

GP Support Unit

Standard Operating Procedure

Referrals

Version 1.0

Version	1.0
Approved By (sponsor group)	Dr Delroze Miah - GPSU
Ratified By	Quality Assurance Group (QAG)
Date Ratified	16/11/2022
Name and Job Title of Author	Kirsty West & Janice Brazier – GPSU Patient Records Team Leads
Executive Director Lead	Dr Vaishali Ashar
Implementation Date	17/11/2022
Last Review Date	N/A
Next Review Date	November 2025
SOP Owner	GPSU Patient Record Team Leads
Accountability	GPSU Manager & GPSU Clinical Director

Version Control Summary

Version	Date	Author	Comment
1.0	26/10/2022	Kirsty West & Janice Brazier	Original

Contents

1. Background.....	3
2. Purpose.....	3
3. Scope.....	3
4. Routine Referrals.....	3
4.1 Choose and Book Referral e-RS.....	4
5. Two week wait referral.....	4
5.1 Two week wait spreadsheet:.....	5
5.2 Two week wait follow up.....	5
6. Urgent Referrals.....	5
7. Private referral letter.....	6
8. Advice and Guidance.....	6
9. Health Harmonie ultrasound referral (LRS ONLY).....	7
10. Musculoskeletal (MSK).....	8
11. Worklist (e-RS).....	8
12. Review.....	8

1. Background

Referrals are a key activity for GP's and appropriate healthcare professionals in ensuring patients receive a timely diagnosis which may require referral to a specialist for review. Referrals from a GP are made for a variety of reasons which could include to diagnosis, treatment, a test, or investigation or for advice and guidance.

2. Purpose

This Standard Operating Procedure (SOP) has been written to:

- Ensure that all staff understand the roles and responsibilities within the referral process
- Ensure that staff understand the process for referring patients
- Ensure that urgent referrals are processed in a timely manner and the patient kept updated throughout the process

3. Scope

This SOP applies to the patient record coordinator team working within the GPSU who support in the process of referrals. The following SOP does not include any clinical actions related to the referral process and the local clinical SOP should be referred to for any clinical requirements.

4. Routine Referrals

All referrals are received from the GP to the patient record coordinator team as a task. If a patient requests a referral, they must be advised that an appointment is required with the GP first. All referrals are written by the GP and not the patient record coordinator team.

For routine referrals, the doctor will send a task to the patient record coordinator team, this will go into the referral task inbox and the team should follow the below steps:

1. Patient record coordinator must check that the doctor has completed the proforma for the referral if required.
 - Note that not all specialities require a proforma but if the patient record coordinator is unsure and one is not attached, they should check with the GP before processing.
2. If the proforma is not attached and is required, the patient record coordinator must respond to the task and attach a copy of the proforma (this can be found by selecting the orange arrow within the task and selecting the relevant proforma) for the GP to complete.
3. Navigate to the 'referrals' section of the clinical tree and fill in the relevant details of the referral request including the referring GP's name
4. Before proceeding to raising the referral in e-RS the patient record coordinator must add the relevant read code. A drop down will show all relevant options that can be added for the read code.
5. The patient record coordinator must navigate to e-RS which can be accessed via Systmone, in the Referral tab of the clinical tree
6. Select referral, select the clinician, and add in the relevant details from the doctors' notes to the referral request
7. The e-RS request will prompt the patient record coordinator to select hospitals within the patient's area to allow the patient choice of appointment location and time (Refer to section 4.1 for details on the choose and book referral service).

- If the patient or GP has requested a specific hospital the patient record coordinator should only select the hospital listed in the patient notes.
 - The patient record coordinator can book the appointment at this point on behalf of the patient - this should be done if the referral is not being triaged or if the patient record coordinator knows that the patient will require the appointment booked.
8. If the referral is triaged the hospital will be responsible for contacting the patient with a letter about their appointment.

Once all above steps are complete the patient record coordinator should complete the task within Systmone.

4.1 Choose and Book Referral e-RS

Chose and Book allows patients to choose a hospital or clinic and book an appointment date and time that is convenient for them.

When the patient record coordinator enters the referral into e-RS they will be prompted to select hospitals for the referral.

- If the patient or doctor has requested a specific hospital within the patient notes only that hospital should be selected.
- If there is no specific hospital listed the patient record coordinator should select three local hospitals for the patient to choose.

Once the referral letter is sent to the patient it will reference all three hospitals with a reference number for the patient to go online or phone and select the hospital and appointment date best suited to them.

5. Two Week Wait Referral

Two week wait referral is in place for any patient with symptoms that might indicate a serious condition such as cancer to ensure that they can be seen by a specialist as quickly as possible.

Any task received as a two week wait would be required to be referred as a priority.

- The patient record coordinator will receive a task from the GP advising that the patient needs to be referred for a two week wait referral
 - This will be received into the two week wait referral task inbox
- Doctor should have completed the proforma and if they haven't the patient record coordinator should respond to the task, attaching the proforma following actions in section 4 and ask the GP to complete the proforma to proceed. If the doctor is unavailable the request for the proforma should be sent to the duty doctor.
- The patient record coordinator should navigate to "referrals" in the clinical tree and complete the referral details
- Before the request can go through to e-RS the patient record coordinator must add the relevant read code.
 - For two week waits the read code is '**Fast Track**'
- The patient record coordinator should raise the referral within e-RS under the relevant section, select the relevant GP and add in any patient notes from the GP.

- Most two week wait referrals will be triaged and the hospital will send a letter with the appointment date to the patient
- Some two week wait referrals do require the patient record coordinator to book the appointment, including breast and skin referrals. In these cases, the patient record coordinator books the appointment for the patient and sends the letter to the patient advising of their appointment time. If needed the patient record coordinator should phone the patient when organising this appointment.

5.1 Two week wait spreadsheet:

Once the sections in e-RS have been filled in and sent the patient record coordinator will need to complete the “Two week wait Tracker” within the practices local shared drive.

The task within Systmone should be marked as complete.

5.2 Two week wait follow up

LRS: For LRS the patient record coordinator team have an action to check the Two week wait tracker regularly to ensure that the patient has received an appointment. If the patient has been on the list for approximately one week but no appointment has been booked an email is sent to the hospital; to ask if the patient has been seen or what action is pending.

If additional information is required to process the referral an email will be sent to the practice and the patient record coordinator team will either respond with the required information or request the information from the GP by sending a task.

This action should also identify if an appointment has been offered but the patient has refused the appointment. In this case the patient record coordinator should flag this to the referring GP for review.

CMC: If the provider requires additional information, they will contact the practice directly requesting the details needed to progress.

The CMC patient record coordinator team do not check the progress after a few days. Once the referral is submitted the request is with the hospital.

6. Urgent Referrals

Urgent referrals are managed in the same way as a routine referral however when received they will be marked with a red flag and will be received into the ‘Urgent referral task inbox’.

- It is the GP’s responsibility to mark the referral as urgent when sending the task if it is required to be processed urgently

At the start of each day the patient record coordinator should ensure urgent referrals are picked up as a priority and regularly checked throughout the day.

The request should then be processed following the steps in section 4.

The read code for urgent referrals would be ‘Urgent’, the patient record coordinator should select the most relevant option in the drop down based on the GP’s notes.

Mental health letters will also be received into the urgent referral task list.

- If the referral references ‘Crisis’ then the referral should be sent via email to the crisis team to pick up and the practice will receive an auto response confirming receipt.

- **LRS:** If the referral is received for LRS once the email is sent the patient record coordinator should also phone the crisis team to confirm receipt of the referral so that it can be acknowledged for treatment to start as soon as possible.

7. Private referral letter

If a patient has private healthcare or has requested a private consultation, a referral to a private hospital of their choice is required.

Private referrals are processed as 'Word' not through e-RS. When the request is received from the GP the patient record coordinator team should navigate to the 'Referral' section of the clinical tree.

The patient record coordinator should add details of the referral request and for the read code add "Private referral"

This read code will allow a paper copy of the referral letter which will show under 'referrals in the patient record not under comms and letters.

If a patient has been previously referred under the NHS but later request a private referral for the same concern the patient record coordinator should request confirmation from the GP on if the original referral information can be used for the request. Only following confirmation from the GP should the referral be processed in these cases.

Once the referral has been submitted the patient record coordinator should arrange for a letter to be sent to the patient. The way the letter is to be sent to the patient will be noted in the patient notes by the GP:

The private referral letters will either need to be collected from the surgery by the patient, posted or if there is a named clinician listed on the referral with a secure email (nhs.net) it will be sent via email.

8. Advice and Guidance

Advice and guidance referrals enable the GP to request advice and guidance from a provider clinician.

The patient record coordinator will receive a request as a task from a GP for an 'Advice and Guidance Referral'

- The patient record coordinator should go to 'atlas' and select the referring clinician. They should read the GP's request and add the read code 'Advice and Guidance' to the patient notes
- Select e-RS and go to referrals– the request priority should be selected as 'Routine'
- Navigate to 'book appointment' – Note this is not booking an appointment for the patient but will send a request to the clinician for review of the request for advice and guidance.
- Select 'Book appointment' and go back to the clinician and change the referral type to 'Advice and Guidance'
- Go to speciality and fill in the relevant speciality based on the referral type. This could be non-specified or can be pulled from the patients notes i.e., cardiology.
- Select 'Search All' – and navigate to the hospital you need to select based on the GP's notes
- Click 'request' and 'continue'

- A box will appear which is surrounded by a red square. In the text box copy across the GP notes from the patient record
 - If the GP has advised to include attachments such as a clinical letter, notes from consultation, etc they should be attached to this box

A box will pop up requesting if you are authorised to request the referral and if it should be a 'referral or 'Advice and Guidance' the clinician will include in their notes if they want the request to go through as 'advice or guidance' or as a 'referral' the patient record coordinator should select the correct option based on the GP notes.

Note: The consultant the request is sent to can change the advice and guidance referral to a referral if they think this is required.

2. The advice and guidance request is then sent to the consultant for review via e-RS
3. Once feedback is received it could be:
 - Advice sent back to the GP on the request:
 - i. **LRS** – Copy the advice and guidance into a task and send back to the GP for their review and response. If the GP adds any notes these will be added to the patient notes and if a follow up action is required, the GP will task the patient record coordinator. The patient record coordinator should scan the response into the patient record with a note that it has been sent to the GP for review.
 - ii. **CMC** – A copy of the advice and guidance is printed and taken to the GP for review. The patient record coordinator will process based on the GP's feedback and saves the Advice and guidance conversation directly from e-RS into the patient notes. The GP will go in separately and add in notes of the actions requested of the patient record coordinator.
 - iii. For advice and guidance which is sent back the task should remain open in e-RS until the patient record coordinator has confirmation from the GP that there are no further actions
 - Consultant accepts the advice and guidance as a referral – If this happens then the request will be cancelled in e-RS.

For neurology referrals some hospitals require the GP to submit an advice and guidance referral before being able go through as a standard referral request.

9. Health Harmonie Ultrasound Referral (LRS ONLY)

Health Harmonie ultrasound clinic is used for referrals of ultrasound from the neck down for over 18's.

- The GP will complete a form to request a Health Harmonie ultrasound referral within Systmone and will send it as a task through 'Comms and Letters'
- The patient record coordinator will need to review the referral form and check that everything has been ticked and where required the associated forms provided also if the referral type has been ticked i.e., urgent vs routine.
- Save as final and within Systmone fill in details of the referral along with the relevant read code
- Within e-RS select referrals and select the doctors name and select the code for the request i.e., cardiology

- Select imaging and then 'ultrasound' and search for 'Leighton Buzzard Surgery' the request should be submitted under this drop down
- When you select 'book' this will attach Health Harmonie ultrasound as the clinic
- Select to send the referral request via Health Harmonie ultrasound within e-RS
- The referral request will be triaged, and Health Harmonie will contact the patient to make an appointment

10. Musculoskeletal (MSK)

Referrals for MSK are all completed within Systmone.

The clinician will task the patient record coordinator with a request for an MSK referral including details of the request. The patient record coordinator should then follow the below process:

- The patient record coordinator should select the 'Thunderbolt Icon' or right click and select 'New electronic Referral' within Systmone which will take you to the 'Electronic Referral' tab
- Select 'Not listed' and search for the relevant MSK clinic for your practice
- Press 'Ok' which will take the request to the 'referral page' select the relevant GP
- Add the relevant read code for the referral request e.g., Orthopaedic, Physiotherapy, Rheumatology
 - Note some rheumatology referrals need to be sent as a direct referral to the hospital but this would be included within the GP's notes
- Within the box at the bottom of the screen add in notes on the reason for the referral. The notes can be pulled from the GP's notes within the patient record and copied over.
- Select 'Ok' and a box will appear to show that the referral has been sent to MSK
- Once the referral has been accepted the patient record coordinator team will receive a task advising that the request has been accepted and is awaiting triage
- Select 'Ok' and complete the task within Systmone
- The request will be triaged, and patient contacted directly with a letter for the appointment date and time

11. Worklist (e-RS)

Within e-RS there is a worklist. This list includes any information the patient record coordinator team need to be aware of for the referrals they have submitted.

The patient record coordinator team should note that there are no automatic notifications linked with the worklist and a manual check is required to see if there are any updates.

The worklist will include actions such as if a referral has been sent but information is missing and needs to be attached. This request will come through to the e-RS worklist and the patient record coordinator will need to review with the GP and action accordingly.

12. Review

This policy will be subject to review every three years, or, in light of any changes to National Standards or Trust Policy.