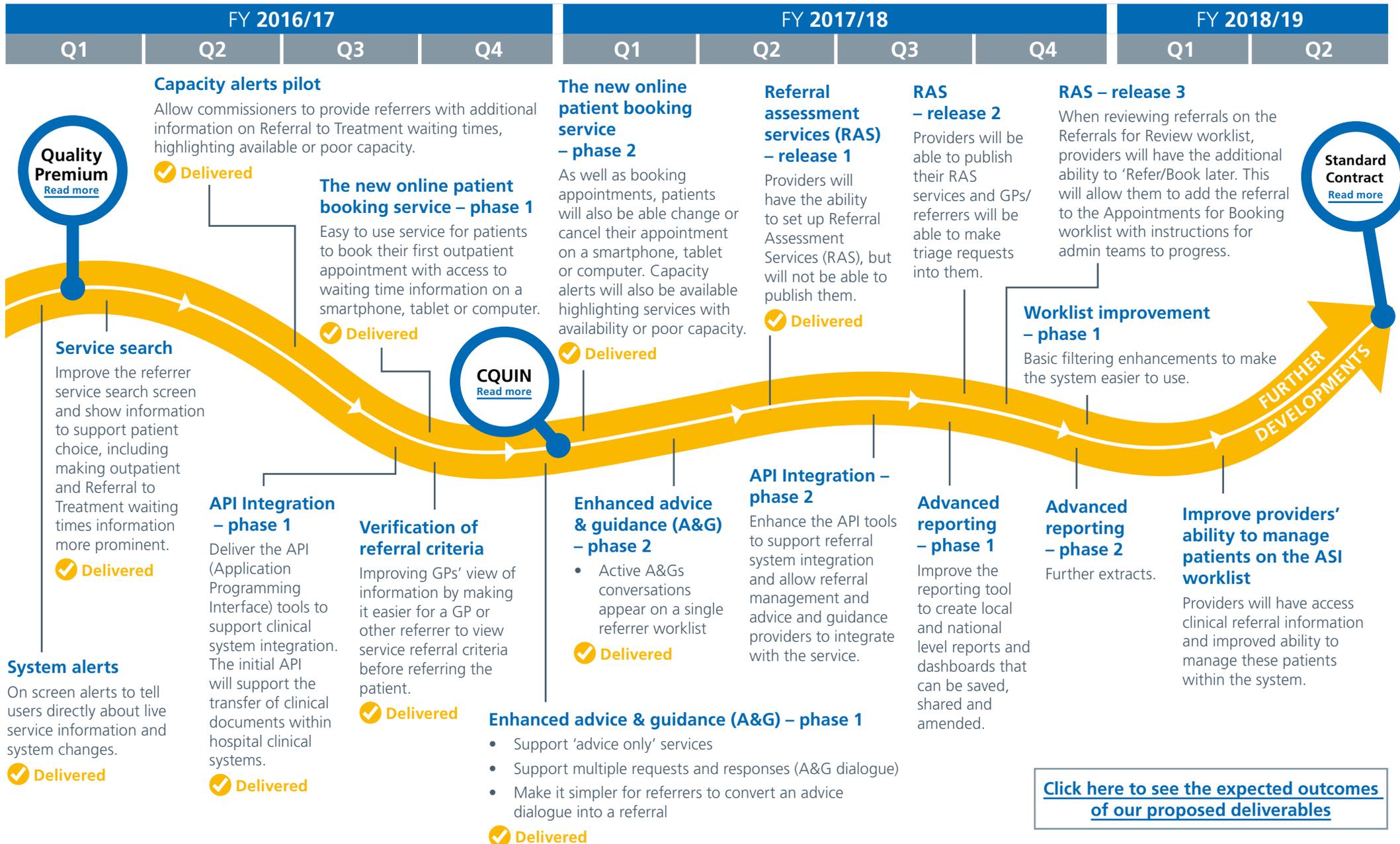


NHS e-Referral Service Roadmap

September 2017



Levers & Incentives

Quality Premium – 2016/17

A payment to CCGs for achieving 80% of 1st outpatient appointments via NHS e-Referral Service', or a 20% point uplift in year

The Quality Premium is an incentive payment made to Clinical Commissioning Groups to encourage them to work with their GPs and hospitals/providers to increase the number of patients who can be referred electronically through NHS e-Referral Service and have the ability to book an appointment. The payment will be based on meeting the required threshold of GPs' referrals to first outpatient appointments booked through NHS e-Referral Service.

CQUINs – 2017/18

A payment to incentivise providers to publish all services and appointment slots on NHS e-Referral Service

The key aim of any CQUIN (Commissioning for Quality and Innovation) is to secure improvements in the quality of services and better outcomes for patients. The NHS e-Referral Service CQUIN for 2017/18 aims to support referrers, such as GPs, in being able to refer their patients electronically to the full range of outpatient services available and for their patients to always be able to book an appointment. The incentive will help ensure that hospitals and other providers are encouraged to make the necessary outpatient services and appointments available on NHS e-Referral Service.

Advice & Guidance

The Advice and Guidance CQUIN requires providers to set up and operate Advice and Guidance services for non-urgent GP referrals, allowing GPs to access consultant advice prior to referring patients into secondary care.

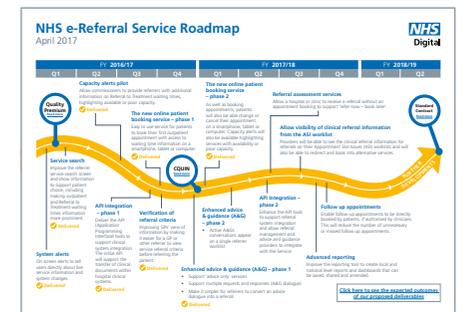
Deliverables in the NHS e-Referral Service roadmap will help providers meet the targets set out in the Advice and Guidance CQUIN.

Standard Contract – 2018/19

Delivering full use of the NHS e-Referral Service for all consultant led first outpatient appointments

Building on the CQUIN indicator in 2017/18, from 1 October 2018, providers will no longer be paid for activity which results from referrals made other than through the NHS e-Referral Service.

Further guidance will be released in 2017 explaining the detailed rules around non-payment arrangements to support local health communities in their planning for the paper switch off for elective referrals.



[Click here to return to the full roadmap](#)

Roadmap Deliverables and Business Outcomes

Deliverable	User experience We want the NHS e-Referral Service (e-RS) to be as easy to use as possible for clinicians and patients and will be continuously making improvements over the next 18 months to achieve this.	Patient empowerment Evidence suggests that the NHS e-RS helps patients to feel a part of the referral and booking process. Where new developments have enhanced this we have indicated below.	Efficiency improvements The NHS e-RS can deliver significant efficiency improvements through a much faster referral process and helping to reduce DNAs. The grid identifies enhancements that will deliver further efficiencies to the service.	Elective care demand management New features in the system to help the NHS manage demand and capacity in elective care through reducing or shifting demand.	Supports transformation Redesign of elective care services will require underpinning technical solutions, for example, Advice & Guidance and patients being able to book their own follow up appointments.	Improved demand & capacity management Features to improve the way commissioners and providers can use the NHS e-RS to support demand and capacity management.
System alerts	✓					
Service search improvements	✓			✓		
Capacity alerts			✓	✓		✓
Verification of referral criteria	✓		✓	✓		
API integration	✓		✓			
New patient online booking service	✓	✓			✓	
Enhanced advice and guidance	✓		✓	✓	✓	
Referral assessment services	✓		✓	✓	✓	
Advanced reporting	✓		✓			✓
Follow up appointments	✓	✓	✓	✓	✓	