

Organisation name Site or unit		STANDARD OPERATING PROCEDURE Chronic condition care plans and recall	
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Signature			

Standards > **Standard S3** > **Standard operating procedures (SOPs)**

Standard operating procedure (SOP) · PHC-SOP-004 · Version 1.0 · Approved by the ASF Expert Committee

Supports: System S3 (Primary care practice), criterion S3.5

At a glance

- Every patient with a chronic condition has a written care plan.
- Recall each patient for review at the interval in the plan.
- Review clinical measures against the agreed targets.
- 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. 1. Purpose

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

2. 2. Scope

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

3. 3. Definitions

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

4. 4. Background

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. 5. Responsibilities

Role	Responsibility	Competence
Clinician	Writes and reviews the care plan	Doctor or nurse practitioner
Recall administrator	Runs recall and records the outcome	Administrative

6. 6. Materials and equipment

Item	Requirement	Condition
Chronic care plan (PHC-FRM-002)	Current	On the record
Recall register (PHC-REG-003)	Current	Updated weekly

7. 7. Safety

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

8. 8. Before you start

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

9. 9. Procedure

Step 1. Plan.

- Write the care plan with the patient, with targets and the review interval.

Key point: The plan has a target.

Step 2. Recall.

- Recall the patient at the interval set in the plan.

Key point: Recall is how the plan works.

Step 3. Review and act.

- Review the measures against the targets.
- Change the plan where a target is missed.

Key point: A missed target is an action, not a note.

10. 10. Decision points

- No decision points in this procedure.

11. 11. Special situations

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

12. 12. Escalation

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

13. 13. Monitoring

Measure	Target	Frequency	Owner	If not met
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

14. 14. Records

Record	Kept in	Retention
Record named in this document	Patient record or the area file	the period set by the facility's records policy years

15. 15. Training

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

16. 16. Related documents

ID	Title	Use
<u>PHC-FRM-002</u>	Chronic care plan	Plan form
<u>PHC-REG-003</u>	Recall register	Recall record

17. 17. Evidence

Reference	Note
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.

18. 18. Change history

Version	Date	What changed	Approval
1.0	the date of approval	First version	set Expert Committee approval

No e-learning course is linked to this document yet.

19. References

- Accréditation Sans Frontières (2026). ASF Policy Framework v1.2. (E-006)
- Accréditation Sans Frontières (2026). ASF Expert Committee consensus on Standard 1. (E-009)

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Related standard

- [Standard 59: Outpatient Medical Specialties](#)