NHS Electronic Referrals Service

NHS Digital

Paper Switch Off – an update

Digital Health Webinar

4 May 2018

2018

Oct

Information and technology
for better health and care

Aims of Session

Introductions and refresh of Paper Switch Off	Sharon Wilson Implementation manager NHS Digital	12.30
Contract guidance, Payment Authentication	Steve Firman Colin Innes e-RS SRO Programme Manager NHS England NHS England	12.35
e-RS system developments and roadmap	Phil Nixon e-RS Programme Head NHS Digital	12.50
The Norfolk and Norwich experience	Cursty Pepper Deputy Divisional Operations Director Norfolk and Norwich University Hospitals Trust	1.00
Questions	All	1.10

NHS Paper Switch Off Programme

- The scope covers GP to first consultant outpatient referrals only

- Paper referrals will no longer be accepted by the provider organisation

- Supporting acute providers to lead projects in collaboration with all other stakeholders to accelerate progress, **ESPECIALLY** CCGs

- Brings together co-ordinated support from NHS England, NHS Digital and NHS Improvement

Where are we now?

National paper switch-off trajectory
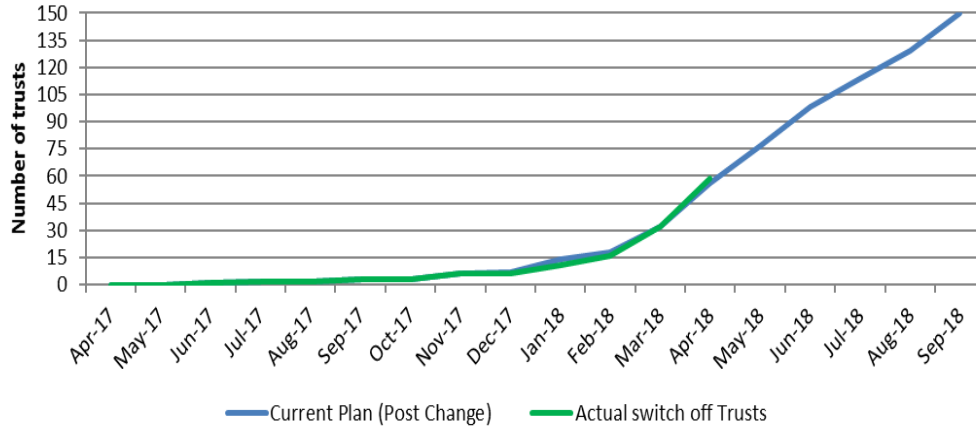
National First Outpatient Utilisation
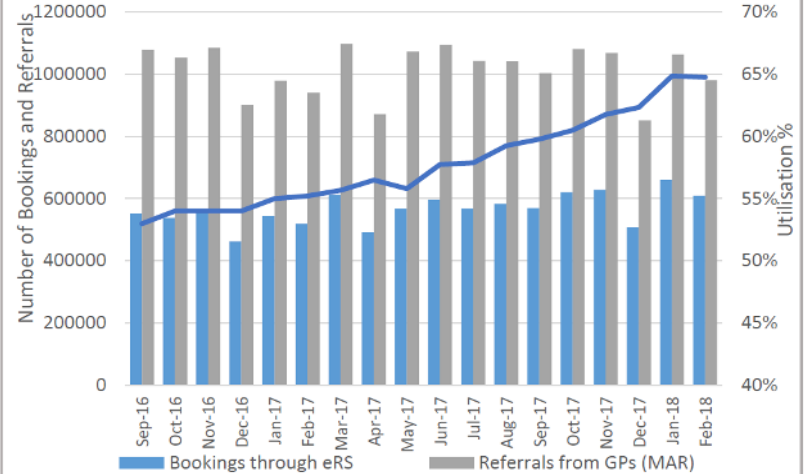
Month	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Total number
Baseline Plan	0	0	1	2	2	5	5	7	12	16	20	48	72	88	103	116	128	150	150
Current Plan (Post Change)	0	0	1	2	2	3	3	6	7	14	18	32	56	77	98	114	129	150	150
Actual switch off Trusts	0	0	1	2	2	3	3	6	6	11	16	32	57 *	61 *					61
Monthly increase	0	0	1	1	0	1	0	3	0	5	5	16	25	20	21	16	15	21	

* Recorded as at 03/05/2018

4
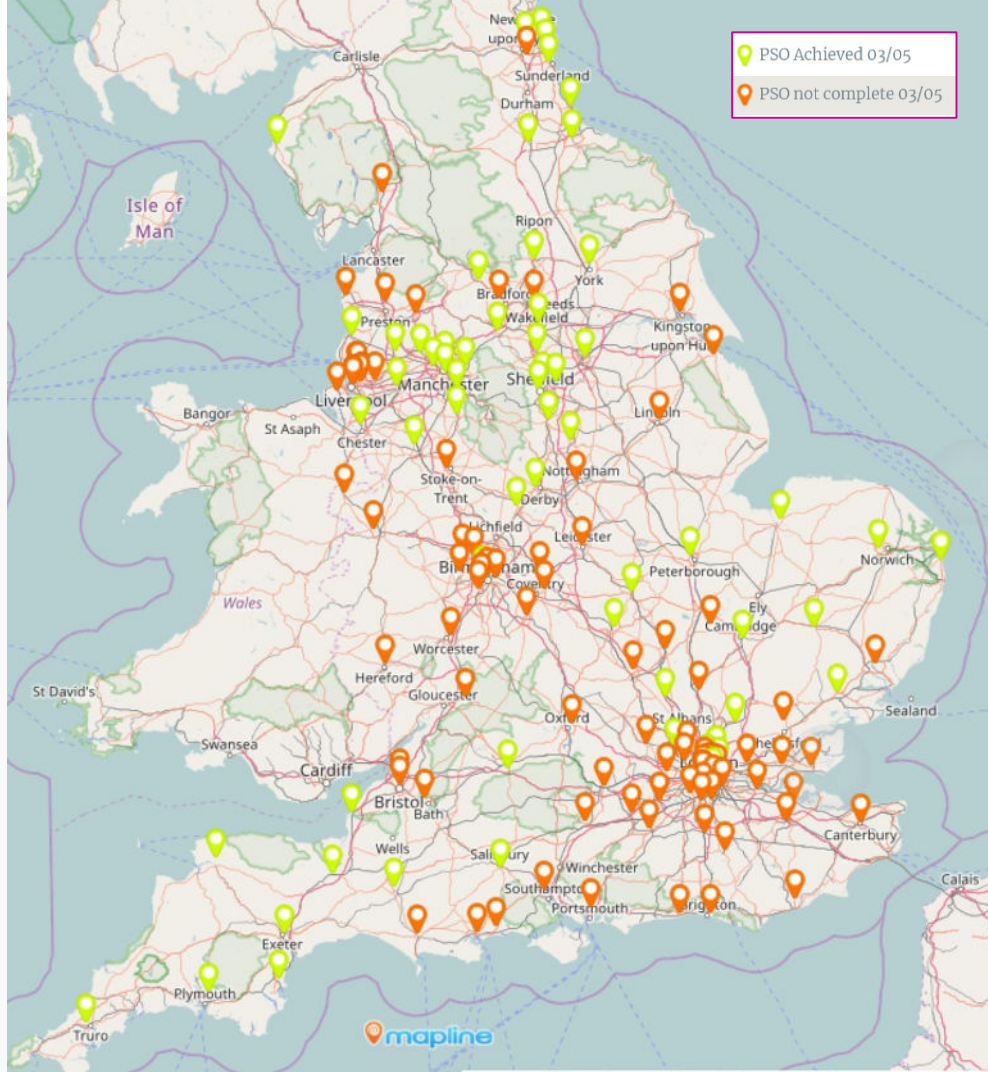
#JusteReferrals

Medesk_UK @Medesk_UK · 26m

Proof that going paperless isn't as hard as you think. It can be done!
#JusteReferrals #medeskuk

NHS Digital ✓ @NHSDigital · 21h

Well done to all #GreaterManchester Trusts, who are the first sub-region to successfully complete the paper switch off process. #JusteReferrals
bit.ly/JusteReferrals

Greater Manchester
has switched to #JusteReferrals

- Bolton NHS Foundation Trust
- Pennine Acute Hospitals NHS Trust
- Salford Royal NHS Foundation Trust
- Stockport NHS Foundation Trust
- Tameside Hospital NHS Foundation Trust
- Manchester University NHS Foundation Trust
- Wrightington, Wigan And Leigh NHS Foundation Trust

2018 Oct

↩   ⇄ 12   ♡ 17

Get involved : guidance and templates at #JusteReferrals

Contract guidance

NHS Standard Contract Clause Variation SC6.2A

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

- 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;

- 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

- each Commissioner must ensure that GPs within its area are made aware of this process.

Contract Guidance

- Guidance document & FAQs published on NHS England website on Monday 30th April
  https://www.england.nhs.uk/digitaltechnology/nhs-e-referral-service/

- Identifies scope of coverage of SC6.2A and provides specific exclusions from PSO

- Describes sample referral return processes but these must be tailored and agreed locally

- Utilisation reporting will move away from the existing mechanism
  - More current data
  - Wider range of uses of e-RS

Standard Contract Compliance and Payment Authentication

- Payment Authentication will be achieved by using the new version of the Secondary User System (SUS+)

- New process will use the unique booking reference number (UBRN) generated by e-RS to track through the hospital's patient administration system (PAS), into the CDS and SUS+

- Payment for any activity that cannot be reconciled back to the primary UBRN may be withheld by the commissioner.

- Providers should start flowing UBRN on their CDS submissions – either as UBRN or in PPID – as soon as possible.

- Manually 'authenticating' for selected Trusts ahead of SUS development

- Drafting guidance on Business Continuity in the event of e-RS being unavailable for a protracted period to ensure no impact on payments.

Observations from the Programme

- Go Lives are happening in accordance with planned trajectory

- Go Lives have been successful with little/ no negative feedback from the localities

- Active involvement of CCGs and GPs is important

NHS e-Referral Service Roadmap
April 2018

NHS Digital

FY 2017/18	FY 2018/19		
End	Phase 1	Phase 2	Phase 3

ASI Enhancements – Phase 1

Providers will have access to clinical referral information, with improved provider contact information for patients

✅ Delivered

CQUIN end

RAS - Release 3

When reviewing referrals on the Referrals for Review worklist, providers will have the additional ability to 'Accept and Refer/Book Later'. This will allow them to add the referral to the Appointments for Booking worklist with instructions for the admin teams to progress

✅ Delivered

Email Appointment Information to patient

Allowing GPs or practice staff to send the Appointment information to patients via email in addition to existing letters

MYR Enhancements including save and print

The ability for patients to save their booking details and relevant information electronically, and/or print them from the MYR application

Reports - Phase 1

Improving the reporting tool to create local and national level reports and dashboards

✅ Delivered

RAS Enhancements - Phase 1

e.g. Adding Attachments to RAS responses

Worklist Filters

Improved filtering capability to make provider worklists more manageable

Record if advice given to refer

This will introduce an option to capture whether a referral was recommended following A&G

Updated Patient Letters

Improving the design of the patient letters, making them more accessible and easier to follow. Starting with the Appointment Request letter

Provider and Referrer APIs - Next Phase

Further expanding the suite of APIs to support improved integration with provider and referrer clinical systems, PAS registration and System to System Authentication

Reports - Phase 2

Building on the initial new reports, for example providing improved activity reporting to support demand and capacity management

ASI and RAS Enhancements - Phase 2

e.g Ability to redirect from ASI worklist

e.g Prevent double triage

Paper Switch Off Complete

Manage Clinical Dialogue

Improved ability to manage clinical dialogue throughout the patient pathway, for example following a RAS request and response and provider initiated dialogue

Ongoing research and design work

- Streamlining of GP referral service
- Understand professional communication needs
- Directory of services expansion requirements
- Understanding requirements for booking follow up appointments

RAS Enhancements - Phase 3

e.g. Add RAS to a mixed shortlist

Professional Communications

Including the ability for professionals to be alerted when actions are required

Enhanced Patient e-Communications

Improved capability to communicate with patients using their preferred electronic channels

Further developments

NHS e-Referral Service Development update

Recent releases have included enhancements to the Appointment Slot Issue (ASI) process:

- Providers can see clinical referral information on the ASI worklist

- Providers have a new field to complete in their service details which provides referrers and patients with a contact number for the service

- This new patient facing number now appears in both professional and patient applications – improving the ASI process for patients and reducing the need for patients to go back to their GP practice

NHS e-Referral Service Development update (2)

- Research now underway to understand what is needed to further enhance the ASI process, for example
  - The ability to reject or redirect a referral from the ASI worklist
- Research is also underway to look at further requirements for changes to the Referral Assessment functionality

NHS e-Referral Service Development update (3)

Patient facing changes:

- All letters are being re-designed, starting with the Appointment Request letter and then followed by a new letter to support referrals made to RAS triage services

- Discovery work is underway to explore how patients can receive their booking instructions/information electronically, for example, by email

Overview

- NNUH adopted a typical programme management approach to the project, which also included the 2 CQUINs. We split it into 3 phases:

    1) Planning and Preparedness

    2) Switch off and Implementation

    3) Transformation and Sustainability

- Phase 1 involved the baseline assessments, specialty deep dives and early stakeholder engagement

- Phase 2 was mostly communications, signing off trajectories and rollout plans and implementing those

- Phase 3 is about to be launched and focuses on revising Trust policies and procedures to reflect the learning from the changes introduced in addition to full scale transformation and redesign of Outpatient Services and referral management across the Trust and local healthcare system

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To provide every patient
with the care we want
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Project Governance

- Dedicated Project Manager appointed within NNUH to lead work and NHSE Responsibilities Document used to structure governance arrangements

- Report monthly to NHSE to monitor progress and RAG rate delivery status

- Monthly Stakeholder Group Meetings, chaired by NNUH SRO and attended by CCG SRO and leads, Practice Manager reps, CSU eRS support, NNUH Management Team and the NHS Digital Change Manager

- NNUH held a fortnightly Project Steering Group, reporting to the Trust Access Group (COO chaired) and bi-monthly to the Hospital Management Group (CEO chaired)

- A weekly operational group was established to progress the detailed actions and tasks to deliver switch off and troubleshoot alongside rollouts

- CCG oversight maintained by reports to the Access Standards Group (CCG COO chaired)

Keys to Success

- Branding and awareness – socialise change
- Stakeholder engagement by holding meetings in Primary Care
- Named point of contact, in practice training and presenting at Admin and Practice Manager Forums
- Cohesive working between NNUH, CCG, CSU to deliver consistent and united comms
- Regular briefings and comms – discussed with practice managers before released to ensure fit for purpose
- Tenacity and flexibility – adapt and modify

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NNUH is moving to DIGITAL referrals only

With effect from 1st May 2018

PAPER SWITCH-OFF PROJECT

In line with the National change, with effect from 1st May 2018 NNUH will no longer accept paper referrals for first outpatient appointments for consultant led services.

GP's will need to use the e-Referral Service to submit referrals from this date. Paper and emailed referrals submitted after 1st May will be returned requesting electronic submission.

If you have any questions or concerns please e-mail Sally Lucas e-Referral Service Manager.
sally.lucas@nnuh.nhs.uk

If you have any questions regarding system support for eRS please contact your GPIT Facilitator by emailing
NELCSU.gpitfacilitators@nhs.net

Thank you for your support.
Norfolk and Norwich University Hospitals Foundation Trust.

Paper Switch Off (PSO) at NNUH

What are we doing?
We are moving to digital referrals only, utilising the NHS e-referrals Service (eRS). Your assistance will be needed to achieve this by 1st May 2018.

Why are we doing this?
With changes coming to the NHS contract, all NNUH referral activity needs to come via eRS. Failure to do so will result in non payment for any first outpatient attendance.

Utilisation of digital referrals and Advice and Guidance provides GP's with a clear audit trail and faster, easier tracking of replies and information.

Advice and Guidance (A&G)
NNUH operates an electronic Advice and Guidance Service, being rolled to all our specialties. By the end of March 2018 we will only provide Electronic Advice and Guidance. Paper requests will be returned.

Communication via A&G may be used for referral submission if this is the advice from the Clinician.

Benefits

Patients
Choice and control over care

Safety
Clear referral / audit trail

Operational
Easier referral tracking, reducing patient and clinician inquiries

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SMARTCARDS

PAPER SWITCH-OFF PROJECT

With effect from 1st April 2018

By 31st March 2018 all Advice and Guidance (A&G) should be submitted electronically, medical staff should ensure they have their card set up in advance of their specialty roll out date. Not meeting the 2 day turn round for A&G has financial implications to the Trust adding to an already financially challenging situation.

What is a smartcard?

A Smartcard provides secure access to ESR, Advice and Guidance, e-Referrals and Spine portal enabled health record systems such as Summary Care Records.

Do I need a smartcard?

All staff need a smartcard, especially medical staff as part of the National CQUIN for paperless referrals and Advice and Guidance.

How do I get a smartcard?

Each department has a Sponsor who will set you up on the system. To do this they will require your full name, date of birth and National Insurance number. Once Sponsored the RA (Registration Authority) team will make arrangements for you to meet with an RA Agent to issue you with a Smartcard.

SERVICE DESK

Sponsors please ensure you required the appropriate level of access:

Smartcards and access control are secure measures by which clinical and personal information is accessed only by those that have a valid reason to do so. For Consultants/Doctors please request access to 'Access service provider clinician'.

Smartcard users will be required to provide photographic and confirmation of address identification documents.

For more information please refer to the Registration Authority page on the intranet.

I work for the Trust why do I need to provide ID?

It is a national requirement determined by NHS Digital and NHS Employers that, to be issued with an NHS smartcard, health professionals and NHS staff must have their identity verified to the NHS Employers' identity check standards. Unfortunately, this is non-negotiable so we're unable to change the requirement.

PAPER SWITCH-OFF PROJECT

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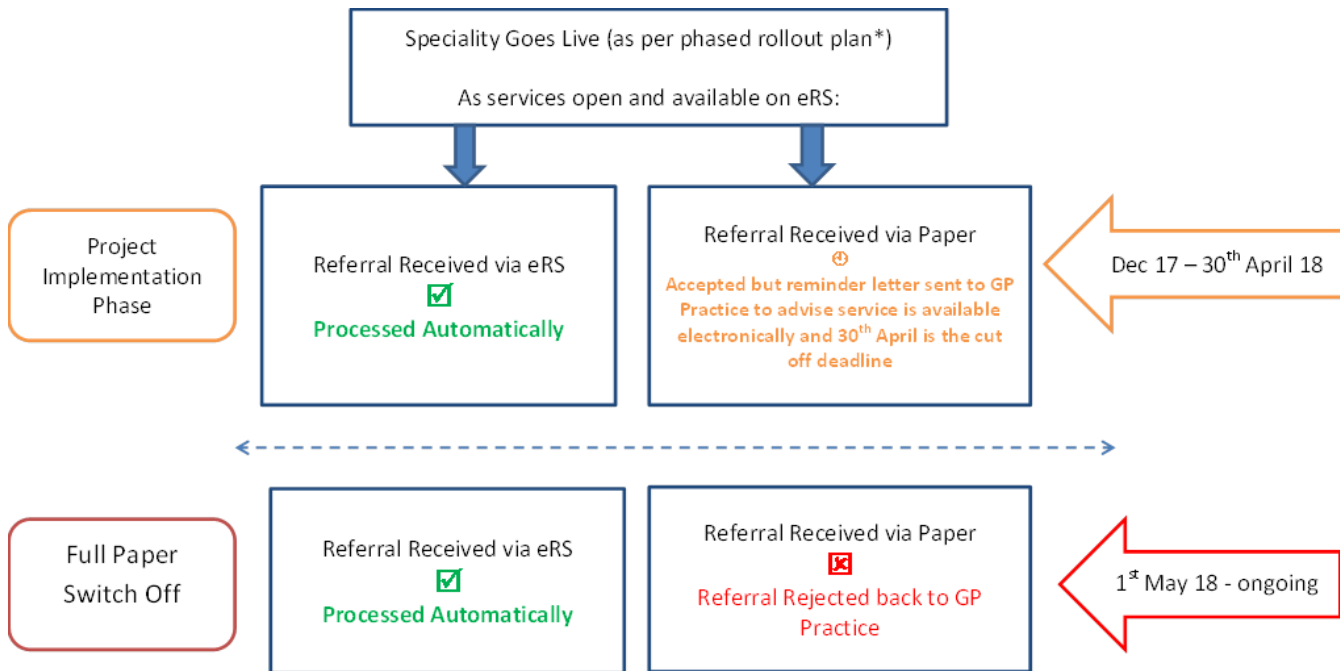
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NNUH Paper Switch Off Project Rollout Plans 2018

Referrals GO LIVE DATE 01 May 2018	eRS Advice and Guidance FULLY LIVE DATE 31 March 2018
Paper referrals before go live date to be issued direct to Rouen Road (if sent directly to NNUH they will be returned unactioned to the GP as per current practice)	Paper requests before go live date to be sent direct to the Specialty at NNUH – clearly marked **Advice & Guidance** only
As each individual speciality goes live (see rollout plan and comms confirming gone live), any paper referrals received in Rouen Road will be processed but a returns letter will be issued advising the Practice Manager the service is available via eRS (if the referral is sent directly to NNUH the current returns process applies)	Paper requests before go live date received at Rouen Road will be passed to the Speciality at NNUH by Rouen Road Team who flag it is an A&G request and how to process it

Letter responses to the A&G request may advise that the service is available via eRS if part of the rollout plan |
| With effect from **1st May 2018** we will no longer accept paper referrals unless they are for an excluded service irrespective of where they are sent to i.e. including Rouen Road (we will process referrals dated prior to 1st May should they arrive after this date) | As of **31st March 2018** all of the identified specialities will be fully live on eRS for A&G requests (as per rollout plan)

Any paper Advice and Guidance request received dated after this date will be returned to the GP Surgery requesting submission via eRS (please see exclusions list) |
| The responsibility for re-sending the referral via eRS sits with the GP Surgery; NNUH will not be tracking returned referrals. However, returned paper referrals will be scanned and emailed back to referring GP into the pre-agreed mailbox within 48 hours of receiving it. All emails to be sent with a read receipt request with a cover letter attachment advising to re-refer via eRS.

(This includes 2ww and urgent referrals in addition to the routine ones)

CCG and CSU will work with Surgeries continuing to submit paper referrals and support resolutions in conjunction with the NNUH Project Team. | The responsibility for re-submitting the A&G request via eRS sits with the GP Surgery from 1st April 2018

Any emails, faxes or phone messages for routine A&G requests may not be actioned; however, we will continue to provide the specialist and emergency advice as per existing pathways (see exclusions list) |
| Referrals received via eRS from 1st May will be processed the NNUH team within 2 working days and the Rouen Road Team will contact patients for Referral Assessment Services and 2ww referrals | From 1st April 2018 the KPI for A&G request response time is 80% within 2 working days.

Referrals may be redirected into A&G services if deemed clinically appropriate |

NNUH eRS A&G Rollout Plan Full Go Live by 1st April 2018*

Speciality	Go Live Date	CQUIN Target	Exclusions
Dermatology			The implementation of eRS A&G supports Paper Switch Off but is also part of the National CQUIN; this specific rollout plan has therefore been agreed with the CCG based on needing to achieve 75% of services being live before the end of quarter 4, 2018/19.

Specialities and services not being rolled out at this stage include:
• Trauma and orthopaedics
• General Medicine
• Non-consultant led services
• Emergency/same day services
• Obstetrics
• Oncology and Palliative Care
• Diagnostic Services
• Therapies e.g. OT, Physio, SALT

All excluded existing consultant led non-eRS A&G services will remain available if not part of electronic rollout e.g. T&O as this supports system demand management projects |
Urology			
Gastroenterology			
Neurology			
Rheumatology			
Gynaecology	Completed Q2 and Q3 2017/18	Q2 and Q3 2017/18	
Ophthalmology			
Paediatric Ophthalmology			
Paediatric Neurology			
Paediatric Rheumatology			
Paediatric Gastroenterology			
Gynaecological Oncology			
Paediatric Dermatology			
General Surgery	Jan-18		
Plastic Surgery	Feb-18		
Paediatric Plastic Surgery	Feb-18	Q4 17/18	
Ent	Feb-18		
Paediatric Ear Nose And Throat	Feb-18		
Oral Surgery	Mar-18		
Clinical Haematology	Mar-18		
Paediatrics	Mar-18		
Paediatric Surgery	Mar-18	Q1 18/19	
Pain Management	Mar-18		
Geriatric Medicine	Mar-18		
Respiratory Medicine	Mar-18		
Paediatric Respiratory Medicine	Mar-18		
Endocrinology	Mar-18		
Diabetic Medicine	Mar-18	Q2 18/19	
Vascular Surgery	Mar-18		
Cardiology	Mar-18		

*Paper Switch Off Rollout plan / Exclusions

Rollout plan		Exclusions
Dermatology	Feb-18	Paper Switch Off only relates to GP referrals (i.e. Prisons, Nurses, Orthoptists and other Healthcare Professional referrals are excluded) into consultant led first outpatient clinics, meaning the following existing referral processes apply to:
Urology		
Gynaecology		
Ophthalmology		
Rheumatology	Mar-18	Emergency based services e.g.:
• Eye Casualty
• AMU/Emergency Department/ Ambulatory Emergency Care
• Trauma and Critical Care
• Cardiology Fast Track and TIA Clinics
Neurology		
Gastroenterology		
General Surgery		
Sub Total		
T&O	Apr-18	Diagnostic and Therapy Services e.g.:
• Dietetics, physio, OT and SALT
• Neurophysiology
• Radiology
Cardiology		
ENT		
Oral		
All remaining specialities		Non Consultant led or specialist e.g.:
• Audiology and nurse led services
• Dental Services and obstetrics

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Paper Switch-Off Project Referral Accept/Reject Process

With effect from 1st May 2018, Paper Switch-Off goes fully live meaning NNUH will no longer be able to accept GP referrals* into new consultant led outpatient services via any route other than eRS. The following flow chart defines the proposed process for managing the phased rollout and implementation leading up to this date. It is recommended that irrespective of the urgency of the referral or the go live date of the specialty, we will continue to process all referrals up until 30th April 18 but thereafter all referrals will be rejected if they are not received via eRS

Speciality Goes Live (as per phased rollout plan*)

As services open and available on eRS:

Project Implementation Phase

Referral Received via eRS
☑
Processed Automatically

Referral Received via Paper
☺
Accepted but reminder letter sent to GP Practice to advise service is available electronically and 30th April is the cut off deadline

Dec 17 – 30th April 18

Full Paper Switch Off

Referral Received via eRS
☑
Processed Automatically

Referral Received via Paper
☒
Referral Rejected back to GP Practice

1st May 18 - ongoing

*NB please see separate list for exclusions e.g. Dental Services and non-GP referrals e.g. Prisons and Nurse-Led Referrals

Q&A session

NHS Digital

www.digital.nhs.uk

@nhsdigital

enquiries@nhsdigital.nhs.uk

0300 303 5678

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