



Standardising Patient Referral Information: A Draft National Template for Consultation

Consultation Feedback Form

December 2010

Your views are very important to us. We would like to hear what you think about the draft guidelines.

Your comments will be considered and will inform the development of the national standardised generic patient referral dataset and template.

The closing date for consultation is 12 noon 21 January 2011

Please note that the Authority is subject to the Freedom of Information Acts and the statutory Code of Practice regarding FOI.

For that reason, it would be helpful if you could explain to us if you regard the information you have provided as confidential. If we receive a request for disclosure of the information we will take full account of your explanation, but we cannot give an assurance that confidentiality can be maintained in all circumstances.

About you

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Date	24 th January 2011

General feedback questions

You may provide us feedback on the specific questions asked within the document and repeated here (see questions that follow), or alternatively you can provide us with general comments.

Consultation Question 1

Question 1: Do you feel there are benefits in having a standardised generic patient referral dataset and template, and, if so, what are the main benefits?

Please comment

The IMO supports the referral system from General Practice to Hospital Consultants in public and/or private practice as this is in the best interests of patients.

Increased patient safety is the main benefit from having a standardised generic patient referral dataset and template and must be the predominant driving motivator for system change.

A standardised generic patient referral dataset and template may also lead to efficiencies in the referral process, however it must not be used to reduce hospital administrative staff because it is no longer necessary to verify patient details as they come through the hospital door.

Consultation Question 2

Question 2: Is the layout of the template easy to use, either in paper format or embedded within a GP practice management system?

Please comment

The IMO recommend that a pilot study should be carried out to examine its effect on patient safety and to make sure the final dataset

1. is user-friendly for the GP
2. does not add to the workload of the GP
3. can be easily embedded within GP practice management systems
4. can be effectively and securely transmitted between healthcare settings.

Consideration must be given to ensuring the effective two-way transfer of structured data between GP/Primary Care patient information systems and hospital systems.

The Healthlink system has taken several years to evolve to the point where data which is useful to the GPs can be accessed by them and taken directly into their electronic data systems.

The minimum dataset that is required for an effective referral (in either direction between GP and secondary care) is one issue. Many GP electronic data systems currently produce this. However there needs to be a system which ensures that effective reliable data is transmitted. A form (online or otherwise) does not address this issue (except perhaps for those without an ICT system)

It is crucial to ensure that we do not create an administrative solution that places an extra burden on those with adequate data systems, increases costs and complexity, and may increase the potential for errors.

Focus must be given to how the data set can be securely exchanged, how the data is managed and how the transaction audited.

Consultation Question 3

Question 3: Have all of the appropriate groupings of data items been included in the dataset? If not, what additional groupings should be added?

Please comment

The groupings of data items seem reasonable and comprehensive.

Consultation Question 4

Question 4: Have all of the appropriate data items been included in the data set? Which, if any, of the data items listed should be omitted? What additional data items, if any, should be added?

Please comment

The small tick box for urgent cases may be missed and should be larger. There should also be a data item to include why the GP has designated the patient high priority. For example weight loss, blood in stools. This could even be something as intangible as ' I know this person for many years and I feel there is something serious going on, even though I cannot be sure what' or ' This man's wife is convinced there is something serious going on and that he is not well'.

Where possible it should be indicated if the patient has previously attended the institution to which he/she is referred to enable staff to correctly identify the chart and correctly merge new information so not to create a new chart. Small differences in patient information can cause confusion For example Maire/Mary, Paddy/Patrick.

The IMO is calling on the HSE to develop a national secure electronic communication system to be used by doctors which would facilitate the storage of medical records and tests using a unique patient identifier. Such a system would enable an integrated approach to the care of individual patients. There should also a field for the unique patient identifier.

Consultation Question 5

Question 5: Do the definitions provided in Tables 1 – 6 adequately explain each of the data items? If not, please suggest improvements?

Please comment

Consultation Question 6

Question 6: Does the usage information provided in Tables 1 - 6 clearly explain the proposed use of each of the data items? If not, please suggest improvements.

Please comment

General Comments

Please provide any general feedback you wish to give below.

Please comment

There is little information in the consultation document on how these forms will be processed. All referral forms should pass across the consultant's desk within 24-48 hours.

The quid pro quo for standardised GP referral forms should be satisfactory standardised discharge letters that are timely and relevant, contain clear diagnoses, indicate what the patient has been told and contain a clear management plan etc.

Finally, no form can deal with the human element, such as a referral to OPD by the GP where the consultant may immediately see that the patient needs fast-track to a day case diagnostic procedure.

Thank you for taking the time to give us your views.

Please return your form to us either by email or post:



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If you have any questions on the draft standards, you can contact the consultation team by calling (01) 8147681.