surrey and sussex lmcs

To: **All practices in Surrey and Sussex LMCs**

16th April 2018

Dear Colleagues

Electronic Referral Service (eRS) Update

As colleagues will be aware, the 2018/19 Contract Agreement introduced a requirement for GP practices to utilise the eRS service for all practice referrals to 1st Consultant Outpatient appointments from 1st October 2018. This reciprocates an earlier NHS England requirement for Trusts to only accept eRS referrals to such appointments from the same date if they wished to receive the corresponding tariff payments. As a consequence, NHS England have been monitoring eRS usage nationally and there are very considerable variations in practice eRS usage even in relation to the same Trust. There has been a considerable amount of preparation nationally and locally, although GP engagement and participation has suffered from a lack of clarity regarding their contractual position.

The GP Contract Agreement makes it clear that it is for a practice to determine how it will use eRS and there is no requirement for each individual GP to use eRS at the consultation stage; it will also be self-evident that any successfully functioning referral system will be one that operates well for the referrer and the recipient, but also, crucially, for the patient. The NHS has a dismal track record in terms of wholesale IT changes but eRS does have the potential both to facilitate for clinicians and administrators an improved referral system and embed a cultural change in which patients can be in control of their referral and appointment process.

All CCGs and Acute Trusts should be working together to enable eRS locally and identify potential barriers: this should include training for staff to use eRS. However, it is open to CCGs and practices to develop intermediary centres, analogous to referral management centres, to process eRS referrals: this may be a better solution in some areas, as it is likely to lessen the burden on practices and develop a core of colleagues who are skilled and experienced in managing the eRS system. However, practices may still need to undertake certain eRS referrals, such as 2-week rules, directly.

At present most Trusts are in a "soft" paper switch-off phase; this means that they will accept paper referrals but communicate with the referring practice requesting that future referrals are made by eRS. The next phase is a "hard" paper switch off, in which, as the number of non-eRS referrals falls, paper referrals will be declined. This should not in fact, for patient care purposes, prior to 1st October, mean such referrals are refused, but that non-eRS referring practices are contacted and any barriers to using e-RS are addressed in what NHS England have promised will be a non-punitive way. NHS England should now be monitoring not just eRS % usage rate, but also the number of practices who are not, for example, due to IT reasons, able to use eRS, and provide support

Local Medical Committees for
Croydon, Kingston & Richmond, Surrey,
East Sussex and West Sussex

The White House
18 Church Road
Leatherhead
Surrey KT22 8BB

T: 01372 389270
F: 01372 389271

www.sslmcs.co.uk

All Trusts will need to have processes in place for: -

- **Redirections:** NHS England and NHS Digital have confirmed to the LMC that the software in place is now sufficiently advanced for all Trusts to internally redirect referrals. This means that if a patient need redirecting to a different clinic; the Trust should contact them and arrange this. What should not happen is that the appointment is simply cancelled, and the referral returned to the GP, or, even more concerningly, no further action occurs at all.

- **Contingency:** No IT system is perfect nor completely robust; contingency protocols must be in place to allow continuing referrals [including 2-week rule referrals] to be made and received.

The LMC is concerned at the increasing number of requests that GPs use referral forms and templates when making referrals: whilst this is a wider issue than eRS, NHS England are completely aware that the completion of specific forms is not a GP contractual responsibility. Thus, the eRS is not a route to insisting GPs use a particular referral form, nor can referrals be refused for this "reason".

The LMC would encourage GPs to use helpful forms, one obvious criteria is that they auto-populate, but GPs contractual and professional responsibility is to make appropriate referrals which include the necessary information to allow a safe transfer of care. Forms that effectively require GPs to undertake investigations or treatment beyond that appropriate to General Practice should be challenged and not used; this would include, topically, ECGs and ear irrigation, although the principle is much wider.

All practices should have a CCG-led contact point for local eRS implementation, which should cover certainly the destinations for the great majority of first appoint practice referrals. If colleagues are encountering difficulties with, particularly: -

- Rejected referrals
- Rejected rather than internally redirected referrals
- Patients being directed to ask practices queries about their referrals
- IT failures
- Making referrals because clinics are not listed (and paper referrals are not accepted)
- Requests to use referral forms, templates, or referrals being conditional on the use of such templates*
  (*this may be a non-eRS issue)

they should in the first instance contact the CCG eRS Lead: however , if there is no or an unsatisfactory response, please contact Dr Jeremy Luke (jeremy.luke@sslmcs.co.uk) at the LMC.

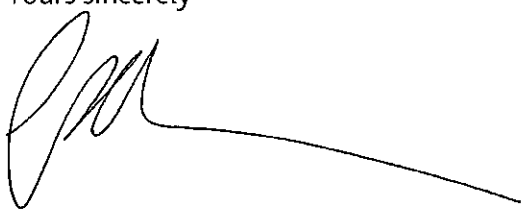
If your practice is for whatever reason technically unable to use eRS or it is only intermittently available, please let the eRS Lead know, as an exception may need to be temporarily made.

The LMC would also encourage practices to consider if, locally, an intermediary eRS management centre or equivalent would be their preferred option and if so, advise their CCG that as a membership organisation, this is what their membership wish them to develop, perhaps in collaboration with a local GP Federation

I hope this update is helpful.

With best wishes

Yours sincerely



Dr Julius Parker
Chief Executive