Breast Referrals:
Referral Management and Pathway Development

The purpose of this paper is to examine the existing referral processes in place within each Trust and to determine ways of improving these to ensure better standards of care for patients. The information contained within this paper has been quality assured by the following: Dr Sloan-CAHT, Mr Kirk-UCHT, Mr Dace-Altnagelvin, Ms Refsum-BCH and Ms Catherine McMillan, Outpatients at AAH.

This paper evolved as a consequence of a discussion held at a regional breast meeting, January 2007. From these discussions, it became apparent that different processes for receipt, triage and management of referrals existed across each of the different Trusts.

Ms Mary B O’Neill, Service Improvement Facilitator at the DHSSPS, undertook some exploratory work around this area. A process mapping exercise was carried out in each Trust and the results can be found as the main body of this paper. Ms O’Neill made contact with the relevant individuals working in referral / appointments departments to assist her in compiling these reports.

At the NICaN Breast meeting on the 1\textsuperscript{st} May 2007, the draft reports were circulated, providing members with a snap shot of current practices and providing sufficient evidence that there was a real need to streamline processes and to share best practice where possible.

The reports highlighted several important issues to be addressed:
- Various points of receipt for referrals in some Trusts
- Time delays from when a referral is received and triaged
- Lack of contingency plans to cover leave of absence
- Need to improve dialogue between Primary and Secondary care.

As a result of these discussions, it was agreed that each Trust would review their own referral processes with the intention of meeting a timescale of 2 working days from receipt of referral to the triage of that referral. This will be followed up at the next breast meeting.

It should be noted however, that this is only one part of the entire referral process and that other issues identified will be addressed under the guidance of Ms O’Neill’s work and the standards outlined in the care pathway.
The evidence of best practice for service redesign includes:

**Key questions to ask**
What is it like for a patient being referred to or within your trust?
Is the current referral pathway delaying their progress to treatment?
_ Where are referrals received and how are they processed?
_ Are there local and cancer network guidelines for the referral of patients with suspected cancer?

**If yes:**
– Review these in line with the trusts current practice

**If no:**
– Review relevant guidelines/ recommended referral protocols
_ Are the majority of referrals received according to the guideline? If no ask why?
_ How many queues are currently in operation?
_ Is there regular feedback to primary care on referrals that fall outside of the agreed criteria?
_ Is there regular feedback to the MDT on referrals?
_ Do you know the current demand for referrals and the current capacity to deal with them?
_ Are robust booking and scheduling systems in place?

Process Mapping, demand and capacity studies and robust data collection will help clarify the changes that need to take place.

**The changes that will make the biggest difference**
- Joint planning and protocols between primary and secondary care, taking account of national guidelines on who should be referred urgently and how referrals should be made.
- Streamlined referral route, single queue, one point of contact.
- Pooled referrals to balance consultant workloads and individual consultants waiting times.
- Clearly defined and agreed patient pathways.
- Robust booking and scheduling systems with a choice of date offered to the patient.
- Match capacity and demand
- Feedback to primary care and to each MDT on how the process is working

**From:**
www.cancerimprovement.nhs.uk
Breast Referral Process at Ulster Hospital.

Explanatory Notes.
- There are 3 Consultants involved in the Breast Referral Grading process. This is done on a daily basis.
- Mr. Kirk takes primary responsibility for the referral grading process.
- Other two Consultants, Mr. Kennedy and Mr. Marshall batch and grade the referral letters when Mr. Kirk is on annual leave.
- Unnamed referrals are split among the 3 Consultants according to clinic capacity.
- Medical records staff visit with the Medical Secretary on a daily basis for delivery and collection of referrals.
- Referral letters for collection by medical records are kept in an identified folder in the Medical Secretaries office.
- There are about 40 – 50 referrals per week

Referral Process

Step 1. (Appointments Clerk)
Referrals come into Medical Records, date stamped and put on PAS.

Step 2. (Medical records Staff)
Referrals taken to Medical Secretary for grading by Consultants.

Step 3. (Medical Secretary)
Referrals given to Consultant for grading.

Step 4. Mr. Kirk (Consultant)
Mr. Kirk splits referrals into 3 Consultant batches and grades his own batch.

Step 5. The remaining two sets of batched referrals are put on the other two Consultants desks for grading

Step 5. Referrals graded by other two Consultants and taken back to (Medical Secretary)

Step 6. (Medical Secretary)
Holds referrals until collected by Medical Records staff.

Step 7. (Medical Records staff)
Collects referrals and takes them back to Medical records.

Step 8. (Appointments Clerk)
Referrals put onto PAS, and their grade recorded: Breast Cancer Urgent or Breast Routine.

Step 9.
- Urgent referrals given next available appointment – within two weeks.
- Routine given appointment within six months.
Flow Chart of Referral Process

(Day 1.) Referral into appointments clerk at Medical records office
→ Date stamped put on PAS→

(Day 2.) → Referrals taken to Medical Secretary by Medical Record Staff →

(Day 2 +) → Medical Secretary gives the Consultant 1 referrals for grading →

(Day 2 +) → Consultant 1 puts referrals into 3 batches for grading by other 2 consultants→

(Day 2 +) → Each Consultant grades his own referral batch→

(Day 2 +) → Referrals given back to Medical secretary →

(Day 2 +) → Medical records staff collect referrals from Medical Secretary and take them back to Appointments Clerk →

(Day 2 +) → Graded referrals put onto PAS by Appointments Clerk →

(Day 2+) → Urgent referrals given next available appointment within a 2-week window
Breast Referral Process at Belfast City Hospital

Explanatory Notes
1. Referrals are graded by a Staff Grade who visits the Appointments Centre every morning to grade incoming referrals.
2. Referrals are kept in an identified envelope in the Appointments Centre.
3. There are approx 100 referrals each week.
4. There are two mail deliveries each day.
5. All patients are partially booked.
6. There are 4 Triple Assessment Clinics each week

Referral Process

Step 1. (Appointments Clerk)
Referrals come into Appointment Centre; date stamped and put on PAS

Step 2. (Appointments Clerk)
Referrals put into Breast Referral Envelope for attention of Doctor (Staff Grade).

Step 3. (Staff Grade)
Referrals graded by Staff Grade into either Routine or Urgent.

Step 4. (Staff Grade)
Routine referrals placed back in envelope and Urgent given directly to Appointments Clerk.

Step 5. (Appointments Clerk)
Urgent referrals given an appointment within 2 weeks if possible
Routine referrals placed on W/L

Flow Chart of referral process

(Day 1.) → Referrals come into Appointments Centre; date stamped and put on PAS

(Day 1) → Referrals put into Breast Referral envelope for grading

(Day 1- Day 2) → Referrals graded by staff Grade in Appointments Centre:

1. Urgent referrals given to Appointments Clerk for urgent appointment
2. Routine referrals placed back in envelope for W/L
Breast Referral Process at Craigavon Hospital

**Explanatory Notes**
1. There are two Consultants one based at DHH, one based at Craigavon and three staff grades, (one DHH, two CAH).
2. Craigavon Receives about 250 referrals per month
3. There is a breast referral form (tick box, routine or urgent)
4. Referral form not always used by GP’s
5. Referrals graded on a daily basis
6. Urgent referrals have a 14 day wait - >90% seen on target
7. Routine referrals have a 6 month wait
8. If Ms. Sloan’s secretary is on leave, arrangements are put in place to deal with referrals.

**Referral Process**
**Step 1.** Referrals arrive directly into Consultant Secretary – can also be faxed or e-mailed.

**Step 2.** Referrals date stamped and put on PAS by secretary

**Step 3** Referrals given on a daily basis to either Ms. Sloan or Dr Farnon (Staff Grade doctor) or Ms Scally (Staff Grade doctor). (Mr Stirling, Consultant has just retired)

**Step 4.** Urgent suspected breast cancer referrals are booked directly onto clinics without referral being seen by the consultant.

**Step 5.** Routine referrals given an acknowledgement letter and put on waiting list.

Routine appointments are partially booked – i.e. a written letter to patient inviting them to phone in and book an appointment.

**Flow Chart of Breast Referrals Craigavon Hospital**

**(Day 1)** → Referrals arrive directly into consultant’s office; date stamped and put on PAS →

**(Day 1-2)** → Referrals graded by Consultant or Staff Grade →

**(Day 1-2)** → Urgent referrals given an appointment →

**(Day 1-2)** → Routine referrals sent an acknowledgement letter and put on waiting list.
Breast Referral Process at Altnagelvin Hospital

Explanatory notes
- There are two Consultants, Mr Dace and Mr. Thompson
- Referrals can come into two separate locations, Breast Screening Clinic or General Appointments.
- 96% - 98% arrive at the Breast Screening Unit.
- There is a Breast Referral Template for GP’s
- Breast referral template not always used by GP’s
- Some GP’s do not send the referral to the correct speciality for example some referrals come in addressed to “Surgical” This means the referral goes to the General Appointments who pass the referral to a non breast-screening Consultant. This adds additional waiting time from referral to first appointment for patients.
- One member of staff is assigned within the Breast Screening Unit to deal directly with referrals.
- Both Consultant Secretaries are based in one office.
- FLBC stands for Fast Lane Breast Clinic
- Wednesday Clinic is Triple Assessment

Referral Process for 96% - 98% of referrals at BREAST SCREENING UNIT

Step 1. (Appointments Clerk)
Referral arrives into Breast Screening Unit, opened and put on the PAS system.

Step 2. (Appointments Clerk)
Referrals date stamped and put into grading folder in date order.

Step 3. (Consultants)
Referrals graded by Consultants every Wednesday. Referrals can be one of five categories:

1. **Wednesday Fast Track Triple Assessment** Urgent FLBC within 2 weeks.
2. **Wednesday Fast Track Triple Assessment** Routine FLBC within 6-7 weeks
3. **Thursday Well Worried** Urgent next available App (May be within two weeks)
4. **Thursday Well Worried** Soon within four months
5. **Thursday Well Worried** Routine Within 6 months
Step 4. (Appointments Clerk)
Referrals returned to appointments clerk, FLBC URGENT and FLBC ROUTINE graded referrals are given an appointment for the Wednesday Triple Assessment Clinic.

Thursday Urgent / Soon / and Routine graded referrals are sent to General Appointments Dept (Partial Booking) to be put on Thursday Breast Screening Clinic. These partially booked patients can wait as long as 8 months for an appointment.

Process for 2% - 4% of referrals received at General Appointments

Step 1. (General Appointments Staff)
Referrals come into General Appointments clinic, (partial Booking). Date stamped and put on PAS.

Step 2. (General Appointments Staff)
Referrals sent to Breast Consultant Secretary hand delivered by General Appointments Staff.

Step 3. (Medical Secretaries)
Referrals are kept on Medical Secretaries desk until seen and graded by Consultants.

Step 4. (Consultants)
Referrals graded by Consultants into 3 batches:
   1. General Surgical.
   2. General Breast Clinic (Soon and Routine).
   3. Fast Track for Breast screening Clinic.

Step 5. (Medical Secretary)
Soon and Routine referrals sent back to General Breast Appointments, (Partial Booking).
Fast Track graded referrals sent to Breast Screening Appointments Clerk.

Step 5.
Referrals arrive back in General Breast Appointments and either given an appointment or put on waiting list.
Referrals sent to Breast Screening Clinic are given an appointment.
Flow Chart of Breast Referrals - Breast Screening Unit (95% - 98% Referrals)

(Day1) → Referrals into Breast Screening → Opened put on PAS system →

(Day 1) → Referrals date stamped, put into folder to be graded by Consultant at Wednesday Breast Screening Clinic →

(Day 1-7) → Referrals graded by Consultant →

(Day 1-7) → Referrals returned to Appointments Clerk

(Day 1-7) → FLBC Urgent and FLBC referrals given an appointment ↓

Urgent ↓ Soon ↓ Routine ↓

Sent to General Appointments Dept and put on Thursday Clinic W/L

Flow Chart of Breast Referrals - General Appointments Desk. (2% - 5% Referrals)

(Day1.) → Referrals into General Appointments Desk date Stamped and put on PAS →

(Day 1.) → Referrals hand delivered to Medical Secretaries.

(Day 1) → Referrals stay on Medical Secretaries Desk until batched and graded by Consultants →

(Day 1-4) → Referrals batched by Consultants

1. General Surgical
2. General Breast Clinic, Soon and Routine
3. Fast Track for Breast Screening Unit.

(Day - 4+) → Referrals sent through internal mail to either General Appointments or Breast Screening Unit to be either given an appointment or put on waiting list.
Breast Referral Process at United Hospitals.

Explanatory Notes
- Two resident Consultants, Mr. Garstin and Mr. Whiteside take it in turn to prioritise all Breast Referrals.
- One visiting Consultant, Mr. Mullan prioritises and manages his own waiting list.
- Routine appointment 3-4 months wait
- Urgent x 5 week wait for two resident Consultants
- There are approx 45 weekly referrals for the two resident Consultants
- There are approx 22 weekly referrals for visiting consultant

Referral Process (Resident Consultants)

Step 1. (Appointments Clerk)
Referrals arrive into OPD

Step 2. (Appointments Clerk)
Referrals date stamped and put onto PAS

Step 3. (Appointments Clerk)
Referrals taken to OPD consulting room every Friday morning for grading by Consultant

Step 4. (Consultant)
Referrals graded by Consultant
Two categories – Urgent / Routine

Step 5. (Appointments Clerk)
Urgent Referrals are put into urgent category folder and entered as urgent on PAS system
Routine Given next available appointment

Flow Chart of Breast Referrals (Resident Consultants)

(Day 1) → Referrals into OPD; date stamped and put on PAS →

(Day 1-Day 7) → Referrals taken to Consultant at Tuesday clinic for grading →

(Day 1-7) → Referrals graded by Consultant at Tues clinic
Urgent / Routine →

(Day 1-7) → Urgent referrals returned into OPD put into urgent category folder and entered onto PAS as urgent →

(Day 1-7) → Urgent given next available urgent appointment, routine next available routine appointment
**Flow Chart of Breast Referrals** *(Visiting Consultant)*

(Day 1) → Referrals into OPD; date stamped and put on PAS

(Day 1-7) → Referrals taken to Consultant at Wed clinic for grading

(Day 1-7) → Referrals graded by Consultant at wed clinic
Urgent / Routine →

(Day 1-7) → Urgent given an appointment by Consultant →
Routine put on W/L

**Process for Mr. Mullan, visiting Consultant**

**Step 1.** (Appointments Clerk)
Referrals arrive in OPD

**Step 2.** (Appointments Clerk)
Referrals date stamped and put on PAS

**Step 3.** (Appointments Clerk)
Referrals given to Consultant for grading at Wed am Clinic.

**Step 4.** (Consultant)
Consultant grades referrals.

**Step 4** (Consultant)
Consultant manages his own appointments including Cancellations.