THE SPEEDWELL PRACTICE REFERRAL GUIDE

Pan-Barnet Version: July 2022



The Speedwell Practice 16 Torrington Park, London, N12 9SS

<u> DISCLAIMER – PLEASE USE WITH CARE:</u>

This guide was originally created with the intention of being used within the Speedwell Practice, therefore policies and methods of referral may differ depending on practice. Please check your practice's policies prior to making referrals.

Please use in conjunction with the websites outlined on page 4 to ensure the correct pathways are followed and all required information is attached to referrals.

This guide was last updated on 14/07/22 and the information within it is accurate as of this date.

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INTRODUCTION

This guide will aim to outline and explain how to make referrals to common services in Barnet.

Please use the guide in conjunction with the below websites to ensure the correct referral pathways are followed and the correct information is attached to referrals.

Useful information:

- More detailed information on local services can be found here: <u>https://gps.northcentrallondonccg.nhs.uk/services</u>
- Information on local pathways e.g. how to act upon abnormal LFTs, can be found here: <u>https://gps.northcentrallondonccg.nhs.uk/pathways</u>

SOURCES FOR CLINICAL ADVICE

Clinical advice can be obtained in the following ways:

- 1. Barnet/Royal Free Hospitals
 - a. Phone the hospital switchboard (02082164600) and ask for the relevant speciality
- 2. Consultant Connect
 - a. This is a free phone app that allows you to directly speak to consultants in a variety of specialities for advice
 - b. Instructions on how to download the app can be found here:



https://www.consultantconnect.org.uk/wpcontent/uploads/2019/05/App-for-Consulants-Start-Up-Guide-.pdf

- c. Instructions on how to use the app can be found here: <u>https://www.consultantconnect.org.uk/wp-</u> <u>content/uploads/2020/04/GP-Start-Up-Guide.pdf</u>
- 3. Advice & Guidance
 - a. In an open consultation, search for and select the following code: 'Choose and book advice and guidance request'

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b. Next open ERS and select the 'refer/advice' button



- c. Change the request type to 'advice' and the priority to 'routine'.
- d. Select the relevant speciality, then change the clinic type to 'Not otherwise specified'. Then click the 'search all button'.

Service Search Criteri	a	
Search By		
Request Type	* Priority	
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Commissioning Organisation	NHS NORTH CENTRAL LONDON CCG	
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e. Select the relevant advice service. Usually 'advice only cardiology – Barnet/Chase Farm Hospitals'. Then select 'Request'

	h Cuth	ð.						
laying 96	of 1004	matching services. Please refine your search oriteria if you cannot find the services you require.						
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	3	Advice Only Cardiology - Barnet / Chase Farm Hospitals - RAL	NA	39 weeks	NA		0	BARNET HOSPITAL
	3	Cardiology Service ADVICE & GUIDANCE - Whittington Hospital - RKE	NA	20 weeks	NA		0	THE WHITTINGTON HOSPITAL
	4	Advice Only - Cardiology - Royal Free Hospital - RAL	NA	39 weeks	NA		0	ROYAL FREE HOSPITAL
	4	Cardiology - General-North Middlesex UHT-RAP	62 Days	20 weeks	Yes	0	0	NORTH MIDDLESEX HOSPITAL
	8	Cardiology - Advice Only UCLH - RRV	NA	17 weeks	NA		0	UNIVERSITY COLLEGE HOSPITAL
	7	Advice & Guidance Cardiology - Cardiology (SBH) - Barts Health NHS Trust - R1H	NA	28 weeks	NA		0	ST BARTHOLOMEW'S HOSPITAL
	7	Advice & Guidance Cardiology CVD Risk and Lipids Service - Barts Health NHS Trust - R1H	NA	28 weeks	NA		0	ST BARTHOLOMEW'S HOSPITAL
	7	Advice & Guidance Cardiothoracic Surgery - Barts Health NHS Trust - R1H	NA	28 weeks	NA		0	ST BARTHOLOMEWS HOSPITAL
	7	Advice & Guidance - Complex BP & Cardiovascular Autonomic Disorders - Barts Health NHS Trust - R1H	NA	28 weeks	NA		0	ST BARTHOLOMEWS HOSPITAL
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	7	Cardiology - Adult Clinics - Whipps Cross - Barts Health NHS Trust - R1H	200 Days	28 weeks	Yes	0	0	WHIPPS CROSS UNIVERSITY HOSPITAL
	8	Adult General Cardiology Clinic - Royal Brompton and Harefield Foundation Trust - RT3	Limited Availability		Yes		0	ROYAL BROMPTON HOSPITAL
	10	Candiology Advice Service-Wattord Outpatients Dept - West Herts Hospitals RWG	NA	34 weeks	NA	0	0	WATFORD GENERAL HOSPITAL
	10	Cardology General Clinic - Newham - NUH - Barts Health - R1H	200 Days	28 weeks	Yes	0	0	NEWHAM GENERAL HOSPITAL
	10	Cardiology - Interventional Cardiology Clinic - @ Denmark Hill for King's College Hospital - RJZ	19 Days	32 weeks	Yes		0	KING'S COLLEGE HOSPITAL (DENMARK HILL)
	11	Cardiology - General Adult Cardiology () Queen Marys Hospital - RU7	94 Days	42 weeks	Yes		0	ST GEORGES AT QUEEN MARY'S HOSPITAL
	12	Cardiology - Advice Only @ Lewistem Hospital for Lewistem & Greenwich Trust-RJ2	NA	34 weeks	NA		0	UNVERSITY HOSPITAL LEWISHAM
	12	Cardiology - General - King George Hospital RF4- EHRUT	Limited Availability	17 weeka	Yes		0	KING GEORGE HOSPITAL
	13	Adult Cardiology Referral Assessment - Havefield Hospital - REHT	NA		NA	0	0	HAREFIELD HOSPITAL
	13	Cardinizero - General Adult Cardinizero & St General's University Hospital - 817	Limited Aunitability	42 weeks	Yes		0	ST OFORDER HOSPITAL (TOOTING)
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	10	Cardobyy - General - Cueer's Hospital 10-4 - DHHOT	Limited Availability	17 weeka	145		0	GOBENS ROSPITAL

SAME DAY REFERRALS:

Barnet Hospital AEC:

- To access phone 02082165048
- Services include:
 - Booking patients in for a clinical review, including same-day blood tests and scans
 - \circ $\,$ Booking same-day US doppler to exclude DVT or CTPA for PE $\,$
 - Discussing cases with the AEC consultant for advice

RFH DVT Pathway:

• In an open consultation select 'Document' then 'Create Letter'



- Click on the magnifying glass in the pop-up box
- Search 'DVT' and select 'DVT Referral Form Royal Free'
- Complete the form as below and e-mail to: <u>rf-</u> <u>tr.vascularstudies@nhs.net</u>
- Phone '02078302862' to confirm a same-day appointment

Find Document Templates		
Find document template or use the hierarchy to browse		
DVT		
A DVT Referral Form Royal Free.ewdt X	Hierarchy	Preview
	 The S Emis Share 	Speedwell Practice Library ed Folders



Rapid Response Team:

- The rapid response team are an admissions avoidance service
- They can review a patient at home within 24 hours
- This can include reviews for falls, blocked catheters, urinary retention and general decline
- To make the referral, in an open consultation select 'Document' then 'Create Letter'
- Click on the magnifying glass in the pop-up box and search 'single point'



- Select the form titled 'Single Point of Access Integrated Adult'
- Complete the form by selecting which service you want in the 'Urgent Care' section

Summary Consultations	Medication Problems Investigations Carr	History Diary Documents Referrals New Consultation	dm 🖉 potens 💬 🗖	
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Active		Born 16-Jun-1968 (53y) Gender F	Female : DI DE @ D NQ wai GP KING, Mei (Dr)	
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• E-mail your urgent referral to 'clcht.unplannedcarebarnet@nhs.net'

2-WEEK WAIT REFERRALS:

<u>DISCLAIMER:</u>

This guide was originally created with the intention to be used within the Speedwell Practice. Local policies regarding safety netting for 2WW referrals will differ depending on the practice.

- In an open consultation, select 'Document' then 'Create New'.
- Click on the magnifying glass in the pop-up box
- Open the 'BAR Global Documents' folder and then the '2WW Cancer Referral Forms' folder
- Select the 2WW referral pathway of your choice
- Complete the form as below.

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 If you need to attach investigations or consultations to the referral form, scroll to the bottom of the page. Then click on the 'review tab', followed by 'protect' and the 'restrict editing button'

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 Next click on 'stop protection'. You can now click on the 'clinical content' side bar and select which investigations and consultations you want to add



- Once you have completed the form click on 'file' and 'save and close.
- Confirm the document has embedded into your consultation
- Next run the 2WW safety net template. To do this click on the template button as below:

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0	All F	History	 Fast track referral for suspected brain tumour								
		Examination									

- Select 'Safety Netting Template' in the pop-up box
- Tick the 2WW pathway you have created, and set the safety review date to be two weeks in the future, as below:

lemplace Picker		
Please make your selection below		
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tecently Used	Navigator	Details
III NCL Primary Care CKD review 2022 V3	⊕	he Speedwell Practice
Safety Netting Template (Updated 2021)	🖲 🎒 Er	mis Library
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© All I	Suspected cancer referrals	This section is to track urge	ent suspected cance	er referrals made and track o	utcomes from the referrals.			
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		Fast track referral for suspected breast cancer	Follow Up			Mo Tu We Th Fr 25 26 27 28 29	Sa Su 022	
			Text			2 3 4 5 6	7 8	
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- PDS :		Fast track referral for suspected lower GI cancer	Follow Up			23-May-2022	26-Aug-2021	
			Text					
		Fast track referral for suspected lung cancer	Follow Up			23-May-2022	No previous entry	
			Text					
		Fast track referral for suspected ophthalmology cancer	Follow Up			23-May-2022	No previous entry	,
(Latest Contacts		1017		¥			

- Then click 'save template' in the top left-hand corner
- The safety netting template will embed into the consultation.
- Finally, either send an urgent task to the secretary team to create the ERS referral, or book the patient in to a time and date yourself through your own ERS log-in.
- To send and urgent task, select the 'create task' button in your open consultation



ey (Mr)

1. <No Pro

Fast track referral for sus

Comment
Template entry Macmillan ca
Administration note To aid fc
Cancer safety netting
Follow up
Diary Entry Fast track refer

- In the pop-up box, ensure the task type is set to 'patient note' and the task is being set to the 'secretary team' Write what 2WW you would like to refer to in the 'notes'
- section
- Finally, click the 'urgent' box in the bottom left-hand corner and click 'send'



DIAGNOSTICS

Blood Tests:

1. In an open consultation select 'test request' and then 'online test request'



2. In the pop-up box select 'HSL Pathology (NCL)/Cervical Screening London'

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- 3. Select the blood tests you want to request and fill in the clinical details
- 4. Click on 'FINISH' in the bottom left corner

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My Rec	Problem		Biochemistry (BCF)		Pathology provider	BCF Pathology		Dia	iry
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	Examination		HbA1c (BCF)	Bone Profile (BCF)	Ordered Test Groups			P P	ViDeoretting NOS 27 May 2016
	Eamily History		Glucose (Fasting) (BCF)	TFT (T4 + TSH) (BCF)				i i i i i i i i i i i i i i i i i i i	Diagnostic colonoscopy 12-Jun-2017
	Social		Liver Profile (BCE)	Asnartate Aminotransferase		Remove		S	Seasonal influenza vaccin 14-Sep-2017
	Comment			(AST) (BCF)	Test Search	Open			-ssential hypertension 28-Dec-2017
	Medication		C-Reactive Protein (BCF)	Serum Vitamin B12 (BCF)	Ordered Items			Activ	ve Problems
	Follow up		Folate (Serum) (BCF)	Full Lipid Profile (BCF)				He	artburn
	Procedure		Urine Microalburnin (BCF)					Hu	uman immunodeficiency virus infection
	Test Request +							Pre	e-diabetes
	Referral +		Haematology (BCF)					[D]]Prediabetes
	Document +		Full Blood Count (BCF)	Coagulation Screen (BCF)				On	gold standards pallative care framework
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			Microbiology (BCF)					08	teoporosis
(III)			Faeces - Routine Culture (BCF)	Genital Swab (BCF)				At	. risk of emergency hospital admission
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< Port			HIV 1/2 A0/Ab (BCF)	Covid-19 antibody serology test	Clinical Dataila			Fluc	celvax Tetra • Flucelvax Tetra
🖃 🔶 GP				(BCF)	Chinical Details			Flue	enz Tetra • Fusidic acid • Havrix Monodose
PDS S			Syphilis Abs (BCF)					Hyd	Jroxocobalamin uctivated Influenza (Split Virion)
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Click			Lithium (BCF)		Contact Number/ Hospital Site			Lev	MOUSE, Mickey (Mr)
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								1.20	Power of Attorney' code reco
								S Br	ell 🔼 Patient is nousedound 🛛 😸

- 5. Your blood test request will now print
- 6. Hand this to the patient and ask them to book in to either Chase Farm, Barnet or Finchley Memorial hospital and hand in their request form
 - \circ NB all children need to book into Barnet Hospital
- If the blood test you are looking for is not there, click 'open' next to 'text search' to see a wider selection

Test Search Open

Blood Tests, Age <11 Years:

- 1. Request the relevant blood tests as above
- 2. E-mail Galaxy Ward at Barnet Hospital rf-tr.galaxychildrensclinic@nhs.net
- 3. The hospital will book the patient an appointment and contact them

Home Phlebotomy:

- 1. Home phlebotomy is available for housebound patients
- 2. Select 'Document' then 'Create Letter' in an open consultation
- 3. Click on the magnifying glass and search 'single point'
- 4. Select the form entitled 'Single Point of Access Integrated Adult'

F ENT - Ear Nose Throat Audiology Wax R... X
 G Single Point of Access Integrated Adult ... X

5. Complete the form by ticking the boxes next to the blood tests you want



6. E-mail the referral form to 'clcht.plannedcarebarnet@nhs.net'

Swabs:

- 1. Request swabs as above using 'online test request'
- 2. Select relevant tests and print off the forms
- 3. Take swab or ask patient to take swab > drop off sample to reception

Semen Analysis:

- 1. Request test as above using 'online test request'
- 2. Ask patient to make an appointment at Barnet Hospital by phoning 02039120366. Patient to drop sample to Barnet Hospital.

X-Rays, DEXA, CT & Ultrasound Scans:

- 1. In an open consultation select 'test request' and then 'online test request'
- 2. In the pop up box select 'Barnet and Chase Farm Hospitals'

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SWAB GUIDE:

- <mark>Blue top swab:</mark> wound, throat, ear and standard genital BV/TV
- Purple top swab: chlamydia and gonorrhoea
- Red top swab: HSV

3. Select the relevant scan



- 4. If the scan is not visible click on the 'radiology' button to open a wider selection
- 5. CT scans available to request from general practice include:
 - o CT KUB
 - $\circ \quad {\rm CT} \ {\rm Head} \\$

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- 6. Click 'FINISH' on the bottom left hand corner
- 7. The request will print you can dispose of this or hand it to the patient
- 8. The request is sent automatically to the radiology department and the patient will hear from the department directly there is no need to e-mail anyone

MSK Ultrasound Scans:

1. In an open consultation, select 'Document' then 'Create Letter'

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2. Click on the magnifying glass on the pop-up box



3. Search for 'Ultrasound' and select 'Ultrasound NCL CCG Referral Form'

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4. Fill in the details and e-mail the form to 'inl.inhealthreferrals@nhs.net'

MRI Scans:

- 1. In an open consultation, select 'Document' then 'Create Letter'
- 2. Click on the magnifying glass on the pop-up box
- 3. Search for 'MRI' and select 'MRI referral form Barnet'
- 4. Fill in the details and e-mail the form to '<u>barnet-routine.referrals@nhs.net</u>'
- 5. The MRI scans available to request from general practice include:
 - a. MRI Head

b. MRI Cervical, Thoracic or Lumbar Spine

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Open MRI Scans:

- 1. Open MRI scans can also be requested, search 'open MRI' and select 'MRI Referral Form Open MRI'
- 2. Complete the form as below and e-mail it to the e-mail address on the form

🛛 🟯 The Speedwell Practice Emis Library File Home Insert Design Layout Refe View Help Sensitivity Paste Q Reuse Files Font Paragrap NHS INHEALTH MRI REFERRAL FORM (Bariatric/Claustrophobic Service) - Open Scanner Barnet Borough of NCL CCG ote: this service does not accept urgent referrals. All referrals are booked in and treated as routine. Please note – we are unable to accept referrals for breast MRI Yes 📃 No 📃 we are unable to accept referrals where cauda equina syndrome is the working diagnory in patients where the symptoms are indicative of it. Please redirect any referral to the Section 1 - Information Governance Statement This application form and any other supporting information supplied may be shared with the CCG or other trusted organisations legitimately acting on behalf of the CGG. Personal information may be retained only for the purposes of this and, in some cases, may be used for invoicing and payment reconciliation. Anonymised information may also be shared as part of CCG reporting processes. PLEASE SIGN BELOW TO INDICATE THAT YOU: Have discussed the information government above with your patient and that they give their consent for information about their case to be used to process their application in accordance with the provisions of that statement. Applicant's signature Signed by: Date signed: Short date letter merged

Find Document Templates

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Find document template or use the hierarchy to browse

🔊 A MRI Referral Form Open MRI - NCL (B... 🔉

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Hierarchy Preview

ECGs, ECHOs & 24h Tapes:

- 1. In an open consultation, select 'Document' then 'Create Letter'
- 2. Click on the magnifying glass on the pop-up box

3. Search for 'Physiological' and select 'Inhealth Physiological Measurement Form'

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- 4. Fill in the details and e-mail the form, select which investigation you require and e-mail it to 'inl.inhealthreferrals@nhs.net'
- 5. Alternatively, 24h Holter and ECHO can be booked at Barnet Hospital through ERS.

Nerve Conduction Studies:

- 1. In an open consultation, select 'Document' then 'Create Letter'
- 2. Click on the magnifying glass on the pop-up box

3. Search for 'Neurophysiology' and select 'Neurophysiology GP Referral Form'

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4. Fill in the details and e-mail the form and e-mail to the address on the form

Spirometry:

- 1. In an open consultation select 'Document' then 'Create Letter'
- 2. Click on the magnifying glass on the pop-up box
- 3. Search for 'spirometry' and select 'COPD Spirometry Referral Form'

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4. Fill in the form and e-mail to: <u>clcht.bcs-admin@nhs.net</u>



MEDICAL SERVICES

Contents:

- 1. Allergy
- 2. Cardiology
- 3. Care of the older person
- 4. COVID-19 related services
- 5. Dermatology
- 6. Diabetes
- 7. Endocrinology
- 8. Gastroenterology
- 9. Haematology
- 10. Neurology
- 11. Palliative care
- 12. Renal medicine
- 13. Respiratory medicine
- 14. Rheumatology
- 15. Sexual health

ALLERGY:

Allergy Clinic:

1. In an open consultation select 'Document' then 'Create Letter'



- 4. Write the letter and ensure all relevant investigations and consultations are embedded.
- 5. Attach relevant clinical letters to the e-mail and send it to: <u>barnet-routine.referrals@nhs.net</u>

CARDIOLOGY:

Contents:

- 1. General Cardiology
- 2. Rapid Access Chest Pain clinic
- 3. Community heart failure nurse team

General Cardiology Referral:

1. In an open consultation select 'Document' then 'Create Letter'



5. Attach relevant clinical letters to the e-mail and send it to: <u>barnet-routine.referrals@nhs.net</u>

Rapid Access Chest Pain Clinic:

- 1. In an open consultation select 'Document' then 'Create Letter'
- 2. In an open consultation, select 'Document' then 'Create New'.
- 3. Click on the magnifying glass in the pop-up box
- 4. Search for 'chest pain' and select 'Rapid Access Chest Pain Clinic Royal Free (all sites)'



5. Complete the form as below:

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- 6. Click on 'file' and select 'save and close'
- 7. Confirm the form has saved onto your consultation, then send a task to the secretary team to book the patient an appointment. Or book the time and slot yourself through ERS

Community Heart Failure Nurses:

- 1. NB patients will only be accepted if they have HFrEF <45% which has been confirmed on an ECHO within the last two years
- 2. In an open consultation select 'Document' then 'Create Letter'
- 3. Click on the magnifying glass in the pop-up box
- 4. Search 'Heart Function' and select 'Heart Function Improvement Service Referral Form'
- 5. Enter your name in the pop-up box
- 6. Complete the form as below and e-mail to: <u>barnetheartfunction@nhs.net</u>

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	HF diagnosis confirmed by recent (<2 yrs) ECHO with LVEF <45%.	Recent worsening or new breathlessness	
	Education/lifestyle advice and promote self- management HFrEF	Peripheral oedema significantly recent worsening	
	Treatment Optimization for HFrEF	Worsening ascites due to heart failure	
	Early review post discharge for non-complex heart failure patients (HFrEF) not planned for intervention Diversis monitoring and repaid function surveillance	Other (please specify)	
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CARE OF THE OLDER PERSON:

Contents:

- 1. Falls Clinic
- 2. Memory Clinic
- 3. Old Age Psychiatry

Falls Clinic:

- 1. Referral to falls clinic is via the 'single point of access' form
- 2. Select 'Document' then 'Create Letter' in an open consultation
- 3. Click on the magnifying glass and search 'single point'
- 4. Select the form entitled 'Single Point of Access Integrated Adult'
- 5. Select which falls services you require
- 6. E-mail to: 'clcht.plannedcarebarnet@nhs.net'



Memory Clinic:

- 1. In an open consultant click 'document' then 'create letter'. Click on the magnifying glass in the pop-up box
- 2. Search for 'memory clinic' and select 'Memory Clinic Dementia Referral Form Barnet'
- 3. Complete the form and e-mail to: <u>beh-</u> <u>tr.dutyintakeboacmht@nhs.net</u>

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	Date of referral: 23-May-2022		
	Patient details	Carer or next of kin details	
	Mr / Mrs / Ms / other	Mr / Mrs / Ms / other	
	Name: Mr Mickey Mouse	Name:	
	DoB: 01-Jan-1983 NHS number:	Relationship to patient:	
	Address: 16 Torrington Park, Finchley, London, N12 9SS	Telephone:	
	Telephone: / 07309804484	Does patient consent to contacting	
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	Has this referral been discussed and agreed with the patient?		
	Is the patient able to attend an outpatient appointment?		
	Referrer details	GP details (if different from referrer)	

Old Age Psychiatry:

- 1. In an open consultant click 'document' then 'create letter'
- 2. Select 'Psychogeriatrician' and write a letter using the template shown below. Ensure to embed the relevant consultations and investigations.







3. E-mail the referral to: <u>beh-tr.dutyintakeboacmht@nhs.net</u>

COVID-19 RELATED SERVICES:

Contents:

- 1. Anti-viral referral
- 2. Post-COVID-19 clinic

Anti-viral Referral:

- 1. This is to refer a patient with an active COVID-19 infection for consideration of anti-viral therapy if they have not already been contacted by the department directly.
- 2. Send an e-mail containing the patient's details to: <u>ucla.covidvacc@nhs.net</u> or phone 07526971953
- 3. There is no formal form

Post-COVID-19 Clinic:

1. This service is for patients with long COVID-19 symptoms

5. Send the questionnaire below to the patient to complete

- 2. In an open consultation select 'Document' then 'Create Letter'
- 3. Click on the magnifying glass in the pop-up box
- 4. Search 'covid' and select 'Post Covid Patient Self Questionnaire'



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 I had a positive swab test
 I had a positive smab test
 I was not tested for COVID-19 OUSE, Mickey (Mr) Resuscitation status (hover for...) Thyroxine monitoring advised A No recent TSH Your COVID-19 symptoms 'Power of Attorney' code reco...
 - 6. In the open consultation select 'create letter' again and search for 'covid'. Select 'Post Covid Service Referral Form'

What symptoms did you have in the first two weeks of COVID-19 infection?

- 7. Enter your name in the 'Referring Clinician' pop-up box
- 8. Complete the form and e-mail with the patient questionnaire to: <u>clcht.plannedcarebarnet@nhs.net</u>

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Patient is Housebound

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DERMATOLOGY:

Teledermatology:

- 1. In an open consultant click 'document' then 'create letter'. Click on the magnifying glass in the pop-up box
- 2. Search for 'telederm' and select 'Teledermatology Referral Form NCL'
- 3. Complete the form as below. Ensure to insert photos of the dermatological issue.

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Gender		Address 16 Torrington Park	r, Finchley, Practice Name	The Speedwell Practice	
Gender(full) Date of Registration Patient Type		Telephone Telephone	Practice Address	The Speedwell Practice, 16 Torrington Park, North Finchley, London, N12 955	
NHS Number		Mobile 07309804484	GP Practice code	E83010	
Hospital Number		Date of Birth 01-Jan-1983	Telephone	020 8445 7587	
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4. To insert a picture first save the image to your desktop. Next select 'insert' in the top bar, then 'pictures' and choose which images to upload

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- 5. Click 'file' then 'save and close'.
- 6. Next open ERS and select the 'refer/advice' button

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- 7. Change the request type to 'referral' and the priority to 'routine'.
- 8. Change the speciality to 'dermatology' and clinic type to 'not otherwise specified'
- 9. Select the 'search all' button in the bottom right-hand corner

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Referring information Initial Referring Ofician Organisation Commissioning Organisation	QAYYON, Numani J'ITE SYREDWELI PRACTICE NIYE WORTH CENTRAL LONGON CCG			
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10. Click the 'send for triage' button next to 'teledermatology - Royal Free London'

Service Selection

unie Saesh Criteria									
laplaying S0 of 100+ matching services. Please refine your search other's Pyou service find the services you require.									
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 (Results returned: 39) 									
slect	Miles	Appointment Type	Service Name	Indicative Appointment Wait ()	Indicative Treatment Wait ()	Directly Bookable	Referrer Alert	Link to NHS Choices	Location
	0	First outpatient	Dermatology General - Firschley Memorial Hospital - RAL	Limited Availability	50 weeks	Yes		0	FINCHLEY MEMORIAL HOSPITAL
	4	First outpatient	Dermatology General - Barnet Hospital - RAL	Limited Availability	50 weeks	Yes		0	BARNET HOSPITAL
	4	First outpatient	Dermatology Service - Whitington Hospital - RKE	251 Days	32 weeks	Yes		0	THE WHITTINGTON HOSPITAL
	3	3 Telephone/video	Dermatology Teledermatology Service - Whittington Hospital - RHE	35 Days	32 weeks	Yes	0	0	Telephone/Video
		First outpatient	Dermatology General - Chase Farm Hospital - RAL	108 Days	50 weeks	Yes	0	0	CHASE FARM HOSPITAL
	-	First outpatient	Dermatology - General -North Middlesex UHT-RAP	28 Days	20 weeks	Yes	0	0	NORTH MIDDLESEX HOSPITAL
		First outpatient	General Dermatology - Dermatology - Royal Free Hospital - RAL	Limited Availability	50 weeks	Yes	0	0	ROYAL FREE HOSPITAL
nd for Triage		Triage Service	Teledermatology - Royal Free London - RAL	NA	50 weeks	NA		0	ROYAL FREE HOSPITAL
	1	5 First outpatient	Dermatology Community - Lincoln Road Medical Practice - RAL	Limited Availability	50 weeks	Yes		0	LINCOLN ROAD MEDICAL PRACTICE
	6	First outpatient	Adult General Dermatology - Dermatology Dept - UCLH - RRV	200 Days	27 weeks	Yes	0	0	HOSPITAL FOR TROPICAL DISEASES
end for Triage		Triage Service	Dermatology/Adult general TRIAGE(St Mary's)mperial NHS Trust (RYJ	NA	32 weeks	NA	0	0	ST MARY'S HOSPITAL (HQ)
	6	First outpatient	Dermatology Community - Freezywater Primary Care Centre - RAL	84 Days	50 weeks	Yes		0	FREEZYWATER PRIMARY CARE CENTRE
	3	First outpatient	Dermatology Adult General Clinic - Central Middlesex Hospital - R1K	Limited Availability	19 weeks	Yes	0	0	CENTRAL MIDDLESEX HOSPITAL
	3	First outpatient	Dermatology Adult General Clinic - Northwick Park Hospital - R1K	Limited Availability	10 weeks	Yes	0	0	NORTHWICK PARK HOSPITAL
nd for Triage	7	7 Triage Service	Dermatology/Adult general TRIAGE[Hammeramith(Imperial NHS Trust JRYJ	NA	32 weeks	NA	0	0	HAMMERSMITH HOSPITAL
nd for Triage		Triage Service	Bewley complex cases MDT RAS Clinic - Dermatology (RLH) - Barts Health NHS Trust - R1H	NA	39 weeks	NA	0	0	THE ROYAL LONDON HOSPITAL
	8	First outpatient	Skin Cancer Screening Clinic (Non 2ww) - Ouy's site- Dematology- Ouy's & St Thomas'- RJ1	119 Days	28 weeks	Yes	0	0	GUYS HOSPITAL
	8	8 First outpatient	St John's Adult Dermatology (Exclusions Apply), Ouy's Site -Dermatology-Ouy's & St Thomas'-RJ1	57 Days	28 weeks	Yes	0	0	GUYS HOSPITAL
	8	8 First outpatient	St John's Adult Dematology (Exclusions Apply), St Thomas' site-Dematology-Guy's & St Thomas'-RU1	Limited Availability	20 weeks	Yes	0	0	ST THOMAS' HOSPITAL
nd for Triage	6	Triage Service	Dermatology/Adult general TRIAGE(Charing Cross)Imperial NHS Trust (RYJ	NA	32 weeks	NA	0	0	CHARING CROSS HOSPITAL
nd for Triage		Triage Service	Refemal Assessment Service -Adult Dermatology - Chelses and Westminster Hospital - RQM01	NA	32 weeks	NA		0	CHELSEA & WESTMINSTER HOSPITAL

- 11. On the next page upload the referral form you created earlier and submit the request
- 12. More information on how to make this referral can be found here: <u>https://gps.northcentrallondon.icb.nhs.uk/service/ncl-teledermatology-dermoscopy</u>

DIABETES:

Contents:

- 1. Community DSN & Diabetes Education programme
- 2. Diabetes prevention programme
- 3. Retinal screening

Diabetes Education Programme, Community DSN Team & Secondary Care Diabetes:

- 1. This is a referral to the community DSN team, it includes diabetes education
- 2. Patients can then be referred onwards to secondary care from this service
- 3. To refer do the following in an open consultation select 'Document' then 'Create Letter'
- 4. Click on the magnifying glass in the pop-up box
- 5. Search 'Diabetes Community' and select 'Diabetes Community Integrated MDT Form'

Find Document Templates			
Find document template or use the hierarchy to browse			
diabetes community integr			
A Diabetes Community Integrated MDT Form.ewdt	*	Hierarchy	Preview
		 The S Emis Share 	ipeedwell Practice Library ad Folders

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6. Complete the form as below, selecting which services you requite.

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Clipboard 15 Font	Fsi Paragraph Fsi	Styles	rs Editing	Voice Reuse Fi InPhase
Cipboard 5 Pont	rs Paragraph rs Integrated Community Diabetes Referral Form Exclusion criteria: (Refer to secondary care - Tier 4 1. Type 1 stabete) 2. Pregnancy - Planned pregnancies in women w malformations and stillbirth Rease ensure all contraception and if planning a pregnancy in th dabetes team. 3. CCJ with anstable ooFR (i.g. docrease in oGFR 4. Addescents NHIS Number: Referral Date: 32-May-2022 Patient Ocaset: Yes / No Patient Ocaset: Yes / No DOB: 01-Jan-1983 Gender: Male	Styles Community Healthcare Lvia RMS) Ith diabetes is essential to reduce risks of congenital women with diabetes of child-bearing age are used women with diabetes of child-bearing age are used secondary care >25% in the last 12 months) and CKD 5	Barnet Integrated Communit	Voice Reuse PL. InPhase A
	Contact no: 07309804484 Patient's address: 16 Torrington Park, Finchley, London, N12 9SS Patient's address: 16 Torrington Park, Finchley, London, N12 9SS	Practice email address (mandatory): patients.speedwell@nhs.net	r Diabetes M	JSE, Mickey (Mr) Resuscitation status (hover for Thyroxine monitoring advised
	Reason for referral to community service (T	ier 3)	9	No recent TSH 'Power of Attorney' code reco
	Supported discharge from specialist care		Ref	Patient is Housebound
Page 1 of 11 2079 words			D'Focus III I	1st MMR vaccination

7. E-mail routine referrals to: <u>clcht.bcs-admin@nhs.net</u> and urgent referrals to: clcht.barnetdiabetes@nhs.net

Diabetes Prevention Programme:

- 1. In an open consultation select 'Document' then 'Create Letter'
- 2. Click on the magnifying glass in the pop-up box
- 3. Search 'Prevention' and select 'Diabetes Prevention Programme Referral Form NCL'
- 4. Complete the form as below and e-mail to: <u>scwcsu.ncl@nhs.net</u>

ind Document Templates		
Find document template or use the hierarchy to browse prevention		
A 9dad8f4f-e71e-47e0-9c36-da29ef59d37c.ewdt B Dabetes <u>Prevention</u> Programme Leaflet (referral invtation) 2018 D Dabetes <u>Prevention</u> Programme Leaflet (referral invtation) 2018 D Dabetes <u>Prevention</u> Programme Leaflet (referral invtation) 2018 E Dabetes <u>Prevention</u> Programme Referral Form NCL.ewdt F Dabetes <u>Prevention</u> Programme Invtation - NCL.ewdt	× × × × × ×	Hierarchy Preview Hierarchy Preview



Retinal Screening:

1. E-mail the patient's details with a copy of their latest consultation and investigation results to: <u>ncl.desp@nhs.net</u>



General Endocrine Clinic:

1. In an open consultation select 'Document' then 'Create Letter'



2. Click on the magnifying glass in the pop-up box

3 RMS LETTERHEAD TEMPLATE

Search 'RMS' and select 'RMS Letter Head Template'
 Write the letter, attach all the relevant information, and send it to: <u>barnet-routine.referrals@nhs.net</u>

GASTROENTEROLOGY:

General Gastroenterology Clinic:

1. In an open consultation select 'Document' then 'Create Letter'



- 2. Click on the magnifying glass in the pop-up box
- 3 RMS LETTERHEAD TEMPLATE
- 3. Search 'RMS' and select 'RMS Letter Head Template'
- A Papid Access Chast Dain Clinic (PACDC)
- 4. Write the letter, attach all the relevant information, and send it to: <u>barnet-routine.referrals@nhs.net</u>

HAEMATOLOGY:

General Hematology Clinic:

1. In an open consultation select 'Document' then 'Create Letter'



- 2. Click on the magnifying glass in the pop-up box
- 3. Search 'RMS' and select 'RMS Letter Head Template'
- 4. Write the letter, attach all the relevant information, and send it to: <u>barnet-routine.referrals@nhs.net</u>

NEUROLOGY:

Contents:

- 1. General Neurology Clinic
- 2. TIA Clinic
- 3. Neuro Rehabilitation

General Neurology Clinic:

1. In an open consultation select 'Document' then 'Create Letter'



- 2. Click on the magnifying glass in the pop-up box
- 3. Search 'RMS' and select 'RMS Letter Head Template'
- 4. Write the letter, attach all the relevant information, and send it to: <u>barnet-routine.referrals@nhs.net</u>

TIA Clinic:

- 1. In an open consultation select 'Document' then 'Create Letter'
- 2. Click on the magnifying glass in the pop-up box
- 3. Search 'TIA' and select 'TIA Referral Form Royal Free (all sites)'
- 4. Complete the form as below, and e-mail to: <u>rf-</u> <u>tr.tiaclinicreferrals@nhs.net</u>



Papid Accose Chost Dain Clinic (PACOC)

3 RMS LETTERHEAD TEMPLATE

1 100

++- Refer suc	The Royal Free Lon For Barnet den-onset <i>focal</i> loss of neur These patients have a high	ndon NHS Hospital a ological fun n risk of stro	Foundation T nd the Royal action or suddo oke within a fe	rust TIA referral Free Hospital en-onset painless w days, so refer i	form monocular visu mmediately.	al loss.			
Patient details	Name: Mr Mickey Mous	se	DOB: 01-Jan	-1983 NH	S No: Not know	vn			
Address: 16 Tor	ington Park, Finchley, Lon	don, N12	988						
Telephone (inc.m	obile): / 07932961477		Other Co	ntact Tele No:					
Transport require	d Yes 🗌 / No 🔲 👘		Infection	risk					
GP details	Name: QAYYUM, Natas	sha (Dr)	Event da	tes/times	Date	Time			
Practice: The Sp Practice, 16 Torr N12 9SS	eedwell Practice, The Spee ngton Park, North Finchley	edwell , London,	Onset of in GP assess	ndex event sment					
Telephone (bypa	ss number): 020 8445 758	7	Referral re	eceived					
Atypical onset If 'Yes' to any of unlikely diagnosis referral route.	features these at onset, TIA is an s, so consider alternative	Gradua Seizure Transie Isolated	l onset or spro or loss of cor nt amnesia I vertigo with I	ead of symptoms nsciousness no other cranial i	3 nerve features	Yes	No		
Brief descripti	on of attack Please also	attach	ABCD ² so	ore Tick one so	ore for each ca	itegory.			
etc.	details of F Will, DIT, allerg	Jies	Age	60 years or old	ler				
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			BP	Systolic < 140	and diastolic <	90 (0		
		1	Clinical	Unilateral wea	kness	i	2	M	IOUSE, Mickey (Mr)
			features	eatures Disturbance in sp Othere					 Resuscitation status (hov Queue Fact track ref. Quee
				60 minutes or	lonaer				 Zww rasc clack rel - ? no Thyroxine monitoring adv
			Duration	10 - 59 minute	s	-			No recent TSH
				< 10 minutes		('Power of Attorney' code
			·			"[h" For	us 💷	E	A Patient is Househound

Neuro Rehabilitation:

1. In an open consultation select 'Document' then 'Create Letter'



- 2. Click on the magnifying glass in the pop-up box
- 3. Search 'neuro rehab' and select 'Neuro Rehab Centre Referral Form Edgware'
- 4. Complete the form as below and e-mail to: <u>rf.neurorehabreferrals@nhs.net</u>

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		HAB 0AD Tei: 0203 758 2465 Fax: 0203 758 2464								
		Email: rf.neurorehabreferrals@rhs.net	Email: <u>rfneurorshabreferrals@rhs.net</u>							
		REFERRAL FORM								
		The information requested is essential to help us to decide on the appropriateness of the Neurological Rehabilitation Centre (NRC) for your patient and how we will best meet their needs. Your assistance in completing the form is appreciated since incomplete forms will not be accepted and will result in delay.								
		Please tick the box to indicate the type of service you are seeking (please see information sheet on reverse for service definitions).								
		Inpatient Multidisciplinary Assessment and Rehabilitation admissions (average period of 6-8 weeks).								
-		Inpatient Multidisciplinary Assessment and Condition Management Programme (average period of 6-8 weeks).								
		Community/Outpatient Assessment and Rehabilitation or Condition Management Programme (average 4-8 we Result • Result	Community/Outpatient Assessment and Rehabilitation or Condition Management Programme (average 4-8 we MOUSE, Mickey (Mr)							
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			ent TSH							
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	Page Lot 11 Lot 2105 Words	J., Focus 🖽 🗮 🛆 Patient	is Housebound							
PALLIATIVE CARE:

Palliative Care:

- 1. In an open consultation select 'Document' then 'Create Letter'
- 2. Click on the magnifying glass in the pop-up box
- 3. Search 'palliative care' and select 'Pan-London All Age Specialist Palliative Care Referral Form'
- 4. Complete the form as below:



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 Paste T Normal T No Spac... Heading 1 Heading 2 Heading 3 😇 Dictate Reuse Files Select ∼ Paragraph Editing ard 🗔 Font Pan-London All Age Specialist Palliative Care Referral Form V2 – Outpatient, Community and Hospice Services See service contact details at end of form PLEASE INCLUDE WITH THIS FORM ADDITIONAL INFORMATION - HOSPTIAL DISCHARGE SUMMARY, LETTERS, GP SUMMARY AND BLOOD TEST RESULTS. IS REFERRAL URGENT? (assess within 24/48 hours) ☐ Yes ☐ No IF YES, PLEASE TELEPHONE SERVICE TO DISCUSS Referrer's Details Referrer's Signature: Bleep No: Date: 17-May-2022 Job Title: в Referring Organisation: The Speedwell Practice Essential Patient Details First Name Mickey DoB: Age: 01-Jan-1983 39y Ethnicity: Albanian - ethnic category 2001 census Marital Stat Married assigned at birth: mation: Is declared gende ddress: 16 Torrington Park, Finchley, London, Tel: Main Carer or 2nd Patient Rep General Practitioner (please inform GP o Name: Name: Name of GP P Practice Address: Telephone: MOUSE, Mickey (Mr) Resuscitation status (hover for... Postcode: Relationship to Patient: Address: The Speedwell Practice, 1 Torrington Park, North Finchley, Lo N12 9SS Thyroxine monitoring advised Telephone: Any further details: No recent TSH Power of Attorney' code reco... Relationship to Patient: code: N12 9SS Patient is Housebound Page 1 of 11 1 of 3015 words (D) Focus 1st MMR vaccination
 - 5. Ensure the box next to 'North London Hospice' is selected, and e-mail the form to: <u>northlondonhospice.firstcontact@nhs.net</u>

					-	
		Saint Francis Hospice, RM4 1QH Community service: Barking & Dagenham, Havering, Brentwood Inpatient services: Barking & Dagenham, Havering, Redbridse	01708 758606	NELCSU.saintfrancishospicereferrals@nhs.n gt		
		The Margaret Centre, Whipps Cross Hospital, E11 1NR Inpatient services: Waltham Forest, Redbridge	02085356604	BHNT.margaretcentrereferrals@nhs.net		
	NEL	Saint Joseph's Hospice, E8 4SA Community service: Hackney, Tower Hamlets (TH), Newham	0300 30 30 400	stjosephs firstcontact@nhs.net		
		Inpatient services: Hackney, TH, Newham, Islington, Haringey, W'am Forest				
		Community service: Redbridge	0300 300 1901	KedbridgeSPC1(@neift.nhs.uk		
		North London Hospice, N12 STT Community & inpatient services: Barnet, Enfield, Haringey	020 8343 8841	Northlondonhospice.firstcontact@nhs.net		
		South Camden community Palliative Care Team, NW1 0PE Community service: South Camden	020 3317 5777	palliative southcamden@nhs.net		
		Islington Community Palliative Care Team, NW1 0PE Community service: Islington	020 3317 5777	palliative islington@nhs net		
	NCL	Marie Curie Hospice Hampstead, Camden, NW3 5NS Inpatient services: Barnet, Camden, Enfield, Haringey, Islington, Brent	02078533400	Inpatientunit hampsteadhospice@nhs.net hampstead.hospice@mariecurie.org.uk		
		Outpatient services: Barnet, Camden, Enfield, Harngey, Islington, Brent	020 78302905	outpatientunit.hampsteadhospice@nhs.net rf.palliativecare@nhs.net		
		Community service: North Camden	(weekends & hank holidays)			
		Michael Sobell including Harlington Hospice, UB3 5AB Community & inpatient services: Hillingdon	0203 824 1268.	nhsnwlccg.mshreferrals@nhs.net		
		Meadow House Hospice, UB1 3HW Community & inpatient services: Ealing, Hounslow	020 8967 5179	referralsmeadowhouse@nhs.net		
		St Luke's Hospice, HA3 0YG Community service: North Brent	020 8382 8013	LNWH-tr.referralsstlukes@nhs.net		
		Inpatient services: Brent and Harrow (via Hospice Services Navigator)	07593135303 02083828046			
	NWL	St John's Hospice, NW8 9NH	020 7806 4040	nhsnwlccg.stjohnsreferrals@nhs.net		
		Inpatient services: Brent, Camden, Central London, Islington, West				
		Pembridge Hospice, W10 6DZ Community service: South Brent, some of West London and some of	020 8102 5000	Clcht.pembridgeunit@nhs.net clcht.spa.referral@nhs.net		
		Hammersmith & Fulham (H&F). Hillingdon Community Palliative Care Team, UB\$ 1QG	01895 485235	cnw-tr.hchcontactcentrerefs@nhs.net		MOUSE, Mickey (Mr) 🦻 🖑
		Community service: Hillingdon Harrow Community Team, HA3 0YG	020 8382 8084	CLCHT HarrowPalliativeCare@nhs.net		 Thyroxine monitoring advised
	<u> </u>	Community service: Harrow St Christopher's Hospice, SE26 6DZ	020 87684582	st.christophers@nhs.net		A No recent TSH
		Community service: Bromley, Croydon, some of Lambeth, Lewisham, some of Southwark				'Power of Attorney' code reco
Page 10 of 11 1 of 3015 words DS		Innatient services: Bromley_Crovdon_Lambeth_Lewisham_Southwark	1	D' Forus	00 F	A 1st MMR vaccination
				111003		

RENAL MEDICINE:

CKD Referrals/General Renal:

template'

1. In an open consultation, click 'Run Template'



Search 'CKD' in the pop-up box and select 'NCL Primary Care CKD'
 Complete the form with the relevant information, then select 'save



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Active	¥ MOUSE, Mickey (Mr)		Born 01-Jan-1983 (39y)	Gender Male NHS No. Unknown Usual GP NAGRA, Gurnek (Dr)	यस ह
<i>je</i> «	NCL Primary Care CKD review 2	1022 V3			
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B-∲ TPI └PDS:		This patient has not had their urnary AC Laboratory test requested Renal Function Monitoring GFR (giomerular fitzation tate) calculate by abbreviated Modification of Det in Renal Disease Study Group calculation NICE no longer recommend adjusting eC	R checked in the part year		HOUSE, Mickey (Mr) Ø ● Resucctation status (hover for Thyroxine monitoring advised > Thyroxine monitoring advised No recent TSH > Power of Attomery' code reco Patient is Housebound > Tablent xet Media years on the Mickey on the Statement
	Latest Contacts	L	ma/mmoi	x 10000 x	Safety net : Cancer referral

- 4. In the same consultation, select 'referral' then 'standard outbound referral'
- 5. Search for 'CKD' in the pop-up box and select 'Barnet CKD Service'





- 6. In the next pop-up box, write your name in 'referral source', select 'Barnet CKD service' in 'referral target' and select 'nephrology referral' in 'clinical term'
- 7. Write a brief sentence for your reason for referral, then check the 'create new' box and select 'ok'

Outbound Referral - MOUSE, M	lickey (Mr)	?	\times
Complete Referral Details			
Outbound Referral - M	IOUSE, Mickey (Mr)		
* Referral Source		~ 🍾)
* Referral Target	Barnet CKD Service	~ 🖌	>
* Clinical Term	Nephrology referral	s	>
* Referral Date	23-May-2022		
* Urgency	Routine	`	~
* Referral Mode	Written	`	~
* Purpose	Management Advice	`	~
Reason for Referral		1	`
			-
* NHS / Private	NHS Referral O Private Referral		
* Transport	None	```	~
Linked Problem(s)			1
Referral Letter	Create Now (Does not include current consultat	tion data	a)
	O Create Letter Task For : User\Team		
	○ None		
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8. The document template pop-up box will now automatically appear. Search for 'CKD' and select 'CKD NCL Referral Form'

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Patient Letter Details	
	and extend contains the following from here and an and/or had, back folds

9. Enter your reason for referral in the pop-up box

10. Complete the form and select 'file' then 'save and send'

11. Your referral has now been sent to the CKD team

Patient Letter Details		~
The template you have selected contains the following free text prompts and/or body text fields. Any required fields must be completed before the document can be edited.		
Miscellaneous Please Enter Reason for Referral		
	OK	Cancel



RESPIRATORY MEDICINE:

Contents:

- 1. General Respiratory Clinic
- 2. Sleep Study Referral
- **Community COPD Service** 3.
- **Pulmonary Rehabilitation** 4.

General Respiratory Clinic:

1. In an open consultation select 'Document' then 'Create Letter'



- 2. Click on the magnifying glass in the pop-up box
- 3. Search 'RMS' and select 'RMS Letter Head Template'
- 4. Write the letter, attach all the relevant information, and send it to: barnetroutine.referrals@nhs.net

3 RMS LETTERHEAD TEMPLATE

Sleep Study Referral:

1. In an open consultation select 'Document' then 'Create Letter'

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- 2. Click on the magnifying glass in the pop-up box
- 3. Search 'RMS' and select 'RMS Letter Head Template'
- 4. Write the letter, attach all the relevant information, and send it to: <u>barnet-routine.referrals@nhs.net</u>

Community COPD:

- 1. In an open consultation select 'Document' then 'Create Letter'
- 2. Click on the magnifying glass in the pop-up box
- 3. Search 'COPD Referral Form' and select 'COPD Referral Form (Community) Barnet'
- 4. Complete the form as below and e-mail to: <u>barnetcopd@nhs.net</u>

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3 RMS LETTERHEAD TEMPLATE

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Pulmonary Rehabilitation:

- In an open consultation select 'Document' then 'Create Letter'
- Click on the magnifying glass in the pop-up box
- Search 'pulmonary rehabilitation' and select 'Pulmonary Rehabilitation Referral Form Barnet'
- Enter your name in the 'Referring Clinician' pop-up box
- Complete the form as below and e-mail to: <u>barnetcopd@nhs.net</u>

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RHEUMATOLOGY:

Contents:

- 1. General Rheumatology Clinic
- 2. Early Inflammatory Joint Clinic

General Rheumatology Clinic:

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- 2. Click on the magnifying glass in the pop-up box
- 3. Search 'RMS' and select 'RMS Letter Head Template'
- 4. Write the letter, attach all the relevant information, and send it to: <u>barnet-routine.referrals@nhs.net</u>

Early Inflammatory Joint Clinic:

- 1. In an open consultation, select 'Document' then 'Create New'.
- 2. Click on the magnifying glass in the pop-up box
- 3. Search for 'inflammatory' and select 'Early Inflammatory Arthritis Clinic Referral'
- 4. Complete the form as below and save the form into your consultation

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5. Either task the secretary team to book the appointment or book the time and date through your own ERS log-in

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3 RMS LETTERHEAD TEMPLATE

SEXUAL HEALTH:

Sexual Health Clinics:

- 1. Patients can self-refer to the following sexual health clinics, but going on the corresponding website and following the on-screen instructions:
 - a. The Archway Sexual Health Clinic: <u>https://www.sexualhealth.cnwl.nhs.uk/clinic/archway-centre/</u>
 b. Mortimer Market Centre:
 - https://www.sexualhealth.cnwl.nhs.uk/clinic/mortimer-market-centreincluding-margaret-pyke-centre/
 - c. Edgware Community Hospital: https://www.sexualhealth.cnwl.nhs.uk/clinic/edgware-communityhospital/
 - d. Vale Drive Primary Care Centre: <u>https://www.sexualhealth.cnwl.nhs.uk/clinic/vale-drive-primary-care-centre/</u>

SURGICAL SERVICES

Contents:

- 1. ENT
- 2. General Surgery
- Gynaecology & Fertility
 Neurosurgery
- Neurosurgery
 Onbthalmalac
- Ophthalmology
 Orthopaedics, MSK & Physiotherapy
- 6. Urthopaedics, MSK 8
- 7. Urology
- 8. Vascular Surgery

ENT:

ENT/Audiology/Microsuction Referrals:

- In an open consultation select 'Document' then 'Create Letter'
- Click on the magnifying glass in the pop-up box



- Search 'wax' and select the document entitled 'ENT Ear Nose Throat Audiology
- Complete the form as below and e-mail to: <u>barnet-routine.referrals@nhs.net</u>



GENERAL SURGERY:

General Surgery Referral:

1. In an open consultation select 'Document' then 'Create Letter'



- Click on the magnifying glass in the pop-up box 2.
- 3 RMS LETTERHEAD TEMPLATE A Papid Accors Chart Dain Clinic (PACDC) 3. Search 'RMS' and select 'RMS Letter Head Template'
- 4. Write the letter, attach all the relevant information, and send it to: barnetroutine.referrals@nhs.net

GYNAECOLOGY & FERTILITY:

Gynecology Clinic:

- 1. This referral form can be used to refer a patient to gynaecology, for hysteroscopy, to HRT clinic and to fertility clinic
- 2. In an open consultation select 'Document' then 'Create Letter'
- 3. Click on the magnifying glass in the pop-up box
- 4. Search 'Gynaecology' and select 'Gynaecology Community'



5. Complete the form as below and e-mail to: <u>barnet-routine.referrals@nhs.net</u>



NEUROSURGERY:

Neurosurgery Referral:

1. In an open consultation select 'Document' then 'Create Letter'

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- 2. Click on the magnifying glass in the pop-up box
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 A Rapid Access Chest Rain Clinic (RACRC)
- 3. Search 'RMS' and select 'RMS Letter Head Template'
- 4. Write the letter, attach all the relevant information, and send it to: <u>barnet-routine.referrals@nhs.net</u>

OPHTHALMOLOGY:

General Ophthalmology Referral:

1. In an open consultation select 'Document' then 'Create Letter'



2. Click on the magnifying glass in the pop-up box

3 RMS LETTERHEAD TEMPLATE

- 3. Search 'RMS' and select 'RMS Letter Head Template'
 - 4. Write the letter and attach all relevant information including optician assessments. Send it to: <u>barnet-routine.referrals@nhs.net</u>

ORTHOPEADICS, MSK & PHYSIOTHERAPY:

Contents:

- 1. General Orthopaedic Referral
- 2. Fracture Clinic Referral
- 3. MSK Clinic & Physiotherapy Referrals
- 4. Acute Knee Injury Clinic

General Orthopedic Referral:

1. In an open consultation select 'Document' then 'Create Letter'

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- 2. Click on the magnifying glass in the pop-up box
- 3. Search 'RMS' and select 'RMS Letter Head Template'
- 4. Write the letter, attach all the relevant information, and send it to: <u>barnet-routine.referrals@nhs.net</u>

Fracture Clinic:

- 1. In an open consultation select 'Document' then 'Create Letter'
- 2. Click on the magnifying glass in the pop-up box
- 3. Search 'RMS' and select 'RMS Letter Head Template'
- 4. Write the letter, attach all the relevant information, and send it to: <u>rf-</u> <u>tr.orthosecsbcf@nhs.net</u>

MSK/Physiotherapy Referral:

- 1. This referral form can be used to refer to the MSK clinic or to physiotherapy
- 2. The MSK clinic has advanced physiotherapists who are able to refer patients onwards for further investigations
- 3. In an open consultation select 'Document' then 'Create Letter'
- 4. Click on the magnifying glass in the pop-up box
- 5. Search 'MSK' and select 'Musculoskeletal (MSK) and Physiotherapy'
- 6. Complete the form as below and e-mail MSK referrals to: <u>barnet-routine.referrals@nhs.net</u> and physiotherapy referrals to: <u>clcht.mskphysiotherapy@nhs.net</u>

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A Acute Knee Injury Referral Form <u>MSK</u>	Hierarchy Preview Part The Speedwell Practice A mis Library Shared Folders

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Acute Knee Injury Clinic:

- 1. In an open consultation select 'Document' then 'Create Letter'
- 2. Click on the magnifying glass in the pop-up box
- 3. Search 'Acute Knee Injury and select 'Acute Knee Injury Referral Form'
- 4. Complete the form as below and e-mail to: <u>barnet-</u> <u>routine.referrals@nhs.net</u> and to: <u>clcht.mskphysiotherapy@nhs.net</u>

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UROLOGY:

General Urology Referral:

1. In an open consultation select 'Document' then 'Create Letter'



2. Click on the magnifying glass in the pop-up box

3 RMS LETTERHEAD TEMPLATE

- 3. Search 'RMS' and select 'RMS Letter Head Template'
- 4. Write the letter, attach all the relevant information, and send it to: <u>barnet-routine.referrals@nhs.net</u>

VASCULAR SURGERY:

General Vascular Clinic Referral:

1. In an open consultation select 'Document' then 'Create Letter'



- 2. Click on the magnifying glass in the pop-up box
- 3. Search 'RMS' and select 'RMS Letter Head Template'
- 4. Write the letter, attach all the relevant information, and send it to: <u>barnet-routine.referrals@nhs.net</u>

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OBSTETRIC/PREGNANCY RELATED SERVICES

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EPAU (Early Pregnancy Unit):

- 1. In an open consultation select 'Document' then 'Create Letter'
- 2. Click on the magnifying glass in the pop-up box
- 3. Search 'Early Pregnancy Assessment' and select 'Early Pregnancy Assessment Unit'
- 4. Complete the form as below and e-mail to: <u>rf-tr.bh-epaquFAX@nhs.net</u>
- 5. For urgent advice phone: 02082165233

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Barnet	t Hospital: RF-TF	R.BH-epaquFAX@nhs.net fo	r urgent advice call: 020 8216 5	233 (Location 1 st floor)		
Royal Fr	ee Hospital: Rf-t	r.epaqu@nhs.net for urgent	advice call: 020 7472 6374 (Loc	ated 5 th Floor - 5 East A)		
Dotiont dotailer						
Fatient details:	Mr		Broforrod namo	Mickov	1	
Family name	Mouse		Date of birth	01- Jan-1993		
Family name	Mickov		Age	201		
NHS number	monoy		Ethnicity	Albanian - ethnic category 2001		
Permanent address	16 Torrington P	ark Finchley London N12	Home tel	rabanan cume category 2001		
1 onnariont data oso	988	and, Finlandy, Condon, HTZ	Mobile no	07932961477		
			Email			
			Physical/Communication			
			Difficulties (specify support			
			requirements, if any)			
Postcode	N12 9SS		If interpreter required,	Main spoken language Arabic		
			laliyuaye.		1	
Referrer details:						
GP practice name	The Speedwell	Practice	GP name	QAYYUM, Natasha (Dr)		
GP address	The Speedwell	Practice, 16 Torrington	Tel no	020 8445 7587		
	Park, North Fine	chley, London, N12 9SS	Fax no			
Postcode	N12 9SS		Email	patients.speedwell@nhs.net		
Date of referral	20-Apr-2022					
Parity & Obstetric H	listory					(11.)
Last Menstrual Peri	od (LMP)	No events found.			MOUSE, Micke	y (Mr)
Previous ectopic/mi	iscarriages				 Resuscita 	ition status (hov
Reason for referral:					2ww Fast	t track ref - ? no
Consulations					Thyroxin	e monitoring adv
Date	Cor	sultation Text			A No recen	it TSH
12-Apr-2022 10):24 Tele	ephone consultation (THE SPEEDWELL PRA	CTICE) LANDI,	🔺 'Power o	of Attorney' code

Termination of Pregnancy:

- In an open consultation select 'Document' then 'Create Letter'
- Click on the magnifying glass in the pop-up box
- Search 'Marie Stopes' and select 'Termination of Pregnancy Leaflet Marie Stopes'
- Find document template or use the hierarchy to browse

 marie sto

 Image: A Termination of Pregnancy Leaflet Marie... Image: A Termination of Pregnancy Leaflet Marie
- On the below form ensure the box next to 'NHS Treatment' is selected.

• Send the form to the patient and advise them to call '03453008090' (line open 24/7) to book an appointment time and date



ADULT MENTAL HEALTH

CONTENTS:

Contents:

- 1. IAPT (CBT)
- 2. Link Worker & General Psychiatry
- 3. CRISIS Team
- 4. Adult ADHD/ASD
- 5. Eating disorder clinic
- 6. Gender identity clinic

REFERRALS:

IAPT (referral for CBT):

- 1. In an open consultation select 'document' then 'create new'
- 2. Search for 'IAPT' and select the form entitled 'Let's Talk IAPT Referral Form'
- 3. Completed the form as below and e-mail it to: lets-talkbarnet@nhs.net
- 4. Alternatively make an online referral or get the patient to completed their own self-referral on the following website: <u>www.lets-talk-iapt.nhs.uk/refer</u>

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Times New Roma → 1 Paste → ≪ B I U → ab →	$\begin{array}{c c} \mathbf{A}^{*} & \mathbf{A}^{*} & \mathbf{A}\mathbf{a} \\ \mathbf{x}_{2} & \mathbf{x}^{2} \\ \mathbf{x}_{3} & \mathbf{x}^{2} \\ \end{array} \xrightarrow{\mathbf{A}^{*}} \begin{array}{c} \mathbf{A}^{*} & \mathbf{A}^{*} \\ \mathbf{A}^{*} & \mathbf{A}^{*} \\ \end{array}$	∷ • ⊨ • '∉ • ⊂ ∞ ≙↓ ■ = = = ≔ • & • ⊞	¶ AaBbCc.	AaBbCcI AaE	BbCcl v	♀ Find ~ \$ C Replace Select ~	U Dictate	Sensitivity	Reuse Files
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		Let's Talk IAPT	Referral F	orm					
	Improving Access to Psycholo	ogical Therapies Service (IAPT) is a conf	idential NHS servic	e providing easy acce	ess to psycholo	gical			
	therapies for people experience	cing depression and anxiety. To make a	referral online, visit	www.lets-talk-iapt.n	hs.uk/refer.				
	++	Please ensure that you co	omplete <u>all of</u> t	he fields					
L	Name: Mr Mickey Mouse		Date of Bi	Date of Birth: 01-Jan-1983 Gender: Male					
	NHS number:		GP Name	GP Name: PRACTICE, The Speedwell (Dr)					
	Address: 16 Torrington Park, Finchl	ley, London, N12 9SS	GP Address: The Speedwell Practice, 16 Torrington Park, North Finchley, London, N12 9SS						
	Postcode: N12 9SS								
	Date of referral: 14-Jul-20	22	Please no (<u>if</u> applica referral.	ote that your GP ar able) will be kept ir	nd Health Vis nformed of ye	itor our			
	Preferred Contact Numbe	r: / 07309804484 /	Interprete	r required? Y	'es 🔲 No 🗖	1			
	OK to leave voice messag	ges: Yes 🔲 No 🔲	If yes, in v Arabic	vhich language? Ma	ain spoken lar	iguage			
	OK to send text messages	s: Yes 🔲 No 🔲	Is this is a	self-referral? Y	′es 🔲 No 🗖	I			
	OK to communicate via er	mail: Yes 🔲 No 🔲	If this is n name, add	ot a self-referral, plea iress and telephone	ase provide re number if diffe	ferrer's erent from			
	Email: franceswallace@nl	hs.net	the GP de	ans above.					
	What is the main problem that you would like help with, and how is it affecting your life?								
	How did vou hear about u	s?				~ -	_		

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Link Worker & General Psychiatry:

- 1. To refer to the psychiatry team refer via the link worker
- 2. In an open consultation select 'document' then 'create letter'
- 3. Click on the magnifying glass in the pop-up box and search for 'link worker'.
- 4. Select 'Link Worker Psychiatry Referral Form' and complete the form as shown below. E-mail to the relevant locality team.

Find Document Templates Find document template or use the hierarchy to br link wo $\mathbf{\rho}$ 🔄 A Link Worker Psychiatry Referral Form... 🔉 Hierarchy Preview The Speedwell Practice Emis Library Shared Folders

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	Page 1 of 2
	Referral Form
	Please send referral by email to <u>beh-tr.eastlocalityteam@nhs.net</u>
	Consent given for referral to BEH-Mental Health Trust and Barnet Local Authority.
	Yes
	No 🔲
	Consent given to share case records between Primary Care, BEH-Mental Health Trust, and Barnet Local Authority.
	Yes 🔲
	R No
	Referrer Name QAYYUM, Natasha (Dr)
	Primary Care Practice Practice
	I NHS Number I I IIIe I Mr

CRISIS Team:

- 1. Self-referral:
 - a. The CRISIS team are available for the patient to call 24/7 and 7 days a week
 - b. Ask the patient to phone: 02087024040 (NB this number was accurate as of 14/07/22)
- 2. Clinician Referral:
 - a. If you have a patient in clinic who needs an urgent CRISIS team review you will nee create a referral letter and phone the tea

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k on the			🖻 🏯 Share	ed Folders	
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- b. To find the letter, select 'document' then letter' in an open consultation. Next clicl magnifying glass in the pop-up box and search 'crisis
- Select 'Crisis Team Referral BEH' and complete the letter as below. Ec. mail to: beh-tr.behcrisis.telephoenhub@nhs.net
- d. Then phone 08001510023 to discuss the case



Adult ADHD/ASD Referral:

- 1. In an open consultant click 'document' then 'create letter'. Click on the magnifying glass in the pop-up box
- 2. Search for 'ADHD' and select 'Ref SLM National ADHD+ASD Ref'
- 3. Complete the form and e-mail to: <u>adhdasdadmin@slam.nhs.uk</u>

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B ADHD Booklet - Info for GP.ewdt	36	h 🗸 The G	and well Dractic
C Mental Health - Adult ADHD Service - BEH.ewdt	34	P and the s	peeuwen Pracuo
D National Adult ADHD Autism Service (Maudsley) - REFERR	×	P an emis	Library
E Ref - SLM - National ADHD+ASD - Ref - SLM - National AD	x	🖻 🗛 Shan	edHolders

4. If the referral is for ASD, ask the patient to complete an AQ10 questionnaire and attach it to the e-mail



Eating Disorder Clinic:

- 1. In an open consultant click 'document' then 'create letter'. Click on the magnifying glass in the pop-up box
- 2. Search for 'eating disorder' and select 'Eating Disorder Referral Form'
- 3. Complete the form and e-mail to: <u>beh-tr.referrals-eatingdisorder@nhs.net</u>

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	Please return via: Emoil: <u>beh-tr.referrals-eati</u> Post: Eating Disorder Outp **Please attach recent bl **Please attach current fe	ngdisorder(<u>@nhs.net</u>)atients, G-Block, St Ann's Hospital, St Ann's Roa ood results (for all referrals) and ECG details if E eeding regimen if the patient is being tube-fed.	d, Tottenham, London N15 3TH MI below 15 kg/m² **		
	These fields are mandator	y:			
	Date of Referral:	23-May-2022			
	Is this referral urgent?	Yes No			
	If yes, please provide details):				
	Referrer Details:				
	Name and Address of Referrer:	Fincher London N12 955	ctice, 16 Torrington Park, North		
	Tel No:	020 8445 7587			
	Email (NHS.net if available):	patients.speedwell@nhs.net			
	Demographic Information:				
	Name of Patient:	Mr Mickey Mouse			
	NHS Number:	Marital S	atus: Married		
	Date of Birth:	01-Jan-1983			
	Address:	16 Torrington Park, Finchley, London, N12 955			
	Ethnicity:	Albanian - ethnic category 2001 census			
	Name and address of GP:	Iwell Practice The Speedweir Practice, 16 Torrington Park, N	orth Finchley, London, N12 9SS		
	CCG:	North Central London			1 C
	Interpreter Required?	Yes No (If yes please specify:			
	Clinical Information:			MOU	ISE,
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					No recent TSH
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Gender Identity Clinic:

- 1. In an open consultant click 'document' then 'create letter'. Click on the magnifying glass in the pop-up box
- 2. Search for 'gender identity' and select 'Gender Identity Clinic Referral'
- 3. Complete the form and e-mail to <u>GIC.adminstration@nhs.net</u>

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	Referratio	the Gender Identity Clin	IC ur referral form	when submitting		
	vour form pl	ease email in a PDF version	to the	i, when submitting		
	GIC.adminis	tration@nhs.net Thanking	you in advance	е.		
	Please do no	ot send blood work with the	referral form.	Bloods will be		
	requested if	and when it is necessary.				
	All sections of the	e form are compulsory and must be co	mpleted to ensure th	e referral is accepted.		
	Breast augmenta surgery are not c	tion, thyroid chondroplasty (tracheal s urrently funded by NHS England Speci	have) or cricothyroid alist Commissioning	approximation (vocal pitch)	
	Fields marked completed to e	with an asterisk (**) are required. ensure the referral is accepted. In	Please ensure the ncomplete referration	ne required fields are Il forms will be rejected.		_
	Date of Referral	23-May-2022				
	Patient Details					
	Full Legal Name *	Mickey Mouse	Sex assigned at Birth * please fick:	🗌 Female 📃 Male		
	Preferred name (if different)	Mickey	Date of Birth*	01-Jan-1983		
	Address *	16 Torrington Park, <u>Finchley</u> , London, N12 9SS	NHS Number *	-		
			Patient Mobile*	07309804484		

SOCIAL INPUT

CONTENTS:

Contents:

- 1. Occupational therapy + Adult Safeguarding
- 2. Social prescriber
- 3. Wheelchair referral

REFERRALS:

Social Care Barnet - Occupational Therapy & Adult Safeguarding Referrals:

- 1. This service can be used to refer a patient to occupational therapy and also to refer an adult for safeguarding concerns
- 2. In an open consultation select 'Document' then 'Create Letter'
- 3. Click on the magnifying glass icon on the pop-up window
- 4. Search 'social care direct' and select 'Social Services Social Care Direct Barnet'
- 5. Complete the below form and e-mail to: <u>socialcaredirect@barnet.gov.uk</u>

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		Adults and	Communities					
		Professional	referral form to So	ocial Care Direct				
		Section 1: Provide	er details					
		Name of referrer	(Date: 17-May-2022			
		Profession	GP					
		Telephone Number	020 8445 7587					
		Best time to contact						
		Email	patients.speedwell@nhs	s.net				
		Omeniantian	The Speedwell Practice	The Speedwell Practice, 1	6 Torrington Park, North			
		Organisation	Finchley, London, N12 9	ISS	U ,			
		Section 2: Reason	n for Referral					
		 Please provide brief d 	etails for your referral					
		(+)	,					
		Section 3: Client	details					
		Name of Adult		Mr Mickey Mouse				
		D O B of Adult		01-Jan-1983				
		Ethnicity		Albanian - ethnic categor	v 2001 census			
		Faith		, abaman ounio catogor	2001 0011040			
			Physical Disability	Mental Health	HIV 🔲			
			Older People	Older People				
		Primary Client group	Learning Disabilities				MOUSE, Mickey (M	ir) 🥳 🤞
				Substance misuse			Resuscitation	status (hover for
		Address	16 Torrington Park, Find	chley, London, N12 9SS			Thyroxine mo	onitoring advised
		Telephone Number	/ 07309804484				A No recent To	cu
		GP's Surgery name	The Speedwell Practice	The Speedwell Practice, 1	6 Torrington Park, North		A to recent 15	
		and address	Finchley, London, N12 9	9SS	- /		Power of At	torney code reco (
		Next of kin details					Patient is Hor	usebound
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Social Prescriber:

1. After selecting an active patient, open their consultation screen

2. In the left-hand column select 'Elemental SPx'



3. Select 'New Express Referral'

Summary Consultations Medicatio	n Problems Investigations Care History Diary Documents	Referrals Elemental SPx	dm	Cel patchs (***)			D 9 (
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1050 28 - 47 I Jack Research 7 December	Medicine Management - 1 Lab Reports - 11 (5)	Tasks - 6 (1)					
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4. Fill in the details and select 'Generate Referral' in the bottom right-hand corner

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CB - 47 Test Requests - 7 Documents - 4	Hedicine Management - 1 Lab.Reports - 11 (5) Tasks - 6 (1)		
Referral Info			
Referral D	ate 🗮 20 Apr 2022		
Referred Fi	The Speedwell Practice		
Relevant Medical Inform	ation		
NHS Num	ber 438-055-3906		
SNOMED Code Filing Pe	rmissions		
New refe	rral 🗹 (now) Record this referral in patient record		
Referral process	ing 🕢 (automatic) When the Referral is processed or declined		
(click to vi	ew) 🕒 - TERMS AND CONDITIONS	GEDIE, Cothema (M83)	1 F 🛞 -
		COVID-19: Eigble fo	r booster 🧉
		C Cf Grade	ite Referral

Wheelchair Service:

- 1. In an open consultation select 'Document' then 'Create Letter'
- 2. Click on the magnifying glass icon on the pop-up window
- 3. Search 'wheelchair' and select 'Wheelchair Service Referral Form NCL'
- 4. Complete the below form and e-mail to: ajm.healthcare@nhs.net

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	London Central, M HeathCare Self-Referral and GPs Refe Please ensure all fields are completed. Refe returned and may lead to a de This form can be completed on paper or electronical 9). Do not change the format or structure of this form send this form are at the end of the document.	The West and Barnet Wheelchain Mobility Posture Inde Prail Form Trais received with Insufficient Inform lay in the referral being processed y, (check boxes can be double-clicked with , corrupted forms will be rejected. Instruction	r Service pendence Ation will be the mouse ns how to	
1	Personal Details:			
	Title: Mr	Gender: Male		
	Surname: Mouse	First Name: Mickey		
	Date of Birth: 01-Jan-1983	NHS No:		
	Home Address: 16 Torrington Park, Finchley, Londor	n, N12 9SS		
		Post Code: N12 9SS		
	Home telephone:	Mobile: 07309804484		
	Preferred method of contact:	Email Address et		
	GP Name: QAYYUM, Natasha (Dr)	Practice: The Speedwell Practice		
	Address: The Speedwell Practice, 16 Torrington Parl	, North Finchley, London, N12 9SS	MOL	JSE, Mickey (Mr)
	Post Code: N12 9SS	Telephone No: 020 8445 7587		Thyroxine monitoring advised
	Is the Service User under Continuing Healthcare?	Yes No	A	No recent TSH
	Additional Information relating to Continuing Healthc	ire?	A	'Power of Attorney' code reco
Page 1 of 7 1448 words			D'Encus III E	Patient is Housebound
UA	A 1111111 A			Safety net : Cancer referral



REFUGEE AND ASYLUM SEEKER SPECIFIC SERVICES

CONTENTS:

Contents:

- 1. New Citizen's Gateway
- 2. Persian Advice Bureau

REFERRALS:

The New Citizen's Gateway:

- 1. This is a registered charity with the aim to support the health and wellbeing of refugees and asylum seekers
- 2. It is found here: <u>http://www.ncgateway.org.uk</u>
- 3. It hosts a variety of services for individuals including: counselling and emotional support, ecotherapy, women's group, men's group and one-to-one emotional support specifically for refugees from Syria
- 4. Many services are self-referrals
- 5. To complete a referral for emotional support visit the following website: <u>http://www.ncgateway.org.uk/our-services/emotional-support/</u>
- 6. Download the form for either adult or family counselling
- 7. Complete the form and e-mail to ellie@ncgateway.org.uk

	ABOUT US PRIVACY POL	ICY OUR SERVICES	GALLERY	SUCCESS STORIES	CONTACT US
	COUNSELI Home Our Servi	LING & EMOTIONAL SUPPORT ces Counselling & Emotion	al Support		
COUNSELLING & EMOTI	ONAL SUPPORT				
One to one Talking Therapy				To make a referral pleas	se see the form
Our talking therapy service is des	igned to offer an integrative counselling a	nd emotional support service	e for	below:	
individuals in exile whose first lar practitioners from different cultu	guage is not English. Adhering to the NIC res and backgrounds are providing one to	E Guidelines, bilingual qualifi one therapy within BACP	ied	Adults-Counselling-Refe	rral-Form
framework with the support of cl	nical supervisors. The service also offers of	opportunities for clinical	_		
placements to bilingual counsello with regular supervision and acce	rs with appropriate training and language ess to further training. We do accept self-re	eskills. Placements are suppo eferrals.	orted	And for family and coup	e counselling
Group Activities			0	Families-and-Couples-Co	ounselling-
We provide variety of group activ	ities to improve the mental wellbeing of re	efugees and asylum seekers v	who	Referral-Form	
are suffering from any kind of me	ntal health problems. The activities includ	le Yoga classes, group therap	oy, art		
the second design the second signal full	and and provide a paint patholitics avoid and	hotography gardoning wool	rand		

Persian Advice Bureau:

- 1. This is a registered charity which aims to provide assistance and advocacy to refugees and asylum seekers in the UK. In particular to Farsi speakers.
- 2. Patients can self-refer by e-mailing: <u>info@persianadvicebureau.co.uk</u>

MISCELLANEOUS SERVICES:

CONTENTS:

Contents:

- 1. Pain clinic
- 2. Genetic services
- 3. Anticoagulation clinic
- 4. Coroner referral
- 5. Healthwise (weight loss programme)
- 6. Podiatry
- 7. Vasectomy
- 8. TVN (Tissue Viability)
- 9. District nurses
- 10. SALT, community PT and OT
- 11. EBICS

REFERRALS:

Pain Clinic Referral:

1. In an open consultation select 'Document' then 'Create Letter'



- 2. Click on the magnifying glass in the pop-up box
- 3. Search 'RMS' and select 'RMS Letter Head Template'
- 4. Write the letter, attach all the relevant information, and send it to: barnetroutine.referrals@nhs.net
- 3 RMS LETTERHEAD TEMPLATE Papid Access Chest Pain Clinic (PACPC)

Genetics Clinic Referral:

1. In an open consultation select 'Document' then 'Create Letter'

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- 2. Click on the magnifying glass in the pop-up box
- 3. Search 'RMS' and select 'RMS Letter Head Template'
- 4. Write the letter, attach all the relevant information, and send it to: barnetroutine.referrals@nhs.net

Anticoagulation Clinic (General):

- 1. In an open consultation select 'Document' then 'Create Letter'
- 2. Click on the magnifying glass in the pop-up box
- 3. Search 'Anticoagulant Clinic' and select 'Anticoagulant Clinic Referral Form for OACs'
- 4. Complete the form as below and e-mail to: <u>rf.-tr.bh-anticoagulationfax@nhs.net</u>

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Create an interactive outline of your document.	New oral anticoagulant (NOAC) referr	al proforma page 1 of 2	
It's a great way to keep track of where you are or quickly move your content around.	For prevention of stroke and systemic embolism in a NOTE: Warfarin remains the current standard anti	adult patients with non-valvular AF coagulation treatment across NCL	
To get started, go to the Home tab and apply Heading styles	1. Patient details (or attach <u>pt</u> sticker)	2. GP practice details	
to the headings in your document.	Surname: Mouse (EMIS No: 11938.)	Name: NAGRA, Gurnek (Dr)	
	First name: Mickey	Address: The Speedwell Practice	
	DOB: 01-Jan-1983 Sex: Male	Park, North Finchley, London, N12 955	
	Address : 16 Torrington Park, Finchley, London, N12 955		
		Tel no: 020 8445 7587	
	Hosp: No: NH\$ No. Not known	Fax no:	
		Email: nationts sneedwell@nhs net	
	3. Evaluation of stroke (CHA2DS2-VASc) and bleeding risk (I	HAS-BLED)	
	C CHF / LV dysfunction ≤ 40% 1 H Hypertensio	in (systolic BP > 160mmHg) 1	
	H Hypertension 1 A Abnormal re	enal/ liver function (1 gt each) 1 - 2	
	Ag Age 2 75 years 2 Cr > 200µ	mol/L	
	Iver: chro evidence 2xUUN wit	snic hepatic disease (e.g. cirrhosis), biochemical of significant hepatic derangement (e.g. Bi > th AST/ALT /ALP > 3xULN)	
	D Diabetes Mellitus 1 S Stroke	1	
	V Vascular disease (e.g. prior MI, 1 L Labile INRs (lunstable/high INRs or poor time in 1 MOU	USE, Mickey (Mr)
	peripheral artery disease, aortic plaque) therapeutic	range e.g. < 60%)	Resuscitation status (hover for
	A Age b5-74 years 1 E Elderly (e.g. Sc Sex category (i.e. female) 1 D Drugs (i.e. m	age > boyears) 1 redications) or alcohol (1 pt each) 1-2	2ww Fast track ref - ? not seen
	e.g. antiplat	elets, NSAIDs, alcohol abuse	Thyroxine monitoring advised
	CHA2DS2-VASc score (max 9):	HAS-BLED score (max 9):	No recent TSH
	4. Patients on LMWH: give details of drug, dose and weigh	t: Please see If currently on VKA, state	'Power of Attorney' code reco
Page 1 of 9 2480 words		(D) Focus 💷 📃 🔺	Patient is Housebound

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3 RMS LETTERHEAD TEMPLATE

Papid Accore Chart Dain Clinic (PACDC)

A Anticoaquiant Clnic Referal Form for Warfarin NC... 3 B Anticoaquiant Clnical Referal Form for OACs NCL... 3 C Anticoaquiation BFC Referal Form. event 3 C Ontroaquiation BFC Referal Form. event 3 D Community Anticoagulation Referral V1 S The Speedwell Practice Emis Library Shared Folders

Anticoagulation Clinic (Federation):

- 1. In an open consultation select 'Document' then 'Create Letter'
- 2. Search 'anticoagulation' and select 'Anticoagulation BFG Referral Form'





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Initiatin Incomplet Name: Address: Postcode:	Anticoagulati g patients on Oral Anticoagulation, monitor This service in Please send via s PATE e referrals or those without consent to 1 MOUSE, Mickey (Mr) 16 Torrington Park Finchley London N12 955	ion service refe ring patients on Oral Antici- warfarin to DOACs. not an acute or emergency tandard outbound refermal NT INFORMATION ahare could result in a del NHS no: Date of Birth: Mobile/Housebound: Ethnicity:	Edgware HA8 0AP rral form sequilation and switching patients from service in EMIS ay in processing your referral. 01-Jan-1983		2
Contact n	hone	Interpreter required?	Yes		
no:		Language	Main spoken language Arabic		
Referred	ov: QAYYUM, Natasha (Dr)	Date referred:	13-Jul-2022		
Contact m no (patien GP Surger	obile 07309804484 tt): The Speedwell Practice				
Patient Co	Insent DOES THE PATIENT CONSENT TO and as appropriate CONSENT TO REFERRAL ON TO H NO II If the patient lacks capacity: NOK	SHARING THEIR DATA WITH OSPITAL ANTICOAGULATION YES (/carer/clinician consent in be	THE ABOVE SERVICE SERVICE? est interests		

4. Once the letter is saved in your consultation, click 'Referral' then 'Standard Outbound Referral'

5. Fill in the details in the pop-up box then click 'c	okay
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Outbound Referral - MOUSE, N	Mickey (Mr)	?	×
Complete Referral Details			
Outbound Referral -	MOUSE, Mickey (Mr)		
* Referral Source	Dr Natasha Qayyum, GP Registrar at The Speedwe	I ~ 🤞	
* Referral Target	Anticoagulation Clinic at BARNET HOSPITAL	~ 🤞	
* Clinical Term	l	6	
* Referral Date	13-Jul-2022		
* Urgency	Routine		\sim
* Referral Mode	Written		\sim
* Purpose	Management Advice		\sim
Reason for Referral			^
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* NHS / Private	NHS Referral O Private Referral		
* Transport	None		\sim
Linked Problem(s)		8	>
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Coroner Referral:

- 1. In an open consultation select 'Document' then 'Create Letter'
- 2. Click on the magnifying glass in the pop-up box
- 3. Search 'Coroners' and select 'Coroners Service Referral Form'
- 4. Complete the form as below and e-mail to: <u>admin.beh@hmc-northlondon.co.uk</u>

* X			
~ م	General Practice Referral Form 1 Coroners Service for the Northern District of Greater London, (Harrow, Brent, Barnet, Haringey and Enfield)		
uickly ing styles	When complete please send by secure e-mail to:- Court generic e-mail address: <u>admin.beh@hmc-northlondon.co.uk</u> (Barnet, Enfield, Haringey) or <u>admin.brentharrow@hmc-northlondon.co.uk</u> (Brent, Harrow)		
	Use the read receipt function to confirm that we have received the form.		
	 DO NOT FAX THE FORM THROUGH FAXES ARE NO LONGER ACCEPTED. THIS FORM MUST BE TYPED and include a summary of the patient's medical notes and medications DO NOT USE ABBREVIATIONS 		
	Name of Patient:- Mr Mickey Mouse		
	Address for Patient:- 16 Torrington Park, Finchley, London, N12 9SS		
	NHS/Hospital <u>no.:-</u> /		
	Date of Birth: 01-Jan-1983 Sex: Male		
	Details of the GP Surgery including contact e-mail address. The Speedwell Practice PRACTICE, The Speedwell (Dr) The Speedwell Practice, 16 Torrington Park, North Finchley, London, N12 9SS 020 8445 7587	MOUSE, Mickey (Mr) Resuscitation statu: 2ww Fast track ref Thyroxine monitorir No recent TSH Power of Attorney	

Healthwise - Weight Loss Programme:

 This referral form is for a weight loss programme – please note patients will have to pay a subsidised gym membership of £20 a month. However, the weight loss sessions are free of charge and they can access the gym on top of this



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coroner

A Coroners Service Referral Form.ewdt

- 2. In an open consultation select 'Document' then 'Create Letter'
- 3. Click on the magnifying glass in the pop-up box
- 4. Search 'Healthwise' and select 'Healthwise Referral Form'

5. Complete the form as below and e-mail to: gllbarnet.referrals@nhs.net

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	HEALI	HWISE: REFERRA	LFURM			
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Please complete in BLOCK CAPITALS. All items mus	Name: Mickey I Date of hirth: 01	Aouse 1- Jan-1992		Profes		
Medical details (*items are compulsory and must b	NHS number:			Address: The Speedwell Practice, 16 Torri	ngton Park, North	
	Address: 16 Tot	rrington Park, Finchley, London, M	N12 9SS	Finchley, London, N12 9SS		
	Telephone (hor	985 ne): 07932961477				
	Telephone (wor	K):		Postcode: N12 9SS		
	Ethnicity: Alban Occupation:	an - etnnic category 2001 census	s	Telephone: 020 8445 7587 Email address:		
	Email: francesw	allace@nhs.net		GP name (if not the referrer above): The S	peedwell Practice	
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	Required BP < 180/	100				
	Date	Description	Val Units			
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	*HGT (cm): Hei	ght	Vol Unite	Date Description	Val Units	
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	17-Wal=202	.z standing neight	150 CIII	25-Jan-2022 Body weight	88 kg	
	"BMI: BMI					
	Date	Description	Vá			MOUSE
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	12-Apr-202	2 Body mass index	36			. 7
	17-Mar-202	22 Body mass index	36			
		(calculation based on	height entry			
		17-Mar-2022, NB prio	r to age 70			
		average height loss is	1cm per 10			PC PC

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Hierarchy Preview

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podiatry

A Community <u>Podiatry</u> Referral Form - ...

 R Community <u>Populatry</u> Referration -

 B Dibletic <u>Podiatry</u> Earn Referration -

 C <u>Podiatry</u> Application Form Nov10v3

 D <u>Podiatry</u> EMIS DO NOT USE

 E <u>Podiatry</u> Outpatient Referration -

 F <u>Podiatry</u> Dutpatient Referration -

 F <u>Podiatry</u> Dutpatient Referration -

Podiatry:

- 1. In an open consultation select 'Document' then 'Create Letter'
- 2. Click on the magnifying glass in the pop-up box
- 3. Search 'podiatry' and select 'Community Podiatry Referral Form'
- 4. Complete the form as below and e-mail to: clcht.bcs-admin@nhs.net



Vasectomy:

- 1. In an open consultation select 'Document' then 'Create Letter'
- 2. Click on the magnifying glass in the pop-up box
- 3. Search 'vasectomy' and select 'Vasectomy' Referral Form NCL'
- 4. Complete the form as below and e-mail to: <u>sterilisations.msuk@nhs.net</u>



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	Patient Name and Contact details Title: IVE3 Forename: Catherine Sumame: Greene Prone: Close 440 Bory Mode: (1950)0152 Email: Catigotiene 104@hormail.com	Petient Address <u>Address</u> 104 Ashmar Read London N12 9AB		
	Patient NHS Number 438 055	3906 Patient Date of Birth	16-Jun-1968 GREENE, GR	Catherine (MRS)
	Notes:			D-19: Eligible for booster
	Problems Active	A 1-4-	Tot Date State	

TVN (Tissue Viability):

- 1. In an open consultation select 'Document' then 'Create Letter'
- 2. Click on the magnifying glass in the pop-up box
- 3. Search 'tissue' and select 'Tissue Viability Service Referral Form'
- 4. Complete the form as below, and e-mail to: <u>clcht.plannedcarebarnet@nhs.net</u>



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	Patient's name (Mr./Mrs./Miss/Ms):	Person referring: QAYYUM, Natasha	Date of referral: 17-May-2022	
	Mr Mickey Mouse D.O.B: 01-Jan-1983 Gender: Male Rio No:	(Dr) Contact tel. no: 020 8445 7587 Base: The Speedwell Practice The Speedwell Practice, 16 Torrington	Type of contact required: (Please tick) Home visit	
	NHS No: Not known	Park, North Finchley, London, N12 9SS	Residential Home	
	Address: 16 Torrington Park, Finchey, London, N12 955 Tel. Nos: Home: Work: Mobile: 07309804484	T: 020 8445 7587 F: E: patients.speedwell@nhs.net G.P: PRACTICE, The Speedwell (Dr) Consultant/Hospital (for wound care)	Telephone advice	
	Ethnicity: Albanian - ethnic category 2001 census	Seen by Vascular Consultant previously: Yes 🗌 / No 🛄		
	Smoker / Non-Smoker /Ex- Smoker	Reason why referral is requested:	Past Medical History (Send medical summary)	
	Ture of Manual		Please see Problems list below	MOUSE, Mickey (Mr) Resuscitation status (hover for Thranking manifestors addited
	Pressure Ulcer:			Invroxine monicoring advised No recent TSH 'Power of Attorney' code reco
	Grade : Location:	Current dressings:		A Patient is Housebound
Page 1 of 5 1 of 1587 words			(D) Focus	1st MMR vaccination

District Nurses, SALT, Community PT/OT:

1. These referrals are made via the 'single point of access' form

- 2. Select 'Document' then 'Create Letter' in an open consultation
- 3. Click on the magnifying glass and search 'single point'
- 4. Complete the form by ticking the boxes of the service you want. NB the above mentioned services are all under the 'planned care' section
- 5. E-mail urgent referrals to non-urgent referrals to 'clcht.plannedcarebarnet@nhs.net'

Summary Consultations	Medication Problems Investigations Car	re History Diary Documents Referrals New Consultation		
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Active		Born 16-Jun-1968	968 (53y) Gender Female : 📴 🗖 🖉 🙆 NQ wal GP KING, Mei (Dr)	EE 💿 📼
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		Devil of a state of the	REFERRER EMAIL: patients.speedwell@nhs.net	
		Page 7 of 8 1676 words Lik	(D) Focus 💷 🛅 👘 –	# + 100

Continence Clinic:

- 1. To make a referral, select 'Document' then 'Create Letter' in an open consultation
- 2. Click on the magnifying glass in the pop-up box
- 3. Search 'continence' and select: 'Adult Continence Triage Referral Form'
- 4. Complete the form and e-mail to: <u>CLCHT.ContinenceBarnet@nhs.net</u>

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	Address 16 Torington Park, Finchley, London, N12 SS Telephone / 07309804484 DoB 01-Jan-1983 NHS Number Gender	Date of Referral Signature Date of Referral Signature Undon, N12 958 01-Jul-2022	
	Interpreter Yes No Required Language Main spoken language Arabic	Does the patient Yes No have Please specify: other specific needs? GP's Name & NAGRA, <u>Gurnek</u> (Dr)	
		Address: The Speedwell Practice The Speedwell Practice, 16 Torrington Park, North Finchley, London, N12 9SS	
	Ethnicity Albanian - ethnic category 2001 census	GP's Telephone 020 8445 7587 Number:	
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	Pensistent microscopic haematuria Visible haematuria Recurrent or pensisting UTI associated with haematuria in women aged 40 yg or over Suspected pelvic mass Prostate enlargement (Men only)	Persisting bladder or urethral pain Associated faceal incontinence Suspected neurological disease Symptome of voiding difficulty Suspected urogenital fitulae Symptomatic produce visible at or below the vaginal Palpable bladder on physical examination after voiding	
Page 1 of 7 1769 words			(D) Focus III III - + 100%

EBICS:

- 1. EBICS, formerly PoLCE is the referral process for patients needing a procedure which requires certain criteria to be met before funding is approved
- 2. A full list of procedures and their criteria can be found here: https://gps.northcentrallondonccg.nhs.uk/cdn/serve/servicedownloads/1549382191-d2ab0be3f5085302393a6006b369859e.pdf

CUICO

A EBICS Form - Barnet.ewdt

50

- 3. To make a referral, select 'Document' then 'Create Letter' in an open consultation
- 4. Click on the magnifying glass in the pop-up box and search 'EBICS'
- 5. Select 'EBICS Form Barnet'
- 6. Complete the form and e-mail to: <u>barnet-routine.referrals@nhs.net</u>

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	Referring GP name	QAYYUM, Natasha (Dr)	Practice code	E83010				
	Practice name and address	The Speedwell Practice, The Speed North Finchley, London, N12 9SS	well Practice, 16 To	rrington Park,				
	Email:	patients.speedwell@nhs.net	Tel:	020 8445 7587				
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PAEDIATRICS

Contents:

- 1. General Paediatrics
- 2. Developmental paediatrics
- 3. Peadiatric Audiology
- 4. Tongue Tie Referrals
- 5. Healthy child programme
- 6. Paediatric Mental Health
- 7. Child Safeguarding

GENERAL PAEDIATRICS:

General Paediatrics Referral:

1. In an open consultation select 'Document' then 'Create Letter'



2. Click on the magnifying glass in the pop-up box

Search 'RMS' and select 'RMS Letter Head Template'

3 RMS LETTERHEAD TEMPLATE

A Papid Accore Chart Dain Clinic (PACOC)

4. Write the letter, attach all the relevant information, and send it to: <u>barnet-routine.referrals@nhs.net</u>

DEVELOPMENTAL PAEDIATRICS:

Child Development:

3.

- 1. Available services: paediatric SALT, neurodevelopmental paediatrics, physiotherapy and occupational therapy
- 2. In an open consultation select 'Document' then 'Create Letter'
- 3. Click on the magnifying glass in the pop-up box



4. Search 'Child Development' and select 'Child Development Service Referral'



5. Complete the above form and e-mail to the most appropriate contact from the list below:

	Hospital(s):		
	Other:		
	For which and the barrows Talant		distriction (for any for all such as had
_	For urgent medical concerns, Telepi	none uzu 7794 usuu ext 26382 to discuss with a Pae	ediatrician <u>(for professionals only)</u>
	Developmental Paediatrics (Barnet Community paediatric Team) (Royal Free London NHS Foundation Trust)	Child Health HQ, Edgware Community Hospital, 3 rd floor Westgate House Burnt Oak Broadway, Edgware, HA8 0AD	020 7794 0500 ext 26382 email: <u>rf-tr.childdevreferrals@nhs.net</u>
AILS	Paediatric Audiology (Whittington Health NHS)	Whittington Health, 1st floor, Northgate House, Edgware Hospital, Burnt Oak Broadway, Edgware, HA8 0AD	020 3316 8080 email: paediatric.audiology@nhs.net
ACT DET	Children's Integrated Therapies, including Speech & Language Therapy, Dysphagia, Physiotherapy & Occupational Therapy (Whittington Health NHS)	3 ^{et} floor Westgate House, Edgware Community Hospital, Burnt Oak Broadway, Edgware, HA8 0AD.	020 3316 8900 whh-tr.barnetcit@nhs.net
OUR CONT	EYSEND (Early Years SEND Advisory Team) - Previously Pre-School Teaching Team / Pre- School Inclusion team and Area SENCO's (LB of Barnet)	Early Years Centre, Oakleigh Road North, London, N20 0DH	020 8361 2456 ext 1 email: admin@eysend barnetmail.net (secure emails only) rf.barnetpreschoolteachingteam@nhs.net (secure for nhs.net mail users)
	Special Schools / Needs Nursing (CLCH NHS Healthcare Trust)	Oak Lane Clinic, Oak Lane, East Finchley, N2 8LT	email: <u>clcht.spschnursing.barnet@nhs.net</u>
	Specialist Team (BELS Autism School Services Team)	Please see our 'Working with the Autism Advisory team' document on our local offer webpage https://www.bametico.alfer our uk/apares/homeinformati on-and-advce/how-to-aet-help/how-schools-and-other- ducation-services-can-help/autism-advsory-team regarding the referral process and secure ways to send referrals via email.	email:autism.team@barnet.gov.uk (enquiries.only)
	Specialist Team (BELS BEAM Early Years Autism Service)	Barnet Education and Learning Service, 3rd Floor, 2 Bristol Avenue, Colindale, London NW9 4EW	email: <u>BEAM.Team@barnet.gov.uk</u> (secure emails only)
	Specialist Team (BELS Advisory Teachers for HI, VI, PD/Complex Medical Needs)	Barnet Education and Learning Service, 3rd Floor, 2 Bristol Avenue, Colindale, London NW9 4EW	HI Team email: <u>HITeam@Barnet.gov.uk</u> VI Team email: <u>VI.Team@barnet.gov.uk</u> PD/CMN Team email: <u>pd.team@barnet.gov.uk</u> (secure emails only)
	0-25 Disabilities Team – Occupational Therapy, (LB of Barnet)	Barnet Council Family Services. 2 nd Floor, 2 Bristol Avenue, Colindale, London NW9 4EW	020 8359 4066 email: mash@barnet.gov.uk

Paediatric Audiology:

- 1. In an open consultation select 'Document' then 'Create Letter'
- 2. Search for 'audiology paediatric' and select 'Audiology' Paediatric Referral Form'



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- 3. Complete the form as below and e-mail to: paediatric.audiology@nhs.net
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| | Paediatric Audiology & Audiovestibular
Medicine, Children's Services (Management)
Edgware (A& 0AD
Tel: 020 – 3316 8080
email: <u>paediatric.audiology@nhs.net</u> | 2 ND TIER SE
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TONGUE TIE:

Tongue Tie Referrals:

- 1. In an open consultation select 'Document' then 'Create Letter'
- 2. Click on the magnifying glass in the pop-up box
- 3. Search 'tongue tie' and select 'Tongue Tie Referral Form Royal Free'
- Find document template or use the hierarchy to browse

 tongue tie

 Image: A Tongue Tie Referral Form Royal Free ... Image: A Tongue Tie
- 4. Complete the form as below, and e-mail to: <u>rf.tonguetie@nhs.net</u>

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HEALTHY CHILD PROGRAMME:

Healthy Child Programme:

• Referrals for support for overweight children can be made through the Healthy Child Programme

- Complete the referral form found here: <u>https://www.healthychildprogramme4barnet.co.uk/wp-</u> <u>content/uploads/2022/04/Barnet-HCP-Health-Visiting-and-School-Nursing-</u> <u>Referral-Form-Updated-12042022.pdf</u>
- Send the completed referral to: <u>hcp.4barnet@nhs.net</u>

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Healthy C	4 Barnet	Winston Ho 2 Dollis F Lon N3 Tel: 020 3633 4 or 0800 772 3 Service Referral Form	Park don 1HF 049 110
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Date of Birth:	Gender:	NHS No:	_
Address:			_
Postcode:	Contact Pl	hone No:	_
School/Nursery/Childmi	inder:		_

PAEDIATRIC MENTAL HEALTH:

CAMHS:

- 1. CAMHS is used to refer children for the following services:
 - a. Paediatric mental health
 - b. ASD or ADHD referrals in children
 - c. Eating disorder referrals in children
- To make the referral, in an open consultant click 'document' then 'create letter'. Click on the magnifying glass in the pop-up box
- 3. Search for 'CAMHS' and select 'CAMHS Referral Form Barnet'

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4. Complete the form and e-mail to: <u>beh-tr.barnetcamhsreferrals@nhs.net</u>

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	Client Information Name Of Referred Child/Young Person Mickey Mouse	Date Of Birth 01-Jan- 1983		
	Current Address 16 Torrington Park, Finchley, London, N12 9SS	Home Telephone Client's Mobile No 07309804484 Ethnicity Main Language		
	Postcode N12 9SS	Albanian - ethnic category 2001 census Arabic NHS Number Interpreter Needed		
	Has the child/young person (if appropriate) agreed to this referral? Yes // No //	Not known Yes / No		
	Is he/she on the Child Protection register? Yes / No		MOUS	E, Mickey (Mr)
	Name and address of GP The Speedwell Practice The Speedwell Practice, 16 Torrington Park, North Finchley, London, N12 98S	address of school/college		Resuscitation status (hover for Thyroxine monitoring advised No recent TSH

BICS:

- BICS is a mental health support service for children and young people
- Patients can self-refer by visiting the following website: <u>https://www.barnet.gov.uk/children-and-families/support-parents-and-carers/young-peoples-mental-health-and-well-being</u>

CHILD SAFEGUARDING:

- 1. Safeguarding for children is an online referral made on the following website: <u>https://www.barnet.gov.uk/mash</u>
- 2. Click on 'safeguarding concern referral'



3. Next click on 'start referral' and follow the on-screen instructions

BARDEL Safeguarding Concern or Early Help Request Use the form to: - Report a safeguarding concern, or - Make an Early Help request To complete this form will take 30 minutes	Find my saved form All fields required. Reference code
Make sure you have the child and families details to hand before you start. This form will time out after 20 minutes and any unsaved work will be lost We strongly suggest that you save the form as you fill it in. You can do this at any time and return to it later. If you save the form, you will be asked to create a password. A link to re-access the form will then be emailed to you.	e.g. ADV1234 Email Password Search Lforgot my password or reference code
Contact us Copyright Privacy notice Accessibility Disclaimer	🔲 🛛 y f 🗖

- 4. If there is an urgent welfare concern between the hours of 9-5 on a Monday-
- Friday, call MASH directly on: 02083594066
 5. If there is an urgent welfare concern out-of-hours, call the emergency team on: 02083592000 (*NB this number was accurate as of 14/07/22*)

PRIVATE REFERRALS

Private referrals can be made by accessing the following template:

- 1. In an open consultation select 'Document' then 'Create Letter'
- 2. Click on the magnifying glass in the pop-up box
- 3. Search 'private' and select 'private referral' if there is a template available. Alternatively, write your own free-text letter.
- 4. Adjust the letter as required and hand it to the patient

	THE SPEEDWELL PRACTICE THE ALTH CENTRE, IG TORRING TON PARK, LONDON, NI2 955 MELICALTH CENTRE, IG TORRING ON 200 8445 7587 WWW.thespeedwellpractice.nhs.uk TAM2 2022 MHS NO: Not known Consultant Private Consulting Rooms			
	MOUSE, Mickey (<u>Mr) DOB</u> : 01-Jan-1983 16 Torrington Park, Finchley, London, N12 9SS Home Tel No: Mobile Tel No: 07309804484			
	Dear Colleague,			
	I would value your expert help with this 39y year old patient. The clinical history is attached below in consultation form.			Resuscitation status (hover for
	Please find attached a copy of their computer clinical summary printout for your information			Thyroxine monitoring advised
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	with many thanks for your help and advice.			A Patient is Housebound
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