

E-Referral & 2ww suspected cancer referrals

Primary care user guide for London and West Essex

Version 1

Transforming Cancer Services Team

August 2018



About the guide

The [Standard Contract for 2018/19](#) requires the full use of the NHS e-Referral Service (eRS) for all GP referrals to consultant-led first outpatient appointments.

From 1 October 2018, providers will only be paid for activity resulting from referrals made through eRS. This will support local health communities to plan for the [paper switch off](#) for elective referrals.

Purpose of this guide

This guide is designed to furnish primary care practices in London and West Essex with assurance, guidance and solutions to issues relating to using eRS for 2ww cancer referrals.

We hope that you will find this guide useful, if you have any comments please contact england.tcstlondon@nhs.net

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You can find a range of resources, additional information and guidance on eRS and the Paper Switch Off programme here: <https://digital.nhs.uk/services/nhs-e-referral-service> or if you are having issues using eRS please refer to the eRS Help Files: <https://www.ebs.ncrs.nhs.uk/ers-help/index.htm>

From

1 Oct 2018

trusts will only take
electronic referrals
from GPs.



1. eRS & safety netting

Safety netting plays a crucial role in cancer referrals: the act of safety netting provides assurance to the primary care practice that a patient referred on a 2ww suspected cancer pathway has attended their appointment in secondary care and is being supported appropriately. Although not currently a substitute for current safety netting processes within GP practices, eRS provides functionality that supports and strengthens safety netting practice.

Use of E-Referral strengthens safety netting practice:

- E-Referrals can be **tracked, monitored and audited** systematically allowing primary care to monitor patient progress through the pathway through the use of worklists and reports
- Referrals sent by eRS are received in secondary care **immediately** without the risk of referrals being lost and mislaid and without dependency on email exchanges
- Patients given an appointment as part of a directly bookable service leave the GP practice with a date and time of their appointment in secondary care, strengthening the significance of the appointment, increasing the likelihood of the patient attending, and reducing the patient's anxiety of having to wait to hear from the provider.
- eRS provides greater visibility of the patient status across the pathway for both primary care and secondary care
- eRS provides a transparent platform where identifying and neutralising safety netting issues is easier and faster, for example, bespoke and user designed reports can be run to identify outstanding actions, breaches, duplicates and missing referral information.

2. Pan-London suspected cancer referral forms

The Pan London Suspected Cancer Referral forms are for use across London and provide a systematic and standardised approach to suspected cancer referrals, streamlining the process and communicating critical clinical information clearly and concisely. The forms are available in a variety of formats to support integration with leading GP practice systems and are available here: healthylondon.org/suspected-cancer-referrals/

GP IT systems

The suspected cancer referral forms work on the following GP IT systems

EMIS Web
SystemOne (int & non-int)
Vision
DXS

Tumour sites

Brain & CNS	Ophthalmology
Breast	Sarcoma
Children's	Skin
Gynaecology	Upper GI
Haematology	Urology
Head & Neck	
Lower GI	
Lung & Pleural	

eRS and suspected cancer referral forms checklist

Complete the clinical information and patient detail field

This is particularly vital when a the reason for suspected cancer referral is due to **CLINICAL CONCERNS** that do not meet NICE/pan-London referral criteria as secondary care providers will have minimal information to support the patient. Ensure patient details are also completed and that all tests have been ordered prior to or at the point of referral to reduce potential delays in the pathway.

Attach the referral form and offer the patient information leaflet

- eRS supports uploading of suspected cancer referral forms when making a referral
- The suspected cancer referral form is either attached when the booking request is created or within 1 working day of creating the booking request
- If the suspected cancer referral form is not attached the provider may return the referral resulting in a delay to the pathway
- Offer the patient the information leaflet embedded within eRS if available.

3. Suspected cancer referrals & eRS

1-5 listed below are key actions when using eRS for 2ww referrals. The preferred method of referral for 2ww's is a directly bookable appointment – an example of the process is provided in section 4.

1. Use eRS for 2ww referrals

eRS is the preferred method of referring suspected cancer patients above email. eRS is clinically safe and provides a host of benefits to patients and clinicians. To find out more about eRS benefits visit: <https://digital.nhs.uk/services/nhs-e-referral-service>

2. Ensure patient understanding of 2ww referral

Inform the patient of the importance of the appointment, that they should avoid changing it and that they are being referred in order to 'rule out the possibility of cancer'. Offer the patient the information leaflet embedded within eRS if available.

3. Check the eRS Directory of Services (DOS)

Check the Directory of Service at the point of making the referral to ensure that the patient meets the specified inclusion criteria, there may be slight differences between providers depending on resource / equipment etc.

4. No 2ww slots - Defer to provider

'Defer to Provider' should be used when there are no appointments available, it is then the responsibility of the provider to contact the patient and arrange an appointment with the patient.

On request, providers can share their processes and procedures for when they receive a defer to provider referral.

5. Worklist management

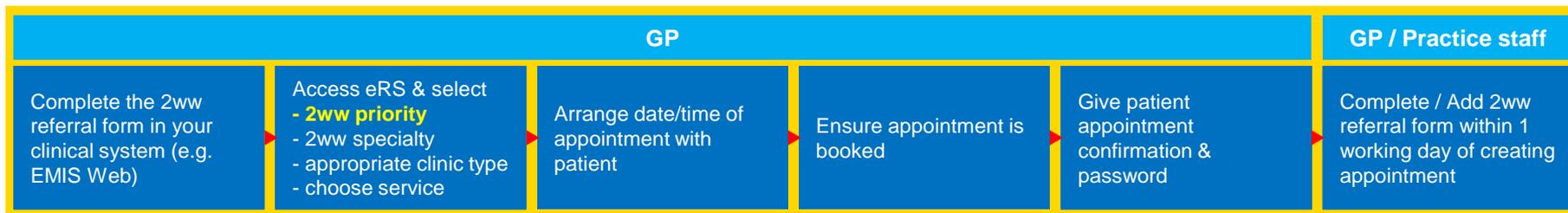
Practices should review their eRS worklists every day in order to monitor patient progress across the pathway. Patients can be tracked using the eRS worklist which will show all UBRNs that need monitoring and can include those with a status of: 1. Booked, 2. Not yet booked, 3. Deferred to provider 4. Cancelled by patient 5. Cancelled by provider 6. Advice & Guidance request.

'View History' shows a timeline for the referral incl each action that has been taken which when clicked on provides more detail.

4. eRS 2ww referrals - directly bookable appointments

Listed below are 3 example of options available to GP practices for directly bookable 2ww appointments

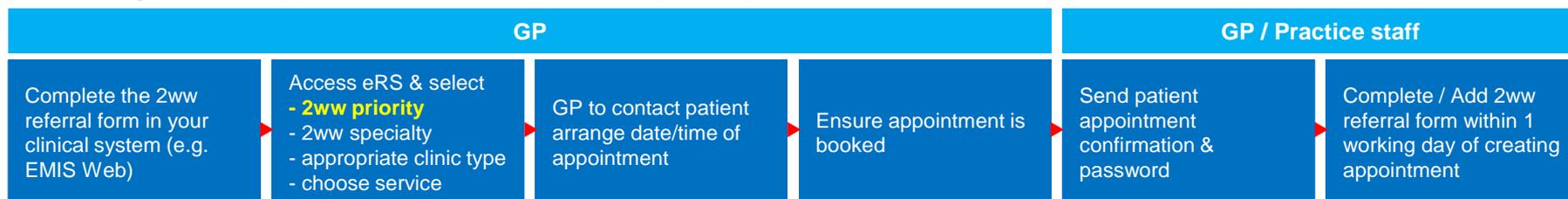
1. Booking the 2ww appointment in the consultation (Gold Standard)



2. Booking the 2ww appointment before the patient leaves the practice – delegating the responsibility of booking



3. Booking the 2ww appointment after clinic without patient present



! Safety Netting - It is crucial to safety net the patient at a practice level setting a reminder to follow-up and check that an appointment is booked and attended. Running a 2ww enquiry on eRS can identify 2ww unbooked requests, future booked appointments, past booked appointments, DNA'd appointments for seven days past the date the DNA message was received and cancelled UBRNs or appointment requests.

! Worklist management - GPs, practice staff and admin can monitor the eRS worklist for changes – the appointment shows as unbooked until the patient has booked and will be removed from the worklist when the Provider has accepted the booking.

*If Practice staff are unsure about the booking criteria then they should check with the referring GP.