

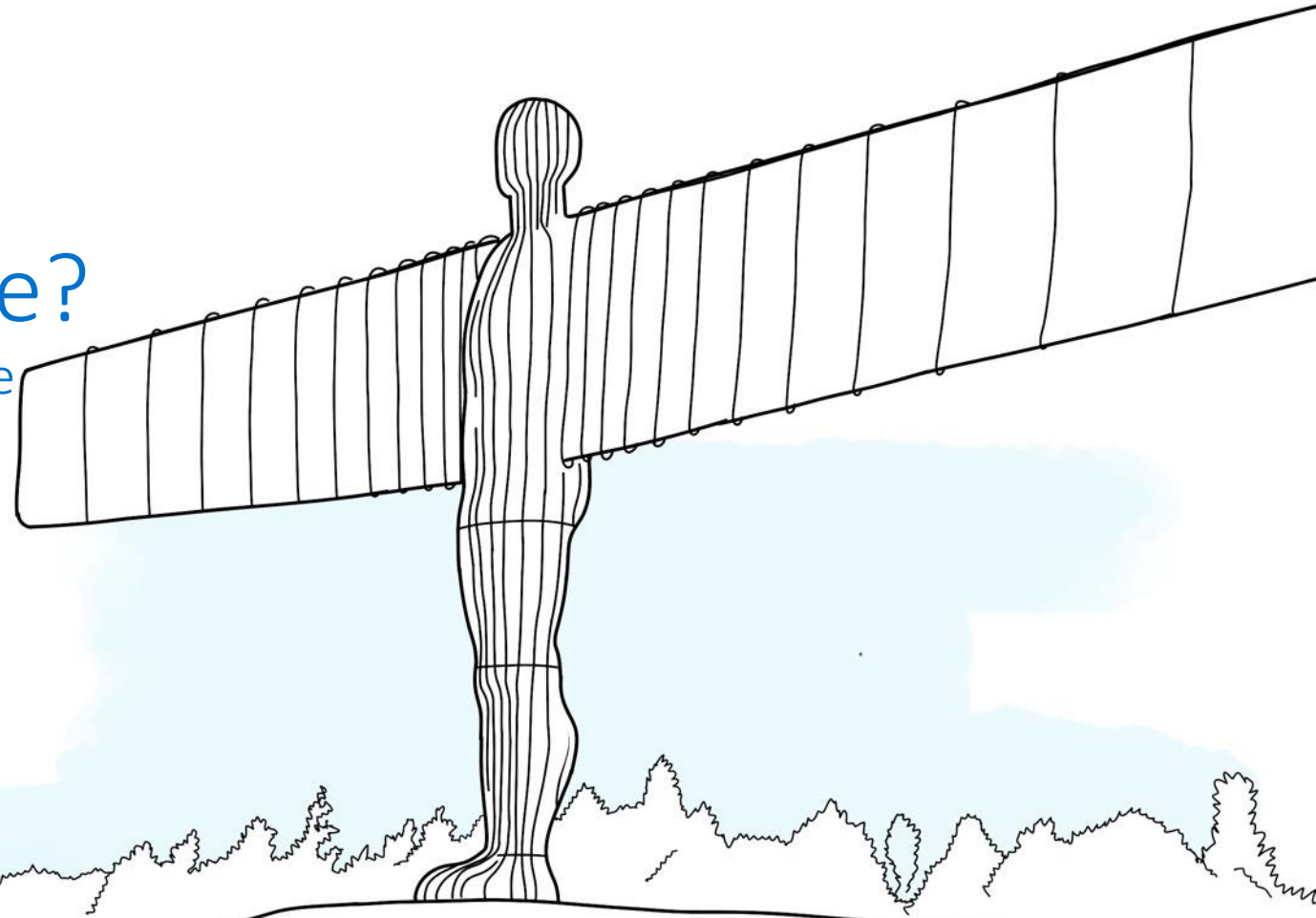
What Constitutes A Good Referral To Secondary Care?

QI initiative with an electronic referral template

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Gateshead Lipid Clinic

20th September 2023



A tweet from a primary care colleague...

If you unilaterally think a GP referral is terrible, don't reject the referral.

Reach out & collaborate to explore why to improve the referral and pathways.

Otherwise, it delays patient care - unsafe.

It's inefficient & costly to the [#NHS](#) incl your service and [#TeamGP](#).



First things first

- There is no such thing as a “bad” referral to secondary care...
- As a primary care practitioner, you are seeking specialist input for your patient
 - I respect every such request from my local colleagues
- There **are** however, some very **good referrals** to the lipid clinic
- Lipid clinic also sadly does not have capacity to see **all** referrals hence need for triage
- Standardisation of the referral process could help make **all** referrals = good

Who should be referred to lipid clinic?

- NEELI

Section Description	Primary & Secondary prevention	Statin Intolerance	Severe Hypercholesterolaemia or ? Familial Hypercholesterolaemia	Assessment of Hypertriglyceridaemia	Pregnancy	FH in Children and Young People	Supplementary information
Section Guideline			Simon Broome criteria for diagnosis of Familial Hypercholesterolaemia		Lipid management and medication issues in pregnancy		Frailty Guidelines Common drug interactions Lipid Clinic referral criteria Lipoprotein (a) Regional Lipid clinics Inclisiran FAQs
Flow charts	National Guidance for lipid management Secondary prevention treatment beyond standard therapy	Statin intolerance flow chart	Assessment pathway	Assessment pathway		Assessment pathway	

North East and North Cumbria Clinical Networks

Northumbria Healthcare NHS Foundation Trust

South Tyneside and Sunderland Area Prescribing Committee

North Tees and Hartlepool NHS Foundation Trust

County Durham and Darlington NHS Foundation Trust

South Tyneside and Sunderland NHS Foundation Trust

North Cumbria Integrated Care NHS Foundation Trust

The Newcastle upon Tyne Hospitals NHS Foundation Trust

North of Tyne, Gateshead and North Cumbria Area Prescribing Committee

South Tyneside and Sunderland Area Prescribing Committee

South Tees Hospitals NHS Foundation Trust

Academic Health Science Network North East and North Cumbria

Gateshead Health NHS Foundation Trust

Lipid Clinic Referral Criteria

Lipid Clinic referral criteria

All lipid clinics within the region offer Advice & Guidance and Electronic Booking System referrals.

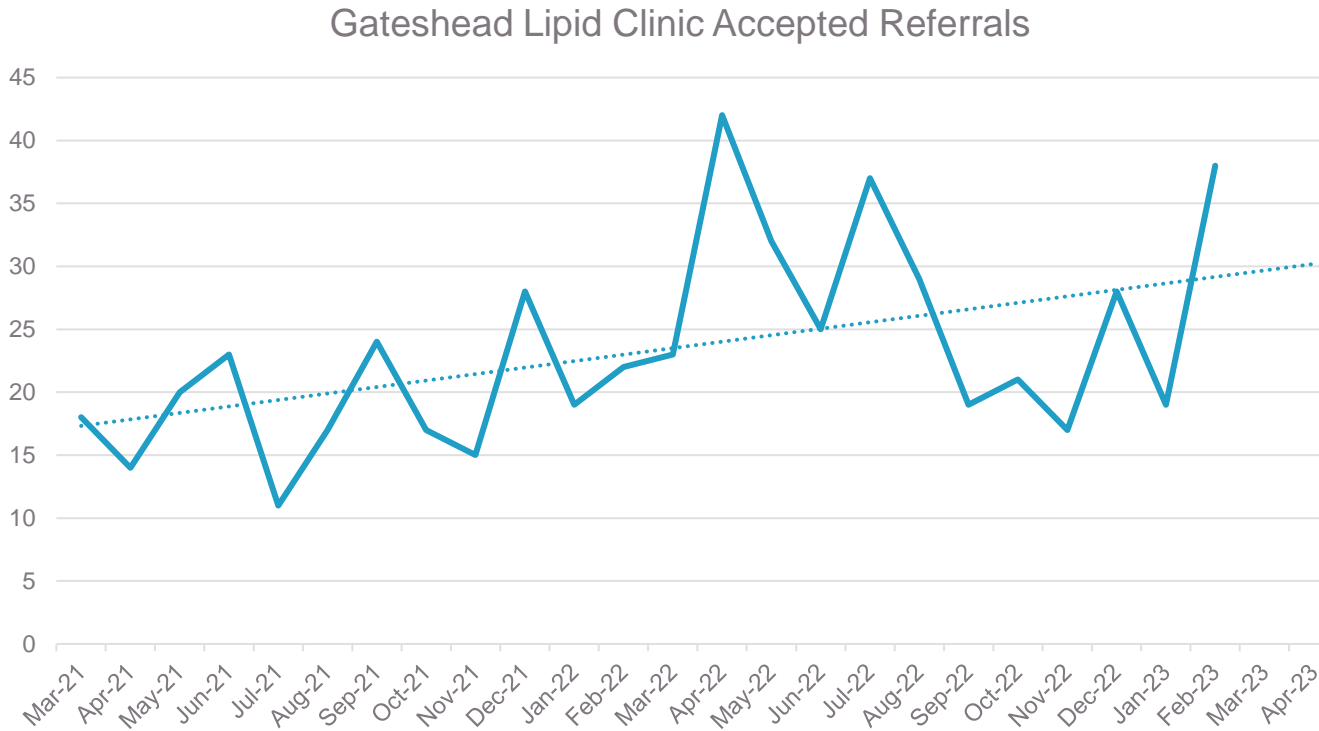
For more general enquiries about Familial Hypercholesterolaemia (FH) Advice & Guidance can be accessed from the Familial Hypercholesterolaemia Specialist Nurses.

Refer to lipid clinic if:

- Clinical diagnosis of Familial Hypercholesterolaemia according to Simon Broome criteria.
- Relatives of patients with FH who may require genetic screening (FH Specialist nurses).
- Children with FH (Paediatric Clinic).
- Total cholesterol > 9 mmol/L or non-HDL-C > 7.5 mmol/L even if absence of first degree family history of premature heart disease.
- Triglycerides > 10 mmol/L (*unless this can be explained by alcohol or poor glycaemic control*)
– refer urgently if triglycerides > 20 mmol/L
- Patients with other inherited disorders of lipid metabolism including Familial Combined Hyperlipidaemia (FCH), Familial Hypertriglyceridaemia and Remnant Dyslipidaemia.
- Patients who fulfil NICE TA 393 / 394 criteria for PCSK9i therapy (See table for thresholds in green section under '[Treatment beyond standard therapy](#)')

Why bother making referrals “good”?

- Referrals increasing, staffing and allocated clinic slots are not *(yet)*
- Waiting times are long – hence need to ensure the right patients get to clinic



What would you perceive as a “good” referral?

- **S**pecific reason for referral
- **A**ppropriate reason for referral (i.e. something lipid clinic can/should help with)
- **S**upporting information to accompany referral

Good Referrals?

- **S**pecific reason for referral
- **A**ppropriate reason for referral
- **S**upporting information to accompany referral

I would be grateful if you might be able to see this 51 year old lady who has recently been found to have a very high cholesterol on blood tests. Her total cholesterol was 8.9 on 3 August. She came in requesting a blood test due to the family history of high cholesterol and a cousin the same age as her having recently had a heart attack.

Repeat fasting lipids have shown a cholesterol of 7.9 with non HDL of 6.5 and triglycerides of 4.8. She does not have any xanthelasma or tendon xanthomas.

I have clarified her family history with her. Her mum and all of her mum's siblings have high cholesterol and her mum has been recently referred to the Lipid Clinic. Three of her mum's siblings have had heart attacks, though she is not sure of the age. Her maternal cousin recently had a heart attacked aged 51.

Given her raised cholesterol and family history I would be grateful if she can be seen to see whether she needs further investigations for familial hypercholesterolaemia.

Yours Sincerely

Good Referrals?

- **S**pecific reason for referral ??
- **A**ppropriate reason for referral
- **S**upporting information to accompany referral ?

Thank you for seeing this 64y year old patient, with the following problem:

Problem: After recent MI, LFTs were abnormal and statin was stopped - cardiology advised repeat lipid profile and referral to lipid clinic if cholesterol was >4

Problem	Serum cholesterol raised (First)
History	Telephone consultation during Covid-19 pandemic Recent GGT has improved Still hasn't had USS yet Most recent cholesterol has gone up again to 8.3 Taking regular exercise Good diet - only very rarely eats cheese
Comment	PLAN: For referral to lipid clinic, as advised by cardiology

Good Referrals?

- **S**pecific reason for referral ??
- **A**ppropriate reason for referral
- **S**upporting information to accompany referral ?



Problem	Serum lipids above reference range (First)	Guessing referral is to query FH?
History	<p>reason for F2F 're lipids '</p> <p>Patient identity verified</p> <p>she came for check up [REDACTED] on 24th July and had bloods done</p> <p>She says she eats very healthily and does exercise . Mother had stroke due to high bp . she has h/o chest pain 15 years ago - no heart problems .maternal grandad had valvular operation when he was 50 years old</p> <p>Fasting bloods show raised lipid profile. TC is 9.3, TG is 2.3 , LDL 6.3. Ratio 4.9 non HDL is 7.4 . HDL is 1.9</p>	
Medication	Atorvastatin 20mg tablets One To Be Taken Each Day 28 tablet	

Reasons for declining recent referrals to lipid clinic

- Data from Gateshead referrals to lipid clinic, June 2023-present

Reason	No. of referrals
1. ?FH but lipid profile not typical or does not fulfil Simon Broome criteria	9
2. Lipid profile not done fasting (for ?FH) or secondary factors present/not excluded	5
3. ?Injectable – not meeting PCSK9i criteria but could have Inclisiran	5
4. ?Injectable – does not meet criteria for any	3
5. Statin intolerance – but not explored pathway options yet	2
6. Misc queries addressed with quick advice	2
	26

Pros and Cons of “non-standard” referral formats

	
<ul style="list-style-type: none"> • “Tells a story” 	<ul style="list-style-type: none"> • Takes more time for referrer – need to type out situation/ attach results
	<ul style="list-style-type: none"> • Takes more time to triage – to read prose + information not always complete
	<ul style="list-style-type: none"> • Higher chance of referral being declined – incomplete information or unclear reasons for referral

What if there was a way
to turn most (or all)
referrals into good
referrals?



Gateshead Lipid Clinic e-referral form – Jan 2023

Advantages:

- EMIS-based, no third party/additional software required
- Auto-populates available information from patient record
 - Provided it is there!
 - Not “clever” enough to auto-reject incomplete forms
- Gateshead primary care practitioners already familiar with similarly formatted forms
 - e.g. 2 week waits, diabetes, etc.

Gateshead Lipid Clinic Referral form

Date of referral **Short date letter merged**

Name:	Full Name	DOB:	Date of Birth	NHS No	NHS Number
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Attach this form to the e-referral within 24 hours

Gateshead Lipid Clinic referral

Gateshead Health NHS Foundation trust

QE Hospital, Sheriff Hill, Gateshead, Tyne and Wear, NE9 6SX

Email Queries: Sylvia.Mcewen@nhs.net Telephone: 0191 445 2181If the ERS not available, then send [this form](#) AND 'Referral header sheet' by secure email

Please refer to NEELI guidelines for referral criteria and required investigations prior to referring

Hyperlinks to: [NEELI - NATIONAL GUIDANCE FOR LIPID MANAGEMENT](#)

INDICATION FOR REFERRAL

Please tick one of the following:

1. Severe hypercholesterolaemia – referral for assessment for Familial Hypercholesterolaemia
2. Severe hypertriglyceridaemia
3. Statin intolerance
4. Referral for PCSK9 inhibitor
5. Other

REASON FOR REFERRAL SUPPORTING INFORMATION

Please fill in all domains relevant to the referral reason

1) Severe hypercholesterolaemia – referral for assessment for familial hypercholesterolaemia

- Fasting lipid profile within last 2 months (please refer to Biochemistry Results section)
- Secondary causes excluded? Please ensure HbA1c, TSH, FT4 and eGFR results are attached in Biochemistry Results
- Personal history of Coronary Heart Disease (CHD) <60 years? Yes No
- Family history of CHD <60 years? (Details)
- Family history of hypercholesterolaemia? (Details)
- Known relative with diagnosis of familial hypercholesterolaemia (FH)? (Details)
- Secondary cause screen: HbA1c, TSH, FT4, eGFR

2) Severe hypertriglyceridaemia

- Fasting lipid profile within last 2 months (please refer to Biochemistry Results section)
- Secondary causes excluded? Please ensure HbA1c results included; and weekly alcohol intake documented

3) **Statin intolerance**
 - Indication for statin: Primary prevention or Secondary Prevention

4) **Referral for consideration of PCSK9 inhibitor** (please check patient fulfils criteria – NICE TA 393/394)
 - FH diagnosis? Yes / No
 - History of Cardiovascular disease? Single event or recurrent events/polyvascular
 - **Fasting** LDL-c level

5) **Other** – if reason for referral is not listed above, please consider Advice and Guidance

INVESTIGATIONS (PRE-REFERRAL BLOOD TESTS).

CORE MANDATORY INVESTIGATIONS AND TESTS FOR PATIENTS in the last two months,

ESSENTIAL to triage patients (Incomplete information may delay appropriate care of your patient).

*A FAST

ING lipid profile done within last 2 months is mandatory for referral*

Blood Results	Result within 2 months REQUIRED	Date
Fasting Lipids (Mandatory)	Single Code Entry: Fasting blood lipids...	Single Code Entry: Serum fasting total cholesterol level...
Total Cholesterol	Single Code Entry: Serum total cholesterol level...	Single Code Entry: Serum total cholesterol level...
Triglycerides	Single Code Entry: Serum triglycerides level	Single Code Entry: Serum triglycerides level
HDL-cholesterol	Single Code Entry: Serum high density lipoprotein cholesterol level	Single Code Entry: Serum high density lipoprotein cholesterol level
TC: HDL ratio	Single Code Entry: Total cholesterol:HDL (high density lipoprotein) ratio	Single Code Entry: Total cholesterol:HDL (high density lipoprotein) ratio
LDL-cholesterol	Single Code Entry: Serum low density lipoprotein cholesterol level	Single Code Entry: Serum low density lipoprotein cholesterol level
NON-HDL cholesterol	Single Code Entry: Serum non HDL (high density lipoprotein) cholesterol level...	Single Code Entry: Non high density lipoprotein cholesterol level...

U&Es & HbA1c	Result within 2 months REQUIRED	Date
Sodium	Single Code Entry: Serum sodium level	Single Code Entry: Serum sodium level
Potassium	Single Code Entry: Serum potassium level	Single Code Entry: Serum potassium level
Urea Level	Single Code Entry: Serum urea level	Single Code Entry: Serum urea level
Creatinine	Single Code Entry: Serum creatinine level	Single Code Entry: Serum creatinine level
HbA1c	Single Code Entry: Haemoglobin A1c level - International Federation of Clinical Chemistry and Laboratory Medicine standardised	Single Code Entry: Haemoglobin A1c level - International Federation of Clinical Chemistry and Laboratory Medicine standardised
eGFR	Single Code Entry: eGFR (estimated glomerular filtration rate) using CKD-Epi (Chronic Kidney Disease Epidemiology Collaboration) formula per 1.73 square metres...	Single Code Entry: eGFR (estimated glomerular filtration rate) using CKD-Epi (Chronic Kidney Disease Epidemiology Collaboration) formula per 1.73 square metres...

LFTs	Result within 2 months REQUIRED	Date
Bilirubin/Total Bilirubin	Single Code Entry: Serum bilirubin level...	Single Code Entry: Serum bilirubin level...
Alkaline Phosphatase	Single Code Entry: Serum alkaline phosphatase level	Single Code Entry: Serum alkaline phosphatase level
ALT	Single Code Entry: Serum alanine aminotransferase level	Single Code Entry: Serum alanine aminotransferase level
AST	Single Code Entry: Serum aspartate aminotransferase level	Single Code Entry: Serum aspartate aminotransferase level
Gamma GT Level	Single Code Entry: GGT (gamma-glutamyl transferase) level	Single Code Entry: GGT (gamma-glutamyl transferase) level
Albumin	Single Code Entry: Serum albumin level...	Single Code Entry: Serum albumin level...
Total protein	Single Code Entry: Serum total protein	Single Code Entry: Serum total protein

TFTs	Result within 2 months REQUIRED	Date
Serum TSH	Single Code Entry: Serum TSH (thyroid stimulating hormone) level	Single Code Entry: Serum TSH (thyroid stimulating hormone) level
Serum/plasma free T4	Single Code Entry: Serum free T4 level	Single Code Entry: Serum free T4 level

Clinical Examination Pre-Referral	
Any evidence of:	
Tendon xanthoma	Yes <input type="checkbox"/> No <input type="checkbox"/>
Corneal arcus	Yes <input type="checkbox"/> No <input type="checkbox"/>
Xanthelasma	Yes <input type="checkbox"/> No <input type="checkbox"/>

Observations and Social History		
	Latest result	Date
Blood pressure	Single Code Entry: O/E - blood pressure reading	Single Code Entry: O/E - blood pressure reading
Height	Single Code Entry: Standing height	Single Code Entry: Standing height
Weight	Weight	Weight
BMI	Single Code Entry: Body mass index	Single Code Entry: Body mass index
QRISK	Single Code Entry: QRISK2 cardiovascular disease 10 year risk score...	Single Code Entry: QRISK2 cardiovascular disease 10 year risk score...
Smoking status	Single Code Entry: Current smoker...	Single Code Entry: Current smoker...
Alcohol status	Single Code Entry: Alcohol consumption	Single Code Entry: Alcohol consumption

Problems, Allergies, Acute / Repeat Medication

Problems

Allergies

Medication

PLEASE COMPLETE THE REST OF THIS FORM

Referrer details

Name of referrer: Referring User	Date of referral: Short date letter merged
Referring Organisation	
Organisation Name, Organisation Full Address (single line)	Usual GP Full Name
Tel: Organisation Telephone Number	Usual GP Organisation Name Usual GP Full
Email: Organisation E-mail Address	Address (single line)
Fax: Organisation Fax Number	Tel: Usual GP Phone Number
	Fax: Usual GP Fax Number
Name of GP to address correspondence to, if different to accountable GP	

Patient details

Name:	Full Name	Address:	Home Full Address (stacked)
Gender:	Gender(full)		
DOB & Age:	Date of Birth Age: Age		
NHS number:	NHS Number		
Patient Contacts:	Home: Patient Home Telephone	Mobile: Patient Mobile Telephone	
	Work: Patient Work Telephone	Email: Patient E-mail Address	
	Carer/Advocate: The patient has confirmed the following person should be included in correspondence – Name: Contact Details:		
Contact Consent:	<input type="checkbox"/> Can leave message on answer machine <input type="checkbox"/> Can contact by text <input type="checkbox"/> Can contact by Email	NB: Not all services use Texts or Emails as a method of communication.	
Ethnicity:	Ethnic Origin		
Interpreter:	<input type="checkbox"/> Yes Language: Single Code Entry: Main spoken language English...		
Accessibility Needs:	<input type="checkbox"/> Wheelchair access <input type="checkbox"/> Deaf Single Code Entry: Partial deafness... <input type="checkbox"/> Registered Blind Single Code Entry: Registered blind <input type="checkbox"/> Learning Disability, Single Code Entry: On learning disability register Single Code Entry: Moderate learning disability... <input type="checkbox"/> Other disability needing consideration <input type="checkbox"/> Accompanied by Carer		
Risks:	<input type="checkbox"/> Vulnerable Adult (Details of any recording within last 3 yrs) Single Code Entry: Vulnerable adult Single Code Entry: No longer a vulnerable adult... Single Code Entry: Difficult intubation Other:		
Other:	Single Code Entry: Military veteran Single Code Entry: Left military service Single Code Entry: History relating to military service Single Code Entry: History relating to Army service... Single Code Entry: Has a carer Single Code Entry: Is no longer a carer Single Code Entry: Is a carer		

Accessible information

Communication support: Uses a legal advocate...

Contact method: Requires contact by telephone...



Information format: Requires information verbally...

Professional required: Interpreter needed - British Sign Language...

If you have any problem with this form or suggested changes, please email to cbchealth.templates@nhs.net (NB: NOT TO BE USED FOR REFERRING A PATIENT)

Gateshead Lipid Clinic Referral October 2022 CBC / CDRC Snomed

Gateshead Lipid Clinic E-referral form: Work in progress...

	
<ul style="list-style-type: none">• Majority of forms have all relevant blood results – no more trawling through GNCR!	<ul style="list-style-type: none">• Occasional glitch in pulling through lipid results – each case fed back to developer
<ul style="list-style-type: none">• Less scrolling through lengthy text of GP consultation + guessing reason(s) for referral	<ul style="list-style-type: none">• Some forms (not many) still incomplete
	<ul style="list-style-type: none">• Not everyone using (yet)

In conclusion...

- There is no such thing as a bad referral to secondary care!
- Factors that have increased quality of local referrals in recent times include:
 - Increased awareness of guidelines/criteria for referral (TITO primary care talk)
 - Use of a standardised EMIS referral form

Thank you. Any questions?



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- @suanntee