

NHS e-Referral Service Managing Urgent Referrals for Suspected Cancer (2 Week Waits)

Best Practice Guide

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Introduction

Suspected cancer services are available on the NHS e-Referral Service (e-RS) in many parts of England. As patients referred into these services require close co-ordination across Primary and Secondary Care, this document contains guidance on best practice for both referrers and providers for the establishment and the ongoing management of Two Week Wait (2WW) services.

Practical steps to effective implementation

Local Healthcare Communities will need to ensure that structures and processes are in place to introduce 2WW referrals into e-RS safely and effectively.

Pre-requisites for implementation

When implementing 2WW on e-RS, it is essential that each stakeholder is able to respond affirmatively to the relevant items within this checklist. A suggested list of representatives for a Local Health Community would include (but not be limited to) Provider e-RS representative, CCG e-RS representative, Cancer Management representative, Primary Care Clinical representative, Secondary Care Clinical representative.

Local Healthcare Community	1. Do you have a 2WW implementation plan which describes commissioner, referrer and provider involvement? Is there senior stakeholder sign up and Board level engagement?	<input type="checkbox"/>
	2. Does the implementation plan include contingency, escalation procedures, monitoring and reporting arrangements?	<input type="checkbox"/>
	3. Has the end-to-end process been mapped for each pathway?	<input type="checkbox"/>
	4. Have the opportunities to improve the process been explored?	<input type="checkbox"/>
	5. Have all patient safety issues been discussed and managed?	<input type="checkbox"/>
	6. Have the relevant cancer networks been involved in the process?	<input type="checkbox"/>
	7. Has a back-up plan been developed if e-RS /Spine is unavailable?	<input type="checkbox"/>
	8. Has a communication plan been developed which ensures that all stakeholders are aware of the introduction of these new processes?	<input type="checkbox"/>
	9. Does the communication plan include the provision of regular updates? (This will be particularly important if the processes are to be phased in across cancer types.)	<input type="checkbox"/>
Commissioner	10. Do you have an e-RS lead?	<input type="checkbox"/>
	11. Have the LMC, PEC and any other relevant bodies been informed and involved in the development of the implementation plan?	<input type="checkbox"/>
	12. Have you prepared an information pack for practices which describes the 2WW process, key contact details, etc?	<input type="checkbox"/>
	13. Have you identified which practices are to be involved with specific timescales for implementation?	<input type="checkbox"/>
	14. Have all involved GP Practices been trained / or been given a briefing on how to refer 2WW through e-RS?	<input type="checkbox"/>
	15. Have all involved GP Practices been informed about the plan?	<input type="checkbox"/>

Referring practices	16. Has a lead individual (and deputy) been identified and trained to take responsibility for making sure that GPs and practice staff are competent at managing 2WW referrals through e-RS?	<input type="checkbox"/>
	17. Have the relevant practice staff been trained in how to use e-RS?	<input type="checkbox"/>
	18. Do you know what to do when you cannot access e-RS or there are no slots available?	<input type="checkbox"/>
	19. Do you have more than one named person to take responsibility for running the relevant enquiries and managing 2WW within the worklists? Is there more than one person who knows how to use e-RS?	<input type="checkbox"/>
Provider	20. Do you have a e-RS lead?	<input type="checkbox"/>
	21. Have the relevant Secondary Care Clinicians been involved in developing and agreeing the process?	<input type="checkbox"/>
	22. Is there a lead individual nominated to ensure that all staff have been trained and are competent in managing 2WW referrals through the e-RS pathways?	<input type="checkbox"/>
	23. Is there a named person responsible for managing the worklists in e-RS and following up on outstanding referral letters?	<input type="checkbox"/>

N.B. The local cancer network should support the development of referral pathways for each tumour site prior to using e-RS for the referrals. This will be a key factor in deciding which model to use for services. It is recommended that the cancer network should work to develop referral templates or proformas that can be integrated into the GP systems so that they can be completed electronically.

CCGs and providers should monitor the new referral process to ensure that it is being followed and is working correctly. The mechanisms to grasp opportunities to learn from experience and take action to make improvements should be built into an ongoing monitoring programme.

Guidance for referrers: Making 2WW referrals in NHS e-Referral Service

Referrer requirements

In order for the 2WW referral process to be safely managed, practices must ensure that:

- There is a named person/s responsible for running the 'Two Week Wait Enquiry' on a regular basis to ensure that all Unique Booking reference Numbers (UBRNs) associated with urgent referrals for suspected cancer and breast symptoms have been promptly converted into confirmed appointments. (N.B: The simplest way to view all 2WW referrals made by the practice/ GP is to sort the 'Awaiting Booking/Acceptance' list on the Priority heading. Single clicking the column heading of Priority will sort the worklist.) Following up on these patients might involve calling them to determine the reason for delay and reminding them of the urgency of their referral.
- There are contingency plans in place for instances where the patient does not make their booking at the time of the consultation or is not present when the referral is made.

Referral process

In order to meet the very short timescales required for appointments in the 2WW pathway, it is essential that the patient's referral (UBRN) is converted into an appointment quickly. The referrer should assist the patient in making a booking at the time of the decision to refer. Practices should take note of the e-RS guidance which has been prepared to support vulnerable patients. Available from the e-RS website [HERE](#)

As with all referrals, the referrer has a responsibility to check that the patient has made an appointment; this is especially important if the patient decides to delay booking a 2WW appointment.

Once it is determined that 2WW referral is required, the process outlined below should be followed.

1. The referrer first needs to inform the patient of the reason for this referral. The patient should be informed that they are being referred in order to 'rule out the possibility of cancer'.
2. Log onto e-RS and select a priority of 'Two week wait' (Using the 2WW priority is important because it ensures that all available appointment slots are visible and that other functionality, such as worklists and enquiries, includes these patients.)
3. Select "2WW" as the Specialty and then the appropriate Clinic Type from the drop down menu and search for services. Depending on the local situation these could be on the Primary or Secondary Menu. ('Search Primary Care' or 'Search All')
4. Choose the appropriate 2WW service.
5. Ensure that an appointment is booked. The referrer can delegate this task to other members of the practice team if need be. If the service is Directly Bookable, the practice should assist the patient to confirm an appointment with the 2WW service before they leave the practice. If the service is Indirectly Bookable, the conversion of a request into a confirmed appointment will require the practice to make a phone call to book the patient into the selected 2WW service.
6. Give the patient their Appointment Confirmation and password. Patients should be informed of the importance of attending this appointment and that they should avoid changing it. Give the patient a Patient Information leaflet if you have one.
7. Add referral letter / 2WW proforma within 24 hours of creating the Appointment Request / Confirmation.

In the case of technical difficulties or no slots being available, referrers should use locally agreed contingency arrangements.

It is very important in the case of Clinical or Telephone Assessment Service (CAS/TAS) appointments that the patient understands the next stage of the process e.g. when the provider is going to contact them, or whether they should attend the appointment in person.

What should happen when the patient is not present?

Sometimes the patient may have to leave the practice prior to the appointment being made or the patient may not be physically present at the time of referral, for example, when a test result or X-ray suggests the need for action. In such cases, referrers should remember that it is their responsibility to ensure that the patient books their appointment. The practice should

firstly try to contact the patient by phone to agree a convenient date and time. If they are unable to make contact, then they should book an appointment for the patient who will then need to be advised of the arrangements made for them without delay, explaining how the appointment date and time can be changed, if necessary.

Booking online and via The Appointments Line (TAL)

It is strongly recommended that the 2WW appointment is booked in the practice whilst the patient is present. However, there will be instances where this is not possible e.g. patient needs to agree a date and time with a carer. In these circumstances the patient is able to book their appointment using TAL or online.

2WW Referrals Reminder letters are automatically generated and sent to all patients that have not booked 2 days after the UBRN is created and then a further 3 days from the first reminder.

Guidance for providers: Setting up 2WW services on NHS e-Referral Service

Choice of service model

Direct booking (hereafter referred to as DBS), where e-RS is used to book appointments directly into the provider's Patient Administration System (PAS), into an outpatient service, is the gold standard service model as it provides certainty for both patient and referrer. However, as described below, in some circumstances a directly bookable assessment service may provide a suitable alternative. Indirect booking, where the patient must contact the provider to arrange their appointment, is not recommended for 2WW services, although it is accepted that where an e-RS compliant PAS is not available, this may be the only option.

Two DBS models are possible:

1. Referral to 1st outpatient. This is the gold standard process.
2. Referral to assessment (for triage) and then onto appointment

Outpatient versus Assessment Service

Providers that have already implemented 2WW in e-RS have demonstrated that it is possible to implement a DBS outpatient service for each service. However, if there is significant and / or a variable clinical intervention prior to an outpatient appointment for a particular service, there may be justifiable reasons to implement an Assessment Service. For example, in certain instances patients may need a specific diagnostic test first.

As with all Assessment Services, providers must ensure that the assessment adds clinical value to the pathway, rather than it being simply an administrative process as a way of managing capacity.

Providers should make sure that they use the most appropriate Appointment Type for Assessment Services. If the patient actually attends the assessment appointment, then associate the service with an Appointment Type of 'Assessment Service' (hereafter referred to as 'CAS'). If, however, the patient is not attending the appointment but either the letter is being triaged by the clinical team or the provider is calling the patient to discuss next steps, then the Appointment Type of 'Telephone Assessment' should be used (hereafter referred to as 'TAS').

Where a CAS / TAS is used it is strongly recommended that providers set up their onward referral services on e-RS. Doing so provides the referrer with information in their e-RS worklist about what has happened to the patient and the date of the next appointment.

Further information on setting up Assessment Services is available on the e-RS website from [HERE](#)

Managing Directory of Services entries

A Specialty of '2WW' is available on e-RS which is linked to a list of 2WW Clinic Types that correspond to recommendations in the NICE Referral Guidance for Suspected Cancer. Services should be set up so that they match local cancer pathways.

Cancer Type	Clinic Type on NHS Referrals
Breast Cancer	2WW Breast
Lung Cancer	2WW Lung
Head and Neck Cancer (including thyroid)	2WW Head and Neck
Skin Cancer	2WW Skin
Bone and Sarcoma	2WW Bone
	2WW Sarcoma
Urological Cancer	2WW Urology
Upper GI Cancer	2WW Upper GI
Lower GI Cancer	2WW Lower GI
Gynaecological Cancer	2WW Gynaecology
Haematological Cancer	2WW Haematology
Brain and CNS Cancer	2WW Brain
Cancer in Children and Young People	2WW Children and Young People
Cancer of Unknown Primary	2WW Cancer of Unknown Primary

It is not necessary to have specific 2WW clinics in order to set up 2WW services on e-RS. All that is required are slots on your Patient Administration System (PAS) that have a priority of 2WW allocated to them. Although it is not necessary to redesign your 2WW processes when moving to e-RS, it does allow you the opportunity of re-evaluating and improving your current processes.

When setting up 2WW services, the following points should be considered in addition to the guidance available of the e-RS website:

Service Name: Service names should be prefixed with '2WW' and defined in accordance with the NHS Referrals Service Naming Convention, available on the e-RS website from [HERE](#)

Slot Poll: The slot poll range for all 2WW services must be set at a maximum of 15 days. This will ensure that no more than 14 days' worth of appointments is shown to referrers / patients, thus minimising the chance of a breach.

N.B. Non-cancer breast services should be under the speciality of 'Surgery – Breast' using the appropriate Clinic Type(s). If the clinic type of 'Other Symptomatic Breast (2WW)' is used, slots in this service should be assigned to a 2WW priority and the polling range should be set to a maximum of 15 days. See Appendix 4 for further details.

Commissioning

If you choose to put your services on the Primary Care menu then they will have to be 'commissioned' on e-RS. Note that it is possible for more than one CCG to commission your services. If, however, you choose to leave your services on the Secondary Care Menu they will be visible to all referrers without commissioning rules being applied.

Use of referral templates

It is recommended that the referral templates agreed by local cancer networks are used and, ideally, these should be in a format that can be pre-populated by GP clinical systems so they can be completed with the minimum of keyboard input and attached to the e-RS appointment request. Providers should note that 2WW referrals cannot be rejected on the basis of the use of an incorrect or incomplete template.

Receiving 2WW referrals through NHS e-Referral Service

In order for this process to work successfully providers must ensure that:

1. The 'Missing Referrals Letters' enquiry is run on a daily basis and processes are in place to contact practices to ensure that templates / letters are attached promptly. You may need to contact the referring practice to request that the referral letter is attached. The 'Missing Referral Letter' enquiry will provide a quick and easy way to do this.
2. Provision is available in local systems/ PASs to ensure sufficient appointment slots are always available.
3. The 'Two week wait breaches' enquiry is run frequently to investigate any patients booked outside 2 weeks.

Referral Management process

Once a booking has been made and the referral letter attached, the patient's UBRN will be displayed in the 2WW service 'Referrals for Review' worklist. This referral can then be accepted or re-directed into another 2WW service. In the case of referrals into CAS/TAS services, once the referral letter has been attached it can be accepted and the relevant outpatient / diagnostic test can be booked as appropriate.

Patients referred into a TAS should be contacted within the locally agreed time limit (usually less than two working days) once a decision on the most appropriate next step has been agreed. Providers should remember that they should not reject or change the status of 2WW referrals, but in some instances, it may be appropriate to redirect the referral into a different 2WW service. If it is not possible to contact the patient by phone, then an appointment should be made for the patient and sent with instructions about how to change it if it is not convenient.

When using a CAS/TAS and referring on through e-RS it may be necessary to ensure that a process is put in place to manually transfer the date of the original UBRN conversion into the PAS. This is because messaging between the PAS and e-RS does not retain the original

referral date when an onward referral appointment is booked. However, some PASs have alternative process for ensuring referral pathways are linked.

Capacity management

Providers should note that the effective management of 2WW capacity is not as straight forward as it is for other services. This is because it is likely that:

- providers will only have a limited number of slots to manage within
- these slots are 'protected' for 2WW referrals only
- there may be greater than normal variation in demand.

Providers should note that they may have empty slots in clinics in order to maintain constant 2WW slot availability. This is a consequence of delivering 100% slot availability. In order to minimise the impact of this, they should backfill empty slots with follow-ups and / or expedite other referrals.

Case studies

Best practice case studies will be produced to support this guidance and published on the e-RS website when available.