Guidance Document for GPs/GDP's on Patient Referral Form to CUDS&H

Reference:
ICGP Guidance Document for GP's on National Referral Form to Secondary Care

HIQA's Report and Recommendations on Patient Referrals from General Practice to Outpatient and Radiology Services, Including the National Standard for Patient Referral Information, June 2011.

Background:

In March 2010, the ICGP GPIT facilitators began the process of improving the generation of referral letters from GP practice management software. They sought to develop a nationally-accepted dataset which would present the information in a standardised format. The referral form developed by the GPIT facilitators and HIQA simplifies and streamlines the referral process for GPs, while improving the quality and consistency of referral data received by hospitals.

HIQA's *Report and Recommendations on Patient Referrals from General Practice to Outpatient and Radiology Services, Including the National Standard for Patient Referral Information*, released in June 2011, contains the final version of the collaboration of GPIT and HIQA work.

It is envisaged that referrals will be made electronically in the future, similar to the national cancer referral forms that are currently available. This work will support HSE electronic referral projects currently in development.

Context:

This document presents a new paper referral letter format for CUDS&H, building on the format already 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.

CUDS&H hopes, in collaboration with GP's / GDP's, to be in a position to move to an electronic referral system in the future.

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 recommended 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:
• Forms which are cumbersome, confusing and time consuming for GPs/GDP's 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.

Advantages of a Standardised Single Referral Dataset/Template:
• Streamlined referral process for GPs/GDP's - only a single form needed.
• Enables transmission of accurate, complete and relevant data.
• In the future can be generated from GPs' /GDP's practice management system.
• Time saving for GPs, /GDP's 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 on 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. periodontics, 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 Radiographs, BPE, blood test results or other reports, these can be printed separately and attached (tick the appropriate box on page 2).

Ref: HIQA's Report and Recommendations on Patient Referrals from General Practice to Outpatient and Radiology Services, Including the National Standard for Patient Referral Information, June 2011,

Cork University Dental School & Hospital: REFERRAL FORM

Please complete both sides and every section of this form and retain a copy for your records. Select Urgent or Routine
Enclosures such as x-rays and periodontal charts should be sealed in an envelope marked with the patient's name and DOB and stapled to this form.
All referrals will undergo clinical triage. **Incomplete referrals may be returned.**
Referrals that do not comply with current CUDS&H patient referral protocols may be returned.
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Urgent ☐

Routine ☐

Please complete all sections below. For those not applicable to the referral please put in **N/A**

To: Consultant	From: Practice / Clinic (please write clearly)
…………………………………………………….	………………………………………………………………
Name of consultant you would prefer the patient to attend.	**Referring Dentist / Clinician**
	……………………………………………………………….
Dental Referral Management	**Practice / Clinic Address:**
Cork University Dental School & Hospital	…………………………………………………………….
Wilton, Cork	……………………………………………………………..
Tel: 021- 490 1100	**Postcode:** ……………………………………………..
Fax: 021- 434 5737 (Restorative Dept)	**Tel:** ……………………………………………………….
Fax: 021- 490 1179 (Oral Surgery Dept)	**Fax no:** ………………………………………………….
Email: dental@ucc.ie	**Email:** …………………………………………… …
	Dentist / Clinician Signature: …………………………
Date Referral Letter Received: ………………………	**Principal Dental Surgeon Signature:** ....
(please write clearly or Hospital date stamp on receipt)	

PATIENT DETAILS	Patient's Address:
Full Name: ………………………………………	…………………………………………………………….
Parent / Guardian: ………………………………	…………………………………………………………….
	…………………………………………………………….
Enter the name of parent or guardian if patient is a	…………………………………………………………….
child or relative if patient is elderly or has special needs	**Postcode** ……………………………………………….

Date of Birth: ...………………………………………………… **Health Ins. Yes/No Specify:**………………………………..

Daytime Tel: ....…………………………………………

Mobile Tel: ......…………………………………………

Med Card No: …………………….**Expiry Date:** ….…..…

PATIENT'S MEDICAL PRACTITIONER   **GP Practice Name & Address:**

GP Name: …………………………………………..……   …………………………………………………………..

Tel: …………………………………………………..   …………………………………………………………..

Fax: …………………………………………………..   …………………………………………………………..

Email: ……………………………………………..…   **Postcode:** …………………………………………… ….

Section A - Refer to Speciality Please tick relevant box(es). Choose a speciality		**Section B - Special Needs / Care Dentistry** Please tick box(es) that are applicable to this referral. Choose a category if applicable	
Dental Radiology	☐	Mental Health	☐
Oral & Maxillofacial Surgery	☐	Learning Disability	☐
Oral Medicine	☐	Uncooperative	☐
Paediatric Dentistry (incl. child with special needs) Please complete section B	☐	Hoist or bariatric facility	☐
Special Needs / Care Dentistry (adults) Please complete section B	☐	Phobic Adult - ASA I or II	☐
Orthodontics (Currently only HSE referrals) Specialist form to be completed and attached	☐	Special medical needs (medically compromised) - ASA II or III	☐
Restorative Dentistry	☐		
Periodontics	☐		
Prosthodontics	☐		
Endodontics	☐		

Patient Name: **DOB:**   **Referring GP/GDP:**_____ __

ADDITIONAL CLINICAL REFERRAL INFORMATION

Please complete all sections below. For those not applicable to the referral please put in **N/A**.

If any sections are blank the referral may be returned, delaying the patient's treatment.

If you do not have sufficient room please continue on a separate sheet quoting the patients name and DOB along with
the relevant section letter that the additional information applies to in order to avoid any confusion.

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Section C: Clinical reason for referral – provisional diagnosis / treatment – description of problem / lesion : Restorative/Periodontal referrals should be accompanied with a BPE:

A brief statement of the diagnosis/provisional diagnosis or primary concern, witih a statement of what you expect to be done for the patient, e.g. *options………*

Section D Relevant medical history – current medication – ALLERGIES :   Relevant family / social history:

List of significant current and past medical and surgical events

PATIENTS PAST DENTAL REFERRAL HISTORY

Previous Dental Referral   No ☐   Yes ☐   If yes, please complete the following

Date of last dental referral:	**Where patient was treated :**	**Reason for last referral:**
List of past significant dental history		
……………………………………….	……………………………………….	…………………………………………

PATIENT CONSENT TO REFERRAL AND ASSOCIATED TREATMENT

Has the patient understood and consented to the referral?   **Yes ☐**   **No ☐**

Section E: Any other relevant information or current treatment plan associated with this referral:

Tick the box for attached or N/A. If you wish to include treatment plans, results or other investigations, these can be printed separately and attached to the referral document.

Option to include extra relevant information if case is complex, or to include details on special needs, infectious disease risks or clinical warnings if applicable.

ATTACHMENTS – appropriate radiographs are essential.

Radiographs attached: ☐ tick if yes   Periodontal charting attached: ☐ tick if yes

Signature of Referring Practitioner: …………………………………………………….. **Date:** ………………………….

Print Name: …….………………………………………………………………………

Please check that all sections are complete to prevent the possible return of this referral.