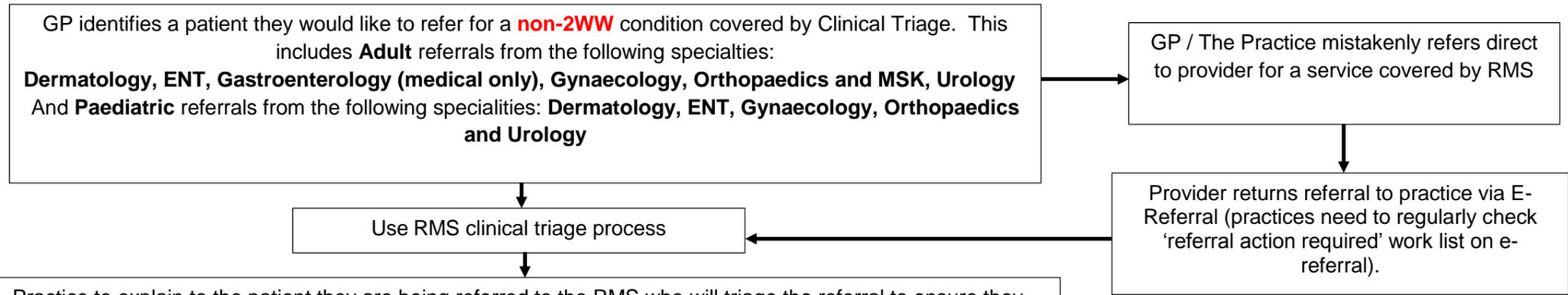


Clinical Triage Process Flowchart



Practice to explain to the patient they are being referred to the RMS who will triage the referral to ensure they receive the most appropriate service for their condition and that they may have a choice of which organisation provides that service.
 If possible the GP should have a conversation with the patient about their choice of provider. The choice should be recorded in the referral documentation otherwise they will be offered their most local provider. Give patient RMS information leaflet.

Enter e-RS through the clinical record. Select the relevant **'Specialty'** and **'Clinic Type'** within e-RS.
 (For Paediatric referrals from the selected triage specialities, select 'Specialty': 'Children's and Adolescents' then choose relevant speciality in 'Clinic Type')

Select **'Search Primary Care'**

Select the RMS duplicate clinic including the appropriate provider if the patient has expressed choice of provider
 If the patient's expressed choice of provider is **not** available use any provider **BUT** clearly specify the **patient's choice of provider in the referral** (otherwise the most local provider will be offered).

Select 'appointment search' then select available appointment, **'book'** the appointment then **'submit'**
Do not give the patient any paperwork
***This is a dummy 1 minute appointment to allow RMS to see the referral letter and documentation**
 Tip: choose the 4th or 5th dummy appointment down to prevent the slot from timing out

In appointment summary window select **'Close'**
 Attach the referral letter and documentation to the UBRN through the clinical system

Referral passes to Clinical Triage

Referral Accepted and forwarded to NECS booking team

- Onward referral to secondary care.
- Booking team books hospital appointment, date and time and sends letter to the patient with details of the appointment.
- If no appointments**, team will defer to provider, and send letter to the patient outlining to them to expect an appointment letter from provider directly.

Referral returned to practice via e-RS into 'referral action required' work list (this needs to be checked daily by the practice) for one of the following reasons:

- Request for further information
- If additional info can be returned to triage in <2 working days resubmit on same UBRN. If this will take >2 working days re-submit on new UBRN.
- Request for further diagnostics
- Outpatient appointment not required - advice / guidance for primary care / community management given. GP practice to inform the patient if the outpatient appointment is not required and initiate the alternative pathway of care.

Specialities Included in RMS	e-RS Referrals Excluded From Clinical Triage (book through 'Search all')
Dermatology	
ENT	
Gastroenterology (medical only) To access Gastroenterology medical services and clinics on e-RS use GI and Liver (Medicine and Surgery) specialty and any of the following clinic types: > Hepatology > Inflammatory Bowel Disease > Lower GI (medical excluding IBD) > Upper GI – (including Dyspepsia)	<ul style="list-style-type: none"> Paediatric referrals Surgical Gastro
Gynaecology	
Orthopaedics and MSK	

2 ww Referrals (all Specialities)

Until further all 2ww referrals (including Breast) to HDFT to be faxed through usual route.

For 2ww referrals to other providers continue with current referral route