**RAS: Information for GP Practices**

A document created to support practices with referral processing and pathways

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**RAS – Introduction to Practices**

The RAS team is a local service managed by Shropshire CCG, based in the NHS CCG site at William Farr House, Shrewsbury. 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 team is currently made up of:

* 1 RAS Co-ordinator
* 2 Triage Nurses
* 2 Team Leads
* 14 patient advisers/ processors
* Clinical support from other CCG teams if required

**Contact and Opening Times**

Phone: Patient - 03300 248283

Clinical - 03300 248284

Email: [rasteam@nhs.net](mailto:rasteam@nhs.net)

Opening Times: 9am to 5pm (Monday to Friday – excluding Bank Holidays)

**What happens when a** **referral reaches RAS?**

In order to allow RAS to process referrals in an efficient and timely manner, we need the following information added to the e-referrals (e-Rs):

* 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 VBCP, private care pathways);
* Previous medical history and any recent investigations;
* Current medications if applicable;
* Please include any clinic letters that may be detriment 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 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 regards to the VBC policy.

# Referral Pathways NOT through RAS

* X-Ray (paper direct to provider) / Unless requiring consultant lead request (usually children’s pathway)
* Mental Health / Excluding Adult ADHD
* GU Medicine
* Obstetrics
* Fracture clinic (Direct to SATH)
* Palliative Medicine
* Transgender
* Sexual Health
* Travel Health

If ever unsure on pathways, please feel free to contact RAS directly or alternatively you can visit the CCG website for further support [www.shropshireccg.nhs.uk](http://www.shropshireccg.nhs.uk).

# Services NOT currently available in Shropshire (SATH)

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

RAS 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 advice 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 had 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 will request additional information if required and seek support from the triage nurses for clinical support. There are some providers that can be very strict in regards to this criteria being met, we appreciate that referrals are required to be processed ASAP, and we aim to get the required information and progress as quickly as possible to support your patients.

# Value Based Commissioning Policy (VBC)

The full policy is available on the CCG website: [www.shropshireccg.nhs.uk/policies-and-reports/our-policies/clinical-commissioning-policies](http://www.shropshireccg.nhs.uk/policies-and-reports/our-policies/clinical-commissioning-policies).

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

# Individual Funding Requests (IFR)

The CCGs explicitly recognise that for each of the interventions listed in this policy there may be exceptional clinical circumstances in which the CCGs 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.

The IFR policy for Shropshire is available at [www.shropshireccg.nhs.uk/policies](http://www.shropshireccg.nhs.uk/policies).

# RAS support notes to Practice (by speciality)

RAS 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 RAS 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, RAS will try to capture common reasons for rejection before the referral progresses to provider. This will 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 support notes for referring via RAS and the specialities we deal with. This list is reviewed and extended often so will not include every speciality.

# 2WW

* Send direct from the GP practice to the local provider.

# Advice and Guidance Requests (A&G)

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

# 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
* RAS 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).

# Adult ADHD/ ASD

* These are emailed direct to RAS via email – [rasteam@nhs.net](mailto:rasteam@nhs.net).

# Allergy

# Cardiology inc RACPC

* Cardiology based testing such as ECG, Echocardiogram, 24/72 hour tape, Exercise tests, BP monitor

# 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 midwifes or health visitors.

# Dermatology

# Diabetic Medicine

# Diagnostic Imaging

* Bone density scans, MRI spine, MRI Knee, MRI Head, CT Head;
* Open MRI – Both SaTH and RJAH have the same scanners which are the latest models with 70cm wide bores.

# Endocrinology and Metabolic Medicine 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.

# General Medicine

# Genetics

# Geriatric Medicine

* Including falls clinic.

# GI & Liver

* Diagnostics – Colonoscopy, Flexi Sigmoidoscopy, Endoscopy;
* Gallstones – See VBC Policy;
* Haemorrhoidectomy – See VBC Policy;
* Bariatric Surgery – See VBC Policy.

# Gynaecology

* Mirena Coils – See VBC Policy.
* Infertility - See VBC Policy

# Haematology

# Immunology

# Infectious Diseases Post Covid Referrals

Directed through to the Single Point Team (SPR) who will refer onto secondary care via RAS, if required.

A Post Covid Syndrome MDT Clinic has been launched for patients across Shropshire, Telford and Wrekin.

Referrals will be accepted where the following is met:

* A clinical case definition of Post Covid syndrome; Signs and symptoms that develop during or following an infection consistent with covid-19 which continue for more than 12 weeks and are not explained by an alternative diagnosis. The condition usually presents with clusters of symptoms, often overlapping which may change over time and can affect any system within the body. Many people with post-covid syndrome can also experience generalised pain, fatigue, persisting high temperature and psychiatric problems.
* Post Covid-19 syndrome may be considered before 12 weeks while the possibility of an alternative underlying disease is being assessed.
* A previous positive test result for Covid-19 is not a necessary requirement for referral to the MDT clinic
* A positive response on the Local post-COVID Syndrome Decision Tool and chest XR +/- CT
* No positive response on the Local post-COVID Syndrome Decision Tool but abnormal chest XR, must also have CT.

For primary care, the referral pathway is now available on EMIS and Vision where there will be a single point of contact and referral is through the usual route.

Please ensure the header on referral includes the following

“Post Covid Referral – Patients Surname – NHS Number”

Referrals will be processed by an administrative team at Halesfield and when accepted will be sent to the clinical MDT for remote electronic triage. Patients who are referred into the service will then have a clinical MDT assessment to determine the most appropriate way to receive care. This may include referral to secondary care, discharge with self-management advice and signposting, as well as a request for diagnostic tests and follow up in the MDT or referring to existing services and pathways.

GP’s can access the Decision Tool quickly - “F12 Decision Tool for patients with Post-COVID Symptoms”.

# Nephrology

# Neurology

* Currently not available in Shropshire.

# Neuro Surgery

# Ophthalmology

* Cataract – See VBC Policy.

# Orthopaedic

* SOOS– All orthopaedics will be triaged by the Shropshire Orthopaedic Outreach Service in the first instance and directed to the most appropriate clinic in primary or secondary care
* Orthopaedic referrals that fall into VBC policy will include

Knee Replacement

Hip Replacement

Bunion

Carpal tunnel syndrome

Dupuytrens

Ganglion

Arthroscopy

Trigger Finger

Subacromial decompression

Spinal discectomy

De Quervains

Joint injections

Spinal fusion

# Pain Management

* Pain Management Solutions (PMS) – All pain management referrals will be triaged by PMS in the first instance and directed to the most appropriate clinic in primary or secondary care
* Pain referrals that fall into VBC policy will include

Botox Injections

Epidural Injections

Medial Branch Block Injections (MBB)

Radiofrequency denervation

# Podiatry

# Respiratory Medicine

# Rheumatology

# Sleep Medicine

# Surgery – Cardiothoracic

# Surgery

* Hernias – See VBC Policy
* Lipoma – See VBC Policy

# Surgery – Plastics

* Please refer back to VBC policy as some referrals require individual funding (IFR).

# Surgery – Vascular

* Varicose Vein – See VBC Policy.

# Urology

* Circumcision – See VBC Policy.

# e-Referral Service (ERS)

RAS 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 have an auditable process through the internal systems to check this.

The worklist on ERS is the practices responsibility to manage for patient and referral updates, to include advice 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 team with worklist support.

If RAS 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 4 areas in the practice worklists that should be reviewed regularly:

**Awaiting Booking / Acceptance**

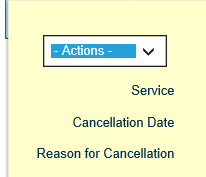
**Awaiting Booking / Acceptance**

**Outstanding Referral letters**

**Awaiting Booking / Acceptance (Not often used)**

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.

# 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 RAS should you need assistance |
| View History | This will show you the different actions that this referral has had from point of booking by RAS 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 RAS), Clinical Information (All the documents received by RAS 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 | If documents need to be amended and the providers have not yet accepted/printed the referral, this action can be used to update. |
| Update Book | Update and book an appointment |

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>

# Common Questions / FAQ (Practices)

## There is a new team member at the practice who needs e-Rs access, how do I do this?

You will need to make contact with your local RA team.

## What are local waiting times?

In most instances RAS have a good visibility to local provider waiting times and where possible will try to inform practices to the best of our knowledge of alternative pathways should it mean quicker treatment for your patients.

## 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 dome 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

## 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.

## How are choices confirmed to patients?

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

* RAS 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 a RAS.
* **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 Shropshire CCG Policy.

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

* If you are experiencing any issues with RAS or want to provide compliments and feedback, suggestions or seek clarification on anything, please feel free to contact the team directly on **03300 248 284** or email to [rasteam@nhs.net](mailto:traqsteam@nhs.net)
* Alternatively feel free to email the team manager Nikki Hilditch by email on [Nikki.Hilditch@nhs.net](mailto:Nikki.Hilditch@nhs.net)

## ****Who is responsible for the ERS**** ****Worklist?****

* The ERS worklist is primarily the practices responsibility to manage
* In quieter times RAS will support practices and clear anything that may be irrelevant and potentially email the practice about reminders and rejections not actioned
* If possible, RAS will onward book referrals, however there may be instances where practices may need to send new referral in the usual manner
* Please feel free to contact the RAS 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

## ****Useful Telephone Numbers****

**CCG & RAS**

Referral Assessment Service (RAS) 03300 248 284

Shropshire CCG (Switchboard) 01743 277500

CCG PALS Team 01952 580407

Prescription Ordering Department (Shropshire POD) 033 33 583 509

**SATH – General**

Royal Shrewsbury Hospital (Switchboard) 01743 261000

Royal Shrewsbury Hospital (Appointments) 01743 261044

Royal Shrewsbury Hospital PALS 01743 261691

0800 7830057

Princess Royal Hospital (Switchboard) 01952 641222

Princess Royal Hospital (Appointments) 01952 282810

Princess Royal Hospital PALS 01952 282888

01952 641222 ext. 4382

**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 (FALK) 03300 585695

Community Health and Eye Care (CHEC) 01772 717167

Shropshire Podiatry 01743 277681

Single Point of Referral (SPR) 03333 584584

Spa Medica 0330 058 4280

St Michaels Clinic (Dermatology) 01743 590010

Telford Musculoskeletal Services (TeMS) 01952 204476

SOOS 01691 404055

## ****Patient**** ****Journey / Referral Pathway – GP, RAS, Providers****