

## NCCP Policy on Electronic Referrals from Primary Care for Patients with Suspected Cancer

**The NCCP recommends that where NCCP Electronic Cancer GP Referral is available, faxed referrals should no longer be accepted at NCCP Cancer Clinics. This should be implemented following an appropriate lead-in time, as outlined below.**

### Background:

The National Cancer Control Programme (NCCP) has been tasked, with the development of electronic cancer referrals from a GP into hospitals. This includes expanding electronic referrals for all General Practice cancer referrals. This is to be achieved by the end of 2022.

The NCCP have already developed electronic cancer referral for breast, prostate, lung cancer and pigmented lesions (melanoma). There are many benefits to NCCP Electronic Cancer GP Referral, and they include:

1. Streamline the cancer referral process
2. Rapid access for patients who are being referred with a suspected cancer
3. Provide automatic confirmation of receipt of GP referral
4. Provision of direct access for GPs to the cancer teams at the eight designated cancer centres
5. Reduce communication difficulties
6. Reduced costs for GP and HSE
7. Improved safety into the referral process
8. Reduced DNA (Do Not Attend) Rate

The NCCP Executive now recommends the following:

1. GP Electronic referral is the preferred means of referral.
2. A structured referral process via healthlink is preferable to the use of email. Where email communication takes place, this should be via the secure health-mail system.
3. Electronic referrals for patients with a suspected type of cancer should be received into a team healthlink account, which is monitored at agreed intervals and not dependent on one individual.
4. A Standard Operating Procedure (SOP) should be in place locally for the appropriate management of incoming referrals, including triage, referral +/- attachment storage, and communication to referrer.
5. A minimum lead-time is required if discontinuing faxed referrals, to communicate with relevant stakeholders about plans.

**The HSE Communications Policy advice is that confidential and personal information  
should not be transmitted by Fax**

The HSE Patient Safety Alert (0117) has advised that we consider the use of an alternate and more reliable means of communication than fax. The HSE Communications Policy advice users need to consider whether a fax is the most appropriate means of communication. Confidential and personal information should not be transmitted by fax. Policy is available via the following link:

<https://www.hse.ie/eng/services/publications/pp/ict/electronic-communications-policy.pdf>

The NCCP held a Workshop in May 2018 called "A World without Faxes: Will Healthcare come to a stop?" The following steps were recommended, when turning of fax use within hospitals:

1. Conduct an audit on the use of faxes within your organisation, incoming and outgoing
2. Consulting with telephony and IT departments, in each hospital
3. Consult with your organisation's GP Liaison Committee
4. Avoid commencing the elimination of faxes project near/during holiday periods
5. Involve your organisations Quality/Risk department when planning to turn off faxes
6. Have a minimum 2 month lead time to communicate with relevant stakeholders about plans to turn off fax machines
7. Encourage your referring GPs who currently send faxed referrals to send electronic referrals
8. Raise awareness on the HSE protocol regarding safe use of faxes and recent HSE patient safety alert 0117: e.g. it is mandatory to confirm that each fax have been received with the sender
9. Raise awareness within your organisation that GPs, pharmacies and nursing homes may email them securely using Healthmail ([www.healthmail.ie](http://www.healthmail.ie))
10. Arrange systems based on department email addresses, which can send and receive email securely from Healthmail users in the community