PRIMARY CARE HEALTH ADVOCACY SERVICE Tel: 020 – 8536 2233

Vicarage Lane Health Centre, Vicarage Lane E15 4ES Fax: 020 – 8536 2152

Email: administrator.advocacy@nhs.net

|  |  |
| --- | --- |
| Date Referral Sent: / / | Office use only Date Referral Received: / /Date Referral Confirmed: / / |

# Note: All fields MUST be completed. If not, the referral from will be rejected.

|  |  |  |
| --- | --- | --- |
| **REFERRER’S DETAILS** | | |
| **Referral from:** | | **Reason for Referral / Other Information:** |
| **Contact Name:** | |
| **Address:**  **Post code:** | |
| **Telephone:** | **Ext:** |
| **APPOINTMENT DETAILS** | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Appointment Date Requested:** | | | | **Appointment Date Agreed:** | | | | |
| **Appointment Location:** | | | | | | | | |
| **Job Title(s):**  **(Health Professional)** | | **Name:** | | | | | **Time** | **Duration** |
| **(1)** | |  | | | | |  |  |
| **(2)** | |  | | | | |  |  |
| ***Are the health professionals Newham PCT employed staff? Yes / No*** | | | | | | | | |
| CLIENT’S DETAILS | | | | | | | | |
| **Forename: Surname:** | | | | | **Rio/NHS Number:** | | | |
| **Date of Birth:** | Language(s) Preference: Ethnicity: | | | | | | | |
| **Address:**  **Post code:** | | | | | | | | |
| Male / Female (delete) | **Phone:**  Work / Home | | | | **Mobile:** | | | |
| **NEXT OF KIN’S DETAILS (i.e carers/relative if applicable and agreed by client).** | | | | | | | | |
| **Name** | **Relationship** | | **Contact details** | | | **Additional Information** | | |
|  |  | |  | | |  | | |

**GENERAL INFORMATION**

Primary Care Health Advocacy Service (PCHAS) is aiming to provide a high quality service to our clients (referrers and patients). We need all referrers to help us to operate within the existing resources. Due to financial constraints and limited staff resources, please note the following when making a referral.

**SERVICE LEVEL AGREEMENT**

PCHAS could only provide service where we have written contract agreement, mainly to health professionals employed by Newham PCT.

**COMPLETING THE REFERRAL FORM**

* All fields must be completed for prompt process. Next of Kin is important.
* Allow 5-7 working days for booking appointment unless mutually agreed. We are not able to fulfil last minute request as our staff are routinely booked in advance.
* You only need to complete one referral form for block booking of multiple appointments for the same client and for the same health problem.
* Forms could be e-mailed or faxed but make sure you get a reply within 2 working days. If not, you need to phone the Primary Care Health Advocacy Service 020 – 7445 7743.

**CANCELLATION / POSTPONEMENT OF APPOINTMENT**

* You must notify us in writing via fax or email (by using the original referral form and a covering note) as soon as you know, preferably five working days to cancel, change or postpone an appointment made.

Note**:** British Sign Language (sub-contractor) appointment needs 1-2 weeks notice depending on availability due to short supply and high demand.

* All changed appointments should be communicated by phone first (if short notice), then email or fax.

**USE OF BANK ADVOCATE / SUB-CONTRACTED INTERPRETERS**

* When external provider’s staff is used (particularly sub-contracted interpreters and British Sign Language), the Trust is charged by the hour (not minutes).

Note: British Sign Language charge at £140+ and interpreter at £40+ per hour.

* All booked appointments delivered by these staff as well as bank staff are not allowed to go over the booked duration unless pre-agreed with us. This is because we do not have unlimited funds to support these costs. This way it helps us to monitor our planned spending which impact on the Trust’s financial status. The estimated duration of the appointment must be as accurate as possible.

**REDUCE WASTAGES**

* Failure to comply with the above will lead to delay in processing the appointment, and/or additional unnecessary costs incurred.
* When using bank / subcontracted staff, charges are made to PCHAS on:

(1) Late notification of cancellation / change of appointment

(2) Appointments lasted longer than the time that was booked;

(3) Patient Did Not Attend (DNA) on the day.

* We will monitor the appropriate utilisation of the language support we provide and may ask you to share the costs, if inappropriate use is identified.

Thank you for your cooperation.

Primary Care Health Advocacy Service