DR. FAISAL MAASSARANI
FOUNDER PARTNER

PRIMARY CARE
KNOWSLEY

Standard Operating Procedures
SOP DIRECTORY

v1.0

CLICK HERE

We Take Care Of Your Health

Standard Operating Procedure (SOP) Directory

This SOP Directory provides a central reference for all operational and clinical procedures within the practice. It is designed to ensure that every member of staff—clinical and non-clinical—has clear, accessible guidance on the safe and consistent delivery of patient care and practice operations.

All staff are expected to read, understand, and follow the SOPs relevant to their role. Adhering to these procedures protects patient safety, ensures legal and regulatory compliance (including CQC standards and GDPR), supports high-quality care, and maintains the smooth running of the organisation.

The directory is divided into key operational areas:

Call and Recall Team (CRT)	**CLICK HERE**
Long Term Condition Team	**CLICK HERE**
Care Navigation	**CLICK HERE**
Practice Administration	**CLICK HERE**
Practice Management	**CLICK HERE**
Medicines Management	**CLICK HERE**
Change Control Log	**CLICK HERE**

Each section contains SOPs specific to that team, outlining responsibilities, workflows, and quality standards. Managers and team leads are responsible for ensuring that staff are trained, that SOPs are regularly reviewed, and that updates are communicated promptly.

Remember: SOPs are live documents. Any changes in national guidance, local policy, or practice operations must be reflected in this directory to ensure it remains current and effective.

PRIMARY CARE KNOWSLEY

KLAUDIA SZATKOWSKA
CRT MANAGER

Call and Recall Team (CRT)

These SOPs are to be followed by all staff within the Call and Recall Team. They provide a clear, standardised process for managing patient call and recall activities, including screening, vaccination, and monitoring programmes. Adhering to these SOPs ensures that patients receive timely reminders and follow-up care, supporting continuity of care, legal compliance, and the achievement of key practice and national health targets.

CLICK HERE

We Take Care Of Your Health

Call and Recall Team (CRT) SOP Directory

CLICK HERE — Pre-Phlebotomy Clinic LTC Bloods

CLICK HERE — Post-Phlebotomy Clinic LTC Bloods

CLICK HERE — Post-Phlebotomy Clinic NHS Health Check (CVD Prevention)

CLICK HERE — LTC Annual Review [Booking a Face to Face review – contact by telephone)

CLICK HERE — LTC Annual Review [Booking a Face to Face review – contact by mail)

CLICK HERE — LTC Annual Review [Booking a telephone review – contact by telephone)

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CLICK HERE — Cervical Screening

CLICK HERE — Bowel Screening

CLICK HERE — Breast Screening

CLICK HERE — Adult Vaccinations

CLICK HERE — Child Immunisations

CLICK HERE — Asthma

CLICK HERE — COPD

CLICK HERE — Blood Diary Audit [Overdue Blood Test(s)]

CLICK HERE — Blood Diary Audit [6 Bloods on Birthday]

PRIMARY CARE KNOWSLEY

Pre-Phlebotomy Clinic
LTC Bloods
Patient Invitation Process

All patients =>40yrs to be invited for bloods

CHD	HYP	NDH
PAD	HF	DEM
AF	CKD	MH
Stroke	DM	LD
Epilepsy	AST	COPD

(i) **CRT MANAGER ONLY**
Access the Call & Recall Team folder in Population Reporting (EMIS Web) and run the Ardens searches to identify all patients to be invited by their Birth month

CRT MANAGER ONLY
Batch code all patients with invite code

Follow the 3-stage Patient Invitation Schedule

LTC Bloods

FBC	LIPIDS	LFT
TFT	HBA1c	U&E

*plus any others bloods that may be required as per their care.

When ordering bloods in ICE, make sure you add 'LTC Review' as the reason for the bloods request

(i) Once the patient has booked appointment then order bloods in ICE and then add 'LTC - please print'.

If the patient does not have up to date data (i.e. within 3 months) within their record then allocate appointment with PN/HCA in an LTC Clinic Review slot and add **"BP/Height/Weight/Foot check/ACR"** (foot check only for diabetes patients) within the reason of the appointment slot.
Under the LTC Bloods slot add **"See [name of PN/HCA]"** as a comment. *(i)*

Clinicians will require the following time to complete the following activity:

Height and weight only **= 5 mins**

Height, weight and BP **= 10 mins**

Height, weight, BP and foot check **= 15 mins**

COPD PATIENTS
Patient to complete the MRC Florey prior to their appointment via SMS/Telephone

Refer to COPD Pathway
CLICK HERE

ASTHMA PATIENTS
Patient to complete the ACT Florey prior to their appointment via SMS/Telephone

Refer to Asthma Pathway
CLICK HERE

DIABETES PATIENTS
Send the patient the **'CRT - Foot Check and ACR'** AccuRx SMS

ALL OTHER PATIENTS

Practice Operations Manager is responsible for ensuring that all phlebotomy forms are printed and available for the clinic. This could include forms being printed by administration staff prior to the clinic or phlebotomy staff printing forms during the clinic.

Refer to Post LTC Clinic - LTC Bloods

Post-Phlebotomy Clinic
LTC Bloods

Each LTC Clinic within EMIS will be reviewed by the CRT within 48hrs post clinic date, allowing time for the assessing clinicians to review and action bloods.

Did the patient attend?

→ ✗ **END**

→ ✓ **Have all minimum baseline measurements been taken?**

ⓘ Height | Weight | BP | Foot Check | ACR

✓ (Yes):

Complete all 'OLD' diary entries for bloods
All Diabetic patients should be added for a 3 monthly recall regardless of their HbA1c level, unless otherwise specified by a clinician.

↓

Add patient to a desktop review appointment. (Monday or Wednesday)

ⓘ If the patients HbA1C is 75mmol/l or over then the patient must be booked in with Davina Morrell (DSN)

↓

Add 'CRT Complete' in the reason section of the LTC bloods appointment slot

↓

END

✗ (No) — Does the patient have a contact telephone number?

✓ 1 — Did the patient answer?

✓ (answered):
If you cannot collect all information over the telephone then book the patient into a LTC F2F Follow up appointment with a PN, HCA or LTC-CC

ⓘ Clinicians will require the following time to complete the following activity:

Height and weight only
= **5 mins**

Height, weight and BP
= **10 mins**

Height, weight, BP and foot check
= **15 mins**

✗ (no answer) — Does the patient have a mobile

✓ (mobile):
Send the patient AccuRx SMS 'CRT - LTC Missing Baseline Data'

✗ (no mobile) / ✗ 2 (no telephone number):
Send the patient the 'LTC Missing Baseline Data' letter

↓

Complete all 'OLD' diary entries for bloods
All Diabetic patients should be added for a 3 monthly recall regardless of their HbA1c level, unless otherwise specified by a clinician.

↓

Add 'CRT Complete' in the reason section of the LTC bloods appointment slot

↓

END

1 Use the F12 EMIS protocol called **'LTC - Missing Baseline Data (Telephone)'**

2 Use the F12 EMIS protocol called **'LTC - Missing Baseline Data (Letter)'**

Post-Phlebotomy Clinic
NHS Health Check (CVD)

Each Phlebotomy Clinic within EMIS will be reviewed by the CRT 48hrs post clinic date, allowing time for the assessing clinicians to review and action bloods.

Providing NHS services

Did the patient attend? ✓ / ✗

Have the patients bloods been reviewed? ✓ / ✗

Does the patient have a mobile phone? ✗ / ✓

Does the patient have a landline ✗ / ✓

✗ → **END — Patient to be actioned once bloods have been reviewed**

✓ → **Book F2F 20min appointment with HCA/PN for NHS Health Check** → **Add "CRT Complete" in the reason of the appointment slot** → **END**

Call the patient to re-book appointment into future LTC Bloods Appointment Slot

Did you successfully make contact with the patient ✗ / ✓

✓ → **END**

(1) → **Send the patient the 'Missed Appointment - Blood Clinic - NHS Health Check' letter** → **END**

Send AccuRx "DNA - Health Check Bloods" with Self-booking link to LTC Bloods appointment slot. → **END**

(1) Use the F12 EMIS protocol called
'Missed Appointment - Blood Clinic - NHS Health Check (Letter)'

LTC Follow-Up Review
Booking a Face-to-Face Review
CONTACT BY TELEPHONE / SMS

Providing NHS services

✕ Does the patient have a contact telephone number? **✓**

F12

INVITE 1 (OR) INVITE 2
CRT to contact the patient by telephone to book a F2F FU appointment
(min. 2 attempts on the day / min. 30 mins apart)

CLICK HERE
To continue to:
BOOKING A FACE-TO-FACE REVIEW CONTACT BY MAIL

F12

✕ Did you make contact with the patient and book an appointment? **✓**

✓ Does the patient have a mobile phone? **✕**

i **INVITE 2** should be made **7 days** after **INVITE 1** as per the searches in EMIS Web.

F12

i Send the patient AccuRx SMS **'CRT - LTC F2F FU'**

Send the patient the **'LTC Clinic Follow-Up'** Letter *i*

Ensure the correct SMS/Letter is sent to the patient i.e Invite 1 (or) Invite 2

✕ Did the patient make contact and book an appointment within 7 days? **✓**

FOLLOWING INVITE 1

FOLLOWING INVITE 2

CRT to book an appointment with the appropriate Clinician (as per CMP)

F12 Use the F12 EMIS protocol called **'LTC Follow-up Clinic Telephone Invite'**

F12 Use the F12 EMIS protocol called **'LTC Follow-up Clinic letter'** and choose relevant invite (1st / 2nd / 3rd)

F12

Mail the letter **"LTC Clinic Follow-Up - 3rd Invite'** to the patient

END

Please refer to EMIS Search: **'STAGE 4: Did not respond to 3rd Invite'**. CRT to book patients who appear in this search with a practice Pharmacist in a **'Medication Review'** appointment slot.

LTC Follow-Up Review
Booking a Telephone Review
CONTACT BY TELEPHONE /SMS

❌ **Does the patient have a contact telephone number?** ✅

F12

INVITE 1 (OR) **INVITE 2**
CRT to contact the patient by telephone to book a TEL FU appointment
(min. 2 attempts on the day / min. 30 mins apart)

CLICK HERE
To continue:
BOOKING A TELEPHONE REVIEW CONTACT BY MAIL

F12

❌ **Did you make contact with the patient and book an appointment?** ✅

✅ **Does the patient have a mobile phone?** ❌

ⓘ **INVITE 2** should be made **7 days** after **INVITE 1** as per the searches in EMIS Web.

F12

ⓘ Send the patient AccuRx SMS '**CRT - LTC TEL FU**'

Send the patient the '**LTC Clinic Follow-Up**' Letter ⓘ

Ensure the correct SMS/Letter is sent to the patient i.e Invite 1 (or) Invite 2

❌ **Did the patient make contact and book an appointment within 7 days?** ✅

CRT to book an appointment with the appropriate Clinician (as per CMP)

FOLLOWING INVITE 1   **FOLLOWING INVITE 2**

F12 Use the F12 EMIS protocol called '**LTC Follow-up Clinic Telephone Invite**'

F12 Use the F12 EMIS protocol called '**LTC Follow-up Clinic letter**' and choose relevant invite (1ˢᵗ / 2ⁿᵈ / 3ʳᵈ)

F12

Mail the letter "**LTC Clinic Follow-Up - 3ʳᵈ Invite**' to the patient

END

Please refer to EMIS Search: '**STAGE 4: Did not respond to 3ʳᵈ Invite**'. CRT to book patients who appear in this search with a practice Pharmacist in a '*Medication Review*' appointment slot.

LTC Follow-Up Review
Booking a Face-to-Face Review
CONTACT BY MAIL

F12

INVITE 1

Send the patient **'LTC Clinic Follow-Up' - 1st Invite'** letter

Did the patient make contact with CRT to book an appointment?

F12

INVITE 2

Send the patient **'LTC Clinic Follow-Up - 2nd Invite'** letter (by mail 8 days after **INVITE 1**)

Did the patient make contact with CRT to book an appointment?

F12

CRT to book an appointment with the appropriate Clinician (as per CMP)

INVITE 3

Send the letter **'LTC Follow-Up Clinic - 3rd Invite'** to the patient (by mail 8 days after INVITE 2)

Please refer to EMIS Search: **'STAGE 4: Did not respond to 3rd Invite'**. CRT to book patients who appear in this search with a practice Pharmacist in a **'Medication Review'** appointment slot.
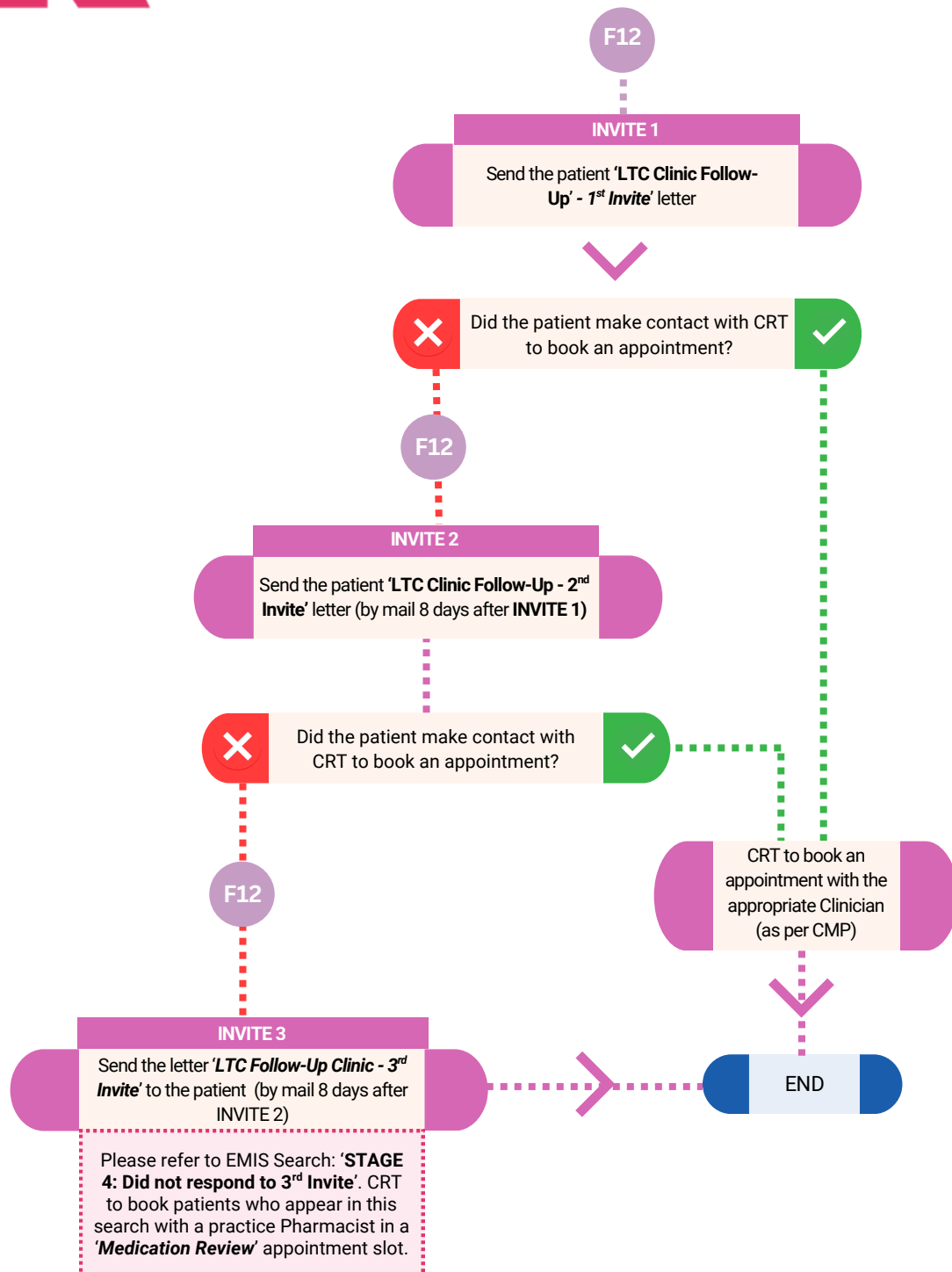
END

F12 Use the F12 EMIS protocol called **'LTC Follow-up Clinic letter'** and choose relevant invite (1st / 2nd / 3rd)

LTC Follow-Up Review
Booking a Telephone Review
CONTACT BY MAIL

F12

INVITE 1

Send the patient **'LTC Clinic Follow-Up'** - *1st Invite'* letter

Did the patient make contact with CRT to book an appointment?

F12

INVITE 2

Send the patient **'LTC Clinic Follow-Up - 2nd Invite'** letter (by mail 8 days after **INVITE 1**)

Did the patient make contact with CRT to book an appointment?

F12

CRT to book an appointment with the appropriate Clinician (as per CMP)

INVITE 3

Send the letter *'LTC Follow-Up Clinic - 3rd Invite'* to the patient (by mail 8 days after INVITE 2)

Please refer to EMIS Search: **'STAGE 4: Did not respond to 3rd Invite'**. CRT to book patients who appear in this search with a practice Pharmacist in a **'*Medication Review*'** appointment slot.

END

F12 Use the F12 EMIS protocol called **'LTC Follow-up Clinic letter'** and choose relevant invite (1st / 2nd / 3rd)

Cervical Screening

- CRT Manager to follow invitation schedule

- Patients with a mobile phone are invited every 8-weeks via self-book link

- CRT Staff to access patient list on Teams and update spreadsheet after every outcome (daily activity)

CRT MANAGER ONLY

(i) Patient invited for a Cervical Screening ("Smear Test")

❌ Does the patient agree to have a smear? ✅

Explain the benefits of having a smear and the risks with not having a smear to the patient

Patient agrees to smear

Book patient into a "Cervical Screening SMEAR" appointment slot

Patient continues to decline the smear

❌ Would the patient like to discuss further with a Practice Nurse? ✅

Book F2F or telephone appointment with the Practice Nurse (10 mins)

If the patient has a mobile then send them the AccuRx SMS "Cervical Screening - what to expect" SMS

Send the patient a withdrawal form and letter by using the F12 protocol called "Cervical Screening - Withdrawal Form & Letter".

(i) If patient provides signed withdrawal form then this needs to be submitted online through the following website:

https://csas.nhs.uk/forms/screening-cease-opt-out-gp-practice-colp/Aministration_Service

🌐 **CLICK TO ACCESS**

Add a diary recall called "Cervical smear information leaflet given" and schedule the diary date for 2 week later.

Locate the EMIS Web search "Cervical Screening - Withdrawal Forms Sent" and check if the patient has returned their form.
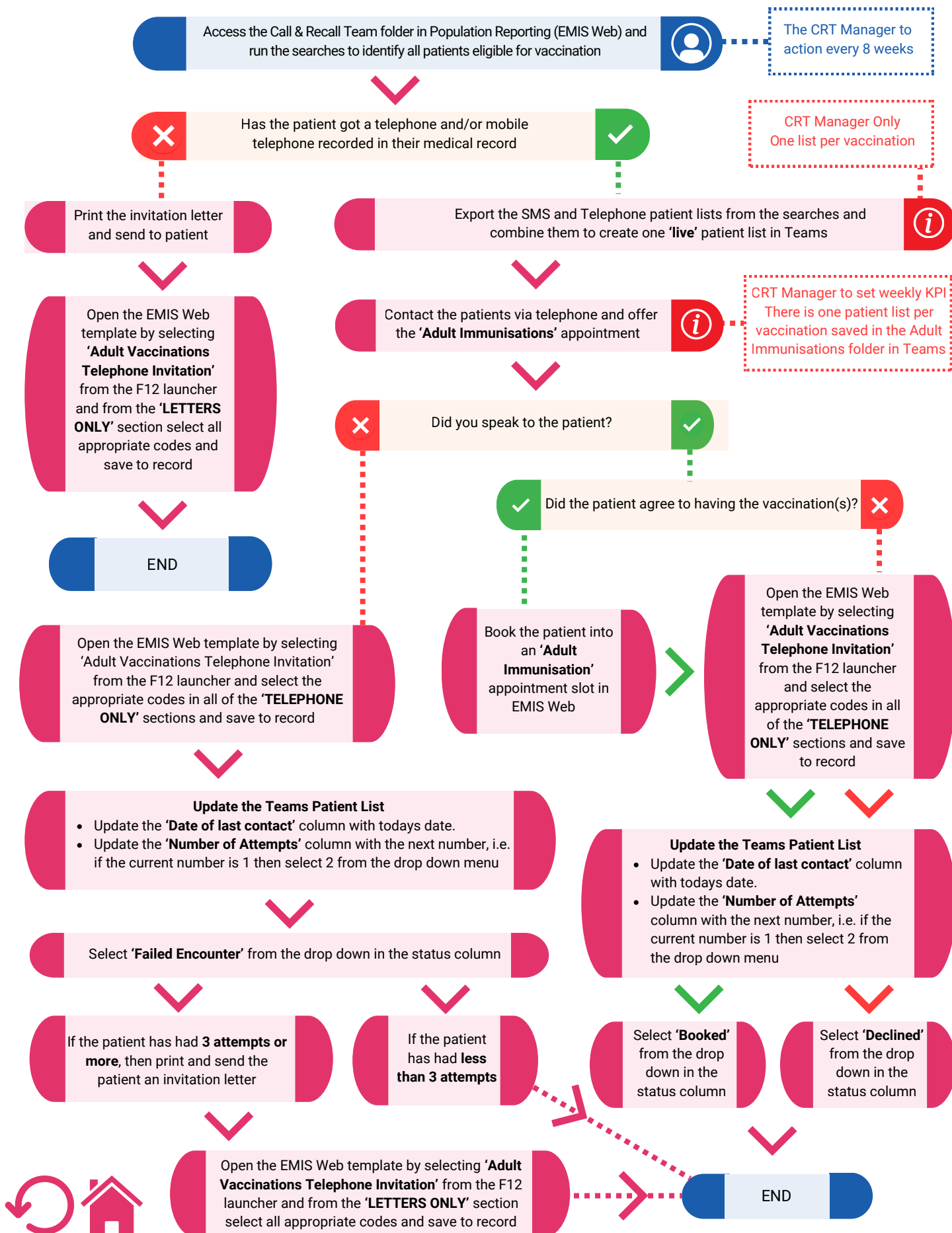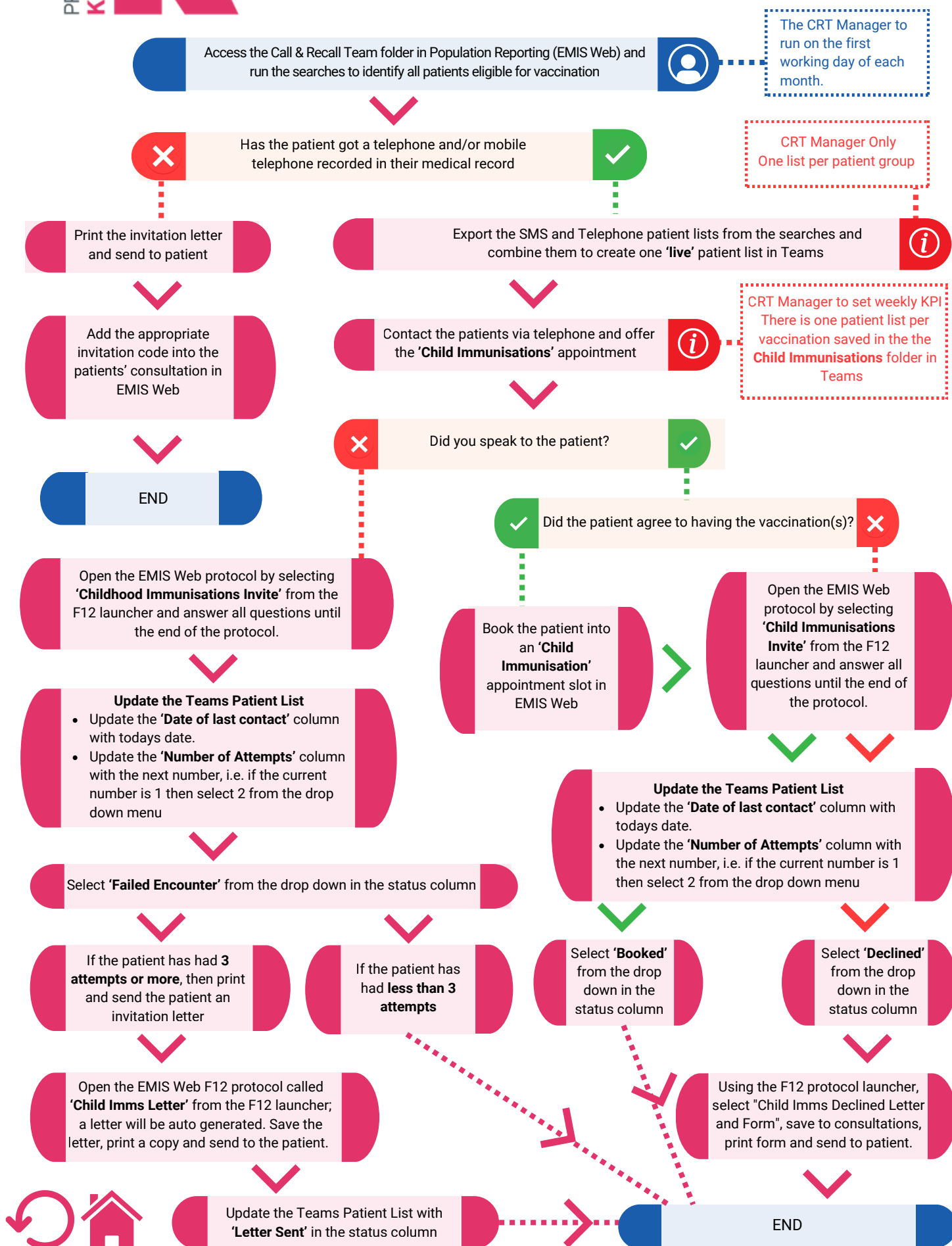
END

Bowel Screening

This page is currently innactive
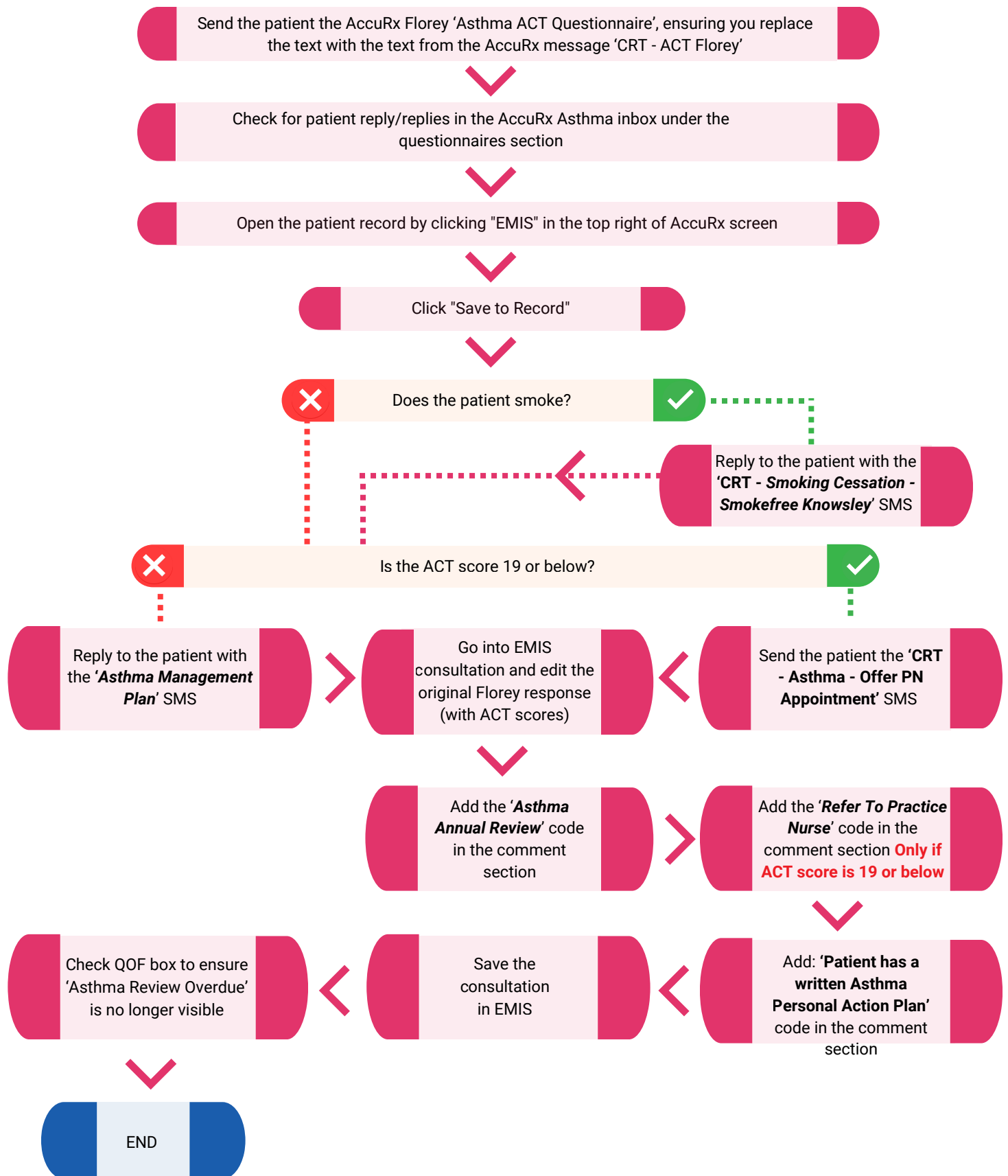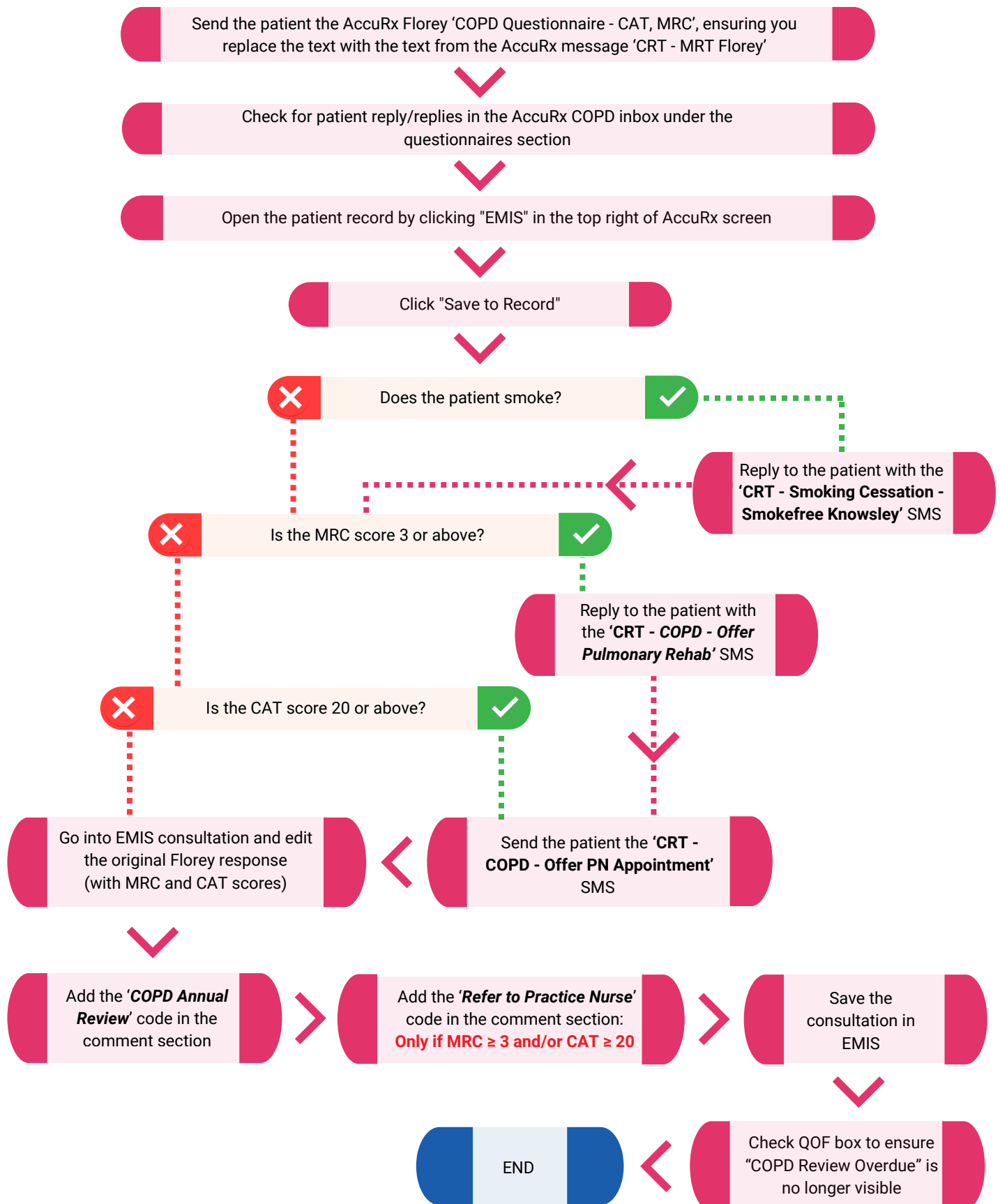
Breast Screening

This page is currently innactive

Adult Vaccinations

(Shingles / Pneumo / RSV)

NHS Providing NHS services

Access the Call & Recall Team folder in Population Reporting (EMIS Web) and run the searches to identify all patients eligible for vaccination

> The CRT Manager to action every 8 weeks

Has the patient got a telephone and/or mobile telephone recorded in their medical record

> CRT Manager Only
> One list per vaccination

✗ (No):

Print the invitation letter and send to patient

Open the EMIS Web template by selecting **'Adult Vaccinations Telephone Invitation'** from the F12 launcher and from the **'LETTERS ONLY'** section select all appropriate codes and save to record

END

✓ (Yes):

Export the SMS and Telephone patient lists from the searches and combine them to create one **'live'** patient list in Teams

Contact the patients via telephone and offer the **'Adult Immunisations'** appointment

> CRT Manager to set weekly KPI
> There is one patient list per vaccination saved in the Adult Immunisations folder in Teams

Did you speak to the patient?

✗ (No):

Open the EMIS Web template by selecting 'Adult Vaccinations Telephone Invitation' from the F12 launcher and select the appropriate codes in all of the **'TELEPHONE ONLY'** sections and save to record

Update the Teams Patient List
- Update the **'Date of last contact'** column with todays date.
- Update the **'Number of Attempts'** column with the next number, i.e. if the current number is 1 then select 2 from the drop down menu

Select **'Failed Encounter'** from the drop down in the status column

If the patient has had **3 attempts or more**, then print and send the patient an invitation letter

If the patient has had **less than 3 attempts**

Open the EMIS Web template by selecting **'Adult Vaccinations Telephone Invitation'** from the F12 launcher and from the **'LETTERS ONLY'** section select all appropriate codes and save to record

✓ (Yes):

Did the patient agree to having the vaccination(s)?

✓ (Yes):

Book the patient into an **'Adult Immunisation'** appointment slot in EMIS Web

✗ (No):

Open the EMIS Web template by selecting **'Adult Vaccinations Telephone Invitation'** from the F12 launcher and select the appropriate codes in all of the **'TELEPHONE ONLY'** sections and save to record

Update the Teams Patient List
- Update the **'Date of last contact'** column with todays date.
- Update the **'Number of Attempts'** column with the next number, i.e. if the current number is 1 then select 2 from the drop down menu

✓: Select **'Booked'** from the drop down in the status column

✗: Select **'Declined'** from the drop down in the status column

END

Child Immunisations

(1 Year and Pre-School Boosters)

Access the Call & Recall Team folder in Population Reporting (EMIS Web) and run the searches to identify all patients eligible for vaccination

The CRT Manager to run on the first working day of each month.

Has the patient got a telephone and/or mobile telephone recorded in their medical record

❌ **Print the invitation letter and send to patient**

Add the appropriate invitation code into the patients' consultation in EMIS Web

END

✅ **Export the SMS and Telephone patient lists from the searches and combine them to create one 'live' patient list in Teams**

CRT Manager Only
One list per patient group

Contact the patients via telephone and offer the 'Child Immunisations' appointment

CRT Manager to set weekly KPI
There is one patient list per vaccination saved in the the **Child Immunisations** folder in Teams

Did you speak to the patient?

❌ **Open the EMIS Web protocol by selecting 'Childhood Immunisations Invite' from the F12 launcher and answer all questions until the end of the protocol.**

Update the Teams Patient List
- Update the **'Date of last contact'** column with todays date.
- Update the **'Number of Attempts'** column with the next number, i.e. if the current number is 1 then select 2 from the drop down menu

Select 'Failed Encounter' from the drop down in the status column

If the patient has had 3 attempts or more, then print and send the patient an invitation letter

If the patient has had less than 3 attempts

Open the EMIS Web F12 protocol called 'Child Imms Letter' from the F12 launcher; a letter will be auto generated. Save the letter, print a copy and send to the patient.

Update the Teams Patient List with 'Letter Sent' in the status column

✅ **Did the patient agree to having the vaccination(s)?** ❌

✅ **Book the patient into an 'Child Immunisation' appointment slot in EMIS Web**

❌ **Open the EMIS Web protocol by selecting 'Child Immunisations Invite' from the F12 launcher and answer all questions until the end of the protocol.**

Update the Teams Patient List
- Update the **'Date of last contact'** column with todays date.
- Update the **'Number of Attempts'** column with the next number, i.e. if the current number is 1 then select 2 from the drop down menu

Select 'Booked' from the drop down in the status column

Select 'Declined' from the drop down in the status column

Using the F12 protocol launcher, select "Child Imms Declined Letter and Form", save to consultations, print form and send to patient.

END

Asthma Pathway

Send the patient the AccuRx Florey 'Asthma ACT Questionnaire', ensuring you replace the text with the text from the AccuRx message 'CRT - ACT Florey'

⌄

Check for patient reply/replies in the AccuRx Asthma inbox under the questionnaires section

⌄

Open the patient record by clicking "EMIS" in the top right of AccuRx screen

⌄

Click "Save to Record"

⌄

Does the patient smoke? ✗ / ✓

Reply to the patient with the *'CRT - Smoking Cessation - Smokefree Knowsley'* SMS

Is the ACT score 19 or below? ✗ / ✓

Reply to the patient with the *'Asthma Management Plan'* SMS	Go into EMIS consultation and edit the original Florey response (with ACT scores)	Send the patient the *'CRT - Asthma - Offer PN Appointment'* SMS

⌄

Add the *'Asthma Annual Review'* code in the comment section

Add the *'Refer To Practice Nurse'* code in the comment section **Only if ACT score is 19 or below**

⌄

Check QOF box to ensure 'Asthma Review Overdue' is no longer visible

Save the consultation in EMIS

Add: **'Patient has a written Asthma Personal Action Plan'** code in the comment section

⌄

END

COPD Pathway

Send the patient the AccuRx Florey 'COPD Questionnaire - CAT, MRC', ensuring you replace the text with the text from the AccuRx message 'CRT - MRT Florey'

Check for patient reply/replies in the AccuRx COPD inbox under the questionnaires section

Open the patient record by clicking "EMIS" in the top right of AccuRx screen

Click "Save to Record"

❌ **Does the patient smoke?** ✅ → Reply to the patient with the **'CRT - Smoking Cessation - Smokefree Knowsley'** SMS

❌ **Is the MRC score 3 or above?** ✅ → Reply to the patient with the **'CRT - *COPD - Offer Pulmonary Rehab'* SMS

❌ **Is the CAT score 20 or above?** ✅

Go into EMIS consultation and edit the original Florey response (with MRC and CAT scores)

Send the patient the **'CRT - COPD - Offer PN Appointment'** SMS

Add the '*COPD Annual Review*' code in the comment section

Add the '*Refer to Practice Nurse*' code in the comment section: **Only if MRC ≥ 3 and/or CAT ≥ 20**

Save the consultation in EMIS

Check QOF box to ensure "COPD Review Overdue" is no longer visible

END

Blood Diary Audit
Overdue Blood Test Audit

Access the Call & Recall Team folder in Population Reporting

Access the '**2.Blood Diary Recalls - FINAL VERSION**' folder

Access the '**1.Patients to Contact**' folder

Access the '**1.Backlog of Blood Tests Overdue (up to 12m)**' folder

Access the '**Patient Audit**' folder

Click on the search '**Patient Audit Incomplete(CRT action)**'

Click on the '**Population Included**' tab on the lower part of the screen. This will generate a list of patients in alphabetical order

Right click on the patients name and chose the option '**Diary**' - you will now see the patients' diary

Identify all bloods that have a past date - the date will be in **red text**

Click on the '**Investigations Tab**' and identify if the patient has had the blood test(s) done since the date in the diary

✗ Has the blood test(s) been done? **✓**

Leave the blood test(s) in the diary - **DO NOT COMPLETE**

✗ Is there a note next to the bloods indicating that the blood test(s) are required on an ongoing basis i.e every 3 months **✓**

Click F12 and launch the '**Ardens Diary Recall**' template

Go to the blood tests in the diary, right click on the blood test(s) and complete

Click on the '**Investigations - Bloods**' tab on the left side of the screen

Tick the blood test(s) that are required , ensuring you add the correct future recall date in the date box

END

Click F12 and click on the '**Bloods Diary Audit**' option

Save the consultation (top left of EMIS)

Blood Diary Audit
6 Bloods on Birthday Audit

Access the Call & Recall Team folder in Population Reporting

Access the '*2.Blood Diary Recalls - FINAL VERSION*' folder

Access the '*1.Patients to Contact*' folder

Access the '*1.Backlog of Blood Tests Overdue (up to 12m)*' folder

Access the '*Patient Audit*' folder

Click on the search '*6 Bloods on Birthday (CRT)*'

Click on the '*Population Included*' tab on the lower part of the screen. This will generate a list of patients in alphabetical order

Right click on the patients name and chose the option '*Diary*' - you will now see the patients' diary

❌ Has the patient got <u>all</u> 6 bloods in their diary that has the same date as their birth date ✅

Leave the blood test(s) in the diary - **DO NOT COMPLETE**

❌ Is there a note next to any of the bloods indicating that the blood test(s) are required on an ongoing basis i.e every 3 months

✅ **6 Bloods**
FBC   LIPIDS   LFT
TFT   HBA1c   U&E

Click F12 and launch the '*Ardens Diary Recall*' template

Click on the '**Investigations - Bloods**' tab on the left side of the screen

Tick the blood test(s) that are required, ensuring you add the correct future recall date in the date box

Save the consultation (top left of EMIS)

Go to the blood tests in the diary, right click on each/all of the 6 blood test(s) and delete

Go to the remaining blood tests (from the 6 bloods) in the diary, right click on each of them that do not require a future recall and delete

Click F12 and click on the '**Birthday Bloods Diary Audit**' option

END

DR. FAISAL MAASSARANI
LTC TEAM CLINICAL LEAD

PRIMARY CARE
KNOWSLEY

Long Term Condition Team

These SOPs must be used by every member of the Long Term Condition Team. They outline the safe and consistent management of patients with chronic illnesses such as diabetes, COPD, and cardiovascular disease. Following these procedures helps maintain high-quality, evidence-based care, supports early detection of deterioration, and ensures that the practice meets clinical governance standards and national frameworks such as QOF.

CLICK HERE

We Take Care Of Your Health

Long Term Condition Team SOP Directory

CLICK HERE **LTC Annual Review (Desktop Review)**

CLICK HERE **LTC Annual Review [Clinical Appointment – Telephone review]**

CLICK HERE **LTC Annual Review [Clinical Appointment – F2F review]**

CLICK HERE **Hypertension (New Diagnosis)**

CLICK HERE **Impaired Glucose regulation**

PRIMARY CARE
KNOWSLEY

LTC Annual Review

Providing NHS services NHS

CRT book the patient in to EMIS for a Desktop Review (Mon/Wed)

> Add EMIS code '*Referal to Long-Term Care Service*' to the patient consultation using F12 protocol '*Desktop Review Referral*'

The LTC Team should review the records of the patients booked in for a Desktop Review (baseline measurements and blood results).

> Use the EMIS template: **Desktop Review - Proposed CMP**

Is the patient treated to target (TTT) and has no outstanding QOF actions?

✗ → Complete EMIS template: **Desktop Review - Proposed CMP**

✓ → Send the patient the '**LTC - LTC Treated to Target (no further FU)' Accurx** SMS or letter

- Patient is prescribed between 5-9 medications → Book patient into a '**Medication Review'** appointment slot with Practice Pharmacist
- Patient is prescribed less than 5 medications
- Patient is prescribed 10+ medications → Book patient into a '**Structured Medication Review'** appointment slot with Practice Pharmacist

END

The Clinical Pharmacist should select a patient from the EMIS search titled 'STAGE 2: Proposed CMP Completed', ensuring patients are chosen in date order—starting with those whose suggested CMPs were completed the longest time ago.

> Use the EMIS template: **Desktop Review - Final**

CRT to identify the patients who require follow up by running the EMIS folder: '*STAGE 3: Desktop agreed - TCI*'

Is the patient indicated for telephone or face-to-face review?

CLICK HERE To continue to: **TELEPHONE REVIEW**

CLICK HERE To continue to: **BOOKING A FACE-TO-FACE REVIEW**

LTC Annual Review

Clinical Appointment:
TELEPHONE REVIEW

Clinician to contact the patient by telephone to undertake telephone review
(2 attempts within the appointment slot time)

Did you make contact with the patient ?

✗ →
✓ →

Update the EMIS template *'Multi-Morbidity Annual Review (Ardens)'* ensuring that all outstanding QOF elements are competed.

All patients that have DNA'd will be contacted by the CRT to rebook
CLICK HERE

ⓘ Ensure the appointment slot is changed to a '**H**' and has a line through the slot which denotes '*Telephoned but no answer*'

Does the patient require any follow up blood tests / measurements / assessment?

✗
✓

Using the F12 protocol launcher, open the *'Ardens Diary'* template and tick all blood tests / measurements / assessments required, together with a date

Save EMIS template and save patient consultation

Unless the patient is treated to target and fully optimised, then they will be recalled by the CRT as per relevent SOP
CLICK HERE

END

LTC Annual Review

Clinical Appointment:
FACE-TO-FACE REVIEW

Did patient attend their face-to-face appointment

Update the EMIS template **'Multi-Morbidity Annual Review (Ardens)'** ensuring that all outstanding QOF elements are competed.

Does the patient require any follow up blood tests / measurements / assessment?

All patients that have DNA'd will be contacted by the CRT to rebook
CLICK HERE

Ensure the appointment slot is changed to a **'D'** and has a line through the slot which denotes **'Patient DNA'**

Using the F12 protocol launcher, open the **'Ardens Diary'** template and tick all blood tests / measurements / assessments required, together with a date

Save EMIS template and save patient consultation

Unless the patient is treated to target and fully optimised, then they will be recalled by the CRT as per relevent SOP
CLICK HERE

END

END

Hypertension (New Diagnosis)

Single clinic BP reading (NOT established hypertension)

If BP is 140/90 or higher in consultation, repeat during consultation. If 2nd reading substantially different from 1st – take a 3rd reading.
Record the lower of the last 2 readings
NB Measure BP manually if pulse irregular

**BP <140/90
NORMOTENSIVE
Recheck BP at least every 5 years.** More frequently if close to 140/90

**BP 140 – 179
90 – 109
Assess appropriateness for either ABPM, HBPM or average clinic readings**

BP ≥ 180/110 severe hypertension
Escalate to POM or On-Call Clinician and do not allow patient to leave premises
Consider accelerated malignant hypertension
Consider immediate drug therapy without waiting for ABPM/HBPM - Review pt and repeat BP within a few days

---

Add a BP diary recall for 2 weeks' time – Use the F12 protocol "Launch Diary Recall Template"

ABPM
Book patient with a local pharmacy for ambulatory BP monitoring via EMIS Local Services

Home BP Monitoring
Send AccuRx BP Florey for 7 day HBPM. If the patient is unable to record via mobile then provide patient with 7 day diary

ⓘ

Ensure that if sending the patient an AccuRx Florey that the inbox is "Remote Monitoring". This is important to ensure that the reply will be seen by the LTC care Coordinators

---

After ABPM/Home BP readings

ABPM/HBPM <135/85
Normotensive
(Read code)

ABPM/HBPM ≥135/85
Confirmed Hypertension
(Read code)

END

IGR Pathway

Identifying and managing patients with Impaired Glucose Regulation.

Patient has HbA1c between 42 and 47 mmol/mol and is newly identified as IGR as per National and Local Guidelines.

The Clinician reviewing the blood results is responsible for adding a diagnosis code to the patient record in EMIS Web.

Has the clinician who reviewed the bloods added the IGR diagnosis code in the patient record?

❌ → Add the IGR diagnosis code to the patients medical record within EMIS Web. Email the CRT Manager the name of the Clinician who failed to add the diagnosis code when reviewing the bloods (This is for training and service improvement).

✅

Does the patient have a mobile phone?

❌ → Send a task to CRT Admin team and ask them to send the patient a IGR Letter

✅ → Send the patient the **'LTC - IGR NDPP offer of referral (Reed Wellbeing)'** Accurx SMS

CRT to send the patient the **'LTC - IGR NDPP offer of referral (Reed Wellbeing)'** Letter

Patients' diary updated with a HbA1c recall for 3 months time

END

PRIMARY CARE KNOWSLEY

Care Navigation

These SOPs are to be used by all staff involved in Care Navigation, including receptionists and care coordinators. They define the processes for signposting patients to the most appropriate healthcare professional or service. Strict adherence ensures safe, effective, and timely access to care, reduces pressure on clinicians, and improves patient experience by ensuring that every patient is directed to the right place, first time.
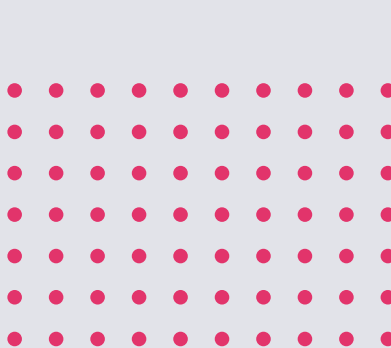
CLICK HERE

Care Navigation
SOP Directory

CLICK HERE   **Blinx Paco | Requesting an Online Appointment (Adult)**

CLICK HERE   **Blinx Paco | Requesting an Online Appointment (Child)**

CLICK HERE   **Blinx Paco | Requesting an Online Appointment (Adult / Child)**

Requesting an Online Appointment (Adult)

Initial Triage

Patient submits Online Consultation Request Form

↓

Request form goes into EMIS Appointment Slot 'Adult Online Request'

↓

Does the patient fit the any of the Pharmacy First Criteria

- ✗ → **All requests that have activated an 'Alarm' to be prioritised as they fit the 'On The Day' criteria**
- ✓ → **Inform the patient that they are eligible for 'Pharmacy First' service and (a) provide Self-Referral link (b) Refer direct via EMIS** → **END**

CLICK HERE — To view 'Pharmacy First' Criteria

CLICK HERE — To view 'On The Day' Criteria

↓ (from 'On The Day' prioritised)

Is the patient suitable for 'On The Day' appointment?

- ✗ → **CLICK HERE — To access the 'Routine Appointment' Pathway**
- ✓ → **Is the patient suitable for referral/signposting to external services (WiC, UCR, etc.)**
  - ✗ → **Are there any 'On The Day' appointments available**
    - ✗ → **Liaise with clinical on call as per practice protocol**
    - ✓ → **Call the patient to offer an appointment time** *(2 Attempts to be made)* → **Send the patient the 'On The Day' booking link via SMS / Email**
  - ✓ → **Advice patient of the most appropriate service**

END

Requesting an Online Appointment (Child)
Initial Triage

Patient submits Online Consultation Request Form

↓

Request form goes into EMIS Appointment Slot 'Child Online Request'

↓

Does the patient fit the any of the Pharmacy First Criteria

CLICK HERE
To view 'Pharmacy First' Criteria
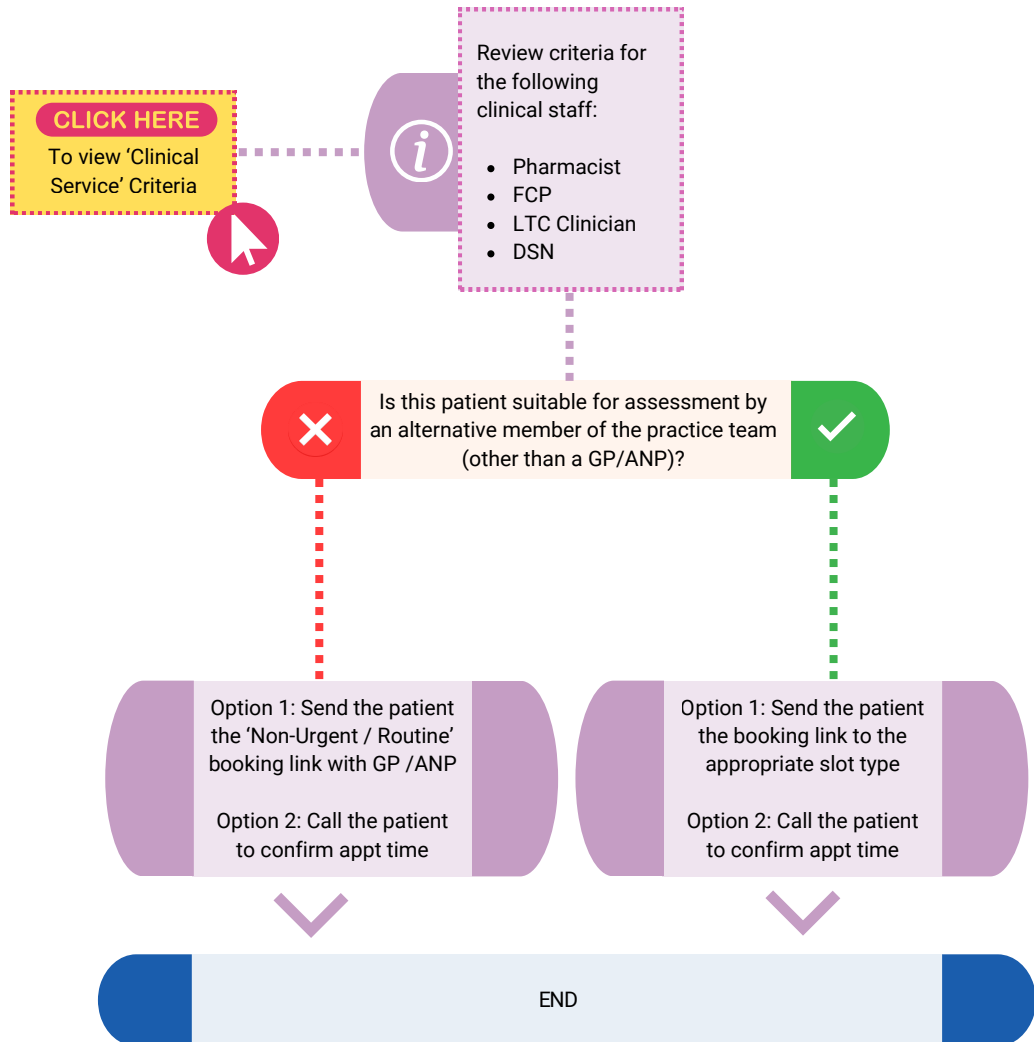
✗ → All requests that have activated an 'Alarm' to be prioritised as they fit the 'On The Day' criteria

CLICK HERE
To view 'On The Day' Criteria

✓ → Inform the patient/parent/guardian that they are eligible for 'Pharmacy First' service and
(**a**) provide Self-Referral link
(**b**) Refer direct via EMIS

↓

END

Is the patient suitable for 'On The Day' appointment?

✗ → **CLICK HERE** To access the 'Routine Appointment' Pathway

✓ → **Is the patient suitable for referral/signposting to external services (eg. WiC)**

✗ → **Are there any 'On The Day' appointments available**

✓ → Advice patient of the most appropriate service

✗ → Liaise with clinical on call as per practice protocol

✓ → Call the patient to offer an appointment time *(2 Attempts to be made)*

↓

Send the patient the 'On The Day' booking link via SMS / Email

↓

END

Requesting an Online Appointment (Adult / Child)

Routine Appointment Pathway

Providing NHS services **NHS**

Review criteria for the following clinical staff:

- Pharmacist
- FCP
- LTC Clinician
- DSN

CLICK HERE
To view 'Clinical Service' Criteria

Is this patient suitable for assessment by an alternative member of the practice team (other than a GP/ANP)?

✕ | ✓

✕ branch:

Option 1: Send the patient the 'Non-Urgent / Routine' booking link with GP /ANP

Option 2: Call the patient to confirm appt time

✓ branch:

Option 1: Send the patient the booking link to the appropriate slot type

Option 2: Call the patient to confirm appt time

END

'On The Day' Criteria

Patient has had a fever for more than 3 days

Patient has a worsening cough with breathlessness (not sever)

Patient has a persistent or moderate abdominal pain

Patient has been vomiting but able to keep some fluids down

Patient has new swelling, redness, or heat in a limb or a joint

Patient has painful urination or blood in urine

Patient has symptoms after a recent hospital discharge (within 14 days)

Patient has painful or worsening skin infection

Patient has new confusion or disorientation (not sudden and severe)

Patient has eye pain or changes in vision (not sudden loss of vision)

'Pharmacy First' Criteria

Condition	Age
Acute otitis media* (middle ear infection)	1 to 17 years
Impetigo	1 year and over
Infected insect bites	1 year and over
Shingles	18 years and over
Sinusitis	12 years and over
Sore throat	5 years and over
Uncomplicated urinary tract infections	Women 16-64 years

PRIMARY CARE
KNOWSLEY

Practice Administration

These SOPs must be used by all members of the Practice Administration team. They cover key administrative functions such as patient registration, record management, correspondence, and data protection. Consistently following these procedures safeguards patient information, ensures compliance with legislation such as GDPR, supports smooth practice operations, and underpins the delivery of safe clinical care.

CLICK HERE

We Take Care Of Your Health

Practice Administration SOP Directory

CLICK HERE Post Phlebotomy Clinic – Bloods Only

CLICK HERE Post-Phlebotomy Clinic High Risk Drug (HRDM) Monitoring

PRIMARY CARE KNOWSLEY

Post-Phlebotomy Clinic Bloods Only

Each Phlebotomy Clinic within EMIS will be reviewed by the CRT within 48hrs post clinic date, allowing time for the assessing clinicians to review and action bloods.

Did the patient attend?

✓ → Complete all 'OLD' diary entries for bloods All Diabetic patients should be added for a 3 monthly recall regardless of their HbA1c level, unless otherwise specified by a clinician.

Are HbA1c and/or lipids abnormal and require desktop review?

✗ → Add 'CRT COMPLETE' in the reason of the appointment slot → END

✓ → Add patient to a desktop review appointment. (Mon/Wed) → Add 'CRT COMPLETE' in the reason of the appointment slot → END

✗ → **Does the patient have a mobile telephone number?**

✓ → If patient has a mobile number send "DNA-Bloods Only" SMS with a self-book link to bloods only → END

✗ → END

Post-Phlebotomy Clinic
High Risk Drug Monitoring (HRDM)

The CRT are responsible to invite patient for bloods and practice admin to book patient with Pharmacist and update diary.

Please ensure you use F12 protocol 'HRDM Monitoring'

Did the patient attend? ⓘ

✓ does the patient have an up to date weight (within 3 months)? ✗

✗ Does the patient have a mobile phone? ✓

Contact the patient by telephone and ask them their weight

✓ Does the patient have a landline telephone number ✗

Send AccuRx "High Risk Drug Monitoring" with Self-booking link to Phlebotomy Bloods appointment slot.

✓ Did the patient provide their weight? ✗

Call them via landline telephone and/or send them HRDM letter to re-book.

END

END

Send approriate letter 'HRDM'
1st Invite
2nd Invite
3rd Invite

END

ask the patient to attend the Health Kiosk or book them in for a 10 minute appointment with PN or HCA

Book patient into "High Risk Drug Monitoring" appointment slot with the Clinical Pharmacist or Pharmacy Technician

Add "Complete" in the reason of the appointment slot

END

PRIMARY CARE KNOWSLEY

Practice Management

These SOPs are essential for all members of the Practice Management team. They set out the framework for leadership, governance, finance, HR, and operational oversight within the practice. Adherence to these SOPs ensures that legal and contractual obligations are met, risks are managed effectively, and the organisation maintains a culture of quality improvement and patient safety.

CLICK HERE

Practice Management SOP Directory

CLICK HERE   **Payroll Process**

Payroll Process

STEP 1 — PRACTICE OPERATIONS MANAGER (POM)

Access payroll document

- Complete the payroll form against BrightHR.
- Complete all sections in yellow on the payroll document.
- Complete final checks.

Email payroll submission to Janine Cullen (JC)

DEADLINE: 18:30pm 6th of the month

STEP 2 — JANINE CULLEN (JC)

Review the payroll form against Bright HR and raise/action any queries with POMS

formats the payroll submission and makes any necessary changes

Emails the payroll submission to Payroll for processing, cc SS in.

DEADLINE: 18:30pm 9th of the month

STEP 3 — PAYROLL

Payroll to review the submission and add to Sage

Payroll to email SS to confirm submissions are on Sage and request review and approval

DEADLINE: 18:30pm 12th of the month

STEP 4 — SUZANNE STEELE (SS)

Review the Sage payroll submissions against BrightHR and raise/action any queries with POMS/JC/Payroll

When satisfied with submission, approve payroll via Sage

DEADLINE: 18:30pm 15th of the month

STEP 5 — MICHELLE MELLING (MM)

identify any outliers and raise with SS

Payroll finalised
Staff are paid – by 17:00 on the 26th of the month

20th of the month

PRIMARY CARE KNOWSLEY

Medicines Management

These SOPs are to be used by all staff involved in medicines management, including clinicians, prescribing clerks, and pharmacy team members. They detail the safe prescribing, monitoring, storage, and disposal of medicines. Compliance with these procedures protects patient safety, ensures adherence to national and local prescribing guidelines, prevents medication errors, and supports cost-effective prescribing.

CLICK HERE

Medicines Management SOP Directory

CLICK HERE Managing Prescriptions: Prescription request

CLICK HERE Managing Prescriptions: Ordering items on repeat, variable or automatic

CLICK HERE Managing Prescriptions: Ordering items on not on repeat

CLICK HERE Managing Prescriptions: Ordering items from past list of medications

PRIMARY CARE
KNOWSLEY

Managing Prescriptions
Prescription Request

⚠️ **This SOP must be followed at all times to ensure all medication requests are PROCESSED within 48 hours, (ONLY REPEAT MEDS ARE ISSUED WITHIN 48 HOURS)**

Ensure your Med list view in EMIS is configured to Acute / Repeat Alphabetical for current medication

⌄

List of medicines are requested by patients including ALL online requests

⌄

ⓘ There are only 3 ways to process requests.
Separate item types and process each type according to the correct path:

Repeat prescription means that the prescriber has authorised patient to get the medication again. All other drugs either on *Acute (current)* or Past *(Acute & Repeat)* require additional information to review if patient can receive it again.
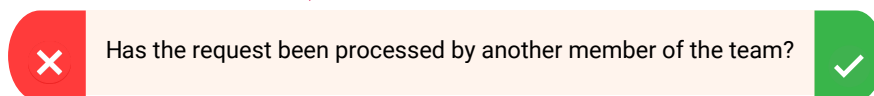
For all items *not on current repeat list -* **YOU MUST** check notes in case this item was previously requested & rejected or patient needed a review before issue, then **STOP** further action and inform patient why the request is not being processed any further.

⌄ ⌄ ⌄

Items on Repeat / Variable /Automatic Prescription	**Items Not On Repeat**	**Items On Repeat Dispensing (eRD/RDS)**

⌄ ⌄ ⌄

| **CLICK HERE** 👆 To continue: **Items on Repeat / Variable / Automatic Prescription SOP** | **CLICK HERE** 👆 To continue: **Items Not On Repeat SOP** | Book patient into a 'Pharmacist Med Review' slot. Ensure you add a reason for appointment. |

⌄

END

↻ 🏠

Managing Prescriptions

Ordering items on repeat, variable or automatic
Check & separate repeat meds from all others.

Process all Repeat/variable/automatic items

24 HOURS

Check the date of the last issue.
Is the prescription request (date) early?

✗ In EMIS - Issue or request issue prescription. Do not add any note to request

✓ In EMIS - Issue or request issue a future dated prescription. Add note to request and patient notes

24 HOURS

Assign to on-site prescriber GP/NMP

Prescriber (GP/NMP) reviews before signing all allocated prescription/s

END

Managing Prescriptions
Ordering items on not on repeat

⚠️ **For all items not on current repeat list - YOU MUST check notes in case this item was previously requested & rejected or patient needed a review before issue, then STOP further action and inform patient why the request is not being processed any further.**
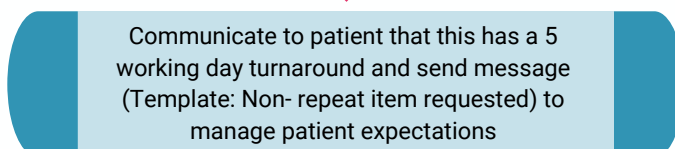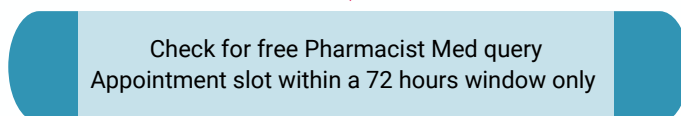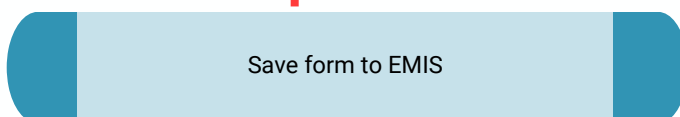
'Non-Repeat Prescription Request' form submitted via Digital Front Door / Digital Care Navigation

⬇️

✓ **Question 2** ✗

✗ → SMS / Email patient to reject request → **END**

Is the medication on the list of current acute items?
(Check any recent notes about this request)
✗ ... ✓

✗ → **CLICK HERE**
To continue:
Items are on Past List of Medication SOP

✓ → **CHECK PATIENT RECORDS:**
If recent note explains why not issued previously or explains patient needs review, this must be explained to the patient and appropriate action taken and recorded in the notes to reduce multiple requests. Do not replicate a request that has already been dealt with.
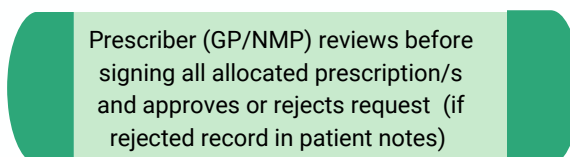
⬇️

✗ **Has the request been processed by another member of the team?** ✓

✗ → On EMIS, Request issue by selecting 'Current Acute Drug' and add the explanatory note for prescriber.

⬇️

Communicate to patient that this has a 5 working day turnaround and send SMS message *'Non- repeat item requested'* to manage patient expectations

⬇️

Prescriber (GP/NMP) reviews before signing all allocated prescription/s and approves or rejects request (if rejected record in patient notes)

✓ → **END**

5 WORKING DAYS

5 DAYS

5 WORKING DAYS

PRIMARY CARE KNOWSLEY

Managing Prescriptions
Ordering items from past list of medications

⚠ **For all items not on current repeat list - YOU MUST check notes in case this item was previously requested & rejected or patient needed a review before issue, then STOP further action and inform patient why the request is not being processed any further.**

CHECK PATIENT RECORDS:
If recent note explains why not issued previously or explains patient needs review, this must be communicated to the patient and appropriate action taken and recorded in the notes to reduce multiple requests.
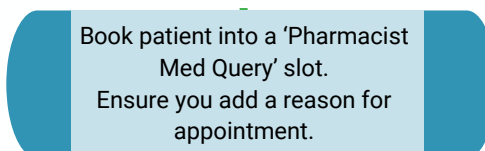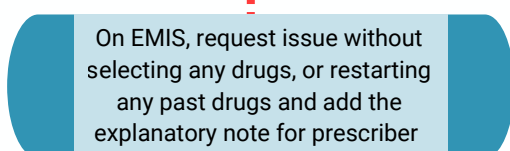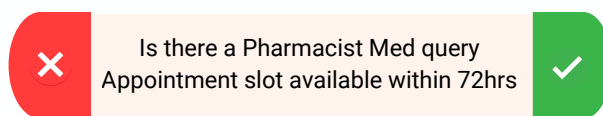**Do not replicate a request that has already been dealt with.**

⌄

✖ Has the request been processed by another member of the team? ✔

5 WORKING DAYS

Save form to EMIS

⌄

Check for free Pharmacist Med query Appointment slot within a 72 hours window only

⌄

Communicate to patient that this has a 5 working day turnaround and send message (Template: Non- repeat item requested) to manage patient expectations

5 DAYS

⌄

✖ Is there a Pharmacist Med query Appointment slot available within 72hrs ✔

5 WORKING DAYS

On EMIS, request issue without selecting any drugs, or restarting any past drugs and add the explanatory note for prescriber

Book patient into a 'Pharmacist Med Query' slot.
Ensure you add a reason for appointment.

⌄

Prescriber (GP/NMP) reviews before signing all allocated prescription/s and approves or rejects request (if rejected record in patient notes)

END

Change Control Log

The Change Control Log records what changed, when it changed, who approved it, and why. It provides:

- Version control
- CQC and governance assurance
- Transparency for staff
- Protection against outdated or unsafe processes being followed

Version	SOP / Section Affected	Description of Change	Reason for Change	Approved By	Date Approved	Date Live
v1.0	All SOPs	Initial release of live digital SOP directory	New live directory launch	Lee Panter	16/12/25	16/12/25