

Paper: 11

Date	Tuesday, 20 November 2018
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Title of paper	e-RS Update
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	Approved report Yes <input type="checkbox"/> No <input type="checkbox"/>				
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Confidential	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	Items are only confidential if it is in the public interest for them to be so
Assurance Level Agreed by Responsible Director	Good <input type="checkbox"/>	Adequate <input type="checkbox"/>	Limited <input type="checkbox"/>	Unsatisfactory <input type="checkbox"/>	

The Committee is asked to:

Note total number of 2WW referrals sent to Imperial College Healthcare NHS Trust (ICHT) outside of e-RS since the 1st October 2018

Note total number of 2WW referrals sent to ICHT outside of e-RS from Hammersmith & Fulham practices since the 1st October 2018

Note the exceptions to the rule of referring via e-RS

Note the introduction of capacity alerts in time for winter

Summary of purpose and scope of report

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Imperial College Healthcare NHS Trust and Chelsea and Westminster Foundation Trust (which represent 90% of referrals by Hammersmith & Fulham GP practices) have implemented a ‘paper switch-off’ for all referrals (except 2WW referrals) on 1st August 2018 and a ‘paper switch-off’ for 2WW referrals on 1st September 2018 – after which all GP referrals to consultant led services were made through e-RS.

2WW Referrals received by ICHT outside of e-RS since 1st October 2018

Organisation	Trend	Week 1 (1st - 7th Oct)	Week 2 (8th - 14th Oct)	Week 3 (15th - 21st Oct)	Week 4 (22nd - 28th Oct)	Week 5 (29th Oct - 2nd Nov)	Total (Since 1st Oct)
NHS West London (K&C & QPP) CCG		1	1	3	0	0	5
NHS Ealing CCG		0	1	1	0	0	2
NHS Brent CCG		3	0	1	0	1	5
NHS Hillingdon CCG		0	0	0	0	0	0
NHS Hounslow CCG		0	1	2	0	0	3
NHS Central London (Westminster) CCG		0	0	0	1	0	1
NHS Harrow CCG		0	0	0	0	1	1
NHS Hammersmith and Fulham CCG		0	3	1	1	2	7
Total		4	6	8	2	4	24

24 referrals have been received by ICHT since the 1st October 2018. 7 of these referrals were from Hammersmith & Fulham practices.

5 out of the 7 referrals received from Hammersmith & Fulham practices outside of e-RS are referrals to 2WW breast clinics at Charing Cross. This service is a challenged speciality and so referrers have to select “defer to provider” rather than actually booking an appointment.

2 out of the 7 referrals are also from the same GP who has recently returned from maternity leave. No further referrals have been received from this practice outside of e-RS in the last 2 weeks.

Practices continue to be contacted by the Trust for each referral sent outside of e-RS. Imperial have also kept a list of referrals that have been rejected that have not yet been received via e-RS.

Exceptions to the rule of referring via e-RS

Since the 1st October all GP referrals to first outpatient appointments are to be sent via the e-referral service (e-RS). There are, however, a few exceptions to this rule.

Any accepted referrals, not received via e-RS, must be manually entered on to Cerner by the Trust to ensure payment. Imperial have produced a guide to exception codes to help their staff correctly code the reason for the exception. The below scenarios are currently the only circumstances under which a GP referral should be manually registered and booked in Cerner (It has been recognised that a few more exceptions should be added to this list for example when appointments are outsourced to private providers. ICHT are developing this list further for agreement with the CCG).

1. When a referral is deferred to provider and appears in the Appointment Slot Issue (ASI) worklist referred to a particular hospital site, and the service provide capacity to an alternative site- this is not technically possible to redirect this booking to the alternative site in e-RS. Imperial must therefore manually register and book the patient in CERNER. It is important to ensure the patient is contacted and happy to accept an appointment on another site before proceeding.
2. When a referral is deferred to provider and appears in the Appointment Slot Issue (ASI) worklist, and the service request that the patient be booked to another service/subspecialty-this is also not technically possible in e-RS, so it is acceptable to manually register and book these in CERNER.
3. Where the GP is having a problem with making a referral to a 2 Week Wait service within e-RS, and the booking office/service agree to receive the referral outside of e-RS to ensure patient care is not compromised.
4. If the patient has no NHS number (patients without NHS numbers cannot be referred via e-RS)
5. If the referring GP is not using e-RS (Out of Hours GP's and Prison GP's)
6. If e-RS is down due to system failure locally at the Trust end, the GP end, or nationally.

e-RS capacity alerts

NHS England has requested capacity alerts are implemented on e-RS within London Trusts by 31st October 2018, in advance of winter pressures. As a Trust that has indicated a requirement for support from the independent sector to recover the activity plan after winter, ICHT is implementing capacity alerts for their top three challenged specialties; dermatology(including paediatrics), allergy, and urology. A 'pop-up' warning message will ensure GPs are made fully aware of ICHT's capacity constraints for these specialties before selecting the Trust as the chosen provider for referral on e-RS.

Quality & Safety/ Patient Engagement/ Impact on patient services:

Quality and Safety

- The Paper Referral Return Process outlined the safety netting of referrals from 1st August 2018 – 30th September 2018.
- The CCG contacted practices daily from 1st August -30th September regarding specific referrals not sent via e-RS.
- The Trusts continue to contact practices when a 2WW referral is received outside of e-RS to inform the practice it must be sent via e-RS to be accepted.
- Introduction of capacity alerts allows for redirection of referrals to other providers has the potential to improve alignment in waiting times for services across the sector

Impact on patient services

- The NHS e-Referral Service combines electronic booking with a choice of place, date and time for first outpatient appointments. Patients can arrange their hospital appointment with their GP during consultation, or independently either online or by telephone.
- The capacity alerts will provide referring GPs with a better understanding of the available capacity for local hospitals, helping to manage patient expectations.

Finance, resources and QIPP

- Any secondary care activity resulting from a GP referral not received via e-RS after 1st October 2018 will not be payable unless they are clearly coded with an agreed exception code.

Equality / Human Rights / Privacy impact analysis

N/A

Risk

Referrals not received via the e-RS system will not be accepted by the Trust unless they meet any of the exception criteria

Mitigating actions

The paper switch off process gave practices a two month lead-in time to get used to the changes. Practices continue to be informed of any 2WW referrals not accepted as they are received outside of e-RS.

Supporting documents

- N/A

Governance and reporting

(list committees, groups, other bodies in your CCG or other CCGs that have discussed the paper)

Committee name	Date discussed	Outcome
Name	DD/MM/YYYY	