NHS Constitution Waiting Times FAQ

The NHS e-Referral Service and Waiting Times

NHS e-Referral Service Programme Team
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The NHS e-Referral Service enables the secure referral of patients, and allows them to make appointments at times and places that are convenient for them. It is also an enabling tool to help measure and deliver the consultant-led Referral to Treatment Time (RTT) pathway by:

- providing a ‘clock start’ date from which the consultant-led RTT pathway is counted
- reducing DNA rates as patients have chosen the date and time of their appointment
- enabling patients to choose hospitals with short waiting times.

**Frequently Asked Questions**

**Why is the NHS e-Referral Service important to the NHS Constitution right to start consultant-led treatment within 18 weeks?**

The NHS e-Referral Service helps to measure and manage consultant-led RTT pathways for patients. It is the most secure method of electronic referral – one suitable for a modern NHS and one that supports better referral pathways. Tracking the progress of referrals is automated, leading to considerable savings in administrative time and a reduction in delays and uncertainty for patients. It is impractical and inefficient for the NHS to rely upon paper transfer of referrals.

**Is the clock start date derived from the NHS e-Referral Service?**

A consultant-led RTT period will be started in the Secondary Uses Service (SUS) for each converted (booked) unique booking reference number (UBRN). The date of conversion of the UBRN will be the referral to treatment (RTT) start date.

Once a provider submits a Clinical Data Set (CDS) record to SUS that can be linked to the NHS e-Referral Service event in SUS the RTT start date on the CDS record will be used as the definitive start date.

**What is the start date for Referral to Treatment Time?**

The consultant-led RTT clock start date is the date that the provider receives notice of the referral. This date needs to be recorded so that the RTT time of the patient can start to be tracked.

For patients referred via the NHS e-Referral Service:

- This will be the date that the patient converts their Unique Booking Reference Number (UBRN); including where the referral is rejected by the chosen Provider and subsequently re-referred i.e. the original conversion date still applies. For rejected referrals it is important that any re-referral is linked to the previous referral in the NHS e-Referral Service to ensure the correct RTT start date can be derived by the SUS.

Where no appointments are available at the patient’s chosen provider, and their referral is deferred to the provider, the UBRN will immediately appear on that provider’s Appointment Slot Issue (ASI) work list. The date at which the UBRN appears on this work list is the consultant-led RTT clock start. If there has been any
previous activity against the UBRN (i.e. a booking into a Clinical Assessment Service) it is the earlier date that starts the consultant-led RTT clock.

The process for managing referrals subject to appointment slot issues is described in the document ‘Managing and Minimising Appointment Slot Issues’

For non-NHS e-Referral Service referrals:

- The clock starts on the date that the referral is received by the provider organisation.

Is the start date for RTT different if a patient is referred through a Clinical Assessment Service (CAS)?

No. For consultant-led RTT pathways that start within an interface service (“all arrangements that incorporate any intermediary levels of clinical triage, assessment and treatment between traditional primary and secondary care”) the correct clock start date will be the date that the interface service received the original GP referral and NOT the date that the onward referral from the interface service was received by the secondary care provider.

So, for the NHS e-Referral Service referrals the RTT start date for a patient referred through a CAS (providing the CAS is an interface service as defined by the consultant-led RTT waiting times rules) is the date the unique booking reference number (UBRN) was converted for the CAS appointment.

For non NHS e-Referral Service referrals, the RTT start date for a patient referred through a CAS (providing the CAS is an interface service as defined by the consultant-led RTT waiting times rules) is the date that the CAS received the original GP referral.

It is essential that the correct start date is captured for patients who are referred from one organisation to another, which includes patients referred on from a CAS.

Any referral of a patient from one organisation to another should be accompanied by the IPTAMDS (Inter-Provider Transfer Administrative Minimum Data Set), whether this referral is through the NHS e-Referral Service or not. The IPTAMDS will provide the Patient Pathway Identifier (PPI) and the date of the consultant-led RTT clock start. This is the information that should be used by the receiving provider in their CDS submission to SUS.

Example: A patient’s original referral from GP was received by an interface service on 2nd January 2015. After carrying out initial assessment, the interface service referred the patient on to an acute trust for treatment. The acute trust receives the referral on 28th January 2015. The acute trust should record the RTT start date for this patient as 2 January 2015, not 28 January.

So long as ‘referring provider’ and ‘receiving provider’ pass and receive IPTAMDS and enter that data on their PAS, SUS will be able to correctly identify the continuation of a pathway across any number of providers within an RTT period. UBRNs provide the linkage between specific appointments and the NHS e-Referral Service activity; the PPI provides linkage across all activities.
How is the RTT time calculated if the patient is referred from a Clinical Assessment Service to another service following a period of treatment within the CAS?

A CAS type service providing treatment options, for example physiotherapy or podiatry, is considered an interface service (“all arrangements that incorporate any intermediary levels of clinical triage, assessment and treatment between traditional primary and secondary care”) as defined by the consultant-led RTT waiting time rules, and an RTT clock would start on the date the UBRN was converted for the CAS appointment. Where the interface service decides that therapy or a healthcare science intervention should be the first definitive treatment for the patient then the date that treatment starts will stop the RTT clock.

If, following treatment, this service decides that a referral to a consultant-led service is required, this referral would start a new consultant-led RTT pathway.

Is the start date the same for patients on a ‘two week wait’ pathway i.e. patients being referred for suspected cancer?

Patients who are covered by the 31-day or 62-day cancer targets are also covered by the consultant-led RTT waiting time rules. The consultant-led RTT start date is the same for referrals into all specialties and for ‘two week waits’ will be the date that the provider receives notice of the referral.

If a patient is being referred for a direct access diagnostic through the NHS e-Referral Service, and then needs an outpatient appointment, how does this affect the RTT?

As set out in the consultant-led RTT waiting time rules suite, direct referrals from primary care to diagnostic services in secondary care do not start a consultant-led RTT clock unless they are ‘straight to test’ referrals.

‘Direct access’ diagnostics refers to any arrangement where a GP can refer a patient directly to secondary care for a diagnostic test or procedure (without the patient having to attend a consultant-led outpatient appointment first).

The GP is managing the patient's ongoing care and sends the patient for a diagnostic test/procedure. The GP will use the results of the test to inform their decision making around the patient's continuing care. For example, if the test results were adverse, the GP may then refer the patient to secondary care but alternatively if the results are normal, he may continue to manage the patient within primary care.

‘Straight to test’ diagnostics refers to a specific type of ‘direct access’ where there is a local agreement between primary and secondary care that if a GP is referring a patient to see an outpatient consultant, the GP can at the same time book the patient in for a diagnostic test at the provider so that by the time the patient attends their first OP appointment, they will have already had the test and the results can then be discussed at the OP appointment.

Consultant-led RTT periods will be started in SUS for each converted UBRN. If these are not followed by a CDS record with a PPI that matches the UBRN of the NHS e-Referral Service initiated RTT periods, they will be closed after a pre-defined number of days of no related activity.
Is the RTT time measured for all patients being referred through the NHS e-Referral Service?

Bookings received through the NHS e-Referral Service to services set up under the following specialties are currently excluded from consultant-led RTT measurement in SUS:

- Obstetrics
- Physiotherapy
- Podiatry
- Dietetics
- Health Promotion
- Diagnostic Imaging
- Diagnostic Endoscopy
- Diagnostic Pathology
- Diagnostic Physiological Measurement

The following table shows all appointment types and whether they are included or excluded from RTT measurement in SUS. Note that this list may change in future to reflect changes on the NHS e-Referral Service:

<table>
<thead>
<tr>
<th>Appointment Type</th>
<th>Inclusion Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day case</td>
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</tr>
<tr>
<td>First Outpatient</td>
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</tr>
<tr>
<td>Assessment Service</td>
<td>included</td>
</tr>
<tr>
<td>Telephone Assessment</td>
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</tr>
<tr>
<td>GPSI</td>
<td>excluded</td>
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<tr>
<td>AHP Clinic</td>
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<td>Diagnostic</td>
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<tr>
<td>Nurse Clinic</td>
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</tr>
<tr>
<td>Ophthalmologist</td>
<td>excluded</td>
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</tbody>
</table>

What tools are available to help providers understand their demand and manage capacity?

A range of tools to help providers manage capacity and demand and elective waiting lists are available on the NHS Interim Management and Support (IMAS) website.

http://www.nhsimas.nhs.uk/intensive-support-team/

The NHS e-Referral Service information, including weekly booking reports and Appointment Slot Issues reports can be accessed from the NHS e-Referral Service website.

Where can I find further information about the NHS Constitution?

Further information about the NHS Constitution can be found from: