# NHS e-Referral Service

## Utilisation Data Quality

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# 1. Introduction

Robust data quality is fundamental to the ability to accurately monitor usage of the national NHS e-Referral Service (e-RS). It has been identified that some Service Provider Organisations appear to be either not reporting their GP Referrals activity accurately or not describing their services on the e-RS Directory of Services correctly as being first Outpatient Consultant-Led Services or assessment services. Reasons for e-RS utilisation discrepancies have been investigated by the NHS Digital/NHS e-Referral Service Programme team to ensure that the figures reported can be relied upon as an accurate representation of real use of the system.

This document aims to give an overview of e-RS Utilisation calculations, causes of data quality issues and recommended steps to be taken by Service Providers and their Commissioners to ensure accurate reporting of utilisation of the NHS e-Referral Service and what steps are needed to correct where appropriate.

## 2. Context

NHS England has put in place a Quality Premium based on improved use of NHS e-Referral Service for the year 2016/17. This relies on accurate utilisation data to assess a baseline of usage for March 2016 and to then monitor improvement over the following 12 month period.

A small number of CCGs have been identified as being consistently over 100% on the national e-RS utilisation reports. A sample of this data and affected organisations was investigated further to identify how these discrepancies were occurring in order for recommendations to be made and so that the impact of data quality could be addressed by others. Following the identification of these discrepancies, the NHS Digital/e-RS Programme team liaised with several CCGs who had identified the causes of data quality and have taken corrective action to address these. In all cases, the causes are in-line with the causes identified below in this document. The section below titled "Corrective Actions and CCG/Quality Premium Calculations" recommends how the corrective actions should be taken into account as part of CCG/Quality Premium calculations

## 3. NHS e-Referral Service Utilisation Calculations

The nationally reported NHS e-Referral Service utilisation rate is based on GP referrals to first consultant-led Outpatient services via e-RS and uses bookings into these services as the Numerator. This is compared against the Denominator, which includes all GP referrals made into consultant-led clinics, received from all sources, paper (Fax, email, letter etc.) and GP referrals sent via the NHS e-Referral Service. Service Providers of NHS-Commissioned services submit GP-to-First Outpatient data via the Monthly Activity Returns data (MAR) each month. Pre-requisites for ensuring accurate e-RS utilisation include:

**Service Providers must ensure they correctly describe their services on the e-RS Directory of Service with an *Appointment Type* of <u>First Outpatient,</u> only when they are a consultant-led First Outpatient type of service.**
<u>For example</u> - Bookings into an e-RS service called '*Oxygen Home assessment Service'*, which is listed as a 1<sup>st</sup> Outpatient clinic when it should not be will be included in the Numerator and not the Denominator.

**Service Providers accurately attributing referrals to the correct CCG, including ensuring the patient's referring GP practice is correct as part of their MAR submissions**
<u>For example</u> -Patients referred via e-RS from GP practices within CCG A but recorded as being from a GP Practice within CCG B will be included in the Numerator for CCG A but the Denominator for CCG B. This will result in a utilisation discrepancy for both CCGs.

**Providers reporting the correct referral type code in their Patient Administration Systems (PAS) for GP referrals which are subsequently used in MAR submissions.**
<u>For example</u> Ensuring GP referrals are coded as '*EC 9 – GP referral made*' rather than incorrectly coded as '*EC10 - Other*'. Only referrals coded as 'GP referral made' are included in the Denominator, all other coded reasons are excluded from the Denominator which will result in an e-RS utilisation discrepancy.

# 4. Examples of e-RS Utilisation discrepancies

### 4.1.    Example A – Services incorrectly defined on NHS e-Referral Service.

St Marys Hospital has 150 First Outpatient clinics on their e-RS Directory of Services (DoS) and received a total of 1200 referrals into them during January 2016. The hospital reports 1500 total referrals in their MAR submission for the same month. On review 25 out of the 150 DoS Services have been incorrectly listed as First Outpatient, when they should have been Clinical Assessment and triage services only. The hospital received 350 bookings into these 25 services which were incorrectly included in the Numerator.

Example A - Impact on e-RS Utilisation

**e-RS utilisation reported -  80%** (1200 e-RS bookings out of a total 1500 referrals reported via MAR)
**Actual utilisation - 57%** (850 actual bookings (1200-350) out of total 1500 referrals reported)

## 4.2.    Example B – GP Referrals incorrectly reported as part of MAR Submission

Queen Anne Hospital has 200 First Outpatient clinics on their e-RS DoS and received a total of 1800 bookings into them during January 2016. The hospital reports 1400 total referrals in their MAR submission for the same month. However, due to a technical problem 600 referrals have been incorrectly reported under the code of 'Other referrals' instead of 'GP referrals'.

Example B - Impact on e-RS Utilisation

**e-RS utilisation reported – 129%** (1800 bookings via e-RS out of 1400 referrals reported
**Actual utilisation – 90%** (1800 bookings out of 2000 (1400+600) referrals reported)

### Recommendations and Actions

1. Service Providers should undertake a clinical review of all Services on their e-RS Directory of Services to ensure the Service type matches the clinic and pathway provided. The verification of Service Type should form part of an ongoing review of Services provided on e-RS.

2. Service Provider Performance and Data Quality teams should undertake a review of internal data reporting processes and methods to ensure

   a. All GP Referrals are accurately attributing to the correct CCG according to the patient's referring GP practice, and

   b. All GP Referrals are correctly coded to the appropriate category in Patient Administration Systems (PAS) for to ensure actuate inclusion in MAR

   Further information and guidance can be found at;
   http://content.digital.nhs.uk/referrals/providers

# 5. Corrective Actions and CCG/Quality Premium Calculations

## 5.1.    The CCG Quality Premium (QP) 2016/17

The Quality Premium (QP) is intended to reward CCGs for improvements in the quality of the services that they commission and for associated improvements in health outcomes and reductions in inequalities. There are four national measures within the premium; NHS e-Referral Service has a 20% contribution – equivalent to £1 per head of population.

**Quality Premium Measure: Increase in the proportion of GP referrals made by e-referrals**

To earn this portion of the quality premium, CCGs will need to, either:

a) Meet a level of 80% by March 2017 (March 2017 performance only) and demonstrate a year on year increase in the percentage of referrals made by e-Referrals (or achieve 100% e-referrals), or;

b) March 2017 performance to exceed March 2016 performance by 20 percentage points.

## 5.2.    Quality Premium Calculation amendments

As detailed above, an element of the Quality Premium measure is for CCGs to demonstrate a 'year-on-year' increase in e-RS utilisation once the 80% target has been achieved. In the case of a CCG with over 100% utilisation and following data quality investigations which have been subsequently resolved, verified by NHS Digital, if the CCG's utilisation has dropped below 100% but is either still above the 80% target or has dropped below 80% then it is proposed that this reduction is excluded from the final Quality Premium calculations and providing there has been an increase outside of this period, the e-RS element of the Quality Premium should be awarded.

## 5.3.    Example of CCG with over 100% e-RS Utilisation

CCG A has historically reported e-RS Utilisation well over 100%. Investigations within the CCG have confirmed that GPs refer their patients to a Referral Management Centre (RMC), using the NHS e-Referral Service. The RMC Services are hosted by the CCG and have been established with an Appointment Type of *First Outpatient*. The agreed process is for these referrals to be clinically triaged in Primary Care and then 'referred-on' into hospital Outpatient clinics, if appropriate via e-RS. Due to the RMC Services being set-up with an Appointment Type of *First Outpatient* means that each referral made into the RMC and then subsequently referred-on are counted twice in relation to e-RS Utilisation calculations. 1st for the e-RS booking into the RMC clinic and counted a 2nd time when an onward referral is created and booked into the hospital clinic (if this is also to a First Outpatient service).
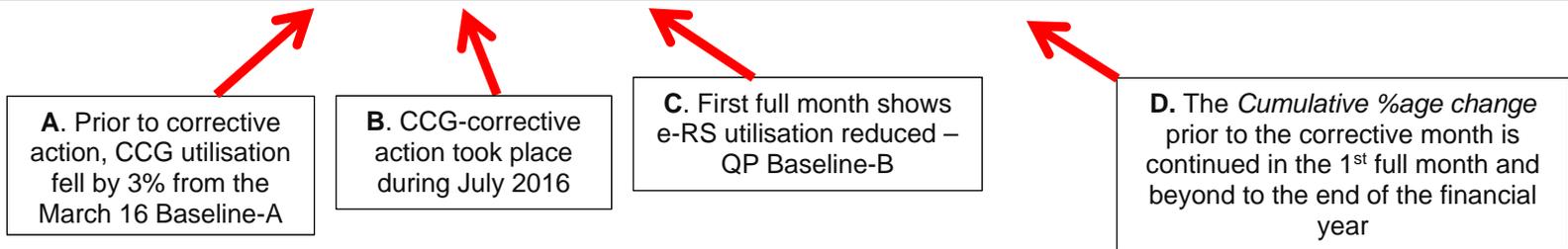
### 5.3.1.  Data Quality Corrective Actions

Following the initial investigations, CCG A confirmed they have corrected all CCG/RMC services on e-RS from an Appointment Type of *First Outpatient* to an Appointment Type of *Clinical Assessment Services (CAS)*. e-RS referrals into CAS services via e-RS are excluded from utilisation calculations. In this example, the changes were made during **mid-July 2016**. Working with the NHSD/e-RS programme team, the impact of the corrective actions undertaken by the CCG was closely monitored in the following weeks. The table below is a representation of CCG A's e-RS Utilisation prior to and following the corrective action.

### 5.3.2. Data Quality Impact on CCG/e-RS Utilisation

The below table is a representation of how monthly e-RS utilisation figures for CCG A would be tracked until March 2017.

| Month | Mar 16 | Apr 16 | May 16 | Jun 16 | Jul 15 | Aug 16 | Sept 16 | Oct 16 | Nov 16 | Dec 16 | Jan 17 | Feb 17 | Mar 17 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| e-RS Utilisation | 125% | 123% | 123% | 122% | 115% | 85% | 86% | 87% | 89% | 88% | 89% | 90% | 91% |
| Cumulative % change | QP Baseline | -2% | -2% | -3% | Corrective Action Month | 1st full month following Corrective action | -3% cumulative score (as of June 16) plus the +1% increase from Aug 16 = **-2%** | -1% | 1% | 0% | 1% | 2% | **3%** |

**A**. Prior to corrective action, CCG utilisation fell by 3% from the March 16 Baseline-A

**B.** CCG-corrective action took place during July 2016

**C**. First full month shows e-RS utilisation reduced – QP Baseline-B

**D.** The *Cumulative %age change* prior to the corrective month is continued in the 1st full month and beyond to the end of the financial year

### 5.3.3. Revised Utilisation Calculations and CCG Quality Premium

In the case of this example CCG A;

1) The cumulative score reached **-3%**, as measured from March 2016 (125%) to June 2016 (122%)
2) Data Quality corrective action was undertaken during July 2016, resulting in a partial drop in e-RS utilisation for July 2016 (115%) followed by the first full month - August 2016 (85%).
3) The difference between the first full month - August 16 (85%) and the next month - September 16 (86%) showed an increase of **+1%**
4) So the Cumulative % change following CCG A's corrective action; **-3%** plus **+1% = -2%**
5) The new Cumulative % change of **-2%** will be continued for the remainder of the year to determine whether CCG has demonstrated a year-on-year increase in e-RS Utilisation in order to achieve QP target

## In conclusion, CCG A achieved their QP target for 2016/17 as they demonstrated a 3% increase in e-RS Utilisation, whilst remaining above the 80% utilisation target throughout