Standard operating procedure (SOP) · PHC-SOP-001 · Version 1.0 · Approved by the ASF Expert Committee

Supports: System S3 (Primary care practice), criterion S3.2

At a glance

- When a condition is not on the managed list, follow the route for it.
- Refer in writing with the reason.
- Give the patient the referral details.
- Record the route taken.
- Stop and get help straight away if: a patient with a condition the practice does not manage is sent away with no referral.

1. Purpose

To make sure patients with conditions outside the practice’s list are referred correctly and safely (S3.2).

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. Definitions

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

4. Background

A practice that does not know which conditions it manages will send everything elsewhere, or manage things it cannot. A written list of managed conditions and a clear referral route keep first-contact care safe.

5. Responsibilities

Role	Responsibility	Competence
Clinician	Decides on the route and writes the referral	Doctor or nurse practitioner
Reception	Sends the referral and tells the patient	Trained

6. Materials and equipment

Item	Requirement	Condition
Records and forms named in this document	Current version	Checked before use

7. Safety

- 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

Step 1. Decide.

- Check the managed list.
- If not on the list, choose the route written for the condition.

Key point: The list decides.

Step 2. Refer.

- Write the referral with the reason and the findings.

- Send it the same day.

Key point: The receiver needs the reason.

Step 3. Tell the patient and record.

- Tell the patient where they are going and what to do.
- Record the route and date.

Key point: The patient knows where next.

10. Decision points

- No decision points in this procedure.

11. Special situations

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

12. Escalation

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

13. Monitoring

Measure	Target	Frequency	Owner	If not met
Referrals outside the list with route recorded	100%	Monthly	Clinical lead	Escalate to clinical lead

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. Training

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

16. Related documents

ID	Title	Use
PHC-POL-002	Managed conditions and first-contact care list	List
PHC-REG-002	Referral tracking register	Record

17. Evidence

Reference	Note
E-009	ASF Expert Committee consensus.
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

18. Change history

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

E-learning for this document

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

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**

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