

HOSPITAL CORRESPONDENCE COMPLIANCE FORM

In order to facilitate our administration services, the surgery will no longer be accepting any hospital correspondence until it meets the criteria shown follow. Failure to comply with this paperwork will result in the patient being immediately admitted to hospital via casualty or re-referred to outpatients. Other sanctions may be imposed including withdrawal of clinical co-operation and financial threats as we see fit.

Please note that incorrectly completed forms or correspondence that fail to meet the criteria will be returned, or if not returned will be hopelessly ignored for some indeterminate time period of not less than three weeks, before we inform you that there has been a problem with your paperwork, but not before you have rung us about it. Furthermore, please note that clinical responsibility for the patient remains entirely with the hospital clinician for the entire time frame resulting from this administrative exercise.

Please complete this form with a mixture of ticks, deletions, handwriting and stamps as necessary

My handwriting is legible illegible invisible

I have completed the patient's name date of birth address

I have actually entered which hospital the patient attended. Yes No

I have informed the surgery that XQZ are actually the initials of a real consultant and not the abbreviation for the latest DoH health initiative. Yes No

I have used the phrase: "I suggest that the patient try x drug". By this I mean:
 I have actually prescribed x drug/I am leaving this to you to prescribe x drug although I haven't explicitly said this in my letter/Perhaps the patient may like to take x drug, but I didn't bother to ask them about it/I don't actually know what I'm suggesting at all (delete as appropriate)

I have used a diagnosis in my letter. Yes No What is a diagnosis

I confirm that this letter meets the QOF/nGMS compliance protocol. Yes No

If not, please indicate where you stand with regard to the new GP contract. Please circle the appropriate number (**1** - Very helpful, will provide BP, HbA1c readings and CT scan results, **10** - Very unhelpful, I don't give a stuff about the GPs, my information is a secret, **5** - what is it?)

1 2 3 4 5 6 7 8 9 10

Has the patient given authorisation for information to be sent to their general practitioner? Yes No

My SCID* no. is

I have done a PR Yes No

I have completed this form and certify that my correspondence meets with the terms and conditions as set out in article S/32-17/B-(ii/8) revised 2006(v3).

Signature of respondent: Date:
 Designation (PLEASE PRINT):..... Inside leg:

*SCID no. – Surgery Correspondence Identification no. This confirms that you are registered to send the surgery letters of correspondence. If you have not received your SCID, please contact IT support for your registration form and photo smart ID card dongle.

Please fax this completed form to a number of our choosing where it will be examined closely by our administration team who have recently been given overriding clinical powers to determine funding and accessibility pathways in the NHS and whose job it now is to be irritatingly difficult and obstructive towards all clinicians.

Failure to fax this form within 72 hours of completion of the correspondence will mean that the correspondence will be rejected even though it may have been properly completed. This is to ensure our own compliance with the Compliance of the Correspondence Compliance Target is met. We apologise for this inconvenience.

TOP COPY TO PATIENT, YELLOW COPY TO CLINICAL RECORDS, BLUE COPY TO SURGERY, RED COPY TO PCT DEPUTY ASSISTANT CLINICAL CORRESPONDENCE COMPLIANCE OFFICER, PURPLE COPY TO COMMUNITY TEAM, BOTTOM COPY TO BE FILED SOMEWHERE THEN LOST.

DATA PROTECTION ACT

Please note that we are required to submit data to DoH on your compliance rate. You may receive correspondence or details of special offers from third parties or other selected companies approved by DoH. If you would not like to have this correspondence or details of special offers, please tick this box .

OFFICE USE ONLY

Checked by:

Double checked by:

Rejected by:

MANAGERIAL USE ONLY

Accepted by:

SENIOR MANAGEMENT USE ONLY

Acceptance confirmed by:

First acceptance rescinded
Rejection confirmed by:

Official Stamp:

DoH USE ONLY

Data Adjustment
Officer Approval