

# NHS E-REFERRAL SERVICES 2023

A GUIDE FOR CLINICIANS AND PRACTICE STAFF





Sulis Hospital Bath is an independent hospital wholly owned by the Royal United Hospitals Bath NHS FoundationTrust (RUH)



**Simon Milner**Hospital Director

#### A WARM WELCOME

Sulis Hospital (formerly known as Circle Bath) is an award-winning hospital recognised as one of the finest hospitals in Britain.

We are one of the first private hospitals in the UK to be 100% owned by an NHS Trust. Additional revenue, generated through the care of private patients, is reinvested in high-quality services for all patients through The Royal United Hospitals Bath NHS Foundation Trust.

This is a new way of thinking in healthcare, benefiting all. Collaboration with The Royal United Hospitals Bath NHS Foundation Trust has excellent benefits. The true value of our ability to preserve and contribute towards the NHS while at the same time offering the same high level of patient care is being realised. We benefit in terms of governance and best practice while at the same time creating extra capacity to treat NHS patients.

It's the caring nature of our people that sets us apart and we are delighted to be rated Outstanding for 'Caring' and 'Good' overall by the Care Quality Commission.

Now more than ever, collaboration is important, and we continue to provide the highest standards of patient care with compassion and kindness in a safe environment.

Thank you for placing your trust in us to care for your patients.

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E-referral Administration 01761 422260 GP & Primary Care Liaison 01761 422214 Main Switchboard 01761 422222



## WHY REFER YOUR PATIENT THROUGH **E-REFERRAL TO SULIS HOSPITAL BATH?**

We are a leading healthcare facility in Bath rated outstanding for care and remain focused on this. Our staff are passionate about ensuring we provide a better healthcare for everyone. We are committed to develop and grow our state-of-the-art services and enhance our partnerships with consultants, clinicians and associated clinical networks.

### WHAT DO SULIS E-REFERRAL PATIENTS **BENEFIT FROM?**

- Short waiting times.
- · Private inpatient bedrooms with en-suite facilities.
- · Consultant-led care throughout.
- · Free parking directly outside the hospital.
- No extra cost as an NHS patient.
- · Zero incident track record of hospital-acquired MRSA bloodstream and C. difficile infections.
- · Flexible visiting hours and delicious food, available all day.

98% of patients rated us as very good or good in feedback provided during the 2022.

Five-star rating based on patient reviews posted on NHS Choices website.

All our consultants are leading specialists within their own field of expertise, and the majority have substantive NHS contracts within the local area.

We can treat patients with significant co-morbitity. For further clarification, please contact the pre-assessment team on 01761 422200.

We can treat patients who require more technically complex surgery.

We routinely send Quality and Outcomes Framework data gathered at Sulis.

### **FACILITIES AT SULIS HOSPITAL BATH**

- · Twenty-eight inpatient bedrooms with en-suite facilities
- · Twenty-two day case beds within a dedicated day case unit
- · Nine ambulatory care beds
- Ten consulting rooms plus four treatment rooms
- Four state-of-the-art theatres
- |AG accredited endoscopy suite
- · Full diagnostic imaging facilities, including advanced digital X ray, MRI, CT and ultrasound
- Full physiotherapy unit with specialist physiotherapists

#### INTEGRATION

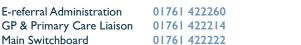
Main Switchboard

Integrated pathology and diagnostics results are available by ICE.

#### **USEFUL INFORMATION**

The recent acquisition of Sulis Hospital by the Royal United Hospitals Bath NHS Foundation Trust means that in the unlikely event of a transfer being necessary to an acute facility, your patient will usually be looked after by the same consultant thereby ensuring the continuity of care. Many of our consultants hold substantive NHS posts at the RUH or other facilities nearby.







# INFORMATION REQUIRED TO COMPLETE PATIENT REFERRAL

- GP referral letter.
- · Past medical history.
- · Current medication.
- Patient BMI, or indication that the patient's BMI is below 40.
- Known radiology reports with details of where and when the scans were undertaken.
- · Other known diagnostic reports.
- Funding application, if relevant.

Referrals are only to be accepted through the electronic e-Referral system. Sulis Hospital is not able to accept paper referrals.

#### **EXCLUSION CRITERIA**

If you have any queries about a particular patient's suitability to be referred to Sulis Hospital through e-Referrals, please contact our pre-assessment team on **01761 422200**.

#### Simple exclusion guidelines

- Patients with a BMI greater than 40 and greater than 35 for spinal treatments.
- · Patients under the age of 18.
- MI/CVA/recurrent TIA within the last six months.
- · Severe COPD/asthma/bronchiectasis.
- · Diagnosed myelodysplasis/haemophilia/thrombocytopenia.
- · Any patients with an ASA score of three (who were unstable).
- · Patients who have a current and significantly unstable psychiatric disorder.
- · Any revision surgery.

#### SULIS HOSPITAL BATH

#### KEY:

- ✓ Patient with this Co-morbidity may be treated at Sulis
- X Patient with this Co-morbidity may not be treated at Sulis
- ? Patient with this Co-morbidity may be treated at Sulis, however must be risk assessed, reviewed by Anaesthetist and/or pre assessment

CARDIOVASCULAR	MAJOR SURGERY	MINOR SURGERY	COMMENTS
Uncontrolled Hypertension: persistent sys >180mmHg. Persistent Dia >100mmHG	×	х	
Myocardial infraction within the last 12 months	×	✓	Risk Assessed and Anaesthetic Assessment Required
Coronary angioplasty stenting within the last 12 months	Х	✓	
Uncontrolled or poorly controlled Angina	×	X	
MI/CVA/ recurrent TIA within the last 6 months	Х	Х	
Dysrhythmia; chronic atrial fibrillation, ectopics and $2^{nd}$ and $1^{st}$ degree heart block	1	1	Anaesthetic Assessment Required
Dysrhythmia: other	?	<b>✓</b>	Anaesthetic Assessment and Cardiac Anaesthetic
Patients with Severe aortic stenosis (Gradient $\geq$ 60mmHg)		×	
Cardiac implanted electronic device (Pacemakers) No Defibrillator	1	1	Follow CIED SOP / Refer to Cardiac Technician
Heart Failure < 6months	×	X	
DVT/PE <   Year	?	?	Risk Assessed and Anaesthetic Assessment Required
Patients with mechanical valves on Warfarin	?	?	Risk Assessed and Anaesthetic Assessment Required.
Patients with other valve disease or replacements taking antibiotic prophylaxis	×	1	Anaesthetic Assessment Required

SEVERE COPD	MAJOR SURGERY	MINOR SURGERY	COMMENTS
FEV1 <50% predicted; Patient on home oxygen. O2 Stats <92% on room air	Х	1	Anaesthetic Assessment Required
Poorly controlled Asthma (frequent acute episodes or needing nebulisation and/steroids in the last 3 months, Peak flow <2001/min	X	✓	Anaesthetic Assessment Required
Shortness of breath at rest/minor exertion. Poor exercise tolerance, i.e. unable to walk two flights of stairs or ½ mile on flat	?	?	Anaesthetic Assessment Required
Sleep Apnoea/use of CPAP	1	✓	Anaesthetic Assessment Required
Bronchiectasis (severe)	Х	✓	Anaesthetic Assessment Required

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RENAL	MAJOR SURGERY	MINOR SURGERY	COMMENTS
Renal Failure or Impairment (Creatinine > 200 µmol/L)	×	1	

NEUROLOGICAL	MAJOR SURGERY	MINOR SURGERY	COMMENTS
Myasthenia Gravis	Х	1	LA Cataracts
Severe uncontrolled neurological disorders	Х	Х	
Epilepsy Seizures within the last 6 months	X	Х	

ENDOCRINE	MAJOR SURGERY		COMMENTS
Poorly Controlled Diabetes (history of hypoglycaemia three months or HbA I c > 69mmol/L	×	X	
Rare Endocrine disorders, e.g. Addison's disease, Cushing's Syndrome	×	×	

BLOOD DISORDERS	MAJOR SURGERY	MINOR SURGERY	COMMENTS
Sickle Cell Disease	Х	<b>√</b>	Anaesthetic Assessment Required
Mastocytosis	X	X	
Thalassaemia	Х	✓	Anaesthetic Assessment Required
Myelodysplasia, haemophilia, thrombocytopenia	X	X	
Anticoagulation on warfarin (depending on indication for anticoagulation)	?	;	Dependent upon surgical procedure Anaesthetic Assessment Required

OTHER	MAJOR SURGERY	MINOR SURGERY	COMMENTS
BMI > 40	X	Х	
BMI > 35 but less than 40 with co-existing disease	?	;	Anaesthetic Assessment Required
Prescience of infected skin lesions or any ongoing infection	?	;	Surgeons Discretion
Chronic ulceration with cellulitis	×	X	
Active or severe chronic liver disease	X	ś.	Anaesthetic Assessment Required
Current MRSA positive	×	?	Surgeons Discretion
Immunocompromised HIV or active Hepatitis B or C	?	;	Anaesthetic Assessment Required
Unstable Mental Health problems	X	X	
Known History of Anaphylaxis	?	š.	Dependent upon Allergy Anaesthetic Assessment Required
Any patient who has an ASA score of 3 (who are unstable) – Please see appendix 1.	×	×	

GYNAECOLOGICAL / UROGYNAECOLOGY	MAJOR SURGERY	MINOR SURGERY	COMMENTS
Cervical colposcopy	Х	Х	
Correction female genital mutilation	×	Х	
Fertility	Х	Х	

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#### **E-REFERRAL SERVICES**

#### NON-ORTHOPAEDIC SPECIALITIES



#### **EAR NOSE AND THROAT**

**ADULT GENERAL ENT CLINIC** 

#### **PROCEDURES PERFORMED**

- Adenoidectomy
- Ear infection treatment
- Ear reshaping (pinnaplasty/otoplasty)
- ENT assessment
- Facial skin lesion diagnosis and surgery
- Functional endoscopic sinus surgery
- Grommets insertion (glue ear treatment)
- · Hearing loss management

- Nasal blockage surgery (polyps and deviated nasal septum)
- · Nasal surgery (septoplasty)
- Nose reshaping (rhinoplasty)
- · Oral lesion excision
- · Salivary gland surgery
- · Sinusitis treatment
- · Thyroid and parathyroid surgery
- Tonsillectomy

#### **CLINIC SPECIFIC EXCLUSIONS**

Please note certain procedures need funding.



#### PROCEDURES PERFORMED

Laparoscopic cholecystectomy

#### **CLINIC SPECIFIC EXCLUSIONS**

No stones in bile duct



#### **PROCEDURES PERFORMED**

- · Anal fissure treatment
- Anal fistula surgery including collagen plugs
- Any revision surgery
- Diagnostic flexible endoscopy, including colonoscopy and flexible sigmoidoscopy
- · Excision of anal skin tags and lesions

- Excision of pilonidal sinus with and without skin flap closure
- · Management of rectal prolapse
- Outpatient and surgical treatment for haemorrhoids, including THD and HALO stapling and excision
- · Rigid proctoscopy and banding
- · Rigid sigmoidoscopy

#### **CLINIC SPECIFIC EXCLUSIONS**

No stones in bile duct.

Please note certain procedures need funding.







- · Primary repair of femoral hernia
- Primary repair of incisional hernia
- Primary repair of inguinal hernia
- Repair of other hernia of abdominal wall
- Repair of recurrent femoral hernia
- · Repair of recurrent incisional hernia

- · Repair of recurrent inguinal hernia
- · Repair of umbilical hernia
- · Simple excision of inguinal hernia
- · Paraumbilical hernia
- · Inguinal scrotal hernia
- Epigastric hernia

#### CLINIC SPECIFIC FXCLUSIONS

Hiatus hernia, bilateral laparoscopic procedures, spigelion hernia repairs.

Please note certain procedures need funding.



#### PROCEDURES PERFORMED

Excision of skin lesion

· Lipoma excision

#### **CLINIC SPECIFIC EXCLUSIONS**

BCC skin lesions.

Face, top of head, breast, hip, shoulder, anus, vagina and some chest wall lipomas.

Please note certain procedures need funding.





#### PROCEDURES PERFORMED

· Abdominal hysterectomy

Abdominal myomectomy

· Anterior repair

Cervical ectropion/erosion

· Endometrial ablation for menorrhagia

· Endometrial biopsy

Fenton's procedure

Hysteroscopy +/- biopsy

 Laparoscopic removal of tubes and/or ovaries

· Laparoscopic ovarian cystectomy

· Laparoscopic treatment of endometriosis

· Laparoscopic treatment pelvic pain

· Laparoscopic sterilisation

Marsupialization Bartholin cyst

 Transcervical resection of fibroid or polyp

· Polycystic ovaries

· Posterior repair

· Vaginal hysterectomy

Vulval symptoms

#### **CLINIC SPECIFIC EXCLUSIONS**

Bloating. Pregnancy/pre-pregnancy advice.

Colposcopy. Suspected ovarian/cervical malignancy.

Urgent referrals. Contraception.

Correction female genital mutilation. Secondary or complex vaginal prolapse.

Vulval dystrophy/skin changes. Fertility.

Miscarriage/recurrent miscarriage.

Please note certain procedures need funding.

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- Biometry
- Cataract extraction
- · Intraoccular lens prosthesis or implant
- Phacoemulsification
- Slit lamp examination

#### **CLINIC SPECIFIC EXCLUSIONS**

Please note certain procedures need funding.



#### PROCEDURES PERFORMED

- Benign lumps (minor ops)
- Blepharoplasties dacryocystorhinostomies
- Entropion/ectropion

#### **CLINIC SPECIFIC EXCLUSIONS**

Please note certain procedures need funding.



#### ORTHOPAEDIC SPECIALITIES

#### CLINIC SPECIFIC EXCLUSIONS: (applicable to all procedures)

Please note certain procedures need funding.

Please ensure that you refer your patients via any MSK service required by your clinical commissioning group.



#### **ORTHOPAEDICS**

**ADULT FOOT AND ANKLE CLINIC** 

#### PROCEDURES PERFORMED

- · Ankle arthroscopy
- · Ankle fusion
- · Ankle ligament repair
- · Ankle replacement surgery
- · Big toe cheilectomy
- Big toe joint fusion
- Foot bunion removal
- · Ganglion removal (feet)
- · Ingrowing toenail treatment
- · Repair of tibialis posterior tendon
- Rheumatoid foot reconstruction
- Subtalar fusion
- · Toe deformity correction





- · Arthritis of finger and thumb joints
- Carpal Tunnel
- Dupuytren's contracture
- Excision of ganglion
- · Joint release, fusion and replacement
- · Muscle, tendon and ligament procedures
- Secondary reconstructive surgery to fractures or trauma
- Tendonitis injection and surgery
- · Wrist instability and arthritis



#### PROCEDURES PERFORMED

- · Release of nerve compressions, including carpal tunnel and ulnar nerve release
- · Carpal tunnel release surgery



#### PROCEDURES PERFORMED

- Carpal Tunnel
- Dupuytren's contracture (needle fasciotomy and fasciectomy
- · Elbow ganglion exision
- Finger joint replacement surgery
- · Ganglion removal (hand)
- Hand and lower arm arthritis treatment
- Hand and lower arm surgery nerve release
- · Hand and wrist ligament reconstruction

- Musician's hand treatment
- Peripheral neuropathies wrist
- · Sport and industrial hand injury treatment
- Tendon surgery
- Tennis/golfer's elbow treatment
- Trigger finger and thumb release
- Ulnar nerve release
- Wrist arthroscopy

#### **ADDITIONAL EXCLUSIONS**

Total elbow replacements.



#### PROCEDURES PERFORMED

- · Hip arthroscopy
- · Hip impingement surgery
- · Hip replacement surgery





- Autologous chondrocyte implantation
- Chondrotissue
- Ligament reconstruction
- · Meniscal repair
- Meniscal scaffold
- Meniscal transplant
- Micro fracture
- Osteotomy

- Partial knee replacement
- · Patella femoral realignment
- · Patella femoral replacement
- Patella stabilisation
- Therapeutic arthroscopy
- · Total knee replacement
- · Unicompartmental knee replacement



#### PROCEDURES PERFORMED

- · Arthroscopic and open surgery
- · Acromioclavicular joint excision
- Acromioclavicular joint reconstruction
- Biceps tenodisis/tenotomy
- Capsular release
- · Rotator cuff repair

- Shoulder stabilisation
- · SLAP repair
- · Subacromial decompression
- · Shoulder resurfacing
- Total shoulder replacement
- · Reverse polarity total shoulder replacement



#### PROCEDURES PERFORMED

- · Elbow arthrolysis
- · Golfer's elbow release
- · Olecranon bursa removal
- · Tennis elbow release
- · Ulna nerve transposition

#### ARTHROSCOPIC AND OPEN SURGERY

- · Acromioclavicular joint excision
- · Acromioclavicular joint reconstruction
- Biceps tenodesis/tenotomy
- · Capsular release
- · Rotator cuff repair
- Shoulder stabilisation

- · SLAP repair
- · Subacromial decompression
- Shoulder resurfacing
- Total shoulder replacement
- Reverse polarity total shoulder replacement

#### **ADDITIONAL EXCLUSIONS**

Total elbow replacements.







- Discectomy
- · Laminectomy
- · Facet injections
- Nerve root blocks
- · Diagnostic medical branch blocks
- Lumbar decompressions
- Microdiscectomy (day case and inpatient)
- · Treatment of coccyx pain

#### **ADDITIONAL EXCLUSIONS**

Cervical myelopathy.

Cervical or neck issues.



#### PROCEDURES PERFORMED

- Circumcision For medical reasons only
- · Cystoscopy (biopsy and diathermy)
- · Cystoscopy and bladder distension
- Diagnostic cystoscopies/flexible cystoscopies
- · Excision of epididymal cysts
- · Excision of hydrocele
- · Excision of varicocele
- · Excision of minor bladder lesions
- · Flow rates and bladder scans
- · Foreskin release
- Nesbitts procedures

- Orchidectomy
- Other foreskin conserving procedures including prepucioplasty and frenuloplasty
- Penile or scrotal warts and lesions
- · Prostrate massage
- Urethral dilations
- TURP Transurethral resection of the prostate
- Bladder neck incision
- · TRUS and prostate biopsy
- Vasectomy
- · Reversal of vasectomy

#### **CLINIC SPECIFIC EXCLUSIONS**

Urodynamics.

Kidney or bladder stones.

Urolift.

Botox.

Rezum.

Please note certain procedures need funding.







Varicose veins

#### **CLINIC SPECIFIC EXCLUSIONS**

Please note certain procedures need funding.

# **USEFUL CONTACTS**

#### FOR EXCLUSION CRITERIA QUESTIONS

(Pre-assessment team)

01761 422200

#### FOR GENERAL E-REFERRAL QUERIES

E-referral Administration

01761 422260

Email: sulis.bath-private@nhs.net

Main switchboard

01761 422222

Vicky Botsford

01761 422214

**GP/Primary care Liaison** 

Email: sulis.bath-private@nhs.net

#### **HOW TO FIND US**



Head southwest on the A367 to Peasedown St John. Enter the Peasedown St John bypass (A367), passing Audi and Mercedes Benz dealerships on your left. At the roundabout, take the first exit into Wellow Lane, followed by the first left into Foxcote Avenue. Follow signs to Sulis Hospital.





