STANDARD OPERATING PROCEDURE DOCUMENT (SOP)

Title	Procedure for non-acute referral to secondary care and other services (eRS and non-eRS) from PC24 GP surgeries	Doc. No.	PCSO40
Scope	Transferring care from one provider to another will always carry some risk and this is dependent on the method of communication and the number of individuals involved.		
Purpose	This SOP is in place to reduce this risk by ensuring the most reliable and auditable method is used and that this is undertaken by the referring clinician, thus further reducing communication and user errors. Patient safety is the main reason to drive this forward but it should also improve the patient journey and ensure that the patient is fully informed that the referral has been completed, what the waiting time may be and what investigations are required. It will also assist the referring clinician to request mandated tests prior to referral (as these are often outlined in the referral letter template) and ensure that all relevant clinical details are available to the secondary care service. This in itself will reduce the need for multiple contacts with the patient (via reception or clinician) and reduce the risk of the referral being rejected. All in all improving the patient journey.		
Guidelines	• It is the responsibility of the clinician who has seen the patient to process any eRS referrals themselves, and not to forward this onto administrative staff. • The referral needs to be done on the same day, with the patient if possible. • The patient should be given details of the appointment times and dates, including information of when and who to contact if no contact is made with the patient. • Safety netting advice needs to be recorded in the patient's EMIS records that documents that this has been discussed with the patient.		

PROCEDURE		RESPONSIBILITY
1.	If clinicians require additional training in the use of eRS they can access this at via their practice manager (who can book a virtual educational session via iMerseyside)	Clinician
2.	Where possible/available eRS should be used for all referrals to secondary care or other services	Clinician
3.	The referring clinician should set up the eRS referral (preferably whilst in consultation with patient to ensure options can be discussed and referral information shared)	Clinician
4.	The referring clinician should complete the referral documentation, attach it to eRS and send it	Clinician
5.	The referring clinician should not delegate these activities to our reception teams	Clinician
6.	For non-eRS referrals (where eRS is not possible or available) the referring clinician should complete all referral documentation	Clinician

7.	Clear instruction should be sent to reception staff about a non-eRS referral outlining where and how to send such referral, this should be sent via an EMIS Task but a verbal handover, in addition, is appropriate and encouraged	Clinician
8.	If the referral documentation is not already within the EMIS records it should be scanned and saved	Receptionists
9.	Any problems setting up referrals should be discussed with the reception team or practice manager	Clinician/Practice Manager

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Title	Procedure for Clinicians making referrals via eRS	Doc. No.	CL082/ OP0288
Version	1		
Supersedes	NA- NEW SOP		
Approving Managers/Committee	Medical Director, Clinical Lead		
Date Ratified	20.10.21		
Department of Originator	Primary Care		
Responsible Executive Director	Director of Service Delivery		
Responsible Manager/Support	Deputy Director of Service Delivery		
Date Issued	20.10.21		
Next Review Date	21.10.22		
Target Audience	All PC24 Clinicians / Receptionists		

Version	Date	Control Reason	Accountable Person for this Version
V1	October 2021	SOP created	Clinical Lead

Reference documents	Electronic Locations	Locations for Hard Copies
	Primary Care 24 Intranet / Corporate Policies/ Current SOPS/ ……	Standard Operating Procedures File in the Call Centre.

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