

05th January 2016

To Whom it may concern

Tel: 01782 676153

UHNM Trust Standard Referral Template - Urgent attention and action is required:

After a number of discussions at LHE planned care meetings in November 2015 it was agreed by the group to enact the principle that from the 1st January, 2016 any referrals received by the Trust in letter format will no longer be accepted and that GP'S will be required to use and fully complete the Trust standard referral template. Implementation in January 2016 would give sufficient time for the commissioners to communicate this requirement widely to the GP's.

The Trust has received a referral from you that is in letter form and therefore we are returning this to you to kindly request that a Trust standard referral form is completed and returned urgently.

Please note a patient appointment will not be made until the completed referral form is returned to the Trust.

There are a number of reasons why this has been agreed and along with improving the patient experience this will reduce the number of telephone calls that take place between the Trust and the GP practices for missing information. Providing accurate, complete information will also ensure that referrals are processed in a timely manner by the Trust. I have enclosed a list below of some of the issues currently experienced by UHNM.

- The quality of a "standard" letter presents challenges to the teams responsible for recording referrals.
- Often, 2 week referrals are not explicitly indicated so the GP has to be contacted to verify the status of the referral.
- Comments on the patients availability are contradictory – impacting on 18 week targets as patients are on holiday when the referral is registered.
- The quality of patient demographics is poor and may be out of date. GPs and other HCPs should ensure their records and the SPINE are up to date with the latest demographic, contact and next of kin details.

- Pre referral criteria such as tests have not been completed so the patients experience delays.
- There is often no indication that an interpreter or other communication resources are required. This results in the patients wasting their time as they are sent home until appropriate resources are made available for another appointment.
- Missing information such as ethnicity has a direct impact on UHNM performance as measured by SUS. This is because despite the best efforts of our teams, it is not possible to ask every patient for the missing data.

Quality, safety and patient experience remains our number 1 priority as a Trust and consistent, accurate and complete information at the point of referral will enable the Trust to capture, report and submit valid data sets for use by all stakeholders and commissioners.

I enclose a copy of the Trust Standard Referral form for your convenience.

The Trust Patient Access Policy, is also available publicly via the Trust website.

Yours Sincerely,

Ollie Hagan
Outpatients - Senior Operational Services Manager



Appendix A

GENERAL REFERRAL LETTER

| | | | |
|---|--------------|-------------------------------|------------|
| PATIENTS DETAILS | | GP/Referrer DETAILS: | |
| Surname: | | Practice Name: | |
| Forename/s: | | Address: | |
| Address: | | Tel: | |
| Postcode: | | Fax: | |
| Tel: (Home): | | Website: | |
| Mobile: | | Registered Care professional: | |
| Ethnicity: | | Name: | |
| Previous Surname: | | National Code: | |
| NHS No: | Hospital No: | Practice Code: | |
| D.O.B: | SEX: | PRIORITY: | |
| Special requirements: | | | |
| Referral letters not addressed to a named consultant will, where appropriate, be pooled within the relevant speciality. | | | |
| Overseas Status (please circle relevant box) | | Exempt | Chargeable |

REASON FOR REFERRAL

| | |
|-------------|------|
| SIGNATURE: | DATE |
| PRINT NAME: | |

Please ensure that this form is fully completed – this referral will be sent back to you if any of the above information is missing. This in turn will delay the patient pathway.