

Source ID:	Version Number: 1.0	Review Date: 31/3/26
------------	---------------------	----------------------

Chelsea and Westminster Hospital NHS Foundation Trust
The Hillingdon Hospitals NHS Foundation Trust
Imperial College Healthcare NHS Trust
London North West University Healthcare NHS Trust



Standard Operating Procedures (SOP) for Internal Referrals into Outpatient Services

Key Points:

This is a controlled document. Whilst this document may be printed, the electronic version uploaded on the intranet is the controlled copy and printing is not advised. This document must not be saved onto local or network drives but must always be accessed from the intranet.

All employees must adhere to the requirements set out within this document. Any specific responsibilities or actions for particular staff or staff groups will be outlined within the main body of the document and their duties cascaded to them as required.

Promoting equality and addressing health inequalities are at the heart of Imperial College Healthcare NHS Trust's values. Throughout the processes detailed within this document the Trust has given due regard to the need to eliminate discrimination, harassment and victimisation to advance equality of opportunity and to foster good relations between people who share a relevant protected characteristic, as cited under the Equality Act 2010, and those who do not.

Current Document Status:	Final
---------------------------------	-------

Contents

1. Introduction	3
2. Purpose	3
3. Objectives	3
4. Key Performance Indicators	3
5. Scope.....	3
6. Roles and Responsibilities	4
• Monitor compliance and escalate non-compliance as required.....	4
7. The Process.....	4
8. Escalation Protocol	5
9. Risks and Mitigations	5
10. Process for Monitoring Compliance.....	6
11. Training and Education	6
12. Implementation and Dissemination.....	6
13. Monitoring Arrangements	6
14. Supporting Information.....	6
15. Appendix I – Process Map of Interim Workflow	8
16. Appendix II – <i>Process Documentation: Workflow for Internal Referrals for Outpatients to be Scheduled</i>	9
17. Appendix III - Local arrangements for each trust.....	16

Source ID:	Version Number: 1.0	Review Date: 31/3/26
------------	---------------------	----------------------

1. Introduction

This SOP defines the standard process for internal referrals within a Trust to outpatient services, ensuring a structured and efficient approach to managing routine and urgent referrals using the outpatient letter templates. It improves patient care enabling them to be referred to outpatient services avoiding the need to be referred back to GPs when it is urgent or is for the original condition. This process applies to Hillingdon, London Northwest, and Imperial College Healthcare NHS Trust.

All areas where there are existing orders (requests) for internal referrals will continue using these e.g.

- Chelsea and Westminster NHS Foundation Trust, has orders for their internal referrals therefore this process will continue.
- All cancer upgrades / urgent suspected cancer internal referrals (FDS / 2WW) created within a trust will continue to use their existing processes.

Other areas will use this new process.

2. Purpose

This SOP establishes a standardised process for referring patients within the Trusts to outpatient services, ensuring timely, accurate referrals, directed to the appropriate departments. It ensures efficiency and effectiveness to enhance patient care and satisfaction.

3. Objectives

- Improve efficiency: Streamline the internal process to reduce the administrative burden and expedite patient care.
- Timely Registration: Ensure all referrals are registered within a day of receipt to enable prompt attention and management.
- Enhance Communication: Strengthen communication between departments to facilitate better co-ordination and information sharing.
- Prioritise Urgent cases: Ensure urgent referrals are identified and managed promptly.
- Reduce Delays: Minimise missed or delayed referrals, enhancing patient outcomes and satisfaction.

4. Key Performance Indicators

- Timely Registration: 100% of internal referrals registered within 24 hours of receipt.
- Routine Referrals: 95% processed (uploaded and triaged) within 5 working days of triage
- Urgent Referrals: 100% processed (Uploaded and triaged) within 48 hours of triage
- FDS / 2ww Referrals: 100% scheduled within 14 days

5. Scope

This SOP applies to all centralised and devolved services, including clinical and administrative teams involved in the internal referral process, with the Patient Service

Policy Category:	Title:	Page 3 of 20
------------------	--------	--------------

Source ID:	Version Number: 1.0	Review Date: 31/3/26
------------	---------------------	----------------------

Centre (PSC) / Central Booking Office (CBO) / Patient Access Centre (PAC) as the central recipient.

Devolved services are required to follow the same process to ensure consistency and standardisation, with local booking teams managing internal referral bookings for their respective services.

6. Roles and Responsibilities

a. Referring Clinician

- Complete, sign and submit the letter in Powerchart, copying in the “internal referrals” message centre inbox for your trust.

b. Central Booking Offices / Patient Service Centre (PSC) Team

- Access the internal referrals inbox via Cerner Message Centre daily.
- Upload all internal referrals onto Rego Vantage within 1 working day.
- Assign a nominated administrator to manage access to the inbox.

c. Triageing Clinician (via Rego Vantage)

- Review, triage, and provide booking advice within the specified timeframe:
 - **Routine:** within 48 hours of upload
 - **Urgent:** within 24 hours of upload
- Confirm the care pathway and provide booking instructions.

d. Booking Administrator

- Monitor triage decisions and schedule patient appointments accordingly.
- Confirm the appointment with the patient.

e. Service Management Team

- Monitor compliance and escalate non-compliance as required.
- Review referral performance metrics and implement improvements.

7. The Process

Step 1: Referral Process – Refer to appendix for the process map and screenshots

1. The referring clinician signs and submits the letter in Powerchart, including details of which service you want the internal referral to go to and clinical details. Copy this letter to the “internal referrals” inbox. Any of the Cerner letter templates can be used, detailed; essential; brief correspondence etc. This letter can be the outpatient outcome letter or can be a separate letter, so long as the workflow is followed.

Policy Category:	Title:	Page 4 of 20
------------------	--------	--------------

Step 2: Management of Internal Referrals Inbox

1. The CBO / PSC / PAC retrieves the letter from the internal referral message centre inbox and uploads the referral letter onto Rego Vantage.
2. CBO / PSC / PAC left mouse clicks and selects 'OK' in the Action Pane, adding comments where necessary.

Step 3: Clinician Triageing

1. The receiving department ensures timely triage within the specified timeframe (section 6b above).
2. The consultant provides booking advice and confirms the care pathway.
3. If the referral needs to be redirected within the trust this can be done on Rego or if the referral is rejected (refer to appendix II section 4)

Step 4: Monitoring Triage Decision and Booking

1. The CBO / PSC monitors Rego for triage decisions and book appointments accordingly.
2. The CBO / PSC confirms the appointment with the patient.

8. Escalation Protocol

- Referral not uploaded onto Rego within 1 working day: Escalate to CBO / PSC Service Manager.
- Delayed triaging: Escalate to the relevant service management team.
- Persistent non-compliance: Escalate to senior management for review.

9. Risks and Mitigations

Risk	Description	Mitigation
Delay in consultant triaging	Referrals not reviewed within the specified timeframes	Assign backup clinicians, monitor performance weekly, escalate delays
Booking delays after triage	Delays in appointment scheduling led to treatment timeline breaches	PSC to monitor triage daily, maintain a dedicated team for urgent bookings, ensure clinic slot availability.
Poor Communication	Miscommunication between referring teams, PSC and departments	Establish clear communication pathways, hold regular service weekly meetings
Breach of FDS / 2ww Targets	Failure to schedule FDS / 2ww patients within 14 days	Maintain a FDS / 2ww referral log, escalate potential breaches, prioritise at every stage

Source ID:	Version Number: 1.0	Review Date: 31/3/26
------------	---------------------	----------------------

IT/System Failures	Technical issues with Rego or Cerner	Regular system maintenance, develop manual fallback processes, ensure quick troubleshooting response
Lack of Performance Monitoring	Failure to track referral performance leads to inefficiencies. The internal referrals will be trackable only once loaded on to Rego.	Conduct weekly audits, measure KPIs, review audit results in team meetings
Patient Dissatisfaction	Delays /errors lead to complaints and poor experience	Provide clear communication, train staff, review patient feedback regularly

10. Process for Monitoring Compliance

The Rego platform includes an insight dashboard that displays various metrics, such as:

- Referral volume and turnaround times by specialty.
- Accept / reject volumes by speciality.

Regular audits and KPI tracking will ensure process adherence.

11. Training and Education

All new and existing staff involved in the internal referral process must complete Cerner and Rego training as part of their statutory and mandatory training compliance.

Refresher training will be provided annually to ensure ongoing compliance and process adherence.

12. Implementation and Dissemination

The implementation of the Internal Referrals process has been set up as a project with an APC wide steering group chaired by Nick Ferran (SRO) feeding into the APC outpatient stakeholder group.

13. Monitoring Arrangements

Lead	Policy Objective	Method	Frequency	Responsible Committee / Group
ICH - Mathy Rajanikanth LNW – Vijayalakshmi Kololgi THH – Becky Farren CWFT – James McKean	To ensure a seamless electronic process for internal referrals to avoid any unnecessary delays for patients	BI report of non-external referrals baseline tracking (total no: of referrals trend) and Rego dashboard for performance monitoring of this SOP	Weekly	Planned Care / Elective Access Groups in each Trust

14. Supporting Information

Current Document Information		
Source ID:		
Policy Category:	Title:	Page 6 of 20

Source ID:	Version Number: 1.0	Review Date: 31/3/26
------------	---------------------	----------------------

Version:	0.11
Document Lead:	Mathy Rajanikanth
Responsible Executive Director:	Nick Ferran, CCIO LNW
Approving Committee / Group:	Internal Referral Steering Group (ICH – OPIT)
Date Approved:	
Date Ratified by Executive Committee:	
Date Due for Review:	
Target Audience:	
Category:	

Current Document Replaces	
Previous Document Name:	
Previous Version Number:	
Previous Approval Date:	

Supporting References	
Keywords:	
Related Trust Documents:	

Document Location	
Document Location:	

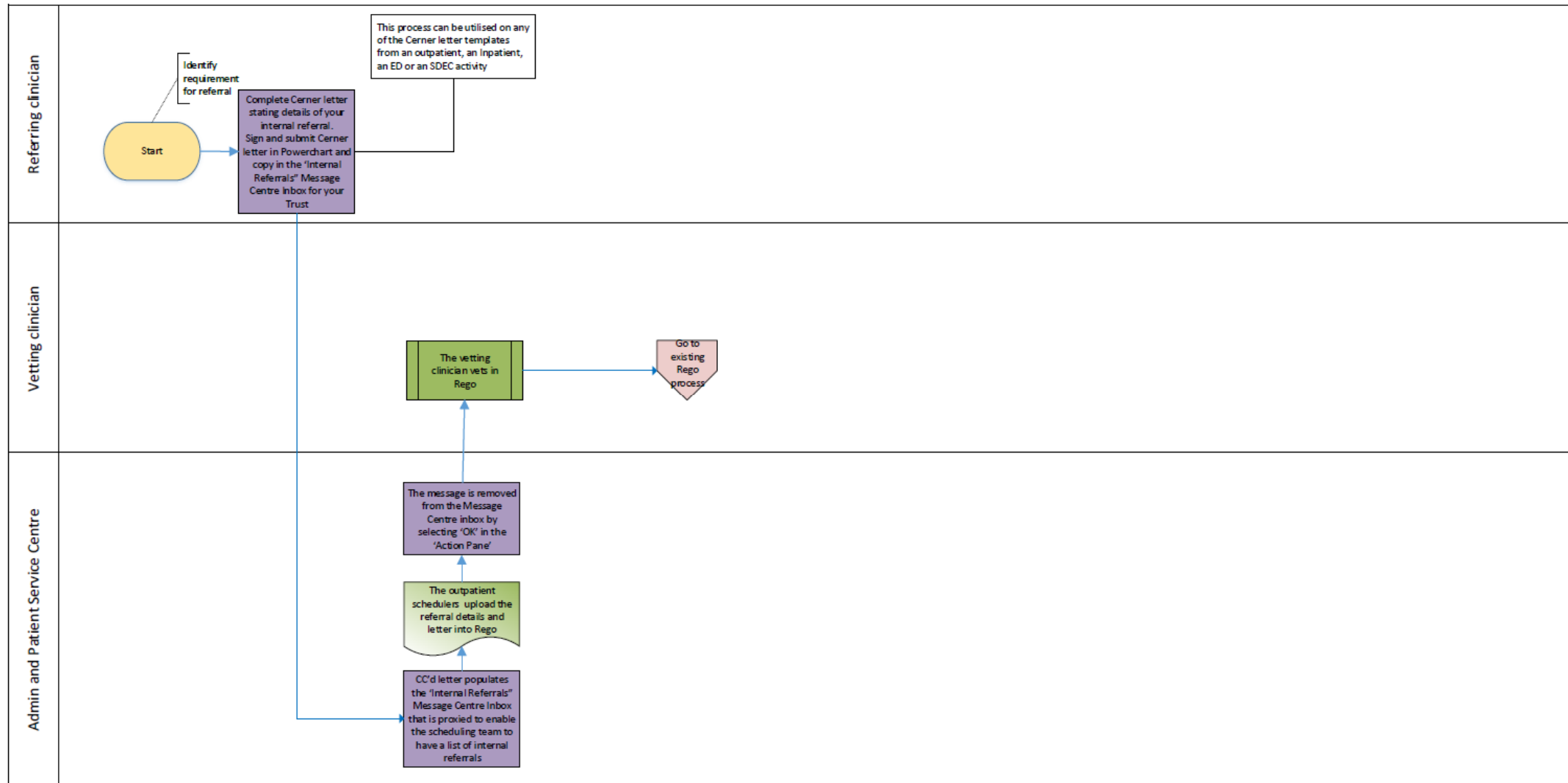
Contributing Authors	
Individuals:	APC Internal Referral Steering, OPIT members
Committees / Groups	APC Internal Referral Steering & OP Stakeholder groups

Consultation		
Sent to		Date
Committee / Groups:	APC Internal Referral Steering, ICH DSP	March
Team / Departments:		
Individuals:	Benjamin Ellis	

Version Control History			
Version	Date	Policy Lead	Changes
V0.1	15/2/25	Mathy Rajanikanth	
V0.2	15/2/25	Christopher Hill	Added Screenshots
V0.3	20/2/25	Christopher Hill	Clarity on Cerner workflow
V0.5	6 & 12/3/25	Milicia	Feedback from DSP
V0.6	19/3/25	Milicia	Feedback from DSP
V0.4	21/3/25		Internal Ref Steering Grp review
V0.7	27/3/25	Vijaya and Nuno	THH and LNW review
V0.8	14/04/25	Debbie Ensor-Dean and Mathy Rajanikanth	Added the Rego rejection process and final feedback from Internal Referral Steering Group for cancer upgrades
V0.9	25/04/25	Debbie Ensor-Dean	Final clarification from Rego
V0.10	28/04/25	Debbie Ensor-Dean	Clarified 2WW, KPIs
V0.11	28/04/25	Debbie Ensor-Dean	Appendix III local arrangements
V0.12	02/05/25	Debbie Ensor-Dean and Mathy Rajanikanth	Final comments and agreement from IR steering group
V1.0	06/05/25	Debbie Ensor-Dean	Changed to final status

Policy Category:	Title:	Page 7 of 20
------------------	--------	--------------

15. Appendix I – Tactical Workflow



16. **Appendix II – Process Documentation: Workflow for Internal Referrals for Outpatients to be Scheduled**

1. **Clinician workflow** - The referring clinician whilst completing a (any) Cerner letter within it, details the internal referral. Use the “.int” autotext below to include the details of where the referral is to go / which service.



2. **.int** The clinician then signs & submits the letter as usual:

ZZZIMTEST, CHRISS - 40201059 Opened by Hill, Chris

Task Edit View Patient Record Links Notifications Documentation Help

Message Centre Care Compass Patient List Clinical Handover Multi-Patient Task List Scheduling Whiteboard Clinician Worklist IPC Concern Ambulatory Organiser Bed Board Discharge Dashboard Pharmacy Care Organiser Handover Dashboard Handover and Discharge Dashboards

Summary Care Record BNF Remins: 0 Abnor: 0 Other: 0 Launch Apps TRIPS Local Authority Lookup Dragon Dictation DAX Copilot

Year Off Exit Calculator AdHoc PM Conversation Depart Communicate Medical Record Request Result Copy Related Records Discern Reporting Portal Access Management Office Medication Manager Collections Inquiry Application Launch Medication Administration

ZZZIMTEST, CHRISS

MRN:40201059 Age:25 years DOB:01/Jan/00 Gender:Male Nil by Mouth: Loc:SM Pharm Ward: Side Room 01: Bed 15
Weight:48kg-17MAY2024 CP-IS: Not Performed Isolation status: NHS No.: Inpatient (18/Feb/2025 12:45:00 GMT - <No - Discharge date>]
Resus status: High Risk Indicators: ADD: Clinical Research: Lead Clinician:Fox, Kevin

** No Known Medication Allergies **

Menu - General

Patient Summary

London Care Record

Patient Information

Ward View Graphing

Appointments

Overview

Obs & Assessments

NEWS Chart

Allergies + Add

Problems & Diagnoses

Procedures & Diagnoses

Histories

Orders + Add

Results

Structured Notes + Add

Notes

Record View

Form Browser

MultiMedia Manager + Add

Activities

Medications

Drug Administration

Drug Admin Summary

Pregnancy View

Delivery Record

Newborn Summary

PPwT (new)

PPwT

ICU Flowsheet

Documentation

Structured Notes

Essential OP Letter_IJCHT X List

Tahoma 9

Actions for GP

Diagnosis

Problems

Ongoing

No qualifying data

Historical

No qualifying data

Lab Results

Clinical Assessment

Internal Referral

Team being referred to:
Oncology
Reason for Referral/ Question to be answered:
complained of recently painless haematuria (x1 episode) prior to admission
Urgency: Fast Track Cancer (FTC / 2WW)✓

Medications

Allergies: Active: No Known Medication Allergies
Weight: No measured or estimated weight recorded
Height: No measured or estimated height recorded
BSA: 0.00 m²

Medication Prescribed This Visit						Pharmacy Use Only							
Medication	Route	Dose	Frequency	Days Supplied	GP to Continue	Qty	Sup.	Qty	T	F	S	D	C
tamsulosin modified-release capsule	oral	400 micrograms	once a day	14	Yes								

Date: 20-Mar-2025 Prescriber (Smartcard ID): Patani, Bindia (RYJPATANI@) Contact Number:

Signature

Note Details: Correspondence, Hill, Chris, 20/Mar/2025 10:47 GMT, Essential OP Letter_IJCHT

Sign/Submit Save Save & Close Cancel

3. On the subsequent “Sign/ Submit” screen the clinician copies in (as a recipient) their Trust’s ‘Internal Referrals’ inbox (the clinician enters the specialty to whom referring to into the comment field so that the schedulers can distinguish which referral is for which team and signs the form:

ZZZIMTEST, CHRISS - 40201059 Opened by Hill, Chris

Task Edit View Patient Record Links Notifications Documentation Help

Message Centre Care Compass Patient List Clinical Handover Multi-Patient Task List Scheduling Whiteboard Clinician Worklist IPC Concern Ambulatory Organiser Bed Board Discharge Dashboard Pharmacy Care Organiser Handover Dashboard Handover and Discharge Dashboards

Summary Care Record BNF Abnor.: 0 Other.: 0 Remin.: 0

Tear Off Exit Calculator AdHoc PM Conversation

ZZZIMTEST, CHRISS

MRN:40201059

** No Known Medication Allergies **

Age:25 years

Weight:48kg-17MAY202

Resus status:

Menu - General

Patient Summary

London Care Record

Patient Information

Ward View Graphing

Appointments

Overview

Obs & Assessments

NEWS Chart

Allergies + Add

Problems & Diagnoses

Procedures & Diagnoses

Histories

Orders + Add

Results

Structured Notes + Add

Notes

Record View

Form Browser

MultiMedia Manager + Add

Activities

Medications

Drug Administration

Drug Admin Summary

Pregnancy View

Delivery Record

Newborn Summary

PPwT (new)

PPwT

ICU Flowsheet

Documentation

Structured Notes

Essential OP Letter_ICTH

Tahoma 9

Actions for GP

Diagnosis

Problems

Lab Results

Clinical Assessment

Internal Referral

Team being referred to:

Reason for Referral/ Question

Urgency: Fast Track Cancer (FT)

Medications

Allergies: Active: No Known Me

Weight: No measured or estima

Height: No measured or estima

BSA: 0.00 m²

Medication Prescribed This V

Medication

tamsulosin modified-release

Date: 20-Mar-2025 Prescriber

Signature

Sign Cancel

Sign/Submit Save Save & Close Cancel

Sign/Submit Note

*Type: Correspondence

Note Type List Filter: Position

*Author: Hill, Chris

Title: Essential OP Letter_ICTH

*Date: 20/Mar/2025 1047 GMT

Forward Options

Clinical Staff Name Search

Favourites Recent Relationships

Contacts

Recipients

Internal referral, ICTH

Unspecified - Clerical Access

Internal referral, ICTH

Unspecified - Clerical Access Role

Oncology

Sign Review/CC

Application Launch Medication Administration

Room 01; Bed 15

45:00 GMT - <No - Discharge date>

Print 53 minutes ago

Care Pathway

The patient requires an updated MUST Nutritional Risk Assessment

Care Pathway

Patient requires additional support to ensure safe mobility. Initiate Safe Mobility and Falls Care Plan

Care Pathway

New Inpatient Admission - Review and/or update patient accessibility status

Source ID:	Version Number: 1.0	Review Date: 31/3/26
------------	---------------------	----------------------

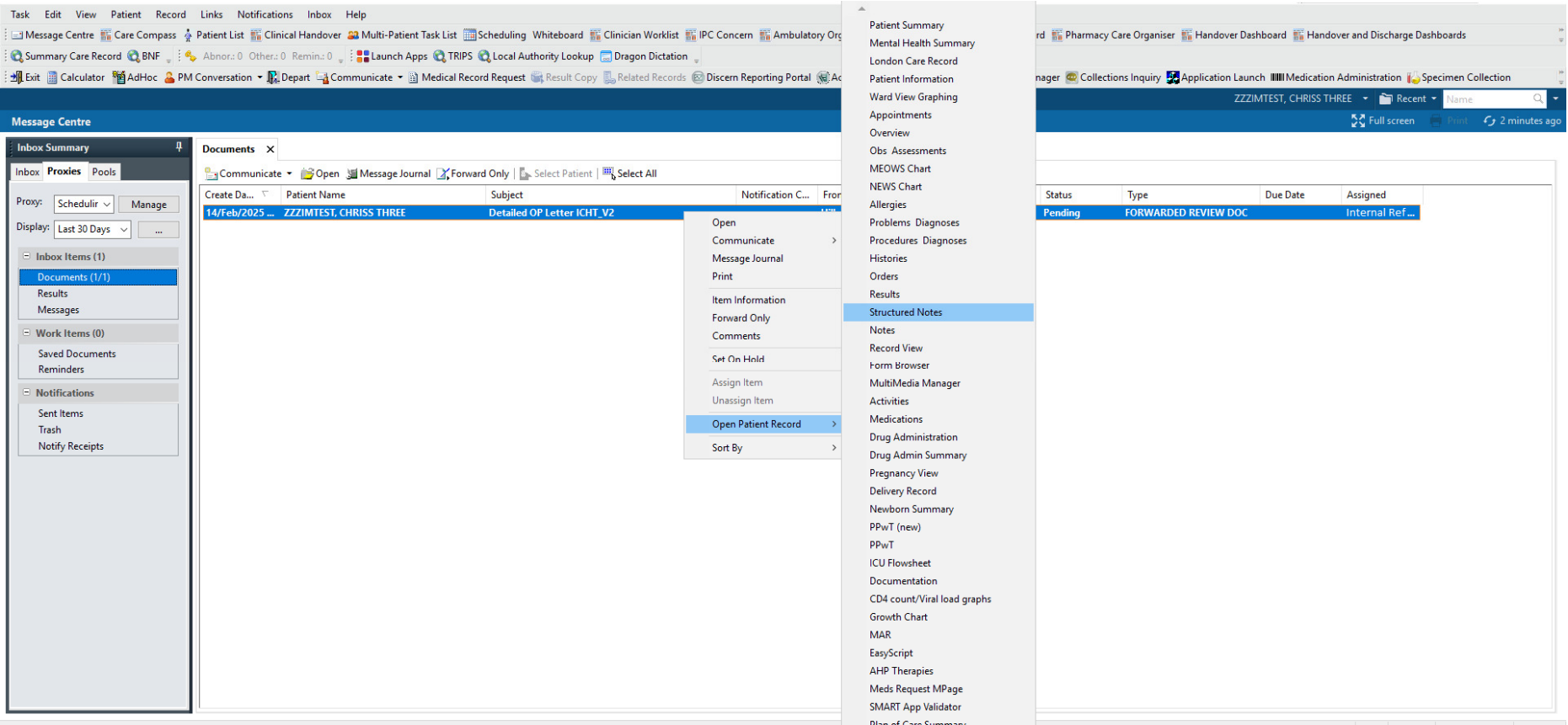
The referring Clinician's part is then complete. The letter will outbound to the patients GP etc. as usual and is sent to the Internal Referral inbox for the central booking teams (CBO / PSC / PAC) to load the referral on to Rego for triaging.

- The receiving clinician triages the referral in the Internal / tertiary referral tab and either accepts or rejects the referral

- Accepted referrals are scheduled by the CBO / PSC / PAC as usual
- Rejected referrals are emailed from the rego.nec@nhs.net email address to the referring clinician pulling in the reason for rejection comments from Rego within them. This enables the referring clinician to follow any information provided by the triaging clinician. **The referring clinician who has been caring for the patient is responsible for writing to the patient (copied to the GP) to inform them of the outcome and next steps.**
- If the referral needs to be redirected, the clinician can do this at the vetting stage by clicking redirect and then choosing the relevant service from the drop down, then confirm. This will send the referral to the vetting list for the new service.

Policy Category:	Title:	Page 11 of 20
------------------	--------	---------------

8. **Admin process** – Upon receipt of the referral in the Internal Referral inbox, all members of the Scheduling Team proxied into this can see the Referrals:



Right-clicking on the row enables direct navigation to the Structured note wherein are the referral details

9. The Scheduler then uploads the referral letter into Rego adding the details of the referral into the mandatory fields and any comments. Entering the referring clinicians email address enables any rejected referrals to automatically be sent back to the refer with the reasons for rejection. Once the referral has been loaded onto Rego remove it from the Message Centre inbox by left-clicking on the message and on the subsequent screen selecting 'OK' in the 'Action Pan

TaskEditViewPatientRecordLinksNotificationsInboxHelp

Message CentreCare CompassPatient ListClinical HandoverMulti-Patient Task ListSchedulingWhiteboardClinician WorklistIPC ConcernAmbulatory OrganiserBed BoardDischarge DashboardPharmacy Care OrganiserHandover DashboardHandover and Discharge Dashboards

Summary Care RecordBNFAbnor.: 0Other.: 0Remin.: 0Launch AppsTRIPSLocal Authority LookupDragon Dictation

ExitCalculatorAdHocPM ConversationDepartCommunicateMedical Record RequestResult CopyRelated RecordsDiscern Reporting PortalAccess Management OfficeMedication ManagerCollections InquiryApplication LaunchMedication AdministrationSpecimen Collection

ZZZIMTEST, CHRISS THREERecentNameFull screenPrint3 minutes ago

InboxSummaryInboxProxiesPools

Proxy:SchedulerManage

Display:Last 30 Days

Inbox Items (0)

Documents (0/1)ResultsMessages

Work Items (0)

Saved DocumentsReminders

Notifications

Sent ItemsTrashNotify Receipts

DocumentsFORWARDED REVIEW DOC: ZZZIMTEST, CHRISS THREE

Forward OnlyPrintPreviousNextMark Unread

ZZZIMTEST, CHRISS THREE

** No Known Allergies **

Isolation status:

Result type:Correspondence

Result date:14 February 2025 18:15 GMT

Result status:Auth (Verified)

Result title:Detailed OP Letter ICHT_V2

Performed by:Hill, Chris on 14 February 2025 18:19 GMT

Verified by:Hill, Chris on 14 February 2025 18:19 GMT

Encounter info:8381177, St Mary's, Inpatient, 02/May/24 -

Acute Internal Medicine (Sub) Clinic Letter

NHS number:MRN: 40201063

Appointments: 020331 35000

Email:outpatientappointments@nhs.net

GP: Test ZzzUKstartGP

GP Practice: charing cross hospital

GP Identifier: Z12345

Lead Clinician:

DOB: 01/01/00

Gender: Male

Location:

Clinic date:

Letter creation date: 14-FEB-2025

Action Pane

☒ Review☐ RefuseReason:

☐ Additional Forward ActionTo*:(Limit 5)

Comments:(Limit 212)

NextOKOK & Next

10. Subsequently an audit trail can be found in the Action List Section in Notes (prior to the Scheduler clicking OK in Action Pane above) the Review detail displays 'Requested':

ZZZIMTEST, CHRISS - 40201059 Opened by Internal referral, ICHT

Task Edit View Patient Record Links Notifications Index Documents Help

Message Centre Care Compass Patient List Multi-Patient Task List Scheduling Whiteboard Handover Dashboard Discharge Dashboard Collection Runs Ambulatory Organiser Refer to Palliative Care Clinician Worklist Theatre Schedule Summary Care Record BNF Launch Apps TRIPS

Tear Off Exit Calculator AdHoc Specimen Collection PM Conversation Depart Communicate Medical Record Request Result Copy Related Records iAware MultiMediaManager Scheduling Appointment Book Access Management Office

Abnors: 0 Other: 0 Remins: 0

ZZZIMTEST, CHRISS

MRN:40201059

** No Known Medication Allergies **

Age:25 years

Weight:48kg-17MAY2024

Resus status:

DOB:01/Jan/00

CP-IS: Not Performed

High Risk Indicators:

Gender:Male

Isolation status:

ADD:

Nil by Mouth:

NHS No.:

Clinical Research:

Loc:SM Pharm Ward; Side Room 01; Bed 15

Inpatient [18/Feb/2025 12:45:00 GMT - <No - Discharge date>]

Lead Clinician:Fox , Kevin

Full screen Print 1 minutes ago

Menu

Patient Summary

London Care Record

Patient Information

Appointments

Overview

Obs & Assessments

Allergies + Add

Problems & Diagnoses

Procedures & Diagnoses

Histories

Orders + Add

Results

Structured Notes + Add

Notes

Record View

Form Browser

MultiMedia Manager + Add

Activities

Medications

Drug Administration

Drug Admin Summary

Pregnancy View

Delivery Record

Newborn Summary

PPwT

MediViewer

CWHEDM

Clinical Research

IslaCare

Springboard

Blueteq

Last 300 Documents : 18 out of 18 documents are accessible. (Document Count)

Correspondence

20/Mar/25 10:47 GMT Hill , Chris - "Essential OP Letter_ICHT"

20/Mar/25 10:34 GMT RVJ RQM C , Clinical Practitioner TT - "Essential OP Letter_ICHT"

07/Feb/25 10:11 GMT Hill , Chris - "Essential OP Letter_ICHT"

16/May/24 15:53 BST RVJ RQM C , Clinical Practitioner TT - "Essential OP Letter_ICHT"

02/May/24 08:59 BST Hill , Chris - "Discharge Needs Based Assessment"

Discharge Documents

Gynaecology & Maternity Documents

Medicine

Nursing

Transplant Documents

Adult Basic Admission Assessment text

Result type: Correspondence

Result date: 20 March 2025 10:47 GMT

Result status: Auth (Verified)

Result title: Essential OP Letter_ICHT

Performed by: Hill , Chris on 20 March 2025 12:04 GMT

Verified by: Hill , Chris on 20 March 2025 12:04 GMT

Encounter info: 8387112, St Mary's, Inpatient, 18/Feb/25 -

Cardiology Clinic Letter

NHS number: MKN: 40201059

DOB: 01/01/00

Gender: Male

Location:

Clinic date:

Letter creation date: 20-MAR-2025

Appointments: 020331 35000

Email: i.outpatientappointments@nhs.net

GP: Test ZzzUKstartGP

GP Practice: charing cross hospital

GP Identifier: Z12345

Lead Clinician:

Private and Confidential

CHRISS ZZZIMTEST

West Middlesex University Hospital

Twickenham Road

ISLEWORTH TW7 6AF

By Type

By Status

By Date

Performed By

By Encounter

Action List

Action	Performed By	Performed Date	Action Status	Comment	Proxy Clinical Staff	Requested By	Requested Date	Request Comment
Perform	Hill , Chris	20/Mar/25 12:04 GMT	Completed					
Sign	Hill , Chris	20/Mar/25 12:04 GMT	Completed					
VERIFY	Hill , Chris	20/Mar/25 12:04 GMT	Completed					
Review	Internal referral , ICHT		Requested			Hill , Chris	20/Mar/25 12:04 GMT	Urgent Cancer Referral

11. After the Scheduler has clicked OK in Action Pane above [P12 herein] the Review detail displays ‘Completed’:

ZZZIMTEST, CHRISS - 40201059 Opened by Internal referral, ICHT

Task

Edit

View

Patient

Record

Links

Notifications

Index

Documents

Help

Message Centre

Care Compass

Patient List

Multi-Patient Task List

Scheduling

Whiteboard

Handover Dashboard

Discharge Dashboard

Collection Runs

Ambulatory Organiser

Refer to Palliative Care

Clinician Worklist

Theatre Schedule

Summary Care Record

BNF

Launch Apps

TRIPS

Tear Off

Exit

Calculator

AdHoc

Specimen Collection

PM Conversation

Depart

Communicate

Medical Record Request

Result Copy

Related Records

iAware

MultiMediaManager

Scheduling Appointment Book

Access Management Office

Abnor.: 0

Other.: 0

Remin.: 0

ZZZIMTEST, CHRISS

Age:25 years

DOB:01/Jan/00

Gender:Male

Nil by Mouth:

Loc:SM Pharm Ward; Side Room 01; Bed 15

MRN:40201059

Weight:48kg-17MAY2024

CP-IS: Not Performed

Isolation status:

Inpatient [18/Feb/2025 12:45:00 GMT - <No - Discharge date>]

** No Known Medication Allergies **

Resus status:

High Risk Indicators:

ADD:

NHS No.:

Clinical Research:

Lead Clinician:Fox , Kevin

Menu

Notes

Full screen

Print

0 minutes ago

Patient Summary

London Care Record

Patient Information

Appointments

Overview

Obs & Assessments

Allergies + Add

Problems & Diagnoses

Procedures & Diagnoses

Histories

Orders + Add

Results

Structured Notes + Add

Notes

Record View

Form Browser

MultiMedia Manager + Add

Activities

Medications

Drug Administration

Drug Admin Summary

Pregnancy View

Delivery Record

Newborn Summary

PPwT

MediViewer

CWH:EDM

Clinical Research

IslaCare

Springboard

Blueteq

Correspondence

20/Mar/25 10:58 G

20/Mar/25 10:47 G

20/Mar/25 10:34 G

07/Feb/25 10:11 G

16/May/24 15:53 E

02/May/24 08:59 E

Discharge Document

Gynaecology & Mate

Medicine

Nursing

Transplant Document

Adult Basic Admissio

Cardiology Clinic Letter

NHS number:

MRN: 40201059

DOB: 01/01/00

Gender: Male

Location:

Clinic date:

Letter creation date: 20-MAR-2025

Appointments: 020331 35000

Email:

GP: Test ZzzUKstartGP

GP Practice: charing cross hospital

GP Identifier: Z12345

Lead Clinician:

Private and confidential

CHRISS ZZZIMTEST

West Middlesex University Hospital

Twickenham Road

ISLEWORTH TW7 6AF

Dear Dr. ZzzUKstartGP

Re: Mr CHRISS ZZZIMTEST

Problems

Ongoing

No qualifying data

Historical

No qualifying data

Clinical Assessment

Action List

Action	Performed By	Performed Date	Action Status	Comment	Proxy Clinical Staff	Requested By	Requested Date	Request Comment
Perform	Hill , Chris	20/Mar/25 12:04 GMT	Completed					
Sign	Hill , Chris	20/Mar/25 12:04 GMT	Completed					
VERIFY	Hill , Chris	20/Mar/25 12:04 GMT	Completed					
Review	Internal referral , ICHT	20/Mar/25 12:20 GMT	Completed			Hill , Chris	20/Mar/25 12:04 GMT	Urgent Cancer Referral

Source ID:	Version Number: 1.0	Review Date: 31/3/26
------------	---------------------	----------------------

Appendix III – local arrangements for each Trust

Chelsea and Westminster Foundation Trust local arrangements

CWFT already use Cerner orders for internal referrals these will continue

The change for CWFT will be the orders loaded onto Rego Vantage, will at triage, be able to be rejected as per agreed protocols using the new workflow.

Policy Category:	Title:	Page 16 of 20
------------------	--------	---------------



Imperial local arrangements

Imperial has various internal referral arrangements currently. These will take time to transition to an APC standard. This transition will only fully complete once the strategic solution is available replacing existing electronic processes.

1. Exclusions to the new internal referral process and therefore this SOP

Initially all outpatient-to-outpatient referrals will be included i.e. clinicians will send an outpatient letter to the CBO / PSC for loading on Rego, vetting and then scheduling. The areas excluded are

- a. Cancer upgrades – existing processes will continue for cancer referrals and cancer upgrades
- b. Inpatient to outpatient referrals – these will continue with existing processes and will follow once outpatient-to-outpatient is embedded
- c. ED referrals currently using e-Trauma e.g. orthopaedics, plastics
- d. Referrals into maternity as the workflow is different and so existing processes will continue
- e. Services that do not currently use the Cerner letter process i.e. Sexual Health and Ophthalmology
- f. Therapies will continue with their current process and move the strategic (non-Rego) process when available

2. Phasing

All of the above with the exception of Maternity and those in section e. will be planned to move in a 2nd phase

Source ID:	Version Number: 1.0	Review Date: 31/3/26
------------	---------------------	----------------------

The Hillingdon Hospitals Trust local arrangements

THH has various internal referral arrangements at present, and these will take time to transition to an APC standard. This transition will only fully complete once the strategic solution is available to replace existing electronic processes.

1. Implementation

Due to THH's de-centralised function in patient access, the booking centre will OWL all internal referrals in the message centre onto Cerner and upload to Rego e-vetting for clinical triage.

The Central Booking Team will only book accepted referrals following clinical triage for the services that are currently covered, which means admin teams within the remaining services will need to log in to Rego and book from the accepted list on Rego under e-vetting.

Some admin staff already have access, but any remaining will need to be set up and the GM for Patient Access will provide the access and some screen shots of the process of booking from the accepted tab on Rego, if required, in addition to the user guides and videos circulated.

Policy Category:	Title:	Page 18 of 20
------------------	--------	---------------

Exclusions to the new internal referral process and therefore this SOP

Initially all outpatient-to-outpatient referrals will be included i.e. clinicians will send an outpatient letter to the CBO / PSC / PAC via message centre on Cerner for loading on Rego, vetting and then scheduling. The areas excluded are:

- a. **Cancer upgrades** – these will be completed by the clinician placing an order and following the agreed guidance circulated by the cancer team
- b. **Inpatient to outpatient referrals** – these will continue with existing processes and will follow once outpatient-to-outpatient is embedded
- c. **UTC/ED referrals** – currently using agreed and well documented/embedded processes
- d. **Referrals into maternity** – as the workflow is different and so existing processes will continue
- e. **Services that do not currently use the Cerner letter process or have existing electronic processes**, i.e. Maxillo-facial and stroke services
- f. **Therapies** will continue with their current process and move the strategic (non-Rego) process when available

2. Phasing

All of the above, with the exception of Maternity and those in section e., will be planned to move in a 2nd phase.

London North West local arrangements

LNW Internal referrals currently are sent to the generic Patient Access centre email (lnwh-tr.access-centre@nhs.net) as well as sending emails via PPCs and Secretaries. These will take time to transition to an APC standard using Cerner message centre.

Exclusions to the new internal referral process and therefore this SOP

Initially all outpatient-to-outpatient referrals will be included i.e. clinicians will send an outpatient letter to the CBO / PSC / PAC for loading on Rego, vetting and then scheduling. The areas excluded are:

- a. Cancer upgrades – existing processes will continue for cancer referrals and cancer upgrades
- b. ED referrals currently using e-Trauma e.g. orthopaedics
- c. Referrals into maternity as the workflow is different and so existing processes will continue
- d. Services that do not currently use Cerner letters i.e. sexual Health, ophthalmology and clinical genetics
- e. Therapies will continue with their current process and move the strategic (non-Rego) process when available
- f. Non-centralised services that process their own referrals:
 - i. IMOS lnwh-tr.imos.bh@nhs.net.
 - ii. ORPAC lnwh-tr.elderlyadmin@nhs.net
 - iii. Anaesthesia lnwh-tr.anaestheticadmin@nhs.net

Phasing

To be agreed to bring any areas without a existing documented procedure for internal referrals into this SOP