Chronic condition care plans and recall

Standard operating procedure (SOP) | PHC-SOP-004

Document type	Standard operating procedure (SOP)
Title	Chronic condition care plans and recall
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Prepared by	{{roles.quality_lead.name}}, Quality lead
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Replaces	None (new document)
Standards and criteria supported	System S3 (Primary care practice), criterion S3.5
Evidence basis	E-006, E-009
Status of this document	Recommended best-practice model. A hospital may adopt, adapt or replace it with an equivalent that meets the same criteria.

At a glance: what to do

1. Every patient with a chronic condition has a written care plan.
2. Recall each patient for review at the interval in the plan.
3. Review clinical measures against the agreed targets.
4. Act when a target is missed.

Stop and get help straight away if: a patient with a chronic condition has no care plan or no review in the last 12 months.

1. Purpose

To catch chronic conditions getting worse between visits (S3.5).

2. Scope

Applies to	Clinical and support staff in the hospital
Locations	All wards, clinics and departments of {{facility.legal_name}}
When	Whenever the activity described is carried out
Does not apply to	Activities covered by another document listed in section 15

3. Definitions and abbreviations

Term	Meaning in this SOP
Clinical lead	The doctor or nurse in charge of the area at the time

4. Background and rationale

Chronic conditions worsen quietly between visits. A written plan, a recall system and regular review against targets catch the change before it becomes an emergency.

5. Responsibilities

Role	Duties in this SOP	Competence needed
Clinician	Writes and reviews the care plan	Doctor or nurse practitioner
Recall administrator	Runs recall and records the outcome	Administrative

6. Equipment, materials and resources

Item	Specification or standard	Check before use
Chronic care plan (PHC-FRM-002)	Current	On the record
Recall register (PHC-REG-003)	Current	Updated weekly

7. Safety and infection prevention

- Stop and call for help if a patient is at immediate risk. Do not delay urgent care to complete paperwork.

8. Before you start

- Confirm the forms and equipment named in this document are available and current.

9. Procedure

Follow the steps in order. Where a step says "If", take the action for the case that applies. Do not skip a step. If a step cannot be done, use section 11 and section 12.

Step	Action	How to do it	Key point
1	Plan.	• Write the care plan with the patient, with targets and the review interval.	The plan has a target.
2	Recall.	• Recall the patient at the interval set in the plan.	Recall is how the plan works.
3	Review and act.	• Review the measures against the targets. • Change the plan where a target is missed.	A missed target is an action, not a note.

Decision points

- No decision points in this procedure.

10. Special situations

Situation	What to do
Out of hours	Follow the same steps. Use the on-call contact on the wall of the area.

11. Problems and escalation

- Any serious problem goes to the duty clinical lead at once and to the clinical director the same day.

12. Monitoring and compliance

What is checked	Target	How often	Who	If the target is missed
Chronic patients with a current plan	At least 70%	Quarterly	Clinical lead	Escalate to clinical lead
Recalls completed on time	At least 70%	Monthly	Practice manager	Escalate to clinical lead

13. Records

Record	Where it is kept	Kept for
Record named in this document	Patient record or the area file	{{facility.records_retention_years}} years

14. Training and competence

- Staff are trained in this document at induction and refreshed each year, with a recorded competency check.

15. Related documents

ID	Title	Relationship
PHC-FRM-002	Chronic care plan	Plan form
PHC-REG-003	Recall register	Recall record

16. Evidence

ID	Source and status
E-009	ASF Expert Committee consensus. Targets to follow current national guidance.
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

EC = ASF Expert Committee consensus. Items marked EC are reviewed by the Committee each year.

17. Change history

Version	Date	What changed	Approver and signature
1.0	{{document.effective_date}}	First version	Pending Expert Committee approval