

## Freedom of Information Request Secondary Care Referrals

1. On behalf of which Trust are you responding?

Hywel Dda University Health Board

### **Part 1 – Internal Referral Pathways and screening tools**

2. Does your trust have an internal referral pathway to rheumatology from:

a) Dermatology

Yes

No

Not sure / don't know

b) Gastroenterology

Yes

No

Not sure / don't know

c) Ophthalmology

Yes

No

Not sure / don't know

3. Please give details of any standard internal pathways in place. Please attach any documents to support this.

Gastroenterology: Current referral pathway is to write a referral letter to Rheumatology.

Dermatology: Consultant to Consultant/Consultant to Clinical Nurse Specialist/Clinical Nurse Specialist to Consultant.

Ophthalmology: Communication between Consultants.

4. What referral protocols are in place? e.g. are patients referred back to the GP with consideration / instruction to refer onward for rheumatology opinion.

Gastroenterology: If a patient is identified by the Gastroenterology team as needing a Rheumatology referral, a letter is sent from clinic directly to the Rheumatology Team and a copy is sent to the GP for information.

Dermatology: GP will refer into Secondary Care. The Consultant will triage and where appropriate will provide advice to the GP or accept the referral onto the waiting lists.

Ophthalmology: Letter to consultant with copy sent to GP. There is no system in place to track.

5. Does your trust utilise any screening tools such as Dublin Uveitis Evaluation Tool (DUET) or Psoriasis Epidemiology Screening Tool (PEST):

Yes

No

Not sure / don't know

6. Please give details of any screening tools in place. Please attach any documents to support this.

PASI – Psoriasis area and severity index

DLQI – Dermatology life quality index

EASI – Eczema area and severity index

## **Part 2 – Internal referral volumes**

7. Are you able to track internal referral volumes on your systems?

Yes

No

Not sure / don't know

8. How often do you receive referrals for suspected axial SpA in rheumatology from:

a) Dermatology

Weekly

Monthly

Quarterly

Less often

Never

b) Gastroenterology

Weekly

Monthly

Quarterly

Less often

Never

c) Ophthalmology

Weekly

Monthly

Quarterly

Less often

Never