# Communication and Referral Protocol (CaRP)

## Supporting Inter Provider Transfers

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| Version: | FINAL VERSION |
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| 1 | 09/01/15 | N/A |
| 2 | | |
| 3 | | |

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## CONTENTS

## 1. Introduction

This document details the processes for the communication of information in relation to suspected and / or confirmed cancer patients whose care is transferred from one provider to another within the Greater Manchester and Cheshire Cancer Network (GMCCN), and also organisations within other Networks.

## 2. Objectives

This document aims to underpin effective and timely communication between organisations involved in cancer pathways.

This document defines the escalation process within tertiary centres across GMCCN should referring organisations have any concerns or queries regarding the pathway management of tertiary referrals.

This document will address the following operational principles:

- Why information needs to be communicated
- Who is responsible for communicating the information
- What data items need to be communicated
- How the information should be communicated
- The point in the pathway that the information needs to be communicated
- IPT escalation process
- IPT feedback and monitoring process

## 3. Scope

This policy is applicable to clinical and managerial staff involved in the information provision and performance monitoring of cancer pathways across the Greater Manchester & Cheshire Cancer Network.

## 4. Why information needs to be communicated

### 4.1 Performance Monitoring:

Performance against the targets is monitored using the National Cancer Waiting Times Database (NCWT-Db); however there is evidence within the network that accurate data needed to monitor the 62-day target is not always transferred between the trusts involved for those patients who are referred to a different provider for their first treatment. This could introduce unnecessary delays into the patient journey.

### 4.2 Shared Responsibility

In order to ensure a more reasonable and equitable application of quality standards, the Greater Manchester & Cheshire Cancer Network has developed a revised, local policy, for the reallocation of breaches of the 62-day cancer waiting times standard (*Network Policy for 62 day Cancer Waiting Times Breach Reallocation*). The policy will be underpinned by a formal commissioner-led adjudication process.

## 5. Who is responsible for communicating the information?

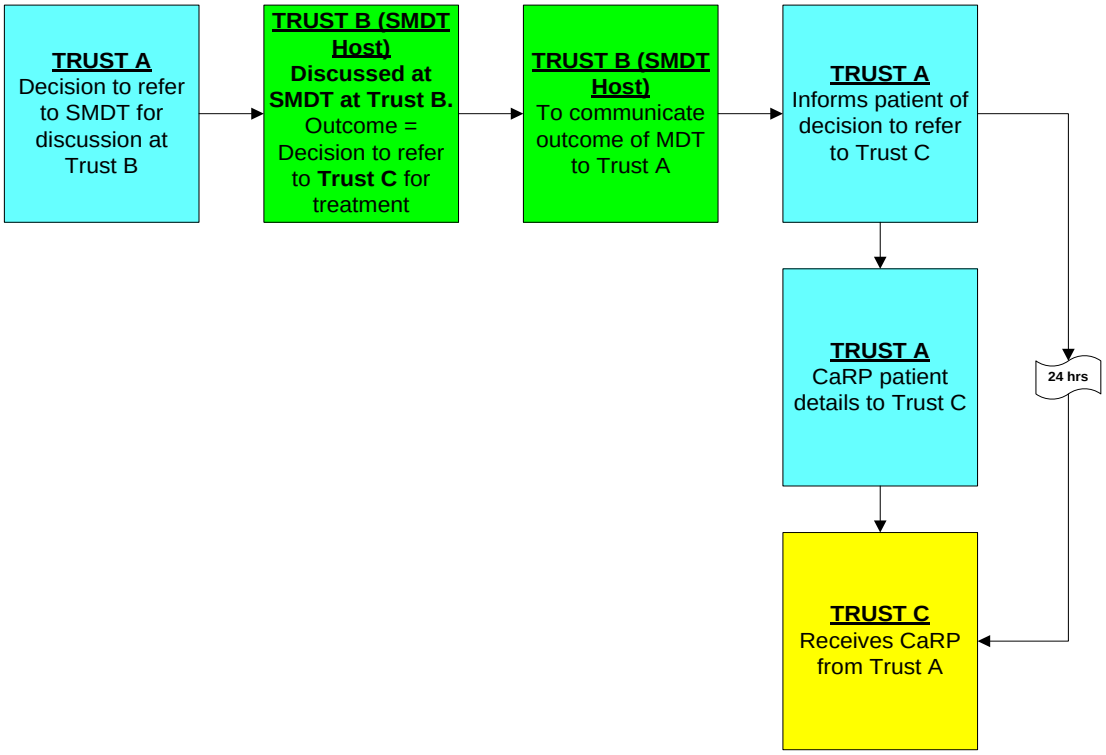
### 5.1 Responsibility for recording and communicating accurate information in a timely manner lies with four key groups:

- The Multidisciplinary teams responsible for the care of the patient should ensure that information is made available to allow it to be recorded prospectively and electronically
- The MDT co-ordinators and cancer pathway co-ordinators should ensure that the information is transferred within the timescale specified, and should establish robust lines of communication with their colleagues in other GMCCN organisations
- The trust cancer managers should ensure that CaRP process is adhered to for all patients transferred out of their organisation
- The trust executive leads for cancer waiting times should facilitate delivery of the CaRP at all levels throughout each trust

### 5.2 Responsibility of communicating information from Specialist MDTs

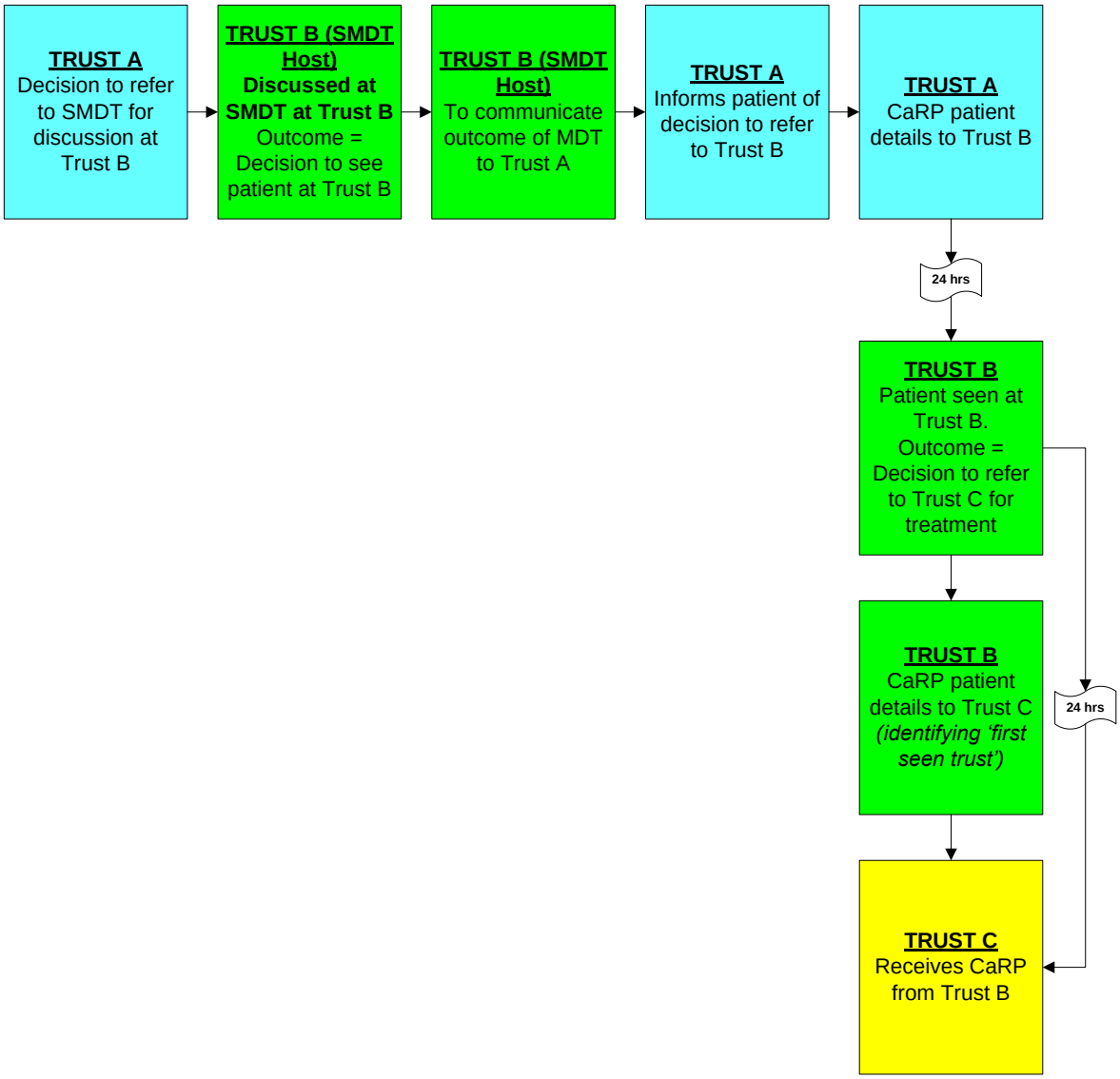
**Scenario 1:**

- Patient is referred from a Trust A to a Specialist MDT (SMDT) at Trust B **for discussion only**.
- The outcome of the MDT discussion is that the patient should be referred onto Trust C for treatment.
- Trust B (the host trust of the SMDT) will communicate the SMDT outcomes to Trust A.
- Trust A must inform the patient of the decision for onward referral.
- **It is then the responsibility of Trust A to CaRP the patient details to Trust C.**



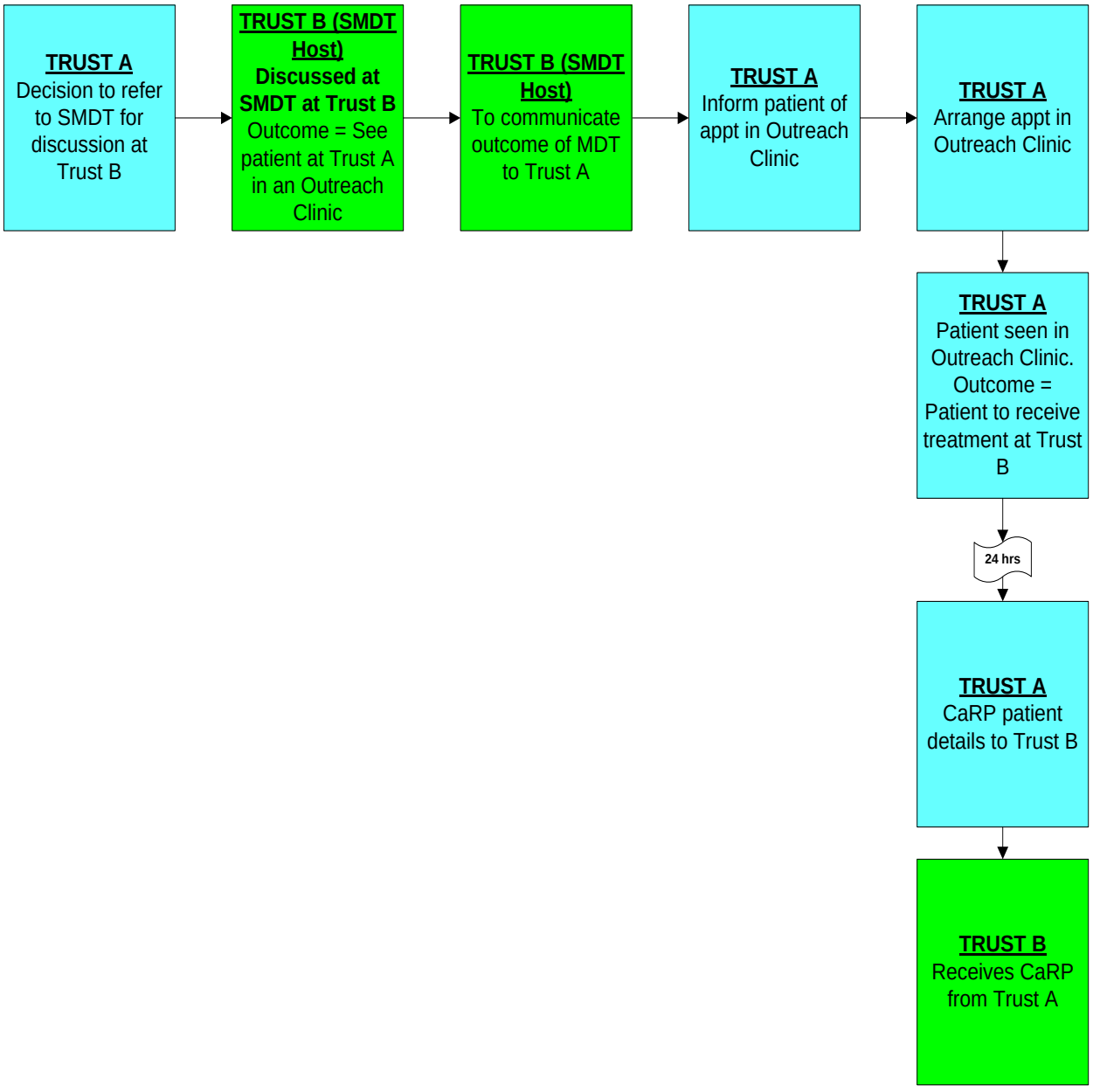
**Scenario 2:**

- Patient is referred from Trust A to a Specialist MDT (SMDT) at Trust B **for discussion only**.
- The outcome of the MDT discussion is that the patient should be seen at Trust B.
- Trust B (the host trust of the SMDT) will communicate the SMDT outcomes to Trust A.
- Trust A must inform the patient of the decision for onward referral.
- **It is then the responsibility of Trust A to CaRP the patient details to Trust B.**
- After being seen at Trust B the decision is that the patient should receive treatment at Trust C.
- **It is then the responsibility of Trust B to CaRP the patient details to Trust C – clearly identifying on the CaRP proforma that the 'first seen trust' was Trust A.**



**Scenario 3:**

- Patient is referred from Trust A to a Specialist MDT (SMDT) at Trust B **for discussion only**.
- The outcome of the MDT discussion is that the patient should be seen at an outreach clinic at Trust A.
- Trust B (the host trust of the SMDT) will communicate the SMDT outcomes to Trust A.
- After being seen at Trust A in the outreach clinic the decision is that the patient should receive treatment at Trust B.
- **It is then the responsibility of Trust A to CaRP the patient details to Trust B.**



## 6. What data items need to be communicated?

The minimum data to be transferred is as outlined on the network agreed CARP proforma (see Appendix A).

In addition to sending the completed CaRP proforma, a detailed referral letter including all relevant investigation results / reports should be sent to the receiving organisation **within 24 hours**.

## 7. How the information should be communicated

Each organisation has identified a single point of contact for the safe receipt of data to support CaRP.

### 7.1 Paper Information

Paper information should be transferred via safe haven faxes, using the network agreed CaRP proforma (see Appendix A).

Each trust has signed up to the Information Sharing Agreement (data transfer policy); this should be adhered to when transferring Cancer Waiting Times Information between GMCCN Trusts.

### 7.2 Verbal Information

Robust lines of communication should be established between all people who collect Cancer Waiting Times data across GMCCN. Queries and anomalies, in particular potential breaches, should be highlighted and resolved as quickly as possible.

### 7.3 Email Information

Organisations that need to email confidential or sensitive information to outside of the Trust should do so using **NHS.net** account.

Each organisation should establish one central email address for receipt and referral of the CWT / CaRP information. This email account should then be accessible to all relevant and appropriate personnel within each tumour specific team and cancer performance monitoring team.

It should be noted that this method of transfer is only secure when the information is being received to another NHS.net account. E-mail is not a secure way of sending personal data / business sensitive information unless encryption is in place.

## 8. When the information should be communicated

A completed CaRP form should be faxed to a central point at the intermediate / tertiary provider within 24 hrs of decision to refer, **having informed the patient of the decision to transfer**.

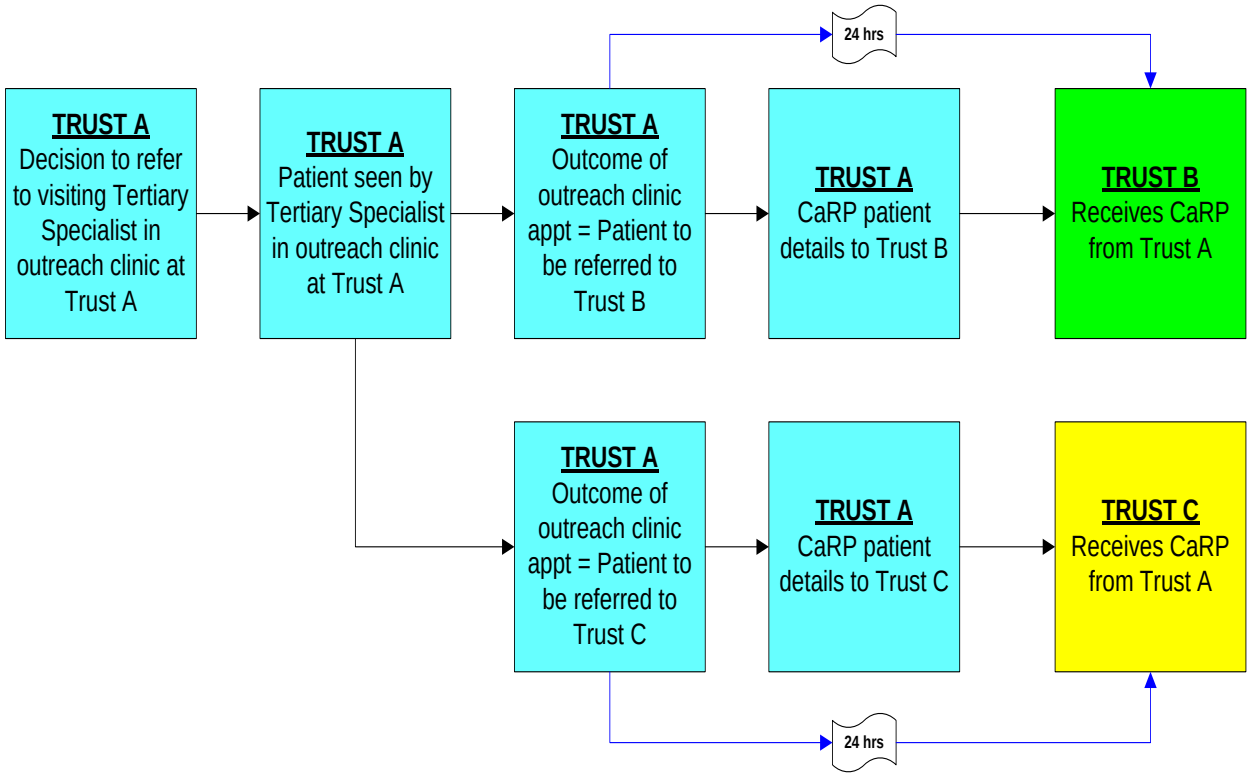
The point of "Handover" or completed referral is when the completed CARP (for a fully worked up patient – as per any relevant clinical guidelines) is received by the intermediate / tertiary provider, followed by a comprehensive referral letter no more than 24 hours later. Should the referral letter not be received within 24 hours of receipt of the CaRP proforma the tertiary centre reserves the right to adjust the 'handover' date accordingly.

### 8.1 Information transferred from First Seen Trust to Treating Trust

Although not a data item in the CWT dataset, date of decision to refer to another Trust (for decision to treat or treatment) should be the key date that triggers referral of data between Trusts. This decision is often made at a Multidisciplinary Team meeting.

The information should be transferred from the First Seen Trust to the Treating Trust **within 1 working day (24 hrs)** of the Decision to Refer. Wherever possible this should be done by fax on an individual patient basis to the named contact at each trust.

**If a patient is referred to a visiting specialist / outreach clinic the 'First Seen Trust' should not send the information to the 'Treating Trust' until the visiting specialist has seen the patient in the outreach clinic and agreed to take over the patients care.**



## 8.2 Information transferred from Treating Trust to First Seen Trust

### 8.2.1 First definitive treatment

The information should be transferred from the Treating Trust to the First Seen Trust **within 7 working days** of the First Definitive Treatment.

### 8.2.2 Decision not to treat

On some occasions the Treating Trust will decide not to offer treatment and will refer the patient back to the First Seen Trust.

For these patients the Treating Trust must send the CaRP back to the First Seen Trust **within 1 working day of the decision NOT to treat.**

### 8.2.3 IPT feedback and monitoring process / general updates

If a patient on a 62 day pathway / upgrade pathway is referred to another provider for diagnostic tests and / or treatment, the diagnostic / treating trust will provide a weekly information update to the referring Trust. Updates will be sent out electronically in a standardised format to an NHS.net account, on a weekly basis.

## 9. IPT escalation process

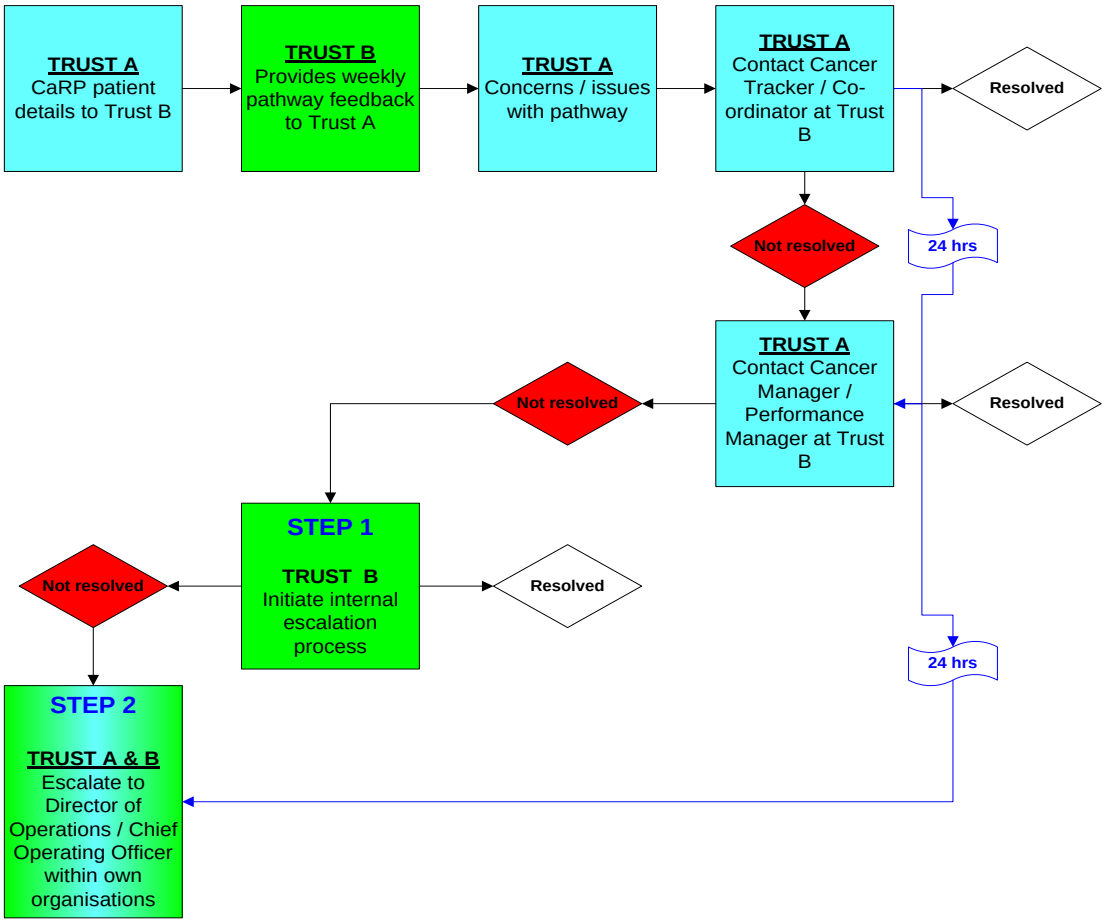
As a principle, the diagnostic / treating Trust will make every effort to ensure that patients are managed in accordance with the clinical priority, in chronological order and breach date. However if after receiving the weekly update, the referring Trust has any issues or concerns regarding a patient pathway the following escalation steps should be followed in an attempt to resolve the situation.

### a) Resolution via Cancer Tracker / Co-ordinator

The Cancer Tracker / Co-ordinator at the diagnostic / treating Trust will look to initially resolve any problems or delays that may arise as requested.

### b) Resolution by the Cancer Manager / Performance Manager

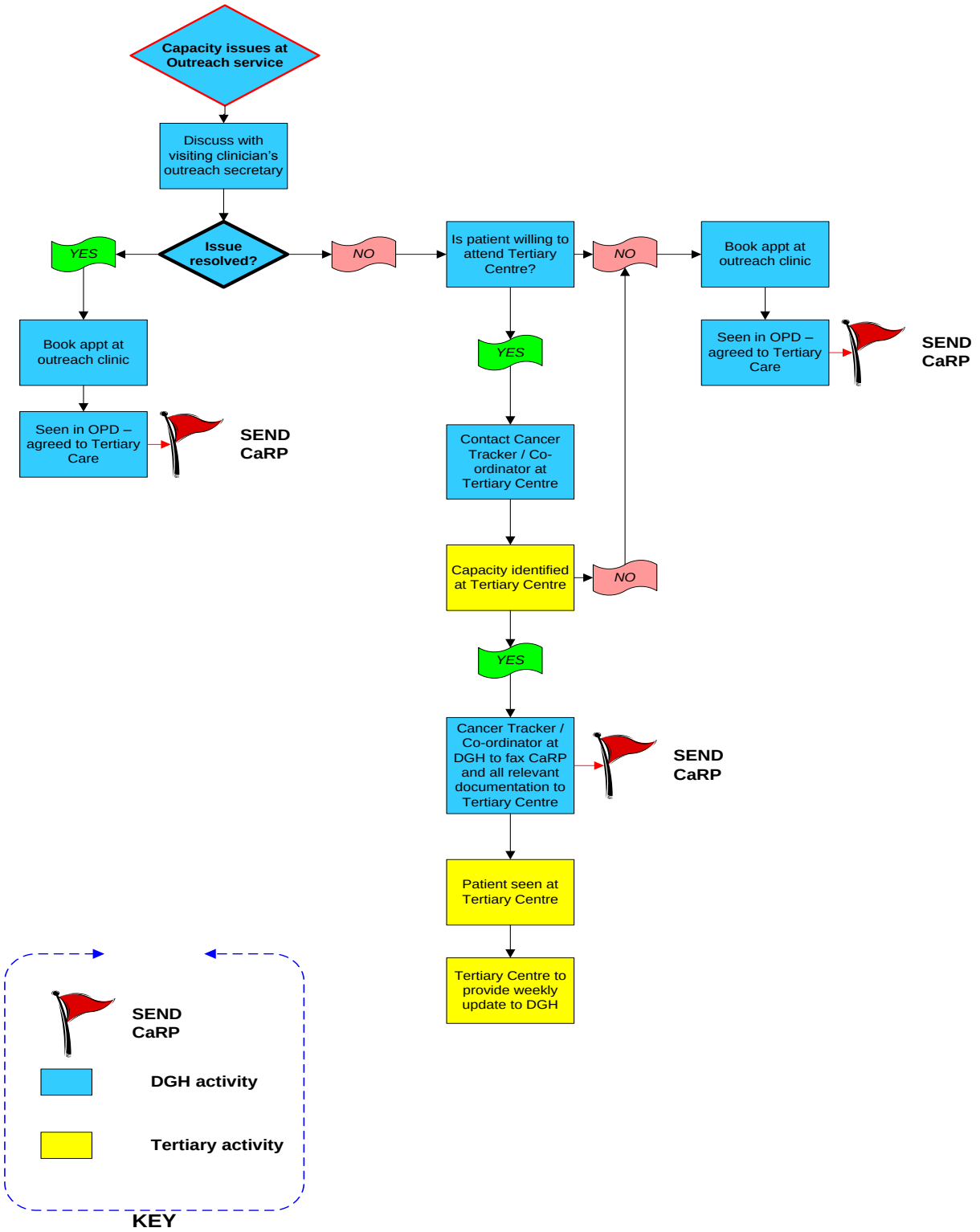
Where a delay cannot be resolved by the Cancer Tracker / Co-ordinator, this will be escalated by the referring Trust in accordance with the process outlined below.




Please refer to Appendix B for the contact details for the relevant individuals within each organisation across GMCCN.

## 10. Outreach Services – Capacity Issues

Treatment options and outcomes are improving; in turn this is generating increased levels of activity in some areas. Trusts offering an outreach service should ensure that were possible patients are given the opportunity to see the visiting specialist at the outreach clinic, in a timely manner. Should this not be possible, the process outlined below has been agreed by the Tertiary Centres across GMCCN:



**APPENDIX A**

# Communication and Referral Proforma

**Minimum dataset for CWT standards (including 18 week Inter-Provider Transfer items)**

## Referring Trust

| | | | |
|---|---|---|---|
| Referring Trust Name | | | |
| Referring Trust Code | | Referring Clinician (in full) | |
| From - Person Sending | | | |
| From - Contact Phone | | From - Contact Email | |

## Patient Details

| | | | | | |
|---|---|---|---|---|---|
| Title | | Patients Surname | | Patient Forename | |
| NHS Number | | | Patient Pathway Identifier | | |
| Date of Birth | | | Referring Hospital Number | | |
| Address Line 1 | | | | | |
| Address Line 2 | | | | Postcode | |

## GP Details

| | |
|---|---|
| GP Name | |
| GP Practice Name | |

## Referral Details

| | | | |
|---|---|---|---|
| Trust First Seen Name | | Trust Organisation Code | |

| | | | | |
|---|---|---|---|---|
| CWT Day Standard Type: (Please tick appropriate and provide relevant date) | | | | |
| ☐ Two Week Wait | | GP Referral Received Date | | |
| ☐ Two Week Wait/Breast Symptoms | | GP Referral Received Date | | |
| ☐ Consultant Upgrade | | Consultant Upgrade Date | | |
| ☐ Screening Referral | | Screening Referral Receive Date | | |
| Screening Update Type | ☐ Breast | ☐ Bowel | ☐ Cervical | |
| ☐ 31 Day First Treatment | | Decision to Treat Date | | |
| 31 Day First Treatment (Rare Cancer) | ☐ Children's | ☐ Testicular | ☐ Acute Leukaemia | |
| ☐ 31 Day Subsequent Treat | | Decision to Treat Date | | |
| Current Day on 62 Day Pathway | | | | |

| | | | |
|---|---|---|---|
| First Seen Date | | Decision to Treat Date | |
| 18 Week Clock Start Date | | Existing or New 18 week p/w | Existing / New |
| 2ww DNA WTA | Yes/No | 2ww DNA WTA in Days | |
| Diagnosis Confirmed | Yes/No | Diagnosis Confirmed Date | |
| Referred to Clinician | | Speciality | |
| Referred for Treatment | Yes/No | Referred for Diagnosis | Yes/No |
| Trust of Diagnosis | | Primary Diagnosis ICD-10 | |
| Date of clinical decision to refer to Treating Trust | | Has Referral Letter Been Sent | Yes/No |

**Please send a copy of the clinical referral letter, histology/ scan report(s) within 24 hours of decision to refer**

## APPENDIX B

**IPT Escalation Contact Details *(correct as at January 2015)***

| Trust | Cancer Manager | Contact Details | Director of Operations | Contact Details |
|---|---|---|---|---|
| **BOLTON** | **Lisa Galligan-Dawson** | lisa.galligan-dawson@boltonft.nhs.uk<br>01204 390390 ext 3617 | **Andrew Ennis** | andrew.ennis@boltonft.nhs.uk |
| **CMFT** | **Laura Elliott** | laura.elliott@cmft.nhs.uk<br>Tel no. 0161 701 0913 | **Julia Bridgewater** | Julia.bridgewater@cmft.nhs.uk |
| **CHRISTIE** | **Marie Hosey** | marie.hosey@christie.nhs.uk<br>Tel no. 0161 446 3200 | **Jason Dawson** | jason.dawson@christie.nhs.uk |
| **EAST CHESHIRE** | **Catherine Fensom** | catherine.fensom@nhs.net<br>Tel no. 01625 661120 | **Kath Senior** | kath.senior@nhs.net |
| **MID CHESHIRE** | **Delyth Owen** | Delyth.owen@mcht.nhs.uk<br>Tel no. 01270 273923 | **Denise Frodsham** | denise.frodsham@mcht.nhs.uk |
| **PENNINE** | **Sarah Morton** | Sarah.morton@pat.nhs.uk<br>Tel no. 0161 918 4331 | **Hugh Mullen** | hugh.mullen@pat.nhs.uk |
| **SALFORD** | **Leah Robins** | leah.robins@srft.nhs.uk<br>Tel no. 0161 206 5650 | **Janelle Holmes** | janelle.holmes@srft.nhs.uk |
| **STOCKPORT** | **Caroline Culverwell** | Caroline.culverwell@stockport.nhs.uk<br>Tel no. 0161 419 4194 | **James Sumner** | james.sumner@stockport.nhs.uk<br>Tel no. 0161 419 5444 |
| **TAMESIDE** | **Jan Smart** | janet.smart@tgh.nhs.uk<br>Tel no. 0161 922 4930 | **Trish Cavanagh** | adrian.griffiths@tgh.nhs.uk<br>Tel no. 0161 922 6794 |
| **UHSM** | **Karen Blackburn** | karen.blackburn@uhsm.nhs.uk<br>Tel no. 0161 291 4950 | **Silas Nicholls** | silas.nicholls@uhsm.nhs.uk |
| **WWL** | **Julie Fletcher** | julie.fletcher@wwl.nhs.uk<br>Tel no. 01942 778747 | **Fiona Noden** | Fiona.noden@wwl.nhs.uk |