

## **Myth Busting for Referrers**

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### **Patients want to go to their local hospital; they are not interested in choice**

The NHS e-Referral Service fully supports patient choice, but there is so much more to choice than simply being able to select a provider. Using the NHS e-Referral Service, even those patients who choose to go to their local hospital or clinic can be offered a choice of date and time for their appointment – providing greater certainty of when they will be seen by a specialist and reducing their anxiety. They will also have a choice as to how they book their appointment (i.e. in the referring practice, over the telephone or via the internet).

Sending referrals electronically using the NHS e-Referral Service is safer, faster and more secure than using paper. It enables staff to easily track a patient's progress and eliminates the possibility of referral letters and appointment confirmations being lost in the post.

### **It's not possible to refer to a named clinician**

The ability to support referrals to individual, named clinicians has always been possible within The NHS e-Referral Service and Choose and Book. Since April 2012, patients have the right to choose to be referred to a named consultant-led team, if this is clinically appropriate. Guidance on use of named clinician functionality, including how to set up named clinicians on the NHS e-Referral Service to support referrals to named consultant-led teams is available at within the 'Creating and Maintaining Services on the Directory of Services' document on the NHS e-Referral Service website

### **It is not the best use of a referrer's time to be doing administrative work like booking appointments**

The NHS e-Referral Service is essentially a clinical referral tool. Whilst there is some impact on a referrer's workload, it is not significant if the user has been adequately trained and referral processes have been optimised.

Although some referrers prefer to help the patient select the date, time and place of their appointment during the consultation, the minimum they need to do is to have a choice conversation with the patient and generate an appointment request for the agreed (and clinically appropriate) options. The booking process itself can, and usually does, take place after the consultation has finished. The NHS e-Referral Service is flexible and is designed to allow appointments to be booked by staff in the referring practice or by the patient themselves – either by telephone or the internet.

Generating appointment requests and booking appointments using the NHS e-Referral Service is an intuitive process, and feedback from users indicates that, when used regularly, the referral and booking process can be completed quickly and easily.

## **It takes too long to make a referral**

It only takes a few minutes to log onto the NHS e-Referral Service, have a simple choice discussion with the patient and, where appropriate, shortlist suitable services. Where the referrer has been adequately trained and is familiar with the application, this can easily be completed during a surgery consultation.

It is important for local referring practices to identify what works best for them and to consider the benefits that the NHS e-Referral Service can bring when referrals and bookings are made in this way. Benefits include:

- greater patient and professional certainty and convenience
- fewer appointment-chasing enquiries
- more efficient use of practice staffing

## **The system is slow and unreliable**

Local benchmarking and national monitoring shows that the NHS e-Referral Service has good performance and availability. End-user experience of the NHS e-Referral Service is, like all web applications, dependent on local IT set-up and maintenance. If the system appears slow, then a support call should be raised with the local IT help desk, asking them to review the equipment and the way it has been configured.

The NHS e-Referral Service is consistently available for over 99.5% of the time during core hours (99.7% outside core hours). The national NHS e-Referral Service team continually looks at opportunities to improve the speed and end-user experience of the system.

## **The N3 connection isn't fast enough for The NHS e-Referral Service to run**

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## **Sometimes there are no appointments available**

This is not normally a technical fault with the NHS e-Referral Service. Individual hospitals are responsible for making their appointments available through the NHS e-Referral Service so that sufficient slots exist.

If a patient attempts to book an appointment and no appointment slot is available for their chosen service(s), or a technical issue prevents booking, the request can be 'deferred' to the provider, who has a responsibility to contact the patient directly to arrange an appointment.

## **It's difficult to find the services on the Directory of Services**

When set up correctly, the Directory of Services (DoS) provides a 'shop window' of provider services, which can easily be accessed by referrers to find and shortlist clinically appropriate services for their patients.

A successful DoS is dependent on provider organisations working with referring clinicians to ensure that their services are described in such a way as to be clear and easy to understand. Providers need to ensure that each service on the DoS follows the service naming convention and contains accurate and up to date information.

In order to find services effectively, referrers can search the Directory of Services using SNOMED Clinical Terms, 'Specialty' and 'Clinic Type' filters or the names of appropriate clinicians.

## **There isn't enough information to let patients choose**

The NHS e-Referral Service application shows available appointment dates and times, (as well as an indicative waiting time for each service) alongside an estimation of how far the patient might be expected to travel for their appointment. In addition, the patient and professional applications contain links to the NHS Choices website, which provides more in-depth information on provider organisations, including treatments offered, facilities provided and records of other patient experience and feedback. The website also includes quality scorecards to support patients in deciding where and when they receive treatment.

## **We can't use The NHS e-Referral Service for urgent priorities, such as patients needing to be treated within two weeks**

The NHS e-Referral Service fully supports both urgent and two week wait (2WW) referrals and many local health communities successfully use the NHS e-Referral Service in this way. Any referrers not having access to this important functionality should approach their commissioning leads and request this.

## **Patient confidentiality is not protected by the NHS e-Referral Service**

Patient confidentiality is taken very seriously. The NHS e-Referral Service incorporates several different methods of protecting a patient's data to ensure confidentiality and safety. These include data encryption for sending and receiving information, Smartcard access and the need for a password. The Smartcard contains a digital certificate, which is checked against the NHS staff database, and authenticates the user. Only then can a user gain access to the NHS e-Referral Service.

Other security measures include restricting access to information so that only those with a genuine (legitimate) care relationship with the patient will be able to view the information they need, based on their role. NHS staff are bound by a duty of confidentiality, both in Common Law and by the Data Protection Act (1998).

Patients are only able to book/change appointments using a unique booking reference number and a password.

Further details about information security within the NHS e-Referral Service are available on the NHS e-Referral Service website.

## **It's not possible to refer patients with rare conditions or to a very specialised service.**

Specialist skills and experience should be obvious from the service names listed in the Directory of Services. The service details, which are readily available to the referrer by clicking on the hyperlink of the service name, outline the particular features of a clinic and should include information about conditions or diagnoses which are treated or excluded, along with tests or investigations that are required before a patient is seen.

Where clinics/services are provided that deal with rare or very specialised conditions, provider clinicians should have linked appropriate SNOMED clinical terms to these services and have removed the same terms from more general services within their organisation. This enables referrers, using SNOMED terms which match the condition being referred, to locate more specialist clinics, where they exist. Caution should be observed if asking non-clinicians to search for services in this way.

## **The NHS e-Referral Service does not support referrals into diagnostic services**

The NHS e-Referral Service supports referrals into many types of services, including diagnostic services. A number of diagnostic specialties and clinic types are available, to which services can be mapped. In addition, referrals to Nurse-led services, Allied Health Professionals, GPs with specialist interests and Clinical Assessment Services are all available using the NHS e-Referral Service.

## The referrer needs to attach the referral letter within 24 hours

Clinical referral information needs to be attached sufficiently in advance of an appointment so that the provider clinician has an opportunity to review the details and decide if the appointment has been assigned appropriately. It is in the patient's best interests to have their referral details reviewed at the earliest possible opportunity, especially if the appointment proves to be inappropriate and needs changing.

Best practice suggests that:

- 2WW referral letters should be attached within one working day
- Urgent referral letters should be attached within one working day, and
- Routine referral letters should be attached within three working days.

There may be occasions when these timeframes are exceeded, but these should be in exceptional cases only.

## The NHS e-Referral Service involves emailing referrals

The NHS e-Referral Service does not use any form of email. Instead, referral information is attached to the booking request. Currently there are two ways in which a booking and referral document can be created and linked:

Firstly, using an integrated clinical referral system, patient demographics are automatically passed to the NHS e-Referral Service which is launched with the patient loaded. If a referral letter needs to be created, this is done within the NHS e-Referral Service application and clinical data from the referrer's system is sent automatically to the NHS e-Referral Service, using previously agreed rules. This information is then held in the NHS e-Referral Service where it can be reviewed or printed.

The second way is to use the NHS e-Referral Service as a standalone web application, with no direct links being made to the referrer's clinical system. No information is therefore passed directly from one system to the other and, in this case, the referral 'letter' is generated by the referrer or practice staff (e.g. in Word or another document format), and is then attached to a referral request within the NHS e-Referral Service.

Neither of these routes uses email, because it does not match the safety and security provided by the NHS e-Referral Service.

## Patient's progress can't be tracked once the referral is made.

Using the NHS e-Referral Service, referrers and practice staff will always be able to see what service the patient has chosen, the date/time of the appointment, whether

the referral has been accepted or not, and whether the patient has booked, changed or cancelled their appointment.

In the same way as they would remain responsible for other parts of patient care, referrers have a duty to monitor and track the progress of an appointment on the activity list until the provider organisation has reviewed and accepted the referral.