ICGP Guidance Document for GPs on National Referral Form to Secondary Care

See: www.icgp.ie/referral

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Acknowledgements

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Key Messages

- This document presents a new referral letter format, developed by HIQA in collaboration with the ICGP, as a national standard.
- GPIT accredited practice management systems (Health One, Helix Practice Manager, Socrates and Complete GP) can produce this referral template from the patient's file.
- This referral template will be used by the HSE in future referral management developments and in developing electronic referral systems.

Introduction & Development

In March 2010, the GPIT facilitators began a process of streamlining the generation of referral letters from GP practice management software. The aim was to develop an appropriate, nationally-accepted dataset, presented in a standardised format, for use in GP referrals to outpatient and secondary care. Following collaboration between the GPIT facilitator group and HIQA, a final version of this shared dataset and template appears in HIQA's report published in June 2011. HIQA ecommended that it should be implemented by GPs and hospitals (see "Report and Recommendations on Patient Referrals from General Practice to Outpatient and Radiology Services, including the National Standard for Patient Referral Information", HIQA).

There are several problems with referral letters currently. These include:

- Plethora of forms which are cumbersome, confusing and time consuming for GPs to work with.
- Errors in information duplication; in a hand-written form, patient details can be incorrectly copied from the patient's file.
- Legibility and handwriting issues in handwritten letters and forms.
- Variable quality of information supplied.
- Some key administrative and clinical information can be missing.
- Several secondary care related issues, outside the scope of this document.

Advantages of a Standardised Single Referral Dataset/ Template:

- Streamlined referral process for GPs - only a single form needed.
- Enables transmission of accurate, complete and relevant data.
- Can be generated from GPs' practice management system.
- Time saving for GPs, and re-uses information already contained within the electronic patient record.
- Legible and avoids duplication errors.
- Consistent, high quality information provided in a standardised fashion will make processing and triage of patients easier for hospital colleagues and staff.
- Facilitates further referral process development including development of electronic referrals.

Completing the Referral Form – General Points

1. The demographic details for the patient (current address, telephone numbers) should be confirmed with the patient prior to preparing the referral. This is to ensure that these details are up to date, allowing the hospital to successfully communicate with the patient about an appointment.
2. Fill in as many of the fields as possible. Most of the fields should be populated by your practice management system from the patient file. Ideally include 'not applicable' or 'N/A' if no information is to be included in a particular field.
3. In paper format, this referral document is 2 pages with each page numbered as well as including the patient's name, patient's date of birth and referring GP's name at the foot of each page. This is a safety feature in case of page separation.
4. Recommendation 4 in HIQA's report, "GPs should address referrals in the first instance to a central point within a hospital, then to the relevant specialty/service, followed by named consultant if relevant", will result in a change for GPs. It is recommended to refer to specialties, e.g. cardiology, rather than specific consultants. We do retain the option to specify our preferred consultant.
5. Most of the data fields are self explanatory. Some additional notes are listed below in relation to some data fields for further clarification.
6. If you are sending blood test results or other reports, these can be printed separately and attached (tick the appropriate box on page 2).

REFERRAL DETAILS	
Hospital	Name of hospital you are referring the patient to.
Specialty/Service	Name of specialty, see general points (no 4 above).
Preferred Consultant/Healthcare Provider	Name of consultant you would prefer the patient to attend.
Priority (GP)	Select urgent or routine. These terms are awaiting more precise definition from the HSE.
PATIENT DETAILS	
Next of Kin	Optional. Enter name of parent or guardian if patient is a child, or relative if patient is elderly or has special needs.
CLINICAL INFORMATION	
Reason for Referral/Anticipated Outcome	A brief statement of the diagnosis/provisional diagnosis or primary concern, with a statement of what you expect to be done for the patient, e.g. right inguinal hernia, referred for surgical management possible inflammatory bowel disease, referred for investigation.
Relevant Tests/Investigations	Tick box for attached or not applicable. If you wish to include blood tests results or other investigations, these can be printed separately and attached to the referral document.
Past Medical History	List of significant current and past medical and surgical events.
Additional Relevant Information (including special needs, disabilities, clinical warnings)	Option to include extra relevant information if case is complex, or to include details on special needs or infectious disease risks, if applicable.

NATIONAL STANDARDISED PATIENT REFERRAL TEMPLATE

REFERRAL DETAILS	
Hospital	
Specialty/Service	
Preferred Consultant/Healthcare Practitioner	
Has the Patient Previously Attended the Hospital	❑ yes
Priority (GP)	❑ urgent ❑ routine
Date of Referral	
PATIENT DETAILS	
Surname	
First Name	
Address	
Date of Birth	
Gender	
Next of Kin	
Mobile Number	
Telephone *(day)*	
Telephone *(evening)*	
Hospital Number	
First Language	
Interpreter Required	❑ yes ❑ no
Wheelchair Assistance	❑ yes ❑ no
REFERRER DETAILS	
Name	
Address	
Telephone	
Fax	
Mobile	
Signature of Referrer	
Medical Council Registration Number	
PATIENT'S USUAL GP *(if different from Referrer details above)*	
Name	
Address	

CLINICAL INFORMATION
Reason for Referral/Anticipated Outcome
Symptoms *(including history of presenting complaints and interventions to date)*
Examination Findings
Relevant Tests/Investigations ❑ attached ❑ not applicable
Past Medical History
Current Medication
Allergies/Adverse Medication Events
Relevant Family History
Relevant Social History
Additional Relevant Information *(including special needs, disabilities, clinical warnings)*

FOR HOSPITAL USE ***(referral management and outcome)***			
Date Referral Received		Triage Outcome *(priority)*	❑ urgent ❑ soon ❑ routine
Date Sent for Triage		Date of New Attendance	
Date Returned from Triage		Consultant Clinic	
Patient's Name Patient's Date of Birth Referring GP's Name			

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