

## Guidance on inpatient referral requests to visiting neurologists

This document is to help and guide doctors in district general hospitals (DGH) on the framework of the neurology visiting service from Walton so that they can make use of it in a timely and appropriate manner. The Walton centre consultant neurologists visit DGHs on at least 2 to 4 days of the working week and do outpatient clinics, and also see urgent and appropriate inpatient ward referrals. Each DGH is covered by 2 or 3 specific neurologists. Some neurologists also have specialist neurology trainees with them. There are neurology secretaries based in each DGH.

Neurological cases can form up to 20% of a medical intake. Urgent referrals should not be kept waiting for the visiting neurologist (consider contacting neurology secretary to check availability in case of leave etc.). They can be discussed with the Walton centre on call neurology SpR who is contactable 24/7 via Walton Centre switchboard (**0151 5253611**). Please remember that neurosurgical problems should be discussed with neurosurgical on call team.

Many common neurological problems have established pathways and guidelines that are accessible on your intranet or via the Walton centre site under 'Clinical Pathways'. Referrals should be sent in as early as possible in the working day. Please include as much information as possible, including correspondence from other hospitals (including Walton) where relevant. In appropriate cases the triaging neurologist may offer telephone advice & guidance, or arrange an outpatient appointment (informing the ward team) instead.

### Examples of referrals that have established pathways or may not need inpatient referral to neurology

- **Acute headache –please follow Neuro network headache pathway** available on hospital intranet or on the Walton Centre website under 'Clinical pathways'.

<https://www.thewaltoncentre.nhs.uk/473/pathways-for-health-professionals.html>.

If investigations are negative and patient is improving and no further red flags, please consider a primary headache diagnosis (please refer to the same pathway). Avoid overuse of analgesic medication, avoid using codeine and opiates. Primary headaches can take days to weeks to get better.

- **First seizures – please follow seizure pathway** – available in A&E, hospital intranet (or on the Walton centre website under 'Clinical pathways')

<https://www.thewaltoncentre.nhs.uk/473/pathways-for-health-professionals.html>

- **Seizures in known cases of epilepsy with recovery** where no adjustment or just simple adjustment of medication needed- discharge and copy letter to patient's usual neurologist.

- **Alcohol withdrawal**
- **Syncope**
- **Falls in the elderly**

- **Elderly with established dementia – diagnosed and managed in community cognitive clinics**
- **General malaise** in unwell patients
- **Metabolic encephalopathy where underlying cause already identified**
- **Parkinson's disease requiring simple medication adjustment** – can be discussed with Parkinson's disease specialist nurse/ neurology specialist nurse
- **Chronic dizziness**
- **Longstanding limb tremor**
- **Subjective sensory disturbances** (even if suspected demyelination)
- **Chronic or unremitting neurological issues** already under a neurologist or requesting an expedited clinic appointment. Please inform the primary neurologist via letter or copy of discharge summary. We would request that you kindly do not state unrealistic follow up time scales to the patient and instead specify the clinical issues in the letter so the treating neurologist can decide on this.
- **Non availability of neurology letters or reports** from Walton -please contact the Walton centre and speak to the relevant department or secretary to source these.
- **Incidental or non-specific findings on scans-** please clarify with your own radiology team. If the DGH radiologists are unsure, you or they can directly initiate and get a second opinion from neuroradiology colleagues at Walton via the second opinion email service (this service incurs a charge) [secondopinions@thewaltoncentre.nhs.uk](mailto:secondopinions@thewaltoncentre.nhs.uk)
- **Patients admitted with non-neurological problems** e.g. infections, for routine review of their background neurological problem.
- **Patients who have recently been reviewed by a visiting neurologist** -Please follow through the plan detailed by the neurologist. Urgent issues can be discussed with the Walton neurology on call registrar or referred again to the next visiting neurologist. If non- urgent input is required, a doctor who is familiar with the patient's clinical case can leave a message for the neurologists with the DGH neurology secretary.
- **Neurosurgical issues** – discuss directly with on call neurosurgical team
- **Chronic back pain or sensory symptoms** from degenerative spine disease
- **Patients for rehabilitation** – refer to local pathways /rehabilitation network  
<https://www.cmrehabnetwork.nhs.uk/Referral-Information-and-useful-documents-i16.html>

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27/06/19

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