

COMMUNICATION FROM OUTPATIENT SERVICES TO SOURCE OF REFERRAL & PATIENT

January 2014

Guidance

004

COMMUNICATION TO PATIENTS

1. Appropriate and timely information to patients is crucial for the operation of a safe, efficient outpatient service.
2. Information may be communicated in writing, by telephone, video/visual facility, or face-to-face, and will take into consideration translation needs and cultural requirements.
3. All communication with patients should recognise, in full, the right to privacy of that patient in relation to his/her healthcare record.
4. General information to be provided to the patient will include at a minimum the items set out in Table 1:

Table 1. Communication with patients

- Information regarding outpatient service use and facilities
- Patient rights (consent, privacy, complaint)
- Patient responsibilities (notify of change of address, timeliness)
- Time, date and location of appointment
- What to bring to an appointment
- Investigations to be performed prior to appointment
- How to confirm, re-schedule or cancel an appointment
- Expected duration of wait for appointment
- Consequences of failure to attend for appointment

5. Patients placed on the OP waiting list will be formally notified of the items set out in Table 2:

Table 2. Formal notification to patients on OP wait list

- Placement on the PAS OP waiting list/acknowledgement of receipt of referral
- Offer of an appointment
- Rescheduling of an appointment by service-provider
- Notice of failure to attend for appointment
- Removal from the waiting list
- Discharge from outpatient services

6. All communication with patients will be recorded on the PAS/administration system.

COMMUNICATION WITH SOURCES OF REFERRAL (SORs)

7. Referring practitioners should be provided with up-to-date, easily accessible information regarding the items set out in Table 3:

Table 3. General Information to be provided to SORs

- Types of specialties and services offered
- Wait times for urgent and routine referrals per specialty/service
- Requirement to complete in full the standard referral form and process for completion where incomplete
- Referral guidelines in general, and per specialty, if there are requirements set out by the clinical care programmes
- Notice of pending changes to outpatient service-provision
- Consequences of patient failure to attend for appointment and repeated requests to reschedule

8. SORs should be requested to notify the service-provider of any significant changes to the patient's condition while he/she is waiting for an appointment.
9. Processes should be put in place to ensure communication between the SOR and clinician throughout the patient's episode of care enabling joint management of the patient, where required.
10. SORs will be formally notified of the items set out in Table 4:

Table 4. Formal notification to SORs who request a referral with outpatient services

- Acknowledgement of receipt of referral
- Placement of the patient on the OP waiting list and assigned clinical priority status
- Expected duration of wait for appointment
- Failure of patient to attend for appointment
- Patient request to cancel an appointment and not reschedule
- Standardised SOR report after first consultation/care plan updates
- Standardised discharge report
- Removal of the patient from an OP waiting list

11. GPs will be notified of referrals that have been made by other SORs on their patient's behalf. All subsequent information regarding the patient's OP appointment will be made to the patient's GP.
12. All communication with SORs will be documented and retained in the patient's healthcare record.