A GP’s view of e-RS where the local trust has switched off paper referrals

Dr Chris Markwick uses the NHS e-Referral Service (e-RS) at Carmel Medical Practice in Darlington. His local hospital, County Durham and Darlington NHS Foundation Trust became one of the first to take only electronic referrals.

Dr Markwick has a largely positive view of e-RS, read about his view and his hopes for the future.

On the benefits of using the NHS e-Referral Service

“e-RS provides a quick and easy way to book appointments online for GPs, their staff and patients. Time from first consultation in primary care to first appointment in secondary care is reduced. You can compare waiting times from a variety of providers and offer patients an informed choice.

“e-RS has enormous benefits for patients in terms of shortening their waiting time. It also allows you to compose and share a referral letter with the patient present, ensuring they are kept informed and understand what the referral is for and that it is accurate. This can also form the basis of your notes. e-RS gives you the assurance of knowing when the patient’s appointment is going to be, which, if there is a long wait, allows you to plan any follow-up you might need before they are seen.”

On working with a trust that no longer takes paper referrals

“Now that County Durham and Darlington NHS Hospital Trust no longer accepts paper referrals for GP to consultant led outpatient appointments, one of the main benefits is that patients have shorter waiting times. They also have the flexibility of being able to re-book appointments online at a more convenient time.

“County Durham and Darlington NHS Hospital Trust prioritised paper switch-off and provided leadership that enabled all clinicians to see the value in it and buy into it as a project. The trust made a clear decision to remove paper and make all appointments available online. GPs were kept informed via regular updates through the CCG.”

Dr Chris Markwick, Carmel Medical Practice
e-RS isn’t perfect … yet

“There are still some issues with the directory of services, but these are generally because secondary care providers don’t apply a standard approach. For example, a colonoscopy could be under colorectal, endoscopy or two week waits (2WW).

“Sometimes, if you are too specific and use a coded diagnosis, the search can bring up very specialised tertiary services.

“Some providers continue to offer virtual (dummy) appointments, which means they still have to triage and send out paper appointments.

“It can still be difficult to get an appointment, mainly with the most popular services - particularly if a patient’s choice is limited because of mobility needs etc. In these cases, I defer them to the provider, so they can arrange the appointment.

“Occasionally, some clinic slots appear to still be available when they are actually full, because the patient appointment system (PAS) doesn’t update frequently enough.”

Dr Markwick’s top tips for GP practices

• Book patients’ appointments with them. Patients love this, and it allows you to plan follow ups.
• Agree a day to move to full use of e-RS and involve the whole practice team.
• Explore what the barriers are to using e-RS at your practice. Typically, time is perceived as an issue, but you can use the technology to reduce the duplication of record keeping and referral writing.
• Use the freed up secretarial time to manage other tasks to reduce workload, such as chasing up results.
• Use cut and paste or a template which pulls content into a standard letter. Go on a touch type course to speed things up.

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