

RAS & TRAQS: Information for GP Practices

A document created to support practices with referral processing and pathways

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RAS & TRAQS: Information for GP Practices

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RAS & TRAQS: Information for GP Practices

Introduction to Practices

The RAS and TRAQS service are a local service managed by NHS Shropshire, Telford and Wrekin ICB. Our aim is to ensure that patients get to see the right person, at the right time and place. The majority of referrals will be processed via the e-Referrals System (ERS, formerly Choose and Book) and pathways to support community treatment.

The RAS/TRAQS team is currently made up of:

- 1 RAS and TRAQS Team Leader
- 1 Clinical Nurse
- 3 Supervisors
- 16 Call handlers

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Contact & Opening Times

Opening Times

Both RAS and TRAQS are open Monday to Friday, 9am to 5pm, excluding bank holidays

Referral Assessment Service (RAS)

Phone: 03300 248 283

Professional Email: rasteam@nhs.net

Patient Email: myreferrals@nhs.net

TRAQS

Phone: 01952 580441

Email: traqsteam@nhs.net

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What happens when a referral reaches RAS/TRAQS?

In order to allow RAS and TRAQS to process referrals in an efficient and timely manner, we need the following information added to a referral:

- Up to date demographics (including daytime contact number)
- Primary reason for referral including clear referral instructions and duration of symptoms
- BMI/BP taken within the past 12 months (Supports VBC, private Care Pathways)
- Previous medical history and any recent investigations
- Current medications if applicable
- Please include any clinic letters that may be detrimental to the referral (if a patient has been seen by a service previously, including the last clinic letter will support if they choose to go to an alternative provider who would reject without)

RAS and TRAQS will review all referrals and if it is felt additional information should be supplied to support the referral; the practice secretaries will receive communications. This includes information in regard to the VBC policy.

Referral Pathways **NOT** through TRAQS

- X-Ray and general MRI (direct to provider) / Unless requiring consultant lead request (usually children's pathway)
- Mental Health / Excluding Adult ADHD
- GU Medicine
- Obstetrics / Excluding pregnancy related Endocrinology & Physio
- Fracture clinic (Direct to SATH)
- Palliative Medicine
- Transgender
- Sexual Health
- Travel Health

If ever unsure on pathways, please feel free to contact RAS/TRAQS for further support.

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Services **NOT** currently available in Shropshire (SATH)

Although SaTH is our most local provider and in most instances a patient's preferred location, there are some specialities that we may have to refer out of County as there is no availability with the local service, these include:

- Adult Allergy
- Neurology
- Neuro-Ophthalmology
- Neurosurgery
- Plastic Surgery

Where appropriate RAS and TRAQS will offer your patient's choice of services/appointments where available and in line with any localised restrictions and funding policies.

Should you require referral updates, please feel free to contact the team who can check on progress or advise further.

What is **NOT** available on NHS (VBC/IFR)

The NHS cannot always fund treatments/operations that are not routinely funded by NHS, normally this is because they:

- Are not clinically effective or effectiveness has yet to be determined
- Are not cost-effective in comparison to all the competing demands on NHS funding
- Have a low clinical priority and offer little health gain
- Are largely cosmetic in nature.

Sometimes we will consider paying for a treatment or operation that is not normally funded. This happens when:

- A Patient has a set of circumstances that are very different from anyone else with the same, or a similar, condition. Your health professional will need to explain how you will derive greater benefits from the intervention than others who are in a similar position
- And there is good evidence to suggest that you would be healthier after the treatment or operation

Referrals should confirm that patient's fulfil the criteria as outlined in the relevant area of the policy before referring the patient. RAS and TRAQS will request additional information if required and seek support from the medicines management team for clinical support.

There are some providers that can be very strict in regard to this criteria being met, we appreciate that referrals are required to be processed ASAP, we aim to get the required information and progress as quickly as possible to support your patients.

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Value Based Commissioning Policy (VBC)

RAS and TRAQS are well versed with the majority of VBC policy and should you have any queries, please contact the teams who will be happy to support you.

RAS and TRAQS may ask for additional information to support referrals progressing to the appointment stage and many providers (especially local) can be very strict in regards to criteria.

Ultimately it is a ICB decision if a referral will be funded, so having as much information as possible in line with the VBC policy supports any treatment going ahead. If unsure, please contact the TRAQS team who can support you further.

Individual Funding Requests (IFR)

The ICB explicitly recognise that for each of the interventions listed in this policy there may be exceptional clinical circumstances in which the ICB would consider the funding of these interventions. It is not feasible to consider every possible scenario within this document. In cases where specified criteria are not met, applications may be considered on an individual basis through an Individual Funding Request (IFR) process.

If needing support with IFR information and criteria, please contact the team via email on www.stwccg.ifr@nhs.net

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RAS and TRAQS support notes to Practice (by speciality)

RAS and TRAQS have a vast knowledge available to them about providers and pathways for referrals. If ever a practice is unsure of a pathway or would like additional support, we encourage them to please contact TRAQS and we will be happy to support.

There are some providers that may expect additional information such as a proforma, scans and potentially other pathway evidence to enable them to accept your patient for treatment. There may also be instances where further criteria is needed to support an NHS funding decision (VBC), we endeavour to support all practices and patients to get referrals to where they are suitable to go as quickly as possible.

Where possible TRAQS will try to capture common reasons for rejection before the referral progresses to provider, so to avoid any unnecessary letters to patients which can potentially create confusion. There will of course be an instance where a consultant/specialist may feel additional information is required after the referral is booked, but we will try to support all practices with the knowledge and support available to avoid unnecessary rejections.

Below are some general reminders and support notes for referring via TRAQS. This has not included every speciality, if every under; please contact TRAQS who will happily support.

2WW – TRAQS ONLY

- Must include a 2WW proforma in ALL instances
- If referring to an out of area service, these too must include a 2WW proforma and in most instances are available on the specific hospital websites. Or contacting their fast track/2WW service directly.
- Children pathways for 2WW Breast, Skin and Sarcoma referrals must be completed on an adult proforma.
- All other 2WW Children specialities should be discussed with the GP and on call oncologist who will let them know how quickly the patient needs to be seen (this information should be recorded on the proforma if coming via TRAQS).

2WW - BREAST Clinic Referrals – TRAQS ONLY

- The only way to refer into breast clinic is via the 2WW Breast pathway.
- Please review the proforma as you can select alternatives to cancer related, but the only way we can send this to the local provider is via 2WW.

CURRENTLY RAS PRACTICES DO NOT PROCESS 2WW REFERRALS VIA RAS – PLEASE SEND DIRECT TO PROVIDER

Advice & Guidance Requests (A&G)

- Where possible TRAQS will always direct this to the most local hospital, or as instructed if for a particular consultant/service

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BMI/BP

- It is recommended to include up to date BMI/BP with all referrals where possible (dated within the last 12 months), so to support provider triage once booked
- TRAQS will also request these to support the VBC criteria for some procedures and will request up to date readings if your patient could benefit from treatment with private care providers (quicker than NHS locally for most specialities).

Cardiology

- In many referrals if a patient is needing a general consultant appointment, it is recommended by providers (secondary care) that a recent ECG should please be sought in the first instance, please consider before sending referrals.
- There is a community service available within the local area which usually has a considerably shorter waiting time (4-5 weeks) than that of secondary care providers (12+weeks). If the referral is not considered an urgent or a complicated cardiology request TRAQS may direct this referral to their pathway (we will offer the choice to your patient)

Children and Adolescent Services

- Once a child reaches 16, they are considered an adult under NHS and should be referred through adult services
- Children under 6 weeks still fall in line with Post Natal for feeding and should be directed to the midwives or health visitors

Dermatology

Diabetic Medicine

Diagnostic Imaging

- Includes cardiology based testing such as ECG, Echocardiogram, 24/72 hour tape etc, Nerve Conduction Studies
- If unsure, please contact TRAQS and we will confirm
- **Open MRI** - Open MRI no longer comes via TRAQS, these should be sent directly to Burton Hospital by the practice. There is a form they need to complete and send to admin.radiology@nhs.net

ENT

Audiology - Hearing Aid Assessments/Review/Refit

- Sudden or rapid loss or deterioration of hearing (sudden=within 1 week, in which case send to urgent care ENT clinic, rapid = 90 days or less);
- Domiciliary hearing assessments do come through RAS and are processed to SATH.

Microsuction and Ear Wax removal

- See VBC Policy.

Tonsillectomy

- See VBC Policy.

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General Medicine

Genetics

Geriatric Medicine

- Includes Falls Clinics

Gynaecology

- Marina Coils – See VBC Policy
- Infertility – See VBC Policy

Haematology

Immunology

Infectious Diseases

Post Covid Referrals

Neurology

NOT AVAILABLE IN SHROPSHIRE

- Currently there is no pathway available within Shropshire.
- Please ensure any previous clinic letters are provided with all referrals if your patient needs a new review.
- Many out of area neurology departments will request scans to be included with referrals, please ensure all relevant information is available when submitting the referral

Occupational Therapy – TRAQS ONLY

- **Home adaptations** – If a patient has a TF post code TRAQS direct this through to the local Access team via T&W council.
- If your patient lives **out of area** (Shropshire, Stafford etc...), you would need to direct this referral to their local council. Basically it's to whom they pay their council tax.

Ophthalmology

24 hour treatment/review

- If an opticians sends a requests that states they need treatment/review within 24 hours, please send direct to the **SATH Ophthalmology Service** (Humming Bird Centre, please call direct to confirm process)

General

- GOS18's could be provided with all referrals. Exceptions to this may be for Chalazia/lesions removal

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- In most instances, patients would have been seen by local opticians before referral.

Cataract (VBC)

- Referrals will be rejected if missing GOS18 detailing Visual Acuity

Wet ARMD/AMD

- These preferably should be sent direct to SATH / SATH Ophthalmology Service (Humming Bird Centre)

Pears Testing

- Please send direct to hospital

Orthopaedics – MSK & Podiatry

- The majority of these types of referrals will likely be seen in the local community team in the first instance.
- TRAQS process these for Telford and Wrekiin GP's, Shropshire GP's send direct.

Podiatry

Diabetic Foot Screening

- The **Diabetic Foot Screening** service will now only see patients who are deemed High or Moderate Risk (please detail in referral).

Verruca's

- There is no pathway through RAS or TRAQS for podiatry or dermatology, however the **Shropshire Podiatry** service will offer advice to patients treat and can be contacted on **01743 277 681**

Respiratory

Pulmonary Rehab

- **No longer through RAS/TRAQS** / a direct referral from the GP. They have a new email and number, and if practices call asking how to process these referrals, they will need to email the proformas to shropcom.pulmonaryrehab@nhs.net, contact number – 01743 730034
- **Long Covid Referrals** – These do come through TRAQS and are directed through to the Single Point Team (SPR), who will refer onto secondary care if required.

Spirometry Referrals

- ONLY Refer URGENT Requests which will be directed to SaTH
- All routine requests should be managed by PCN practices

Surgery

Hernia (VBC)

- BMI/BP readings, several options for private provider support available and this is needed to review suitability

Hernia corset/truss

- Requests for a Hernia corset/truss, the pathway is not through RAS/TRAQS and these should be directed via a prescription to the pharmacies.
- Medical practices should be sending a script that confirms diagnosis of hernia, where it is, size and whether it is reducible.

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- There are a numbers of TRUSS available on the prescription system and if practices are still unsure what type is needed, they should then consider an A&G request and not a referral, as this is not suitable for an appointment.

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e-Referral Service (ERS)

Where possible RAS and TRAQS process all referrals through the e-Referral Service (ESR), a national database of NHS providers. There will be instances where referrals may be processed a different way, these are usually due to community provider pathways, however RAS/TRAQS have an auditable process through their own systems to check this.

A worklist on ERS is the practices responsibility to manage for patient and referral updates, to include advise provided on cancelled appointments, rejections and advice and guidance responses. Triage Response can also include rejections – Please always review in case providers were unable to select a rejection function)

Please feel free to contact the RAS/TRAQS team with worklist support, we are adept at using this system and we will be happy to support you. Actions will often require you to **remove** from worklist or **end triage request** and potentially to **cancel** the ERS referral all together.

If RAS/TRAQS are confident that they know where to redirect this referral and we do not need any additional input from the GP, we will onward refer to the appropriate clinic/provider. However there may be instances where practices may need to send new referral in the usual manner

The majority of things on the practice worklists will just be comments from providers to confirm acceptance of referrals or advise next steps. It's recommended this is reviewed as a minimum weekly for any rejections.

There are 2 areas in the practice worklists that should be reviewed regular

Awaiting Booking / Acceptance (Not often used)

- You can filter by referring Dr to see process in referrals, however not often used
- Please note that if the referring Dr is not yet on ERS, TRAQS may use an alternative to ensure no delay with processing the referral.

Awaiting Booking / Acceptance (Not often used)

- You can filter by referring Dr to see process in referrals, however not often used
- Please note that if the referring Dr is not yet on ERS, TRAQS may use an alternative to ensure no delay with processing the referral.

The other 2 areas are not used by practices as TRAQS manage one daily, as part of our processing/quality checking on referrals processed that day and the other is seldom used.

Outstanding Referral letters

- TRAQS check this daily

Awaiting Booking / Acceptance (Not often used)

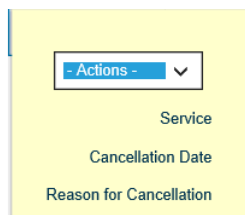
- You can filter by referring Dr to see process in referrals, however not often used
- Please note that if the referring Dr is not yet on ERS, TRAQS may use an alternative to ensure no delay with processing the referral.

Selecting each option will allow you to review the referral and check if there is action required such as new referrals, 2WW updates, rejections etc...

To action requests you would need to click the UBRN number to review the provider comments, which will be up an actions dropdown. Dependant on the type of referral and action required will depend on what you may need to select.

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Practice Worklist Action Points



- Actions -	What does this do
Remove	This will clear this patient's referral from your worklist. Ensure you have completed any actions required or contact TRAQS should you need assistance
View History	This will show you the different actions that this referral has had from point of booking by TRAQS to where the provider has accepted, rejected or offered other advice. If unsure of the action required, usually the history will give a good indication if providers were unable to reject
View Request	There are 3 sections in this area Appointment Request Details (shows where it was booked and any additional notes added – By TRAQS), Clinical Information (All the documents received by TRAQS and added to the referral) and Service provider Activity (shows a brief history).
End Triage Request	Where a referral has been directed to an assessment based service, providers can often respond with acceptance and rejection comments. By ending the triage request, this will remove the referral from the work list and close this request completely.
Cancel Booking	This will cancel the referral completely and ask for a reason
Modify Referral Letter / Please do not use	If documents need to be amended and the providers have not yet accepted/printed the referral, this action can be used to update. It is advised that should you need to send additional information, you send it directly rather than through ERS in case the provider does not review additional information once accepted. If unsure, please contact TRAQS.
Update Book / Please do not use	This should only be actioned by Providers and TRAQS when changing appointments directly with the patient – Please do not USE

Further support information about worklists is available on the main help page on ERS

<https://digital.nhs.uk/services/e-referral-service/document-library/referring-a-patient#managing-worklists>

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Common Questions / FAQ (Practices)

What are local waiting times?

RAS and TRAQS usually have good visibility of provider waiting times and where possible will try to confirm to practices to the best of their knowledge of alternative pathways should it mean quicker treatment for the patient.

Why do we need to provide up to date BMI/BP readings?

In many instances there are options for patient's to be treated by private providers who are contracted by NHS, requesting up to date readings supports triage for suitability

A referral was rejected as it is missing documents/investigations, but we don't have them on file, how do I progress?

- There will be occasions where you may be aware about some findings having had a direct conversation with a service, if you don't have the investigations/documents available, please ensure it is clearly confirmed in the referral so providers will not reject
- If a referral mentions that a patient has been seen previously, please include the most recent clinic letter relating to the previous treatment
- Where possible TRAQS will try to request this information before progressing referrals to appointments. There are some services that are stricter than others in regards to the information they require which include local MSK services and out of area services not available locally

A referral has been returned due to patient not responding to contact, what should I do?

- Please contact your patient to confirm contact details before resubmitting the referral
- When RAS/TRAQS receive a new referral where it is required to call the patient directly, we will attempt this on all available numbers from the referral and ERS if different.
- RAS/TRAQS will leave messages and will also send a contact letter if at the point of second attempt the patient has not responded.
- Referrals will be sent back to practices after a selected time to confirm patient has not responded, please check if the referral is still required and if necessary submit a new referral to support referral clock start dates.

A patient has temporary residency in the UK, how do I send a referral?

The patient will need to be registered to your practice in order to refer for treatment in the UK. Patients cannot be referred without a valid NHS number.

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How are choices confirmed to patients?

Where choice can be given (Most secondary care services):

- RAS/TRAQS will call patients to offer choice of secondary care services (including private providers if appropriate) and book appointments via ERS.

Where choice is not available (local pathways and restrictions may limit choices):

- Patients will receive a letter advising where the referral has been sent.

Patients will **NOT** be able to choose if:

- A service is provided by local authorities (community), as the choice will depend or may be restricted to what is in place locally.
- Services for suspected cancer.
- Services may also be restricted to a particular level of care.
- If a service is not funded by NHS
- If local services are the only option due to national situations

Consultant to Consultant Referrals

Consultant to consultant referrals may not occur when:

- **It can be done in primary care or in a community setting.** E.g. lumps and bumps excision. If in doubt speak to RAS/TRAQS.
- **Sub-specialisation** in the same department; it is not proposed that a second outpatient referral should be paid when due to subspecialisation the patient is seen by the wrong consultant in a trust speciality who redirects the referral to a colleague in the same department
- A patient reveals **symptoms unrelated to the referring condition** e.g. dyspepsia when referred for back pain.
- Referrals from A&E to other Consultants, unless part of immediate emergency or urgent care.
- **A procedure of “low clinical value”** as defined by the Telford and
- Wrekin Policy

How do I report Issues and compliments with regards to RAS/TRAQS?

If you are experiencing any issues with RAS or TRAQS, want to provide complements and feedback, suggestions or seek clarification on anything, please call or email the teams directly

Who is responsible for the ERS Worklist?

- The ERS worklist is primarily the practices responsibility to manage
- In quieter times TRAQS will support practices and clear anything that may be irrelevant and potentially email the practice about reminders and rejections not actioned
- If possible, TRAQS will onward book referrals, however there may be instances where practices may need to send new referral in the usual manner
- You do need to check daily/weekly for rejections.
- Please feel free to contact the TRAQS team with worklist support, we are adept at using this service and we will be happy to support you. Actions will often require you to remove from worklist or **end triage request** and potentially to cancel the ERS referral all together

RAS & TRAQS: Information for GP Practices

RAS & TRAQS Practices

RAS Practices
Albrighton Medical Practice
Alverley Medical Practice
The Beeches Medical Practice
Belvidere Medical Practice
Bridgnorth medical Practice
Bridgewater Family Medical Practice
Broseley Medical Practice
Bown Clew Medical Practice
Cambrian Medical Practice
The Caxton Surgery
Churchmere Medical Group
Church Stretton Medical Practice
Claremont Bank Surgery
Cleobury Mortimer Medical centre
Clive Surgery
Craven Arms Medical Practice
Cressage Medical Practice
Drayton Medical Practice
Highley Medical Practice
Hodnet Medical Centre
Knockin Medical Centre
Marden Medical Practice
Marysville Medical Practice
The Meadows Medical Practice
Much Wenlock & Cressage Medical Practice
Mytton Oak Medical Practice
Plas Ffynnon Medical Centre
Pontesbury and Worthen Medical Practice
Portcullis Surgery
Prescott Surgery
Radbrook Green Surgery
Riverside Medical Practice
Severn Fields Medical Practice
Shawbury Medical Practice
Shifnal & Priorslee Medical Practice (Shifnal)
South Hermitage Surgery
Station Drive Surgery
Wem & Press Medical Practice
Westbury Medical Centre

TRAQS Practices
Charlton medical Centre
Court Street Medical Practice
Dawley Medical Practice
Donnington Medical Practice
Hollinswood and Priorslee Medical Practice
Ironbridge Medical Practice
Linden Hall Surgery
Shawbirch Medical Practice
Stirchley Medical Practice
TelDoc
Wellington Medical Practice
Wellington Road Surgery (The Surgery, Newport)
Woodside Medical Practice

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Useful Telephone Numbers

RAS & TRAQS

Referral Assessment Service (RAS) 03300 248 284

Telford Referral & Quality Services (TRAQS) 01952 580441

ST&W ICB

NHS ST&W PALS Team 01952 580407

Prescription Ordering Department (Telford POD) 01952 580350

SATH – General

Princess Royal Hospital (Switchboard) 01952 641222

Princess Royal Hospital (Appointments) 01952 282810

Princess Royal Hospital PALS 01952 282888 / 01952 641222 ext. 4382

Royal Shrewsbury Hospital (Switchboard) 01743 261000

Royal Shrewsbury Hospital (Appointments) 01743 261044

Royal Shrewsbury Hospital PALS 01743 261691 / 0800 7830057

Other Hospitals commonly referred to for Shropshire patients

County Hospital 01785 230104

New Cross Hospital 01902 307999

Nuffield Health (Shrewsbury) 01743 816997

Robert Jones & Agnus Hunt Hospital 01691 404000

Royal Stoke University Hospital 01782 715444

Other local/useful services

Patient Transport Services (EZEC) 0800 622 6199

Shropshire Podiatry 01743 277681

Single Point of Referral (SPR) 03333 584584

St Michaels Clinic (Dermatology) 01743 590010

MSST (Previously SOOS & TeMS) 0808 1758 4001