# **How hospital chiefs spend millions to STOP you being treated: Four in ten trusts are sifting through GPs letters and sending back any deemed unnecessary**

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* **Referrals include requests for hip and knee replacements, cataract treatment or scans to check for cancer**

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Health bosses are spending tens of millions of pounds on schemes to stop patients having hospital treatment, an investigation reveals today.

Four in ten trusts have set up ‘referral management centres’ where staff sift through letters from GPs and send back any deemed unnecessary.

These include requests for hip and knee replacements, cataract treatment or scans to check for cancer.

Research by the BMJ has found that the schemes are increasingly popular with cash-strapped health trusts that want to save money on sending patients to hospital.

Thirty-nine per cent of local clinical commissioning groups check referrals, according to freedom of information requests.

Campaigners say the schemes, which have cost at least £57million, risk delaying the diagnosis of killer diseases. The centres are usually staffed by GPs, hospital consultants or nurses who scrutinise all referral letters requesting patients have hospital treatment.

Most commissioning groups have very strict eligibility rules and only those patients most in need will survive the cull. Freedom of information responses came from 184 of the 209 CCGs in England. Of those that used referral centres, 32 per cent were run by private firms.

Candace Imison, of the Nuffield Trust health think-tank, said the schemes were a concern.

‘You are creating this extra layer in the journey, and that does carry risks,’ she warned. ‘I’m not always sure that commissioners really look at those risks in a way that they should.’

Jonathan Ashworth, Labour’s health spokesman, said: ‘This is a worrying development highlighting how much our NHS is struggling to cope with increase in patient demand and Tory cuts to our Health Service.

Patents will rightly be alarmed that millions of pounds is being siphoned off to the private sector to stop them from being referred to hospital.

‘Private firms are effectively calling into question clinical decisions which have been made by qualified GPs, simply to cut costs, and patients deserve better.’

The investigation found that 44 per cent of the schemes had been set up in the past three years.

Previous studies have found that in some areas the centres are rejecting one in three GP referrals.

Research by GP Online into the Vale of York CCG in 2013/14 showed that 35 per cent of letters were rejected and sent back to surgeries.

Many GPs were told their patients were ineligible for treatment or there was too little information to make a decision.

Richard Vautrey, of the British Medical Association’s GP committee, said: ‘We should really question whether schemes that are bringing in external companies who haven’t really got a full understanding of the local context, and place a barrier between GPs and their colleagues in the nearby hospital, are adding value or just creating more problems in an already fragmented system.’

Dr Graham Jackson, who is co-chairman of NHS Clinical Commissioners, the membership organisation for CCG managers, said: ‘Using referral management centres is just one mechanism that local NHS systems use to try to manage the demand for both primary and secondary care, and in the many cases they provide a useful and effective role which is more than a redirection service.

‘Ensuring patients get the best possible care against a backdrop of increasingly squeezed finances is one of the biggest issues CCGs face.

‘But we know that clinical commissioners are working hard to improve local services by making responsible, clinically led decisions in partnership with GPs, patients and providers.’

### **Diabetes screening ‘unlikely to work’**

An NHS programme to prevent type 2 diabetes is likely to be a failure, a study suggests.

It aims to identify thousands of people with ‘pre-diabetes’ in order to reduce their risk of developing the full disease.

But Oxford University academics have thrown doubt on the NHS Diabetes Prevention Programme.

A review of similar ‘screen and treat’ schemes, published last night in the British Medical Journal, suggests they make very little difference.

The NHS programme relies on blood tests and lifestyle information. Those deemed highest risk are offered personalised help on healthy eating, losing weight and exercise.

But the researchers, led by Professor Trish Greenhalgh at the University of Oxford, warned many will be incorrectly referred ‘while others will be falsely reassured’.

Jonathan Valabhji, NHS England’s National clinical director for obesity and diabetes said: ‘The NHS is not willing to sit idly by while these individuals progress to Type 2 diabetes.’