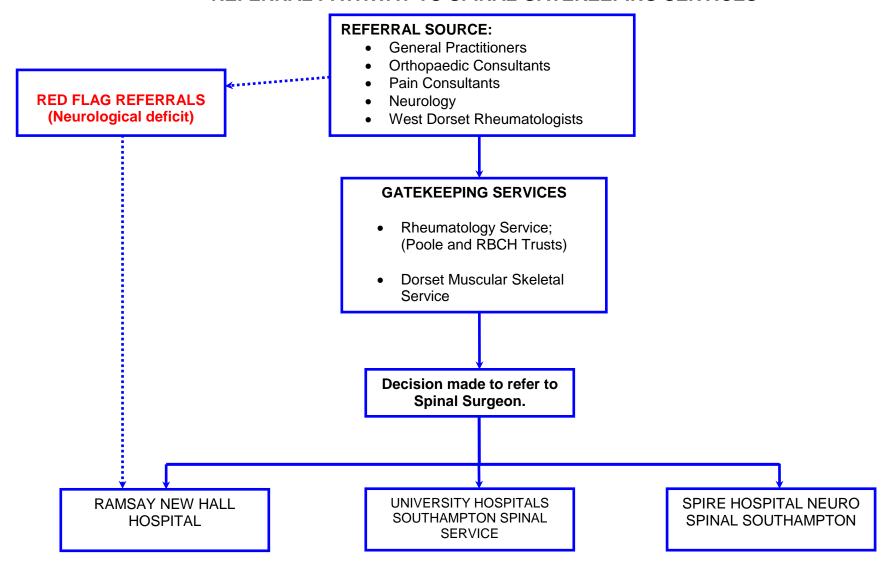
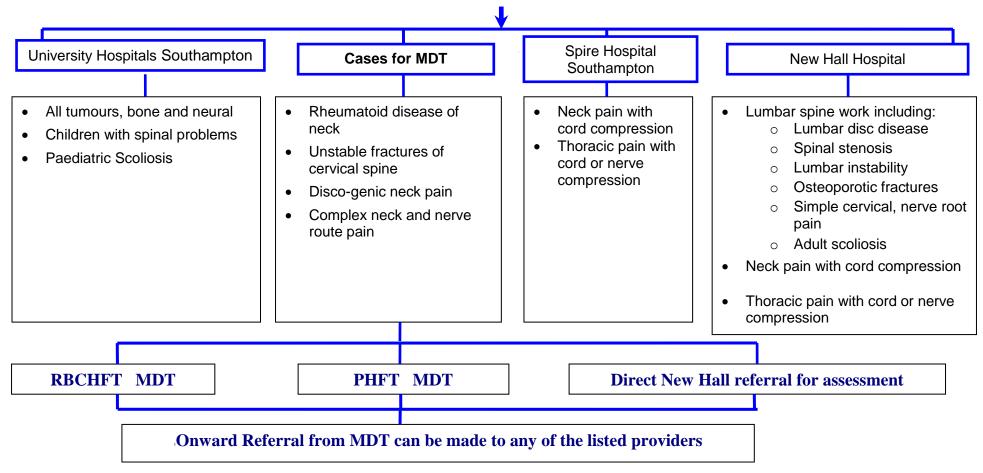
REFERRAL PATHWAY TO SPINAL GATEKEEPING SERVICES



DOTS AND RHEUMATOLOGY REFERRAL ROUTE FOR ELECTIVE SPINAL SURGERY



Routes of Referral to MDT's

- 1. RBCHFT: this is the joint clinic with K Mounce and A Hilton. Refer to K Mounce for inclusion in this MDT.
- 2. PHFT spinal MDT: this clinic includes a neurosurgeon. For those not attending the meeting, refer to S Richards for inclusion of a case at this MDT.
- 3. Opinion from New Hall. Refer in normal way from DOTs or Rheumatology and, if appropriate New Hall will refer on to our other spinal services after assessment.

Red Flag patients can be referred directly.

Agreed at pan-Dorset Spinal Reference Group on 18 July 2012

NON ELECTIVE SPINAL PATHWAY - REFERRAL ROUTES

Cases where requirement for urgent discussion with Southampton:

- Cervical and thoracic spinal cord injury (sustained or progressive paralysis); to also inform Salisbury spinal Injuries Unit;
- Metastatic cord compression;
- Spinal infections with cord compression/neurological injury;
- Polytrauma (ie Head injury requiring discussion with neurological team);
- Facet dislocations of the cervical spine with or without cord injury;
- Children spinal injuries with or without neurological injury;
- Cauda equina syndrome presenting out of hours when MRI not available and the case cannot wait until morning (development of diagnostics for TIA will extend availability of MRI).
 - o The process of referral to Southampton is attached; attachment A.
 - The process to escalate when agreement on transfer is not reached is in the attached flow chart; attachment A.

All other spinal conditions can be assessed by the New Hall service in the first instance.

 The service will provide, within 48hours, advice and guidance. The process of referral is attached; Attachment B.

Agreed at Spinal Reference Group, Version 2 Date 18th July 2012

FLOWCHART FOR REFERRAL INTO UNIVERSITY HOSPTIAL SOUTHAMPTON (UHS) FOR SPECIALIST ADVICE FROM SPINAL SURGEONS Clinician to clinician referral required Complete online NeuroRefer form and press submit (see link below) Phone UHS switchboard on 02380 777222 and ask to speak with on call On call Spinal Team (available 24/7) Case discussed, either patient No answer, leave message accepted at UHS for treatment or stating referral made on advice given for treatment locally NeuroRefer No response from UHS within 4 Pt accepted to UHS, Advice given, for local accepting clinician liaise treatment hours (clinically dependent) then with UHS bed manager. escalate. Bed manager to liaise Call UHS switchboard on 02380 with referring trusts 777222 and ask for Site Manager Clinician does not agree regarding transfer on treatment protocol -Consultant to consultant Site Manager to liaise with discussion. Patient transferred clinician and ensure that to UHS (WNC or referral has a response If still non agreement and Ortho) and transfer to UHS not receives treatment supported for full assessment, a second opinion can Treatment be sought from New Hall completed for as per Attachment B Clinical team from UHS contact host clinical team and agree date/time of transfer (4 hour Patient repatriated with full UHS/host bed managers liaise and Full discharge summary discharge summary transfer arranged, relatives informed completed

Link for NeuroRefer at UHS - https://secure.bcentralhost.com/medicstravel.co.luk/ereferal/Neuro/southampton hospital.htm

ATTACHMENT B

FLOWCHART FOR REFERRAL INTO NEW HALL FOR SPECIALIST ADVICE FROM SPINAL SURGEONS

