

Neurosurgery Spinal Multidisciplinary Team Referral Pathway	
Providing advice and guidance on the patient referral pathway into the King's College Hospital Multidisciplinary Team (MDT) discussion for Spinal MDT.	
Conditions Treated	Conditions Treated: Any spinal condition, which is amenable to surgery, for which conservative management has not helped, and an MRI correlates and confirms the diagnosis. Do not send patients with isolated axial back pain. Procedures Performed: - Spinal Multi-disciplinary team review - Clinical assessment Exclusions: Complex Paediatric and Adult Spinal deformity should be referred to Guy's and St Thomas
	This pathway is for non-emergency referrals only. Patients with red flags for cauda equina require urgent assessment. Immediately refer to the local Accident and Emergency (A&E). Please do not refer patients with spinal infections, spinal fractures or metastatic spinal diseases to the MDT.
Suggested Investigations:	Patients should have spinal imaging prior to referral. Imaging must be no more than six months old. If the King's College Hospital did not take the imaging, please send the imaging report with the referral using IEP (Image Exchange portal) to King's College Hospital PACS (Picture Archiving Communications System). Failure to do this will result in rejection of the referral.
Referral triaged by	MDT Coordinator- non clinical
Frequency of Multidisciplinary Team Meeting	Two times weekly to discuss and review all routine and urgent spine referrals coming into King's College hospital.
Administrative Requirements:	Clinical assessment and review by community MSK (Muscular Skeletal) Triage and Treat Team with up-to-date MRI imaging completed (within 6 months of referral) required prior to onward referral for Specialist Spine Surgery review. For URGENT referrals, please ensure that all clinical letters attached are within 24 hours of the appointment request. Please include pertinent details of current condition and ensure that all mandatory fields of the form are completed, failure to do so will result in slowing the vetting process. Transport eligibility to be medically assessed and booked in line with the Trust's procedures. Interpreting services are supplied by telephone, please specify language required in the referral letter. If patient requires a British Sign Language interpreter, please state this clearly in the referral letter.
Service Notes:	The Spine Neurosurgery Service is a virtual triage, patients do not attend. Clinics are face to face and telephone, run weekly at King's College Hospital, Denmark Hill including some Saturday clinics – Extra clinics / surgery may be provided at Harley Street Clinic or Nuffield Hospital in Tunbridge Wells Neurosurgery Spinal MDT Referral Form email to kchtr.spineMDT@nhs.net Alternative Services: Complex Paediatric and Adult Spinal deformity should be referred to GSTT spinal service
MDT Coordinator	020 3299 5178 (Ext 35178)
MDT Email	kch-tr.spineMDT@nhs.net
Version: 1.2	Issue date: 17/01/2023 Date for Review: 17/01/2024 Approved by lead consultant: Gordan Grahovac



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REFERRALS

Primary Care Referrals

GP directs patient to community MSK
Triage and Treat
Team (TTT). TTT
makes Referrals
through ERS
Red Flag Symptoms
Patient must attend
Emergency
Department

TRIAGE

Referral received

Filtered by MDT coordinator (non-clinical)

Referral acceptance criteria:

- 1. All mandatory fields of form are completed.
- 2. MRI is up to date.

Rejected referrals

- No images
- Out of date images (must be within 6 months)
- Incorrect MDT referral pathway
- Incomplete referral form
- Paper referrals via letter consultant to consultant

Referrer instructed to make necessary changes.

Coordinating MDT

- Non King's patient added to PIMS and King's hospital number generated
- Images searched and arranged on PACS for demonstration and requested via IEP
- MDT list opened on PCS patient added
- Complete outcome. MDT outcome sent to referring team, GP and patient

Inter hospital referrals Received through PCS

Emailed to

kch-tr.spineMDT@nhs.net

Using Neurosurgery Spinal MDT From

On-call consultant receives referral

- 1. On-call makes assessment and Management plan.
- 2. If on-call decides an outpatient, appointment is required. On-call is responsible for making appointment through Neuro secretaries.

Secretary books outpatient appointment (if required)

Sectary sends:

- Outcome Letter to referring hospital
- Referring hospital receives outcome report to share with patient and GP.