COMMON REFERRAL SYSTEM (CRS)

Policy and procedures for use

Updated 18-Feb-14

Contents

Aims

The aim of this policy is to provide a framework of procedures for organisations and individual users who have access to the CRS. By engendering a shared commitment to quality standards, we aim to create a system that all users can have confidence in. We are committed to a process of continual improvement, and to that end the system and these procedures will be reviewed and revised periodically.

NCAN commitments

- Providing training and support for organisational leads and in-house trainers.
- Supporting and resourcing in-house trainers to cascade the training internally.
- Resolving technical issues and problems in a timely fashion.
- Anonymising statistical information drawn from the CRS.
- Monitoring useage and following up overdue referrals.

Individual user responsibilities

Taking joint responsibility

- The success of the system depends on individual users taking joint responsibility in the process of making, receiving and tracking referrals.
- On occasion, particularly in urgent cases, direct communication by phone will be necessary to supplement the email updates and notifications generated through the CRS.

Online security and password guidance

The CRS is set up with a high level of encryption to ensure client information is safely stored, and each username and password is unique. It is the responsibility of individual users to ensure that passwords are:

- kept securely and confidentially
- not given to an unauthorised user to gain access to the system.

It is recommended that users change their password at least every six months. These should be at least 8 characters long, should contain numbers and a mixture of upper and lowercase letters, and should use other characters such as # *@ $ etc.

Confidentiality and client consent

Confidentiality and consent are key in ensuring the integrity of the system. We ask users and organisation to abide by the following commitments:

- All organisations must have their own confidentiality policy which will cover information sent or received through the CRS.
- Information received through the CRS should not be passed on to a third party unless the client has directly given you permission to do so.
- Referrals must only be made with the full knowledge and consent of the client.

This consent (to pass on case details as part of the referral) should ideally be confirmed in writing, ordinarily as part of your own in-house consent form (if you have one). Where this is not practicable or appropriate (e.g. with a telephone enquiry), verbal consent must be obtained.

Some points to remember:

- By submitting a referral using the CRS, the user is confirming that the client has given permission to the referral being made.
- A client consent form does not need to be sent to the organisation receiving the referral, but they will need their own authority to retain client data.
- The CRS is only intended to record information and should not be used as a case management system.

Making appropriate referrals

Users are asked to regularly check the NCAN Advisor Directory for organisations signed up to use the CRS, which can be found at:

http://www.norfolkcan.org.uk/directory/advisor-directory/

Receiving referrals and acting within agreed timescales

CRS users are committed to keeping to the agreed timescales:

- to acknowledge receipt of a referral via the CRS within three working days (including the date on which the referral was made;

- to close the referral via the CRS within a further five working days and leave a comment as to the action that has led to the case being either taken forward (positive outcome) or not (negative outcome).

If it is not possible to keep to these timescales, for example if you are unable to make contact with the client, you should contact the referring organisation to discuss how to proceed and leave a note on the CRS to confirm the agreed action.

Feedback and troubleshooting

The continual improvement of the CRS depends on receiving timely feedback from users. As well as contacting us with technical problems, please let us know about any blocks you are experiencing in using the CRS and feel free to suggest improvements.

Organisational lead responsibilities

General

- To help ensure individual user responsibilities are met in your organisation/team.
- To liaise with NCAN in setting up training programmes.
- To be a point of contact for resolving issues.
- To take organisational responsibility for the use and development of the CRS internally.

Nominate an in-house trainer

As we widen the use of the CRS, it is not feasible for NCAN to train every individual user. We ask you to therefore nominate one or more in-house trainers who can cascade the training internally and work with NCAN to set up new users. This process is quite simple, and can be integrated with your own best practice guidelines and in-house policies and procedures.

Setting up administrative contacts and internal processes

Organisational leads are responsible for establishing and overseeing internal procedures for monitoring outgoing referrals and responding to incoming referrals. To this end, you will be asked to:

- Provide an email address to be used as the main administrative contact on the system and ensure this email is checked on a daily basis.
- A procedure to determine who will acknowledge receipt of incoming referrals and who will close the referral (recording the outcome on the CRS and adding notes about action taken). This may or may not be the same person.
- A procedure for monitoring outgoing referrals.

Ideally, all advisors receiving and making referrals will be set up with a CRS account, with the administrative contact person monitoring incoming referrals and forwarding them to the appropriate advisor to action. Alternatively, you could set up the administrative contact to be responsible for making all the updates on the CRS with instructions from the advisor.

Similarly, outgoing referrals can be monitored centrally through an administrator, or through the individual user making the referral.

CRS review meetings

NCAN will organise meetings from time to time, to help identify and tackle any problems and blocks with using the system and to assist NCAN in the strategic development of the CRS. The meetings are also an opportunity for networking and sharing best practice between agencies.

We ask that, where practicable, organisational leads either attend these meetings or arrange for a representative to attend and that information and learning obtained is then cascaded to other users.

Updating Advisor Directory

Organisational leads are responsible for keeping the Advisor Directory up to date (or nominating someone else to do so) with detailed information about current services provision. The directory user will be asked to sign an agreement form and will be issued a password and instructions use (it's very simple to use!)

Closing user accounts

Organisational leads are responsible for informing NCAN when any CRS users either leave the organisation or no longer need access to the system so that we can close down obsolete accounts.

Switching referral status on and off

As organisational lead person you can temporarily switch off the capacity to receive referrals through the system if you are unable to accept new referrals because of, for example, staff training or excessive workload. You need to remember to switch it on again when you want to resume availability for receiving referrals.

Advisor resources

NCAN is keen to promote best practice in relation to making an initial assessment, making an effective referral, and determining when to signpost and when to refer. We have developed some training materials and invite you to make use of these where appropriate.

These are part of the Advisor Resources section on our website, which also includes self-help resources for clients. We invite you to make use of this tool, and to help us develop it as a means of sharing information and resources across the sector in Norfolk.

http://www.norfolkcan.org.uk/advisor-resources/

(See in particular Quality Standards/Triage Assessment)