

STANDARD OPERATING PROCEDURE DOCUMENT (SOP)

Title	Procedure for requesting investigations (ICE and other methods) from PC24 GP surgeries	Doc. No.	PCSO41					
Scope	thod of requesting the investigations, the number of individuals involved and their clinical pwledge.							
Purpose	This SOP is in place to reduce the risk of error and ensure the most reliable and auditable method is used and that the reques is undertaken by the clinician, thus reducing communication and user error. Patient safety is the main reason to drive this forward but it should also improve the patient journey, as it ensures that reque are sent in a timely fashion and not relying on a third party to process. It will also reduce the risk of incorrect or insufficient information being on the request, thus reducing the need for repeat patient contacts to correct this.							
Guideline s	 Clinicians assessing patients who feel additional investigations, (blood tests, microbiology, radiology etc), are recorder the investigation themselves. Missed and delayed investigations have the potential to lead to significant harm to patient's health. It is expected that clinicians should not delegate such request to administrative staff. 							
PROCEDU	RESPO	NSIBILITY						
1. <u>www</u>	nicians require additional training in the use of ICE they can access this via v.nwyhelearning.nhs.uk/elearning/northwest/iMerseyside/PrimaryCare/ICEPathologyRequest/index.html ne attached training guide Clinicia							
2. Inves	tigations should be requested on ICE whenever this is available on the system	Clinician						



3.	ICE requests should be set up by the requesting clinician, this should not be delegated to reception staff (reception staff are able to complete forms following specific guidelines such as regular monitoring of chronic diseases)	Clinician
4.	When ICE is not an available option the requesting clinician should complete the alternative request documentation	Clinician
5.	Clear instruction should be sent to reception staff about a non-ICE request outlining where and how to send such a request, this should be sent via an EMIS Task but a verbal handover, in addition, is appropriate and encouraged	Clinician
6.	If the request documentation is not already within the EMIS records it should be scanned and saved to them	Receptionists
7.	If a clinician is not authorised to request a particular investigation (for example radiological requests by some advanced practitioners), it is the responsibility for the consulting clinician to have an appropriate conversation with another clinician who may be able to request the investigation. The means of this conversation should be appropriate to the urgency of the test and generally a verbal conversation is preferred.	Clinician
8.	Any problems setting up requests should be discussed with the reception team or practice manager	Clinician/Practice Manager



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Title		Proce	dure for	Clin	icians making referrals	via eRS	Doc. No.	CL083/ OP0289	
Version					1				
Supersedes					NA – New SOP				
Approving Managers/Committee				ee	Dr Daniel Ellis				
Date Ratified					20.10.21				
	Department of Originator				Primary Care				
Respons	Responsible Executive Director				Director of Service Delivery				
Responsible Manager/Support				t	Deputy Director of Service Delivery				
Date Issu	Date Issued				20.10.21				
Next Rev	Next Review Date				20.10.22				
Target Audience					PC24 Primary Care Clinicians				
Version	Date	•	Control Reason Accountable Person for this Version						
V1	Octo 202	ober 1	SOP created				Clinical Lead		
Reference documents E				E	Electronic Locations	Locatio	ions for Hard Copies		
Cor				Cor	nary Care 24 Intranet / porate Policies/ Current PS/	Standard Operating Procedures File in the Call Centre.			
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