

Oxford City Locality Commissioning Meeting

Date of Meeting: 4 th June 2018				Paper No: X		
Title of Paper: e-RS FAQs						
Is this paper for	Discussion	✓	Decision		Information	✓

Purpose of Paper:

To provide information to Primary Care regarding the Paper Switch Off (PSO) project for e-RS.

Action Required:

For discussion over contents, and to provide feedback on what further information and assistance Primary Care will require to aid the transition to the full PSO.

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FAQS about GP to consultant referrals and Paper Switch Off (PSO) (version 3)

What is Paper Switch off (PSO)?

As part of NHS national policy, from the latest 1/10/2018, all GP to Consultant referrals to secondary care in the acute hospital trust must be via e-RS (excluding referrals where patients need to be seen within 48hours). After this date, acute trusts will only be paid for activity if there is a UBRN attached to a referral. This policy applies to all acute trusts including Swindon and RBH who have publicised their own plans and dates to enact this.

Are there any services or types of referral which are excluded?

There are a few service/category exemptions which will be agreed locally although it is intended in the fullness of time these exemptions will be minimised.

The current list of exemptions for OUHFT are:-

- Emergency Clinics where patients need to be seen within 24-48 hours.
- All non-consultant led services i.e. nurse led clinics
- Fracture Clinics
- Patients with no NHS number
- Patients with an NHS number who do not wish their details added to the spine
- Obstetrics including Obstetric medicine
- Referrals from **dentists** to Maxillo-facial service*
- Referrals from **optometrists** to ophthalmology*
- Referrals from **prisons***

When will OUHFT be turning off paper referrals?

All acute trusts throughout the country have been working to this achieve this. Due to the risks of destabilising the system of payment, most acute trusts will be enacting the turnoff of paper referrals earlier. OUHFT will be turning off paper referrals and returning them to practices to put on e-RS from 1/8/2018 (the hard launch). From 1/7/2018 (the soft launch), it will be encouraged that GPs only send e-RS referrals - if any paper referrals are received then a letter will be sent back to the GP via email (addresses given to OUHFT from the CCG) reminding them that full paper switch off will start on 1/8/2018.

This is all to do with the acute trust and nothing to do with me.

The national contract for GPs from 1/4/2018 now mandates GP to use e-RS. Furthermore the acute trust is empowered in their national contract to send any non-compliant referrals back to the GP to refer appropriately via e-RS.

This will lead to more unpaid activity by practices.

All practices in Oxfordshire use e-RS for their GP to consultant referrals so this will just be extending the numbers which they currently send via e-RS. This will not lead to a change in the admin processes you already adopt. In recognition of the possible extra work getting admin systems up to speed, the GPC negotiated a payment to practices of approximately £0.17 per patient.

If the OUHFT return a referral after the hard launch date 1/8/2018, how will they communicate this?

The referral will be returned via the practice generic email address. Admin teams in the practice who already look at these emails on a daily basis will need to make sure that this referral is then put on e-RS. The OUHFT will only chase up practices if an original 2ww referral has not been subsequently referred on e-RS. Non- 2ww referrals will be left to the practice to manage without further reminders

Where was information about this publicised?

The OCCG and OUHFT have been in conversations around this since April. The details have been discussed with the LMC who have raised some questions around putting this into operation. It has been raised at locality meetings and has been widely publicised in the GP bulletin. A separate letter has gone from OUHFT to every GP practice.

I like to refer to an individual consultant and you cannot do this on e-RS.

It is possible to refer to individual consultants using e-RS. You have to select the name of the consultant and hospital and see if clinics appear attached to their name. If there are no attached clinics then there is no direct referral link for that consultant into that service. Quite often in the past GPs have not realised that consultants are not part of a referral pathway and still refer regardless - leading to delay in patients being seen. To help speed patients being seen a generic referral will aid allocation of an appointment slot. OUHFT and the consultants in general would rather referrals are made by e-RS.

What if a patient is not fully registered at the practice - we cannot use e-RS?

This is not true. It is possible to refer a patient but you need either their NHS number or name and address to pick them up from the patient spine. The way for doing this is seen in the training documentation in the professional resources ERS on the OCCG web site. If the patient has no allocated NHS number or has refused connection to the spine, in these cases you will need to send a non-e-RS referral.

What happens in the event of an outage for e-RS – this will need more details to be agreed with OUHT

In the event of an e-RS outage, the first step is to wait for 3-4 hours to see if the system comes back up. If the system is out > 24hrs, an alternative route (email) can be used. This information can be found on the OCCG website XXXXXXXX.

Who do we contact if there is a problem with the PSO (eg this could be services not found on e-RS when they should be there or other issues)?

If your query relates to OUHFT clinics or services you can contact the e-RS team at OUHFT:

- *To be confirmed*

If your query relates to e-RS issues with any other service or provider, you can contact OCCG:

- *To be confirmed*

OCCG will aim to respond to your query within 48-72 hours.

Are there any training documents?

Yes follow the following link to the OCCG web site. The actual way to use e-RS will be the same as previous usage of e-RS

<http://www.oxfordshireccg.nhs.uk/professional-resources/ers-referrals.htm>

What if private GP's ask me to put their referrals on e-RS?

Private GP's are not included in the Paper Switch Off – you do not need to put referrals from private GP's onto e-RS. The private GP should send a paper referral or use their usual route of referral. This is expressed in the guidance from BMA .The interface between NHS and private treatment: a practical guide for doctors in England, Wales and Northern Ireland. Guidance from the BMA Medical Ethics Department May 2009. Private GPs are entitled to make referrals to NHS facilities, if that is the patient's wish, and the referral should be treated in the same way as if the referral came from within the NHS.

What if a private consultant asks me to put a referral to the NHS on e-RS?

This is a consultant to consultant referral and so does not require a GP to be involved in the process and so is wholly owned by the private consultant. This is expressed in the guidance from BMA .The interface between NHS and private treatment: a practical guide for doctors in England, Wales and Northern Ireland Guidance from the BMA Medical Ethics Department May 2009. Patients do not need to have a further assessment within the NHS before receiving their treatment, nor do they need to be referred back to their general practitioner (GP).