REPORT TO:	Health Policy & Performance Board
DATE:	27th February 2018
REPORTING OFFICER:	Strategic Director, People
PORTFOLIO:	Health & Wellbeing
SUBJECT:	Introduction of the Referral Facilitation System (RFS): Update
WARD(S)	Halton Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 To update on the introduction of the referral facilitation system in Halton in light of the national digital programme.

2.0 RECOMMENDATION: That the Board:

1) Notes the content of the report.

3.0 SUPPORTING INFORMATION

3.1 **Background**

In October 2016, NHS Halton Clinical Commissioning Group's (CCG's) Governing Body approved an invest-to-save approach for the implementation of a Referral Facilitation System (RFS) as part of the CCG Quality Referral Programme. The process was to facilitate the transfer of primary care referrals to secondary care via a secure electronic Integrated Care Gateway (IGC).

The patient was then offered choice of secondary care Provider via use the of the national e-referral system (where available). The administration associated with e-referral i.e. contacting the patient and booking them into an appropriate clinic electronically, was then handled by the centralised Referral Management Centre (RMC) which is currently provided by Midlands and Lancashire Commissioning Support Unit (MLCSU).

National Programme Developments

Since the implementation of the referral system within Halton, the national NHS focus on managing system demand has grown significantly. NHS England (via NHS Digital) has now mandated all secondary care trusts to publish all of their first outpatient consultant led clinics onto the national e-Referral system (eRs). This is to ensure that e-Referral is the only mechanism for referral between primary and secondary care and as such ceasing paper or alternative (none eRs) electronic methods (e.g. centralised email addresses) of referral.

To support this mandate, a national 'Paper Switch-off' Programme has been implemented by NHS Digital to support Trusts and CCGs to move to full use of e-RS as the referral mechanism between primary and secondary care for all consultant-led first outpatient appointments by October 2018. The programme will also ensure Trusts are able to meet the conditions of the NHS Standard Contract

where, from 1 October 2018, providers: "need not accept (and will not be paid for any Activity resulting from) Referrals by GPs to Consultant-led acute outpatient Services made other than through the NHS e-Referral Service."

Trusts have been asked to submit their plans for paper switch off to NHS Digital advising timescales of when they will be in a position to transition fully to eRs (for all specialties apart from an exclusion list to be agreed with the CCG)

Locally, the below dates have been submitted by secondary care providers:

Trust	Proposed 'switch off' Date
Warrington and Halton Hospitals NHS Foundation Trust (WHHFT)	February 2018
St Helens and Knowsley Hospitals NHS Trust	June 2018

Implications for Primary Care and the RFS

Locally, via the CCG Clinical Advisory Group a discussion took place as to the implications of this in relation to the current referral management process in light of the national programme and the current financial position within the CCG. It was agreed collectively by all practices that in light of a full transition to e-referral within secondary care first outpatient clinics that all practices would revert to using eRs direct.

As such, from July 2018 all practices will use the eRs via their clinical management system (EMIS Web) to refer their patients to secondary care, negating the need for a centralised referral management process.

This was agreed on the basis that the utilisation and publication of secondary care clinics would improve as part of the national programme thus eliminating significant issues that practices have experienced when using eRs in the past and also to ensure sustainability from a financial perspective in light of the significant costs associated with a central referral system.

4.0   **POLICY IMPLICATIONS**

4.1   The m o d e l is in line with the current national digital programme and local Quality, Innovation, Productive and Prevention (QIPP) programme.

5.0   **OTHER/FINANCIAL IMPLICATIONS**

5.1   None

6.0   **IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

6.1   **Children & Young People in Halton**

None identified

6.2   **Employment, Learning & Skills in Halton**

None identified

6.3   **A Healthy Halton**

The contents of this report are directly linked to this priority.

6.4   **A Safer Halton**

None identified.

6.5   **Halton's Urban Renewal**

None identified.

7.0   **RISK ANALYSIS**

7.1   None identified

8.0   **EQUALITY AND DIVERSITY ISSUES**

8.1   None identified

9.0   **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

None identified under the meaning of the Act.