NHS
South East London

eRS Information Pack

This pack is designed to help primary care teams across South East London use the NHS electronic Referral Service (e-RS) confidently and effectively. It brings together practical guidance, troubleshooting advice, and key contacts to support consistent, high-quality referral processes and improve patient experience.

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Top tips for making and managing referrals well in e-RS

1. Before you refer: Get the basics right

- Log in securely using your NHS smartcard.
- Check patient demographics:
    - Confirm name, date of birth, contact details, and whether they have any communication or accessibility needs.
    - Ensure Optum (previously EMIS) and Spine are synchronised (blue bar = okay; red bar = referral won't go through).

Note any language or communication needs – these won't transfer automatically and must be added manually later in the referral.

2. Making a high-quality referral

- Choose the correct service and clinic:
    - Use the Directory of Services (DoS) to check referral criteria and required investigations.
    - If delegating to admin staff, ensure they have enough information to select the appropriate clinics.
- Attach relevant clinical information only:
    - Include a concise summary, key investigations and relevant letters.
    - Avoid unnecessary attachments.
- Use structured referral templates where available (e.g. Urgent Suspected Cancer, MSK).

3. Urgent Suspected Cancer (2WW) referrals

- Confirm the patient is **available throughout at least the 28 day period following referral**.
- Explain the urgency and reason for referral (possible cancer diagnosis).
- Avoid "defer to provider" – instead, **discuss alternative providers** with the patient.

4. Supporting patient choice

- Patients have a legal right to choose their provider for elective, consultant led, first outpatient appointments.
- **Shortlist up to 5 suitable provider options** for the patient to choose from, where this is possible.
- Be aware that some services use Referral Assessment Services (RAS) or centralised triage, which may:
    - Limit direct booking at the point of referral.
    - Route referrals through a clinical triage process before offering provider choice.
- For routine referrals:
    - Provide the patient with their UBRN, password, and booking instructions.
    - Encourage them to book promptly.
    - If needed, book with the patient or their carer.

5. Adding additional requirements

- After submitting the referral, **manually add any required adjustments** (these details are **not automatically pulled** from the patient record):

    - Interpreter needed?
    - Communication support?
    - Accessibility needs?
- Use the ‘Add Additional Requirements’ option in e-RS, found on the referral summary screen.

6. Advice & Guidance, and expediting referrals

- Don’t use Urgent Suspected Cancer (2WW) for non-suspected cancer cases.
- For clinical advice, use e-RS Advice & Guidance or Consultant Connect.
- To expedite a routine referral, **contact the service directly**.
- If there’s an issue with a booked appointment **do not start a new referral** – contact the service.

7. Managing your worklists

- Review all e-RS worklists **daily**.
- Complete actions promptly.
- If delegating, remember the **referring clinician remains medico-legally responsible**.

Top tips to remember

- **Document key decisions** in the patient record.
- **Act quickly on returned referrals** to prevent delays.
- **Communicate** clearly with patients about what happens next.
- **Use Advice & Guidance** for borderline cases – it can prevent unnecessary referrals.

General Pointers

SmartCards

All staff involved in sending referrals must have a smartcard so that they can access e-RS. Where possible, ensure that smartcards are requested and arrive for new staff before they start working for the practice. It is important to ensure that staff have been assigned the appropriate roles on their smartcard.

Contact your local Registration Authority (RA) team to order a smartcard or ask any questions:

- For Bromley: telephone 0208 315 8702 or email bhc.ithelpdesk@nhs.net.
- For Bexley, Greenwich, Lambeth, Lewisham, and Southwark: Requests should be logged via the Care Identity Management portal where possible and enquiries can be logged by Halo or ICT service desk. Telephone 020 8176 5400 or email ICTServiceDesk@selondonics.nhs.uk. Halo Self Service Link: https://nhssel.haloitsm.com/portal/. Please include sponsor smartcard details, user's smartcard details (if they already have them) and position required.

Locums:

All locums should be issued with a smartcard. If a locum does not have a smartcard, they can request one from the RA team. Once a locum has been issued with a card, it can be used across practices if the RA links them to each one.

If a locum is due to work at a practice, contact the RA team in advance to request full access for the duration of their employment.

Finding the right service on e-RS

There are two main ways to search for a service:

- By specialty and clinic type.
- By named clinician (this is reliant on the service definer from the provider adding consultant names on e-RS).

Information about the referral criteria for each clinic type is available on the e-RS Directory of Service (DoS) – please make sure you read it before referring. Providers are responsible for keeping their DoS up to date, including referral criteria and contact details. If you spot missing or outdated information, contact the provider directly or speak to your GP IT facilitator.

Top tips if you're having difficulty finding a suitable clinic:

1. Clinics for children can be listed under the specialty 'Children and Adolescent Services' or under the main specialty (e.g. ENT, Dermatology). If you're not seeing expected results, try searching under the main specialty - or vice versa.
2. Try multiple clinic types within the same specialty. For example, if "Not Otherwise Specified" returns no results, try a condition-specific clinic type. Conversely, if a condition-specific clinic type doesn't return results, consider using "Not Otherwise Specified" – this may surface general services that are still appropriate.
3. Some clinics have age criteria and will not appear if your patient doesn't meet them (unless you've unticked the option to "only show age and sex-appropriate services" before searching).

4. Check whether you've set a 'Maximum distance' filter. There may be a service covering a wide geography, and its listed postcode might fall outside your set radius - even though it accepts referrals from your location.
    - If you're still having difficulty finding a suitable clinic, you can contact:
        - GSTT: contact the specialty team directly using the contact details on the e-RS Directory of Service. Service information can also be found via the GSTT and Evelina websites.
        - KCH: contact the e-RS team via the generic mailbox kch-tr.e-ReferralService@nhs.net
        - LGT: contact lg.e-referrals@nhs.net.To see provider contact details on the DOS, click the service name on the 'Referral service search results page'.
    - The GP practice can also copy in their GP IT Facilitator as they may be able to advise.

It's important to note that if you are delegating the booking process to a member of your admin team, you must give them enough information to choose the right clinic. The GP is responsible for the clinical pathway and the quality of the referral, even if the booking process is delegated.

Appointment slot issues

If no appointments are available, the referral can be forwarded (via Manage Your Referral/NHS App) or deferred (via the professional application) to the patient's chosen provider. These referrals will appear on the provider's Appointment Slot Issue (ASI) worklist for booking.

Reasons why there may be no clinic appointment available on e-RS:

1. Organisations providing directly bookable services have **not made sufficient appointment slots available** on e-RS.
2. A **technical issue** may prevent an appointment slot being shown or booked (very rare).

Referrers need to inform patients that:

- When there are no appointment slots available, their appointment request can be passed to their chosen provider, who will then arrange an appointment
- If their preferred provider has no appointment slots available, they can consider choosing another provider on their shortlist if they wish to do so
- If the appointment request has been forwarded or deferred, the referral instructions letter will include a date by which they should expect to be contacted. It also explains what to do if they haven't heard from the provider by that date.

It is recommended that referrers **shortlist** a range of clinically appropriate services, **even when referring to a specific service**. This shortlist enables patients to choose an alternative service via the NHS App or online if their referral is awaiting triage or has been deferred to provider. This avoids the patient having to return to their GP practice. To note, the change clinic option disappears when the provider has reviewed and accepted the referral.

A letter from NHS England on May 25, 2023 reiterates the need to offer patients a choice of providers:

"We are asking all referrers to ensure they shortlist on average 5 choices from which the patient may choose, where this is practicable, clinically appropriate, and preferred by the patient".

***Please note:** Patients should **not** be asked to book their own appointment (via Manage Your Referral/NHS App) for **urgent suspected cancer (2WW)** referrals, as this may introduce delay to their care. Referring practices should in all cases send the referral to the appropriate service.*

Forwarding referrals via the 'Manage Your Referral' website

If the patient is booking their appointment themselves via the Manage Your Referral website/NHS App and no appointments are available, they can submit their details to their chosen provider. The provider will then contact them. Patients are informed that they will be contacted within a set number of days (based on clinical priority) to have their appointment arranged. If this doesn't happen, patients are directed to contact the service provider.

Using the 'defer to provider' option

If referrers find no appointments are available when trying to book, they can defer the responsibility for booking to the patient's chosen provider. This is done by using the **'defer appointment booking'** button.

Please note: If appointments are available but aren't suitable or convenient for the patient, then the referral **cannot** be deferred to the provider. Instead, the referrer should discuss alternative providers with the patient. Otherwise, the patient will have to wait for suitable appointments to become available.

On the deferral summary screen, the referrer can print or email (if applicable) the patients referral instructions letter. The screen and letter will indicate a date when the patient should have heard from the provider and will be based on referral priority.

The date is calculated from the date of deferral plus:

- Two working days for urgent suspected cancer (2WW) referrals
- 20 working days for urgent referrals
- 40 working days for routine referrals

The referrer can monitor the status of their patient's referral via the 'Referrals pending external action' worklist, which will show the referral as 'Deferred to provider' until it is booked.

Patients won't receive reminders to book if their referral is deferred to the provider. This helps to avoid confusion for those expecting the provider to contact them.

For Urgent Suspected Cancer referrals: if referring for an urgent suspected cancer (2WW) appointment and no slots are available then:

1. discuss choosing another provider with the patient;
2. if the patient doesn't want to change providers, use "Defer to Provider" option.

Important information:

If the provider hasn't contacted the patient by the given date, please escalate to the provider. Do not cancel or duplicate the referral as this will only cause further delays and confusion.

- You can contact:
    - GSTT: contact the specialty team directly. Contact details can be found on the e-RS Directory of Services or under the specialty webpage via the GSTT and Evelina websites.
    - KCH: email the e-RS team via the generic mailbox kch-tr.e-ReferralService@nhs.net
    - LGT: contact the central booking team at Lh.appointments@nhs.net

Attaching referral letters

Please remember to attach the referral letter. It is best practice to upload clinical information when processing the referral. However, if this is not possible, referral letters should be added within the national timeframes:

- Urgent Suspected Cancer (2WW) or urgent referrals = 1 day (24 hours)
- Routine referrals = 3 working days

Important: *The provider* ***cannot*** *see the* ***referral*** *on their worklist until the letter has been attached. Not attaching a referral letter in a timely manner may cause* ***significant delays to the patient's journey****.*

The "Missing referral letters" worklist contains details of the referrals with missing referrals letters.

Referral forms/guidelines

- Bromley:
    - Bromley practices should use the Referral Optimisation Protocol (ROP), accessible via the F12 key, as the primary source of referral forms and supporting documentation.
    - The ROP features intelligent referral pathways developed and regularly updated by a multi-disciplinary team in collaboration with local services. It helps guide referrers to the most appropriate service for the patient.
- Other SEL boroughs (Bexley, Greenwich, Lambeth, Lewisham & Southwark):
    - Practices in these boroughs should access referral forms and guidelines via DXS, which is integrated into Optum (previously EMIS).

While some practices may choose to use alternative systems or store referral documents locally, ROP and DXS are the only systems which have a systematic process in place to update and upload documents.

Appointment letters

It is the GP practices responsibility to give patients their appointment confirmation letter or letter with information on how to book their own appointment.

If the patient has an NHS login account with high level verification at the time their referral was initiated, you will be given the option to email the appointment details to the patient. The patient will not receive an additional letter from the provider to confirm the appointment.

The only **exceptions** in which the trusts will contact the patient and send an appointment letter are:

- Where the referral has been 'deferred to provider' (see page 7)
- Where the hospital reschedules the appointment

- When the provider converts an advice and guidance request into a referral (see page 14)
- Where the service is set up as a Referral Assessment Service (see page 10)
- When the patient has been booked into a "dummy" appointment (see page 11). If booked into a "dummy" appointment, the GP practice should tell the patient NOT to attend this appointment. The letter for the dummy appointment should not be sent or emailed to the patient. The provider will send the patient the real appointment when they have triaged the referral.

Patient access codes

For patients who wish to book their own appointment, they will need their UBRN number and password. Both of these are included in the print summary which you give or send to the patient.

If the patient loses their password you can look it up by:

1. Going to https://ers.nhs.uk/main (using your smartcard) or using the link within Optum (previously EMIS)
2. Look up the patient
3. Click on 'Update patient and contact details'
4. Scroll down and click on the 'Access code' drop down

The password is unique to the patient, not the booking, and consists of two random words. You can generate a new code if the patient requests this.

Patients with additional requirements

When referring patients who have communication or accessibility needs, it's important to ensure this information is clearly recorded in e-RS so that providers can make appropriate arrangements.

Referrers should:

1. Record communication preferences
   Use the **'update patient and contact details'** option in e-RS to note how the patient prefers to be contacted (e.g. language, email, large print).
   ***Important**: this information is stored in the patient's profile but does not automatically appear in the referral letter or appointment request summary.*
2. Add specific requirements
   On the **Referral summary** screen, use the **'Update additional requirements'** option to document any specific needs (e.g. advocacy, interpreter, transport).
   The patient's needs can be entered using clear free text. It is important to clearly indicate how the patient's needs can be met, so that the provider can take appropriate action. For example: 'Profound hearing loss and uses sign language to communicate. They will require support at appointments with a British Sign Language interpreter'.
3. Include needs in referral letters
   If generating a referral letter manually, make sure any communication or accessibility needs are clearly stated so they are visible to the provider.
4. Support patient booking

Patients can book appointments via the NHS App, Manage Your Referral website, or at the GP practice. Additional support is available through the **Assisted Digital Service Line**, which has textphone facilities and the can send letters in braille, large print and **language options**.

For more detail, referrers can visit the NHS Digital guidance on meeting the information or communication needs of patients' in e-RS.

Making referrals through Optum (previously EMIS))

To access e-RS through Optum, users must be configured in Optum. For instructions on how to do this, see the Optum web support guide.

Appointment Types

An e-RS referral can be made into:

- Either a directly bookable service - in which case the patient needs to book an appointment before the referral can be processed further
- Or a triage/assessment service - where the referral information is assessed first, without an appointment being pre-booked

Separately, e-RS can be used to request advice from a specialist. This may be before, instead of, after, or entirely separate from making a referral (see page 14).

Directly Bookable Service (DBS)

A DBS allows the referrer to book an appointment for the patient at the point of referral. This means the patient can choose and confirm their appointment time during or shortly after the referral process, depending on the service's availability.

Where direct booking is available, the patient will leave their surgery or their referrer with either:

- An appointment, booked with their chosen provider on a date and at a time that is convenient to them
- The information necessary to enable them to make their choice of provider and to book, either via the internet/NHS App or through the assisted digital service line

Referral Assessment Service (RAS)

Unlike a DBS, a RAS facilitates referrals being sent directly into a triage service, without booking an appointment for the patient.

It is advisable for the referrer to explain to the patient that their referral is being reviewed by a specialist, and they may not need a hospital appointment. This manages the patient's expectations and can prevent unnecessary concern and communication between the patient, referrer, and provider.

A RAS allows the service to clinically triage the referral before deciding on the most appropriate onward clinical pathway. Following the review, the service may book an appointment for the patient (to be seen in the service or by another service), or if appropriate, return the triage request to the original referrer. Returned referrals will appear on the referrers ''Triage responses / Rejected referrals' worklist.

Referrals may be returned because:

- the service has provided **advice** which allows the **patient to be managed in primary care**
- the triaging clinician may need **more information**
- the referral needs to be **redirected** to another service

Referrers can provide patients with a letter or email (if the patient is fully verified with the NHS App), detailing the service that they have been referred to and what to expect next. The letter also includes details of who the patient should contact if they haven't heard anything after a certain date.

Clinical Assessment Service (CAS) / Dummy Appointments

Both RAS' and CAS' are designed to support clinical triage. In south east London, a CAS is used in a way that requires the referrer to book a **dummy appointment.**

A dummy appointment is not a real appointment. It exists so that the patient and their referral are automatically registered on the provider's Patient Administration System (PAS). e-RS requires an appointment to be booked to trigger this process.

*Important: Please ensure the patient is advised **not to attend or reschedule** the dummy appointment. It is for administrative purposes only.*

Upon receipt of the referral, the specialty will triage the referral before deciding on the most appropriate onward clinical pathway. The service may book an appointment for the patient (to be seen in the service or by another service) or return the referral to the original referrer. Returned referrals to CAS' will appear on the referrers 'Assessment results/Cancelled referrals/Did not attends' worklist

Referrals may be returned because:

- the service has provided advice which allows the patient to be managed in primary care
- the provider clinician may need more information
- the referral needs to be redirected to another service

Managing your worklists

GPs and their practice teams have access to six worklists within e-RS.

These worklists act like a mailbox and should be considered as the single place to go to check for outstanding actions in the referral process.

The six worklists are:

1. **Triage responses / Rejected referrals:** Shows referrals that have been rejected by the service provider and/or returned to the referrer with advice.
2. **Missing referral letters:** Shows referrals that have been created but no referral letter has been attached.
3. **Incomplete UBRNs:** Referrals on this worklist are draft referrals (i.e. a UBRN has been created) which have clinical information attached but have not been submitted to the provider (e.g. an appointment hasn't been booked, or an appointment request hasn't been made). It might look as though the referral has been completed within the GP system.

4. **Active advice requests:** UBRNs on this worklist are for advice requests and responses.
5. **Assessment results / Cancelled referrals / Did not attends:** Displays referrals that have an assessment recorded against them, a UBRN cancelled, or a DNA recorded. The worklist will show the status of the referral and any reason associated to the status.
6. **Referrals pending external action:** Shows referrals that have not been booked since shortlisting, being deferred to the provider, or are awaiting booking by the provider or patient following an appointment cancellation.

All worklists must be monitored and reviewed on a daily basis.

Locating the worklists on e-RS

There are two ways to access the e-RS worklists using your NHS Smartcard:

1. Via Optum (previously EMIS) Web:
   - Either click on the e-RS icon on the Quick Access Toolbar or Optum (Previously EMIS) menu:
   - Click on 'Worklists' tab
   - Select the worklist you want to look at
2. Via web link:
   - https://ers.nhs.uk/main
   - Click on 'Worklists' tab
   - Select the worklist you want to look at

Responsibility for monitoring and maintaining worklists

All worklists must be monitored and reviewed on a daily basis. Practices must act to ensure all referrals on the worklists are managed appropriately and in a timely fashion.

Many practices delegate worklist monitoring to administrative staff who alert the GP when there are outstanding actions or concerns for them to address. For example, when an A&G response has been received, when patients have failed to book appointments, or a referral has been returned with advice. **If referrers do delegate, they still retain overall responsibility for referrals and must ensure the staff to whom they delegate are adequately trained and supported.**

Triage responses / Rejected referrals worklist

The 'Triage responses / Rejected referrals' worklist shows referrals that have been returned to the referrer with advice and/or rejected by the service provider.

Status: Triage response

Referrals into RAS' which have been returned to the referrer appear with a status on 'Triage response'.

Referrers have several actions that they can complete in response:

- 'Change service': allows the referrer to change the referral to a new service
- 'Book/Send for triage': this can be used to resend the referral to the same service

- ‘Cancel referral’: this will complete the referral and remove it from all worklists, effectively closing the referral

If you need to update the referral letter or clinical information, this can be done via the ‘Attachments’ section on the Referral summary screen in e-RS. Alternatively, if the original documents were uploaded through the GP’s integrated system, amendments can be made directly from there.

When a service provider requests additional information, you can upload the required documents using the ‘Manage attachments’ option within the ‘Attachments’ section on the Referral summary screen. Once the new information is added, select Book/Send for triage from the ‘Select action’ dropdown to return the referral to the provider for review.

Status: Rejected

A referral will appear as ‘Rejected’ when an appointment booking is rejected by a provider. All rejection reasons lead to the appointment being cancelled. The referrer must act upon these referrals. This may include cancelling the referral or identifying new, more suitable services.

Assessment results / Cancelled referrals / Did not attends worklist

This worklist displays referrals that have either had an assessment outcome recorded, a Unique Booking Reference Number (UBRN) cancelled, or a Did Not Attend (DNA) status recorded.

Status: Assessment result

Referrals marked as Assessment Result have been sent to a service with CAS functionality. These should be reviewed and then removed from the worklist once actioned.

Status: Cancelled referral

A cancelled referral means both the referral request and the patient’s appointment have been cancelled. You should check the cancellation reason and remove the referral from the worklist.

Status: Did not attend

If a patient was referred to a directly bookable service and did not attend their appointment, the referral will be returned with a did not attend status. You should review the referral and decide on the appropriate next steps, which may include re-submitting the referral to the same service or choosing a different one.

Responsibility for managing rejected / returned referrals

When a referral made via e-RS is returned or rejected by a provider, it is the responsibility of the referring GP practice to manage the next steps and ensure the patient is informed. This applies whether the referral was made to a DBS, RAS, or CAS.

Returned or rejected referrals may involve:

- Clinical advice following triage
- Requests for additional information
- A decision that the referral is not suitable for the service
- Cancellation of a booked appointment

These outcomes may or may not involve an appointment, but in all cases, the referring practice must:

- **Review the referral outcome** and any comments provided by the service
- **Determine the appropriate next steps** for the patient's care, which may include re-referral, managing in primary care, or providing further information
- **Contact the patient** to explain the outcome and advise them accordingly

Referrals will appear on different e-RS worklists depending on the referral pathway:

- DBS and RAS referrals will appear on the 'Triage responses / Rejected referrals' worklist.
- CAS referrals (typically involving dummy appointments) will appear on the 'Assessment results / Cancelled referrals / Did not attends' worklist.

These worklists must be monitored and actioned daily to ensure timely follow-up and patient communication.

While some providers may notify patients of appointment cancellations, this is not consistent across services. GP practices must not assume that the patient has been informed. If a booked appointment is cancelled, especially if the date is imminent, the practice must ensure the patient is advised not to attend.

If a booked appointment is cancelled due to rejection, and the practice doesn't contact the patient within 21 days, a letter is sent (for routine referrals). This letter explains that the appointment was cancelled and advises the patient to contact their GP practice.

e-RS Advice & Guidance

Advice and guidance (A&G) allows a clinician to seek advice from another and help enable a patient's care to be managed in the most appropriate setting. In south east London A&G is available via e-RS and Consultant Connect.

e-RS A&G is a two-way dialogue channel which allows GPs to seek speciality input into a patient's care. The referrer can attach documents to the advice request (e.g. diagnostic results, clinical photos, previous correspondence relating to the patient). The specialist is then able to review the request (along with any attachments) and either:

- Convert the A&G request to a referral (if authorised and appropriate to do so)
- Return the A&G request with advice only, adding their own attachments (e.g. a proposed treatment plan) if required
- Return the A&G request asking for further information
- Return the A&G request advising the referrer to send the patient to a particular service

Following this, the referrer can:

- Action the advice provided by the specialist, making contact with the patient where appropriate
- Convert the advice request into a referral or appointment request
- Respond to the provider asking for further advice

Managing A&G responses on e-RS

A&G requests are displayed on the 'Active advice requests' worklist. The status of the request will be

displayed in the 'Status' column as either:

- Referrer to submit further information
- Referrer to review response
- Provider response required
- Update available – referral accepted

Please check your Advice and Guidance worklist on a daily basis.

A&G is for:

- ✓ Advice on a treatment plan and/or the ongoing management of a patient
- ✓ Clarification (or advice) regarding a patient's test results
- ✓ Seeking advice on the appropriateness of a referral for a patient
- ✓ Identifying the most clinically appropriate service to refer a patient to

A&G is **not** for:

- ✗ Administrative purposes e.g. chasing clinic letters
- ✗ Follow ups, contact the department instead
- ✗ Emergency patient care

Important information:

If your A&G request hasn't been actioned by the provider, please contact them.

- You can contact:
    i. For GSTT: follow up on the existing A&G request on e-RS or contact the specialty team. Contact details can be found on the e-RS Directory of Services or under the specialty webpage via the GSTT and Evelina websites.
    ii. For KCH: email the e-RS team via the generic mailbox kch-tr.e-ReferralService@nhs.net
    iii. For LGT: in the first instance contact the specialty team directly using the contact details on the DOS. If unable to make contact, you can email lg.e-referrals@nhs.net

e-RS Downtime Protocol

In the event that e-RS is not available via the local patient record system (e.g., Optum (previously EMIS) or Vision), GPs should be advised to access e-RS via the web-based version. The web-based version can be accessed using the following link: e-RS.

When using the web-based version of e-RS, practices must manually record the UBRN in the patient's record. This is necessary because the systems are not integrated in a way that allows updates made in the web-based e-RS to automatically sync with the patient's record.

Where it becomes aware of this scenario, the ICB will be responsible for notifying GP practices of the need to use the web-based version and will communicate this to all practice managers via email. The notifying team should compose the message and request the ICT team send to this to the practice manager

distribution list. The ICB will also notify practices when the links with Optum and/or Vision have been restored.

In the event of an e-RS technical failure and true downtime, the ICB will contact GP practices to advise of next steps.

First 24 hours

The ICB will notify all GP practices via an email to the practice manager distribution list that e-RS is down and advise to hold all referrals until the system is restored.

ICB e-RS subject matter experts will liaise with the Primary Care team to ensure support is there for GP practices if needed.

GP practices should keep a log of all referrals that need to be made once e-RS becomes available.

ICB to liaise with local providers (GSTT, KCH, LGT, Oxleas) to ensure arrangements are in place should e-RS downtime continue after 24 hours.

After 24 hours

ICB and provider to hold daily call. Agree joint comms for dissemination.

The ICB will notify all GP practices via an email to the practice manager that due to continuing e-RS downtime, Urgent Suspected Cancer (2WW) referrals should be made via email and that the GP practice should continue to hold urgent and routine referrals.

- Urgent Suspected Cancer (2WW) referrals should be sent to the following email addresses for local providers:
    - For GSTT, Urgent Suspected Cancer (2WW) referrals should be sent to: gstt.2wwgstt@nhs.net & gstt.2wwoffice@nhs.net and cc. in gstt.gstters@nhs.net
    - For KCH Denmark Hill, Urgent Suspected Cancer (2WW) referrals should be sent to: kch-tr.2weekwaitopacdh@nhs.net
    - For KCH PRUH & South Sites, Urgent Suspected Cancer (2WW) referrals should be sent to: kch-tr.br-2weekwait@nhs.net
    - For LGT (QEH and UHL sites), Urgent Suspected Cancer (2WW) referrals should be sent to: LG.2WWLGT@nhs.net
    - For Darent Valley Hospital, Urgent Suspected Cancer (2WW) referrals should be sent to: Dgn-tr.cancerreferral-dvh@nhs.net and Kelly.loftman@nhs.net
- In the body of the email GP practices should clearly state why the referral is being sent via e-RS e.g. e-RS downtime for over 24 hours.
- The pan London cancer referral forms should continue to be used for Urgent Suspected Cancer (2WW) referrals.
- Local providers will contact patients to arrange and book appointments.

After 5 working days

ICB and provider AM & PM daily call. Agree joint comms for dissemination.

The ICB will notify all GP practices via an email to the practice manager that due to continuing e-RS downtime, Urgent Suspected Cancer (2WW) and urgent and routine referrals should be made via email.

- Urgent and routine referrals should be sent to the following email addresses for local providers:
    - For GSTT, please use email addresses provided on specialty pages on GSTT and Evelina websites.
    - For KCH Denmark Hill, urgent and routine referrals should be sent to: kch-tr.kchreferrals@nhs.net
    - For KCH PRUH & South Sites, urgent and routine should be sent to: kch-tr.br-referrals@nhs.net
    - For LGT QEH, urgent and routine should be sent to: lg.qereferrals@nhs.net
    - For LGT UHL, urgent and routine should be sent to: lg.lewishamreferrals@nhs.net
    - For Darent Valley Hospital, urgent and routine should be sent to: dgn-tr.bcpersreferral@nhs.net
- In the body of the email GP practices should clearly state why the referral is being sent via e-RS e.g. e-RS downtime for over 5 working days.
- Local providers to contact patients to arrange and book appointments

When e-RS is restored, the ICB will be responsible for notifying all practices that the e-RS system has been restored and that they should revert back to using e-RS for referrals. An email will be sent to all practice managers to notify them of these arrangements.

Following restoration of normal functionality, local providers will be asked to set up automatic replies on email addresses used during the e-RS downtime. Automatic replies must notify all practices that referrals sent via email will now not be accepted and that the practice must re-refer via e-RS which is now functioning.

In the event of local issues affecting one or a number of GP practices, GP practices must notify their local Primary Care IT Facilitator, who will escalate as required to either NHS England or to other subject matter experts within the ICB.

In the event of wider issues e.g. cyber-attack, power outages, please refer to the ICB's business continuity plan, individual GP practices' business continuity plans and local provider business continuity plans.

View live service information and alerts from NHS Digital

e-RS Trouble Shooting Guide

Issue 1: "We've got a temporary patient (with an NHS number), and it won't let me refer them on e-RS"

Information/resolution: Temporary patients (with an NHS number) can be referred on e-RS using the web-based version: https://ers.nhs.uk/main. For the web-based version of e-RS, make a manual note of the UBRN in the patient's record in Optum (previously EMIS) (this is not done automatically).

Issue 2: "My patient doesn't have an NHS number"

Information/resolution: e-RS requires patients to have an NHS number. If a patient does not have one, the GP practice should first explore registering the patient to obtain an NHS number. However, if registration is not immediately possible - or if the referral is clinically urgent and cannot wait - the referral should be sent

via the relevant downtime protocol email address. In both the subject line and body of the email, please clearly state the reason for the exception (e.g. "EXCEPTION: Patient without NHS number").

Issue 3: "I keep getting an error message because the patient isn't synced with the spine"

Information/resolution: If the patient's record is not synchronised with the Personal Demographics Service (PDS), the PDS icon in the patients details precis bar in Optum (previously EMIS) turns red. You won't be able to proceed with a referral via e-RS until this is resolved.

Steps to resolve:

1. Log on with a smartcard.
2. Click the red PDS icon to open the PDS patient differences screen.
3. Check each field carefully and confirm which details are correct or edit if needed.
4. If sure the details are correct, update Optum (previously EMIS) and PDS by clicking OK. The PDS icon should turn blue once synchronisation is complete.

Important: Do not assume your primary care clinical record (e.g., Optum) is correct. The patient may be between practices, which can cause discrepancies. If the patient appears registered in Optum but not on the Spine, contact the patient to confirm their registration status and any recent changes (e.g., moved practice or registration pending).

If the problem persists, urgent referrals can be emailed with "EXCEPTION" in the subject line (e.g. "EXCEPTION: Spine reporting that the patient is not registered with a practice").

Issue 4: "What do I do if a patient is marked as 'sensitive' on the Spine?"

Information/resolution: Some patients are marked as sensitive on the NHS Spine, typically for privacy or safeguarding reasons. This status restricts access to certain demographic details and prevents referrals from being processed through e-RS.

If a patient is marked as sensitive, they cannot be referred via e-RS. Instead, the referral must be submitted using the downtime protocol. The referral should be sent via the designated downtime email address, and both the subject line and body of the email should clearly state the reason for using this route (e.g. "EXCEPTION: emailing referral as patient marked as sensitive on the spine").

Issue 5: "My Smartcard has stopped working or is blocked"

Information/resolution: Contact your Practice Registration Authority (RA) Sponsor who will be able to help you with Smartcards issues.

- For Bromley: telephone 0208 315 8702 or email bhc.ithelpdesk@nhs.net.
- For Bexley, Greenwich, Lambeth, Lewisham, and Southwark: Enquiries can be logged by Halo or ICT service desk. Telephone 020 8176 5400 or email ICTServiceDesk@selondonics.nhs.uk. Halo Self Service Link: https://nhssel.haloitsm.com/portal/.

Issue 6: "My patient has not booked their appointment"

Information/resolution: Please ensure you contact your patient to remind them to book. If there has been a significant delay, then the patient may need to be reviewed/seen before the appointment is booked as their symptoms may have changed. It may be necessary to cancel the referral.

Issue 7: "My patient is still on my 'Referrals pending external action' worklist waiting for an appointment booking by the provider"

Information/resolution: Firstly, please do not cancel the patient's appointment. This will only remove the appointment from the providers list and any new referral you create will go to the bottom of the list. Please do not duplicate the referral either as this will only result in confusion for the patient, provider and waste appointments. Instead, please contact the provider directly to inform them of the concern you have. Details of who to contact can be found here.

Issue 8: "My A&G request has not been actioned by the provider"

Information/resolution: If your advice and guidance request has not been actioned by the provider, please contact them. Details of who to contact can be found here.

Key contacts and further support

Local contacts

e-RS training: PrimaryCareFacilitators@selondonics.nhs.uk

Further support

NHS Digital

Visit the e-RS NHS Digital Advice and Guidance Tool Kit and NHS Digital document library.

You can also subscribe to the NHS England bulletins for digital updates and view e-RS news and events.

Live service information and alerts

Find out about e-RS planned maintenance and service availability.

Optum (previously EMIS) Interface Issues

Contact the Optum help centre. Also see Optum articles for guidance.

Local information?

SELnet - Home