

Consultant to Consultant Referral Protocol

Author: Interface Steering Group

January 2024 – Re-issued



Background and scope

1. The purpose of the NCL Consultant to Consultant (C2C) Referral Protocol is to ensure patients are managed in the most appropriate care setting and referral decisions are made in patients' best interest. Referrals from Emergency Departments are governed by different policies and therefore out of scope.

Protocol

2. Consultant to Consultant referrals are deemed **appropriate** if **any** of the following criteria are met:
 - condition relating to the original referral. This may be within the same specialty or to a different specialty, including for specialist advice or diagnostics
 - confirmed or suspected cancer
 - urgent problems for which delays could be detrimental to the patient
 - pre-operative assessments, including other specialties such as cardiology
 - additional vulnerabilities which could increase the risk to the patient if a referral is not made. These include frail and elderly, homeless, suspected dementia, learning disability, autism, serious mental illness, carer. Please note this list is not exhaustive
 - original referrals sent to the wrong specialty

Patients should **not** be referred to their GP to request a new referral

3. At present Consultant to Consultants referrals are deemed **not appropriate** for non-urgent conditions **unrelated** to the original referral or condition.

Patients should be referred to their GP for their input. Patients' expectation should not be raised about a new referral to secondary care.

Approval

NCL Clinical Advisory Group Approval	2 February 2022
Operational Implementation Group Approval	20 January 2022
Referral to Treatment (RTT) Delivery Group Approval	18 January 2022
Interface Steering Group First Review and Update	2 November 2023
Date next review is required	October 2023

