NHS England

NHS e-Referral Service: guidance for managing referrals

April 2018

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NHS e-Referral Service: guidance for managing referrals

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Contents

Executive summary 5

Introduction 6

Aim of this guidance 7

Paper Switch-off Programme 8

Coverage of Service Condition 6.2A 9

Paper referral return 10

The paper referral return process 11
Applying non-payment for referred activity 13

Authenticating payment 13

Conclusion 14

Executive summary

Full implementation of the NHS e-Referral Service (e-RS) is a key priority for the NHS. It will provide significant benefits for patients, and it will improve NHS efficiency.

This priority is reflected in specific commitments in *Next steps on the Five Year Forward View*, as well as in the relevant NHS business rules – with a clear national deadline of 1 October 2018 for all GP referrals to acute consultant-led outpatient services to be made through e-RS.

The 2017/19 NHS Standard Contract contains a specific provision (Service Condition 6.2A) to the effect that, after 1 October 2018, acute providers will no longer be paid for any first outpatient attendances which result from them accepting a referral from a GP practice made other than through e-RS. Providers may instead return such referrals to the GP practice.

The national Paper Switch-Off Programme, run jointly by NHS England and NHS Digital, is intended to support the NHS in ensuring that the transition to a fully-digital referral system is managed safely and on time.

This guidance document is being published in support of the Paper Switch-Off Programme and to clarify how the provisions within the Contract are to operate. It is aimed at commissioners (CCGs and NHS England), GP practices, and all providers of acute consultant-led outpatient services which accept referrals from GP practices.

The key requirements of the guidance are that each provider of such services, in liaison with its commissioners and with local GP practices, should:

- Agree a switch-over date from which point GP referrals made outside of e-RS will no longer be accepted and will instead be returned to the GP practice.

- Agree a prompt, reliable process for managing, where necessary, the return of referrals to practices, ensuring that patient safety is not put at risk and distinguishing appropriately between routine and urgent referrals.

- Implement the switch-over and paper referral return process, monitor its impact and make any necessary adjustments to local operational arrangements, ahead of the Contract deadline of 1 October 2018.

Introduction

1. The spread of technology across all areas of life means patients increasingly expect to be able to interact with healthcare through digital channels, providing them with more choice and control over their care, and greater access to NHS services. In England, the NHS e-Referral Service (e-RS) is a national digital platform used to refer patients from primary care into elective care services.
2. NHS e-RS is currently used for 62% of all referrals by GP practices into consultant-led first outpatient appointments.
3. The benefits case for e-RS provides strong evidence in support of electronic referrals as the most efficient, auditable and safe way in which to send referrals and book appointments. This means: the secure processing of clinical information and a clear referral audit trail for GPs; commissioners receive more accurate data which improves reporting to support demand and capacity planning; and patients have greater choice and control over their care by having more information about the services available to them.
4. Specifically, feedback from providers indicates a decrease of up to two weeks in the time referrals take to transfer from GP practices to the hospital, and a reduction in 'did not attend' rates of up to 60%[1] for some acute services.
5. The National Audit Office report on waiting times for elective care in 2014[2] set out an approximate efficiency saving of £51m by the NHS through the utilisation of e-RS (previously known as 'Choose and Book').

'Choose and Book' efficiency savings that could be made by providers	Total savings (£m)
Difference between current processing costs and cost of processing all referrals through 'Choose and Book' best practice	19.9
Savings from reducing the number of patients failing to attend appointments	27.8
Savings from ensuring all appointments are available to be booked online	2.5
Savings from patients rebooking their own appointments instead of providers	0.3
Total	**50.5**

Figure 1: National Audit Office analysis of 'Choose and Book' efficiency savings

6. The NHS Standard Contract has for some years included clear e-RS requirements for providers (ensuring relevant services are published on the system, with sufficient appointment slot availability) and commissioners (ensuring that primary care referrers use e-RS to refer patients).
7. A new provision, which forms part of the current 2017/19 Contract, will take effect from October 2018; this is Service Condition SC6.2A which states that:

[1] Doncaster and Bassetlaw Hospitals NHS Foundation Trust, *Choose and Book: reducing DNAs*, June 2007, available at: www.chooseandbook.nhs.uk/staff/communications/studies/donc-dnas.pdf

[2] National Audit Office Report: NHS Waiting times for elective care in England – January 2014

"With effect from 1 October 2018, subject to the provisions of NHS e-Referral Guidance:

6.2A.1 the Provider need not accept (and will not be paid for any first outpatient attendance resulting from) Referrals by GPs to Consultant-led acute outpatient Services made other than through the NHS e-Referral Service;

6.2A.2 the Provider must implement a process through which the non-acceptance of a Referral under this Service Condition 6.2A will, in every case, be communicated without delay to the Service User's GP, so that the GP can take appropriate action; and

6.2A.3 each Commissioner must ensure that GPs within its area are made aware of this process".

8. The implication is that, under this new arrangement, providers will be able to return referrals to GP practices, where they have not been made through the correct, e-RS route.
9. Taking these deliberate steps towards digitising referrals facilitates a move away from outdated processes, making the NHS more efficient by reducing time and processing costs for GPs and providers, improving patient safety, and enhancing patients' experience of care.
10. To support this ambition, a national Paper Switch-off Programme was initiated in partnership with NHS Digital and NHS Improvement in early 2017. This programme aims to work systematically with each NHS trust affected by the requirements of the NHS Standard Contract by providing them with e-RS subject matter expertise, and drawing on executive support from NHS England's regional teams. This will support providers to establish and lead local projects that evaluate and improve current e-RS utilisation and put plans in place to achieve full use of e-RS before October 2018.
11. The lessons learnt from these providers have been invaluable in informing key considerations such as ensuring patient safety and the quality of patient experience through the referral rejection and return process.
12. Through the paper switch-off projects, providers and commissioner must establish and agree processes that support them to act proactively where referrals are made other than through e-RS and to achieve compliance with the NHS Standard Contract. These issues are explored in more detail further in this guidance document.
13. Case studies outlining the learning from other switch-off projects will continue to be published to the system and reinforced through frequently asked questions (FAQs) which will be regularly updated and can be found on NHS England's website.

Aim of this guidance

14. The NHS England supporting technical guidance to the NHS Standard Contract commits to publishing guidance on the detailed operation of the new arrangements for SC6.2A.

15. This guidance document is intended to establish the parameters of SC6.2A to ensure providers and commissioners are clear on which services and referrals are covered by its terms – and which are not.

16. It sets out the principles of the referral return process, providing some worked examples, and describes changes to the data collection process for e-RS which will allow commissioners to withhold payment, in accordance with the NHS Standard Contract provisions, for first outpatient attendances resulting from GP referrals received other than through e-RS.

17. It also describes the Paper Switch-off Programme in more detail, which aims to work closely with NHS commissioners, GP practices and providers using robust project methodologies to drive up e-RS utilisation and facilitate the transfer to exclusive use of e-RS, in advance of the Contract deadline of 1 October 2018. The programme draws on examples from early adopter (pioneer) sites and sign-posts readers to useful project artefacts and case studies to inform their thinking and help them to establish local processes in support of these new ways of working.

18. NHS England has introduced a payment incentive through the existing Commissioning for Quality and Innovation (CQUIN) for 2017/18 which requires providers to publish all clinics to their Directory of Service (DOS) and reduce appointment slot issues (ASIs[3]) to 4% or less by 31 March 2018. This CQUIN has incentivised providers to accelerate e-RS preparation activity, will be a key consideration for paper switch-off projects, and has helped to set the ambition of many providers to move to exclusive e-RS referral processes in advance of October 2018.

19. NHS England recognises that there is variation in the types of services providers deliver to patients and the way in which these services are arranged. As such, the Paper Switch-off Programme will continuously gather data from sites as they commence exclusive e-RS operation, and cascade this information to the system.

20. To facilitate the sharing of this learning, the guidance document will have a 'live' annex of frequently asked questions which will be published to the NHS England website and regularly updated.

21. The programme will also ensure that lessons learnt documents and other project artefacts are available to project teams in support of their planning. These artefacts can be found on the NHS Digital website.

Paper Switch-off Programme

22. The Paper Switch-off Programme has been designed to engage primary and secondary staff across all health economies to increase digital referral activity by improving the knowledge and understanding of the e-RS system, highlighting the benefits and opportunities it presents to patients, referring clinicians, providers, and commissioners.

23. The programme is managed across the four NHS regions by NHS England and NHS Digital regional Implementation and Business Change (IBC) teams, and overseen by a national programme office within NHS England.

[3] ASIs are an indicator of quality for e-RS use. High ASIs may mean patients experience difficulty in making and receiving an appointment. If the referral is not actioned it could also introduce patient safety risks.

24. Specialist NHS Digital IBC managers will use their e-RS subject matter expertise to work with their designated NHS trusts and their local health communities, including commissioners and Sustainability and Transformation Partnerships (STPs) to re-engineer or improve current e-RS referral processes. NHS Digital has also increased e-RS training capacity to support providers to improve knowledge of the system within their organisations.

25. Robust project and programme methodologies are already helping to drive consistency in approach and bring key stakeholders together to increase e-RS utilisation. This will benefit patients in being seen by the right person, in the right place, first time; it will benefit clinicians in improved referral processes and less time spent on following up lost referrals and answering patient queries; and it will drive increased efficiencies across the NHS.

26. The transformation of NHS services may require fundamental business change approaches as well as a significant cultural shift for some organisations. Evidence[4] suggests that digital investments deployed as part of transformational change can deliver significant short-term savings and, in the longer term, contribute to the sustainability of services.

27. In order to deliver a successful programme, NHS England and NHS Digital acknowledge that increasing e-RS utilisation will need to be considered in the context of a more systemic transformation approach and be able to draw on local, STP and regional support where this may be required.

Coverage of Service Condition 6.2A

28. e-RS is currently deployed across health systems to support referrals from and between a range of services. NHS Digital e-RS support infrastructure will continue to provide subject matter expertise to providers both within the paper switch-off programme and across the wider health economy.

29. However, it is important to note that SC6.2A has a narrower focus. As set out in the Contract, it applies only to referrals by GPs to consultant-led acute outpatient services. This includes:

- ‘Open’ referrals as well as referrals to named consultants.
- GP two-week wait referrals for suspected cancer and other urgent GP referrals (subject to the note at paragraph 30 below about exclusions.

30. By definition, SC6.2A does not apply to services:

- For which GP referral is not required (such as accident and emergency services or urgent care/walk-in centre services/minor injuries units).
- Non-acute and non-consultant-led services (such as community services, mental health and learning disability services, diagnostic, screening or pathology services).
- Referrals made by clinicians other than GPs (such as other primary care professionals, dentists, optometrists or hospital consultants).
- Referrals made by Out of Hours Service and Urgent Care Centre GPs.

[4] Modelling the potential of digitally-enabled processes, transparency and participation in the NHS, McKinsey & Company (2014)

31. The e-RS system does not currently support GPs to make referrals to same-day outpatient appointments. This will exempt (from application of SC6.2A) some services such as termination of pregnancy services, obstetric services, (for example, early pregnancy services), and diagnostic or assessment services, (for example, referrals to deep vein thrombosis (DVT) clinics, amongst others). Commissioners and providers should agree locally exemptions for any other services as early in their paper switch-off projects as possible, ensuring that exemptions are applied sparingly with strong justifiable reasons. NHS England regional teams can support this process where required. Referrals made or received by any other electronic means (for example, email referrals or referrals made using point-to-point electronic systems) do not qualify under the terms of the service condition.
32. All referrals must be made and received using the NHS e-Referral Service, as stipulated in the NHS Standard Contract 2017/18 and 2018/19 Service Conditions e-RS is a national IT system and is contractually bound to the highest performance standards and system availability. Any planned maintenance or software releases are undertaken out of hours and availability of the system - including out of hours - stands at 99.6% for 2017. However, e-RS is accessed via local networks and PCs and there is therefore a dependency on a wider local IT infrastructure operating well.
33. In preparation for paper switch-off, providers will be expected to include processes for managing referrals in the event of an e-RS system failure (for example, as a result of a cyber-attack) in their IT system management procedures and referral standard operating procedures. This documentation should clearly set out arrangements for the management of referrals not able to be received through e-RS in these circumstances.

Paper referral return

34. The effective use of e-RS cannot be determined by any one party: it is a symbiotic system which depends on providers publishing service and releasing capacity and GPs supporting patients to access clinically appropriate services.
35. Paper switch-off projects should be established in close partnership between providers, local CCGs and local medical committees who can both advocate on behalf of their GP practice membership, and facilitate communication processes that will be pivotal to ensuring the safety of patients through the establishment of these ways of working.
36. It will also be necessary for both provider and commissioner to implement a safe, prompt process for handling the return of referrals not made through the correct e-RS route. Processes for handling the return of referrals will be established as part of each local paper switch off project and initiated following a provider making the transition to accepting e-RS only referrals.
37. After this point the return of paper referrals is expected to be an exceptional event. In these circumstances the provider will direct the paper referral back to GP practices so that they can be made again using e-RS. This is of paramount importance so that no referral is lost in the system between hospital and GP; it will also be helpful in ensuring that, where e-RS referrals have not been made, the root cause for using other referral mechanisms can be understood and addressed in a timely way to ensure patients are not adversely affected.

The paper referral return process

38. The term ‘paper referral’ is used as shorthand in this guidance document to denote any qualifying referral received from a GP practice by the provider which has been transmitted other than through e-RS. Therefore, email or point-to-point electronic referrals from other digital systems will be considered to be paper referrals, as set out in the coverage section above.
39. NHS England’s expectation is that all first outpatient appointment referrals by GPs will be made using e-RS. To ensure that these referrals can be closely monitored and patients are directed to the appropriate care as quickly as possible, providers and commissioners must work together to agree a suitable paper referral return process. In designing these processes, it is likely that commissioners and providers will want to differentiate between managing routine referrals and two week wait/urgent referrals.
40. When developing their paper referral return processes, commissioners and providers will need to agree their local response timescales. It is recommended that these are set in terms of working days (excluding weekends and bank holidays) or on the basis of simple calendar days (recognising the ambition of the NHS to move towards seven day service provision). It is important that where any paper referrals are received and are to be returned that under SC6.A2 in each of those cases, the provider communicates without delay to the Service User’s GP, so that the GP can take appropriate action.
41. A differential process is recommended for handling 2WW/urgent referrals from routine referrals to minimise any potential risk of harm.
42. For 2WW/urgent referrals received on paper, the recommended process as shown in Figure 2 is necessarily different to reflect the acuity and urgency of the referral. In the example below in the interests of patient safety, if there is no response from the GP practice within the next working day, the provider will contact the patient to make an appointment, regardless of whether they have received the e-RS referral from the GP practice or not.
43. The issue is then escalated by the provider to a named contact in the appropriate CCG.
44. Routine referrals will be returned to the GP practice with a communication requesting the referral be re-sent via e-RS.
45. For routine referrals, the recommended process as shown in Figure 3 is to return referrals not received through e-RS within the next working day. GP practices will be notified without delay by the provider and given two days within which to re-process the paper referral using e-RS. This will avoid any unnecessary delays to patient care.
46. This process is repeated again after a period of time (the example given is five days but may be sooner if the provider believes there is an issue requiring more immediate attention) following which the process puts the onus on commissioners for taking remedial action directly with the GP practice. Given the above cited evidence showing a reduction in processing time using e-RS, this could be deemed a reasonable period in which to apply such a process, with consideration given to overall timescales against the potential effect on patient experience.
47. Providers should also consider whether an assessment of all referrals be required prior to returning routine referrals to capture any referrals that may have been

marked as routine when on assessment the provider believes the patient needs to be seen more urgently.

48. Regular (in this case weekly) monitoring of these referrals between commissioner and provider should take place to ensure that the necessary action is taken. For example, this may occur if the GP practice experiences a temporary technical issue which makes it necessary to manage their referrals outside e-RS. In such circumstances it would be expected that the CCG would take action with the practice to address and resolve the issue in a timely way.

49. In designing the paper referral return process, commissioners and providers should agree and document the most appropriate way to manage any potential clinical risk, mindful of the impact on the safety and quality of the patient's experience.

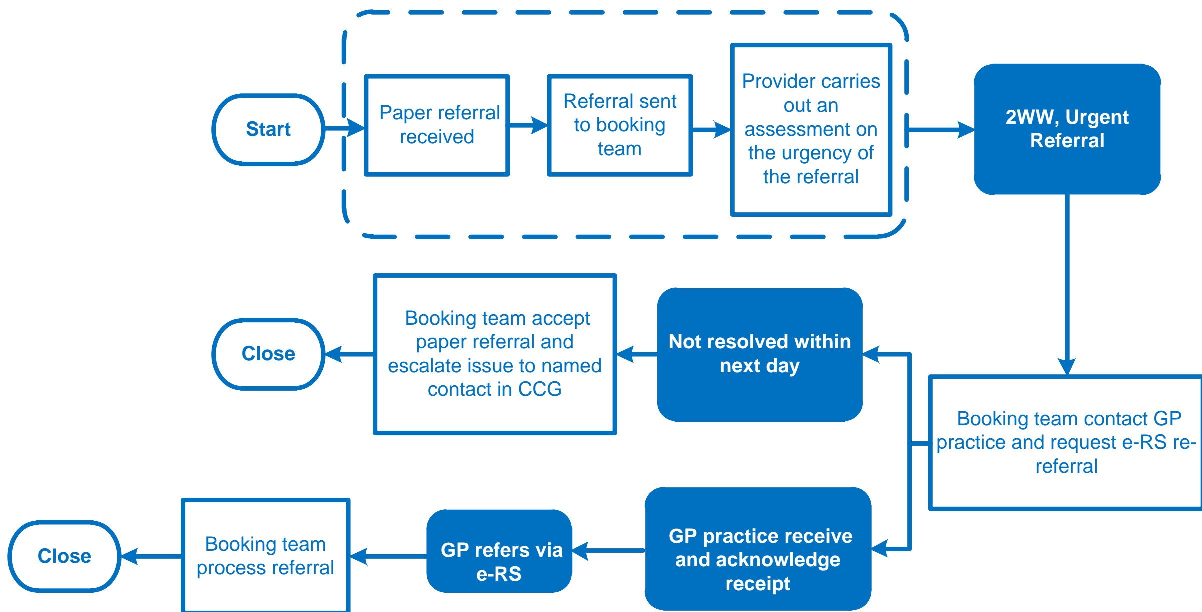

Figure 2: An example paper return process for 2 week wait and Urgent referrals

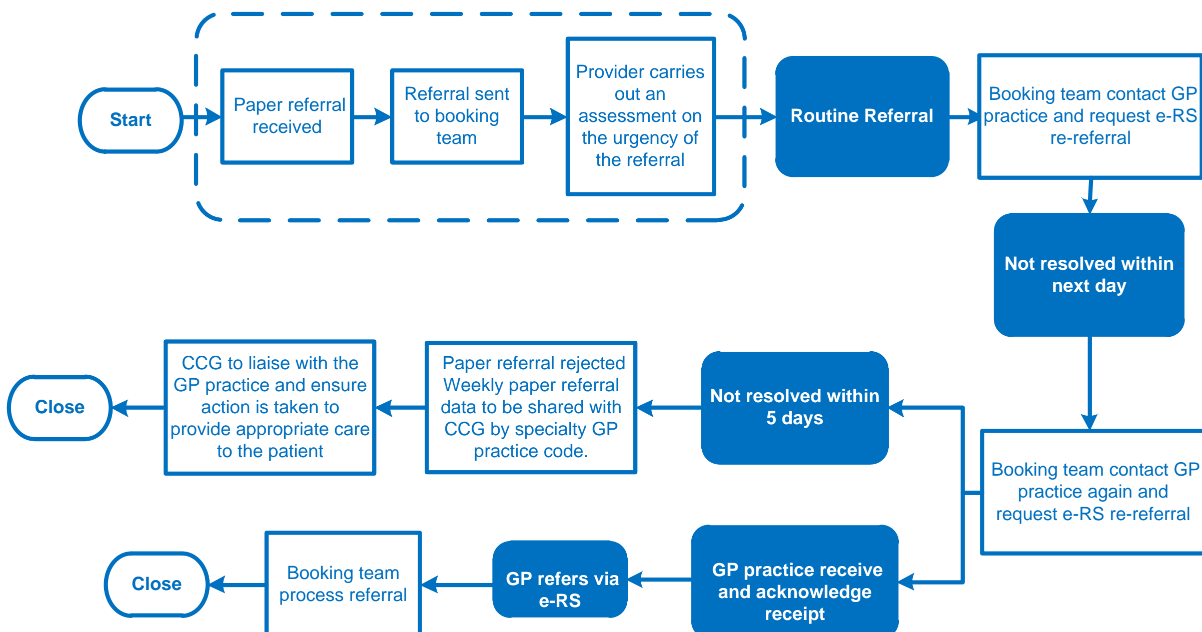

Figure 3: An example paper return process for Routine referrals

Applying non-payment for referred activity

50. The wording of SC6.2A makes clear that guidance will set out how commissioners are to apply the non-payment arrangements in relation to GP-referred first outpatient attendances not made via e-RS.

51. The default position is that, where a provider accepts a non-e-RS GP referral to a consultant-led acute outpatient service, the commissioner should not pay that provider for the first outpatient attendance which results.

52. The one definitive exception to this is where, in line with the broad process set out in paragraph 45 above:
    - An urgent / two-week-wait GP referral has been made in paper form.
    - The provider has requested the GP to make the referral again using e-RS.
    - The GP has not responded within the locally-agreed deadline.
    - The provider has then escalated the issue in the agreed way, but has proceeded to book an urgent appointment for the patient.

53. In this instance, the provider must be paid for the resulting first outpatient appointment.

54. There may be other situations where, depending on the provider's reasons for accepting referrals other than through e-RS, the relevant commissioner may be minded not to withhold payment. This is a matter for the commissioner's local discretion, taking advice from the NHS England regional team as appropriate.

55. NHS England's expectation is that the exclusive use of e-RS and the paper referral return process will have been confirmed through the paper switch-off programme in the lead up to October 2018. Where providers initiate these new processes in good time and establish robust monitoring in the period between April and October 2018, then the Contract provisions for return of referrals and non-payment for activity should function chiefly as an underpinning deterrent, rather than needing to be applied in practice on a routine basis.

Authenticating payment

56. The current method of tracking e-RS use is calculated using the NHS England Monthly Activity Return (MAR) data. This method is imperfect due to the variability in data quality and does not provide a definitive record of e-RS activity. More importantly, it does not track e-RS bookings through to patient attendances, and consequently is not a reliable record to support payment.

57. Data on e-RS utilisation is currently published using the following calculation:

Numerator: total number of booked e-RS referrals generated by referrers

Denominator: total number of paper referrals and e-RS referrals generated by referrers

58. Numerator data is taken directly from the e-RS system; denominator data uses the MAR.

59. NHS England and NHS Digital have agreed that the most appropriate and reliable method in which to track compliance with SC6.2 will be to transfer e-RS utilisation reporting from the MAR dataset to the outpatients Commissioning Data Set (CDS) recorded in the Secondary User System (SUS+).

60. This process will track the unique booking reference number (UBRN) generated by e-RS through the hospital's patient administration system (PAS) and into CDS. In this way, providers and commissioners will be able to identify those GP-referred first outpatient attendances which will qualify for payment under SC6.2A of the Contract, and those which do not.

61. It will also enable reconciliation between data from the e-RS system with SUS+, using the primary UBRN, ensuring that the e-RS activity can be tracked from referral from primary care through to an outpatient attendance. In this way, payment for any GP-referred first attendance that cannot be reconciled back to the primary UBRN may be contested by the commissioner, under the processes for financial reconciliation set out in SC36 of the Contract. There will therefore be a very strong incentive for providers to make sure that they record UBRNs accurately and completely within CDS.

62. Data set change notice (DSCN) 16/2009 provides for the automatic update of the UBRN into the patient pathway identifier (PPI) field in provider PAS systems, where bookings are made in e-RS. If providers choose to make bookings outside of e-RS (for referrals sent by the GP and received by the provider via e-RS) they will be responsible for ensuring the manual update of the UBRN into the PPI field to facilitate the necessary data transfer into the CDS.

63. Using the primary UBRN will also allow ancillary activity, for example using the Referral Assessment Service (RAS) functionality, to be associated with the UBRN but avoid duplicate payment.

64. Further detailed information on the use of SUS+ and e-RS extracts to undertake this reconciliation will be published in the frequently asked questions document and on the NHS Digital website. It is anticipated that this process will be initiated prior to April 2018, and will run alongside the current utilisation reports which are produced using the MAR data extracts. The use of MAR is likely to cease prior to October 2018, when the new process has become fully operationalised.

Conclusion

65. Commissioners and providers are being asked to work together through the NHS Standard Contract to improve patient safety and experience by abandoning outmoded practices in favour of digital referrals.

66. The Paper Switch-off Programme will be a key enabler in helping the NHS to meet this objective. It will improve the management of elective care services by supporting GP practices and hospitals to achieve universal use of e-RS by October 2018, a commitment which is restated in NHS England's *Next steps on the Five Year Forward View*.

67. The programme commits to sharing good practice with CCGs and providers as it learns from early adopters, or where paper switch-off projects identify new and innovative ways of using e-RS to improve patient care.

68. NHS England regional teams will support providers and commissioners to develop agreed escalation processes to ensure a sustainable paper switch off position across each local health economy. Following successful implementation of e-RS as the single platform for referrals from GP practices to consultant-led care, these processes will be established as 'business as usual' and performance will be monitored through the NHS Operational Planning and Contracting Guidance.

69. This guidance has set out clear examples of how local paper referral return processes can be developed that help to safeguard patient safety and their experience of care, and commissioner and providers are expected to develop and implement these processes as part of the switch-off projects and in meeting the conditions of SC6.2A.

70. If you require more information about e-RS or the Paper Switch-off Programme please contact england.electronicreferrals@nhs.net. If you require support or information on e-RS please contact nhs.ers@nhs.net. If you have any questions relating to the NHS Standard Contract please contact nhscb.contractshelp@nhs.net.