Clinical referral information standard online survey results

This report presents the results of the online survey for the Clinical Referral Information Standards project.

Findings

A total of 365 people responded to the online survey.

Q1 Please record which of the following best matches your role:
Respondents were able to select more than one option and therefore may have chosen their role and 'other' with additional information.
365 responses received

Answer Choices	Responses	
General practitioner	16.16%	59
Secondary care doctor	36.44%	133
Nurse	7.95%	29
Health visitor	0.27%	1
Allied health professional	9.86%	36
Pharmacist	2.19%	8
Health/care system vendor or developer	3.01%	11
Informatician	7.40%	27
NHS administration/ management	11.23%	41
Patient/Carer/Service user	6.30%	23
Other (please specify)	15.34%	56

Other categories included:

Clinical academic
Clinical informatist working for NHS DIgital
Consultant Orthodontist (Dental)
CQC policy
Educator
e-RS Business Analyst
GP and Medical Informatician
Health information writer/provider
Health researcher
Information Governance
inter faith representative
My main role is as a GP Strategic Advisor within a Mental Health Trust
Physiotherapist
Primary care psychiatrist
Programme lead for children's transformation
Project Lead (referrals) Secondary Care
RCP PCN Community

researcher
Retired headteacher
Retired secondary care doctor. Lead member of a professional body.
social Care
Specialist Paramedic
Tertiary Clinician

Volunteer auditor at local NHS FT

Q2 Please provide your specialty or discipline

The top ten specialties listed included:

Please provide your specialty or discipline	
General Practice	59
psychiatry	18
Anaesthesia	10
Geriatric Medicine	9
orthoptist	8
Cardiology	7
Diabetes & endocrinology	7
mental health	7
Physiotherapist	7
Respiratory	7

Q3 Should there always be a named individual on the referral?

Answer Choices	Responses	
Yes	62.11%	159
No	28.52%	73
Not sure	9.38%	24

Answered	**256**
Skipped	**109**

By role:

	Yes	**No**	**Not Sure**
General practitioner	31	12	5
Secondary care doctor	58	42	9
Nurse	15	2	
Allied health professional	15	7	2
Pharmacist	9	0	0
Health/care system vendor or developer	4	2	1
Informatician	11	2	1
NHS administration/management	13	8	1

Patient/Carer/Service user	6	0	4

Q4 If yes, what value would this bring?

Answered	**156**
Skipped	**209**

Respondents who said yes:
Two main themes arose from respondents that said yes. Firstly it would be useful to have a named contact in case any additional information is required about the referral. Secondly there were some comments about the clarity of the question, whether it referred to the patient or the referring GP.

Respondents who said no:
Out of the respondents who said no, 42 indicated that it was not necessary to name the consultant the referral was being made to as it referrals would triaged and teams are best placed to decide which consultant will see the patient. Four respondents indicated that there should be a choice of choose a named consultant or referring to a specialty and allowing the hospital team to choose the consultant. Three respondents indicated that it was unnecessary to name the GP making the referral. Any correspondence would be directed to the surgery who would then have systems in place to identify the relevant GP. One respondent indicated that it would be useful to have the referring GP's name in case the referral was rejected it would be useful to know who to write back to.

Respondents who said not sure:
Ten respondents indicated that the question was unclear and were unsure if the question was asking about a named referrer, recipient of the referral or patient. Three respondents indicated that a named consultant was not necessary and two respondents stated that there are circumstances where it is useful to name a consultant, if the patient is already known by that consultant. Two respondents stated that it was not necessary to name the referrer.

Q5 If no, why not

Answered	**67**
Skipped	**298**

Respondents included 26 Secondary care doctors and 3 General Practitioners.

Twenty respondents indicated that secondary care teams were best placed to identify the consultant, therefore a named person was not required. Five respondents stated that primary care did not have the relevant knowledge to identify the relevant person. Nine respondents stated that delays would be avoided if an individual was not named, therefore, referrals could be triaged appropriately.

Q6 If the referrer is not the usual GP but a locum, trainee or out of hours GP, should this information be specifically recorded?

Answer Choices	Responses	
Yes	83.20%	213
No	10.16%	26

Not sure	6.64%	17
Please explain reasons for your answer		210

Answered	**256**
Skipped	**109**

	Yes	No	Not Sure
General practitioner	38	9	1
Secondary care doctor	89	9	10
Nurse	13	1	1
Allied health professional	20	3	2
Pharmacist	5	1	0
Health/care system vendor or developer	7	0	0
Informatician	12	0	2
NHS administration/management	20	2	0
Patient/Carer/Service user	6	2	2

Seven main themes were raised in response to this question. 34 respondents felt that it would be useful to record so that it was clear who to approach for more information. Whether it was to contact the locum/trainee themselves or the 'usual' GP in their absence. 25 respondents felt it was good practice and useful information to have. It provided a clearer picture of the referral. 16 respondents stated that it was useful for audit purposes and 11 respondents indicated that it made it was not required information and made no difference to the referral itself. 10 respondents stated that it helped with continuity of care and have a better understanding of the referrers knowledge of the referee. 8 respondents felt it was useful to avoid mistakes in recording information and may influence decisions made by consultants. 7 respondents stated that locums and trainees may make different decisions from other GPs and therefore useful information for the recipient to know – locums usually make more referrals than other GPs.

Q7 Do you think a 'return response to' field would be useful and used?

Answer Choices	Responses	
Yes	58.20%	149
No	16.41%	42
Not sure	25.39%	65

	Yes	No	Not Sure
General practitioner	19	22	7
Secondary care doctor	69	14	25
Nurse	12	1	2
Allied health professional	17	1	7
Pharmacist	4	0	2
Health/care system vendor or developer	5	1	1
Informatician	8	0	6
NHS administration/management	11	3	8

Patient/Carer/Service user	3	0	7

Respondents overwhelmingly indicated that it was useful to have this field, however, respondents did state that it should be automatically completed by the IT system. It would be useful in cases where a locum or trainee had made a referral and information could be sent back to the usual GP in their absence. A small number of respondents indicated that it would not be useful and correspondence should go to the practice.

Q8 Referral to: Name, designation and organisation. If not an individual, this could be a service, eg, department, specialty, subspecialty, educational institution, mental health etc. Are there any missing destinations that referrals can be made to within secondary care?

Yes	16.02%	41
No	29.69%	76
Not sure	54.30%	139

	Yes	**No**	**Not Sure**
General practitioner	38	9	1
Secondary care doctor	89	9	10
Nurse	13	1	1
Allied health professional	20	3	2
Pharmacist	5	1	0
Health/care system vendor or developer	7	0	0
Informatician	12		2
NHS administration/management	20	2	0
Patient/Carer/Service user	1	3	6

Respondents who said yes

Very few themes came out of these responses. Four respondents indicated that it would be useful to include information about departments not advertised and not known by primary care staff, such as toxicology departments and research departments. Four respondents commented that it would be useful to refer directly to other roles such as specialist nurses or physiotherapist. One respondent stated that it would be useful to refer to a GP with a specialist interest. Three respondents indicated that referrals should be made directly to departments or services and two respondents indicated that it would be useful to name community services. Four respondents mentioned Social care, services provided by voluntary organisations, hospices or social prescribing such as fitness programmes.

One respondent indicated a need for a referral-type system for requesting funding from CCGs.

Respondents who said no

Seven respondents who said no provided reasons. Two respondents stated that referral destinations should be included in Directory of Services with e-referral system. One respondent indicated that a named individual was unnecessary and no longer possible to do through e-referral system. One person indicated mental health and sub-groups should all be named.

Respondents who said not sure

Thirty five respondents provided reasons. Ten indicated that they did not understand the question. Four indicated clinics that they were not aware of or more obscure. Two stated that it would be useful to refer directly to a condition or procedure as an alternative to a department. Three respondents indicated that it was dependent on local availability and information being available on the referral directory.

Q9 Referral criteria: Is this heading useful?

Answer Choices	Responses	
Yes	61.60%	154
No	15.20%	38
Not sure	23.20%	58

	Yes	No	Not Sure
General practitioner	19	15	11
Secondary care doctor	66	17	24
Nurse	14		1
Allied health professional	17	1	7
Pharmacist	6	0	0
Health/care system vendor or developer	3	0	4
Informatician	7	2	4
NHS administration/management	19	1	2
Patient/Carer/Service user	5	0	5

Respondents who said yes
Forty two respondents indicated that it would add clarity to the referral. Comments included it would ensure referrals go to the correct service. It would help the service to reject referrals if criteria are incorrect and prevent incorrect referrals. Six respondents stated that services have very strict criteria and would have to be met. Nine respondents stated that it was useful information to have but not mandatory. Three respondents stated that it would improve the patient experience and ensure patients would see the appropriate secondary care practitioner.

Respondents who said no
Three main themes emerged from respondents who in said no to this question. Nine respondents indicated that it would not be useful and ignored. Six respondents indicated that patients rarely fit specific criteria and referrers and three respondents indicated that it could be a barrier to seeing patients in secondary care.

Respondents who said not sure
Eight respondents stated that the question was unclear and were not able to answer. Seven respondents indicated that stating the criteria could be a barrier to the referral. Five respondents stated that there was a need to maintain flexibility and therefore not too rigid against criteria. One respondent indicated that only a few specialties have very strict criteria, the majority are flexible and would value free text from the referrer outlining the reason for referral. Three respondents indicated that it would a duplication of the content of the referral letter and three respondents stated that it should be included only if it was relevant to the specialty.

Q10 Referral criteria: If there are referral criteria would it be useful to indicate the criteria has been met?

Answer Choices	Responses	
Yes	63.01%	155
No	18.29%	45
Not sure	18.70%	46

	Yes	No	Not Sure
General practitioner	15	20	8
Secondary care doctor	74	18	16
Nurse	10	1	4
Allied health professional	15	1	8
Pharmacist	5	0	1
Health/care system vendor or developer	4	1	1
Informatician	11	1	1
NHS administration/management	19	0	1
Patient/Carer/Service user	6	1	3

Respondents who said yesic

Seven main themes emerged from this question. Thirty six respondents indicated that it was useful. It would allow better prioritisation and directing referrals to the right service. Thirteen respondents indicated that if there is criteria listed within a pathway then it would be useful to indicate if the criteria had been met. Nine respondents stated that it would help the receiver to know how to move forward if criteria had not been met. Six respondents indicated that it would support rejecting referrals if criteria had not been met. Five referrers stated that it would support referrers to have a better understanding and avoid inappropriate referrals. Two referrers stated that GPs would not have time to complete too many questions on forms and two respondents stated that it would be helpful to have this information as many referrals are handled by non clinical staff.

Respondents who said no

One main theme emerged; respondents indicated that this would be a barrier to referrals. It would remove the flexibility for Consultants to make decisions and lead to patients being rejected. Specialties have different requirements. It was stated that referrers were likely to use this incorrectly in order to achieve clinical outcomes.

Respondents who said not sure

Respondents indicated that it could be a barrier to referrals; secondary care can use criteria as a way of refusing referrals. GPs may not use this correctly. It was indicated that it would not be helpful, one respondent stated that at times it is useful to see a patient even when criteria have not been met.

Q11 Referral criteria: if there is a deviation from the referral criteria should the deviation be explicitly stated?

Answer Choices	Responses	
Yes	76.61%	190

No	10.89%	27
Not sure	12.50%	31

	Yes	No	Not Sure
General practitioner	31	13	3
Secondary care doctor	77	13	16
Nurse	15	0	0
Allied health professional	19	0	5
Pharmacist	5	0	1
Health/care system vendor or developer	5	0	9
Informatician	11	1	1
NHS administration/management	22	0	0
Patient/Carer/Service user	8	0	2

Respondents who said yes
Respondents overwhelmingly stated that any deviation should be explicitly stated. This will help with making decisions moving forward and avoid rejections. One respondent stated that people do not fit into specific categories and therefore useful for the referrer to outline thinking.

Respondents who said no
Respondents indicated that criteria should not be used as a barrier and patients not refused appointments because referrer has not met criteria.

Respondents who said not sure
One respondent indicated that it might be useful, however, respondents stated that this would not be helpful to the referral.

Q12 Details of other referrals: do you have any comments on the value, content or format of this data field?

134 Responses received. Many of the respondents indicated that this was not needed, however the majority indicated that it would be useful to have this information. Reasons for doing so would be to avoid ducplication; to have a better understanding of the patient particularly where there are multimobidities; however, it was stated that only relevant referrals should be included or within a short timeframe, such as three months.

Q13 Details of other referrals: would it be useful to include specialty referred to/organization/timeframe?

Answer Choices	Responses	
Yes	65.63%	168
No	10.16%	26
Not sure	24.22%	62

	Yes	No	Not Sure
General practitioner	16	14	18

Secondary care doctor	78	10	20
Nurse	13	0	2
Allied health professional	21	0	4
Pharmacist	5	0	1
Health/care system vendor or developer	5	0	2
Informatician	9	1	4
NHS administration/management	15	0	7
Patient/Carer/Service user	3	0	7

Respondents who said yes
Respondents felt that it would be useful to have as much information as possible, which would help in having clear understanding of the patient's journey so far. Information only necessary if relevant and specialty name was useful. This information would help to avoid duplication.

Respondents who said no
Respondents indicated that this was not relevant, and referrer would include if they felt it was relevant. Too much 'tick-boxing'.

Respondent who said not sure
One respondent indicated that time was an issue and more information would take too much time for the GP to complete. Respondents indicated this would only be useful if relevant; however, it was not useful to have too much information in the referral letter.

Q14 Should 'reason for referral' 'expectation of referral' and 'presenting complaints' be combined into a single narrative field?

Answer Choices	Responses	
Yes	53.85%	133
No	30.77%	76
Not sure	15.38%	38

	Yes	**No**	**Not Sure**
General practitioner	26	14	6
Secondary care doctor	65	29	13
Nurse	7	4	3
Allied health professional	15	6	3
Pharmacist	2	2	1
Health/care system vendor or developer	1	2	4
Informatician	6	1	7
NHS administration/management	9	10	2
Patient/Carer/Service user	1	3	4

Respondents who said yes
Respondents indicated that a narrative outlining the information in a short paragraph was most useful. The information should be clear and concise and would avoid repetition.

Respondents who said no
The majority of respondents indicated that these headings should be kept separate as they are very different and would ensure that the referrer has considered these elements. One respondent suggested that it could be left blank if the information were available elsewhere. There were contradictor responses where some stated that reason or referral and expectation of referral were similar and could be joined together. Whereas others stated that reason for referral should be kept separate from the other two categories.

Respondents who said not sure
Respondents indicated that reason for referral and presenting complaint were similar but expectation of referral should be kept separate. Respondents indicated a narrative would be represent this information.

Q15 Should the expectation of referral be the patient's expectation, the clinician's expectation or both?

Answer Choices	Responses	
Patient's expectation	4.86%	12
Clinician's expectation	6.88%	17
Both	88.26%	218

	Patient's expectation	Clinician's expectation	Both
General practitioner	1	3	42
Secondary care doctor	4	7	96
Nurse	2	0	12
Allied health professional	3	1	20
Pharmacist	0	0	5
Health/care system vendor or developer	0	0	7
Informatician	2	1	11
NHS administration/management	0	1	20
Patient/Carer/Service user	0	1	6

Respondents who said clinician
The clinician's expectation is important and it is up to the referrer to discuss expectations with the patient. The patient's expectations can be gained at the appointment.

Respondents who said patient
Patient's expectations are important.

Respondents who said both
Respondents indicated expectations of both are needed because both parties are important; particularly when they diverge. It is useful for the secondary care clinician to know patient's expections so that they can make relevant decisions for their care.

Q16 Should acute and repeat prescriptions be included in the referral?

Answer Choices	Responses	
Yes	87.55%	204
No	2.58%	6
Not sure	9.87%	23

	Yes	No	Not Sure
General practitioner	40	2	3
Secondary care doctor	95	1	6
Nurse	10	1	2
Allied health professional	18	1	2
Pharmacist	4	0	1
Health/care system vendor or developer	5	0	2
Informatician	10	0	2
NHS administration/management	15	1	4
Patient/Carer/Service user	6	0	1

Respondents who said yes
Respondents indicated that this is important information which should be provided. Patients are not always able to remember this information accurately therefore useful to have it sent as part of the referral. It enables the consultant to ensure there is not adverse interactions with medications.

Respondents who said no/not sure
Respondents indicated that only relevant medications should be included, such as ones currently being taken.

Q17 If yes, over what time period?

Answer Choices	Responses	
3 months	18.58%	42
6 months	12.83%	29
12 months	17.70%	40
Other	3.10%	7

	3 months	6 months	12 months	Other
General practitioner	10	0	2	4
Secondary care doctor	19	16	26	0
Nurse	4	2	0	0
Allied health professional	2	5	3	0
Pharmacist	1	1	0	0
Health/care system vendor or developer	0	1	1	0
Informatician	1	1	2	1
NHS	3	3	6	1

administration/management				
Patient/Carer/Service user	1	0	0	1

Respondents indicated that the relevant time period varies, however many respondents stated that 12 months would cover most use cases but 3 months for acute medications. However the referrer would require the flexibility to include medications for a longer time period if needed.

Q18 Should the following be recorded in the referral record

Answer Choices	Responses	
do not stop medication	16.67%	39
therapeutic failures/trials	44.02%	103
patient specific information e.g. avoid tablets	39.32%	92

	Do not stop medication	**Therapeutic failures/trials**	**Patient specific information, eg avoid tablets**
General practitioner	6	21	18
Secondary care doctor	15	58	29
Nurse	2	5	6
Allied health professional	1	4	16
Pharmacist	1	3	2
Health/care system vendor or developer	2	3	2
Informatician	4	6	9
NHS administration/management	5	6	9
Total:	**36**	**106**	**91**

The majority of respondents would have liked to have included all three selections. One respondent indicated that it is a clinical decision to include relevant information but avoid information overload. A number of respondents indicated that allergy and adverse reaction information should also be included.

Q19 Warning flags: Should this be structured and if so what are the sub-categories?

Answered	137
Skipped	228

The majority of respondents indicated that they should be structured. Sub-categories suggested include: allergies, safeguarding, learning disabilities, aggression towards health care professionals/others,self harm history, at risk history, diabetes, clotting problems, communication needs. Twenty two respondents stated no, it would be not useful and eleven respondents were not sure.

Q20 Which observations should be routinely communicated as part of the referral, e.g. blood pressure, blood sugar

Answered	234
Skipped	131

The majority of respondents indicated that observations should only be communicated when relevant to the referral. One respondent commented that the referrer should use their clinical judgement to decide. Twelve respondents indicated that no observations were necessary and four respondents indicated that all observations made should be communicated. Observations stated included BMI, blood pressure, height, weight and blood sugar.

Q21 How should they be recorded?

Answer Choices	Responses	
Structured	61.40%	140
Free text	20.61%	47
Not sure	17.98%	41

	Structured	**Free text**	**Not sure**
General practitioner	26	9	9
Secondary care doctor	58	26	15
Nurse	9	1	2
Allied health professional	10	5	6
Pharmacist	4	1	0
Health/care system vendor or developer	5	2	0
Informatician	9	1	2
NHS administration/management	15	2	3
Totals:	**136**	**47**	**37**

Respondents who indicated free text indicated that it would be more flexible and allow the clinician to give a snap shot.
Respondents who indicated structured stated that it would be a reminder for the referrer to include the information. Easier to read for the recipient and ensure information was complete. The information could be selected to avoid lots of text being included.

Q22 Where applicable, what aspects of family history would be important to record?

Answered	200
Skipped	165

The overwhelming response is that family history should only be included if it is relevant to the referral (84 responses) and six respondents stated that it should be a clinical decision by the referrer whether it should be included. 21 Respondents indicated that genetic diseases should be communicated, 7 stated that a history of cancer should be communicated 3 indicated mental health.

8 respondents stated that it would be useful to know social context, e.g. whether the patient lived alone or was a carer. 5 respondents stated that all family history should be communicated.

Q23 How would risk factors pertinent to a particular referral pathway be communicated to the hospital?

Answered	184
Skipped	181

The majority of respondents indicated that risk factors should clearly be recorded within the referral letter, 66 respondents indicated that they should free text allowing the referrer to write a narrative. 4 respondents stated it should be the referrers clinical decision. 19 respondents were not sure and 11 stated it should be structured data. 7 indicated they should be alerts. 5 respondents stated they should be communicated by telephone and 2 stated they should be an addendum to the referral. 2 respondents stated that the information was too complex and should not be included in the referral.

Q24 Please comment on anything else you would like to add that have not been considered in this survey

Answered	98
Skipped	267

A number of themes emerged from this question. Respondents preferred to have a written letter from the referrer rather than an electronic template which was overly complicated. However, another respondent commented that all section of the standard should be completed to ensure information is not left out. The information being shared is from one clinician to another and therefore clinician's should be making decisions about what information to include. Information was sought about drug and alcohol misuse as well as active and inactive problems. Some respondents stated that the information should be automatically populated and easy to use to avoid additional work for referrers and provide clear information for recipients. Two respondents stated that it would be useful to a patient consent section as some patients do not know when a referral has been made. A number of respondents stated the survey was unclear.

Q25 What factors would lead to this being usable in practice and lead to adoption

Answered	151
Skipped	214

Respondents indicated that the referral would have to be brief and easy to use which much of the information being prepopulated or easily transferable between systems. Respondents indicated that the current proposal would generate far too much paperwork for secondary care. It was indicated that design should involve GPs and primary care staff to ensure it was easy to use. Referrals should be short and comprehensive otherwise unlikely to be adopted by clinicians. Ease of use is a key factor; it should be easy to input information and easy to extract relevant information by recipient. Full, clear implementation advice and assistance also required. It should not be overly prescriptive but allow flexibility for the referrer to decide on relevant information to communicate. The user interface needs to be simple and electronic platforms should support the electronic referral.