



## Electronic Referral System: help or hindrance?

First, we had choose and book, now this has morphed into electronic referral system (eRS). This is a system that is being pushed by NHSE as part of the digital agenda to such an extent that NHS trusts, from October 2018, will not be paid for the initial GP to consultant referral unless the patient has been referred via eRS.

I find it amazing that other aspects of the NHS Standard Contract which result in increased work for GPs is not managed with the same enthusiasm. At present eRS is not a contractual obligation for GPs but this doesn't mean it won't suddenly appear following the contract negotiations for 2018/19.

The question is should GPs be resisting this move or are there benefits in utilising this system that we should encourage?

In my own practice, the vast majority of referrals are made using e-RS. We are a large (14,500pt) practice, so unsurprisingly there are one or two GPs who are more resistant to using this system.

At a recent clinical meeting, we decided that for 2WW referrals, we would not only book the appointment for the patient whilst they were there but also attach and send the referral proforma.

Some people may think that this is a massive increase in workload and that doing an e-RS referral when you are trying to explain to a patient that they need a 2WW referral is inappropriate. From my own experience, this enables the patient to leave knowing when they are going to be seen and gives them an opportunity to digest the information and ask any questions prior to leaving.

The whole process probably adds another couple of minutes to the consultation, in a consultation that has already taken considerably more than the 10-minute allocation.

Despite this, I have concerns over adopting e-RS as the only way to refer patients for a consultant opinion. The system is basic, in my area we are unable to refer to a named consultant just to the specialism, too frequently there are no appointments available through our local trust so we have to defer to the provider.

And what will happen when the NHS next experiences a cyberattack and the system is down, are we supposed to just not refer until it is repaired?

What is the true advantage of the system? Is it really so beneficial to an individual patient to know the date of their out-patient appointment immediately rather than waiting to receive that appointment by another method?

Being cynical, with the further development of e-RS we are seeing an increase in the use of advice and guidance. Although this may be beneficial for patients as it will reduce the need for them to attend hospital out-patients and reduce the cost of out-patient referrals, it does increase the workload of GPs, requires them to take on work that would have previously been deemed secondary care and is unresourced, putting further pressure on an already pressurised general practice.

e-RS is not going away, the challenge for us as GPs is to try and continue to provide high quality holistic care whilst incorporating such systems into our practice. For some this will seem easy, but for others I am sure you will be developing ingenious ways to ensure that you don't have to go near the system!