MAP – Guidance for Criterion 5: Urgent Referrals to Secondary Care

We are asking for details of five cases you have seen, assessed and arranged for urgent assessment by secondary care colleagues. Admission to hospital is not always the outcome, and this may be entirely appropriate. You may include a maximum of two telephone triage cases. Telephone triage is the assessment and management of clinical problems using the telephone, instead of seeing the patient face to face.

Carefully read the guidelines and fill in all the boxes with appropriate details in the proforma.

We would like to be able to read this and have a clear idea of patient complaint, findings on examination (detail clearly ALL findings including general impressions and specific recordings appropriate for patient complaint), and the exact reasons you decided to refer then and there to secondary care. Remember to tell us about the patient’s social circumstances, and how you communicated with relatives / carers.

We need to know the outcome of the referral, so if you include a patient seen in an out-of-hours setting, you will also need to find out the outcome.

This criterion asks for a copy of the patient record, which is the entry you make into the patient’s medical record. Scan or retype this into the appropriate box on the proforma. We do not need a copy of the referral letter to the hospital.

You should tell us clearly in your own words about your patients. The cases do not need to be consecutive, you should select five referrals that have been seen within the last year, thoroughly and competently assessed by yourself, and referred appropriately with a known outcome.