

Planned Care Programme

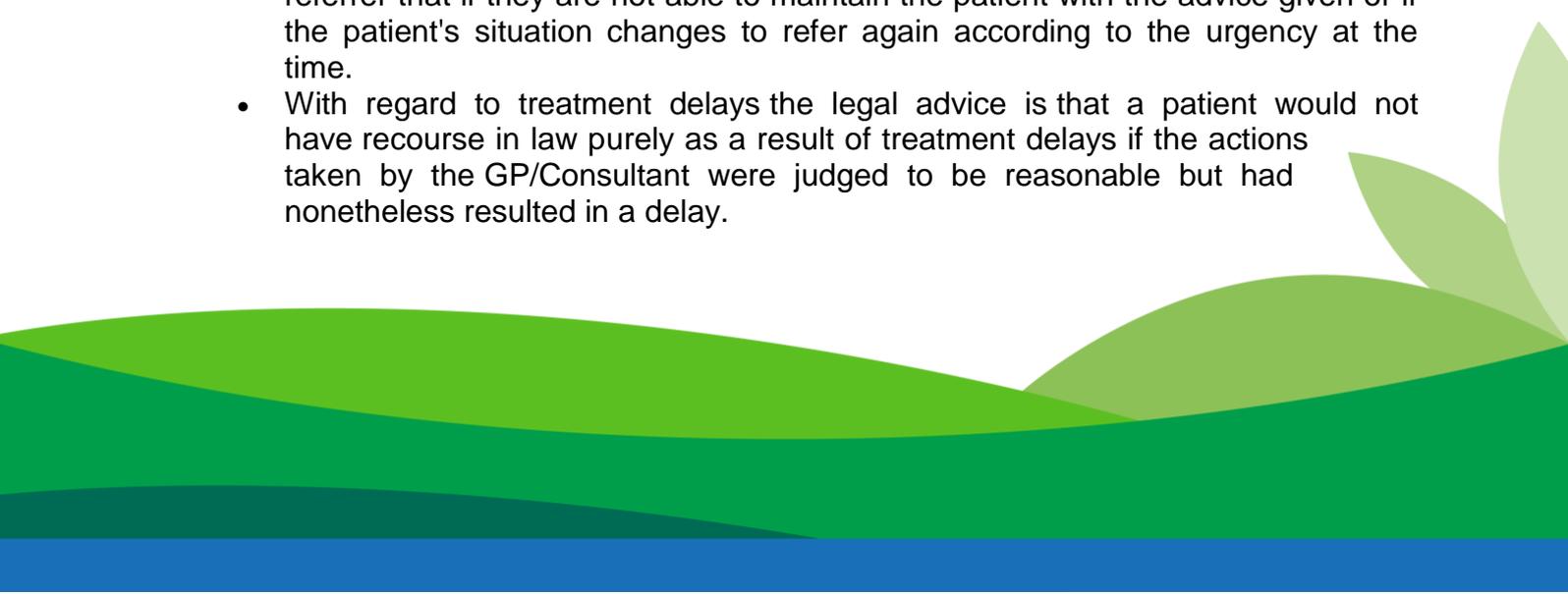
Message from Alex Degan, Clinical Lead for Planned Care

There are plans to roll out the use of pre-choice triage (PCT) in a number of specialities in the 3 acute trusts within the NEW Devon CCG footprint. In order to achieve our goal of reducing demand across the system by 10% we have been looking at how we can refine the referral process by providing specialist input between the GP referral and the first outpatient appointment. Instead of making a referral to a specialist for a face-to-face consultation PCT will enable GPs to access a specialist opinion before deciding on the most appropriate steps. Consultants will be able to access the letters from GPs and offer 5 key outcomes:

- Advice and Guidance (A and G) back to the practice
- Sending the patient straight to a test
- An upgrade to an urgent appointment
- An upgrade to a 2WW appointment
- A consultant or non-consultant outpatient appointment

Using PCT will enable clinicians to identify the best pathway for patients, reduce the number of unnecessary hospital appointments being made and improve communication between GPs and specialists to ensure that care is provided closest to the patient's home where possible.

There have also been some queries from within the CCG and hospital trusts as to the legal position regarding aspects of pre-choice triage. In particular there have been queries with regards to with whom clinical responsibility lies in the event of advice and guidance being given to a GP. We have taken legal advice and the key points are below:

- Offering advice and guidance in the form of a management plan to primary care without seeing the patient is not an unusual service and reflects practice throughout the health service.
 - In any situation where there was recourse to legal action each situation would be judged on a case-by-case basis and both GP or consultant actions would be judged by the standard of what would be considered reasonable by an appropriate professional body.
 - Clinical responsibility shifts in the course of advice and guidance. The responsibility moves to secondary care when a referral is made but transfers back to the GP if advice is provided.
 - Consultants might wish to include a standard line of some sort indicating to the referrer that if they are not able to maintain the patient with the advice given or if the patient's situation changes to refer again according to the urgency at the time.
 - With regard to treatment delays the legal advice is that a patient would not have recourse in law purely as a result of treatment delays if the actions taken by the GP/Consultant were judged to be reasonable but had nonetheless resulted in a delay.
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- On the issue of any advice given proving to be wrong, the usual standard of professional reasonableness for the actions and judgments taken would apply. For example was the referral complete? Should the consultant have sought further info or called the patient in to be seen face-to-face? This would be judged on case-by-case basis.

Planned Care Communications previously distributed to both Primary and Secondary care is available in the [Key Messages section of the Formulary and Referral website/app](#)

