**Leicester, Leicestershire and Rutland CCGs University Hospitals Leicester**

**Consultant to Consultant (C2C) Referral Protocol**

**IMPLEMENTATION PLAN**

**January 2015**

**Introduction**

In order to ensure that all Consultants in UHL manage C2C referrals in a way which promotes the delivery of optimal care, use of resources and ensures consistency of approach, a C2C Referral Protocol has been agreed, which this supersedes the existing policy. This document is intended as companion document to the C2C Referral Protocol its purpose being to support its implementation. As such this implementation plan describes the arrangements for rolling out the new protocol and monitoring its effectiveness. For this reason, the C2C referral protocol will form part of the contract particulars with effect from January 2015 and will be underpinned by the business rules set out in part 2 of this document.

**Part 1 - Implementation**

* Monitoring compliance
* Using the contract to incentivise compliance (Business rules)

**Communication plan**

A plan will be developed to communicate the new arrangements across the local health care system.

Primary care (CCGs to lead)

Describes how GPs will be informed and what the expectations being placed on them are

Secondary Care

UHL to ensure that all consultants and relevant staff are aware of the protocol

Other stakeholders and the public

TO BE ADVISED

**Embedding the new arrangements within the local health care system**

{DATE} Contracting and performance on behalf of LCCG to propose Contact Variation serve on UHL and co process

**Part 2 Compliance and Monitoring**

Routine monitoring

Compliance will be monitored through SLAM using the following codes

Referral initiated by the same consultant:

* 01 Following an emergency admission
* 02 Following a Domiciliary Consultation
* 10 Following an Accident and Emergency Attendance
* 11 Other - initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode
* 290 Community Paediatrics

The codes to be used to monitor ‘Initiated by a different consultant’ are:

* 04 Referral from an Accident and Emergency Department
* 05 Referral from a CONSULTANT, other than in an Accident and Emergency Department

Review

Operation of the protocol to be reviewed December 2017

**Business rules**

Effective date

To be applied from date of the variation agreement (assume w.e.f Q2/M6)

Applicability

The C2C referral protocol shall form part of the specification of the Services and shall apply to all the Services provided under the Contract unless specified to the contrary.

Should any dispute occur in the operation the C2C referral protocol, under the terms of the standard NHS Acute Contract 2014/15 and such Contract(s) as may subsequently be agreed, the Contract Terms shall have precedence.

Charging

C2C referrals within the same specialty will be chargeable on the basis of OPFUp not OPFA and otherwise as per national tariff.

Challenges

Commissioner challenges will be raised where monitoring indicates non-compliance with the protocol, these to be automatically generated w.e.f Q4

C2C referrals to the following specialties not normally expected and will be challenged

* A&E
* Cosmetic Surgery
* Low Priority Procedures (as per policy)