**Protocol for referral form development in North East London (NEL)**

Across NEL ICB, referral forms are published directly into the GP clinical system (EMIS Web/TPP Systmone). This allows all primary care sites using EMIS Web/TPP SystmOne across NEL to have the the most up to date form / templates to refer / communicate about their patietns.

CEG will convert Word referral forms into EMISWeb/Tpp SystmOne document template files that GP practices can access directly within their clinical system so that the demographic and clinical information about the patient gets merged automatically and the completed form is saved in the patient’s record. CEG will curate the referral form / template catalogue within the environment of the EMISWeb module called ‘Resource Publisher’ or TPP SystmOne module called ‘Word Letter Templates’ which allows to publish to all GP practices at the same time.

The principles underpinning this protocol are about fulfilling the needs for both the referrer and the service provider, in order to improve efficiency and patients’ outcomes.

The referrer needs to have a referral form that is fast to find and save, easy to fill in, preserves patient confidentiality and can be easily retrieved in the future.

The service provider needs to receive complete, unique patient details and enough, relevant clinical history, both of which are easy to find and read. They also need to know about any special communication needs the patient may have.

**Referral forms can only be updated once a year.** When you send an updated form please make very clear what the changes are either by listing them or by using the Track Changes function**.**

Start the process of creating a referral from as soon as you are commissioned **– it can take up to three months to complete the process.** And please contact the NEL Primary Care Portal librarian on nelondonicb.nel.portal@nhs.net so that details of the new service can be added to the Primary Care portal located at [North East London – Primary Care Portal (icb.nhs.uk)](https://primarycare.northeastlondon.icb.nhs.uk/)

To request a referral form conversion, please contact**:** **THCCG.ceginbox@nhs.net**. A CEG staff member will reply to you from their individual qmul.ac.uk email address to acknowledge your request.

If you have any concerns, suggestions or queries about this protocol, please contact Fae Wilkins, Project Manager of this project**:** **f.wilkins@qmul.ac.uk**

**Guidelines for service providers (standards):**

[ ]  **Include an nhs.net email address**. We are phasing out faxes, and non nhs.net addresses do not comply with IG in terms of carrying identifiable patient information.

[ ] Ideally, you can use the form in the Appendix to start creating your referral form.

[ ]  Create and send a Word file. CEG will not be able to covert it otherwise.

[ ]  Create as light a file as possible. Under 100 KB is ideal.

[ ]  Do not shade any boxes.

[ ]  Avoid using colour as it makes files heavier and most users do not use colour printers.

[ ]  Avoid using heavy logos, they might be recreated as text.

[ ]  Avoid very sophisticated formatting: it will not work well when EMISWeb drops their data tables in it. Columns work better than tables.

[ ]  Always include a field for the patient’s NHS number.

[ ]  Include fields for interpreter and for special communication needs the patient may have.

[ ]  Insert ‘Page x of y’.

[ ]  Referrers cannot sign the referral form since they are not going to print it. They will provide the patient’s usual GP’s GMC number instead. So do not include a signature field in your form.

[ ]  When you require results or investigations, specify exactly what you need, so that it can be extracted from EMISWeb correctly.

[ ]  If you accept both practice referrals and self-referrals, consider creating separate documents to make sure that the self-referral form is clear and easy to use for the patient.

If for any particular reason you cannot meet any of the standards, please contact CEG to explain why, so that a solution can be found.

**Appendix: basic fields to start creating your referral form**

**Patient Details:**

|  |  |
| --- | --- |
| Surname: First Name: NHS Number: DOB/Age: / Gender: Ethnicity: Is an interpreter required? If needed what language?  | Address: Contact number: / Email Address: Any special communication needs?  |

**Referrer Details:**

|  |  |
| --- | --- |
| Name: Job Title: GMC Number: GP Details: (If different to referrer) Date of referral:  | Organisation: Address: Contact Number: Email Address:  |

**Referral Details:**

|  |
| --- |
| Reason for referral:  |

**Relevant significant medical history:**

|  |
| --- |
| *This will self-populate but you might want to list the conditions you want to be able to see* |

**Relevant Values/Investigations:**

|  |
| --- |
| Please provide the most recent results for the following: *(this is an example, do list what you need)* |
| Weight: | BMI:  |
| Blood Pressure:  | Lipid Profile:  |
| HbA1C:  | Thyroid Function Test:  |

**Current medication:**

**Allergies:**