



Referral policy and procedure

Purpose.

This policy ensures timely, appropriate, and equitable referrals from the GP practice to secondary care, specialists, and other healthcare providers. It aims to support continuity of care and improve patient outcomes.

Scope.

This policy applies to all clinical staff involved in patient care and referrals at The Guildhall & Barrow Surgery.

Key principles

Clinical Justification: Referrals will be made based on clinical need, in line with NICE and local commissioning guidelines.

Timeliness: Urgent referrals (e.g. suspected cancer) will be made within 24 hours subject to required tests having been undertaken e.g. FIT test for lower GI Routine referrals will typically be processed within 5–10 working days.

Patient Involvement: Patients will be informed of the reason for referral, options available, and expected timescales.

Shared Decision Making: GPs will discuss alternatives and involve patients in selecting the most suitable provider, when appropriate.

Referral Types

- **Urgent Referrals (e.g. 2-week wait cancer referrals)**
Follow national pathways and submit referral within 24 hours. Ensure the patient understands the urgency.
- **Routine Referrals**
Made through e-RS (Electronic Referral System) or other local systems. Clinician must document reason for referral and any relevant investigations performed.
- **Private Referrals**
GPs may provide a referral letter for patients choosing private care, but this does not alter NHS responsibilities.
- **Self-Referral Services**
Patients will be advised where self-referral is appropriate (e.g. physiotherapy, sexual health services, IAPT).



Referral Process

1. **Clinical Assessment** – GP completes appropriate clinical assessment and determines need for referral.
2. **Documentation** – Reason for referral, clinical findings, and previous treatments must be clearly documented in the patient's record.
3. **Patient Consent** – Ensure informed consent is obtained and documented.
4. **Submission** – Referral is sent via e-RS, DXS or email (depending on speciality).
5. A letter is generated to the patient, containing the referral number and confirming the referral has been submitted. This correspondence contains contact details of the hospital department referred to, along with a link to current appointment wait times.



Sample
Confirmation Letter

6. The medical secretarial team review DXS for incomplete or blank referrals every 1-2 weeks, and generate a TASK to the named/referring GP to ensure no delays occur.
7. Task boxes are audited weekly but the management support team, and information is provided to the TASK box owner.

Two week (2WW) wait referrals

- All 2WW referrals are recorded on an internal audit sheet owned and managed by the medical secretaries.



Fast track referral
log.xlsx

- 2WW referrals are submitted via DXS to the medical secretarial team and a TASK is also sent to the shared medical secretary TASK box
- Once the referral has been sent, a TASK is sent back to the referring GP to confirm submission.
- A letter is generated to the patient to confirm the referral has been sent, and contains contact information for the department referred, along with the referral reference number.
- The 2WW audit spreadsheet is reviewed 2-3 times per week, and once an appointment is provided, this is added to the spreadsheet.

Policy reviewed June 2025

Next review date; June 2027 or earlier if required

Reviewed by Rebecca Shelley - Practice Manager.



- If a test is required before the referral is sent, the medical secretaries 'hold' the referral until the test has been completed. If the test is not completed by the patient, the patients named GP or referring GP is notified via TASK.
- In cases whereby a 2WW referral is rejected, or the patient DNA's the appointment, the secretaries send a TASK to the named/referring GP to notify them of this. The GP will either make contact directly with the patient, or ask the clinical support team to do this.

Referral information

A referral chart compiled by the medical secretarial team is distributed to all clinical staff that make referrals (updated with any changes), please see this document below.



REFERRALS
chart.docx

Responsibilities

- **GPs and Clinicians** – Ensure referrals are clinically appropriate and clearly documented.
- **Administrative Team** – Process referrals promptly, manage e-RS /DXS workflow, and support patient queries.
- **Practice Manager** – Monitor referral activity and ensure policy compliance

Monitoring and Review

- Any referrals that are considered delayed due to a practice administrative or clinical reason, are reported and discussed at the practice wide significant event meeting held quarterly.
- Feedback from patients and secondary care providers will be reviewed as per all feedback in the practice wide significant events meetings held quarterly.
- This policy will be reviewed every 2 years or sooner if significant changes occur.