**Neuroscience referral guidelines for primary care practitioners**

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**Introduction**

The demand for appointments in Neurology Outpatients is very high. It is essential that waiting times are kept to a minimum to ensure patients with serious neurological illnesses receive timely assessment and management. Patients with some conditions may be better served by other specialities or be adequately managed in primary care. For these reasons we have developed the referral criteria set out in this document.

Please be reminded that only referrals made by general practitioners, through E-referral service will be accepted.

All patients referred to general neurology will be 'Directly booked' an appointment before triage if this rejected or redirected then the referring primary care organisation or GP Surgery will need to inform the patient. All these changes are recorded on the E referral system and can be monitored there.

**Referral Pathways**

**2.1 Urgent Referral Pathways**

**Suspected cancer of the Brain or CNS. 2WW pathway.**

This is for patients with suspected cancer symptoms only. Do not use this service to refer other types of 'Urgent' neurology patients. 2WW Brain (Nervous System) (RAS Triaged) various sites.

If there is a space occupying lesion detected in the brain scan you have already requested, please refer urgently to King's Neuro-oncology MDT by referring to neuro-oncology at Kings on e-referrals here: **2WW - Brain (CAS) Clinical Assessment Service (2WW Pro-Formas Only) Service for Kings @ PRUH - RJZ30.**

Please complete a King's College Hospital – Neuro-oncology MDT Proforma available here:

For further Information please email: [**kch-tr.NeuroOncologyMDTReferrals@nhs.net**](mailto:kch-tr.NeuroOncologyMDTReferrals@nhs.net)

If the scan result is reassuring and patient is still symptomatic, then please refer back to local neurology for headaches management in a non-2WW pathway

Do not use either of these services to refer other types of 'Urgent' neurology patients. Other Urgent neurology patients should be referred to General Neurology with accompanying letter from a GP or Consultant explaining urgency.

For further guidance on 2ww referrals please refer to NICE Guidance NG12: [**https://www.nice.org.uk/guidance/ng12**](https://www.nice.org.uk/guidance/ng12)

**2.2 Urgent & First Seizure Referral**

**From Primary care:**

If you are referring from primary care to secondary care and a patient has experienced a first ever seizure please refer in writing to the: **Urgent & First Seizure services** at any site East Kent Hospitals via E-referral system.

Thank you for implementing the following neurology referral guidelines accurately, your referral will be accepted as a result

Listed are several symptoms or situations other than first seizure and suspected cancer that would be considered urgent.

**Here's a concise list of key factors:**

New first seizure

Rapidly progressing, neurological deficits (e.g., weakness, confusion, cognitive decline, numbness, vision changes)

Recurrent seizures

Headache with 'Red flag' signs mentioned in NHS Kent & Medway CCG Guidelinefor management of Adult with headaches and Migraine in Primary care : **management-of-adults-with-headaches-and-migraines-in-primary-care-20.pdf (medwayswaleformulary.co.uk) Request urgent MRI of brain**

Signs of increased intracranial pressure (e.g., papilledema)

New onset of ataxia or balance problems

Suspected paraneoplastic syndrome

These symptoms or situations warrant urgent evaluation as they may indicate a rapidly progressing underlying condition or immediate risk to the patient.

Each referral will be triaged and if accepted 'first seizure' patients will be prioritised and an appointment scheduled to within 0-6 weeks depending on availability.

**From Internal/secondary care:**

Referring from anywhere within the trust for patients who present with a first seizure or suspicion of a first seizure. This is a referral form for first seizure only. Referrals for other neurological indications will not be accepted through this pathway. [Referrals | Health Professionals | East Kent Hospitals](https://www.ekhuft.nhs.uk/health-professionals/referrals/)

**2.3 Seizure Safety Advice**

**There are some selected strategies to reduce risk of seizure-related injury:**

Wear protective clothing, equipment while playing sports or biking

No unsupervised swimming

Use a shower, rather than a bathtub

Adjust the temperature on the hot water heater to lower the risk of scalding

Use a microwave/oven versus a stovetop

Avoid locking the bathroom or bedroom door

Remove sharp or potentially dangerous objects away from bed

Use soft or padded furniture

Avoid high ladders/heights especially if unattended

Take medications as prescribed

**Further information can be accessed on:**

[**www.epilepsy.org.uk/info/daily-life/safety/practical-guidance**](http://www.epilepsy.org.uk/info/daily-life/safety/practical-guidance)

[**https://www.epilepsysociety.org.uk/**](https://www.epilepsysociety.org.uk/)

**Neurology Services EKHUFT**

**3.1 General Neurology Service**

The general neurology service ***General Neurology*** is available at a variety of locations throughout East Kent. This service is available through the E-referral system each referral request should be accompanied by a single written GP referral letter, each referral is triaged and either:

a. Accepted, an appointed will be manually booked

b. Rejected, GP informed on ERS and by letter (it is the referrer's responsibility to inform the patient of the status of their referral.)

c. Redirected, GP informed on ERS and by letter (it is the referrer's responsibility to inform the patient of the status of their referral.**)**

**Thank you for following the neurology referral guidelines accurately, your referral was accepted**

**Conditions treated:**

General Neurology

Cognitive Disorders

Epilepsy

Neuromuscular

Multiple Scerosis

Parkinsons Disease

Migraine - see exclusion criteria before referral for management in primary care.

Encephalitis

Bell's Palsy

Autonomic Nervous System Disease

Basal Ganglia Disease

Brain Tumour

Cerebral Palsy

Cerbellar Disease

Cerbrovascular Disease - See exclusion criteria before referral

CNS infections

Peripheral Neuropathy & Charcot-Marie Tooth disease

demyelinating disease

General Conditions ( Neuro-cutaneous syndromes, inborn errorsof metabolism)

mitochondrial disease

mononeuropathies

motor neurone disease

Movement disorders (e.g Tremor/ Dystonia)

myasthenia gravis

myopathy

neurological emergencies

neurological syndromes

neurosyphilis

neuralgia

parkinsons Disease

spinocerebellar disease

Spinal muscular atrophy

Sleep disorders

syringobulbia

syringomyelia

trigeminal neuralgia

tension headache

**3.2 Specialist Neurology Services**

We offer specialist services at a variety of locations these include:

**Complicated/Severe Epilepsy**

**Multiple Sclerosis**

**Parkinsons / Movement Disorder**

**Peripheral Nerve**

**Abnormal Nerve conduction study**

**Motor Neurone Disease**

All these services are on E-referral system as a referral assessment service and are carefully triaged before any appointment is scheduled.

**Patient Journey Through a Referral**

**Patient journey through a referral via a Referral Assessment Service (RAS)**

Patient presents to referrer with condition Referrer diagnoses patient/requires care from a specialized clinic Referrer patient activity list is determined Triage outcome options:

* Refer/Book Later
* Triage - see comments' status
* Refer/Book Now - Appointment booked
* Refer/Book Now - Clinics shortlisted (referral not booked)
* Return to Referrer with Advice

Once appointment is arranged, patient attends specialist clinic Provider cancels appointment, and referral is displayed on the:

* RAS' 'Appointment for Booking' worklist
* Referrer's 'Awaiting Booking/Acceptance' worklist with a status 'Appointment cancelled by provider'

Provider cancels referral (and appointment) Referral displayed on the referrer's 'Referrer Action Required' worklist with a status 'Cancelled UBRN' Cancelled referral can be found by both providers (RAS and onward service) by using the patient enquiry

**Referral Protocols / Criteria for Acceptance**

This document contains guidelines for the referral of patient to outpatient neurology clinics in East Kent secondary care. Where there is doubt cases should be discussed with a member of the neurology team we can be contacted through Advice & Guidance. Or by contacting the neurology administration management team at: ekhuft.neurology@nhs.net and we will attempt to provide further detail.

**We are unable to accept referrals through this email address.**

**All referrals must be made through the E-referral system.**

Please note it remains the responsibility of the referring team to communicate the outcome of the referral to the patient.

Urgent Neurology requiring referral to on call physician. Please contact Main switchboard: 01227 766877 please ask for the operator and one of our switchboard operators will be happy to help you.

We exclude and reject Advice and guidance requests from any other source than General Practitioner or consultant

We exclude and reject Advice and guidance requests for Stroke or TIA – please see stroke service

We exclude and reject Advice and guidance requests requiring a specific consultant that is not named or listed.

**We may exclude or reject referrals for the following examples.**

**Upon rejection it is the referrer's responsibility to notify the patient.**

Patients aged under 16 years – Younger patients are normally dealt with by paediactrics a variety of Paediatric services are available on E-referral system.

Patients **‘not’** referred by a Medical doctor or Consultant. We do not accept referrals from Nursing, Therapies, Advanced clinical practitioners, Practice managers. Referrals from these sources may lead to a rejection back to source of referral.

Please only submit one written GP referral letter. Please state in writing the reason for referral, please examine the rest of this document especially further exclusions & alternative services below, to ensure you are referring to the correct service. Accompanying documents or evidence are not required at the triage stage.

Please state in referral letter if the patient has any special requirements or if they require an interpreter. Please ask patient to bring a list of their prescribed medication.

**Exclusions & Alternative Services**

**We may exclude or reject referrals for the following exclusions. Upon rejection it is the referrer's responsibility to notify the patient.**

1. **Parkinson's and Movement Disorders patients aged 75+** can be referred to **Movement Disorders - Geriatric Medicine** at East Kent Hospitals University NHS Foundation Trust (EKHUFT) via the e-referral system.

2. For **headache services**, there is a local community service available via e-referral: **Headache Service - Bethesda Medical Centre – NWM**.

Please also refer to advice document for managing headache symptoms in Primary care before referral, available here:[**https://www.medwayswaleformulary.co.uk/media/1353/management-of-adults-with-headaches-and-migraines-in-primary-care-20.pdf**](https://www.medwayswaleformulary.co.uk/media/1353/management-of-adults-with-headaches-and-migraines-in-primary-care-20.pdf)

3. **Fatigue syndromes** without definite neurological symptoms or signs can be managed by local **pain management services** via the e-referral system.

4. **Back pain** without neurological signs can also be managed by local **pain management services** via the e-referral system.

5. **Suspected dementia or cognitive impairment** cases are generally more appropriate for referral to Memory Clinics.

6. **Elderly patients** with neurological problems, especially those due to **vascular and neurodegenerative disease**s, can be referred to local **geriatric medicine services** via the e-referral system.

7. **Giant cell arteritis** should be referred to various **rheumatology services** via the e-referral system, as neurology will reject these cases.

8. **Transient ischemic attack (TIA)** should be referred to the TIA fast access clinic via email: [**Ekh-tr.TIA-Referrals@nhs.net**](mailto:Ekh-tr.TIA-Referrals@nhs.net)

9. For **loss of consciousness** cases, provide evidence of syncope or epilepsy and refer based on probability. Inform patients with unexplained loss of consciousness to stop driving and inform the DVLA.

10. For **ulnar neuropathy**, refer directly to **neurophysiology** referral if necessary. ekh-tr.neurophysiology@nhs.net at Kent & Canterbury Hospital for nerve conduction studies. Orthopaedic referral may be necessary.

11. **Meralgia paresthetica** does not require neurological referral or nerve conduction studies unless there is an underlying structural cause.

12. For suspected **carpal tunnel syndrome**, refer directly to **neurophysiology** in Canterbury via the East Kent Carpal Tunnel Syndrome Care Pathway.

13. For **dizziness**, refer as follows: presyncope (cardiology), uncomplicated vertigo without neurological symptoms (ENT), vertigo with neurological symptoms (neurology), fatigue syndromes (general medicine).

14. For Acute or Urgent neurology cases, contact the main switchboard at 01227 766877 and ask for the on-call physician.

15. **Uncomplicated vertigo** described as a sensation of being on a ship or with horizontal rotation without other neurological symptoms should be referred to ENT.

**Further exclusions & alternative services:**

**Fatigue syndromes**

In the absence of definite neurological symptoms or signs, fatigue rarely has a neurological basis. This can be managed by pain services refer to a variety of **pain management** services locally on the E-referral system.

**Back pain without neurological signs**

Again this can be managed by pain services refer to a variety of **pain management** services on the E-referral system.

**Dementia & cognitive impairment**

More elderly patients with suspected dementia are generally most appropriately referred to a Memory Clinic here : Memory Clinic, CMHSOP , Folkestone Health Centre,15-25 Dover Road, Folkestone, [kmpt.shepwaycmhsopadmin@nhs.net](mailto:kmpt.shepwaycmhsopadmin@nhs.net), CT20 1JY or Memory Clinic, Gregory House, St Martins Hospital, Littlebourne Road, Canterbury, Kent, CT1 1TD.

**Geriatric medicine**

Geriatric specialists often have particular skills in assessing elderly patients with neurological problems especially those due to vascular and neurodegenerative disease. Refer to **geriatric medicine** locally on E-referral system.

**Loss of consciousness**

Detail the evidence of syncope or epilepsy and refer on the basis of probability.

Document seizure markers:

* unconsciousness for more than 5 minutes
* amnesia greater than 5 minutes
* injury
* tongue biting
* incontinence
* conscious with confused behaviour
* post attack headache

**Inform patients with attacks of loss of consciousness of uncertain origin they must stop driving and inform the DVLA, pending clarification of the diagnosis.**

**Ulnar neuropathy**

If ulnar nerve at elbow is affected avoid pressure and avoid bending elbow. Nerve conduction studies should be requested directly from Neurophysiology, Kent & Canterbury Hospital. Orthopaedic referral if necessary. [ekh-tr.neurophysiology@nhs.net](mailto:ekh-tr.neurophysiology@nhs.net)

**Meralgia Parasthetica**

Pain on the outer side of the thigh, occasionally extending to the outer side of the knee, usually constant; burning sensation, tingling, or numbness in the same area. No other neurological symptoms or signs. Neurological referral not indicated. Nerve conduction studies are not indicated. Very rarely underlying structure cause e.g. inguinal mass.

**Carpal tunnel syndrome**

The East Kent Carpal tunnel Syndrome Care Pathway allows a general practitioner who suspects CTS to refer directly to Neurophysiology in Canterbury where tests can be performed and a plan for treatment made in one visit. Much of the treatment is then carried out in primary care. Please see [http://www.carpal-tunnel.net/kentinfo/pathway.](http://www.carpal-tunnel.net/kentinfo/pathway) Steroid injections should not be given unless the diagnosis has been confirmed with nerve conduction studies.

**The dizzy patient**

“Dizziness” includes:

* presyncope (***refer cardiology*** through e-referral see Syncope)
* uncomplicated vertigo with no other neurological symptoms or signs (***refer ENT***, see Vertigo)
* vertigo with neurological symptoms or signs (***refer to neurology***; see Vertigo)

fatigue syndromes (***refer General Medicine;***  see Fatigue Syndromes)

**Urgent Neurology requiring referral** to on call physician. Please contact Main switchboard: 01227 766877 please ask for the operator and one of our switchboard operators will be happy to help you.

**Uncomplicated vertigo.**

If described as a sensation of being on a ship or with horizontal rotation in the absence of any other neurological symptoms or signs is usually of peripheral origin: ***Refer***

***ENT***

We exclude and reject Advice and guidance requests from any other source than General Practitioner or consultant

We exclude and reject Advice and guidance requests for Stroke or TIA – please see stroke service

We exclude and reject Advice and guidance requests request’s requiring a specific consultant that is not named or listed.

**Advice and Guidance Referrals**

**When to use Advice and Guidance**

A&G request should be made where a care provider seeks further information on a medical condition from a secondary care specialist. The request must be made via the Electronic Referral Service (ERS) and include relevant medical history and adequate clinical information is supplied It is expected that all other medical resources are used prior to sending the request.

If the quality of the request is not clear then these will be returned to the referrer for further information.including attachments such as clinical photography or ECGs where appropriate, with relevant consent. If documents are to be scanned ensure the quality of the document is suitable.

The nature of the request should be entered in the box as indicated below. Do not attach .RTF formatted documents (Rich text files)

ensuring the patient does not meet exclusion criteria for advice and guidance as specified in the provider’s NHS e-RS directory of services (specialist teams will specify exclusions for both advice and guidance and face-to-face clinic services in the directory of services available on NHS e-RS). In general, advice and guidance should not be used to ask questions about:

* emergency patient care.
* patients already under hospital follow-up. (These should be directed to the relevant specialty via telephone/email or use the following link and selecting the service –**https://www.ekhuft.nhs.uk/patients-and-visitors/services/**
* clinical questions where accessible local or national guidance already exists.
* Patients suspected of cancer.

**A&G converted into a referral**

The referrer is expected to authorise any A&G requests to be converted to a referral by the provider

Where an advice and guidance request is converted to a referral by the provider, it will show in the referrers advice and guidance worklist as “update available –referral accepted.

It is the responsibility of the referring clinician to inform the patient of the conversion to referral.

**EKHUFT response standards**.

A&G will be responded to within 2 working days.

Where clinically appropriate, the Trust will convert the A&G request into a referral.

All responses will be provided via the ERS system

The Trust will provide clear and concise responses to detail the best care plan for the patient, and/or provide the referrer with further medical resource to advise on the best course of treatment.

The Trust will internally monitor these standards to ensure compliance and escalate within the organisation where these are not being adhered to.

All services, where clinically appropriate will offer an A&G service.

If the quality of the request is not clear, the reviewing clinician is permitted to return the request to the referrer for further information Consultation and Approval

This SOP will be approved and agreed by the:

Advice and Guidance Task and Finish Group

CEMG

Patient presents to referrer with condition Referrer seeks advice from clinical colleagues Actions:

* Referrer creates A&G request
* Attaches clinical information if necessary

Provider reviews request and responds Actions:

* Refers patient
* Closes request
* Returns information to provider

Referral displayed on the provider's 'Advice and Guidance requests' worklist with a status of either 'Provider response required' or 'Referrer to submit further information' Referrer patient activity list shows the status of the request - either 'Provider response required' or 'Referrer to review response'