**NCL Consultant to Consultant Referral Protocol**

**Background and scope**

1. The purpose of the NCL Consultant to Consultant (C2C) Referral Protocol is to ensure patients are managed in the most appropriate care setting and referral decisions are made in patients’ best interest. Referrals from Emergency Departments are governed by different policies and therefore out of scope.

**Protocol**

1. Consultant to Consultants referrals are deemed **appropriate** if **any** of the following criteria are met;
* Condition relating to the original referral. This may be within the same specialty or to a different specialty, including for specialist advice or diagnostics
* Confirmed or suspected cancer;
* Urgent problems for which delays could be detrimental to the patient;
* Pre-operative assessments, including other specialties such as cardiology
* Additional vulnerabilities which could increase risk to patient if referral not made e.g. frail and elderly, homeless, suspected dementia, learning disability and/or autism, serious mental illness, carer (list not exhaustive)
* Original referrals sent to the wrong specialty

**Patients should not be referred to their GP to request a new referral**

1. At present Consultant to Consultants referrals are deemed **not** **appropriate** for non-urgent conditions **unrelated** to the original referral or condition.

**Patients should be referred to their GP for their input. Patient expectation should not be raised about a new referral to secondary care.**