

**REVIEWING AND ACTING ON CORRESPONDENCE,
REPORTS AND RESULTS POLICY**

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In the case of hard copies of this policy the content can only be assured to be accurate on the date of issue marked on the document.	
For assurance that the most up to date policy is being used, staff should refer to the version held on the intranet	

Purpose

The purpose of the protocol is to set out the procedure for reviewing and acting on correspondence, reports and investigation results that are received at Sentinel Healthcare SouthWest CiC. This protocol is relevant to anyone who works within the organisation.

This protocol will be reviewed annually to ensure that it remains effective and relevant.

Importance of having a clear procedure for reviewing and acting on correspondence, reports and results

For the welfare and safety of our patients it is crucial to process and act on correspondence, reports and results from outside of the organisation in a timely but safe manner. The information that the organisation receives can be from a variety of locations including hospitals and community health teams.

Procedure

Correspondence, reports and investigation results from outside of the organisation may be received by fax, post, or electronically.

Paper correspondence/reports/results

- 1) Any paper correspondence/reports/results received by fax or post must be given to a member of staff who will stamp the document with the date of receipt.
- 2) The member of the administration staff must then pass the correspondence/report/results to the healthcare professional that referred the patient.
- 3) The healthcare professional that receives the correspondence/report/results will decide what action to take;
- 4) The correspondence/report/results will be added to the patient's paper or electronic record;
- 5) If the correspondence/report/results are attached into the patient's record, the paper copy is not to be kept as all the results are available electronically and can be accessed by all staff. Copies should be forwarded to the clinician involved in the patients care.

Electronic reports/results

- 1) Electronic reports/results must go to the member of staff responsible for taking action on those results;
- 2) The member of staff will redirect the electronic reports/results to the healthcare professional that referred the patient;

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3) The healthcare professional that receives the report/results will decide what action to take in accordance with the organisations procedures.

Absence

There will always be a member of staff within the organisation to handle the incoming correspondence/reports/results.

When the healthcare professional is absent, urgent results will be reviewed by a colleague within the organisation and decide what action to take.