

## CareConnect eReferrals Usability Survey - Qualitative Answers

Number of Referrals, why not?

1	Wasn't aware of it.	
2	Clinical notes do not show automatically in referrals - have to cut and paste into referral.	
3	I dont know haw to use.	
4	I dont know haw to use.	
5	I dont know haw to use.	
6	Prefer to use traditional methods	
7	It had problems when rolled out	
8	Dont know how	
9	Not yet installed at my practice	
10	Dont know how.	
11	Too many questions that are compulsory otherwise it wont send off, so it slows down consultation	
12	I don't know how to.	
13	Ive tried them but elected not to use them. The current eReferrals system is too time consuming to complete and putting extra unrewarded demand on the GP in both consultation and administration time but particularly the latter and there is no reward/consideration/reimbursement for this.	
14	The current e-referral system is too time consuming to complete putting extra unrewarded demand on the GP in both consultation & administration time but particularly the latter AND there is no reward/consideration/reimbursement for this!	
15	The current e-referral system is too time consuming to complete putting extra unrewarded demand on the GP in both consultation & administration time but particularly the latter AND there is no reward/consideration/reimbursement for this!	
16	Should be using more	
17	Have tried 3 times, failed or I got confused.	
18	Will use in future as necessary	
19	Had forgotten it was available	
20	Takes too long	
21	Time consuming and cannot do in consult	
22	Profile for Mac	
23	Slow and Clumsy	
24	Mac User	
25	Can't get them to work for regional services eg Oncology, from Waitemata District	
26	I am noit sure if I am actually using the latest CareConnect eReferral. Shifted to 2 Onions Cloud and the referral form still seems to be the old ones	
27	Need to be taught how to use as am not comfortable with computers.	

28	There has been no training	
29	Too slow and awkward. Requires lots of double entry data input. Often this data included in notes. Also sometimes asking for information that the hospital wants but has little bearing on our decision to refer nor urgency required.	
30	I've started using when first came out but then it was too complicated and they can't make it simple if they want to send you back the referral you end up with a bunch of papers instead of just telling you oh you missed to a simple investigation etc better to do a letter and finish it	
31	Never been shown how to.	
32	I wasn't aware they were available	
33	Haven't used them yet	
34	I do better referral letters without the tool and it doesn't cover enough specialties	
35	On initial use found it complicated and difficult.	
36	Need more education	
37	Found it too time consuming	
38	Several times a week	
39	3 x weekly.	
40	NB, sometimes unable to use as does not load.	
41	Occasionally long time to load if I'm in a hurry	
42	Available to Mt Wellington FHC, not available at Hillsborough Medical Centre	
43	Not able to enter consultations from previous dates	
44	I find faxing a letter is quicker and efficient	
45	Was using them but couldn't get all the info on and sometimes wouldn't work - too hard	
46	Took far too long The form jammed up is I missed out certain questions which seemed irrelevant. Time consuming	
47	Took far too long The form jammed up is I missed out certain questions which seemed irrelevant. Time consuming	
48	Mandatory fields cannot be answered sometimes so the form cannot be completed - waste of my time	
49	Have used a couple of times but gave up. Takes too long to complete - fields too long to upload. My MT32 self-populates all data much faster.	
50	Not able to attach patient notes from previous consultations as can do with medtech letter. can only attach "today's notes"	
51	Awful, poorly designed, not functional at our end,	
52	Not user friendly and too time limiting re history and findings	
53	Because I can still do an excellent referral in MT32 in 30-60 seconds that is a better letter and infinitely faster.	
54	Not educated in them.	
55	Impossible to identify in patient outbox record where referral has been sent without opening the referral - each one separately.	
56	DO NOT BELIEVE IT IS COMPATIBLE WITH OUR PMS (PROFILE FOR MAC)	
57	Applied but no confirmation set up and no training in how to use	
58	Has not been rolled out to Profile for Mac	
59	I use email, like everyone else in the world.	

226

*answered question* 226*skipped question* 0

**Number**  
**Response Text**

1 I dont believe I have access to eReferrals?

2 Incorrect spelling of my name. Difficulty of attaching documents. Inability to copy and paste from Medtech.

3 Compulsory tick boxes

4 Not able to add the consultation notes that I select from the past. Takes a bit long. Does not create a reminder for the clinician in the PMS.

5 .

6 Not able to insert current clinical notes into referrals, have to cut and paste and limit amount of words. Not able to submit Full History

7 Clinical notes do not show automatically in referral - Other issues exist with Discharge Summaries.

8 Not always finding the right hospital if its out of our area. I am not au fait as with the Wizard.

9 Long delay to load - unpredictable. Occasionally does not connect. Frustrating waste of time. With acknowledgement process, does not indicate which clinic

10 Cant cope + paste things in due to ? word count/format. Cant choose which clinical notes to insert into history

11 .

12 Inflexible tick boxes, compulsory fields

13 .

14 .

15 .

16 Not all services included. Difficult ot get older Inbox documents.

17 .

18 .

19 Having to learn now.

20 Cannot atach old consultation notes. Not all specialties are found, CMDHB vs ADHB does referrals go to correct DHB? Some of the time templates not specific enough.

21 Unable to go back to previous page once I have come to referrals details to change the department or priority.

22 Small window of time for attachments. Algorithms dont always work for patients

23 No Community Referrals

Sometimes a bit confusing to get around. Not enough space to add in information. Not able to see clearly what I have written as I go so that can alter. Not able to type over highlighted area - have to delete and retype. Medicines transferring over has strange date if not prescribed for some time and will not allow referral to be sent. Difficulty changing date in e-referral that was last Rx. E-referral always delcined initially as our practice number has not self populated the full 6-digit ID.

25 N/A

26 .

27 .

28	Cannot attach old blood results and reports t it.	
29	Trying to put dates from many years back is very time consuming, trying to add a long list of medical problems (classifications) is also difficult	
30	Inflexible barriers to referral in some situations, requiring a very time consuming phonecall.	
31	Ht and Wt not auto-populating. Sometimes slow.	
32	Not enough free text. Too many tick boxes y/n. Too many rigid questions that are not relating to the care esp in the gynae/obs referrals.	
33	Is there enough info for specialists especially when not in before.	
34	Tick boxes that require filling out before submission as some boxes are irrelevant.	
35	.	
36	Cumbersome. It is quicker to write a referral letter	
37	Attachments timeframe is too short - I have to search and add attachments before a certain date.	
38	.	
39	Often dont have the information required and give up and use normal letter. Too rigid, doesnt apply to the problem.	
40	Problems with attachments. Too many boxes to tick on some referrals.	
41	Major problem with MEDTECHS classifications us used by everyone for ongoing problems (ticked Long Term) and past history not ticked - the past history does not cros populate.	
42	Not enough space in some boxes, not easy tocopy and paste/incorporate consult notes due to multiple boxes to fill. Slow	
43	Problems with attachments. Too many boxes to tick on some referrals	
44	Lack of flexibility to add information on clinical page. Haven't worked out how to pick and choose which consultation notes I want to add, rather than just the last consult	
45	n/a	
46	Cannot attach some files	
47	.	
48	Essential information boxes: occasionally these boxes aren't able to be filled for various reasons. It would be good to have the option of n/a in this situation so referral could still be sent.	
49	The burden of extra time taken doing what amounts to 'free' triage work for the DHB.	
50	The burden of extra time taken doing what amounts to "free" triage work for the DHB!	
51	The burden of extra time taken doing what amounts to "free" triage work for the DHB!	
52	I understand they are not linked directly to computer system in DHBs and are printed off then hand delivered to relevant department. Not sure if that is correct but if true not sure that helps alot. Also not using them currently for Acute referrals as not sure if indicated or accepted for that.	
53	Time to get up and enter slower than referral letter with Wizard but probably just practice. Made a mistake in referral choice then could not get out of the system. My receptionist tried and same problem.	
54	Complexity - too much information needed. Computer dependent - computer failure = loss of work done. Limit of Consultation notes to be added, when presenting symptoms have often been in previous consultation.	
55	Not able to take large complex referrals. Dont know date of Entry is. Have tried to enquire but no one knows.	
56	Time taken,. We are supposed to be getting better quicker service for outpatients - no evidence of this at my practice	
57	Restrictive - attachments are very difficult - will frequently reject attachments	
58	Perceptive. I cant include Scanned documents	

59	Unable to uploaded multiple photos -	
60	.	
61	Pasting consultation notes in to the letter	
62	Havent used brrt imagine it would be difficult to edit some of the information to send.	
63	Absebce of some departments that often require complex referrals such as Mental Health or Geriatrics	
64	Takes longer	
65	Unable to request Radiology, USS, Xray. Not able to attach the notes from previous day.	
66	nil	
67	Limited space 400-600 characters, its not intuitive. Doesnt self populate	
68	nil	
69	Community Psychiatric Referrals not available	
70	enterring clinical details as it will accept only the last record on the PMS. This means that you have to cut and paste Has no field for - Referrals to A+ links, Services for Elderly, Neurosurgery[]	
71	Fetching older results fiddly, difficult to remember which is 'fetch'.	
72	Having to add fax numbers every time. Can occasionally be quite slow More difficult to use than written referrals as does not allow you to write things down in your own style. Limits number of words you can use. Requires	
73	you to fill in some questions not relevant to that patient.	
74	Occasional referrals does not actually fit the specific tick boxes.	
75	No ereferrals for Older Peoples Health, Psych services, Xray.	
76	Inability to send photos	
77	Not able to copy from notes older that the most recent. Still havent figured out how to attach scanned report. Can we do that?	
78	Restriction of number of words, no radiology	
79	No always enough space to write in, this asked are not always relevant to the problem. Sometimes gets stuck and doesn't work if large files	
80	Some specificity have only a certain classification/diagnosis that you have to fit into	
81	.	
82	Nothing I don't like! One thing, its is annoying when you can only write 200 words to certain fields	
83	Length of time required to complete List of referral options : not all are included, 'Other' does not work. Not User-Friendly - some questions that come up are totally unrelated to referrals.	
84	Attaching documents: not all are displayed in attachments	
85	You cannot attach previous consultation notes, ie only today	
86	Some of the referrals too RIGID in the information they collect. Also I dont quite understand what "Request for information" means	
87	.Does not cover all specialties, eg, mental health, older adults	
88	Not able to copy from notes older that the most recent. Still havent figured out how to attach scanned report - can we do that?	
89	.	
90	. Not available for Mental Health, Older People and Extramural services[]	
91	eight and weight not prepopulating	
92	cannot attach old consultation note. Primary options can do this part much better.	

	Advanced editing always crashes the form.[]	
	The paste notes section is cumbersome and difficult to use - should be changed to be modelled on the excellent Primary Options form. []	
93	Date of previous referral box is almost unusable - no manual entry option and no easy way to scroll for a date which is usually unknown or years ago.	
94	Current eReferral form does not flow as per a usual referral. If I am using the latest, then not easy to put in notes	
95	Nil. Not all doctors are open to this method of sending them	
96	Clunky, slow, doesnt populate clinical notes easily	
97	The speed and layout of attached scanned documents	
98	Not enough options for referral. Needs NASC, Geris etc.	
99	Repetition of same questions	
100	Is is only possible to paste very last patient entry so if a nurse or other provider writes and entry, one has to type complete history etc. Would be necessary to choose which part of consult notes can be pasted.	
	The initial click and delay to access healthlink forms is redundant and time-wasting. I only ever use this to access care connect referrals and would prefer a one-click link directly to that.[]	
	Some fields do not accept enough data and refuse to transmit if you have typed too may characters.[]	
	Some services have an annoying number of silly questions and fields to complete.[]	
101	Not all services use care connect. Why is that??	
	Time to load and send forms.The IT shopuld be faster! Referrals now take longer to create.[]	
102	Cant see content of attachments both before and after attached.	
103	.	
	Often take more time if it is a more complex referrals. Difficult to report have some which have not yet been scanned into the computer. Still unable to	
104	send Xray reports this way	
105	.	
106	Wish that we have ultrafast broadband to our suburb. Cant do certain referrals to certain hospitals such as CMDHB and part of Waitemata DHB	
107	Some repetitive questions	
108	New routine fiddly	
109	Unable to esily add old notes. Slow to load. Not able to attach scanned documents. Lack of forms for Allied Health or Geriatrics	
110	Having to locate referrals criteria	
	Inability to use consultation notes other than most recent easily, and strict restrictions on number of words allowed making heavy editing of notes	
111	necessary which is time consuming and annoying.	
112	Cant attach all related documents	
113	Learning efficiency	
114	Doesnt cover all referrals	
115	Cant publish if clinical criteria does not meet	
116	nil	
117	Cannot fit all patients into all 'boxes' of helathlink. Wont pick up saved documents of 10 years ago.	
118	Daily records are not self-populated. Some services are not included. It is going to CMDHB only.	
119	.	

120	Sometimes little scope to add extra information in letter form	
121	Need to include Mental Health. Dont implement new procedures unless they are totally electronic, eg, ESC hip/knee, anesthetics questionnaires.	
122	Slow cumbersome awkward	
123	you can't put all the information ,they need to simplify the process certain specialties do not respond properly or promptly with either requests for advice or accept/decline notices for referrals. Surgery are generally very good, Medicine can take months if it happens at all. Certain specialites send a decline notice through without any reason given eg: orthopaedics at waitemata. I recently mentioned that a patient had been declined twice and was sent a letter by the GP liason saying that he wasnt declined just more information was required. However this is not correct, the response was DECLINE not more info required; all info was on the referral, and a note was attached saying the referral was being returned and no record of it was being kept - it is a convenient way of keeping numbers for those waiting for	
124	responses low and making the service look good.  Referrals being sent to the wrong DHB because the electronic referral defaulted to that DHB even though that particular speciality wasn't based there.	
125	Needless to say the referral was rejected and I had to print it off and send it off manually to the right DHB. This was a time waster	
126	.	
127	Never used it.	
128	Limited space in Referrals Details. Difficult to 'drop in' notes other than last consult. It would be better to be asked what date one wants to 'drop in'	
129	Does not automatically propagate information, unable to put in list consult easily	
130	.	
131	Limited number of words allowed, difficult attaching things to referrals, Can seem to attach previous clinic letters. When you make a referral, and look back it is not clear who it sent to without opening document.	
132	If referrals is sent, patient may not end up getting an appointment with that specialist and go to another specialist.	
133	Difficulty with being able to send to specific doctors. Difficulty in identifying specific services eg, surgery or paediatrics for paediatric surgery. Is NASC or Physio available? Computer issues where we have none /other info, next to a phone number so system makes us remove this before it will send.	
134	The time it takes to load attachments	
135	doesn't cover specialties I refer to. I hated opening the form to find it wasn't suitable for the referral I was about to do	
136	.	
137	Slow. Can't attach scanned documents. Many irrelevant boxes. Doesn't allow Consult notes to be attached easily. Sometimes need to duplicate details/information. The saved referral does not show what clinic it has been referred to Must open each one to ascertain	
138	where the referral was made.	
139	Length of time it takes. unable to paste relevant consultation notes. Only able to paste most recent notes Not all departments available - NASC/Geris. Acute admissions still faxed. Inbox documents list doesn't go back far enough for some patients. Have to	
140	fetch/add as an extra step	
141	Unable to attach documents not in Medtech, eg, scanned docs., therefore not sure if unattached documents are arriving at the same time as the referral	
142	need help for non IT people to understand	

143	May just be things I need to get familiar with, eg referral for Bariatric surgery, I could see criteria questionnaire to see if patient fulfilled criteria as part of referrals	
144	The medication box: doses dont come across accurately and difficult to fix. Often struggle to get attachments across and be sure you get them. Too many characters in some boxes inserting into.	
145	You cannot add previous consultation notes only the most recent.	
146	Unable to write own information/history in. Slow to learn.	
147	Not all clinics are available so still have to do a mixture of both	
148	.	
149	Can not include clinical record for consults prior to day referring unless copy and paste from outbox. Patient contact numbers have extra no. or it may be their daughters number but if any alphabetical symbol wont submit.	
150	Inability to attach some files post starting referral	
151	Some of the referrals templates are too restrictive. Also they cannot be amended after sending.	
152	Some of the boxes that need to be filled in - filling in info twice. Not all specialties represented.	
153	Superfluous boxes which can be duplicated. You can end up rewriting stuff. Not having geriatrics.	
154	The specific boxes that must be filled in. The options do not match what the patients has I find it is prescriptive.	
155	Some referrals forms too restrictive, and cant bypass some questions which are not relevant or unknown	
156	Unable to pick what part in clinical note if needing more, needs to be more like Wizard.	
157	I would like to be able to include old notes in letter, to have the choice.	
158	Slow to load and long time when selecting options. Inability to attach results >3 months old. Limited range of services, no Paeds, ENT. Annoying refusal to send if dates are entered incorrect format, long time to correct if some information is unknown eg, fertility services	
159	My medications dosages all appear as 00.00. I find it difficult to negotiate to different screens. We do not have a scanner to attach paper. Poorer letter quality.	
160	Some services still not available under other, The ability to right-click to go back, not apparent unless told.	
161	Some times problems uploading info, eg results, hosp letters, scanned documents	
162	Unable to attach scanned inbox records, referrals very formatted and unable to override this. Not easy to upload clinical data	
163	Quick acknowledgement of receipt.	
164	Too slow, too cumbersome, cant cut and paste, no 'Wizard' functions	
165	.	
166	When I request advice only sometimes get no advice but receive a reject for a clinic appointment (Which I never asked for) The department does not seem to know it is a request for ADVICE only. Does not auto-fill from the text (which Wizard does) No embedded info to assist with management - might help to reduce need for referrals.	
167	.	
168	Cannot attach photos on referral with medtech	
169	Such detailed information requested, eg wt, ht, I then had to ring pt to fill in the form later in the day. It costs me time.	
170	Such detailed information requested, eg wt, ht, I then had to ring pt to fill in the form later in the day. It costs me time.	
171	Get used to it, initially not knowing prerequisites for some referrals	
172	Mandatory fields, not all patients fit into your format so better write own letter as is frustrating to find have to abort as something is missing	
173	Not enough room often to write in clinical notes. Not available for Waitemata Health	



	Not able to include consult notes from other days apart from the latest note.[]	
174	When referral is listed as acceptor it would be helpful to have which clinic accepted by- useful to see in pt inbox	
	That you can only copy in the most recently entered notes in the daily record. Often its the entry before the last note that you want to include. Also with the ortho referrals when when you fill out all the questions, a month later they send you another questionnaire to complete. No good system for	
175	replies to Requests for Advice Only	
176	Cut and paste or populate clinical notes a little messy. Uncertainty re attachments - cant see photos	
	Some fields have an unnecessarily short maximum character lengths - ie some text boxes need to be able to take more info. Same applies to	
177	attachments, difficult to attach photos without hitting limit	
178	.	
179	Unable to Wizard in notes (I know I can cut and paste but it is slower	
180	N/a	
	relevant forms needed by the departments eg for obesity or tonsilectomy referrals are not on there meaning they have to send back the referral with	
181	the form. This delays referral, and defeats the object of a paperless system	
182	Not all hospital services have a specific e-referral form and the generic form is less usable	
183	Time	
	as above.[]	
184	to do a letter with medtech letter takes 2mins	
185	Required fields	
186	Cant label them so we know what the referrals was at a glance etc etc	
187	n/a	
188	More work and information	
	Difficult to insert notes from Daily Record into the template[]	
189	Complex referrals are not easy to include necessary info. Some templates have difficult questions	
	1. Does not pick up free text History from history page.[]	
	2. Does not pick up Wt and Ht where these abbreviations are used[]	
190	3. Text boxes for entering clinical notes need to be a few lines longer - too much like a letter box at present	
191	Many questions to answer sometimes	
192	To slow	
193	You are locked in if everything not perfection it will not transmit.	
194	Doesnt populate last consultation. Doesnt self populate Family and Social history. Easier method to populate previous Consulting history needed.	
195	Not enough room to write longer detailed letters and unable to attach scanned documents	
196	Some areas are quite repetitive. Do not like the reset NEXT button on the fat Right Corner	
197	Can be fiddly - ticking all the boxes	
	Using the date box re weight and height. Having to cut and paste in 2 bits from MedTech to fit the referral box. Not being able to add scanned	
198	documents	
199	Some specialties not listed as below	
	Time taken - 4 minutes for a referral which took 40 seconds to do in the traditional way. []	
200	Getting a second Email to confirm receipt	

	not all specialities use the system. Some specialities require quite specific information e.g. gynaecology	
201	At times difficult to attach larger files	
202	difficulty easily attaching recent or old notes or lab tests or letters from other clinics.	
203	Format is appalling- to have yellow boxes with red writing is awful and some referrals are limited in the amount of txt that can be typed which is ridiculous	
204	We can't use it for some specialties; it only allows you to insert the most recently written notes whereas often the nurses have written something after us and we want to insert earlier notes; it can be inflexible eg referring someone to maternity for pre-conceptual counselling and it wants their LMP	
205	That there are so many varieties and that there are so many boxes to tick, it is not automatic enough. Also I have many complex patients, my letters can all be labelled as to which Clinic they are sent, but the eReferrals are just all labelled the same so that if you (or your patient) wants to know when you sent a letter to a particular clinic you have to open and close each Ref letter to see to whom it was sent, many of my patients have 10 letters sent in the past year. More importantly, the eReferral seems to include the "Classifications" Read Codes but not the "History" Codes judging from the last one sent by another doc in my clinic (I don't use them, plan to talk to her soon).	
206	It takes ages to load - one referral takes about 7-8 minutes to finish! Recently I had a lot of unsuccessful referrals because it cannot load the attachments, i.e. lab results or scanned items.	
207	Too many clicks to get to the referral section. Should be directly to referral form. <input type="checkbox"/>	
208	Not having all services available eg. physio, needs assessment etc! Easier to type and fax rather than completing the form, then printing the form then faxing it.	
209	No radiology referral ability	
210	space is limited in cases where more information is required	
211	it is very clumsy old technology compared with using microsoft word, it is almost impossible to easily import information into the referral and wastes a lot of my time	
212	Getting date of previous referral in correct date/format. Takes too long to search out. I often use date of last clinic letter.	
213	Bug in system shuts me down intermittently	
214	See above - I need to be able to easily see where the referral is sent on scanning the patient outbox record - the referral history is important for long term patient care and my records need to be easy to read.	
215	tiny view of the text fields, not much better w Advanced Editing button; unable to use MedTech wizard to copy/paste, the Add Last Consult button helps a little, but I find I am going back and forth a lot between the form and my notes - clumsy; sure, clinics don't want too many notes, but the current limitations make completing the form time consuming and feel punitive; unable to scroll up and down in the tiny text fields with the mouse wheel; unable to cancel a referral half way thru, ie it sits in the notes like it has been sent; I had to google HPB under general surgery - must you use abbrev's? We are limited in how far back we can select lab results, often I want to go back further to show trends eg PSA results.	
216	that it takes a few seconds for the form to open up and the form doesn't fit our screen	
217	need to get more clinic categories established eg NASC	
218	N/A	
219	haven't used	
220	Its a bit ambiguous about where to put clinical details, but Ive got used to my own system for using it and it seems to work well.	
	the pre-op screening questionnaire for hernia and joints, very long delay in getting responses if ref declined or further info requested	

221	seem to be LOST where they are not directed to a computer eg printed and sent to ACH for assess etc, sometimes stupid limitations on fields - describe symptoms in less than 200 characters. No Xray referrals, No ATR referrals, No Psych referrals,	
222	Unable to comment	
223	Layouts for each specialty different and sometimes excessive unnecessary information required ESP women's health	
224	Nothing	
225	A complex cryptic answer to a question better answered by email 2 decades ago. - slow processing	
226	- sometimes error message halfway through referral	

<b>List the things you like Best about eReferrals:</b>		
		<b>Response Count</b>
		226
	<i>answered question</i>	226
	<i>skipped question</i>	0

Number	Response Text	
1	.	
2	Assurance they have been received.. Speed	
3	Fast	
4	Great Tool	
5	I would like to useit but dont this we have it?	
6	Confirmation of consult received.	
7	.	
8	Done and dusted	
9	Rapid, can communicate with specialist/clinic	
10	Quick and easy, can click on recent clinical notes to be added.	
11	Fast and efficient, NO paper and faxing, Brilliant Service!	
12	Ataching photos and scanned documents	
13	.	
14	.	
15	.	
16	Electronic saves printing and faxing. Scanned documents included. Immediate acknowledgement.	
17	.	
18	.	
19	.	
20	Fast , the choice of appts, specialist advice. Better than paper referrrls	
21	No hassle with the fax machine. I know when referrral has been received.	

22	Quick, easy to use,	
23	No more paperwork. Electronic recording, Would be good to have more options/departments to refer to, including community services. Better time utilisation and not having to wait at fax machine to send or ensure fax has gone through. Quick notification that this has been received. Tick	
24	boxes to add other info.	
25	N/A	
26	.	
27	Subject specific templates useful, eg, hip, skin cancer. Ability to attach photographs useful.	
28	Assured referral is received on the other end.	
29	It is easy to use, and free flowing. Get responses that it has been accepted promptly.	
30	So quick, so easy, immediate notification that the referral has been received.	
31	Referrals confirmed straight away. Autopopulate classification, etc	
32	Speed, know it is received.	
33	Templates for most specialties, make very easy referrals	
34	Fast and quick without needing to fax.	
35	.	
36	Ideally it should be done at the time of the consultation so that gaps in the history /exam can be done at the time of consultation	
37	Efficient, fast and stops unnecessary duplication	
38	Quick	
39	Can be quicker than the typed letter.	
40	Info attached. Quick.	
41	Directs you if certain information is required depending on specialty. Cross populates, can tick things to attach. Can incorporate scanned documents (though limited, scanned docs from rest homes/ private hospitals overload, have to leave out. Instant referrals	
42	feedback received.	
43	Info attached, quick	
44	Quick. Get acknowledgement of acceptance straight away. Have had one referrals sent, accepted but no appointment, when rang scheduler she said no record of receiving.	
45	n/a	
46	Easy	
47	Easy referral rejection. Referral not electronically accepted for a silly reason. Knowledge of acceptance.	
48	Easy to add information, classifications, meds etc. No need to print or Fax but process for the GP to do a 'normal' computer based patient management system referral (we use Medtech) and to get other	
49	staff to fax it is still less demanding and more time and cost efficient for me as a GP No need to print or fax BUT process for the GP to do a "normal" computer-based patient management system referral (we use Medtech) and to get	
50	other staff to fax it is still less demanding and more time and cost efficient for me as a GP No need to print or fax BUT process for the GP to do a "normal" computer-based patient management system referral (we use Medtech) and to get	
51	other staff to fax it is still less demanding and more time and cost efficient for me as a GP	
52	Some of the templates are useful so you know what information is required for specific conditions.	
53	Good idea, but would be nice if part of Outbox instead of waiting for another link	
54	.	

55	No need for faxing. Gets received.	
56	Nothing yet	
57	Quick, except attachments. guided referrals - asking good questions	
58	Intuitive and basic. Get response within hours.	
59	Previously not able to attach scanned documents/photos but can do this now - GREAT!	
60	.	
61	It gives un certain letters feedback to the specialist	
62	Havent used but think it would be good to be able to attain information with just a lclick and know it is sent and received.	
63	Self population ( although I note BP, Ht and wt are no longer doing this.) Also that the appropriate DHB is automatically selected based on domicile	
64	Can easily capture information. Ensure all info to specialty is forwarded.	
65	Easy and clear, able to get reply of referral and confirm teh referrals	
66	GREAT! Quick, easy, pasting of records, and attachments	
67	.	
68	Must be completed with patient present - not possible	
69	Quick and convenient t check the referral went thru or not.	
70	easy to use, efficient and saves paper	
71	Promptness of referrals acceptance, Acknowledgement into clinical records.	
72	Attaching results etc, Ability to Park, Receipt referrals received.	
73	Acknowledgement that referrals has been received.	
74	Quick	
75	Convenience	
76	Ease of use, acknowledgement of receipt.	
77	Saves printing paper, Dont need to figure out which hospital is the correct recipient.	
78	Means you may have to prioritise and think about the referrals, whether appropriate or not.	
79	No paper, can be quick	
80	Can attach photos but sometimes the referrals cannot be sent either because the photo has too many KB of some other reason	
81	.	
82	Quicker, more efficient, you know it has been received by the hospital.	
83	Prompts for information so referrals complete facts, ease of attaching results and letters. Can prepare for interpreter, disability assistance easily. Can determine eligibility for treatment easily, although this information is not mandatory. Certainty of receipt of referrals with quick response re acceptance.	
84	No need to fax, easy. Acknowledgement of receipt. I preferred the previous referral forms.	
85	-	
86	Can easily add or remove scanned documents and results.	
87	Self populating, data and scripts etc. Acknowledgements of referral, templates for specialties.	
88	Saves printing paper, Dont need to figure out which hospital is the correct recipient	
89	Simplicity, Accessibility, immediate response.	
90	.	

91	.	
92	pull up all essential data sponatneously Quick responses and automatic acknowledgement in PMS. □ List of pre-referral info needed. But please keep to what is really necessary, do the gynaecologists need to know parity and delivery dates for my 80-year-old with vaginal bleeding? GPs won't use the service if they have to administer a patient questionnaire first. Haematology, rheumatology and	
93	fertility referrals are good and actually help with pre-referral management.	
94	Ease of providing data. Able to do off site via Cloud	
95	Save time, save paper, save \$	
96	I do them to help out the hospital and privacy and certainty of delivery	
97	None	
98	Quick response	
99	Prompt referral	
100	Quick able to attach results. Referrals guidelines implemented.	
101	Automatically includes history and medication and easy to add results and attachments Acknowledgement of referral.□	
102	Ability to attach pdfs photos etc.	
103	Not used yet	
104	Good for simple straightforward referrals	
105	Instant acknowledgement - sick of faxes not being sent due to engaged line.	
106	Ease in capturing some details from our database into referrals, ie pre-population of the templates.	
107	Quick	
108	With practice should be quicker	
109	Immediate acknowledgement.	
110	Quick, efficient	
111	Quick, efficient, paper free system, with immediate notification and cut down on human error	
112	.Convenient	
113	.	
114	Not thinking about which DHB to choose fax number.	
115	Acknowledgement of the referrals	
116	.	
117	Fast, gets response thare and then, link to healthlink practice	
118	Quick, didnt get lost	
119	Can free type and cut and paste	
120	Very much easier that formlating individual letters and easier to add inbox documents / classification	
121	Its easy. All necessary information is flagged. Referrals cant get lost.	
122	Might reduce my paper use. Guarantees receipt	
123	that you know it has gone to the service because it is always a worry that the fax is not working or it hasn't gone to correct service teh	
124	quick, can attach inbox items	

125	Ease of use and most of the times the referral gets to the right place more efficiently and as we are sent an acknowledgment of receipt, we also have an audit trail of it being received at the other end	
126	Quick, allow blood tests to be uploaded	
127	Never used it.	
128	Acknowledgement of referral is immediate or next day. Ease of use.	
129	Get auto-response arrived	
130	.	
131	Sometimes the forms do jog you to add something or do something before referrals which is helpful	
132	Efficiency	
133	Once used if a few times it is convenient and reassuring to know its been received and electronic paper trail for audit. Option for opinion/investigations as well as referrals.	
134	Ability to refer specifically to the correct place and include information as specified by the referee. Also can easily attach all types of documents (with a bit of patience). Paper free	
135	.	
136	.	
137	Acknowledgement is fast.	
138	Ease of downloading inbox records, although the number of records could be increased.	
139	Reassurance that it has been received	
140	Specific questions asked per condition ie orthopaedics which body part, type of pain etc. I can easily attach the most recent consult notes - great time saving.	
141	Easy to use (If system working)	
142	less paper	
143	Immediate confirmation of acceptance. Options for electronic communication (virtual advice) other than referring for appointment.	
144	No need to print and fax but difficult to write a NICE letter with sufficient info for the doctor rather than just the screening initially	
145	Confirmation of receipt	
146	.	
147	Response. Please note, still getting letters back to confirm, so waste of resources)	
148	Convenience, electronic record of referrals, able to select patient info to attach	
149	Can attach local file, eg photo, Can provide required info for certain referrals, cuts out needing to submit further later, delaying pts accessing services	
150	Ease to use, immediate feedback	
151	Quick to do, efficient, get immediate acknowledgement	
152	Ease. Response - can see it has gone. Attachments	
153	Certainty referrals received. Clear criteria for referrals help decide if appropriate. The way is can browse and pickup inbox docs.	
154	Is quick to do, Can add all the details eg, medication in very easily.	
155	Paster to get done and patient seems to get prioritised sooner	
156	Quick and given reminders re criteria	
157	Rapidity of acceptance, response. Convenient and easy to use	
158	Acknowledgement of receipt, certainty is getting to referrals office, ability to add lost consult list and attach scanned documents	

159	No better than paper, but do get instant acknowledgement of receipt of referrals	
160	Able to attach scanned documents, user friendly. The limit to no words has been taken off and now better	
161	Easy efficient, quick	
162	Nil paper, acknowledgements	
163	.	
164	.	
165	Easy saves time Quick immediate response that it has been received. Some of the templates assist with management eg, you can't refer until you have some results of x,	
166	y & z.	
167	Easy	
168	Quick easy, no paper, criteria on site	
169	Confirmed that my referral had arrived.	
170	Confirmed that my referral had arrived.	
171	Quick and easy to use. Quick response to say it has been received. Because of set up, know that you have included necessary info.	
172	Could be quicker if format not so restrictive	
173	Quick simple easy to access, ability to send/attach photos	
174	Quick, and you know it has been received	
175	Nice and fast, Note back to confirm receipt, Often reminds you of things you need to do before sending a referral.	
176	Time saving acknowledgements, ability to preview	
177	Quick and easy, Prompts me for info specialist is likely to want. Less likely for referrals to be misplaced between practice and hospital	
178	Fast, paper free	
179	Saves referrals being rejected because criteria is not filled	
180	Covers critical information to include	
181	quick to get feedback of acknowledged referral.	
182	ease of use esp in adding existing data	
183	Great idea, but can be cumbersome. I will look at re-trying it again next month.	
184	it goes to right department rather than central processing place. get feedback that received referral	
185	Speed	
186	I have been spared the frustration and time spent by those early adopters who are still waiting waiting waiting for changes to be implemented	
187	Instant fast service, Able to attach files	
188	Less paper war	
189	Reasonably quick, Easy for simple referrals	
190	Reliability, acknowledgement form has been received.	
191	Prompt answer	
192	Always have confirmation this referral has been received	
193	Save paper	
194	Quick response from DHB. Ability to send documents.	
195	Very fast response and acknowledgement that they have been received, and ease of use	



196	Avoids lost faxes. Instantly now the referral has got through. Can cut and paste notes into the letter	
197	Knowing that it has been recieved	
198	The immediate acknowledgement	
199	Acknowledgement of referral	
200	Acknowledgement when referral submitted guidelines built into referring system quick turn acknowledgement of receipt of referral	
201	reassurance that the referal hasn't been lost on some fax machine in the middle of nowhere	
202	quick and easy . i can write less and if the clinic doctors are not happy with that it's not my problem but the form	
203	convenient	
204	You know it's gotten through unlike the faxes; can be helpful to know what information the department requires/finds useful	
205	Not much but at least you have improved them so that now the comments attached to the Read Codes are included. But not having the History Codes is a major deficiency and not having the area at the bottom of our History section where we write freehand is also a major deficiency.	
206	Referral is acknowledged immediately, it self-populates most info.	
207	Helps in advising patients who does not qualify to be seen!	
208	.	
209	Feedback it has been recieved	
210	ease of referral	
211	at least most of the time the hospital is actually recieving my referrals	
212	Confirmation ref received and also accepted.	
213	Fast, easy to use and quicker than letter. Acknowledgement of receipt instant	
214	Quick and includes all necessary information - can attche scans and photos etc - V good for plastics, dermatoogy etc.	
215	simple format; good to have list of clinics; will more clinics be added eg Dietary/Nutrition?; good to get acknowledgement;	
216	i dont have to worry that the referral was received, much quicker this way.	
217	N/A	
218	haven't used	
219	Efficient, time-saving	
220	fast, receipts available instantly, ability to attach photos and scanned docs	
221	instant , feedback as to received	
222	Unable to comment Quick Able to preview before sending	
223	Confirmation of receipt Speed	
224	Prepopulation data and able to attach lab results etc with a click	
225	Nothing	

- immediate acknowledgement of referral	
- less work for receptionist	
226 - saves paper	

Please write any additional comments, including improvements you would suggest:

	<b>Response Count</b>
	137
<i>answered question</i>	137
<i>skipped question</i>	89

**Number Response Text**

1	It would be interesting to try it out!	
2	Difficulty of attaching documents. Inability to copy and paste from Medtech.	
3	Doesnt seem to work when 'asking a question, or comments' to specialists. Not as easy to use as Northlands one.	
4	Great tool	
5	Transfer of notes from PMS to eReferrals	
6	Allow clinical notes to auto-populate.	
7	Some services require additional specific information - bariatric surgery questions, eg, knee and hip, should be added to referral. Hosiptals need to reciprocate if GPs have to complete mandatory fields. Discharge summaries should precede patient, not after they return to GPS,	
8	Medication changes poorly documented, Mandatory information for Special Authority drugs, eg, number, expiry date.	
9	I dont Think i can do referrals to WDHB or CMDHB? Hand referrals are confusing. After the failure of such systems, I dont go back to using them. They need to be properly implemented at the start. I have now idea how to use the	
10	system.	
11	Encourage colleagues to utilise more, include allied referrals, elderly services.	
12	I guess its still early days see if this eventually improves healthcare outcomes	
13	Thank you for making my life easier.	
14	More departments please. More Community departments,	
15	I think it is a great system and am grateful that it is in place for us to use.	
16	When are we going to have it installed? Can't wait to start trying this please (Dr A England - Kaipara Medical Centre)	
17	Intend to learn soon. Will ask my colleagues how. If acute referrals can be given a heading to which department it should go to, will be a major improvement. Plus radiology addition will be much	
18	appreciated.	
19	Since started using it, very happy with ease and response back	
20	Make it easier to cut and paste notes	
21	Somehow make it easier/quicker to use.	

22	Make boxes optional, not compulsory	
23	Attachments/reports page not user friendly. Need to make sure you can attach/cross populate non-long term classification. Very slow on our computer system. Need information re waiting times.	
24	Cutting and pasting can be tricky.	
25	I have to leave a lot of information out. A major step forwards, but clumsy to use.	
26	Attachments page not user friendly	
27	Please train me in sending eReferrals.	
28	Cannot download scanned documents	
29	More Proforma and links to referral criteria.	
30	Essential information boxes: occasionally these boxes aren't able to be filled for various reasons. It would be good to have the option of n/a in this situation so referral could still be sent.	
31	My perception of the eReferral system as it stands is that it seems to be as much about off-loading work and costs onto already pressured GPs to save DHB staff time and dollars, as it is about getting it right for patients. I believe my own Medtech generated non eReferrals have usually been of excellent quality and if they could just be emailed directly to the appropriate service by me rather than using a too complex, time consuming eReferrals system I would be a lot happier. Another way around it would be for us to allow more consultation and administration time per patient and to have this reimbursed by the DHB in recognition of the off-loaded admin and triage work done by the GP in doing eReferrals.	
32	My perception of the e-referral system as it stands is that it seems to be at least as much about off-loading work and costs onto already pressured GPs (to save DHB staff time and dollars) as it is about getting it right for patients! I believe my own Medtech generated non-e-referrals have usually been of excellent quality and if they could be just emailed directly to the appropriate service by me rather than using a too complex, time consuming e-referral system I would be a lot happier! Another way around it would be for us to allow more consultation and administration time per patient and to have this reimbursed by the DHB in recognition of the off-loaded admin & triage work etc done by the GP in doing e-referrals.	
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34	It would be useful to get feedback from Specialists at the Outpatient Clinics who read these referrals as I am not always sure I am giving them information they want/need.	
35	The only feedback so far is acknowledgement of referral received. The rejection notices still keep coming.	
36	Problem with attachments. Not all specialties available	
37	Need to be able to use Scanned Documents.	
38	Opening access to enable Nursing staff to refer to other service, eg, District Nurses. Other Services, including Homecare Services, Palliative Care.	
39	Will know more when using.	
40	If you ask Just for Advice, the letter still seems to be triaged as being an appointment?	

41	I have used the "Specialist advice"option and get electronic replies from some departments and abslutely nothing back from others. Are all departments aware that sometimes we are using this for non urgent advice only ??	
42	Generally like it!	
43	Radiology referrals and attach previous clinical notes	
44	Suggest be able to paste old clinical notes, not just the last consulation	
45	Seems poorly thought out as mentioned above it is time consuming cutting and pasting. It would be nice to be able to tick the relevant consultations and they would be transferred	
46	to the referral like the lab/ xrays and consultant results or like Konnect insurance medicals	
47	Wonderful facility	
48	Increase number of characters able to be written in each field.	
49	Ability to include notes - clinical	
50	Ability to send photos	
51	Radiology to be included, ADHB referrals to be included.	
52	Would be good to send Radiology electronically	
53	Need to make eReferrals functional for Profile for Windows	
54	Not all departments have address/facility to receive referrals by email, eg, psychiatry, physiotherapy etc. Because there are so many boxes, this makes the referral difficult. Sometimes you ask for information that is not relevant, eg, Urine result for certain	
55	gynae referrals. Attachments: This is my biggest issue as the means the information is incomplete.	
56	Quality of letter I can write in Medtech	
57	Referrals to Mental Health, District Nurse/OT/Physio and Geriatrics.	
58	I am very happy with the system	
59	Notes and attachments As above - notes entry section, date of previous referral section, and options for referring to regional services need work. And please fix the orthopaedic form to include the necessary grading tools, then get the orthopods to actually read them. It is really annoying to put all the information from the hip and knee questionnaire into a referral, then get a paper copy of a grading questionnaire back by snail mail. ☹ And if hospital specialists would actually use the community dispensing record in Concerto, they wouldn't need to complain about not having a record of the mysterious cream I prescribed (missed from the referral because of the unfriendly attach notes window). ☹	
60	After all that, I love e-referrals and look forward to being able to use them all the time. Please let me know if I am on the right version!!! Have requested this from 2 Oniions with little response to date☹	
61	Dr John Cameron, Westmere I end up composing a letter and then pasting it into the ereferrals (double handling) Please add a drop down menu so I can put clinical notes into the	
62	referral easily	
63	If WDHB and CMDHB also possible will be great	
64	Give more options of referral services such as NASC, and Home Heath Care, District nurses	
65	Need to add other departments such as Mental Health Would be good to get electronic message with priority assigned and expected wait time - rather than a typed letter stating that the patient is on the wait	
66	list and will be seen in 6 months!	
67	Can someone visit my practice to show me, ph 2668770 Dr Clarice Bennett, I dont have email.	
68	Would like tobe able to attach photos for skin lesion referrals	

69	A link on the referral to the referral criteria for the different conditions would be very helpful	
70	Training would be helpful	
71	Should be able to cut and paste from all our medical records	
72	Ability to add old documentation, ie, 10 years when they might be relevant.	
73	At present Home and Older Adults service doesn't appear to be connected, at WDHG anyway. It would be a great help if it was. Please do not take my agreement as above as indicating that I think the project is working.. The aims do not take into account ease, simplicity and speed of use which are important for primary care. Seems that the project was developed with minimal input from the primary care users. Overall not at all	
74	impressed with it and stopped using it after couple of occasions	
75	the idea of the referrals is great but it needs improvement and discussion with GP	
76	should be able to refer to allied services also such as physio and dieticians. Requests for more information should be clear, not just declined	
77	Never used it.	
78	Need referrals to Geriatrics urgently. This is one of our most used referrals. Also need radiology referrals electronically please.	
79	I would like to know how to use the system	
80	Legibility not affected. I feel that some of my referrals have been briefer and worse through the electronic system.	
81	As per above	
82	More at the specific referrals criteria to further make triaging more effective	
83	Have not used, so can't comment but may try again	
84	Greater flexibility, Given the time pressure GPs are under, an easy to use system would be helpful. I find myself duplicating notes and information	
85	Allow full inbox records to be accessed without having to fetch them	
86	Have not been using the system long enough to be able to comment on effectiveness.	
87	I have to familiarise myself about attaching images.	
88	See above	
89	Please add Radiology and Older Adults services and Psychiatry, including Crisis Team	
90	Have tried to use several times but don't have enough time to get through. Painful learning curve this time.	
91	Some too specific, eg, gynae and ENT. not everything fits with their list of symptoms Option of checkbox selection of relevant clinical notes from medtech daily record, larger field allowance for this as often get error of the clinical info being	
92	too long.	
93	Add Radiology	
94	Please keep working on I.T. as very frustrating when forms won't load properly.	
95	Speed it up and allow results attachments >6 months old to be attached. (Previous electronic referrals you could select older results.	
96	Easier usability of the site. Correct medication dosages.	
97	Please remove compulsory "para" under gynae can be optional, this often requires a phone call to patient since this info is not routinely collected.	
98	Not easy to enter past history	
99	I have no problems with my current system	
100	Embed management prompts. Make sure the Specialist knows when it is just a request for ADVICE only.	

101	I type my referrals so are legible. Very frustrating to have spent 15 minutes on it and then it disappears or doesn't do what you want or you have to send in extra paper.	
102	The specialists may get the information they want if we complete the form properly but it costs time and money to do this after all the specialist could phone the patient to get the same information which they are not happy to do, Admin staff could phone patient	
103	The specialists may get the information they want if we complete the form properly but it costs time and money to do this after all the specialist could phone the patient to get the same information which they are not happy to do, Admin staff could phone patient	
104	Does not advantage the GP in information sharing the discharge summary or reply clinic letter does not change	
105	I am a little unsure how to refer to tertiary service eg Auckland Regional Pain Service- at ACH when patient lives in Waitemata area. Thanks	
106	Need to include a system for receiving replies for advice queries. Need to allow selection of recent daily record notes so you can include the relevant data.	
107	Great	
108	Can also include some red herrings depending on what you think is going on clinically	
109	Please get all departments who need extra forms to have them on a separate tab of the referral so we can minimise the need to send back "incomplete" referrals	
110	The difficulty / impossibility of picking consultations apart from the days one is a major drawback in all but simple cases. Go look at medtech...for once its better than what is suggested	
111	Legibility is an issue in some eReferrals which use a tiny font. My biggest issue is that only longterm classifications are available to add. This excludes highlighted classifications on MedTech which are often really important things like recently diagnosed cancers. This can be dangerous. Health Alliance's Natasha is putting this to her panel of GPs but I think it should be addressed from your end too. Pauline	
112	Design flaws limit some aspects of info transfer - tick boxes don't cover everything, vast pages of non-applicable stuff to trawl through doesn't help either sender or receiver. The Crisis Team forms are the perfect example of this. Aim also needs to be made easy, quick for GPs (Who need to be involved) Changes and suggestions need to be implemented promptly.	
113	Nil	
114	Addressing the issues as outlined above	
115	Drop it - my written referral method is superior	
116	It is a shame that ADHB does not work with WDHB and CMDHB to create a uniform referral system across Auckland.	
117	Would be good to do this for other areas also, eg Xrays, geriatrics, psychogeriatrics, (Not sure if I can use 'Other' for this)	
118	Easier to add scanned documents. Easier to cut and paste	
119	Geriatric services not on list Mental health service not on list	
120	Faster loading of forms - far too much wasted time at present. Lack of ability to get current consultation writing across to web form - Cutting and pasting takes extra time.	
121	Any way to speed up the loading speed?	
122	Again, include the Read Codes and their comments from the History section as well as the Classifications section, include the Section under the History section where we write freehand: we put in smoking, drinking, social and family history there. And have it so that each eRef shows in our notes with a label that identifies to which Clinic it was sent, rather than the same stupid label for all referrals. Do all that and I might get interested because other docs don't bother labelling their normal faxed referrals. Make the whole process simpler and faster and as identical as possible for the different clinics with as little as possible in the way of questions to answer and tick and the ability to easily in one or two clicks insert as many consult notes as desired.	

<b>123</b>	Please look into the reasons why it takes a very long time to load.	
<b>124</b>	As above per list I like least.	
<b>125</b>	.	
<b>126</b>	Select notes to attach not just the most recent as might be a nursing note with no others details	
<b>127</b>	it is basically rubbish compared with other systems on the market 1) Date issue as noted above. ? Last clinic letter satis too. []	
<b>128</b>	2) Not all eye referrals need an acuity. Needs to be option not absolute requirement.	
<b>129</b>	Please fix bug that crashes our system. Otherwise a great job!	
<b>130</b>	Once the problem above is addressed I will start to use them again. Mostly I am happy to use the system. Please add the name of the clinic in the acknowledgement. It would be good to copy all the blood pressures or all the weights etc from Screening in MedTech.[] Thanx for asking us for feedback.[]	
<b>131</b>	I will let you know if I think of anything else, Graham Gulbransen, Kingsland	
<b>132</b>	i would like ADHB to be like CMDHB and send me a note saying when the clinic appt is. A really great initiative. It would be interesting to see if the receiving specialists think the quality of the material has improved (which it surely must	
<b>133</b>	have??)	
<b>134</b>	if we are expected to complete the pre-op questionnaire, please provide funding	
<b>135</b>	would be nice to be able to choose consult info to include rather than just last one on computer (similar to Wizard in Medtech) Simplify information required esp women's health. Avoid required normal/abnormal tick boxes - sometimes unknown is the answer and I have to put a	
<b>136</b>	false answer in to make the form send eg if patient refuses a rectal exam.	
<b>137</b>	Use email	