e-RS Information Pack

This document has been created for ICS and GP teams alike. It provides a single source of electronic referral service (e-RS) related information. This pack should assist with most e-RS related issues you may come across, provide further information on the most frequent e-RS related concerns raised and, if needed, signpost you to where you might find further support and additional help.

You can use this document when training new team members or simply as a 'just in case' manual for advice when things go wrong. Please feel free to use elements of this document as posters for your practice, such as the '12 Golden rules of e-RS'.

Contents

The 12 Golden Rules of e-RS

1 Log onto e-RS with an NHS **smartcard**

2 Check the patient's **demographics**

The personal demographics service (PDS) is located on the patient precis bar

- ✓ Blue = EMIS and Spine are synchronised
- ✗ Red = Referral will not go through

💡 *Confirm:* 🖂 address, ☎ home number, 📱 mobile, 🖰 email, Language, Interpreter?

3 Two Week Wait (2WW) – **check the patient is available**

Is the patient willing and available to attend an appointment within the next 14 days? Ensure the patient is aware that the referral is to expedite / exclude a cancer diagnosis

- ✓ Document patient's choice in notes as informed dissent
- ✗ Trusts cannot 'save' up referrals

💡 *Not available?* Ask the patient to contact their GP when they are available to attend a hospital appointment within 14 days

4 Choose the **right clinic** within the service

Delegate this role to admin?

- ✓ Ensure they are given enough information and can uphold referrers' contractual responsibilities for referral quality

3 💡 *Not sure which is the most appropriate clinic to refer to?* Click here.

5 Attach **relevant and correct clinical correspondence (i.e. documentation)**

- ✓ Summary from the clinical system
- ✓ Prior investigations and diagnostics highlighted on the e-RS directory of services need to be reviewed and uploaded
- ✓ Previous relevant clinical letters
- ✗ Not attaching the relevant clinical documents will result in the referral being returned to primary care
- ✗ Only attach information relevant to the referral

6 Try to **avoid using 'defer to provider'** for 2WW

No 2WW appointment listed?

- ✓ Discuss choosing another provider with the patient

7 **Maximise choice to minimise waits**

Searching for a service?

- ✓ 10-mile radius (if possible)
- ✓ Choose all suitable providers
- ✓ Let the patient make the final choice

💡 Refer to 'Dear Consultant', unless there is a good clinical reason for specifying the clinician

8 **Patients** should **book** their own routine appointments if possible

- ✓ Provide the patient with their UBRN, password and booking details
- ✓ Advise them to book within two weeks

💡 *Not possible?* Book the patient (and their carer) - booking an appointment with the patient's input significantly reduces DNAs

9 2WW – Only for **2WW Referrals**

Need to expedite a patient's routine appointment or get advice on managing the patient whilst they are waiting to be seen?

- ✓ For advice, use e-RS A&G or Consultant Connect
- ✓ To expedite the appoint, contact the service directly

10 Issue with specific appointment?

- ✓ Contact the service directly
- ✗ Do not start a new referral – this will likely result in poor patient experience

11 Manage your **e-RS worklists**

- ✓ Review **all** worklist types **daily**

💡 *Delegate this role?* Referring clinician is always medico-legally responsible for their e-RS worklists

12 **Ask** the right person for help

First port of call?

- ✓ Contact your local GP IT Facilitator

General Pointers

Smartcards

All staff involved in sending referrals must have a smartcard so that they can access the e-Referral System. Where possible, ensure that smartcards are requested and arrive for new staff before they start working for the practice. It is important to ensure that staff have been assigned the appropriate roles on their smartcard.

If you need to order a smartcard or have any smartcard queries, please contact the relevant Registration Authority (RA) team who can deal with your request/query:

- For Bromley: telephone 0208 315 8702 or email bhc.ithelpdesk@nhs.net
- For Bexley, Greenwich, Lambeth, Lewisham, and Southwark: enquiries can be logged by Halo or ICT service desk. Telephone 020 8176 5400 or email ICTServiceDesk@selondonics.nhs.uk. Please include sponsor smartcard details, user's smartcard details (if they already have them) and position required.

Locums:

All locums should be issued with a smartcard. If a locum does not have a smartcard, they can request one from the RA team. Once a locum has been issued with a card, it can be used across all practices, provided they have been linked by the RA to that practice.

When it is known that a locum will be working for a practice, the practice team should contact the RA team in advance of the GP starting work at the practice and ask for them to be given full access for that practice for the period of time that they will be employed.

Finding the right service on e-RS

There are three ways to search for a service:

- By specialty and clinic type
- By named clinician (this is reliant on the service definer from the provider end adding consultant names on e-RS)
- By clinical term (based on SNOMED CT terms)

Information about the referral criteria for each clinic type is available on the Directory of Service – please make sure you read it before referring.

Top tips if you're having difficulty finding a suitable clinic:

1. Clinics for children are often under the specialty 'Children's and adolescent' rather than the specific condition
2. Some clinics have age restrictions and will not appear if your patient doesn't meet the age criteria
3. Check whether you've set a 'Distance within'. The postcodes for some triage services (e.g. Optometrist Triage Service) are in other boroughs and so will not appear if you've set a filter of only services within 3 miles of your GP practice.
4. If you're still having difficulty finding a suitable clinic:
   - You can contact:
     i. For GSTT: contact the specialty team directly using the contact details on the e-RS Directory of Service (DOS)
     ii. For KCH (DH): contact the e-RS team via the generic mailbox kch-tr.e-ReferralService@nhs.net
     iii. For KCH (PRUH): please contact your local GP IT facilitator in the first instance. If you're still having difficulty, contact Dee Leech d.leech@nhs.net (e-Referrals and Outpatients Systems Manager)

- To find contact details on the DOS, click on a **Service Name** on the 'Service Search Criteria' page, which will provide you with contact details of the service provider.
- You can contact the Integrated Care Board via email: for urgent/routine referrals plannedcare@selondonics.nhs.uk and for cancer referrals cancer@selondonics.nhs.uk
- The GP practice can also copy in their GP IT Facilitator (details here) as they may be able to advise.

It's important to note that:

- **The clinic type "Not Otherwise Specified" must not be used as a default, catch all option**. It should **ONLY** be used when there is not a more appropriate clinic type available. Trusts often only have a small number of 'general' appointment slots as most patients can be seen in condition-based clinics. By referring to condition-based clinics, more appointment slots will often be available and patients will be seen in the correct clinic, first time.
- **If you are delegating the booking process to a member of your admin, you must give them enough information to choose the right clinic. The GP is responsible for the clinical pathway and the quality of the referral, even if the booking process is delegated.** For GP practices in Bromley, GPs and administrative staff are advised to use the Referral Optimisation Protocol (ROP), activated via by the F12 button. The ROP guides users to the optimum referral pathway for the patient and automatically opens the most up-to-date version of the relevant referral form.

Appointment slot issue/defer to provider

When no clinic appointment is available for patients to book in e-RS, the referral can be forwarded (via the Manage Your Referral website) or deferred (via the professional application) to the patient's chosen provider to enable the provider to book the patient an appointment. When a referral is forwarded or deferred this will appear on the provider's Appointment Slot Issue (ASI) worklist.

Reasons why there may be no clinic appointment available on e-RS:
1 There are **no appointment slots available** on e-RS.
2 A **technical issue** may prevent an appointment slot from being open.

Forwarding referrals via the 'Manage Your Referral' website

If the patient is booking the appointment themselves via the Manage Your Referral website, and there are no appointment slots available, they can submit their details to their chosen provider who will then contact them. Patients are informed that they will be contacted within a set number of days (based on clinical priority) by their chosen provider to have their appointment arranged. If this doesn't happen, patients are directed to contact the service provider.

For 2WW referrals: if referring for a 2WW appointment and no slots are available then:
(1) discuss choosing another provider with the patient;
(2) if the patient doesn't want to change providers, use "Defer to Provider" option.
Patients should not be asked to forward the referral via Manage Your Referral as this may introduce a delay to their care.

Using the 'defer to provider' option

When a referrer attempts to book an appointment for a patient and there are no slots available, they can defer the responsibility for booking the appointment to the patient's chosen provider using the **defer to provider** button.

Please note: If appointments are available to be booked but are not suitable or convenient for the patient, then the referral **cannot** be deferred to the provider. Instead, the referrer should discuss alternative providers with the patient. Otherwise, the patient will have to wait for suitable appointments to become available.

Once the referrer has selected the defer to provider option, the patient must choose which of the services with no slots they would like to be referred to – **a referral request can only be deferred to one service**. This is done by selecting one of the radio buttons on the deferral options details screen.

From the deferral options summary screen, the referrer can confirm the patient's choice of provider and print the appointment request letter. Both this screen and the letter will indicate a date by when the patient should have heard from their chosen provider, and will be based on the priority of the referral.

The date is calculated from the date of deferral plus:
- two working days for two week wait referrals
- five working days for urgent referrals
- 40 working days for routine referrals

The referrer can monitor the status of their patient's referral via the awaiting booking worklist, which will show the referral as deferred to provider until it is booked.

Patients will not be sent reminder to book letters while their referral is in a deferred to provider state. This helps to alleviate the frustration experienced by patients who have tried to book an appointment, been told that the provider will contact them and who then receive a letter reminding them to book their appointment.

Important information:

If a patient contacts their referrer because their chosen provider has not arranged an appointment, or the ASI remains on your worklist, please escalate to the provider. Do not cancel or duplicate the referral as this will only cause further delays and confusion.
- You can contact:
    i. For GSTT: contact the specialty team directly using the contact details under the specialty webpage on the Guy's and St Thomas' NHS Foundation Trust website
    ii. For KCH (DH): email the e-RS team via the generic mailbox kch-tr.e-ReferralService@nhs.net
    iii. For KCH (PRUH): contact Dee Leech d.leech@nhs.net (e-Referrals and Outpatients Systems Manager). The GP practice should also CC their GP IT Facilitator as they may be able to advise
    iv. For LGT: contact the central booking team (Lh.appointments@nhs.net)

Attaching referral letters

Please remember to attach the referral letter when making a referral via e-RS. Referral letters must be attached to referrals within the national timeframes:

a. 2WW or urgent referrals = 1 day (24 hours)
b. Routine referrals = 3 working days

The provider is NOT able to see the UBRN on their worklist until the letter has been attached and providers may refuse to see a patient if the referral letter has not been received prior to the patient's appointment.

The "Letter outstanding" worklist contains details of the referrals with missing referrals letters.

Appointment letters

For patients that are booked into an appointment slot on e-RS, it is the responsibility of the practice to give the patient the letter with the details – this is either the appointment confirmation letter, or the appointment booking letter that allows the patient to book their own appointment online or on the telephone. If the patient has registered for the NHS

App, an email button will appear next to the print button and you will be able to email the appointment details to the patient. The patient will not receive an additional letter from the trusts to confirm the appointment.

The only **exceptions** in which the trusts will contact the patient and send a letter are:
- Where the referral has been 'deferred to provider' (see page 4)
- Where the hospital reschedules the appointment
- When the provider converts an advice and guidance request into a referral (see page 12)
- Where the service is set up as a Referral Assessment Service (see page 10)
- Where the service has been set-up as a Clinical Assessment Service (see page 10); if patients are booked into a "dummy" appointment, the GP practice should tell patients NOT to attend this appointment and the appointment letter should not be sent or emailed to the patient. The provider will send the patient an appointment letter when they have triaged the referral with details of the actual appointment they should attend.

Patient passwords

For patients who wish to book their own appointment, they will need their UBRN number and password – both of these are included in the print summary which you give or send to the patient.

If the patient loses their password you can look it up by:

1. Going to https://nww.ebs.ncrs.nhs.uk (using your smartcard) or using the link within EMIS
2. Look up the patient using their NHS number or UBRN. The NHS number can be copied by right-clicking the NHS number on EMIS precis bar and choosing "Copy NHS number" and this can be pasted into e-RS
3. Click on drop down option and select 'View Details'
4. Then click on 'Update Person' tab at the bottom of the screen
5. Scroll down to view patient password.

The password is unique to the patient not the booking and consists of two random words. You are able to change the password if the patient requests this.

Patients needing an interpreter

If a patient needs an interpreter (either foreign language translation or sign language) please make sure this information is recorded patient's preferences section on e-RS. To update a patient's preferences, click on the 'Update Person' button (this appears on the appointment summary page after you've booked an appointment) and select the preferred language from the drop-down list.

Making referrals through EMIS

To access e-RS through EMIS, users must be configured in EMIS. For instructions on how to do this, see Appendix 1.

Managing your worklists

What is an e-RS worklist?

GPs and their practice teams have access to six worklists within the e-RS application, which can be used to check on any outstanding actions, monitor the progress of patients' referrals and track responses to advice and guidance queries.

These worklists act like a mailbox and should be considered as the single place to go to check for outstanding actions in the referral process.

The six worklists are:

1. **Rejected/triage response:** shows referrals that have been rejected and/or returned to the referrer with advice.
2. **Letter outstanding:** contains referrals with missing referral letters.
3. **Incomplete:** referrals on this worklist are draft referrals (i.e. a UBRN has been created) which have had clinical information attached but have not been submitted to the provider (e.g. an appointment hasn't been booked or an appointment request hasn't been made). It might look as though the referral has been completed within the GP system.
4. **Advice and guidance:** displays advice and guidance requests which are awaiting action from the provider or referrer.
5. **Assessment Returned/Cancelled/DNA:** displays referrals that have an assessment recorded against them, a UBRN cancelled, or a DNA recorded.
6. **Awaiting booking:** shows referrals that have not been booked since shortlisting or a referral that has been deferred to a provider, or a referral that has had an appointment cancelled and is awaiting booking by the provider or patient.

All worklists must be monitored and reviewed on a daily basis.

Where are the worklists on e-RS?

There are two ways to access the e-RS worklists using your NHS Smartcard:

1. Via EMIS Web:
   - Either click on the icon on the Quick Access Toolbar or EMIS menu
   - Click on 'Worklists' tab
   - Select the worklist you want to look at
2. Via web link:
   - https://www.ebs.ncrs.nhs.uk/authenticate
   - Click on 'Worklists' tab
   - Select the worklist you want to look at

Who is responsible for monitoring and maintaining worklists?

All worklists must be monitored and reviewed on a daily basis. Practices must act to ensure all referrals on the worklists are managed appropriately and in a timely fashion.

Many practices delegate the task of monitoring worklists to administrative support staff who alert the GP when there are outstanding actions or concerns that the GP needs to address e.g. when an A&G response has been received, when patients have failed to book appointments, or a referral has been returned with advice. **If referrers do delegate these tasks, they still retain overall responsibility for the referrals and are responsible for ensuring that staff to whom they delegate are adequately trained and supported.**

Rejected e-RS referrals

Background

When a referral is rejected by a provider (e.g. hospital) it is removed from the provider's 'Referrals for Review' worklist. All rejection reasons **lead to the appointment being cancelled,** and the referral will appear in the "Rejected/triage response" worklist with the status "Rejected".

The provider must select one of these options when rejecting a referral:

Responsibilities for managing rejected referrals

It is the **referring organisation's responsibility (i.e. the GP practice) to contact the patient** if a referral/booking is rejected by a provider and inform the patient that they must not attend the appointment that was booked.

Once rejected the referral will appear on the referrer's "Rejected/triage" worklist, this worklist must be actioned daily.

The hospital booking systems at GSTT, KCH and LGT do not automatically produce letters when an appointment is booked/ cancelled via e-RS.

> If the referral remains in a rejected (and therefore un-booked) state, the patient will be sent an automatic reminder letter to book their appointment. This can be confusing for patients if they do not know about the change in status of their referral.
>
> It is therefore imperative that referring organisations check their e-RS worklists at least daily and **inform patients of rejected referrals.**

RASs and CASs

Referral Assessment Services (RAS)

Unlike a directly bookable service, a Referral Assessment Service (RAS) allows referrers to send their patient referrals directly into a RAS without having to book an appointment for the patient.

It is advisable for the referrer to explain to the patient that their referral is being reviewed by a specialist and that, as a result, the patient may not need a hospital appointment. This manages the patient's expectations and can prevent unnecessary concern and communication between the patient, referrer, and provider.

A RAS allows the service to clinically triage the referral before deciding on the most appropriate onward clinical pathway. Following the review, the service may book an appointment for the patient (to be seen in the service or by another service), or if appropriate, may return the triage request to the original referrer. Referrals may be returned because:

- the service has provided **advice** which allows the **patient to be managed in primary care**
- the provider clinician may need **more information**
- the referral needs to be **redirected** to another service

When a service search is being initiated, a RAS will have a 'Send for Triage' button instead of the usual tick box option on the service selection screen. Please note, a RAS service cannot be added to a shortlist of services when creating a request for the patient, it must be the only option selected.

Once the request has been created, the clinical referral information will need to be attached to the referral before the service provider is able to complete the triage.

Referrers can provide patients with a letter, detailing the service that they have been referred to and what to expect next. The letter also includes details of who the patient should contact if they haven't heard anything after a certain date.

Returned referrals

Returned referrals will appear on the 'Rejected/triage response' worklist with a referral status of **'Triage Response'**. Referrers have several actions that they can complete on this referral:

- **'End Triage Request'**: this will close the referral and remove it from all worklists..
- **'Modify Referral Letter'**: gives you the option to change or add further clinical referral information. Once you have done this, you must 'Update/Book' the referral as well.
- **'Update/Book'**: allows the referrer to change the referral to a new service or rebook under the same service.

Clinical Assessment Services (CAS)

A Clinical Assessment Service (CAS) is similar to a RAS, in that it is designed to allow the referring service to clinically triage the referral before deciding on the most appropriate onward referral pathway. However, rather than requesting triage, the referrer has to book the patient into a "dummy appointment". **The patient should not attend the dummy appointment** - it is there to enable the service to review and triage the referral.

Please ensure the patient is advised that they should NOT attend or reschedule the dummy appointment.

Upon receipt of the referral, the specialty will triage the referral before deciding on the most appropriate onward clinical pathway. Similar to a RAS, the service may book an appointment for the patient (to be seen in the service or by another service), or if appropriate, may return the triage request to the original referrer. Referrals may be returned because:

- the service has provided advice which allows the patient to be managed in primary care
- the provider clinician may need more information
- the referral needs to be redirected to another service

Returned referrals

Returned referrals will appear on the 'Rejected/triage response' worklist with a referral status of **'Rejected'**.

e-RS Advice and Guidance

Advice and guidance (A&G) allows a clinician to seek advice from another, and help enable a patient's care to be managed in the most appropriate setting. In south east London A&G is available via e-RS and [Consultant Connect](#).

e-RS A&G is a two-way dialogue channel which allows GPs to seek speciality input into a patient's care. The referrer can attach documents to the advice request (e.g. diagnostic results, clinical photos, previous correspondence relating to the patient). The specialist is then able to review the request (along with any attachments) and either:

- Convert the A&G request to a referral (if authorised and appropriate to do so)
- Return the A&G request with advice only, adding their own attachments (e.g. a proposed treatment plan) if required
- Return the A&G request asking for further information
- Return the A&G request advising the referrer to send the patient to a particular service

Following this, the referrer can:

- Action the advice provided by the specialist, making contact with the patient where appropriate
- Convert the advice request into a referral or appointment request
- Respond to the provider asking for further advice

Managing A&G responses on e-RS

A&G requests are displayed on the 'Advice and Guidance' worklist. The status of the request will be displayed in the 'Response Status' column as either:

- Referrer to submit further information
- Referrer to review response
- Provider response required

Please check your Advice and Guidance worklist on a daily basis.

A&G is for:

✓ Advice on a treatment plan and/or the ongoing management of a patient

✓ Clarification (or advice) regarding a patient's test results

✓ Seeking advice on the appropriateness of a referral for a patient

✓ Identifying the most clinically appropriate service to refer a patient to

A&G is **not** for:

✗ Administrative purposes e.g. chasing clinic letters

✗ Follow ups, contact the department instead

✗ Emergency patient care

Important information:

If your A&G request hasn't been actioned by the provider, please contact them.

- You can contact:
    i. For GSTT: contact the e-RS team via email gst-tr.gstters@nhs.net
    ii. For KCH (DH): email the e-RS team via the A&G mailbox kch-tr.adviceguidance@nhs.net
    iii. For KCH (PRUH): email Dee Leech d.leech@nhs.net (e-Referrals and Outpatients Systems Manager). The GP practice should also copy in their GP IT Facilitator as they may be able to advise.
    iv. For LGT: contact the specialty team directly using the contact details on the DOS

e-RS Downtime Protocol

In the unlikely event that e-RS goes down and GP practices are unable to make a referral via e-RS they should contact the ICB via email: plannedcare@selondonics.nhs.uk and cancer@selondonics.nhs.uk.

Issue	Stage 1 – Practice specific e-RS issue	Stage 2 – Less than 24 hours, national e-RS intermittent issues or system failure	Stage 3 – More than 24 hours, national e-R intermittent issues or system failure	Stage 4 – Over 5 days, national e-RS intermittent issues or system failure
"I've tried to refer a patient using e-RS but it won't work e.g. "The provider system is not available" error message"	In the first instance, practices should try using the web-based version of e-RS rather than the EMIS/Vision version. When using the web-based version of e-RS, Practices should make a manual note of the UBRN in the patient's record in EMIS/Vision (this is not done automatically). Go to NHS Digital alerts to see if it is a national issue.	Hold all urgent and routine referrals until the system is restored. If possible, defer 2ww referrals to provider. If this is not possible, please hold.	SEL ICB & provider daily midday call. Await SEL ICB-provider joint comms before actioning the below: Hold all urgent and routine referrals until the system is restored. Send 2WW referrals by email (see addresses below) In the subject and body of the email the practice should make it clear why they are emailing referral e.g. *"EXCEPTION: emailing referral as e-RS not working".*	SEL ICB & provider daily am & pm call. Await SEL ICB-provider joint comms before actioning the below: All referrals to be sent via email. (see addresses below) In the subject and body of the email the practice should make it clear why they are emailing referral e.g. *"EXCEPTION: emailing referral as e-RS not working".*

Email addresses for local trusts are as follows (these should **only** be used for **stage 3 and 4** as outlined above).

	GSTT	KCH Denmark Hill	PRUH	LGT – QE & LGH
2WW referrals	gst-tr.2wwgstt@nhs.net and cc. in gst-tr.gstters@nhs.net	kch-tr.2weekwaitopacdh@nhs.net	kch-tr.br-2weekwait@nhs.net	LG.2WWLGT@nhs.net
Urgent/routine referrals	Please use email addresses provided on specialty pages on GSTT website.	kch-tr.kchreferrals@nhs.net	kch-tr.br-referrals@nhs.net	Lg.qereferrals@Nhs.net (QEH) Lg.lewishamreferrals@nhs.net (UHL)

View live service information and alerts from NHS Digital

e-RS Trouble Shooting Guide

Issue	Information / resolution
"We've got a temporary patient (with an NHS number) and it won't let me refer them on e-RS"	Temporary patients (with an NHS number) can be referred on e-RS using the web-based version: https://nww.ebs.ncrs.nhs.uk For the web-based version of e-RS, make a manual note of the UBRN in the patient's record in EMIS (this is not done automatically).
"My patient doesn't have an NHS number"	e-RS requires patients to have an NHS number. If a patient does not have an NHS number, they should be referred via the relevant 'down time protocol email address', and in the subject and body of the email the practice should make it clear why they are emailing the referral (e.g. "EXCEPTION: emailing referral as patient without NHS number").
"I keep getting an error message because the patient isn't synced with the spine"	If the small 'PDS' box in the top right of the patient details precis bar on EMIS is RED, and you try to add a referral, the 'PDS' synchronisation box will appear. Check which of the highlighted details are correct and click the radio button to take the details from the spine or change the spine details to those held locally in EMIS. Be aware that the patient might be "between practices" which may have caused the difference; do not assume that your EMIS details are correct. If the patient is registered on the Practice's clinical system, but on the national Spine they are registered at a different practice or no practice at all, the practice should contact Primary Care Services England (PCSE): https://pcse.england.nhs.uk/contact-us/ who should be able to advise. N.B. Sometimes a message is displayed saying that 'the patient is not registered with a practice', even though the patient is registered in EMIS. This can sometimes be resolved by checking the "unmatched" registration section in EMIS, and de-registering and re-registering the patient. Once the above has been resolved, you will be able to refer the patient via e-RS as normal. If de-registering and re-registering doesn't work and you are awaiting a response from PCSE, then urgent referrals can be emailed with EXCEPTION in the subject line (e.g. "EXCEPTION: Spine reporting that the patient is not registered with a practice")
"What do I do if a patient is marked as 'sensitive' on the Spine?"	Patients are marked as sensitive on the spine when they have opted out of their details (such as name, NHS number, DOB and contact details) being shared through the Spine. Patients cannot be referred through e-RS if they are marked as sensitive on the Spine. The patient should be referred via the downtime protocol email address and in the subject and body of the email the practice should make it clear why they are emailing referral (e.g. "EXCEPTION: emailing referral as patient marked as sensitive on the spine").
"My Smartcard has stopped working or is blocked"	Contact your Practice Registration Authority (RA) Sponsor who will be able to help you with Smartcards issues. • For Bromley: telephone 0208 315 8702 or email bhc.ithelpdesk@nhs.net • For Bexley, Greenwich, Lambeth, Lewisham, and Southwark: telephone 020 8176 5400 or email ICTServiceDesk@selondonics.nhs.uk
"My patient has not booked their appointment."	Please ensure you contact your patient to remind them to book. If there has been a significant delay, then the patient may need to be reviewed / seen before the appointment is booked as their symptoms may have changed. It may be necessary to cancel the referral.
"My patient is still on my 'Awaiting Booking' worklist waiting for an appointment"	Firstly, please do not cancel the patient's appointment. This will only remove the appointment from the providers list and any new referral you create will go to the bottom of the list. Please do not duplicate the referral either as this will only result in confusion for the patient, provider and waste appointments. Instead, please contact the provider directly to inform them of the concern you have. Details of who to contact can be found here.
"My A&G request has not been actioned by the provider"	If your advice and guidance request has not been actioned by the provider, please contact them. Details of who to contact can be found here.

NHS Digital e-RS Training Videos

1. [End-to-end demonstration of the e-Referral Service](#)

   - *This video shows a typical patient journey through e-RS.*

2. [Spotlight on e-Referral Service Advice and Guidance](#)

   - *This video demonstrates how to make an A&G request and the benefits of using this function. Functionality to convert the advice and guidance into a request is not displayed on this video. More details about this can be reviewed on the advice and guidance toolkit.*

3. [Manage Your Referral](#)

   - *This video shows the application and benefits of patients booking their own appointments for both patients and professionals.*

4. [Two Week Wait Referrals](#)

   - *How you can complete a 2WW appointment booking within a 10-minute consultation.*

Key contacts and further support

Local contacts

	e-RS training and queries	Integrated Care Board
Bexley	PrimaryCareFacilitators@selondonics.nhs.uk	
Bromley	melaniewatkins@nhs.net; joanna.ryan1@nhs.net	Contact plannedcare@selondonics.nhs.uk and cancer@selondonics.nhs.uk
Greenwich	PrimaryCareFacilitators@selondonics.nhs.uk	
Lambeth		
Lewisham		
Southwark		

Further support

NHS Digital
Register/login to e-Learning for Health (search for NHS e-Referral Service) where e-RS resources are available.
Go to the e-RS NHS Digital Advice and Guidance Tool Kit and NHS Digital document library
You can also subscribe to the NHS Digital Bulletin for e-RS updates and view e-RS news and events.

Live service information and alerts
Find out about e-RS planned maintenance and service availability.

Issue with EMIS interface?
Call EMIS support. Also see 'EMIS support' for webinars.
If you are based in Bromley, Greenwich, Lambeth, Lewisham or Southwark your GP IT Facilitator may also be able to help.

Local information?
CCG website and GP bulletins.

Require training?
Contact your GP IT facilitator.

Appendix 1 – Configuring users on EMIS for access to e-RS

Users must be configured to be able to access e-RS through EMIS. To configure users:

1. Access Services

Click ![emis], point to **Configuration**, click **Organisation Configuration**, and then click the **Services** tab at the bottom of the navigation pane. The Services screen is displayed.

2. In the navigation pane, select the organisation or service you want to add the new service person to.

3. On the ribbon, click **Add** and select **Add Service Person.**

4. On the Add Service Person screen, complete the following fields, and then click **OK.**

You must complete the mandatory fields (marked with a red asterisk*); if you do not complete a mandatory field, a warning icon is displayed.

Field	How to complete
*Existing User	Click ▾ and select the required user or click 🔍
*Display Name	Type the name that you want to be displayed for the service person. A suggested display name is added by default when you click in the field, but you can amend this, if required.
Information	If required, type additional details.
*Make Referrals	Click ▾ and select **No**, **Internal Only**, **External Only** or **Both Internal and External**
*Accept Referrals	Click ▾ and select **No**, **Internal Only**, **External Only** or **Both Internal and External**
Specialty	Click 🔍, and select the required specialty. There will be more codes available in EMIS Web 9.5. For a list of available codes, click here.
Treatment Function Code	This field will be available from EMIS Web 9.5. You will need to select the specialised service within which the patient is being treated. For more information about what a treatment function code is, click here. Click 🔍 and select the required Treatment Function Code.
Code	Type the code for the service person.
Location	Click ▾ and select the location for the service person or click 🔍.

5. If your organisation is enabled for Patient Administration, complete the Patient Details tab. Configure the lists to be viewable per service person (Current List).
   a. Click ➡ to move a list from the Available List pane to the Current List pane.
   b. If required, to hide a list, click ⬅ to move an item from the Current List pane to the Available List pane.
   c. Click **OK**.

6. If your organisation is configured for Episode Management, complete the Episode Management Details tab. Configure the CIDS and RTT requirements.

💡 The Include CIDS and the Include RTT field are automatically enabled. You can deselect CIDS and RTT as applicable to your organisation. However, you *cannot* enable RTT on its own.

If required, complete the screen to populate defaults on data entry on the Inbound Referrals Screen. Use the following as a guide to completing the screen:
   a. Service Types
      i. Click 🔍, and then use the Code Selector screen to select the required service type(s).
      ii. If required, select a service type, and then click **Make Default.**
   b. Source
      i. Click 🔍, and then use the Code Selector screen to select the default source of community referrals.
   c. Staff Group
      i. Click 🔍, and then use the Code Selector screen to select the default staff group.

d. Purpose
    i. Click and select the default purpose.
e. Click **OK.**
    i. The service person is displayed in the right-hand pane, indicated by an icon