Seven reasons to use the national referral form

The College has launched a guidance document for GPs on using the national referral form for hospital care. John MacCarthy reports

Why you should use the form

- It does what you are doing already and more
- It can be printed from the accredited practice management systems saving you time
- It is quality approved (HIQA approved)
- Single form concept – use of one instead of several forms streamlines the referral process for GPs
- Future referral projects by the HSE will use this dataset
- Processing and triage of patients will be easier for hospital colleagues and staff
- It creates a good basis to expect hospital reports to meet our needs

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Seven good reasons why GPs should adopt this template for future referrals

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It does what you are doing already and more

Many GPs are already generating high-quality referral letters to hospital, frequently using practice management software. At the core of this template development is an agreed dataset, or set of specific headings to present information in a standard way. If all GPs were using the same set of headings, then consistent, high-quality information would be provided in a standardised fashion.

This template re-structures referral letter information being currently provided and presents it in a uniform way. Using the template should be no different to how you prepare referrals at present. Obviously, the layout will be different to your current letter, but your current information should be accommodated in the template. Using it initially will feel different, but it should become easy quickly.
Many GPs frequently use the SOAP (subjective symptoms, objective findings, assessment and plan of action) approach to a consultation. When the form is generated using the patient’s current transaction, this information can be incorporated into the form, saving you time in completing the form (it can be edited prior to printing if you wish to tidy up the data).

As with referral letters in use currently, data concerning past medical history, current medications, adverse reactions to medications, etc., will be automatically included in the referral letter, once this information is stored in the patient’s file correctly in the first place (each practice management system will do this differently, so check with the user manual, other local users, a user group and the relevant technical support desk).

If you have difficulty in accessing any of these, the ICGP facilitators can guide you: contact niamh.killeen@icgp.ie

If the referral is a complex one or involves a lot of information, the form may roll onto a third page. The key message here is that transmission of complete information is more important than trying to fit information into a specifically sized box on a form.

If you wish to attach blood tests results or other information, just print what you wish to send and attach it to the printed form. Many of the fields are not mandatory, but obviously the more information that is included, the better the triage process is facilitated on the hospital side.

It is quality approved (HIQA approved)

By September 2010, the GPIT facilitators had developed a working dataset/template for OPD referrals, which was accepted by the GPIT Management Committee. At that time, HIQA was developing a referral letter format to be included as a recommendation in its report following its investigations into processing of GPs’ referral letters at Tallaght Hospital.

GPIT facilitators engaged with HIQA to collaborate on these similar ventures. The final dataset/template was included as a recommendation by HIQA in its document ‘Report and recommendations on patient referrals from general practice to outpatient and radiology services, including the national standard for patient referral information’, which was released by HIQA in June 2011.

Using the standardised dataset enables transmission of accurate, complete and relevant data when generating a referral. As it appears in the guidance document, the template layout helps achieve this by printing one data item per line to avoid data truncation, as might happen in a text-box-based form. The patient’s name, date of birth and the referring GP’s name appear at the end of each page in case of page separation. Although colour is used in the guidance document, this is cosmetic, and it is intended to be produced in black and white.

Single form concept – use of one instead of several forms streamlines the referral process for GPs

GPs are faced with a myriad of forms for referrals to various services, even different forms for the same service in different locations. GPs are busy enough without having to keep track of all these forms and update an expanding cluster with newer versions or completely new forms. One of the main attractions of this new template is its capability to replace a plethora of referral forms with a single high-quality form. Excluded from this are the cancer referral forms for breast, prostate and lung cancer currently in use and produced by the NCCP (National Cancer Control Programme). These forms now exist as both paper and electronic versions, and are regarded as a model of what can be achieved.

The new template has HSE and HIQA approval, something most other forms in circulation do not have. A single form streamlines the process for GPs, without need to remember if a particular form is required for a particular service at a particular location, or indeed to have it available.

It is our view that if a service wishes to develop a specialist referral form, that service should develop a nationally agreed information requirement in collaboration with GPs, which then can be generated as content in the new template’s format.

The service could circulate a single page guidance document for GPs on what to include in a referral with agreement from GPs, rather than circulating a form. We believe the days of services dictating to GPs what data and what format constitutes a referral without national GP agreement are over. GPs and secondary care specialists can collaborate to develop high-quality referrals based on this new template structure.

**Future referral projects by the HSE will use this dataset**

The HSE has committed itself to using this dataset for ongoing or future OPD improvement projects. Additionally, a pilot project in the HSE South and Tallaght areas is currently in development to send and process referrals electronically, in the same fashion as the cancer forms can now be sent. This project has also committed to using this dataset. This will be an exciting development and bring to bear some of the benefits ICT has to offer to general practice. Use of a national standard dataset facilitates further referral process development.

**Processing and triage of patients easier for hospital colleagues and staff**

As mentioned previously, this template will facilitate delivery of high-quality information to our hospital colleagues, who will be in a better position to triage our patients more effectively and assist in creating an efficient outpatient service for our patients. Everyone involved in the process gains.

**It creates a good basis to expect hospital reports to meet our needs**

This article has so far espoused the advantages of the new referral template. We believe that it will also spur further improvements, specifically encourage a similar discipline for hospital correspondence back to GPs. The type and quality of hospital correspondence varies greatly, and GPs can struggle to collate it all. Many GPs would like to see standardised, high quality information coming from the hospitals. In adopting this template, GPs can enter this discussion on a quid pro quo basis.

I hope this article will prompt you to look at the guidance document, take on board the advantages in using it, and encourage you to adopt the form for your referrals in the future.

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John MacCarthy is a regional GPIT co-ordinator with the ICGP with responsibility for the National Electronic Referral Project.