NHS
West Norfolk
Clinical Commissioning Group

Freedom of Information request & West Norfolk CCG response

WN-2017-00082 – GP Referrals Out of Area

Could you please provide your CCG's policy or care pathway for the following scenario in which a local patient and GP is seeking funding:

a) The patient concerned has a mental health disorder, namely body dysmorphic disorder / obsessive compulsive disorder.

b) The patient is being referred by the GP for a course of out-patient cognitive behaviour therapy which is specific for BDD/ OCD, for which there are NICE guidelines. The CCG has a commissioned provider for referrals through either a local primary care (Improving Access to Psychological Therapies – IAPT) service or for more complex problems with a local community mental health team (CMHT) and psychological therapy service.

c) The GP and patient however wish the patient to be referred "out of area" to a provider that has existing NHS contracts with other CCGs. They have no other reason other than that it is the patient's choice to be seen at different service for BDD/ OCD to that provided locally or is already commissioned. The patient and GP are fully aware of their local commissioned service but do not wish to use it.

d) The GP believes the referral to be clinically appropriate. The referral would be to another IAPT provider or if the patient has more complex problems to a consultant led tam for medication advice and to a more experienced psychologist/ cognitive behaviour therapist. The GP has assessed for risk – the patient does not have any significant risk factors (e.g. a risk of suicide or self-neglect) that require local CMHT involvement. Neither does the patient need care integrated with social services nor inpatient care.

My questions for the FOI request all relate to the CCG's policy documents or agreed care pathway in the above scenario.

1) Can the GP refer direct to an out of area provider? If not, what is the pathway for such referrals? For example, must such referrals go to a clinical triage service to determine it is appropriate to refer to

another provider? Must the referral go first to a panel to determine exceptionality for the patient not to be treated locally? If yes, what are the criteria used in the scenario above for the patient to be referred out of area? When does the CCG consider the "exceptionality" issue applies for a referral out of area? For example, must the patient have exhausted or tried treatment in local services?

A GP cannot make a direct referral to an out of area provider, regardless of whether the CCG provides a locally commissioned service.

If the CCG did not commission a service, the GP would need to make an application on behalf of the patient to the local CCG's Exceptions Panel, who would consider whether any existing "in county" service(s) could offer the service/procedure required by the patient.

If the CCG does commission a local service, and the patient wishes to exercise "patient choice" by requesting an out of area provider, then this would need to go to the CCG funding panel to consider whether the criteria has been met to access a different service.

If an Individual Funding Request (IFR) is received relating to patients who wish to have mental health treatment out of area, it is usual practice to understand if the patient has been through the local commissioned pathway and what the view of the local consultant team is in relation to the requested treatment. For an IFR to be approved the patient would usually be expected to have exhausted all local options and also demonstrate clinical exceptionality.

To meet the definition of 'exceptional clinical circumstances' there must be a CCG policy in place that describes the availability of the requested intervention and the patient (or their clinician must demonstrate that they are both):

- *Significantly different clinically to the group of patients with the condition in question and at the same stage of progression of the condition*

  AND

- *Likely to gain significantly more clinical benefit than others in the group of patients with the condition in question and at the same stage of progression of the condition*

2) If the patient can be referred direct for an assessment to another provider and the provider seeks authorization for funding, what is the pathway for such referrals – for example is the request taken to a special panel or dealt with by a commissioner? As in question (1) does the panel or commissioner use any specific criteria to agree to fund the assessment of the patient?

Please see the response to question 1. Any funding arrangements would be considered by the Exceptions Panel and based upon need

3) If a patient is assessed by another provider and found suitable for treatment, must a further application for funding be made for treatment? As in question (1) does the panel or commissioner use any criteria to agree to fund the patient's treatment or suggest that they are treated locally?

Any funding arrangements that is a change from the original agreement, approved by the Exceptions Panel, would require a re-application