**Referrals**

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|  | **Action Points** | **Yes** | **No** | **Action Required** |
| **1** | **There are practice policies to establish an effective referral pathways** | | | |
| There are agreed, written policies detailing the practice’s process for both urgent and routine referrals. |  |  |  |
| The policy clarifies the responsibilities of clinicians and admin staff in generating, processing and sending referrals. |  |  |
| The policy includes agreed standards in relation to the time frames for each part of the referral process for both urgent and routine appointments. |  |  |
| The policy includes mechanisms for checking referrals have reached the referral destination within the appropriate time. |  |  |
| The policy defines a ‘high quality referral’:   * Necessity: patients are referred as and when necessary. * Timeliness: there is no avoidable delay. * Destination: patients are referred to the most appropriate service first time. |  |  |
| Process: referral letters contain necessary and relevant information in an accessible format. |  |  |
| Written information is provided to locums regarding the referral process. |  |  |

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|  | **Action Points** | **Yes** | **No** | **Action Required** |
| **2** | **Indicators for referral are recognised** | | | |
| There is a low threshold for referring patients with symptoms suggestive of cancer and other potentially life threatening conditions. |  |  |  |
| There is high awareness of the criteria for two week wait (2WW) referrals among the practice team. |  |  |
| Practitioners remain vigilant, and suspicious, of symptom patterns that do not fit with published guidelines - instinct, clinical skill, and experience is important. |  |  |
| The urgency of the referral is documented and the appropriate referral pathway is followed. |  |  |
| Reasons for any departure from recognised guidelines for referral are considered and the justifications fully recorded in the patients notes. |  |  |
| Re-referral to secondary care is recognised as a valid option even where the patient has previously been discharged. |  |  |
| Clinicians and/or admin staff have access to up to date information about available services to which referrals can be made, including any criteria to be met prior to referral and any particular referral pathways for these services to ensure patients are referred to the most appropriate service. |  |  |

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|  | **Action Points** | **Yes** | **No** | **Action Required** |
| **3** | **There is effectve record keepng to support the referral process** | | | |
| Clinicians fully document the assessment they have made and the reasons for the referral, including its urgency in the patients notes. |  |  |  |
| Clinicians document the information given to the patient, including the reasons for the referral, the referral process, an expected timeframe for an appointment and any safety netting advice provided |  |  |
| The following is coded in the patients notes:   * Date decision made to refer * Date referral letter generated * Date referral letter sent * Date any acknowledgement from referral service received |  |  |
| The referral letter explains the reason for the referral and provide all necessary and relevant information. The urgency of the referral is indicated in the letter. It is helpful to include any patient expectations of the referral. |  |  |
| Clinicians check referral letters or templates before they are sent to ensure that they are accurate, contain sufficient information and do not include any information that is not relevant to the referral (this is particularly important for computer generated referrals which self-populate). |  |  |
| A copy of the referral letter should be retained in the patient’s notes. |  |  |

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|  | **Action Points** | **Yes** | **No** | **Action Required** |
| **4** | **Patient Communication is considered at all stages of the process** | | | |
| The patient is involved in the decision-making process and understands the options available to them. |  |  |  |
| The patient is fully informed about the reasons for a referral, its urgency and, where appropriate, what it is likely to involve. |  |  |
| The patient is given any relevant supporting written information. |  |  |
| The patient expectations regarding the referral are explored and managed. |  |  |
| The patient is given appropriate safety netting advice. |  |  |
| The patient is given information regarding likely timescales and when to contact the practice if they do not receive an appointment |  |  |

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|  | **Action Points** | **Yes** | **No** | **Action Required** |
| **5** | **Completion of the referral is considered and evidenced** | | | |
| The referrals policy sets out who is responsible for each part of the referral process and defines the system for communication between staff at each stage. |  |  |  |
| The policy provides clear time frames, for both urgent and routine referrals to ensure referrals are generated, processed and sent without delay. |  |  |
| The appropriate staff have access to up to date information on how to process referrals for specific services. |  |  |
| All referrals are sent via a secure route and the date, time and means of sending the referral is documented. |  |  |
| Buddy systems are in place to ensure referral processes are not delayed by leave or staff absences. |  |  |
| Where possible the practice requests acknowledgement of receipt of the referral by the relevant service and documents this in the patient’s notes. This is particularly relevant for urgent referrals to ensure they are appropriately received without delay. |  |  |
| There is a system for checking that appointments have been made for urgent referrals. |  |  |
| There is a system for identifying patients who miss appointments following referral to ensure any further action needed is considered. |  |  |

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|  | **Action Points** | **Yes** | **No** | **Action Required** |
| **6** | **Systems are in place for identifying and investigating failures in the referral process** | | | |
| There is a system for identifying and investigating delays or failures at each stage of the referral process. |  |  |  |
| All staff understand how to identify and report concerns or failures in the process. |  |  |
| There is a mechanism for flagging when a significant event analysis is indicated. |  |  |
| Practice reviews of new significant diagnoses, such as cancer, should include considering any referrals made to identify any possible delays or failures in the process. |  |  |
| The outcome of any investigations into referral delays or failures and the resulting changes in practice are documented and shared with the appropriate parties and organisations. |  |  |