



Referral Triage/ Clinical Validation Service

November 2022

Referral Triage / Clinical validation

How it works



- ‘**Virtual**’ NHS consultants from our National Consultant Network (NCN):
 - triage referral **backlogs in bulk** and/or
 - triage new **incoming referrals** and/or
 - review and validate **follow-up lists**
- Follow **local protocols** and pathways
- Write up and **capture outcomes**

Referral Triage / Clinical validation

Key benefits

- ✓ Manages **high volumes quickly**
- ✓ Returns referrals **with a management plan to Primary Care** where appropriate
- ✓ Identifies important **upgrades** as well as **downgrades**
- ✓ Directs referrals to the **right service** first time
- ✓ Initiates **diagnostics** where needed
- ✓ Validates follow up lists to ensure patients are **seen/discharged in the most appropriate way** (F2F, virtual, discharged to PIFU etc.)
- ✓ Follows **local pathways**
- ✓ Communicates all results via **local systems**
- ✓ Charged on a **per referral basis**
- ✓ 100% outcome **reporting**



Example 1: Referral Triage of Backlogs

Trust 1 opted for Consultant Connect to triage waiting lists backlogs across 10 specialties

	Triaged	Refer back with A&G	Accept referral - to trust (routine) upgrade to 2WW	Accept referral - to trust (routine) upgrade to urgent	Accept referral - to trust (routine)	Accept referral - to trust (urgent) downgrade to routine	Accept referral - to trust (urgent) upgrade to 2WW	Accept referral - to trust (urgent)
Colorectal Surgery	237	5%	2%	8%	65%	6%	3%	12%
E.N.T. - Paediatrics	119	45%	0%	2%	43%	7%	0%	4%
Endocrinology	232	38%	0%	2%	57%	0%	0%	3%
General Surgery	335	29%	0%	6%	51%	8%	0%	6%
Gynaecology	394	9%	1%	4%	87%	0%	0%	0%
Haematology	51	25%	0%	2%	55%	10%	0%	8%
Orthopaedics - Adults	222	3%	0%	4%	79%	7%	0%	7%
Orthopaedics - Paediatrics	161	33%	2%	11%	37%	5%	1%	11%
Paediatrics	928	30%	0%	2%	60%	2%	1%	5%
Rheumatology	71	10%	0%	10%	70%	6%	0%	4%
Urology - Adults	398	8%	0%	3%	76%	3%	0%	11%
Grand Total	3148	20%	0%	4%	66%	3%	0%	6%

3,148 referrals triaged in
<3 weeks

20% of referrals, on average across all specialties, **returned to primary care with Advice & Guidance**

Example 2: Referral Triage of Incoming Referrals

Trust 2 opted for Consultant Connect to triage incoming referrals for Cardiology

Outcomes - SUMMARY	
Referrals accepted as URGENT*	23%
Referrals accepted as ROUTINE*	51%
Referrals returned to PRIMARY CARE**	26%
* of the ones accepted, 88% require diagnostics	
** of the ones returned, 57% recommend diagnostics	

Outcomes - DETAILS	
Accept, no diagnostic, book OPA – Routine – Face to Face	2%
Accept, no diagnostic, book OPA – Routine – Telephone	1%
Accept, no diagnostic, book OPA – Urgent Telephone Consult	1%
Accept, no diagnostic, book OPA – Urgent – Face-to-Face	5%
Accept, request diagnostic, book OPA – Routine – Face to face	36%
Accept, request diagnostic, book OPA – Routine – Telephone	12%
Accept, request diagnostic, book OPA – Urgent Telephone Consult	2%
Accept, request diagnostic, book OPA – Urgent – Face-to-Face	15%
Reject Outright	9%
Reject and write to GP	2%
Reject, request test and write to GP	15%

580 referrals triaged in the first 8 weeks with an average response time of 28 hours

An important element of this approach is to identify and initiate the correct diagnostics ahead of a first outpatient appointment

Example 3: Referral Triage of Incoming Referrals

Trust 3 opted for Consultant Connect to triage incoming referrals for ENT and Urology

ENT	
Accept - ENT/Audiology	1%
Accept, no diagnostic, book OPA - Routine - Face-to-Face	37%
Accept, no diagnostic, book OPA - Routine - Telephone	3%
Accept, no diagnostic, book OPA - Urgent - Face-to-Face	2%
Accept, request diagnostic, book OPA - Routine - Face-to-Face	20%
Accept, request diagnostic, book OPA - Urgent - Face-to-Face	2%
Book diagnostic only	1%
Redirect to other hospital service	10%
Reject and write to GP	23%
Upgrade to 2WW	1%

Urology	
Accept, no diagnostic, book OPA - Routine - Face-to-Face	44%
Accept, no diagnostic, book OPA - Routine - Telephone	16%
Accept, no diagnostic, book OPA - Urgent - Face-to-Face	19%
Accept, request diagnostic, book OPA - Routine - Face-to-Face	
Accept, request diagnostic, book OPA - Urgent - Face-to-Face	1%
Book diagnostic only	1%
Redirect to other hospital service	1%
Reject and write to GP	16%
Upgrade to 2WW	1%

660 referrals triaged in the first **8 weeks** with **23%** of **ENT** referrals and **16%** of **Urology** referrals returned to Primary Care with Advice & Guidance

Referral Triage

Outcomes and Impact

Our Referral Triage service has been supporting systems across the UK, with impressive results* for over 25,500 referral cases across 17 specialties:

Outcomes	
Returned to GPs in primary care with advice	17%
Booked in for test only	8%
Booked directly into a routine outpatient appointment, without additional diagnostics being needed	41%
Booked into diagnostics and routine outpatient appointment is being arranged	17%
Downgraded to routine outpatient appointment	1%
Marked as urgent and prioritised for consultation without additional diagnostics being needed	4.5%
Marked as urgent and prioritised for diagnostics	5%
Upgraded to urgent and prioritised for consultation without additional diagnostics being needed	1%
Upgraded to a two-week-wait (2WW) pathway	1%

*Data correct as of October 2022 for over 25,500 referral cases across 17 specialties. Due to rounding and/or a portion of referrals still being reviewed the sum of may not equal 100%.

Appendix

NHS Specialties Available

1. Cardiology
2. Dermatology
3. Diabetes and Endocrinology
4. Elderly Care
5. E.N.T
6. Gastroenterology
7. General Surgery
8. Gynaecology
9. Haematology
10. Neurology
11. Ophthalmology
12. Paediatrics
13. Renal Medicine
14. Respiratory Medicine
15. Rheumatology
16. Trauma & Orthopaedics
17. Urology



Referral Triage | In Practice

Queen Elizabeth Hospital King's Lynn (QEHLK)

In April 2021, QEHLK decided to use Consultant Connect's Referral Triage service to run a pilot project focussing on the first outpatient's waiting list for Cardiology. As a result of the pilot **1,000 Cardiology referrals were reviewed and waiting times were reduced from 48 weeks to 41 weeks.**

Since the pilot project was completed, QEHLK used Consultant Connect to triage further referrals. Project update in brief:

- 2,500+ Cardiology referrals triaged
- 29% of referrals were sent back to GP with detailed Advice & Guidance and therefore avoided an outpatient appointment.
- A further 25% were booked in for diagnostics only.

[Click here to read the full article](#)



Referral Triage | In Practice

Coventry & Warwickshire

In July 2022, University Hospitals Coventry and Warwickshire (UHCW) decided to use Consultant Connect's Referral Triage service to run a project focusing on clinically validating the backlog waiting list for 2,000 Gynaecology patients, prioritising the long-waiters (waiting up to 2 years until their appointment).

Over a quarter of the waiting list has been triaged to date, with 30% of referrals reviewed not requiring a first outpatient appointment.

[Click here to read the full article](#)



Referral Triage | In Practice

E.N.T pilot

A Trust in the North of England asked us to support them with a pilot project, looking at patients who have been on the E.N.T waiting list for 50-60 weeks.

The initial pilot covered 200 patients on the E.N.T waiting list, and 39% of patients were returned to clinicians in Primary Care with written Advice & Guidance.

[Click here to read the full article](#)



Press Coverage – National Health Executive

NHS consultant explains how triage backlogs are being addressed

For much of his time, Mr Adam Shakir works as a Consultant E.N.T. and Head & Neck Surgeon at Milton Keynes University NHS Foundation Trust and as a College Tutor at the Royal College of Physicians and Surgeons of Glasgow.

Since December 2019, Mr Shakir has also been a part of Consultant Connect's National Consultant Network (NCN), answering advice and guidance calls from GPs around the country.

And since September 2020, he also joined Consultant Connect's Referral Triage service, which works to support NHS trusts with backlogs of referrals having built up due to Covid-19 and support triaging of these backlog patients.

To further understand the role Mr Shakir has stepped into to help support the NHS Covid-19 backlog, he spoke with Consultant Connect...

[Click here to read the full article](#)

Feedback NHS areas commissioning the service

Olivia Mosley, Service Lead - Community Paediatrics, Buckinghamshire Healthcare NHS Trust:

“Consultant Connect has supported Buckinghamshire Healthcare Trust to cast a fresh eye over referrals coming into the service and better understand the source of referrals and, consequently, their understanding of Community Paediatrics. Consultant Connect put things into place quickly and supported us every step of the way to ensure that we were happy with the process - their contact with us has been much appreciated and very efficient- we have built a strong working relationship. Not only have they been professional in their involvement, but their buy-in into how they know they support our treatment offer is impressive, considering the barriers we are all against. It has been a pleasure to work with them so far, and I’m sure once our initial project is complete that we will find some more work for them! Their prompt work turnaround has helped our workforce (operational and clinical) look at our problems differently and question our processes.”

Louise Tuckett, Director of Strategy, Planning & Performance, The Rotherham NHS Foundation Trust:

“Our work with Consultant Connect has been incredibly effective in driving more efficient patient pathways and ensuring the most effective use of our clinical resources. The operational team have always been very responsive and flexible to our needs, and all the clinicians who delivered the referral triage provided excellent input, in some cases going above and beyond the ask and offering suggestions as to how we could improve our patient pathways to reduce the time to diagnosis and treatment. We’re looking forward to continuing to work with Consultant Connect in the coming months to support our work to reduce the time our patients are waiting for their initial consultation or diagnosis.”

Feedback NHS areas commissioning the service

Helen West, System Lead for Elective Recovery, Coventry and Warwickshire ICB:

“As an ICB we have worked closely with Consultant Connect and our Provider Organisations for referral validation and triage. Consultant Connect are a responsive and professional organisation. They have gone out of their way to provide timely support and services to set this project up.

They always have been flexible to our needs working around our systems and processes to help deliver our projects. Their team of staff are friendly and knowledgeable and always engage to provide the best service possible. They deliver a service in the background that has assisted us to improve the delivery of our services and ultimately more timely care to our patients.”

Feedback from Referral Triage NHS Consultants

"I'm pleased that this project has brought about a reduction in waiting times when NHS services across the country are under huge pressure. I hope that facilitating investigations in advance of clinic appointments in selected cases will result in further efficiency savings, by improving the new to follow up ratio and that this free clinic capacity can be directed towards patients who need more urgent clinical review. The standard of referrals from GPs has been high, as has the IT infrastructure, meaning decisions can often be made immediately, rather than requiring back and forth messages to obtain the necessary information."

"I found it straightforward and uncomplicated – best done on a laptop / desktop to allow good review of supporting documents. The ability to change referral priority and reply with Advice & Guidance is helpful. It's also good that supporting photographs can be reviewed in the system."

"The process Consultant Connect have set up is straightforward and uncomplicated. This means turnaround is fast. We can reply with Advice & Guidance or change a referral priority."

"I can't fault any aspect of the triage project as it was easy to access the referrals and make an input."

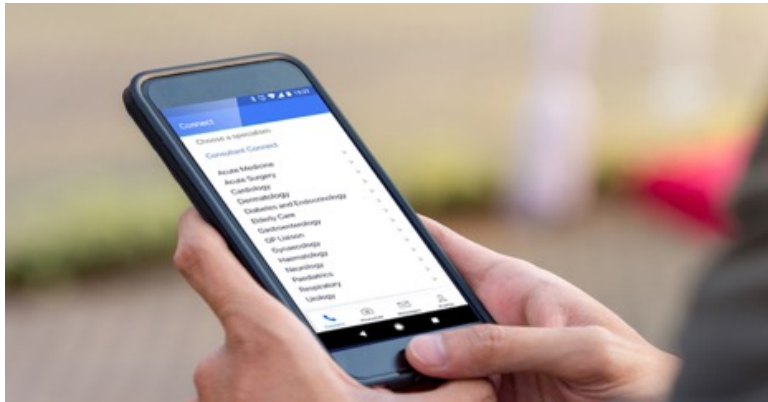
"As a specialist in colorectal and general surgery, I think the referral triage project is an excellent idea. I was involved in the initial trial and I have seen referrals which clearly were inappropriate and caused delays in patient management."

"The opportunities for the NHS are shorter waiting lists at the hospitals – what's not to like about that! "

"A number of referrals were identified to be re-triaged into another department in the hospital, saving an unnecessary first outpatient appointment."



Contact us



If you have any questions, feedback or would like more information, please contact us:

E: hello@consultantconnect.org.uk

T: 01865 261 467

W: consultantconnect.org.uk/what-we-do/