1. Commissioning Policies

- Referral Forms: Ensure your practice is using the updated combined Referral Forms in Clinical Systems. The latest versions are V2.0 March 2019 on bottom.

- Two new policies: Knee arthroscopy & Snoring Surgery (not routinely commissioned).

- New Referral Processes: Varicose Veins and Grommets (adults and children) now need checklist (and no longer IFR approval).

- 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.

- Relationship between 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” - see updated checklist for full permutations.

  Further Information:

  - Familiarise yourself with Patient Information / Individual condition pages on CCG public website http://www.barnsleyccg.nhs.uk/evidence-based-interventions.htm including how different policies apply.

  - Further information published on BEST website (internal use only): http://best.barnsleyccg.nhs.uk/commissioning/

2. Advice and Guidance

- Undertake a daily check of replies / requests.
- If no response is received: BHNFT cases are closed after 10 working days of no response.
- Please close down responses promptly - for multiway conversations - each reply from primary care actually acts as new request.
- At BHNFT most specialties use a team approach, it can be difficult to follow conversations if A&G is closed and re-opened or multiple queries are made whilst respondent #1 is still working on the initial response.
- New BHNFT services coming on board soon (Breast, Respiratory, Care of the Elderly).
- A&G also available for MSK services from SWYPFT via e-RS.

3. MSK

Transmission of Referrals:

- The referral information is only visible to the MSK service once the documentation has been attached. If the referral is not attached the UBRN is not live to the MSK service and cannot be viewed.
- If referrals are rejected or missing information, please re-attach all information.
- If the patient has red flags they should be sent directly to a secondary care provider - not through CAS.

Referral Pro-forma:

- The referral pro-forma has been updated – from 1 July 2019 any referral that is not on the correct proforma will be rejected.
- The pro-forma must be completed in full.
- If this is done, the only other required attachments will be GFF/Clinical Threshold Documents.

Local Guidelines

For Clinical Thresholds:

- The form must be completed and attached for the patient to be triaged and the referral process.
- Without the fully completed form a secondary care opinion will be declined.
- If this information is missing the referral will be rejected back to GP where an onward referral is required.

For GFF:

- Must be attached for all referrals into CAS in order to support the Triage process.
- If the GFF forms are not attached these cases will be rejected back to GP if a surgical opinion is needed. (It is not sufficient to put this information into the referral letter).

4. 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 patient is under 16 then practice are responsible for flagging outcome.