

Colorectal Clinical Subgroup Network Policy on Named Medical Practitioner with Clinical Responsibility Measure 11-1C-108d

The NSSG should agree in consultation with the MDTs and the Network Cancer Imaging Group a policy specifying the medical practitioner (whether primary care practitioner, consultant surgeon, gastro-enterologist or investigational consultant) who is considered to be responsible for the patient at each stage from referral from primary care to the treatment planning decision of the colorectal MDT.

The policy in the Network is:

Fundamentally, responsibility for the patient lies with the primary care practitioner at all stages of the care pathway.

Referral -The referring GP has responsibility for the patient until the receipt of the referral by the named service.

The GP may refer the patient to an acute named Trust, bowel screening programme or CATS for investigation.

➤ Referral to the hospital

On receipt of the GP referral the Trust will allocate a named registered hospital surgeon or investigational Consultant who will be responsible for the patient until the patient is seen.

Pooling arrangements are in place and there is an agreed responsibility of care; the named surgeon or investigational consultant who sees the patient initially will have responsibility for the patients care through out the investigational part of their journey; that consultant may not be the named registered consultant who will ultimately assume care for the patient.

The named surgeon/investigating consultant is responsible for the onward referral to MDT. Where a patient is referred directly from a diagnostic service from primary care, the consultant performing the diagnostic investigation is responsible for onward referral to MDT.

On referral to imaging colleagues for investigation, the named surgeon or investigational consultant will remain responsible for the patient's management.

➤ CATS & Bowel screening programme

Patients who are referred to CATS or bowel screening programme remain the responsibility of the GP at this investigation stage until a diagnosis is made. If a diagnosis of cancer is made and the patient is referred to a colorectal surgical MDT then the named surgical consultant will be responsible for the patient.

➤ Consultant to consultant referral

A patient who is admitted under the care of a consultant and who is referred for investigation to a consultant surgeon, investigational gastro-enterologist or imaging consultant, will remain under the care of the referring consultant.