

STANDARD OPERATING PROCEDURE DIRECT REFERRALS TO SPECIALIST ACUTE HOSPITAL SERVICES

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Name of Trust Strategy/Policy/Guidelines this SOP refers to:	<ul style="list-style-type: none"> • DDG direct referrals to GP options appraisal. • Information governance policies Information Governance Policies . Information Security and Risk Assessment Policy. Humber Information Sharing Charter • Record keeping policy Records Management and Information Lifecycle Policy • Trust strategy (evidencing collaborative working with patients) HTFT Trust Strategy 2022-27 FINAL.pdf (humber.nhs.uk)

VALIDITY – All local SOPS should be accessed via the Trust intranet

CHANGE RECORD

Version	Date	Change details
1.0	Oct 2023	<i>New SOP. Approved at Community Services CNG (19 October 2023) subject to the adding of updated process map (done in Jan 2024).</i>

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1. INTRODUCTION

Previously, there was a partnership agreement where a clinician identified a patient with a clinical need requiring a specialist referral to acute hospital services. The clinician would make contact with the GP via Systmone task, telephone or by letter and request that the patient be referred on.

The GP would gather collateral information and refer the patient to the specialist acute service. GPs are concerned about the quality of the referrals and any delays in referrals they send on behalf of Community Services. Therefore, Community Services have been asked to refer patients directly to Acute Specialist Services where community services will continue active involvement in the patients care and the advice given from the Acute will be actioned by Community Services.

An options appraisal Paper was created and approved at DDG, to commence using Systmone ERS (electronic referral system) for clinicians within Humber to follow.

2. SCOPE

All Scarborough, Whitby, Ryedale and Pocklington community patients on Specialist services for Heart Failure, Respiratory (Pulmonary Rehab, Home Oxygen and Respiratory nursing) and Diabetes caseload will be included in this process where community services will continue active involvement in the patients care and the advice given from the Acute will be actioned by Community Services.

Clinicians in the services above at band 6, Band 7 or above employed by Humber can refer directly to a specialist secondary service for each of their patients on caseload. Only E-RS referrals rained clinicians can use this service.

If the patient has declined to share their records between GP and Community Services these patients will fall out of scope.

Services excluded from scope at this time are:

- Cardiac Rehab
- Continence
- Clinical leads / Therapy leads
- Dietetics
- Musculoskeletal (MSK)
- Non-Medical Prescribing lead
- Speech and Language Therapy (SLT)
- Stroke
- Tissue Viability Network (TVN)
- Virtual Ward
- Therapy services
- Core services
- Inpatient Units (Whitby & Malton)
- Urgent Treatment Centre (Whitby)
- Outpatients (Whitby)
- Hospital discharge service (HDS)

This process will only be used for referrals to York and Scarborough Trust, if the patient wishes to be referred to any other Acute Trust they will be referred back to their GP for onward referral.

3. DUTIES AND RESPONSIBILITIES

Service Managers, locality Matrons and appropriate professional leads will ensure dissemination and implementation of the policy within the sphere of their responsibility. They should also ensure staff are supported in attending relevant training and that time is dedicated to the provision and uptake of training.

Clinical Leads/Team Leaders will disseminate and implement the agreed SOP. They will maintain an overview of associated training needs for their respective teams.

All clinical staff in scope and employed by the Trust will familiarise themselves and follow the agreed SOP and associated guidance. They will use approved documentation and complete relevant paperwork as per policy and Standard Operating Procedures as relevant. They will make their line managers aware of any barriers to implementation and completion.

Clinicians who have this responsibility, will ensure referrals to specialist services are received and actioned. Working collaboratively with patients is essential. Patients will be involved in each stage of the direct referral process. Patients will choose where they want to be referred to and this decision will be respected and processed using ERS system by clinician.

If there is a major incident all staff will adopt the Humber Business Continuity plans.

4. PROCEDURES

- All clinicians who have been identified in scope to complete referrals, will provide their smart card number to IT systems team, so ERS functionality can be added to their Systmone access.
- Where a patient is identified as requiring referral to secondary care for advice and guidance and where community services will continue active involvement in the patients care and the advice given from the Acute will be actioned by Community Services, a referral will be actioned.
- Patients' will be asked to consent to a referral to secondary care, and they will be involved in choosing where they would like to access.
- If the patient has chosen a referral to York and Scarborough Trust, the clinician will action the referral. However, if an alternative choice has been made this will be referred to the GP to action.
- For patients that are not able to make a choice, a capacity assessment will be required to determine if they are able to make this decision. In this circumstance involve family/ carer where necessary.
- Staff will not make a decision for the patient, they will be involved and encouraged to choose their own place to be referred too.

4.1. Process for sending referral to secondary care specialist service using ERS.

- All clinicians that refer to acute specialist services will follow the process map in appendix 1.
- All referrals will be completed via Systmone in the E-RS system, eliminating any need to use paper referrals.
- Clinicians must create an E-RS referral letter, this will automatically pull in the consultation notes.

4.2. Process for checking if referral has been accepted or rejected.

Administrative System Lead & SystemOne Champion

Administrative System Lead & SystemOne Champion will check E-RS Worklists twice weekly for updates on referrals and will task the appropriate clinician to review the information for that patient on the worklist and take appropriate action.

If their referral cannot be seen from the work list, this means the referral has been accepted. If the referral is showing as pending, no further action is needed.

On checking the work list, the tasked clinician must review the referral on the worklist and decide what action is required.

Some reason codes for referrals appearing on the Worklist and action required are:

- Rejected / Triage Response
- Letter Outstanding
- Incomplete
- Advice and Guidance
- Assessment Returned/Cancelled/DNA
- Awaiting booking

Possible Actions for Clinicians:

- Information (e.g., change of triage date) add to patient record.
- Book Triage appointment, log into E-RS to book appointment and note in SystemOne and update task.
- Update referral with more information or send the letter.
- Liaise with consulting team at Acute trust.
- Refer back to GP, and update patient with rejected referral reason and next steps.
- If unsure what action required refer to Locality matron (clinical advice), IT-helpdesk (Systems advice)

If there have not been any referrals from the specialist/core teams then it is not expected that clinicians would check ERS on a daily basis.

4.3. Recording of referrals in electronic patient notes.

Referrals made on ERS through SystemOne will show in the patient record. Clinicians will use the right click menu in referrals and select New Referral Eservice Referral. They will then complete the referral information and attach any relevant documentation. They will need to save the SystemOne record.

5. TRAINING AND MONITORING

5.1. Training

An online course has been created to allow all clinicians who will be directly referring to access training prior to completing referrals. Help Guides in appendix 2 until they are on the intranet. Once on intranet a link to the Intranet page will replace the file so that staff always refer to latest guidance.

Course Name: 338 SystemOne and ERS E-Learning

Search Exact Phrase [Advanced Search](#)

[Course Catalogue >](#)

Courses

Click on 'Course' link to view details about the course. All courses beginning with '000' are nationally provided. Any other courses are provided by your organisation.

Course Name ▲	Choose or Enrol in class	Course Code
338 SystemOne and ERS E-Learning		SOERS

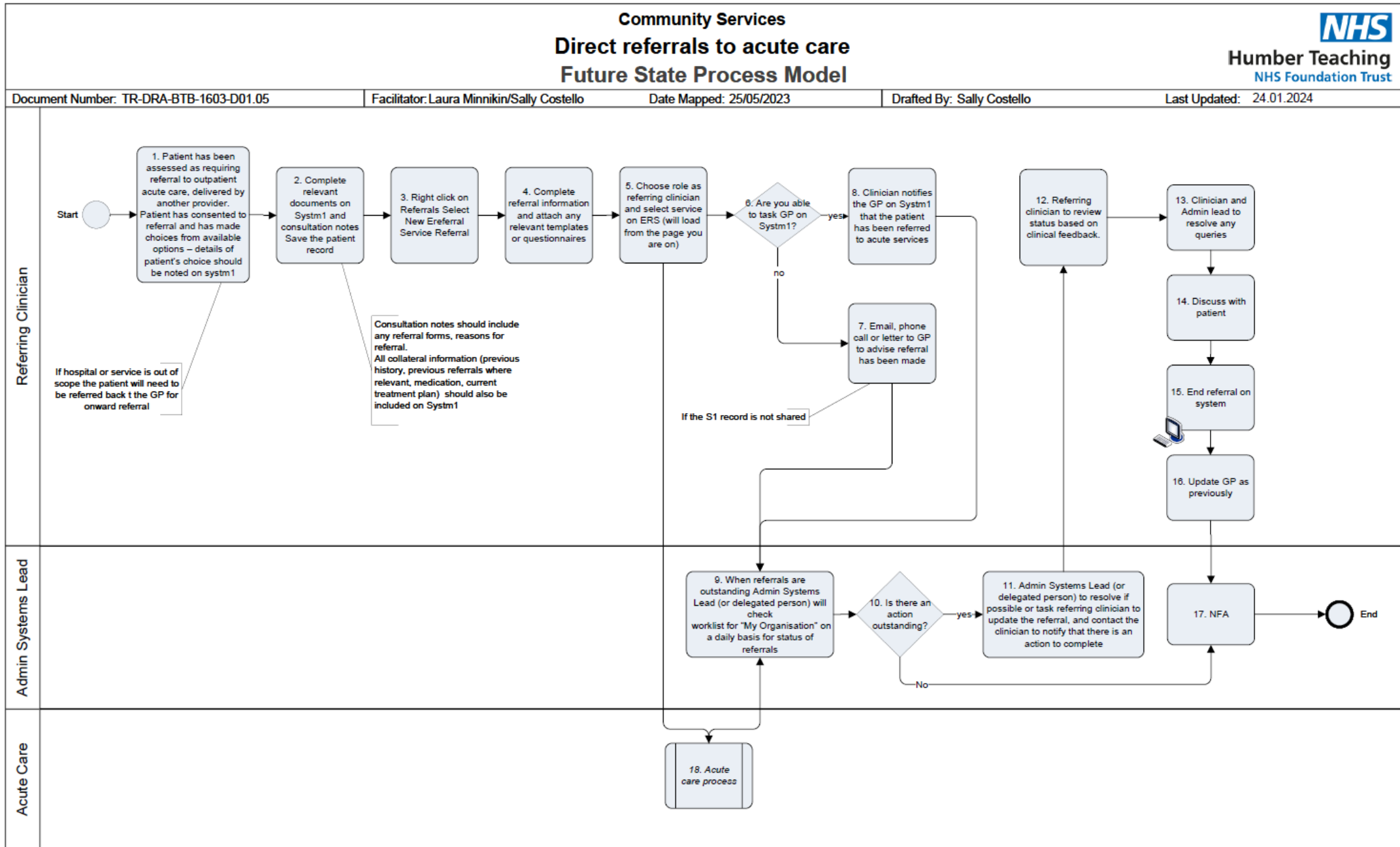
5.2. Monitoring and Reporting

We will need to track the number of referrals made and any issues experienced with completing these referrals and update ICB at the monthly meeting.

6. REFERENCES

- DDG direct referrals to GP options appraisal.
- Information governance policies [Information Governance Policies](#) . [Information Security and Risk Assessment Policy](#). [Humber Information Sharing Charter](#)
- Record keeping policy [Records Management and Information Lifecycle Policy](#)
- Trust strategy (evidencing collaborative working with patients) [HTFT Trust Strategy 2022-27 FINAL.pdf \(humber.nhs.uk\)](#)

Appendix 1: Process Map



Appendix 2: How To Guides and ERS E-learning Module

[Direct Referrals to ERS via SystemOne](#)

Appendix 3: Equality Impact Assessment

For strategies, policies, procedures, processes, guidelines, protocols, tenders, services

1. Document or Process or Service Name: Direct Referrals to Specialist Acute Hospital Services
2. EIA Reviewer (name, job title, base and contact details): Jayne Gibson
3. Is it a Policy, Strategy, Procedure, Process, Tender, Service or Other? SOP

Main Aims of the Document, Process or Service

Please indicate in the table that follows whether the document or process has the potential to impact adversely, intentionally or unwittingly on the equality target groups contained in the pro forma

<p>Equality Target Group</p> <ol style="list-style-type: none"> 1. Age 2. Disability 3. Sex 4. Marriage/Civil Partnership 5. Pregnancy/Maternity 6. Race 7. Religion/Belief 8. Sexual Orientation 9. Gender re-assignment 	<p>Is the document or process likely to have a potential or actual differential impact with regards to the equality target groups listed?</p> <p>Equality Impact Score Low = Little or No evidence or concern (Green) Medium = some evidence or concern (Amber) High = significant evidence or concern (Red)</p>	<p>How have you arrived at the equality impact score?</p> <ol style="list-style-type: none"> a) who have you consulted with b) what have they said c) what information or data have you used d) where are the gaps in your analysis e) how will your document/process or service promote equality and diversity good practice
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Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Age	<p>Including specific ages and age groups:</p> <p>Older people Young people Children Early years</p>	Low	Referral criteria is for adults aged 18 and above.
Disability	<p>Where the impairment has a substantial and long term adverse effect on the ability of the person to carry out their day to day activities:</p> <p>Sensory Physical Learning Mental health</p> <p>(including cancer, HIV, multiple sclerosis)</p>	Low	No exclusion criteria related to this group
Sex	<p>Men/Male Women/Female</p>	Low	No exclusion criteria related to this group
Marriage/Civil Partnership		Low	No exclusion criteria related to this group
Pregnancy/Maternity		Low	No exclusion criteria related to this group
Race	<p>Colour Nationality Ethnic/national origins</p>	Low	No exclusion criteria related to this group
Religion or Belief	<p>All religions Including lack of religion or belief and where belief includes any religious or philosophical belief</p>	Low	No exclusion criteria related to this group
Sexual Orientation	<p>Lesbian Gay men Bisexual</p>	Low	No exclusion criteria related to this group
Gender Reassignment	<p>Where people are proposing to undergo, or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attribute of sex</p>	Low	No exclusion criteria related to this group

Summary

Please describe the main points/actions arising from your assessment that supports your decision.

EIA Reviewer: Jayne Gibson

Date completed: 19.10.23

Signature: J Gibson