Date GP Practice Name

Trust Consultant Name Surgery Address

Trust Details Contact Details

Contact Details

Cc:

Trust Medical Director

Patient

Dear Dr

|  |  |
| --- | --- |
| Patient full name |  |
| Patient DOB |  |
| Patient NHS number |  |
| Patient home address |  |
| Patient phone contact/ email |  |

**RE: PATIENT REFERRAL REJECTION**

The attached referral letter regarding our patient has been rejected on the basis that a proforma was not enclosed or completed in full.

I have received my referral letter and reflected on my obligations to the GMC and my contract with the commissioner. The GMC requires me to refer when I believe it is necessary to do so. Lancashire & Cumbria Consortium of LMCs has confirmed that my contractual obligations make no mention of a requirement to complete a proforma.

I have provided all the necessary information required, detailing why I think it is necessary to refer our patient for your specialist opinion. This includes their past medical history, current medications and known drug allergies. In some circumstances an attached proforma may not have been completed because:

* The information was not available at the time of referral
* The information was contained within the correspondence
* The information was advised to follow at a later point, or
* It requested information that was not relevant nor appropriate

In view of the above, this referral should not have been rejected on the grounds of an incomplete absent proforma.

We are committed across Lancashire and Cumbria to put the patient at the centre of everything we do, to collaborate across our integrated care systems to the best of our ability and use scare NHS resources efficiently. I would politely request that you accept this referral in its current form, as a failure to do so may cause unnecessary delay or potential harm for our patient.

Yours Sincerely,