REFERRAL PATHWAY TO SPINAL GATEKEEPING SERVICES

REFERRAL SOURCE:
- General Practitioners
- Orthopaedic Consultants
- Pain Consultants
- Neurology
- West Dorset Rheumatologists

RED FLAG REFERRALS
(Neurological deficit)

GATEKEEPING SERVICES
- Rheumatology Service;
  (Poole and RBCH Trusts)
- Dorset Muscular Skeletal Service

Decision made to refer to Spinal Surgeon.

RAMSAY NEW HALL HOSPITAL

UNIVERSITY HOSPITALS SOUTHAMPTON SPINAL SERVICE

SPIRE HOSPITAL NEURO SPINAL SOUTHAMPTON
DOTS AND RHEUMATOLOGY REFERRAL ROUTE FOR ELECTIVE SPINAL SURGERY

University Hospitals Southampton
- All tumours, bone and neural
- Children with spinal problems
- Paediatric Scoliosis

Cases for MDT
- Rheumatoid disease of neck
- Unstable fractures of cervical spine
- Disco-genic neck pain
- Complex neck and nerve route pain

Spire Hospital Southampton
- Neck pain with cord compression
- Thoracic pain with cord or nerve compression

New Hall Hospital
- Lumbar spine work including:
  - Lumbar disc disease
  - Spinal stenosis
  - Lumbar instability
  - Osteoporotic fractures
  - Simple cervical, nerve root pain
  - Adult scoliosis
- Neck pain with cord compression
- Thoracic pain with cord or nerve compression

Onward Referral from MDT can be made to any of the listed providers

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).
  - 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 HOSPITAL 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 accepted at UHS for treatment or advice given for treatment locally

PT accepted to UHS, accepting clinician liaise with UHS bed manager. Bed manager to liaise with referring trusts regarding transfer

Patient transferred to UHS (WNC or Ortho) and receives treatment

Treatment completed for

Clinician does not agree on treatment protocol – Consultant to consultant discussion.

If still non agreement and transfer to UHS not supported for full assessment, a second opinion can be sought from New Hall as per Attachment B

Clinical team from UHS contact host clinical team and agree date/time of transfer (4 hour

UHS/host bed managers liaise and transfer arranged, relatives informed

Full discharge summary completed

Patient repatriated with full discharge summary

No response from UHS within 4 hours (clinically dependent) then escalate.

Call UHS switchboard on 02380 777222 and ask for Site Manager

Site Manager to liaise with clinician and ensure that referral has a response

Link for NeuroRefer at UHS -
https://secure.bcentralhost.com/medicstravel.co.uk/ereferal/Neuro/southampton_hospital.htm
ATTACHMENT B

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

Clinic to clinician referral required

Ring hospital switch 01722 422333 and ask for:
Esmeralda Holmes or Deborah Stott

Case discussed, either patient accepted at New Hall for treatment or advice given for treatment locally

If no answer on above number contact nurse in charge on bleep 02

Contact details of referring clinician to be taken and passed onto accepting clinician at New Hall

Patient accepted to New Hall, accepting clinician liaises with Esmeralda Holmes/nurse in charge of ward

Advice given, for local treatment

Clinic does not agree on treatment protocol –
Consultant to consultant discussion.
If still non agreement and transfer to New Hall not supported for full assessment, New Hall will seek an opinion from Salisbury

Transferring hospital to arrange transport, patient transferred to New Hall and receives treatment

Clinic team from New Hall contact host clinic team and agree date/time of transfer (4 hour timeframe)

New Hall liaise and transfer arranged, relatives informed

Treatment completed for repatriation

Full discharge summary completed,
Patient repatriated with full discharge summary