Clinical Standard Operating Procedure (SOP)

# ACCESS TO SECOND OPINION AND REFERALS TO OTHER CENTRES/SERVICES.

**SETTING** Bristol Royal Hospital for Children and Paediatric Cardiac Services

**FOR STAFF** Medical and Nursing Staff

**PATIENTS** Paediatric cardiac patients and their families

## STANDARD OPERATING PROCEDURE

1. Any patient and/or carer/family may request a second opinion from another clinician or another cardiac unit for a variety of reasons. Preferably this should be via their existing consultant cardiologist. Alternatively the cardiologist/cardiac surgeon, and/or the wider team may, with consent of the patient/carer request a review from another cardiac centre. Such requests should be viewed in a positive manner by all concerned as the additional is sought from a wider field, will help confirm and/or enhance decision making and recommendations for treatment pathways.

2. There should be a clear understanding as to why the second opinion is being sought and documented in the letter of onward referral e.g. Request for wider additional clinical opinion or an alternative location for treatment for whatever reason which under a duty of candour may include a loss of confidence in current treating team.

3. Consideration should be given to the known expertise of the clinician/unit from whom the second opinion will be sought as well as the location of the specialist centre which may be a particular factor for the patient/family should transfer of care be considered as an option following the review of the case. If the request is accepted, the patient should be referred to the centre of the second opinion of choice.

4. A letter will be written by the existing Consultant Cardiologist/Cardiac Surgeon within 2 days for inpatients, 7 days for OPD.of the request to allow gathering of essential information out lining:

    a. A summary of the reason for the request and whether this is a clinician based request or based on a patient/family/carer request which will help to facilitate the most appropriate response. This may include taking over the further management of the patient in question.
    b. This may be supported by a pre-emptive clinician to clinician telephone/video conference call.
    c. A detailed medical & surgical history, including surgical/interventional procedure notes.
    d. An electronic transfer of digital images.
    e. A timescale/clinical urgency of the request.
    f. A copy of the referral letter should be made to the GP and any relevant parallel services involved in the case.

5. After the second opinion has been provided, a discussion with the patient/family/carer should take place to agree on the next step in care which is some cases will involve

parallel/palliative care pathways. Involvement of clinicians treating co-morbidities, clinical nurse specialist, clinical psychology, play therapy and palliative care/bereavement teams should be engaged as appropriate and as early as is possible.

6. If, in the unusual circumstance, there is conflict between the recommendations obtained and patient/family/carers wishes then this should be escalated through other channels such as LIAISE, Medical Director or the Trust Ethics committee.

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**RELATED DOCUMENTS**

**AUTHORISING BODY** Cardiac Services Clinical Governance Group

**QUERIES** Sheena Vernon/Dr Andrew Tometzki