

# BMC Sending Off Referrals SOP Title

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# BMC Sending Off Referrals SOP Version 1

## 1. Purpose

To ensure all patient referrals are processed accurately, securely, and promptly in line with NHS guidelines, clinical urgency, and information governance standards.

## 2. Scope

This SOP applies to all staff involved in the preparation, sending, and tracking of referrals within the practice, including GPs, locum GPs, and the Referrals Team (admin staff). It covers all referral types:

- Routine referrals
- Urgent referrals
- Two-Week Wait (2WW) cancer referrals
- Community / Allied Health referrals
- Private referrals

## 3. Responsibilities

- GPs / Locum GPs
- Identify clinical need for referral and complete the referral letter using the correct template.
- Ensure clinical details, justification, and relevant investigations/results are included.
- Attach any required supporting documents (blood results, imaging, clinic letters).
- Save the referral letter in the patient record.
- Create an EMIS task to the Referrals Team marked as "Referral to be sent," specifying:
  - Type of referral (Routine / Urgent / 2WW / Private)
  - Preferred specialty and provider if known
  - Any deadlines or specific requirements
- Referrals Team (Admin Staff)
- Check incoming EMIS tasks for new referral requests.
- Review attached documents for completeness.
- Process referrals via:
  - e-RS (Electronic Referral Service) for NHS referrals
  - Secure NHS Mail for services not available on e-RS
  - Other specified routes (e.g. community service portals, private hospital emails)
- Confirm successful submission (e.g. confirmation email, UBRN, booking receipt).
- Record referral details in the Referrals Logbook.
- Send an EMIS task back to the requesting GP to confirm completion, including:
  - Date sent
  - Method (e-RS / Email / Other)
  - Reference number (UBRN or equivalent)

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- File confirmation or acknowledgment in the patient record under “Correspondence Practice Manager / Referrals Lead
- Oversee referral processes and ensure adherence to SOP.
- Conduct periodic audits to check timeliness and accuracy.
- Ensure staff training and updates are provided when referral pathways change.

## 4. Procedure

### 1. 4.1 Routine and Urgent Referrals

1. GP completes referral letter and tasks the Referrals Team.
2. Referrals Team checks details, attaches supporting documents, and sends via e-RS or secure email.
3. Referral confirmation saved to patient record.
4. EMIS task sent back to GP confirming completion.

### 2. 4.2 Two-Week Wait (2WW) Referrals

1. GP completes 2WW proforma (specialty-specific) and ensures all required information is included.
2. Referrals Team processes immediately via e-RS 2WW pathway or by secure email (as per local ICB policy).
3. Confirmation or booking reference (UBRN) saved in patient record.
4. GP notified via EMIS task and informed if patient needs to book appointment directly.
5. 2WW referrals should be sent same day or within 24 hours of request.

### 3. 4.3 Community / Allied Health Referrals

Sent using local referral forms or electronic portals as per service requirements. Confirmation recorded in patient record and GP notified via task.

### 4. 4.4 Private Referrals

GP prepares referral letter marked as “Private.” Referrals Team sends securely to patient or private provider as instructed. Copy saved in record; GP notified of completion.

## 5. Documentation and Record Keeping

All referral letters, forms, and confirmations must be scanned or saved in the patient’s record. A Referrals Logbook should be maintained for audit and tracking. All correspondence must comply with NHS Information Governance and GDPR policies.

## 6. Monitoring and Audit

Monthly audit of all urgent 2WW referrals to ensure have been seen in clinic – if a patient has not been seen a task must be sent to the referring GP to notify.

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## 7. Review and Version Control

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### Version Control

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