

## 12 GOLDEN RULES WHEN USING e-RS

### 1. Be logged on with an NHS SMARTCARD

You cannot access e-RS without one!

### 2. CHECK THE PATIENT'S DEMOGRAPHICS BEFORE YOU START

**The PDS (personal demographics service) on the patient precis bar needs to be blue, which means that the demographics on your EMIS system is synchronised with the national Spine.** There is nothing worse than agreeing and starting a referral process to find at the end or half way through that the patient has moved and is now living out of borough/practice area. Start by confirming their address, home and mobile telephone numbers and if they have one, their **email address!** Trusts want patients' email addresses; it really helps with their communications with patients.

You can update patient details once in e-RS, but this is slower. **It is essential to add in the 'Update details' window once in e-RS, if the patient needs an interpreter and what language, so Trust staff can book one.**

### 3. CHECK THE PATIENT IS ACTUALLY GOING TO BE IN THE UK for *at least* the next 2 weeks (if 2WW) or 4 months (if routine) – if not longer to allow for investigations to be arranged

***This is absolutely essential for a 2WW.*** The Trusts have NO ability to 'save' up referrals and book them outside 2WW timescales, this is just not possible. If the patient chooses to go away on holiday instead of staying to attend within 2 weeks, document this in the notes as informed dissent and tell them to come back to the practice when they are back in the UK to make the referral and the appointment.

### 4. MAKE SURE YOU CHOOSE THE RIGHT CLINIC IN THE 'SERVICE SEARCH CRITERIA' SCREEN ON e-RS.

If you are delegating choice to a member of your admin team, give them enough information to choose the right clinic. You are responsible for the clinical pathway and quality of referrals and this is contractual, so if you delegate you must make sure the person you are delegating to is competent, trained and has the right information to do the work correctly. It is NOT okay to just choose a general clinic when specific clinics are available; for example, do not choose 'Cardiology Not otherwise specified' when the patient has an arrhythmia, choose arrhythmia clinic. This wastes the clinician's and patient's time, as the patient will just have to re-attend in the right clinic! If you are not sure which clinic, use Advice and Guidance (A&G) and ask the Trust clinicians to advise you.

## 5. ATTACH ALL THE RIGHT AND RELEVANT CLINICAL DOCUMENTS

This can be:

- summary from the clinical system
- previous clinical letters and results that are relevant, especially if the patient has had these at another Trust
- investigations saved as documents rather than in investigations

Not attaching the relevant clinical documents means that the Trust clinicians cannot assess the referral as being appropriate and the referral will then be rejected. So you will have to do the work all over again....try and **get it right first time** to save you time and stress!

## 6. IF THERE IS NO SUITABLE APPOINTMENT LISTED for a 2WW referral, LOOK AT OTHER PROVIDERS.

Try to avoid choosing a trust which is not listing appointments and therefore requires you to 'defer to provider', **for 2WW referrals**, because this creates additional steps for everyone. If no suitable appointments are listed, then discuss with the patient about **choosing another provider**.

## 7. MAXIMISE CHOICE TO MINIMISE WAITS

Generally, it is better to search by, say a 10-mile radius, and choose all suitable providers, and let the patient make the final choice when booking their appointment, according to their preferences, rather than always just choosing the nearest Trust.

Also, you will allow maximum choice, and get the patients the shortest wait, if you refer to 'Dear Consultant', rather than a named clinician – and this is in the patient's best interests unless there is a very good clinical reason for them to see a specific consultant.

## 8. GET THE PATIENTS TO BOOK THEIR OWN APPOINTMENTS for routine referrals as they are more likely to attend if they make the appointment themselves online. So they can do this, email or provide them with a hard copy of the UBRN, password and booking details and advise them to book their appointment within two weeks (this prevents them receiving a reminder from the e-RS system). It also means less work for you!

**If the patient needs you to book the appointment for them**, e.g. learning disability, language barrier, etc. **only do this with them and with their carer present** or on the phone to you, to ensure that they can attend the appointment you are choosing. Booking appointments without the patient's involvement leads to a higher DNA rate.

## **9. DON'T SELECT 2WW just to try and get the patient a sooner appointment**

Trusts are seeing increases in 2WW referrals, not all of which appear clinically appropriate. If you need to expedite a patient's routine appointment, and their symptoms do not meet 2WW criteria, contact the appropriate person in the Trust; e.g. the consultant's secretary to explain the situation to see if they can expedite the appointment, or use A&G, or Consultant Connect to get clinical advice on how to best manage the patient whilst they are waiting to be seen.

## **10. USE THE DIRECTORY OF SERVICES (DoS)**

If you are having a problem with a specific appointment, check the DoS for details of the right person to contact in the Trust – emails and phone numbers are usually listed. If they are not, ring/email the Trust e-RS team or PALS or GP Liaison for help. **Don't start a new referral – this is confusing and duplicates workload.**

## **11. ASK THE RIGHT PERSON FOR SUPPORT**

Find the right support according to your problem:

- For first line support, you should have an 'expert' within your practice who is confident and fully trained on EMIS and e-RS. Think about identifying a member of staff to lead on this, and make sure they are trained. Practices are receiving monies in their contractual payments in 18/19 to enable e-RS, so use this resource to ensure your team has the necessary competencies.
- For problems with EMIS interface, call EMIS support (not the Trust).
- For local information, look at your CCG intranet/GP bulletins/planned care newsletters.
- For more training, contact your IT Facilitator for training/support - [nelcsu.gpitsouthlondonfacilitators@nhs.net](mailto:nelcsu.gpitsouthlondonfacilitators@nhs.net), or look at EMIS Support for Webinars, or [NHS Digital](#) or register/login to [e-Learning for Health](#) (search for NHS e-Referral Service) where e-RS resources are available.

## **12. MANAGE YOUR e-RS WORKLISTS**

Worklists let you view information about your patients and their UBRNs. You must ensure regular review of ALL worklist types, preferably daily, and that the necessary actions are completed; for example, deal with rejected referrals, attach outstanding referral letters, etc.

Managing these issues is the referrer's responsibility, and you have a duty of care to resolve any issues on the worklists as part of your practice contract. If this is delegated to an administrative member of your team, the clinician is still medico-legally responsible, so each practice should make sure that their administrator has the right skills and clinical support to manage the worklists.