**The Bristol, North Somerset and South Gloucestershire (BNSSG) Integrated Care Board (ICB) Referral Service**

The BNSSG Referral Support Service, otherwise known as The Referral Service, is a clinically led team of administrators and clinicians who help to manage the complexities of the Referral system across the ICB. It aims to promote quality of care for patients who require referral, while providing value for our health system in a supportive and collaborative way. The following is a synopsis of the functions it hopes to fulfil.

**Referral Support**

The Referral Service provides comprehensive administrative and clinical support to BNSSG ICB GP practices and their patients in managing referrals to first outpatient appointments for services within secondary care and the community. The essence of the service is to ensure the patients are sent to the most appropriate place to be treated by the right specialist, first time, without unnecessary delays. The service checks referrals for completeness, appropriateness and compliance with the ICB’s funding policies and works with practices to ensure referrals don’t get rejected or delayed. The Referral Service consists of a team of experienced local GPs and senior referral administrators who offer advice on local services and referral pathways. They can also advise on the potential for treatment in primary care using advice and guidance services where necessary rather than the option of referral, where appropriate and acceptable to the patient and their GP. The triaging team will identify red flags within referrals that need to be escalated and advise the practices to send these via the 2 Week Wait/Suspected cancer referral route, if it is deemed appropriate, or they may suggest an alternative urgent referral route for the patient. The service has close links and works in partnership with local health care providers to ensure the agreed local referral pathways are followed and are working well and endeavours to resolve any issues in a timely manner.

**Remedy and Clinical Pathway Development**

The Referral Service has developed Remedy, a detailed and indispensable repository of clinical pathways and referral information which is now widely used and relied on by primary care. The site is under continuous development and maintenance, overseen by the Clinical Pathways Manager and Referral Service Clinical Lead. Remedy also hosts the BNSSG formulary which is maintained by the ICB Medicines Management team.

The Referral Service team actively contributes towards pathway development which plays a key part in successful referral navigation and management. The Referral service team liaises closely with clinicians from local trusts and providers to write and review clinical pathways. Consideration is given to existing national and local guidelines and a BNSSG wide approach is agreed where possible.

The Referral Service administration team has also developed the Service Guide (accessible via Remedy) which has captured all the referral working knowledge the service has collected over the years. It contains advice on the practicalities of making referrals and has useful contact details for referral queries . This is mainly used by the Referral Service team and the medical secretaries and is often referred as their “working bible”.

**Flexible support to practices**

The Referral Service plays a pivotal role in navigation through the local health system as it has a wealth of knowledge of how each part of the system works and is able to flex its support in order to help where it is necessary.

Examples:

* The Service has been helping acute trusts with transferring long waiting patients that have been sat on their Appointment Slot Issue (ASI) lists onto alternative providers that have unused clinic capacity/shorter waiting lists.
* Prompt training and assistance was also provided to practices that have not processed their cancer patients’ referrals correctly to ensure they were booked into the desired service and visible to hospitals (shortly after NHS England’s e-Referral System update that made changes to the process which was not clearly understood within the practices).
* The service has the ability to amend the national patient choice letter in line with the current referral climate for example during the pandemic, the letter was amended to help manage patients’ expectations and divert their queries to the Referral Service rather than GP practices.

**Additional functions**

In addition the Referral Service also provides many other functions such as:

* An e-Referral helpline that can be useful for either GPs who want to access referral advice from a GP triager, medical secretaries who need support with referral queries or for patients who have referral concerns.
* Rich referral data is collected which assists with tailoring education events for GPs or medical secretaries via the Medical Secretary Forums, GP newsletter or other educational events or appraisals. Training is also offered to medical secretaries on how to use e-Referral.
* Key messages in relation to referrals can be distributed to practices and support offered when the system is down.
* Feedback from practices in relation to funding policies and their interpretation is passed onto the ICB’s commissioning policy development team.
* Assistance with transfer of long waiters (patients that have been waiting a very long time) from secondary care waiting lists to independent providers where there is more capacity

**Collaboration and sharing of good practice from other ICBs**

The Referral Service tries to share and learn good practice from other ICBs in England

Examples:

* West Hampshire ICB have expressed an interest in our clinically led service, which is quite unique, and we have supported them in development of a similar model.
* Wiltshire ICB have reduced unnecessary cataract referrals by working with Optometry colleagues. Learning from their model, we have recently recommenced working with Optometry colleagues from the Bristol Eye Hospital who triage all ophthalmology referrals to assist with the system recovery and improve the ophthalmology referral quality, its pathway and reduce unnecessary referrals. Using this model we have so far seen an 8% reduction in cataract referrals in BNSSG. Bath, Swindon and Wiltshire ICB have shared their ideas on how to best design the system to manage PIDMAS work which we used to promptly set up shared drive/platform system to record, monitor and manage patients that opted to be part of PIDMAS.
* BNSSG Referral Service meets up quarterly with other Referral Services in the country to brainstorm together on common issues and pick up ideas

**Future service strategy**

The local health system is constantly and rapidly changing due to the recent organisational changes and restructure and move towards Integrated Care Systems (ICS) as well as the national drive to reduce running costs. This will impact on the way the Referral Service works and its focus. Plans are being developed to work closely with our system partners to streamline the local referral system and reduce duplication. The Referral Service will play an important role in this process drawing on its expertise in pathways management, referral knowledge and partnership working with local health providers. Working closely together with the Healthier Together Outpatients Development team and embracing the ICB’s long term plan, there will be exciting opportunities and changes to come where our knowledge will be key to successful system redesign.

**Want to know more?**

The Service welcomes any new practice staff to meet the team (remotely or in person in our office or practice visit) to see how we work. The service and the support it provides to practices in BNSSG has changed over the years and continues to evolve and flex its support in line with the current system demands. Should you wish to learn more about the BNSSG Referral Service, please contact us on: BNSSG.referral.service@nhs.net.