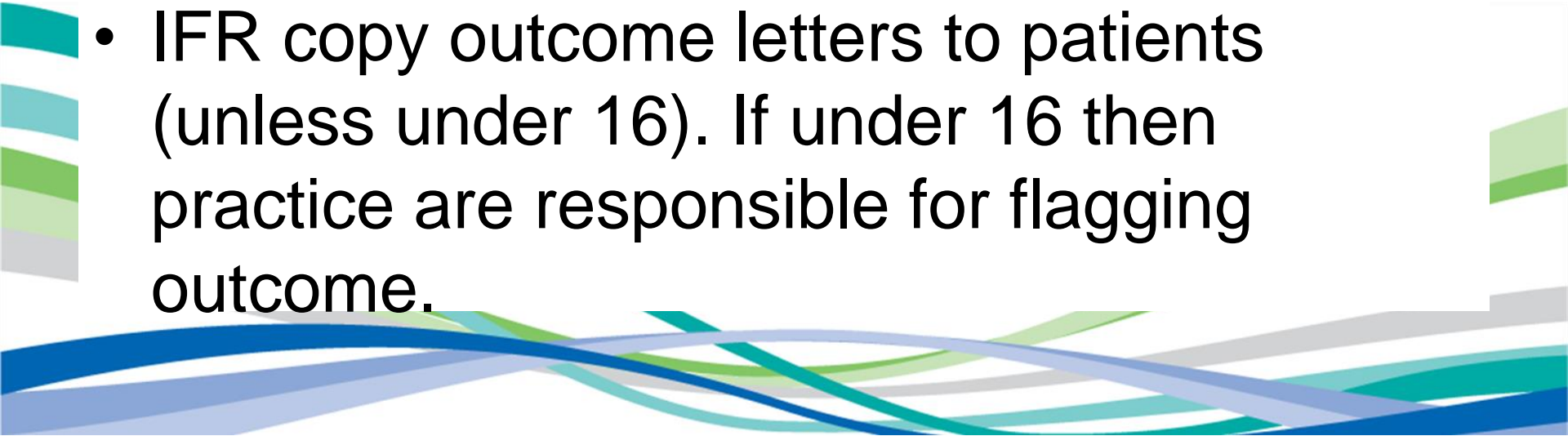
- Allison Ball – Head of IFR – [allisonball@nhs.net](mailto:allisonball@nhs.net)
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## Top Tips

# IFR

- Submissions must be from a clinician and include a clinical letter
  - For clinical thresholds – Include a copy of the clinical checklist so that the panel can see why patients don't meet the criteria.
  - IFR copy outcome letters to patients (unless under 16). If under 16 then practice are responsible for flagging outcome.
- 

# TABLE ACTIVITY – SUMMARY

1. What are the key learning points you will take away from today?
2. What will you share with colleagues when you return to work?
3. Was there anything missing from the agenda?

Please complete the evaluation form.

