Referral Guidelines for Decentralisation of Specialist services in PHC

Version: October 2023
Foreword

I am pleased to present the Referral Guidelines on decentralisation of specialist services, a comprehensive tool for healthcare professionals in public health institutions. These guidelines are the result of collaboration and expertise from various stakeholders dedicated to improving healthcare services.

Our healthcare system faces challenges such as an increasing demand for qualified workforce, increasing customer expectations and aging population. To address these challenges, we must build resilience, efficiency and sustainability. Decentralisation is one mechanism that can help prepare our health system for the future.

In today’s complex healthcare landscape, effective referral systems are crucial for timely and appropriate care. A well-functioning referral system improves patient outcomes, optimizes resource allocation and strengthens healthcare delivery.

The Referral Guidelines for decentralisation of specialist services provide clear guidance for healthcare professionals in primary and secondary settings when referring patients to Specialist Clinics in Primary Healthcare. It outlines referral criteria, appropriate pathways, and necessary information for referral documentation. By following these guidelines, healthcare providers can ensure patients are referred to specialists or facilities, minimizing delays and improving continuity of care.

These guidelines were developed following extensive consultations with Consultants in Charge of various units, incorporating local contextual factors to ensure relevance and applicability.

Implementing these guidelines require commitment and cooperation from all stakeholders in the healthcare system. Effective communication and coordination between primary health care providers, specialists, hospitals and other facilities are essential. Continuous monitoring and evaluation are needed to identify areas for improvement and ensure ongoing effectiveness.

I am confident that these Referral Guidelines for decentralisation of specialist services, targeting stable chronic cases for follow-up in Specialist clinics in Primary Healthcare, will be a valuable resource for healthcare professionals. It will enable informed decisions, streamline the referral process, enhance care quality and optimize resource utilisation.

I extend my sincere appreciation to those who contributed to develop these guidelines. Your expertise and dedication have shaped this document. I would also like to express my gratitude to healthcare professionals who tirelessly provide care to our citizens.

Dr the Hon Kailesh Kumar Singh Jagutpal
Minister of Health and Wellness
9th October 2023
Dear colleagues,

I am pleased to introduce the concept of decentralisation and its importance in improving healthcare delivery in primary healthcare (PHC). I believe that decentralisation is a crucial step towards advancing our goal of providing proximity, accessibility and quality healthcare to all.

In the context of a demand for capacitated Health workforce, increasing cost of services and an ever-increasing expectation of quality services, decentralisation of Specialist services and other support services in PHC proves to be a more cost efficient and effective mechanism in furthering delivery of equitable universal healthcare to the population, including the old-aged.

The present user-friendly referral Guideline aims primarily to facilitate all doctors and paramedical staff to ease the process of referral of patients from regional Hospitals to PHCs and vice versa.

As such, decentralisation is a transformative approach that has the potential to revolutionize PHC. By bringing our services closer to the population, putting the needs of our local communities in the forefront and empowering the healthcare providers, we can create a healthcare system that is responsive, accountable, and equitable. The concept of decentralization should therefore be fully embraced for its successful implementation.

This National Referral Guideline represents a roadmap for promoting healthcare excellence. Together, we can ensure every patient receives the right care, at the right time, from the right provider and thus we can achieve our shared vision of a healthier and more resilient Health system, as well as improve further our Universal Health Coverage index.
ACKNOWLEDGEMENTS

We wish, first and foremost to thank Dr the Honourable Kailesh Kumar Singh Jagutpal, Minister of Health and Wellness, Mrs. C.R. Seewooruthun, Senior Chief Executive, Dr. Bushan Ori and Mrs. Z.B. Lallmahomed, Permanent Secretary of Ministry of Health and Wellness, for having given us the opportunity to prepare this National Decentralisation Referral Guideline.

We also wish to acknowledge our indebtedness and deep sense of gratitude to All Consultant in charge for their valuable guidance throughout the writing and editing process, which has eventually led to the completion of this National Decentralisation Referral Guideline.

Dr Prithviraj Ramputty
DHS Primary Healthcare

Pointe Aux Sables Community Health Centre
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Introduction

This booklet serves as a referral guideline to facilitate the smooth implementation of the decentralisation of specialist services. This has been made possible through the dedication and collaboration of the senior most Consultant in Charge of all medical and surgical units along with their respective team.

The main objective of this guideline is to assist various healthcare professionals, including Specialists, Medical Health Officers, Nursing officers, and Record Officers, in coordinating the successful decentralisation of specialist services from regional hospitals to dedicated specialist clinics in primary healthcare. The aims of decentralisation are to:

1. Decongestion of Regional Hospitals
2. Build a critical mass of patient around Mediclinics & Primary Care
3. Shorten the waiting time for specialist appointments
4. To bring specialist services closer to the aging population

The success of decentralisation relies on each of us taking ownership of this mission. To ensure its sustainability, we must believe in its importance and overcome any obstacles that may arise.

If we believe that if something is worth doing, let’s strive to do it well the first time and every time thereafter.

Disclaimer: This guideline is only meant as a general guideline while referring patients from Regional to PHCs or vice versa. It is advisable to seek advice from senior colleagues in case of any uncertainty.
Cardiology, Internal medicine and Orthopaedic services hold the highest volume of cases in all 5 regional Hospitals. Accelerated decentralisation in these units will bring the highest impact and breathing space in all 5 Regional Hospital.

**Table I: Attendances at PHC Institutions 2022**

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<thead>
<tr>
<th>REGIONS</th>
<th>ATTENDANCES</th>
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<tr>
<td>Health Region 1 PHCS (under Dr A.G Jeetoo Hospital)</td>
<td>1,053,309</td>
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<td>Health Region 2 PHCS (under SSRN Hospital)</td>
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<tr>
<td>Health Region 3 PHCS (under Dr. Bruno Cheong Hospital)</td>
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<tr>
<td>Health Region 4 PHCS (under J. Nehru Hospital)</td>
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<tr>
<td>Health Region 5 PHCS (under Victoria Hospital)</td>
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<td><strong>Population 2017</strong></td>
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<td><strong>Very High &gt;2000/month</strong></td>
<td>Orthopaedic</td>
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<td><strong>High &gt;1000/month</strong></td>
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<td><strong>Medium &gt;300/month</strong></td>
<td>Psychiatry Pediatric Chest Neurology Rheumatology Dermatology</td>
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<td><strong>Low &lt; 300/month</strong></td>
<td>Endocrinology Occ Health</td>
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**Decentralisation of Services**

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<thead>
<tr>
<th>Medical Group</th>
<th>Surgical Group</th>
<th>Support Services</th>
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<tr>
<td>1. General Medical Unit</td>
<td>1. Orthopaedic</td>
<td>1. Tobacco Cessation Clinic</td>
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<td>2. Endocrinology &amp; Diabetology</td>
<td>2. Gynaecology &amp; Obstetric</td>
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<td>4. Paediatric</td>
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<td>5. Rheumatology</td>
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<td>5. Rehabilitation Services</td>
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<td>7. Occupational Medicine</td>
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<td>8. Psychiatry</td>
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<td>9. Chest Clinic</td>
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<td>Clinics</td>
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<td>Thursday P.M</td>
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<td>Thursday P.M (Alt wk)</td>
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<td>Psychiatric</td>
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<td>Monday A.M (1st &amp; 3rd wk)</td>
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<td>Dermatology</td>
<td>Thursday P.M (1st &amp;3rd wk)</td>
<td>Tuesday P.M (1st &amp; 3rd wk)</td>
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<td>Occupational Health</td>
<td>Friday P.M (Except Last wk)</td>
<td>Monday P.M (Except Last wk)</td>
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Region 2 SSRNH Decentralisation
P-226,313

TRIOLET MEDI CLINIC
95,023
- PLAINES DES PAPAYES CHC 7,637
- BON AIR CHC (MORCELLEMENT ST. ANDRE) 6,008
- SHRI RAM CHC (FOND DU SAC) 5,297
- GRAND BAIE CHC 11,751
- PAMPLEMOUSSES CHC 11,858
- POINTE AUX PIMENTS CHC 5,672
- TERRE ROUGE CHC 16,310
- ARSENAL CHC 2,669
- TROU AUX BICHES CHC 3,322

GOODLANDS MEDICLINIC
63,536
- COTTAGE CHC 3,969
- PERCY SELWYN CHC (CAP MALHEUREUX) 4,539
- GRAND GAUBE CHC 8,018
- SIR K. RAMDANEE CHC (L’ESPERANCE TREBUCHET) 4,304
- PETIT RAFFRAY CHC 8,826
- Poudre d’Or CHC 4,230
- VALE CHC 3,962

RIVIERE DU REMPART AHC
39,379
- AMAURY CHC 3,023
- BARLOW CHC 572
- BELLE VUE MAUREL CHC 2,984
- PITON CHC 6,611
- PLAINE DES ROCHES CHC 4,120
- ROCHE NOIRES CHC 5,804
- PETITE JULIE CHC 1,748

LONG MOUNTAIN DH
28,375
- CALEBASSES CHC (HUMAN SERVICE TRUST) 5,012
- CONGOMAH CHC 1,935
- CREVE COEUR CHC 2,850
- D’EPINAY CHC 3,200
- VILLEBAGUE CHC 1,202
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<tr>
<th>Specialist Roster Health Region 2</th>
<th>General Medicine</th>
<th>Surgery</th>
<th>Orthopaedic</th>
<th>Paediatrics</th>
<th>Obst &amp; Gynaec</th>
<th>Rheumatology</th>
<th>Psychiatry</th>
<th>Cardiology</th>
<th>Dermatology</th>
<th>Chest Diseases</th>
<th>Ophthalmology</th>
<th>Endocrinology</th>
<th>Tobacco Cessation Unit</th>
<th>Dietician</th>
<th>Foot Care</th>
<th>Physiotherapy</th>
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**Legend:**
- Monday AM: Monday morning 8 AM - 12 PM
- Monday PM: Monday afternoon 12 PM - 4 PM
- Tuesday AM: Tuesday morning 8 AM - 12 PM
- Tuesday PM: Tuesday afternoon 12 PM - 4 PM
- Wednesday AM: Wednesday morning 8 AM - 12 PM
- Wednesday PM: Wednesday afternoon 12 PM - 4 PM
- Thursday AM: Thursday morning 8 AM - 12 PM
- Thursday PM: Thursday afternoon 12 PM - 4 PM
- Friday AM: Friday morning 8 AM - 12 PM
- Friday PM: Friday afternoon 12 PM - 4 PM
- Saturday AM: Saturday morning 8 AM - 12 PM
- Saturday PM: Saturday afternoon 12 PM - 4 PM
- Sunday: Closed

**Notes:**
- All services are provided on a rotational basis.
- Specific hours may vary depending on the facility.
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<th>Monday PM</th>
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<th>Monday AM</th>
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<th>Thursday AM, PM</th>
<th>Proposed day and time - Not yet fixed</th>
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<td>Mahabourg Hospital</td>
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<td>Thursday pm</td>
<td>Friday pm (alt wk)</td>
<td>Monday pm</td>
<td>Thursday pm (3rd wk pm)</td>
<td>Monday am ANC booking/Midwife</td>
<td>Monday pm RMO</td>
<td>Wednesday pm</td>
<td>Thursday pm</td>
<td>Friday am (alt wk)</td>
<td>Thursday (1st wk am)</td>
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<td>L'Escalier MedClinic</td>
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<td>Friday pm (alt wk)</td>
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<td>Monday am RMO booking</td>
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<td>Thursday am (2nd wk)</td>
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<td>Yves Cantin DH</td>
<td>Forest Side CHC</td>
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<td>Every week Saturday AM Type I - Type II - Friday PM</td>
<td>Every Monday AM &amp; PM</td>
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<td>2nd &amp; 4th Wednesday PM</td>
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<td>2nd week Thursday PM</td>
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<td><strong>Surgery</strong></td>
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How To use Guideline

This Guideline has been designed under 3 Headings keeping in mind the flow of patients:

A. From Regional Hospital Medical Unit to Specialist Clinic in Mediclinic/AHCs

B. From Community Health Centre to Specialist clinic in Mediclinic/AHC

C. From Accident and Emergency to Specialist Clinic in Mediclinic/AHC
Prerequisite for referral

1. All cases must be referred on the **standardised Referral Form**

2. Conventional Memo type referral will not be accepted

3. All referral form **MUST** include basic laboratory / Other relevant Investigation report

4. Form Must be legibly written with Doctor Name and Unit seal for traceability

5. Booking for appointment must be done at record Office desk

6. Patient should NOT be asked to go and do his/her own booking as far as possible
REFERRAL LETTER

Referred from: ................................................................. | Referred to: .................................................................

................................................................. Hospital | ................................................................. Hospital

Date of Referral: ........................................... 20 ...... | Type of referral: Routine □ Urgent □ Immediate □

Name of Patient: ........................................................................ | Unit Number: ...........................................

N.I.C Number [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] | Weight: ................. kgs

Dear Doctor,

I am referring the above-named patient who is suffering from

Medical History:

Family History:

History of Allergies:

Patient is presently on the following treatment:

<table>
<thead>
<tr>
<th>Test Results</th>
<th>(mmol/L)</th>
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<tbody>
<tr>
<td>FPG:</td>
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<tr>
<td>GR:</td>
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<td>HBA1C:</td>
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<td>S. Cholesterol:</td>
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<td>S. Triglyceride:</td>
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<td>S. Creatinine:</td>
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Radiology Results

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<tr>
<th>CT-Scan</th>
<th>(Date)</th>
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<table>
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<tr>
<th>MRI</th>
<th>(Date)</th>
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Others:

Name of Doctor: ................................................................. | Signature: .................................................................
Department of General Medicine

Referral guidelines - Decentralisation of Specialist Services

A From Regional Hospital Medical Unit to Specialist Clinic in Mediclinic/AHCs

1. Stable chronic Idiopathic Thrombocytopenic Purpura (ITP)
2. Stable Inflammatory Bowel Disease (IBD)

B From Community Health Centre to Specialist clinic in Mediclinic/AHC

1. All anaemia cases who do not need admission
2. Bilateral pedal oedema who does not need admission
3. Weight loss for investigations who do not need admission
4. Resistant high blood pressure

C. From Accident and Emergency to Specialist Clinic in Mediclinic/AHC

Same criteria as in B

Please note:

• All referred cases to specialist clinics should be accompanied by appropriate blood tests and urine tests.

• Regarding Diabetes: To follow existing MOHW guidelines

Guideline Prepared by: CIC Team medical Unit
1. Cases that can be referred from Regional Hospitals OPDs to Specialists Clinic in PHCs.

(a) All aged 16+ Type 1 Diabetes Mellitus Patients.
(b) All Type 2 Diabetes Mellitus cases where HbA1c is above 8.0% following full optimisation with Anti Diabetic oral drugs.

Full Optimisation means
Metformin 1g twice daily + Gliclazide160mg twice daily

(c) Hypothyroidism.

2. Cases that can be referred from Accident and Emergency to Specialist Clinic in PHCs.

All above cases that do not need admission.

3. Cases that used to be referred from CHCs / AHCs / Mediclinics to Specialist Clinics in PHCs.

All cases of Diabetes Mellitus and other Endocrine Disorders that cannot be managed by MHO and CP requiring Specialist’s care

Dr. Choonee. D
Consultant in Charge
Endocrinology and Diabetology
Referral Pathway to Endocrinology Services

From Regional Hospital Ward/MOPDs

DM Type II
HBA1c Result NOT Available
or
HBA1c < 8%
or
HBA1c > 8% with Non optimal Rx

NCD Clinics

Use Standard Referral form

Endocrine cases

GDM Patient

DM Type I

Regional Hospital Endocrinology OPD

Regional Hospital GDM OPD

Primary Healthcare
Endocrinology OPDs
Mediclinics/Dist Hosp/AHCs/CHC
Diabetes Type I & II +
Endocrine cases

Refer to Endocrinologist

1. Referral with only FBS and RBS results will NOT be accepted
2. Optimal Rx – means Max OHA +/- Basal Insulin
3. Max OHA = Metformin 2 g/day + Glicazide 320 mg daily
4. Stabilised pt will be referred back NCD clinic / AHC/CHC for follow up
5. All Regional Type I OPD will be phased out to Mediclinics by June 2023
6. Contact Regional Endocrinologist for advice if needed
Cardiology Unit Referral Guideline

PHC SP Clinic Referral Guidelines for Cardiac Patients from Regional Hospitals

A. Cases that can be referred from Regional Hospitals OPDs to Specialists Clinic in PHCs.

The following stabilized cardiac patients from Regional Hospitals can be referred to Specialist OPD’s in Medi Clinics / AHC/ District Hospitals.

1. Those who have had PTCA and found stable after six months can be followed up at PHC SP Clinics.

2. Patients who had Coronary Angiography which showed mild to moderate coronary artery disease.

3. Patient with negative stress test and suffering from high BP

4. Patient who had pacemaker implantation after six months can go to PHC for regular follow up. Pacemaker interrogation and programming to be done every year at the regional hospital

5. Patient after valve replacement can be followed up after one year at PHC SP clinics provided INR can be done at these places and Echocardiography machine is made available.

6. One year after CABG patients can be followed up at PHC SP Clinics.

B. Cases that can be referred from Accident and Emergency to Specialist Clinic in PHCs.

From dispensaries/AHC’s/ Medi Clinics local referral to cardiologist at PHC SP Clinics should be properly investigated by the Community Physicians for other causes of cardiac like symptoms to exclude other diseases then sent to cardiologist for expert opinion.

However, proper conditions in the PHC SP clinic should be created for patients to benefit from these services.

(a) ECG machine should be made available

(b) Echocardiography machine with probes and updated software should be purchased for each PHC SP clinics

(c) PHC SP clinics to be run in the afternoon only because cardiologist are needed in their regional hospitals for clinical management of patients in OPD’s in the morning

(d) It is better to have a dedicated cardiac nurse to help the cardiologist to run these Medi Clinics.

Dr. R.K. Jugessur
Consultant in Charge
Cardiac Unit
Victoria Hospital
Department of Paediatrics Unit

A, From Regional Hospital OPDs to Specialist Clinic in PHCs*

1. Bronchial Asthma
2. Failure to thrive/Underweight children (BMI <5th percentile)
3. Childhood obesity (BMI≥95th percentile)
4. Short stature (height less than 2 standard deviations below the mean for gender and age)
5. Developmental- behavioural disorders – speech/ language delay, delayed milestones, ADHD, autism
6. Nephrotic syndrome (off medications, on follow-up only) **
7. Down Syndrome on follow up
8. Iron deficiency anaemia
9. Thalassemia trait patients
10. Epilepsy
11. Febrile convulsions

B. From A&E, CHCs and AHCs to Specialist Clinic in PHCs

Stable cases needing follow-up, e.g., Bronchial Asthma

C. Paediatric referrals from Regional Hospital OPDs to Specialist Clinic in PHCs:

- Patients who are suffering from chronic illnesses not requiring multidisciplinary management.

- Patients who have already undergone necessary investigations and are currently stable on medication/ on routine follow-up.

** Nephrotic Syndrome cases with features of relapse to be referred back to Regional Hospital Paediatric Department.

Dr H. Mahomed Aly
Consultant-in-Charge,
Paediatrics Unit
Victoria Hospital
Department of Rheumatology.

Referral Guidelines for PHC Specialist Services.

(A) Cases that can be referred from Regional Hospital OPDs to specialist clinic in PHCs:

- **Psoriatic arthritis**: mild to moderate cases who are controlled on medication but who are not on b-DMARDs. Rheumatoid arthritis: mild to moderate, who are controlled on medication but who are not on b-DMARDs.

- **Gout**: (Please note all patients with gout who are controlled on medication can be referred to NCD clinic).

- **Systemic Lupus Erythematosus**: stable patients who are on hydroxychloroquine only.
- **Osteoarthritis**
- **Osteoporosis**.

(B) Cases that can be referred from A&E to specialist clinic in PHCs:

- Rheumatoid arthritis:
- Psoriatic arthritis.
- Gout.
- Osteoarthritis.
- Osteoporosis.

(C) Cases that need to be referred from CHCs and AHCs to specialist clinics in PHCs:

- Rheumatoid arthritis:
- Psoriatic arthritis
- GOUT.
- Osteoarthritis.
- Osteoporosis.

**Target**

- Percentage of patients that can be referred to specialist clinics in PHC is around **40 - 50 %** over a period of **6-8 months** for all regional hospitals.
A. Cases that can be referred from Regional Hospital OPDs to Specialist Clinics in PHC

1. Acne/Rosacea
2. Stabilised Psoriasis on topical treatment
3. Stabilised lichen planus/oral lichen planus
4. Atopic Eczema
5. Stasis Eczema
6. Photo eczema
7. Chronic urticaria (after all required investigations have been completed)
8. Chronic prurigo in adults (after all required investigations have been completed)
9. Lichen amyloidosis (back, arms and legs)
10. Ichthyosis
11. Papular urticaria due to mosquito bites in children
12. Stabilised vitiligo
13. Recurrent folliculitis beard area/axilla

B. Cases that need to be referred from CHCs and AHCs to Specialised Clinics or PHCs

1. Scabies
2. Head lice
3. Onychomycosis
4. Extensive Pityriasis versicolor, Candidiasis, tinea corporis, cruris and capitis
5. Acne
6. Alopecia areata
7. Chronic Eczema, stasis eczema, hand eczema and mild atopic eczema
8. Calluses and corns
9. Palmar and Plantar warts
10. Seborrheic dermatitis (Scalp, face)
11. Napkin dermatitis
12. Melasma

C. Cases that can be referred from A&E to Specialist Clinics in PHC

Same as above.

Dr R. Amide
Consultant-in-Charge (Dermatology)
Victoria Hospital
Department of Occupational Health

REFERRAL DECENTRALISATION OF SERVICES

A. Activities of the Occupational Health Unit at the level of Regional Hospitals

(1) Medical surveillance of workers working in the public sector as per the Occupational Safety and Health Act 2005. These workers attend hospital 6 monthly. All requests for medical surveillance are addressed to the Director Health Services (Public Health) and is processed at the level of the Occupational Health Unit after approval from the DHS.

(2) Examination and follow up of workers with work related issues referred to the Occupational Health Unit from wards, OPDs and A&E Department.

(3) Medical fitness of workers to ascertain their fitness for work in the public sector and para statal bodies.

(4) Medical fitness for training abroad for workers of the public sector.

(5) Medical fitness of candidates applying for recruitment in the Police force, in the Fire Services and in the Prison services (mass recruitments).

(6) Medical boards to ascertain the fitness for work for workers of the public sector.

A. Decentralisation of Occupational Health Services

(1) Appointments are being given in MediClinics, AHCs and district hospitals for all new requests from employers for the 6 monthly medical surveillance of workers. However, those staying in the vicinity of the regional hospitals are still getting appointments at the regional hospitals.

Workers who are presently attending regional hospitals for their 6 monthly medical surveillance are being referred to the MediClinics, AHCs and district hospitals when they attend their appointments in the Occupational Health OPDs of the regional hospitals.

Workers who are being followed up at the regional hospitals for various medical conditions will continue their 6 monthly medical surveillance in the regional hospitals.

(2) Workers with work related issues referred from wards, OPDs and A&E Department can be given appointment with a referral note in the Occupational Health OPDs of the regional hospitals or AHCs or MediClinics or district hospitals depending on their residential addresses.

(3) Medical fitness of workers to ascertain their fitness for work for the public sector and para statal bodies will continue to be carried out at the regional hospitals for the time being as this exercise has to be done on a fast-track basis so that their appointment in the service is not delayed. Laboratory facilities are not available and chest x ray cannot be carried out at the AHCs and MediClinics.

(4) Medical fitness for training abroad for workers of the public sector will be done at the regional hospitals as this is always carried out on a fast-track basis as above. Often this exercise has to be completed within a few days.

(5) Medical fitness for candidates during “mass recruitments” (candidates for Police force, Prison services and Fire Services) are being carried out at the regional hospitals. The list of candidates is sent from the Ministry to the regional hospitals. This exercise is carried out on a fast-track basis so that their appointment in the service is not delayed. Laboratory facilities are not available and chest x ray cannot be carried out at the AHCs and MediClinics.
(4) Medical fitness for training abroad for workers of the public sector will be done at the regional hospitals as this is always carried out on a fast-track basis as above. Often this exercise has to be completed within a few days.

(5) Medical fitness for candidates during “mass recruitments” (candidates for Police force, Prison services and Fire Services) are being carried out at the regional hospitals. The list of candidates is sent from the Ministry to the regional hospitals. This exercise is carried out on a fast-track basis and hence will need to be carried out at the regional hospitals.

(6) Medical boards will be carried out at the regional hospitals as the medical superintendent chairs the medical board and it requires the presence of other specialists.

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<th>Occupational Health OPDs as at August 2023</th>
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<tr>
<td><strong>1</strong> Dr. A.G. Jeetoo Hospital</td>
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<td>Dr. M. Hyderkhan mediclinic</td>
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<tr>
<td>Petite Riviere CHC</td>
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<tr>
<td>Dr Quenum AHC</td>
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<tr>
<td><strong>2</strong> Dr. Bruno Cheong Hospital</td>
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<tr>
<td>Belvedere mediclinic</td>
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<tr>
<td>Quartier Militaire mediclinic</td>
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<td><strong>3</strong> J. Nehru Hospital</td>
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<td>Mahebourg Hospital</td>
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<td>Souillac Hospital</td>
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<td>L’Escalier mediclinic</td>
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<td><strong>4</strong> SSRN Hospital</td>
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<td>Triollet mediclinic</td>
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<td>Goodlands mediclinic</td>
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<td>Long Mountain hospital</td>
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<tr>
<td>Riviere Du Rempart AHC</td>
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<td><strong>5</strong> Victoria Hospital</td>
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<tr>
<td>Floreal Mediclinic</td>
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<td>Phoenix CHC</td>
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Dr. (Mrs.) S.GAYA
Head, Occupational Health Unit
Department of Psychiatry
Referral Guidelines (Psychiatry)

1) Regional Hospital OPDs ➔ Specialists Clinic on PHCs

1. To ensure the continuity of care and in order to minimise the risk of relapse or adverse outcome, the transition must be well explained to the patient and be effective.

2. To transfer only stabilised patients who do not need acute care and who do not have florid psychiatric symptoms.

3. **Communication:** To clearly explain that it is best interest of the patient and that he will continue to be seen by a Specialist.

4. **Prepare a comprehensive transfer letter** with the maximum information concerning the patient’s Mental Health History, current condition, medication details, treatment plan and relevant information for the Primary Health Care provider.

5. **Pre-Transfer Assessment:** Confirm the stability; Evaluate the patient’s stability based on clinical presentation, stability of symptoms; adherence to medication and general well being.

6. To ensure that the medications on which the patient is stabilise are available in the Primary Health Care set up, especially antidepressant, antipsychotic and long acting psychotic.

7. Not to transfer psychiatric patients who have Medico legal or Forensic issues.

PSYCHOLOGICAL HELP
Referral Guidelines (Psychiatry)

2) A&E (Accident and Emergency Department) ——► Specialists Clinic on PHCs (Accident and Emergency Department)

1. Complete physical examination to exclude any medical problems requiring immediate attention.

2. Mental state examination by a Psychiatrist at the A&E to rule out a severe acute Mental Health Conditions. To clearly assess the potential risk of having to themselves and others.

3. To transfer only patient with mild to moderate psychiatric symptoms.

4. Compile a referral letter summarising the patient’s Mental Health conditions, including relevant medical history, previous treatment and any medications. Include details of any assessment on interventions conducted in the Accident and Emergency Department along with their outcome.

5. Initiate a treatment and see to it that the patient has enough medication until his first appointment at the Primary Health care setup.

6. Not to transfer suicidal patients, those having aggressive and violent behaviour and those with Medico legal or Forensic issues.
Referral Guidelines (Psychiatry)

3) From CHCs and AHCs ——► Specialists Clinics on PHCs

1. To transfer
   a) Psychiatric patients who were following treatment at CHC or AHC and who are showing signs of relapse in their illness that is reappearance of psychiatric patients.
   b) Patients following treatment at AHCs and CHCs and who started to develop Mental Health conditions.
   c) Those who need follow up by the Mental Health professional (Psychiatrist & Psychologist)

2. Prepare a referral letter that includes the patient’s presenting symptoms, history of psychiatric issues, relevant medical history and any previous treatment received.
   - Include information on any previous assessment or intervention attempted at Area Health Centre or Community Health Centre.
   - Attach any relevant laboratory reports, imaging studies or other special investigations conducted.

3. Start an initial treatment before transfer by liaising with a Psychiatrist (on call).

4. Patient who represents a danger to themselves and to others or having violent or aggressive behaviour must be referred to hospitals but not to Specialist Clinics in PHCs.

Dr A. Gopee
Consultant-in-Charge (Psychiatrist)
### A.Criteria for referral to LHC/AHC/ Mediclinic for follow up by NCD:

Patients who have well-controlled asthma and are on Beclomethasone inhaler + Formoterol/ Salmeterol inhaler or Beclomethasone inhaler + low dose theophylline.

N.B: Patients with partly controlled and uncontrolled symptoms:
1. Assess inhaler technique and treatment adherence
2. Assess modifiable risk factors (smoking/ allergen exposure)
3. Assess co-morbidities (GERD, allergic rhinitis, chronic rhinosinusitis, OSA, cardiac disease, bronchiectasis, anxiety, depression)
4. Optimize pharmacological and non-pharmacological (smoking cessation, vaccination and weight loss) treatments.

### A.Cases that can be referred from Regional Hospital OPDs to Specialist Clinic in PHCs:

1. Patients with bronchial asthma diagnosis confirmed and need specialist follow up for stepping up or stepping down therapy.

2. Patients admitted with acute exacerbation of bronchial asthma and being discharged from ward.

3. Obese patients who have difficult-to-treat asthma, after being seen by nutritionist for weight loss and after excluding other co-morbidities detailed above.

### B.Cases that can be referred from A&E to Specialist Clinic in PHCs:

1. Newly diagnosed asthma patients

2. Bronchial asthma patients who previously were following treatment in private and now want follow up in public sector.
3. Patients with uncontrolled asthma symptoms or frequent exacerbations (≥ 2/year) requiring oral corticosteroids

4. Patients who had previous treatment for bronchial asthma in Chest OPD and defaulted treatment.

C. Cases that need to be referred from CHCs and AHCs to Specialist Clinics in PHCs:

1. Newly diagnosed asthma patients

2. Bronchial asthma patients who previously were following treatment in private and now want follow up in public sector.

3. Patients with uncontrolled asthma symptoms or frequent exacerbations (≥ 2/year) requiring oral corticosteroids

4. Patients who had previous treatment for bronchial asthma in Chest OPD and defaulted treatment.

Department of Surgery

Referral Decentralization of Specialist Services

In line with the decentralisation program proposed by the Ministry of Health and Wellness, this guideline has been prepared for Medical and Health Officers/Community Physicians seeing patients, that require referral to Surgical specialist outpatient clinics in PHCs.

1. Cases that can be referred from SOPD in regional hospital to specialist OPD Clinic in LAHC

Chronic surgical cases being reviewed on long term at SOPD level in regional hospital as follows:
- Non healing wounds/ diabetic foot
- Chronic Pancreatitis
- Gastritis, bleeding GIT already investigated
- Diverticular disease, Crohn’s disease and ulcerative disease
- Varicose ulcers
- Varicose veins
- Neurogenic bladder- on long term Foley’s catheter
- Renal calculi less than 7mm

List above is not exhaustive and serves as a guide only. In some circumstances, decisions will be taken on a case-to-case basis after advice by the concerned specialist.

2. Cases that can be referred from A&E to specialist OPD Clinic in LAHC

All cases not requiring urgent/immediate attention (hospitalisation and treatment) to be referred to specialist OPD in PHC.

In cases of suspected malignancy (e.g., breast lump highly suspicious of carcinoma breast) that are judged to require an early appointment (within a week) are to be referred to the SOPD of the concerned regional hospital.

3. Cases that need to be referred from CHC/AHC to specialist OPD Clinic in LAHC

All cases not requiring urgent/immediate attention (hospitalisation and treatment) to be referred to specialist OPD in PHC

In cases of suspected malignancy (e.g., breast lump highly suspicious of carcinoma breast) that are judged to require an early appointment (within a week) are to be referred to the SOPD of the concerned regional hospital.

CIC- General Surgery Team
Department of Orthopaedic

A. Cases that can be referred from Regional Hospital OPDs to Specialist Clinic in PHCs:

1. **Osteoarthritis** of knees and hips not willing/requiring for surgery

2. **Chronic low backache** and spine pathologies not requiring surgery

3. Patient with Chronic Backache / neck pain without deficit (including Cervical Spondylosis & Lumbar Spondylosis);

4. **Post operative cases** having implants over six months of follow-up without complications. Surgeries six months follow up post of soft tissue repairs, tendon repair etc.

5. Chronic shoulder pain (not for surgery/infiltration) Peri-arthritis of shoulder joints

6. Tendinopathies; Tennis elbow, golfer’s elbow, De Quervain’s Tenosynovitis, carpal tunnel syndrome, trigger finger

7. Chronic Osteoarthritis of hip joint, myofascitis and Calcaneal spurs, plantar fasciitis, tenosynovitis

8. Healed fractures (Uncomplicated cases at least 6 months’ post-surgery);

9. Painful heel pad syndrome/ Plantar Fasciitis;

B. Cases that can be referred from A&E to Specialist Clinic in PHCs:

Removal of stitches, dressing of uncomplicated wounds, chronic backache, Osteoarthritis knees and hips, calcaneal spurs, plantar fasciitis, tenosynovitis and peri-arthritis of shoulder

C. Cases that need to be referred from CHCs and AHCs to Specialist Clinics in PHCs:

All cases suffering from osteoarthritis of joints that are not willing for surgery including elderly patients with bed sores and osteoporotic cases

Consultants / Specialists & Medical Health Officers of the Orthopaedic department will issue a referral note to above mentioned patients to the Orthopaedic OPDs in periphery. They would thereafter be followed by the Community Physician/ Family Doctors once discharged.
Decentralisation Monitoring and Evaluation

Progress Report
Jan 22- Sep 23

by Dr Prithviraj Ramputty
Data Compiled by Mr Manohar & Team, Record Dept
Conclusion I

• **Regional Hospital**
  • SSRN Champion and consistent
  • VH stabilising and tendency to decline – good sign

• **Volume champion** –
  • Orthopaedic
  • Cardiac
  • Internal Medicine

Conclusion II

### Improving unit

1. Cardiology VH
2. Int Med –SSRNH + VH
3. Paediatric –SSRNH
4. Rheumatology –SSRNH and JNH
5. Psychiatry –Improving now relapsing in all 5 Reg Hosp
6. Chest Unit Jeetoo Hosp
7. Diabetology- Jeetoo
8. Endocrinology- BCH +VH
9. Occ Health -VH

### Worsening Unit

• Diabetology –JNH
• Gen Surgery BCH
Don’t Quit
By Edgar A. Guest (1881-1959)?

When Things go wrong, as they sometimes will,
When the road you’re trudging seems all uphill,
When the funds are low and debts are high,
And you want to Smile but have to sigh.
When care is pressing you down a bit,
Rest, if you must, but don’t you quit.

Life is queer with its twists and turns,
As everyone of us sometimes learns,
And many a failure turns about,
When he might have won if he’d stuck it out,
Don’t give up though the pace seems slow,
You might succeed with another blow.

Often the struggler has given up,
When he might captured the victor’s cup.
And he learned too late, when the night slipped down,
How close he was to the golden crown,

Success is failure turned inside out,
The silver tint of clouds of doubt,
And you never can tell how close you are,
It may be near when it seems afar,
So stick to the fight when you’re hardest hit,
It’s when things seem worst that you mustn’t quit.
Decentralisation of Specialist services in PHC is a journey. It may take several years with ups and downs. An ideal scenario does not exist to start a journey. Understanding and preparedness for the journey will make the journey more meaningful and give a sense of self-fulfillment. We need to be consistent and steady in our approach. Doing the right thing is not always easy. Let’s keep focused. In the end everybody will be a winner.

The next generation will pay tribute to all of you who have dared to do the right thing in the public health sector.