# Outpatient referral and appointment scheduling

Process Definition Document (PDD): template and worked example

*Example company (fictional): Haldane Valley Hospitals, a public district hospital group in the north of England (6 outpatient clinics, about 55 clinic sessions a week).*

## Document control

| Field | Value |
|---|---|
| Process name | Outpatient referral and appointment scheduling |
| Process owner | [Name, role] |
| Prepared by | [Name] |
| Reviewed by | [Names of the people who do the work] |
| Approved by | [Name, date] |
| Version | 1.0 (as-is) |
| Status | Draft |

## How to use this template

This is a complete process definition document (PDD) for outpatient referral and appointment scheduling, also called referral management, outpatient booking or the referral-to-treatment booking process. It describes how a referral from a general practitioner or another service becomes a booked appointment: from receipt and registration, through triage by priority and booking against clinic capacity, to confirmation, reminders, did-not-attend handling, rebooking and waiting list reporting. The organisation is fictional, but the roles, systems and rules are those of a typical outpatient service.

The document describes the administrative process. Clinical triage rules, the clinical priority given to a referral and the content of any consultation are set by the clinicians and are out of scope. Use the template as a starting point: replace the organisation details, keep the sections, and walk through each step with the referral team, booking clerks, clinic managers and consultants who do the work. Most services change the triage turnaround, the number of reminders and the booking rules for urgent cases. National waiting time standards differ and must be checked against the rules that apply to your service.

- Replace the organisation, the booking system and the reminder service with yours. If referrals still arrive on paper, add the scanning step before step 1.
- Check the waiting time standards, the number of offers a patient must be given and the rules for removing a patient from the list against the national guidance that applies to your service.
- Set your own triage turnaround and reminder timing. The 3 day triage target and the 14 and 2 day reminders are examples.
- Decide who owns capacity when sessions are cancelled at short notice. This is where most services lose slots.
- Check the percentages with real data. A month of referrals and appointments normally shows the true share of incomplete referrals and missed appointments.
- Keep the as-is version after you redesign the process. It is your baseline for measuring the change.

## 1. Purpose and scope

This procedure describes how the outpatient service of Haldane Valley Hospitals turns a received referral into a booked appointment, from the moment the referral reaches the hospital to the moment the patient has attended or the referral is closed. It gives the referral team, the clinicians who triage, the booking clerks and the clinic managers one

shared description of who does what and by when, so that urgent referrals are seen first, clinic sessions are filled, appointments are not missed without a follow-up and waiting list figures are accurate.

### In scope

- Receipt and registration of referrals from GPs and other services
- Administrative checks of referral completeness
- Triage by priority category as set by the clinical team
- Booking against clinic capacity
- Patient confirmation and reminders
- Did-not-attend handling and rebooking
- Cancellations by the patient or the hospital
- Waiting list reporting

### Out of scope

- Clinical content of the triage decision
- The consultation itself
- Diagnostic test scheduling
- Patient transport booking
- Clinic template design and consultant job planning

## 2. Process at a glance

| Item | Description |
|---|---|
| Trigger | A referral arrives at the hospital from a GP, another hospital or an internal service. |
| Starts when | The Referral Clerk logs the referral and records the date of receipt. |
| Ends when | The patient has attended the first appointment and the referral is closed, or the referral is closed with a documented reason. |
| Inputs | Referral letter or e-referral, Patient demographics, Clinic templates and capacity, Triage decisions from the clinical team, Patient replies to offers and reminders |
| Outputs | Registered referral, Triaged referral with priority, Booked appointment, Confirmation letter or message, Reminder, Did-not-attend record and rebooking, Waiting list report |
| Volume | About 42,000 referrals a year, with about 2,800 appointments a month missed or cancelled |
| Working hours | Referral and booking teams work Monday to Friday 08:00 to 17:00. The patient phone line is open 08:30 to 16:30. Reminders are sent automatically at fixed times before the appointment. |

## 3. Roles and responsibilities

| Role | Responsibilities |
|---|---|
| Referral Clerk | Receives and logs referrals, checks them for completeness, registers the patient and sends referrals that need triage to the right clinician. |
| Triaging Clinician | Assigns the clinical priority and the appointment type to each referral according to the specialty's triage rules, or returns the referral to the sender. |
| Booking Clerk | Books appointments in order of priority and waiting time against the clinic template, sends offers and handles patient replies and rebooking. |
| Clinic Manager | Owns the clinic capacity, opens or closes sessions, decides on overbooking, handles hospital cancellations and signs off the waiting list report. |
| Waiting List Analyst | Validates the waiting list, reconciles it with the booking system, produces the weekly report and flags breaches of the local standards. |
| Referring GP Practice (external) | Sends referrals and receives returned referrals, rejection notices and outcome letters. |

| Role | Responsibilities |
|---|---|
| Patient (external) | Confirms or declines the offered appointment, attends or cancels and updates contact details. |

## 4. Systems

- Patient administration system: referrals, bookings and waiting list
- National e-referral service and secure referral mailbox
- SMS and letter reminder service
- Triage worklist in the electronic records system
- Excel: weekly validation and reporting workbook
- Telephony and call log

## 5. Process map

**Process diagram goes here**

Draw one lane per role from section 3, the steps from section 6 in order, and a diamond for each decision in section 7.

## 6. Procedure, step by step

| # | Step | Who | What happens | System | Output |
|---|---|---|---|---|---|
| 1 | Log the referral | Referral Clerk | Logs each referral from the e-referral service, the secure mailbox, post or fax, and records the receipt date, the source and the specialty. The date of receipt starts the waiting time and is never changed. This takes 3 to 5 minutes. | Patient administration system, e-referral service | Logged referral |
| 2 | Check completeness | Referral Clerk | Checks for demographics, contact details, the reason for referral and the information the specialty requires. If something is missing (about 12% of referrals), asks the referrer within 2 working days. Complete referrals move on to registration. | Patient administration system | Complete referral, or request to the referrer |
| 3 | Register the patient | Referral Clerk | Matches the patient to an existing record or creates one, checks the address and the phone number for reminders, and records language and access needs. A wrong match is the main source of misdirected letters, so the check is made on at least three identifiers. | Patient administration system | Registered patient, linked referral |

| # | Step | Who | What happens | System | Output |
|---|---|---|---|---|---|
| 4 | Send to triage | Referral Clerk | Places the referral in the specialty's triage worklist with the date of receipt visible. Referrals marked urgent by the referrer are flagged and reach the triaging clinician the same day. | Triage worklist | Referral in triage queue |
| 5 | Triage the referral | Triaging Clinician | Reviews the referral and assigns a priority category and appointment type, or advises another route. The service target is triage within 3 working days for routine and 1 working day for urgent referrals. | Triage worklist | Priority category and appointment type |
| 6 | Return or redirect the referral | Triaging Clinician | If the referral is outside the specialty or the information is not enough for a decision (about 7%), returns it to the sender with the reason written. Otherwise it goes to booking. | Triage worklist, e-referral service | Returned referral, or referral for booking |
| 7 | Review the booking queue | Booking Clerk | Sorts the queue by priority category and then by days waiting. Urgent referrals are booked on the day they arrive in the queue. This takes 15 minutes at the start of each day. | Patient administration system | Ordered booking queue |
| 8 | Book against clinic capacity | Booking Clerk | Finds the first slot in a suitable clinic that matches the appointment type and offers it. If a slot exists within the target (about 82% of referrals), the booking is made. If not, the referral stays on the waiting list and is passed to the clinic manager. | Patient administration system | Booked appointment, or referral waiting for capacity |
| 9 | Create additional capacity | Clinic Manager | Reviews referrals waiting beyond the target, opens extra sessions, shifts template slots or arranges overbooking within the agreed limit. The decision and the reason are recorded. | Patient administration system | Extra slots, or documented decision |
| 10 | Send the appointment offer | Booking Clerk | Sends the offer by the patient's preferred channel with date, time, place and the way to change it. Patients are asked to confirm within 10 working days. Offers sent by letter follow the same day. | Patient administration system, letter and SMS service | Offer sent |
| 11 | Confirm or decline the offer | Patient | Confirms, asks for a different date or cancels. About 68% confirm within a week. Patients who need a different slot call the booking line. | Phone, SMS, e-referral service | Confirmation, change request or no reply |
| 12 | Chase unconfirmed offers and rebook changes | Booking Clerk | Calls patients who have not replied after 10 working days. If there is no reply after a second attempt (about 5% of offers), follows the local policy, which can include a letter to the GP, and records every attempt. Change requests are rebooked in the same call where possible. | Patient administration system, phone | Confirmed booking, rebooking or recorded non-response |
| 13 | Send reminders | Booking Clerk | Reminders go out automatically 14 days and 2 days before the appointment, with a reply option to confirm or cancel. Patients without a mobile number get a letter. Cancellations received through the reminder free the slot at once. | SMS and letter service | Reminder sent, cancellation or confirmation received |
| 14 | Fill cancelled slots | Booking Clerk | Offers freed slots in the next 14 days to the patients on the short-notice list in order of priority and waiting time. About 60% of slots released with more than 48 hours notice are refilled. | Patient administration system | Refilled slot |

| # | Step | Who | What happens | System | Output |
|---|---|---|---|---|---|
| 15 | Record attendance | Clinic Manager | The clinic reception records the outcome of each appointment: attended, did not attend, cancelled by the patient or cancelled by the hospital. The manager checks that every session was closed by the end of the next working day. | Patient administration system | Attendance outcome per appointment |
| 16 | Handle did-not-attend cases | Booking Clerk | Contacts the patient within 2 working days of a missed first appointment (about 8% of appointments) and offers one new date. If a second appointment is missed, or the patient does not respond, the referral goes back to the referrer under the local policy, with the reason recorded. Exceptions for vulnerable patients follow the safeguarding policy and are decided by the clinical team. | Patient administration system, phone | Rebooked appointment, or referral returned to the GP |
| 17 | Validate the waiting list | Waiting List Analyst | Checks weekly for referrals without a booking, duplicates, patients who have died or moved and appointments in the past with no outcome. Corrections are sent to the booking team and the validation date is recorded. | Excel workbook, patient administration system | Validated waiting list |
| 18 | Produce the waiting list report | Waiting List Analyst | Reports weekly the number waiting by specialty and priority, the median wait, the longest wait, the numbers over the target and the did-not-attend rate. The clinic manager signs the report off before it goes to the service lead. | Excel workbook | Weekly waiting list report |

## 7. Decision points and business rules

- Is the referral complete? No (about 12%): ask the referrer for the missing information within 2 working days (step 2).
- Is the referral suitable for this specialty with the information given? No (about 7%): the triaging clinician returns it with the reason (step 6).
- Is the referral urgent? Yes: it is triaged and booked on the day it reaches the next queue (steps 4 and 7).
- Is there a slot within the target for this priority? No (about 18%): the clinic manager creates capacity (steps 8 and 9).
- Has the patient replied to the offer within 10 working days? No (about 32% at first): chase and record the attempts (step 12).
- Did the patient attend? No (about 8%): contact the patient and offer one new date (step 16).
- Was a second appointment missed? Yes: the referral goes back to the referrer under the local policy (step 16).

## 8. Exceptions

- A referral arrives with no patient contact details: the clerk contacts the GP practice and the referral is held in a separate list with a date so that the waiting time is still counted.
- The hospital cancels a clinic session at short notice (about 2% of sessions): the clinic manager rebooks affected patients first, in order of priority, and records the reason.
- A patient asks to move the appointment several times: the booking clerk offers the options in line with the local policy and records the number of changes.

- A referral is duplicated by two senders: the second one is linked to the first, and the date of the earlier receipt is kept.
- The booking system is unavailable: bookings are taken on paper with the original date and entered once the system returns.

## 9. Controls

- The receipt date of a referral is recorded at logging and cannot be edited by booking staff.
- Triage priority is set only by clinicians, and the booking clerk cannot change it.
- Every offer, reminder, chase call and did-not-attend contact is logged with the date and the channel.
- Overbooking and extra sessions need the clinic manager's approval and a recorded reason.
- The waiting list is validated at least weekly and the validation date is reported.
- Reports use counts and medians by specialty and carry no patient names.
- Rules for removing a patient from the list follow the local policy and the applicable national standards, and each removal records the reason.

## 10. Known issues today

- Referrals arrive by several channels and the same case appears twice with different dates.
- Triage is slow in the specialties where one consultant does it, and the queue grows when that person is on leave.
- Reminders go to old phone numbers because contact details are not checked at registration.
- Slots freed by cancellations a few days before the appointment are often not refilled.
- The waiting list report is built by hand and reconciled late, so breaches are found after they happen.

## 11. RACI matrix

R = responsible (does the work), A = accountable (owns the outcome), C = consulted, I = informed.

| Activity | Referral Clerk | Triaging Clinician | Booking Clerk | Clinic Manager | Waiting List Analyst |
|---|---|---|---|---|---|
| Log, check and register referrals | A/R | I | I | | |
| Triage by priority | I | A/R | I | | |
| Book against capacity | | I | A/R | C | |
| Create extra capacity | | | C | A/R | I |
| Send offers and reminders | | | A/R | I | |
| Record attendance | | | I | A/R | I |
| Handle did-not-attend and rebooking | | C | A/R | C | |
| Validate the waiting list | I | | R | C | A/R |
| Report waiting list figures | | | | A | R |

## 12. KPIs

| KPI | Definition | Target |
|---|---|---|
| Referral to triage time | Working days from the referral being logged to the triage decision. The target is 3 working days for routine and 1 for urgent referrals. | [set] |
| Median wait to first appointment | Median weeks from the receipt date to the first attended appointment, by specialty and priority. | [set] |
| Share booked within target | Share of referrals booked within the local target for their priority category. | [set] |

| KPI | Definition | Target |
|---|---|---|
| Did-not-attend rate | Share of booked first appointments where the patient did not attend without notice, by clinic. It is tracked next to the reminder channel used. | [set] |
| Short-notice slot refill rate | Share of slots released with more than 48 hours notice that were filled again before the session. | [set] |
| Waiting list validation age | Days since each specialty's list was last validated. The target is 7 days or less. | [set] |

## 13. Revision history

| Version | Date | Author | Change |
|---|---|---|---|
| 1.0 | [date] | [name] | First as-is version |
| | | | |

*Free template from processfix.ai. You may copy and adapt it. The company in the example is fictional.*