

**Loss of referral between district health boards
(07HDC20199, 3 October 2008)**

District health boards ~ Carotid artery disease ~ Surgeon ~ Referral ~ Duty of care ~ Rights 4(1), 4(5)

A 72-year-old man was diagnosed by a general surgeon as having carotid artery disease that required specialist surgery. The general surgeon referred him to a vascular surgeon at another DHB. Ten months later the man attended his general practitioner, who realised that he had not yet been assessed by a vascular surgeon. Accordingly, the general practitioner contacted the general surgeon's registrar, who sent a second referral. The second DHB had no record of receiving either referral. Shortly afterwards, the man was admitted to hospital having suffered a stroke that affected the right side of his body.

It was held that the first DHB failed to follow up the first referral and check that it had been received and was being actioned by the second DHB. The first DHB had no system in place to track its referrals to other DHBs. In these circumstances, the DHB breached Rights 4(1) and 4(5).

District health boards owe patients a duty of care in handling outpatient referrals, under Right 4(1). A referring DHB must: (1) copy all referrals to the patient and his or her GP; and (2) have a system in place to ensure that a referral has been received (and follow up in the absence of confirmation of receipt), and that the care of the patient has been accepted by the receiving DHB.

A receiving DHB owes referred patients a duty of care to: (1) acknowledge receipt of the referral; (2) prioritise it; (3) arrange for patients to be seen in a timely fashion, in their agreed priority; and (4) keep the patient and his or her GP informed whether, and if so when, the patient will be seen.