



Issued by:	Chairman GHA	TERTIARY REFERRALS POLICY
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Date Revised:		
Policy Authority	GHA Board	
Policy Category		

POLICY STATEMENT:

This policy establishes the matters that shall be taken into consideration regarding the referral of patients for GHA funded medical care to tertiary centres outside of Gibraltar, and, the scope of the powers and duties of the Tertiary Referrals Board.

APPLICABILITY:

This policy applies to all decisions to refer patients to tertiary centres.

DEFINITIONS:

Stated within the main policy.

RELATED POLICIES:

FURTHER INFORMATION:

Medical Director GHA

Deputy Medical Director GHA

Joanna Ferrary

1. KEY PRINCIPLES

- a. This policy is intended to codify a set of principles which will be taken into consideration by the TRB to ensure a just and fair system is in place with regards to decisions of whether or not to refer a patient to a tertiary centre.
- b. The Gibraltar Health Authority's aim is to deliver the highest standards of medical care to the population of Gibraltar.
- c. Where possible, such medical care is to be delivered as near to a patient's home as possible; in most cases, this care will be delivered within Gibraltar at GHA premises including St Bernard's Hospital, Ocean Views, CMHT, Dementia Day Centre and the Primary Care Centre.
- d. The order of clinical care is: GHA, GHA visiting consultants, SLA Partners – UK or Spain, others.
- e. This policy deals with situations where the treatment or expertise required by the patient is not available in Gibraltar, either permanently or by means of visiting consultants.
- f. The decision as to whether a patient requires referral to a tertiary centre will, in most cases, be a clinical one to be decided on medical grounds. Referrals for treatment in a tertiary centre shall, other than in exceptional circumstances or following a direction from the Chairman of GHA, be made by a consultant. All referrals for treatment, other than those following a direction of the Chairman of the GHA, shall be reviewed and decided upon by the TRB. In emergency circumstances the review and decision may be carried out retrospectively. 'In circumstances where a patient expresses a preference for a particular medical institution, and the therapy, procedure, or service provided is clinically validated, the TRB will take the patient's wishes into account when considering its decision, without however being in any way bound by those wishes.'
- g. An appeal from the TRB's decision lies to the Medical Director. Where the Medical Director was part of the TRB that took the decision being appealed, he shall delegate the hearing and deciding of such appeal to such person, or persons, as he considers appropriate. The Medical Director may in any other case, on a case by case basis, delegate the hearing and deciding of appeals to such person, or persons, as he considers appropriate.
- h. Should a patient continue to disagree with the decision regarding tertiary care, a referral may be made to the Chairman of the GHA who may direct the TRB to amend their decision in appropriate circumstances.
- i. Where the TRB is faced with a claim which requires a policy determination, not covered by an existing written policy, the TRB must refer such point to the Chairman to the GHA for a decision.

2. TERTIARY CENTRES

- a. When referring patients for GHA funded care, the GHA shall endeavour to ensure that the quality of care delivered will be of at least the equivalent standard to that expected in Gibraltar.
- b. The GHA shall only refer funded patients for care by doctors meeting the GMC standards or equivalent.

- c. The GHA will preferentially refer patients for care outside of Gibraltar to organisations with high clinical standards and robust Clinical Governance.
- d. Where appropriate, patients shall be referred to a tertiary centre with which the GHA has a Service Level Agreement. This will usually be a NHS Trust in the UK or a healthcare institution in Spain. The benefit of the SLA being that monitoring is in place to ensure the quality of care delivered.
- e. In exceptional circumstances, patients may be referred to non-SLA NHS centres for super-specialised treatments. These referrals will only be exceptionally approved when specific treatments are required that are not available in a GHA SLA partner institution.
- f. Referrals to non-NHS institutions, private individual doctors, or institutions, with whom there is no SLA or contract, require the express approval of the Chairman of the GHA.

3. REFERRAL FOR MEDICAL CARE OUTSIDE OF GIBRALTAR FOR GHA FUNDED PATIENTS

- a. Subject to the paragraphs below, and any directions made by the Chairman of the GHA, all referrals for care outside of Gibraltar must come from a GHA employed consultant.
- b. The GHA consultant-
 - (i) is responsible for identifying the appropriate centre to which to refer the patient. The consultant must not promise the patient a referral to a specified hospital, only that he is recommending, to the TRB, that a referral, in general, is made;
 - (ii) shall make the referral by writing a comprehensive referral letter to the receiving centre, including all relevant clinical information and providing the results of any tests (including blood results, radiological investigations and any other relevant investigation results)- the responsible consultant may delegate this responsibility to a colleague or junior doctor, however, it is the consultant's responsibility that the information provided is accurate and comprehensive;
 - (iii) cause the referral to be entered into the GHA Tertiary Referrals system on the Hospital Information System (HIS) so that the TRB may consider the referral before the patient is referred to the tertiary centre;
 - (iv) shall assist the TRB in communicating the outcome of any decision to the patient. In the event of a "non-approval", or an "alternative suggested", the consultant will meet the patient and agree the plan of care in the light of the Board's decision;
 - (v) shall retain clinical responsibility for the patient and ensure that the patient has received timely and appropriate care abroad, if referral has been approved by TRB;
 - (vi) shall follow up on the patient in a timely manner with the patient as and when appropriate;
 - (vii) shall offer timely assistance to the Sponsored Patients' Department with any clinical queries that may arise as a result of the tertiary referral;
 - (viii) shall continue to coordinate and supervise any further treatment or follow-up appointments abroad, (e.g. review after initial treatment); and
 - (ix) shall review the need for any appointments abroad (via the HIS system) in a timely manner so that the Sponsored Patients' Department can organise travel arrangements when necessary.
- c. The Medical Director, with the approval of the Chairman of the GHA, may issue protocols dealing with operational circumstances where other persons other than GHA consultants may initiate the referral procedure. Such protocols must include the name or position who may make the specific type of referral, the name or position of the person who has

ultimate clinical responsibility for the patient, clear indications for the referral and the pathway that must be followed.

4. TRB

- a. All referrals for treatment outside the GHA, other than at the direction of the Chairman of the GHA, shall be reviewed, and vetted, by the Tertiary Referrals Board (TRB) in accordance with this part.
- b. The Terms of Reference of the Board are as set out in the TRB Protocol.
- c. Referrals shall only be considered from consultants, (or other approved persons), for firm medical reasons.
- d. The TRB shall adhere to the principle that any clinical treatment must be provided at the GHA if possible, (either by GHA clinicians or a visiting consultant).
- e. Patient preference to be treated outside Gibraltar will not be a consideration where such treatment is either, not appropriate from a clinical perspective or is available in Gibraltar.
- f. The panel's decision shall be communicated to the patient, referring consultant, the Sponsored Patients Department, and, the relevant secretary group, by email as soon as the decision is made by the TRB and no later than 24 hours from the decision.
- g. If the referrer disagrees with the decision of the TRB, the referrer may amend their referral and/or provide supplementary information to the Board to address any queries or misinterpretations they feel the panel may have about the referral. The onus is on the consultant to provide the correct information to the panel.

5. APPEALS

- a. A patient who disagrees with the decision of the TRB, may, with the agreement of the referrer, request that the TRB reconsider their decision. In such case the TRB may be supplemented with a lay member, (appointed by the Medical Director), to represent the lay perspective.
- b. A patient may, with or without the agreement of the referrer appeal any decision of the TRB to the Medical Director. Where the Medical Director was part of the TRB that took the decision being appealed, he shall delegate the hearing and deciding of such appeal to such person, or persons, as he considers appropriate. The Medical Director may in any other case, on a case by case basis, delegate the hearing and deciding of appeals to such person, or persons, as he considers appropriate.
- c. The Medical Director, or his delegate or delegates, shall review such decision and may either uphold the decision or direct that the TRB approve the referral or otherwise amend the decision.
- d. A patient, who disagrees with a decision of the TRB and / or the Medical Director, may appeal to the Chairman of the GHA, who may, in exceptional circumstances, on policy rather than clinical grounds, direct that the TRB approve the referral.

