

Monthly Referral Return (MRR) Guidance



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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 |
| General | Updated NHS England commissioned activity information for secondary NHS dental services | 17/10/2023 |

General

General notes for completion

The Monthly Referral Return (MRR) is a Provider Commissioner (Prov Comm) collection with Trust & Independent Sector (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 Sub ICB Location code for everything else:

- Sub ICB Location of GP practice if known
- then Sub ICB Location of residence if no GP
- then 'host' Sub ICB Location if no GP or resident postcode

NHS England commissioned activity

From April 2013, NHS England nationally commissions specialised services, primary care, offender healthcare, and some services for members of the armed forces. Organisation Data Service's (ODS) Clinical Commissioning Group (CCG) lookup files can be used to map GP practice to Sub ICB Location, and Military of Defence (MOD) and prison-based patients to commissioning hubs. The ODS webpage was created before the 1st July 2022 changes to the naming of CCGs and Strategic Information Partnerships (STPs). Any reference to CCGs should now be the new Sub ICB Locations and any reference to STPs should now be Integrated Care Boards (ICB). Commissioning hubs have similar codes to Sub ICB Locations (e.g.13Q) but are separately identified as hubs in the ODS CCG files 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 to March 2023, NHS England had commissioning responsibility for all NHS dental services: primary, community and secondary, including dental out of hours and urgent care. This included commissioning dental services provided in high street dental practices, community dental services, and dental services at general hospitals and dental hospitals.

NHS England » Securing Excellence in Commissioning NHS Dental Services

From April 2023, NHS dental activity for primary and community services should be submitted against the commissioner code of X24 in the SDCS returns. However, NHS dental activity for secondary services should be submitted against the relevant ICB commissioner code in the SDCS return.

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 <u>here</u> 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 <u>here</u> 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 A list of specific acute treatment functions can be found on NHS England's supplementary information page: <u>https://www.england.nhs.uk/statistics/statistical-work-areas/supplementary-information/</u>

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 <u>here</u> 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 <u>here</u> 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 A list of specific acute treatment functions can be found on NHS England's supplementary information page: <u>https://www.england.nhs.uk/statistics/statistical-work-areas/supplementary-information/</u>

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