## Self-referral criteria:

**Please note the following:**

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| **Age** | **Referral details** |
| **0 - 15** | No self-referral option. Referral must be through the GP |
| **16+** | In law, this age group has the capacity to consent to medical treatment, and so can self-refer without additional persons being involved |

To be accepted through the self-referral route of the framework, clients must:

* Be living in or registered with a GP in NEL
* Be recognised at point of referral/ initial assessment as having some genuine potential for further or sustained improvement through undertaking a course of treatment covered by the specification
* Be of a complexity level that is within the scope of the specification
* Be assessed as having no contraindications to treatment, or as having red flags that can be managed safely and appropriately
* Have been reviewed to ensure appropriateness of access, if they have had more than 1 referral and a resulting course of treatment sessions in a 12 month period
* Pose no security threat to the provider

Client’s must not:

* Be under the age of 16 – if they are, they need to be referred through a GP
* Currently be seeing another community MSK provider for the same condition
* Have previously seen any community MSK provider for the same condition within 6 months (i.e. they must not be a repeat referral)
* Be self-referring for a continuation of treatment beyond 6 sessions (this will require referral from the GP, as a clinically appropriate extension)
* Have repeat (2) DNAed previously within the framework
* Be receiving active psychiatric treatment under a Section of the Mental Health Act
* Have deteriorating neurological conditions or require specialist neurological rehabilitation
* Require rehabilitation post-surgery where this should be part of a package of care
* Require healthcare facilities which are not available

Young people aged 16 or 17 are presumed in law, like adults, to have the [capacity to consent to medical treatment](http://www.legislation.gov.uk/ukpga/2005/9/contents). However, unlike adults, their refusal of treatment can in some circumstances be overridden by a parent, someone with parental responsibility or a court. This is because we have an overriding duty to act in the best interests of a child. This would include circumstances where refusal would likely lead to death, severe permanent injury or irreversible mental or physical harm.