

Making onward OP referrals in Epic

It is no longer the case that hospital services cannot make referrals to other hospital specialties if clinically appropriate.

Please consider making a referral within Epic to another specialty if it is for the **same or related** condition. Examples include:

- Urology to nephrology in a patient with persistent microscopic haematuria with no urological cause identified.
- Cardiology to anticoagulation clinic in a patient with atrial fibrillation requiring anticoagulation.

Please also refer internally if the issue warrants **a two-week wait referral**, even if relating to an incidental finding unrelated to the original reason for referral.

This eases the pressure on primary care, reduces delays, and improves patient experience.

Additional points to be mindful of:

1. If suggesting that a GP makes an onward referral, please use the **GP actions** box in OP correspondence, and be aware that GPs will be much more familiar with referral criteria for conditions outside your own specialty. For example, it is preferable to say 'please speak with your GP about your low back pain' rather than 'GP to refer to spinal surgery'.
2. Consider suggesting that the GP makes the onward referral if the patient is outside the geographical catchment area for the trust service in question.
3. Onward referrals must be made using an **Outpatient Referral to [Specialty]** order in Epic, rather than simply a cc'ed letter. This ensures that patients are not lost and referrals are tracked, triaged and actioned appropriately.