

STANDARD OPERATING PROCEDURE DOCUMENT (SOP)

| Title | | Knowsley Extended Access – 2 Week Referrals | Doc. No. | CL063 / OP254 | | | |
|------------|----------------------------------|---|--|------------------|--|--|--|
| Scope | | All clinical and operational personnel | | | | | |
| Purpose | | This policy has been created to provide guidance on managing patients under the 2 week referral process. | | | | | |
| Guidelines | | For use in processing 2 week referrals | | | | | |
| PRO | CEDURE | | RESPONSIBILITY | | | | |
| 1. | appropria | cian wishing to make the referral will complete the ate referral form from the folder and pass to the hist at the Extended Access Service. | Clinician | | | | |
| 2. | The Exte form to V Manager | ended Access Service will send the 2 week referral Vavertree Base via fax, calling ahead to the Shift | Receptionist | | | | |
| 3. | accuracy The refe | nager will ensure the received fax is checked for and completeness real form is to then be scanned s to be created as Patient(Surname)(1st Initial) | Shift Manager / designated support staff | | | | |
| | folder un | nned referral is to be placed in the newly created der the filename of patient's surname, forename(s) Number | | | | | |
| | All 2 wee | ek referral folders should be stored electronically at | | | | | |
| | Operations | > Urgent and Community Services > Knowsley > Knowsley 2ww referral forms > Referral Forms | | | | | |
| 4. | referral a | sheet will be completed providing details of the and saved in the individual patient's folder. A stencil wer sheet can be found in the above folder | Shift Manager / designated support staff | | | | |
| 5. | | nned referral form and cover sheet will be emailed secure pc24.net email account) to | Service Manager/ Support Manager | | | | |

PrimaryCare:24 •

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|----|--|-------------------------------------|--|--|
| | <pre>appointmentssthk@nhs.net (Adults) or referralteam@alderhey.nhs.uk (Children) with the following wording:</pre> | | | |
| | Good morning/ afternoon | | | |
| | Please find attached a 2 week referral for suspected(the suspected cancer) in respect of patient(Full Name, Date of Birth and NHS Number) | | | |
| | If you require any further information, please contact the patient's own GP directly at (the GP's name and contact number) | | | |
| | Contact will be made with the Patient's surgery (up to date copy of GP surgery telephone number and emails in folder) to obtain a secure email address and a copy of the referral form and cover sheet will be sent to the surgery with the following wording: | | | |
| | Good morning/ afternoon | | | |
| 6. | FOR INFORMATION ONLY | Service Manager/ | | |
| | Dear GP | Support Manager | | |
| | We have today submitted a 2 week referral request on behalf of your patient;(Full Name, Date of Birth and NHS Number) | | | |
| | Regards Knowsley Extended Access Service | | | |
| 7. | Both emails will be saved in the patient's individual folder | Service Manager/ Support Manager | | |
| 8. | Contact will be made with the receptionist at the Extended Access Service to confirm that the referral has been successfully made and the documents have been stored in the patient's 2 week referral folder | Service Manager/ Support Manager | | |
| | Once all above is complete any hard copies can be put in | | | |



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|---|-----------------------|----------|-------------|----------------------------------|--|--|--------------------------|-------------------------------------|--|
| Version | | | | | V4 | | | | |
| Supersedes | | | | | V3 | | | | |
| Approving Managers/Committee | | | | ė | Head of Service | | | | |
| Date Ratified | | | | | May 2019 | | | | |
| Departme | ent of | Originat | or | | Integrated Urgent Care | | | | |
| Responsi | ble E | xecutive | Director | r | Director of Service Delivery | | | | |
| Responsi | ble M | lanager/ | Support | | Service Manager | | | | |
| Date Issu | ied | | | | May 2019 | | | | |
| Next Rev | iew D | ate | | | May 2020 | | | | |
| Target Au | udiend | ce | | | All clinical and operational personnel | | | | |
| Version | | | | Control Reason | | | | Accountable Person for this Version | |
| 1 | | 7/2018 | New process | | | | Service Manager | | |
| 2 | | 0/2018 | | Updated process Servic | | | | | |
| 3 | | 2019 | | Updated process Reviewed process | | | | Service Manager | |
| 4 | | 2019 | | | | Service Manager | | | |
| Refer | Reference documents E | | | | Electronic Locations | Locatio | ocations for Hard Copies | | |
| Cor | | | | Cor | nary Care 24 Intranet / porate Policies/ Current PS/ | Standard Operating Procedures File in the Call Centre. | | | |
| Document Status: This is a controlled document. Whilst this document may be printed, the electronic version maintained on the PC24 Intranet is the controlled copy. Any printed copies of the document are not controlled. | | | | | | | | | |