

Clinical Standard Operating Procedure (SOP)

ACCESS TO SECOND OPINION AND REFERRALS TO OTHER CENTRES/SERVICES

SETTING	Bristol Heart Institute
FOR STAFF	Doctors and nurses looking after ACHD patients
FOR PATIENTS	Adult patients with congenital heart disease

STANDARD OPERATING PROCEDURE

- Any patient may request a second opinion from another clinician or another cardiac unit for a variety of reasons. Preferably this should be via their existing named consultant cardiologist. Alternatively the cardiologist/cardiac surgeon, and/or the wider team may, with consent of the patient 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.
- 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 team.
- 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 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.

Process:

1. A letter will be written by the existing consultant cardiologist/cardiac surgeon within 7 days of the request to allow gathering of essential information outlining:
 - A summary of the reason for the request and whether this is a clinician-based request or based on a patient request, which will help to facilitate the most appropriate response. This may include taking over the further management of the patient.
 - This may be supported by a pre-emptive clinician-to-clinician telephone/video conference call.
 - A detailed medical & surgical history, including surgical/interventional procedure notes.
 - An electronic transfer of digital images.
 - A timescale/clinical urgency of the request.

2. A copy of the referral letter should be made to the GP and any relevant parallel services involved in the case, including the local hospital if appropriate.
3. After the second opinion has been provided, a discussion with the patient should take place to agree on the next step in care, which in some cases will involve parallel care pathways. Involvement of clinicians treating co-morbidities, clinical nurse specialist, clinical psychology, and parallel teams should be engaged as appropriate and as early as is possible.
4. In the unusual event of a conflict between the recommendations obtained and patient wishes then this should be escalated through other channels such as the Medical Director or the Trust Ethics committee.

RELATED DOCUMENTS Congenital Heart Disease Standards and Specifications, NHS England.
<https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/03/chd-spec-standards-2016.pdf>

AUTHORISING BODY Cardiac Executive Group

QUERIES Contact any of the following via UH Bristol switchboard – 0117 923 0000

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