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What is the Directory of Services?

The Directory of Services (DOS) is the core of the NHS e-Referral Service (e-RS) application.

- It holds information that describes the services that organisations offer;
- It enables referring clinicians to search for appropriate services to which they can refer patients;
- It provides a window through which providers can display their services.

Service providers build and publish their services on the DOS within the NHS e-Referral Service application. This in turn enables referrers to search for and list appropriate services for their patients. In the case of primary care services, commissioners need to specifically choose (commission) which services they wish to appear to their referring organisations.

Services are built by Service Definers, using the service definition tool. They are categorised by specialty, which is then broken down into Clinic Types. Once a service is defined and built, it can be published. Services published on the Secondary Care Menu (i.e. those services belonging to Acute and Foundation Trusts as well as many Independent Sector Providers) are available to referrers throughout the country. Services published on the ‘Primary Care Menu’ are commissioned within the NHS e-Referral Service and only appear to those referrers for whom the e-RS commissioning organisation is responsible.

Information published in the DOS should contain enough detail to enable the referring clinician to select appropriate services for their patients and ensure that the service provider clinician receives clinically appropriate referrals.

A well-constructed Directory of Services will:

- Ensure that referring clinicians are able to shortlist and refer to the correct service(s) first time, resulting in:
  - fewer referral redirections and rejections
  - fewer patients being inconvenienced by delays to their care
  - less administration work for providers and referrers
  - provider clinicians receive clinically appropriate referrals and information
- Ensure that patients are given appropriate and helpful instructions prior to arriving for their appointment.

Pre-requisites for Adding Services to the DOS

There are two key activities which need to be completed before being able to load services onto the Directory of Services:

1. Smartcard allocation - those responsible for inputting the services (Service Definers) need to be registered with Smartcards and trained. In addition, those who will process referrals will also need to be registered and issued with Smartcards and then allocated to each relevant service’s workgroup.

2. Organisational Data Service - Service Definers should ensure that all service locations have been defined by the ODS.
Smartcards and Workgroups

In order to enter data onto the NHS e-Referral Service, Service Definers need to obtain Smartcards from their local Registration Authority. More information is available from the Registration Authority website.

Service provider clinicians and support staff also need to be allocated to particular services so they can view and process information relating to the bookings and referrals received into that service. In order to do this, they must be added to a workgroup that is associated with the service. Prior to a workgroup going live, all staff allocated to it will need to be issued with Smartcards.

The NHS e-Referral Service enables Service Definers to create, update and deactivate workgroups.

Location Codes

The location of a service defined on the Directory of Services is one of the key factors to be taken into consideration when defining services. For example, where an organisation provides the same service from two different sites this must be set up as two separate services. This enables referrers and patients to choose the most appropriate and convenient place to be seen.

Locations are loaded into the NHS e-Referral Service from the Spine Directory Services (SDS), which in turn takes information from the Organisational Data Service (ODS). For NHS trusts, there is a nightly upload to the SDS from the ODS. For the Independent Sector this upload is made on an ad hoc basis. There is a daily upload from the SDS to The NHS e-Referral Service application.

- Trusts can check which locations have been identified for their organisation from the ODS Portal (N3 access required).
- Trusts should submit new locations or any changes to existing locations to ODS, via their ODS lead.

Creating a Service

Supporting information for Service Definers is available within the online help from the e-Referral Service or by using this link (N3 connection is required). This document will briefly run through each section related to creating a new service, giving guidance for the key fields that support the creation of an effective service description. Guidance is available for all fields from the system help.

The three key elements of creating a service in the Directory of Services are:

1. listing the conditions treated, procedures performed, main exclusions for each service and necessary pre-requisite tests/investigations
2. listing SNOMED CT and Specialty and Clinic Type, enabling referrers to search for services effectively
3. providing administrative and other service information helpful to patients and referrers (e.g. location, parking facilities etc).

In order to describe services effectively, providers need to ensure that each service on the Directory of Services:
Creating and Maintaining Services on the Directory of Services

- follows the service naming convention to enable referrers to compare like for like and identify the most appropriate service
- is mapped to appropriate SNOMED CT and Specialty and Clinic Type so that referrers can easily search and find appropriate services for their patients
- contains other service information (e.g. inclusions/exclusions or pre-requisite tests) that is accurate and up to date.

Defining your Service

Service Details, Clinic Types

Service Name
The service name is the most important part of defining services effectively on the Directory of Services because it enables referrers to easily identify the most relevant services, regardless of the provider.

The format for service name which should be used by all service providers is:

| Service description-Department name (Optional)-Organisation name-ODS org code |

It is important that the service description portion of the service name is as meaningful and specific as possible (within the 100 character limit) so that referrers and patients can select the most appropriate choice of service to create a shortlist.

Referrer Alert
This allows a short message of up to 100 characters for any important information that a provider particularly wants to bring to a referrer’s attention. As far as possible, these should be unique to the service – overuse of the same alert across a number of services can dilute their impact on referrers.

Service Location
This must be the site that the patient will attend for their appointment. If services are delivered from more than one site, they must be loaded as a separate service for each location.

Specialty and Clinic Types
All providers should ensure that when defining and loading their services, they use the appropriate Specialty and Clinic Type(s) – the ‘Not Otherwise Specified’ Clinic Type should be used only where no other Clinic Type is appropriate. These are the filters most commonly used by referrers to create appropriate shortlists of services for their patients.

The main purpose of a clinic type is to act as a filter to find the right service, rather than to describe exactly what the clinic does. The NHS e-Referral Service has its own list of specific clinic types against each specialty – this list is available from the NHS e-Referral Service website document library (‘Specialties and Clinic Types’). If the service is very specific, then the service name should help to make this clear to referrers.

It is possible to map several services to one Clinic Type and vice versa, thereby enabling all provider organisations to describe their services accurately e.g. the service “soft tissue knee injury” could map to the Clinic Types “knee” and “sports injury”. Searching for the Clinic Type “knee” or “sports injury” would bring up the service “soft tissue knee injury” for that particular organisation.
However, a service can only be mapped to one specialty. If more than one specialty is appropriate the provider will need to give consideration to creating an instance of the service under each specialty.

Request Types Supported
Services may offer Appointment and/or Advice and Guidance Requests.

Include Service on Secondary Care Menu
Including your service on the Secondary Care Menu will ensure that all referring organisations in England are able to find and refer to your service (Service Restriction details notwithstanding).

If you are setting up a service for use in a local area only, you should select ‘Do Not Include on Secondary Care Menu’. The service will need to be commissioned by a commissioning organisation for it to be visible to referrers in that area. You will need to notify the appropriate commissioning organisations when the service is available for commissioning.

Clinical Terms
All providers should ensure that when defining and loading their services, they map these to appropriate Systematised Nomenclature of Medicine Clinical Terms (SNOMED CT). This will allow referrers searching for services to produce more consistent and clinically appropriate results.

Standard subsets of SNOMED CT are available for providers to use when defining their service. These subsets are based on the selected specialty and clinic type(s) for the service. Once a Clinic Type, and associated terms, has been selected, Providers have the option, where clinically appropriate, of adding or removing terms from this subset.

Searching via SNOMED CT should be the preferred method of searching for referrers because it is a common language which eventually will be used by all clinical IT systems throughout the NHS. SNOMED CT allows clinical information to be recorded in a structured form – cutting down the potential for differing interpretation of information and the possibility of errors resulting from unclear or ambiguous terms.

Further information about SNOMED is available on the NHS e-Referral Service website (SNOMED Guide).

Service Restriction
Full information on the use of restricted services is available from the document library on the NHS e-Referral Service website (Using Restricted Services).

When it is appropriate to restrict a service, this section is used to record the reason for restriction and identify those services, organisations or people authorised to make referrals to the service.

Service Priority, Slot Priority and Indicative Wait Time Calculation
This section is used to identify the priority of referrals accepted by the service. Waiting Times are automatically calculated by the system based on the following:

For **Directly** bookable services: 3rd available appointment at last slot poll

For **Indirectly** bookable services: median waiting time for the last 20 bookings

Slot Protection prevents patients from booking within the specified number of days of any available appointment. This is to allow the service provider adequate time to process the administration of the appointment and undertake any necessary triage of the referral
Contact Information

This section is used to notify referrers of how to contact the service if they require any further information. If the service is Indirectly Bookable, it also contains contact booking details.

Service Personnel

In order for clinical and support staff to view and process information relating to the bookings and referrals received by a service, the appropriate workgroups (initially defined within the Workgroups tab) will need to be added to the service.

In addition, this section allows services to define which clinicians are available for named clinician referrals and which are also associated with the service.

A NAMED clinician is one who is associated with a service and whose name can be used by a referrer to search for services that have specific, named, slots assigned to them.

An ALLOCATED (but non-named) clinician will still be associated with the service, have an individual worklist assigned (from which to manage referrals), but will not be searchable using the ‘Named Clinician’ functionality.

Commissioning

Any services where the option “Do Not Include on Secondary Care Menu” was selected in the Service Details must be commissioned by CCGs. Any commissioning arrangements will be shown in this section.

Service Specific Booking Guidance

When a referrer clicks on the service name, information entered in the Service Specific Guidance, such as the conditions treated, procedures performed and exclusions, etc. is displayed on screen.

All providers should ensure that all their services have full and comprehensive service guidance information. This will ensure that referrers short-listing unfamiliar services can review this information and be confident that the service is appropriate for their patient.

Instructions

Specific information for patients to be aware of should be added to this section. This information will be displayed on screen if the patient books online or in their GP practice. If the patient books using the Telephone Appointments Line, information in this section will be read to them.

Slot Management

For directly bookable services, this section identifies:

- the provider system which contains appointments,
- the frequency with which the NHS e-Referral Service checks for available appointments,
- the number of days in the future for which appointments are checked, and
- any period of slot reservation (i.e. the number of days during which newly polled slots are only available for booking by the service provider). Further information on the use of slot reservation is available from the document library on the NHS e-Referral Service website (Slot Reservation).
Referral Correspondence
This section allows the service provider to identify if a referral letter is required and prevent changes to the referral information within the defined number of days before the appointment – ‘Freeze Time’.

Assessment Capability
This section identifies whether or not a service will make use of Assessment Functionality. Further information on the use of Assessment Service models is available from the document library on the NHS e-Referral Service website (Clinical Assessment Services Overview, Managing Clinical Assessment Services).

Making Services Available for Referral and Booking
Services will be available for referrers and patients to use when the service has been published and has both a valid Service Effect Start Date and either a future or blank Service Effective End Date (within the Service Details section). Additionally, if the service has not been included on the Secondary Care Menu, it must have valid current commissioning rules.

Verification of Referral Criteria
After creating an initial shortlist of services for a patient, referrers are presented with a pop-up screen showing a subset of fields from the DOS. This enables them to confirm that each of the services is clinically appropriate and that all clinical referral criteria have been met, or amend the shortlist accordingly.

Service Definers will want to pay particular attention to the information within the fields presented to the referrer at this stage, which are:

- Referrer Alerts
- Exclusions
- Conditions Treated
- Suggested Investigations

Maintaining the Directory of Services
Once your Directory of Services (DOS) is live, it needs to be maintained to ensure that it is accurate and reflects the needs of both referrers and providers. As your specialties and clinics change, so should your DOS.

Changes to the Directory of Services
For users with ‘Information Analyst’ access, there are a number of reports within the NHS e-Referral Service, alongside the data contained within the extracts that support a Service Provider in analysing the effectiveness of their DOS. Feedback from referrers is also a valuable tool for identifying changes that are needed.

Regularly run and review the Monthly Activity by Service Report (S1) to view referral activity and, for those services which are directly bookable, also run Slot Utilisation Reports (S6) and (S7) to view future and historic slot management. Analysing the data in these reports will help to establish how best to maintain your services. For example, high rejection and/or redirection rates for a service or group of services suggest that you should review the current set up.
• Consider merging services if they have been defined too specifically
• Consider adding services if those that have been pooled are too general and make referral management difficult, or if new services are set-up.
• Refine Service Specific Booking Guidance in line with feedback from referrers or provider clinicians by amending descriptive elements of conditions treated and procedures performed.
• If you change conditions treated or procedures performed, don't forget to amend exclusions where necessary.
• Remember to set age limits and gender restrictions where appropriate.

Any significant change to service definition, such as merging or creating new services should be discussed with all commissioning organisations in advance of any changes and signed off in accordance with agreed procedures – it is also necessary to agree the mechanisms to manage existing bookings and any potentially outstanding UBRNs.

N.B. If you delete a service, it cannot be reinstated later. If you have a service which you do not want patients booked into, consider transitioning the service and/or putting an end date within the service definition.

Organisations that are merging, de-merging or changing status

When a service is defined in the NHS e-Referral Service it is associated with the organisation of the user who defined the service, and the location selected by this user for the service. Each organisation and location is uniquely identified by a code defined by the Organisation Data Services team (ODS). Moving a service within an organisation to another location that already has a code can be managed simply within the service details. The service would need to be unpublished briefly and the new service location selected and then the service republished.

Occasionally, it is necessary for a new Organisation Code to be issued by ODS - for example, when organisations merge, de-merge or change organisation type. When a new organisation is created all the locations for that organisation are assigned new location codes that relate to the new organisation, regardless of whether they existed previously under an old organisation.

Independently of organisation changes, locations can also open and close or change address.

New ODS organisation and location codes in the NHS e-Referral Service are treated as completely separate entities even if they are a direct replacement for an existing organisation or location. The NHS e-Referral Service automatically processes changes to ODS codes that are made in the Spine Directory Service (SDS). However, as there is no mapping relationship between old and new ODS codes in SDS, this process does not move services.

There is a script that enables the movement of services between different organisations and locations. In order to move existing services to a new organisation or location using this script, a request must be made at least three weeks in advance.

Further detailed information about transferring services is available from the document library on the NHS e-Referral Service website. (Service Transfer Guidance).