

Consultant to Consultant Referrals

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Abstract

This report looks at the issue of Consultant to Consultant (C2C) referrals for outpatient attendances in England. It highlights the increasing proportion of such referrals over the last five years and the high level of variation between providers.

Introduction

The issue of consultant to consultant (C2C) referrals has long been a source of dispute between commissioners and acute care providers. One of the reasons is that they incur a cost to the commissioner without a GP being involved in the decision. The issue was given formal attention in this year's (2007/08) contract activity plan – but to date there has been little comparative data to inform commissioners.

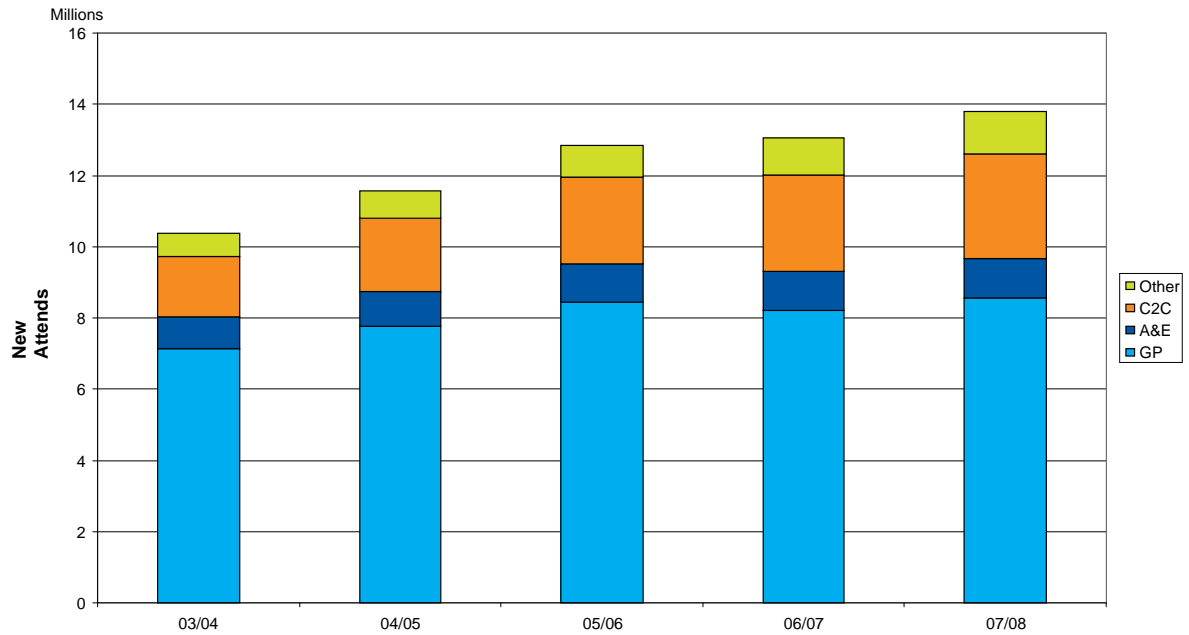
Outpatient data is not of a very high quality. English 2007/08 HES data shows 16 million new attendances but only 13.8 million (86%) have usable codes for source of referral. However, there is sufficient data to allow for analysis and interpretation of general trends. For this analysis researchers at CHKS focused solely on England, but a quick examination showed a similar picture in Scotland and Wales (the Northern Irish data available was not adequately coded).

Five year trend

The first graph shows the total new attendances over the last five years split into four categories for source of referral – GP (the largest proportion), A&E, C2C and “other” (this covers a range of sources such as self-referral, from a dental practitioner and following an emergency admission). Over the five years the total attendances recorded have increased by a third (32%) with all sources increasing their

volume. C2C shows the largest proportional increase going from 16% to 21% of attendances (1.7 to 2.9 million attendances) with GP reducing from 69% to 62% (despite having increased from 7.1 to 8.6 million). This means that whilst the overall number of outpatient attendances has increased C2C referrals have increased disproportionately.

5 year trend of new attendances by source of referral

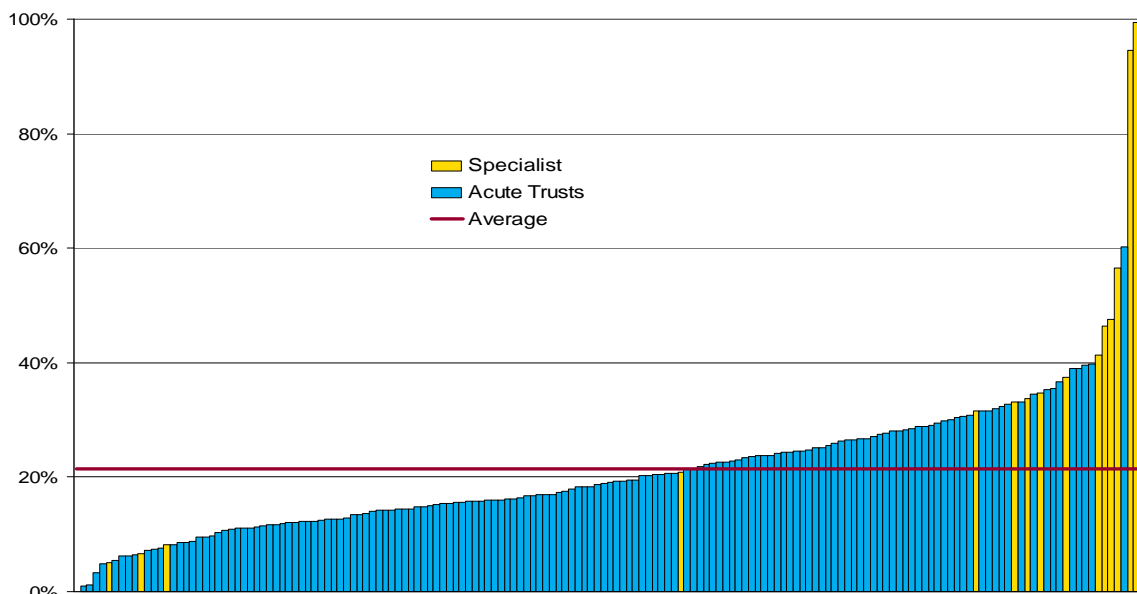


Variation between providers

The second graph uses the most recent financial year's data (2007/08) and shows all acute trusts with the percentage of new attendances that followed a C2C referral. Specialist trusts have been identified because (as will be discussed below) certain services have a very high C2C rate –

in particular, oncology. Hence the specialist trusts tend to be at either extreme of the spread. However, the range for non-specialist trusts is staggering at 1-60%. The average across all trusts is 21%. It is difficult to explain why there should be such a wide variation.

% of new attendances that are C2C

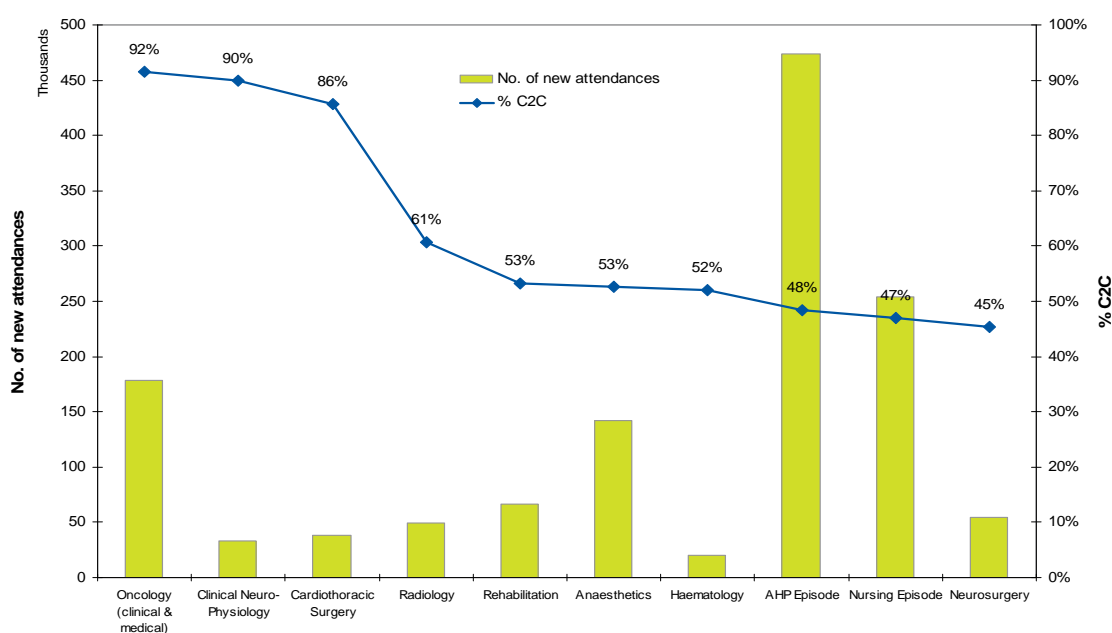


Specialty analysis

Finally, for this analysis CHKS looked at which specialties had the highest proportion of C2C referrals, again using 2007/08 data. Many of the specialties were so specialised that they had very low numbers of attendances so we excluded all those

with less than twenty thousand attendances in the year (this included clinical genetics, paediatric cardiology and paediatric neurology). Oncology shows the highest proportion at 92% C2C which is not surprising.

Top 10 highest %age C2C



Perhaps of most interest to commissioners is the volume, and the C2C proportion, of patients seen for an allied health professional (AHP) episode and a nursing episode. Whilst these will include some specialised clinics, it is possible that there are a number of patients who could have been seen in a more local setting outside of the hospital.

Little seems to have been published showing comparative information about this topic, and yet it is potentially a significant area for further local exploration.

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