



Acute trusts

Referrals

- 1. Acute referrals** - We advise discussion with the specialty admitting team (if possible) to consider if the benefit of hospital assessment/admission outweighs the risk to the patient.
 - If the risk out-weighs the benefit, the speciality team may give advice and support so that the patient can be managed safely in the community.
 - If the benefits outweigh the harm, the clinician will discuss with the patient the quickest, safest, most appropriate method of transfer from the practice or their home to the hospital.
- 2. 2WW referrals** - These should continue according to the normal local pathways. Healthy London Partnerships has collated all Covid-19 related support documents for primary care during the pandemic, [available here](#). It includes Covid-19 specific pan London suspected cancer referral forms, a Covid-19 patient information leaflet as well as primary care educational guides and communications. A [summary sheet](#) has been produced by the cancer network on the Covid-19 changes to the 2WW pathway.
- 3. Urgent non-2WW referrals, such as for transient ischaemic attack and chest pain** - These should continue according to local pathways.
- 4. Non-urgent referrals** - The [NHSE&I Primary Care bulletin](#) of 16 April advises that GPs should continue to refer patients to secondary care using the usual pathways and to base judgments around urgency of need on usual clinical thresholds. GPs should also continue to use specialist advice and guidance where available to inform management of patients whose care remains within primary care including those who are awaiting review in secondary care when appropriate. The bulletin states that NHS guidance will be published shortly advising secondary care to accept and hold clinical responsibility for GP referrals. In October, NHSE published 'Clinical validation of surgical waiting lists: framework and support tools' for trusts. This states that:
 - The (hospital) clinician and provider retain responsibility for any changes to the patient's pathway.
 - The patient's GP must be notified of the outcome of the discussion.

We will continue to liaise with NHS England, commissioners and acute trusts to ensure that we have shared understanding with our secondary care colleagues regarding the primary/secondary care interface, so that we can all work effectively in the best interests of our patients during these unprecedented and challenging times. We will update our advice accordingly.