Rapid Specialist Opinion (RSO) Clinical Triage Process Flowchart

The GP identifies a patient they would like to refer for conditions covered by Clinical Triage. This includes Adult referrals from the following specialties: ENT, Dermatology, Cardiology, Gynaecology, Ophthalmology, General Surgery, Neurology, Urology, Rheumatology, Orthopaedics
And Paediatric referrals from the following specialties: ENT, Dermatology, Ophthalmology, General Surgery, Neurology, Urology, Rheumatology, and Orthopaedics
Excluding 2 WW and Very urgents

The Practice to explain to the patient they are being referred to the RSO who will triage the referral and ensure that they receive the most appropriate service for their condition.
The Practice needs to have a conversation with the patient about Choice of Provider and record in the clinical system and referral documentation. Give patient RSO information leaflet.

Enter e-RS through the clinical record. Select the relevant ‘Specialty’ and ‘Clinic Type’ within e-RS. If choice of provider is not available choose alternate provider but state in the referral letter patients preferred choice of provider.
(For Paediatric referrals from the selected triage specialties, select ‘Specialty’: ‘Children’s and Adolescents’ then choose relevant specialty in ‘Clinic Type’)

Select ‘Search Primary Care’

Select the RSO duplicate of the patient’s choice of provider service.
If the patient’s choice of provider is not available use any provider BUT clearly specify patient’s choice of provider in the referral.

Select ‘appointment search’ then select available appointment, ‘book’ the appointment then ‘submit’
Do not give the patient any paperwork
‘This is a dummy 1 minute appointment to allow RSO to see the referral letter and documentation
Tip: choose the 4” or 5” dummy appointment down to prevent the slot from timing out

In appointment summary window select ‘Close’
Attach the referral letter and documentation to the UBRN through the clinical system

Referral passes to RSO Clinical Triage

If appropriate, referral accepted and forwarded to NECS booking team
- Onward referral to secondary care.
- Booking team books hospital appointment, date and time and sends letter to the patient with details of the appointment. Patient advised on how to rearrange if date and time not suitable.
- If no appointments, team will defer to provider, and send letter to the patient outlining to them to expect an appointment letter from provider directly.

If not appropriate, referral returned to practice via e-RS into ‘referral action required’ work list (this needs to be checked daily by the practice) for one of the following reasons:
- Request for further information – attach and resubmit
- Request for further diagnostics – attach and resubmit
- Outpatient appointment not required - advice / guidance for primary care / community management given. GP practice to inform the patient if the outpatient appointment is not required and initiate the alternative pathway of care.

The GP Practice mistakenly refers direct to provider for a service covered by RMS.
NB referrals that have been deemed appropriate will be flagged with a star (*) in the comments field to indicate that it has been through RSO clinical triage.

Provider returns inappropriate referral to practice via E-Referral (practices need to regularly check ‘referral action required’ work list on e-referral).