



MONTHLY REFERRAL RETURN (MRR)

Data Definitions

Version issued August 2020

NHS England and NHS Improvement



Version Control		
Section	Notes	Date
Data definitions	General and Acute replaced with Specific Acute	13/08/2020
Data definitions	Source of referral updated in line with NHS Data dictionary	13/08/2020
Data definitions	Consultant main specialty codes updated in line with NHS Data dictionary	13/08/2020
Data definitions	Treatment function codes updated in line with NHS Data dictionary	13/08/2020
Data definitions	Link to list of Specific Acute treatment functions added to footnote	13/08/2020
Data definitions	Minor clarification to Other referrals, Specific Acute treatment functions	26/08/2020
Data definitions	Update to data dictionary links	16/06/2021



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General

General notes for completion

The Monthly Referral Return (MRR) is a Provider Commissioner (Prov Comm) collection with Trust & IS providers submitting their data broken down by commissioner.

MRR captures referrals for first consultant-led outpatient appointments for NHS patients.

Submission

Providers should upload data to SDCS no later than 16 working days after the month end for example, for June 2020 data, providers to submit by 22 July 2020.

Commissioners can review data for their commissioned patients using the extracts available on SEFT no later than 21 working days after the month end for example, for June 2020 data, commissioners to review by 29 July 2020.

Basic rules for assigning activity to a commissioner

Where it is known that the commissioner is NHS England use the commissioner code X24.

Continue to use the code NONC for non-English commissioners.

Use a CCG code for everything else:

- CCG of GP practice if known;
- then CCG of residence if no GP;
- then 'host' CCG if no GP or resident postcode.

NHS England commissioned activity

From April 2013 nationally NHS England commissions specialised services, primary care, offender healthcare and some services for members of the armed forces.

If you use ODS's CCG lookup files to map GP practice to CCG you will find that MOD and prison-based patients map to commissioning hub codes. Commissioning hubs have similar codes to CCGs (e.g. 13Q), but are separately identified as hubs in the ODS CCG file available [here](#)

<https://digital.nhs.uk/services/organisation-data-service/data-downloads/other-nhs-organisations>

These services are commissioned by NHS England, so data for these patients should be submitted against the commissioner code of X24 in SDCS returns.

Specialised health services are also commissioned by NHS England, so data for these patients should be submitted against the commissioner code of X24 in the SDCS returns. A more detailed level of granularity (e.g. by the Region through which the specialised commissioning is co-ordinated) is not required. For guidance on identifying specialised services activity please see the specialised commissioning 'Manual' and 'Identification Rules' published [here](#):

<https://www.england.nhs.uk/data-services/commissioning-flows/>

From April 2013 NHS England has commissioning responsibility for all NHS dental services: primary, community and secondary, including dental out of hours and urgent care. This includes commissioning dental services provided in high street dental practices, community dental services, and dental services at general hospitals and dental hospitals. Therefore, NHS dental services activity should be submitted against the commissioner code of X24 in the SDCS returns.

<http://www.england.nhs.uk/2013/02/13/dental/>

From April 2013 the responsibility for commissioning some public health services transferred to Local Authorities (LAs). This transfer includes consultant-led sexual health/GUM services. MRR only covers NHS commissioned services and therefore data for consultant-led sexual health/GUM services should not be reported in the MRR.

Data Definitions

GP Referrals made in a. All treatment functions, b. Specific Acute treatment functions

Number of written referrals from General Practitioners, whether doctors or dentists, for first consultant-led outpatient appointment. All written GP referral requests for a first consultant-led appointment whether directed to a specific consultant or not, should be recorded, regardless of whether they result in an outpatient attendance. An electronic message should be counted as written, as should a verbal request which is subsequently confirmed by a written request. Prison referrals should be recorded as GP referrals.

The referral request received date of the GP referral should be used to identify referrals to be included in the return.

It is the total number of GP written referrals where:

- Source of referral for out-patients = 3, 12, 92, 93 see national codes list [here](#) for details
- Consultant main specialty is not 560, 950 or 960

a. All treatment functions

Include the total number of GP referrals for all treatment functions listed in the NHS Data Dictionary [here](#) excluding any referrals where the consultant main specialty is 560, 950 or 960.

b. Specific Acute treatment functions

Include the total number of GP referrals for all Specific Acute¹ treatment functions excluding any referrals where the consultant main specialty is 560, 950 or 960.

Data should be the monthly actual for the reporting period.

¹ For a list of specific acute treatment functions see page 27 under SUS Methodology here; <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/technical-support-strategic-system-plan-submission-process.pdf>

Note: Specific acute replaces what was previously known as general and acute (G&A).

Other referrals made in a. All treatment functions, b. Specific Acute treatment functions

The total number of other referrals (written or verbal) for a first consultant-led outpatient appointment. All referral requests for a first consultant-led appointment whether directed to a specific consultant or not, should be recorded, regardless of whether they result in an outpatient attendance.

The referral request received date of the referral should be used to identify referrals to be included in the return.

It is the total number of referrals requests where;

- Source of referral for out-patients is 4, 5, 7, 13, 14, 15, 16, 17, 97 see national codes list [here](#) for details
- Consultant main specialty is not 560, 950 or 960

a. All treatment functions

Include the total number of other referrals for all treatment functions listed in the NHS Data Dictionary [here](#) excluding any referrals where the consultant main specialty is 560, 950 or 960.

b. Specific Acute treatment functions

Include the total number of other referrals for all specific acute² treatment functions excluding any referrals where the consultant main specialty is 560, 950 or 960.

Data should be the monthly actual for the reporting period.

² For a list of specific acute treatment functions see page 27 under SUS Methodology here <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/technical-support-strategic-system-plan-submission-process.pdf>

Note: Specific acute replaces what was previously known as general and acute (G&A).