

# **NHS e-Referral Service: Guidance on Payment Authentication**

*January 2019*



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## **NHS e-Referral Service: Guidance on Payment Authentication**

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## Glossary

Term	Description
Appointment Slot Issue	Any issue that prevents e-RS being able to book an appointment into a Directly Bookable Service. A worklist exists in e-RS to help manage these issues.
CCG	Clinical Commissioning Group
CDS	Commissioning Data Set - data submitted by providers to SUS+, to be used for commissioning and activity reporting
EPR	Electronic Patient Record
e-RS	NHS e-Referral Service
ORGANISATION CODE	Each organisation has a unique code, also known as 'ODS Code'
PAS	Patient Administration System
PPID	Patient Pathway Identifier - A field available in PAS to hold a pathway identifier, predominantly used in relation to 18 weeks Referral To Treatment
Provider	NHS Trust, Foundation Trust, Independent Sector organisation providing services under the NHS Standard Contract
RAS	Referral Assessment Service, used to validate or triage referrals
RTT	18 Week Referral To treatment standard
SC36	Service Condition 36 - the section of the NHS Standard Contract relating to payment for activity.
SC6.2A	Service Condition 6.2A - the relevant part of the 2017/19 NHS Standard Contract relating to e-RS usage
SUS+	Secondary Uses Service - national repository of data used by commissioners and providers
UBRN	Unique Booking Reference Number - a unique number assigned by e-RS to identify a referral through the system

## Executive summary

Full implementation of the NHS e-Referral Service (e-RS) is a key priority for the NHS. It provides significant benefits for patients and will improve NHS efficiency.

This priority is reflected in specific commitments in [Next steps on the Five Year Forward View](#) and supporting national policy, which confirmed a clear national deadline of 1 October 2018 for all GP referrals to acute consultant-led outpatient services to be made through e-RS.

The 2017/19 [NHS Standard Contract](#) contains Service Condition 6.2A to the effect that, after 1 October 2018, acute providers will no longer be paid for any first outpatient attendances which result from them accepting a referral from a GP practice made other than through e-RS. Providers may instead return such referrals to the GP practice. This Service Condition is expected to persist in future versions of the Standard Contract.

This guidance document is being published to clarify how the provisions within the Contract are to be recorded and reported. It supplements the implementation guidance already published at <https://www.england.nhs.uk/publication/nhs-e-referral-service-guidance-for-managing-referrals/>

This document is aimed at commissioners, GP practices, and all providers of acute consultant-led outpatient services which accept referrals from GP practices.

The key requirements of this guidance are that:

### Providers:

- Submit information to SUS+ to allow the identification of referrals made through e-RS
- Submit number of paper referrals which were processed after following the paper referral returns process

### Commissioners:

- Support and assist GPs in their area to use e-RS for all referrals within scope of the provision of Standard Contract Service Condition SC6.2A;
- Use the new flags in SUS+ extracts to identify whether outpatient attendances have passed Payment Authentication or not;
- Use the enhanced information to support and inform discussions with providers.
- Monitor the number of paper referrals which were processed by providers after following the paper referral returns process

## Introduction

1. The spread of technology across all areas of life means patients increasingly expect to be able to interact with healthcare through digital channels, providing them with more choice and control over their care, and greater access to NHS services. In England, the NHS e-Referral Service (e-RS) is a national digital platform used to refer patients from primary care into elective care services.
2. From the 1 October 2018, all GP referrals to hospital first outpatient appointments are required to be made through the NHS e-Referral Service (for in-scope outpatient services; see Appendix A for a list of exclusions).
3. The benefits case for e-RS provides strong evidence in support of electronic referrals as the most efficient, auditable and safe way in which to send referrals and book appointments. This means: the secure processing of clinical information and a clear referral audit trail for GPs; commissioners receive more accurate data which improves reporting to support demand and capacity planning; and patients have greater choice and control over their care by having more information about the services available to them.
4. The NHS Standard Contract has for some years included clear e-RS requirements for providers to ensure relevant services are published on the system, with sufficient appointment slot availability and for commissioners to ensure that primary care referrers use e-RS to refer patients. The 2017/19 Standard Contract contains Service Condition SC6, section SC6.2A, which states:  
*“6.2A With effect from 1 October 2018, subject to the provisions of NHS e-Referral*  
*Guidance:*  
*6.2A.1 the Provider need not accept (and will not be paid for any first outpatient attendance resulting from) Referrals by GPs to Consultant-led acute outpatient Services made other than through the NHS e-Referral Service;*  
*6.2A.2 the Provider must implement a process through which the non-acceptance of a Referral under this Service Condition 6.2A will, in every case, be communicated without delay to the Service User’s GP, so that the GP can take appropriate action; and*  
*6.2A.3 each Commissioner must ensure that GPs within its area are made aware of this process.”*
5. Taking these conscious steps towards digitising referrals facilitates a move away from outdated processes, making the NHS more efficient by reducing time and processing costs for GPs and providers, improving patient safety, and enhancing patients’ experience of care.
6. As part of their local projects to implement Paper Switch Off, providers and commissioners will have agreed processes to deal with referrals not received through e-RS and to achieve compliance with the NHS Standard Contract.
7. Payment for any GP-referred first attendance that cannot be reconciled back to a Unique Booking Reference Number (UBRN) need not be made by the

commissioner, under the processes for financial reconciliation set out in clause SC36 of the Contract. Therefore, it is important that providers make sure that they record UBRNs accurately and completely within their Commissioning Data Set (CDS).

8. Where a provider receives a referral through e-RS but books it manually into their PAS, they need to ensure that they include the UBRN, to facilitate subsequent payment authentication.

## Aim of this guidance

9. NHS England committed through the supporting [technical guidance](#) to the NHS Standard Contract to publishing guidance on the detailed operation of the new arrangements for SC6.2A.
10. This guidance document is intended to establish the mechanism to ensure commissioners and providers are clear on which activity has been authenticated (through the national authentication process and local adjustments) and which has not.
11. To facilitate the sharing of this learning, this guidance document will have a 'live' annex of 'Payment Authentication Frequently Asked Questions (FAQs)' which will be published to the [NHS England website](#) and regularly updated.

## Guidance for Providers

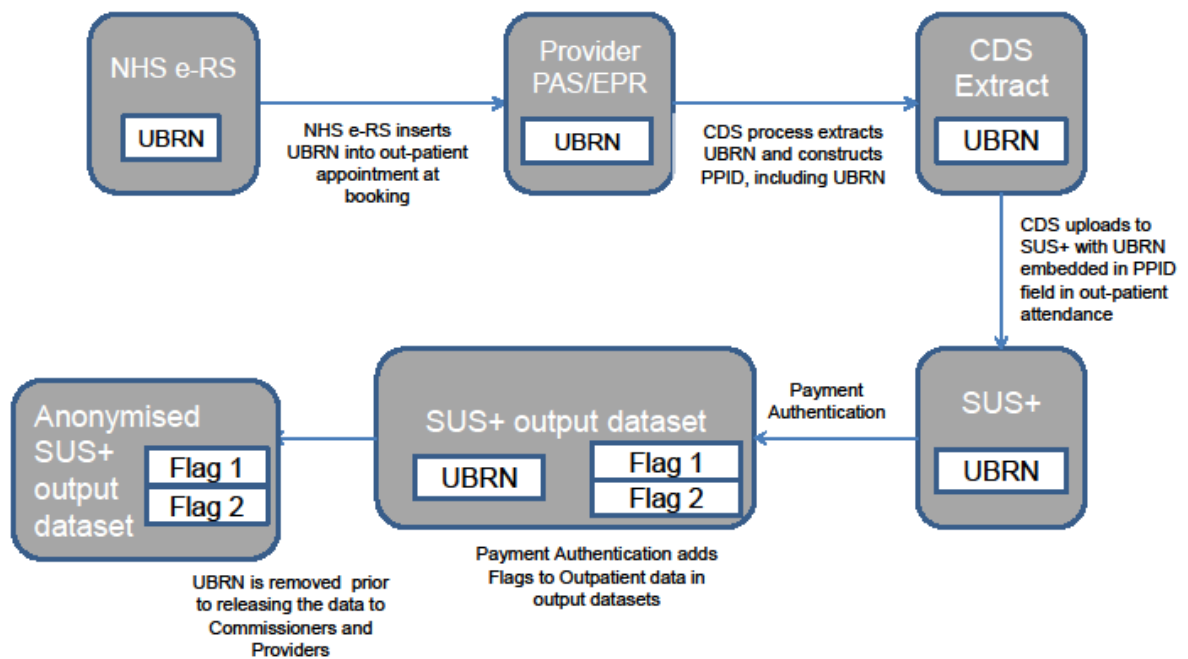
### Introduction

12. In order to ensure payment in line with the NHS Standard Contract clause SC6.2A, providers need to ensure that commissioners are able to identify attendances that have arisen from e-RS referrals and those that have arisen from other referrals. Providing this information to Secondary Uses Service (SUS+) will allow the data to be reconciled against e-RS, using the Payment Authentication process.
13. This means including the e-RS UBRN in the monthly CDS submission of first outpatient Appointments. CDS already has the capability to carry the Unique Booking Reference Number:
  - there is a Unique Booking Reference Number field in CDS [NHS Data Dictionary field - UNIQUE BOOKING REFERENCE NUMBER (CONVERTED) is a 12-digit numeric field],
  - it is also possible to use the Patient Pathway Identifier (PPID) [NHS Data Dictionary field - PATIENT PATHWAY IDENTIFIER is a 20-character alphanumeric field, where the first three characters are made up of ORGANISATION CODE (PATIENT PATHWAY IDENTIFIER ISSUER)] to carry this information.
14. One of these fields is required to allow authentication. Providers should not populate both fields on any CDS record, as this will fail SUS+ validation checks on submission and that record will be rejected.



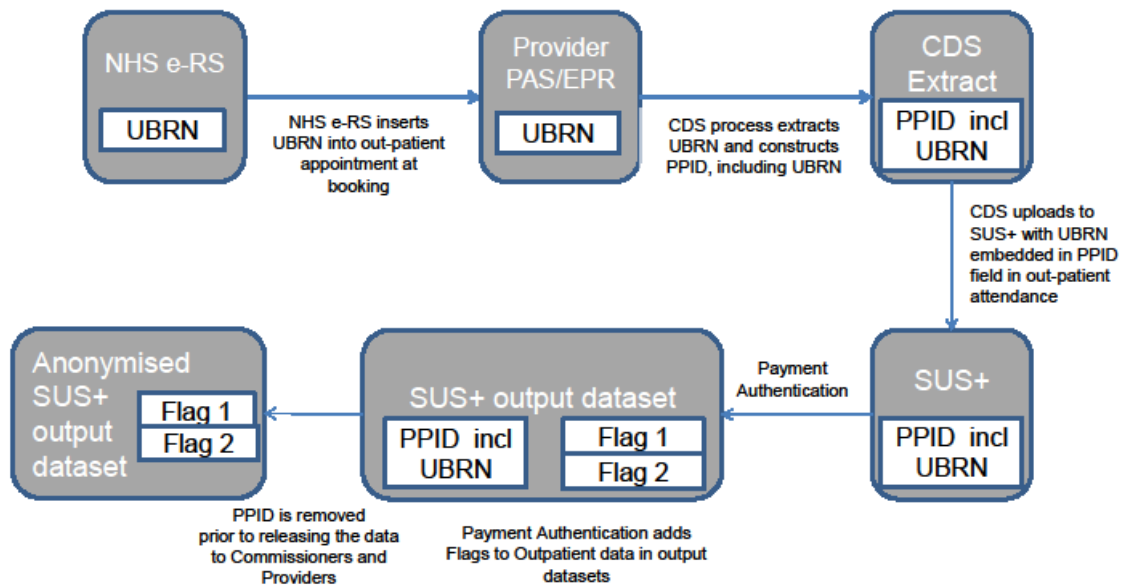
## Capturing a Unique Booking Reference Number

15. Where a first outpatient appointment is booked through e-RS, the UBRN will be placed in the provider Patient Administration System (PAS) or Electronic Patient Record system (EPR) appointment record via the interaction with e-RS.
16. Figure 1 illustrates how the UBRN is communicated from e-RS to PAS to SUS+ where a first outpatient appointment is booked through e-RS.



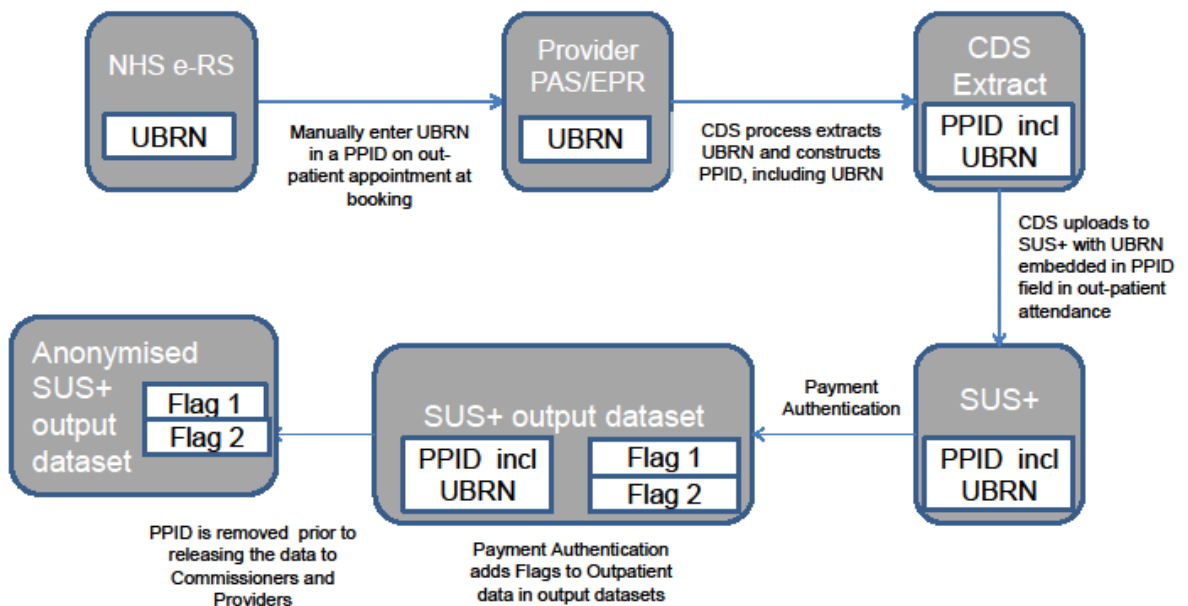
**Figure 1: Flow of UBRN when e-RS is used to manage the referral through to appointment and UBRN is used on CDS extract**

17. Providers are already submitting PPID to SUS+ in relation to 18-week Referral To Treatment processing. Some providers are using PPID, in preference to the UBRN field in the CDS record to submit a constructed PPID including UBRN. Figure 2 illustrates how the UBRN is communicated from e-RS to PAS to SUS+ in this scenario.
18. Where a UBRN cannot be loaded automatically into a provider's PAS, it will be necessary to input the UBRN manually. This may occur where a referral has been initiated and sent to the provider via e-RS but there has been a manual intervention to book the appointment in the PAS, (e.g. Indirectly Bookable Services, management of 'Appointment Slot Issues that cannot be done within e-RS, or cancelling an appointment and re-booking where priority has been increased). In this case, the communication of the UBRN is illustrated in Figure 3.



- A Provider can populate the UBRN field on the CDS record or the PPID field (but not both) and this will be acceptable to the Payment Authentication processing.

**Figure 2: Flow of UBRN when e-RS is used to manage the referral through to appointment and UBRN is transferred to PPID for CDS extract**



**Figure 3: Flow of UBRN when there is manual intervention to book the appointment outside e-RS**

19. Where manual entry of the UBRN is required, the UBRN should be recorded by entering data into the Patient Pathway Identifier (PPID) field on the PAS and the PPID must be in one of two forms:

- “X09”+UBRN+5 ‘padding characters.  
e.g. X0912341234123455555 (The underlined part is the UBRN.); or
- In accordance with “National Cancer Waiting Times Monitoring Dataset Guidance<sup>1</sup>”: “X09”+”UBRN=”+UBRN  
e.g. X09UBRN=123412341234 (The underlined part is the UBRN.)

20. Either format will be acceptable for Payment Authentication.

21. Some PAS systems restrict the ability to enter information into the PPID field. In this situation, providers should use the Inter-Provider Transfer functionality to manually enter the UBRN into the PPID field. This is a temporary measure until PAS systems are able to support manual entry of PPID data. The UBRN should be recorded by entering data into the Patient Pathway Identifier(PPID) field on the PAS and the PPID must be in one of two forms:

- “X09”+UBRN+5 ‘padding characters.  
e.g. X0912341234123455555 (The underlined part is the UBRN.); or
- In accordance with “National Cancer Waiting Times Monitoring Dataset Guidance<sup>2</sup>”: “X09”+”UBRN=”+UBRN  
e.g. X09UBRN=123412341234 (The underlined part is the UBRN.)

## Authentication Process

22. Existing SUS+ extracts will be modified so that first outpatient records will contain two flags:

- Flag “isvalid\_ubrn” has the values
  - “true” – UBRN found on record and authenticated against e-RS;
  - “false” – a number found in the location for UBRN but it did not authenticate against e-RS; and
  - Blank – no number was found in any of the UBRN positions on the outpatient record
- Flag "ubrn\_have\_seen\_count" is the number of first outpatient records that the SUS+ system has processed with this UBRN

23. There will be occasions where a single referral generates more than one first outpatient attendance with the same UBRN associated and Flag "ubrn\_have\_seen\_count" is greater than “1”. This will be legitimate in some circumstances (e.g. some Consultant-to-Consultant referrals will result in this being more than 1). Where the figure is greater than 1, the activity should be considered to be authenticated but should form part of a discussion between commissioner and provider to ensure they are part of agreed pathways.

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<sup>1</sup>[https://digital.nhs.uk/binaries/content/assets/legacy/pdf/q/q/national\\_cancer\\_waiting\\_times\\_monitoring\\_dataset\\_guidance.pdf](https://digital.nhs.uk/binaries/content/assets/legacy/pdf/q/q/national_cancer_waiting_times_monitoring_dataset_guidance.pdf)

<sup>2</sup>[https://digital.nhs.uk/binaries/content/assets/legacy/pdf/q/q/national\\_cancer\\_waiting\\_times\\_monitoring\\_dataset\\_guidance.pdf](https://digital.nhs.uk/binaries/content/assets/legacy/pdf/q/q/national_cancer_waiting_times_monitoring_dataset_guidance.pdf)

24. Providers should validate their data prior to submission to SUS+. They should consider these additional factors when including UBRN/ PPID data to support Payment Authentication:

- The provider should ensure it has correctly identified which activity is the first outpatient attendance and included the UBRN/ PPID on that record. In particular where a provider is using a RAS, there may be several transactions with the patient. Identifying the correct one is important to ensure payment which will be the first outpatient attendance at a consultant-led clinic.
- The provider should cross-check UBRNs in PPID fields on its CDS submission with the EBSX02 extract from the e-RS system which is available shortly after month-end. This will help the provider to identify any UBRNs in PPID that have been mis-typed during manual entry and give them the opportunity to correct these before submission.

25. Commissioners and providers should ensure that they have a clear, documented understanding locally about which services are within scope of SC6.2A and which are not. A list of standard, national exclusions is provided in Appendix A.

26. Providers can extract data that includes the indicators used for Payment Authentication from the SUS+ portal. Providers are advised to reconcile this data with their own submission to validate the data.

### **Alternative Validation Process**

27. In some circumstances there may be limitations in hospital Patient Administration Systems (PAS) which limit the ability of providers to comply with this process. A small number of PAS do not currently offer the ability to manually enter a UBRN into their systems. Therefore, some providers will not be able to comply with the above validation process if they are booking a proportion of their referrals outside of e-RS when received at the hospital.

28. In these cases, a manual log of any in-scope referrals accepted should be kept by providers and shared with commissioners as part of an agreed to process to support contract compliance validation.

29. This process aligns with national e-RS Standard Contract Guidance which states that providers should be keeping a log of any accepted paper referrals and escalating to CCGs to action.

30. The same process is currently operational across all providers as an interim assurance step, post 1 October 2018, to ensure that the e-RS Paper Switch Off programme is embedded before transitioning to business as usual performance monitoring arrangements. This requirement will be relaxed when paper referral numbers are being shown to be an exception across each system. (Appendix B contains a copy of the paper referrals reporting template).

31. Ultimately, commissioners should agree with providers which assurance method they intend to use, based on any potential PAS limitations, to manage the provider against section SC6.2A of the NHS Standard Contract.

## Guidance for Commissioners

32. In support of the NHS Standard Contract clause SC6.2A, commissioners have a responsibility to work with providers and their GPs to investigate any non-compliance and ensure remedial actions are taken.
33. By providing flags for each individual attendance, it will be possible to confirm if payment should be made or withheld. Whatever local contracting arrangements are in place (for example block contracts), activity that has successfully authenticated can be used as qualifying activity for payment for any volume-related consideration.
34. Any activity with a 'Referral Request Received Date' prior to 1<sup>st</sup> October 2018 is not subject to the conditions of SC6.2A and should be paid for as previously.
35. To manage SC6.2A commissioners will need to be able to filter their data extract to those services that are in scope and only then look at the attendances that have been successfully authenticated or not.
36. Situations may arise where a provider is obliged to process a non-e-RS referral in line with the implementation guidance, published at <https://www.england.nhs.uk/publication/nhs-e-referral-service-guidance-for-managing-referrals/>. Non- e-RS referrals will be identified through the above payment authentication process and the commissioner should investigate the reasons why a referral was made outside of e-RS with the provider before deciding on whether to reimburse this activity.
37. Where a provider has technical issues in following the SUS+ guidance, commissioners are advised to put local arrangements in place to monitor contract compliance with SC6.2A for example through monitoring the number of paper referrals accepted after following the referral returns process using the template in Appendix B.

## Data Quality Checks

38. By integrating the Payment Authentication process into existing data flows used for commissioning discussions, it is expected that commissioners and providers will be able to manage queries over data completeness and accuracy between themselves. In addition to this, periodic analyses will be undertaken nationally across all returns in SUS+, to ensure completeness and accuracy and to identify issues or trends that may not be visible to a single commissioner or to a single provider.
39. Where commissioners and providers disagree over the data reported through SUS+, the Data Services for Commissioners Regional Offices (DSCROs) will need to be engaged who will be able to examine patient-identifiable data, to resolve the query and report back.

40. Any apparent data quality anomalies detected nationally will be shared with the relevant commissioners or providers, to be resolved locally. NHS England will support this resolution process as required.

## Conclusion

41. Section SC6.2A of the NHS Standard Contract sets out the requirement for all referrals to be made through the e-RS system and sets out that payment should not be made for first outpatient activity that is not in response to an e-RS referral (for in-scope services; see Appendix A for a list of exclusions).
42. The Payment Authentication mechanism provided, to allow a commissioner to identify if activity is in response to an e-RS referral or not, is through submission of information to SUS+, via CDS and an amendment to the SUS+ output files available to commissioners, identifying activity that has an authenticated UBRN associated with it.
43. This guidance has set out the mechanisms that commissioners and providers need to put in place to support payment authentication and commissioning arrangements in respect of e-RS.
44. If you require more information about e-RS or the Paper Switch-off Programme please contact [England.electronicreferrals@nhs.net](mailto:England.electronicreferrals@nhs.net). If you require support or information on e-RS please contact [nhs.ers@nhs.net](mailto:nhs.ers@nhs.net). If you have any questions relating to the NHS Standard Contract please contact [nhs.cb.contractshelp@nhs.net](mailto:nhs.cb.contractshelp@nhs.net)

## Appendix A – Exclusions from Mandated e-RS Use

The following services have been excluded from the payment arrangements of Payment Authentication, under the terms of the Standard Contract:

SC6.2A does not apply to services:

- For which GP referral is not required (such as accident and emergency services or urgent care/walk-in centre services/minor injuries units).
- Non-acute and non-consultant-led services (such as community services, mental health and learning disability services, diagnostic, screening or pathology services).
- Referrals made by clinicians other than GPs (such as other primary care professionals, dentists, optometrists or hospital consultants).
- Referrals made by Out of Hours Service and Urgent Care Centre GPs.

In addition, the e-RS system does not currently support GPs to make referrals to same-day outpatient appointments. This will exempt (from application of SC6.2A) some services such as

- termination of pregnancy services,
- obstetric services, (for example, early pregnancy services), and
- Diagnostic or assessment services, (for example, referrals to deep vein thrombosis (DVT) clinics, amongst others).

Commissioners and providers should agree locally exemptions for any other services as early in their paper switch-off projects as possible, ensuring that exemptions are applied sparingly with strong justifiable reasons. NHS England regional teams can support this process where required. Referrals made or received by any other electronic means (for example, email referrals or referrals made using point-to-point electronic systems) are not sufficient to meet the requirements of Service Condition 6.2A.

## Appendix B – NHS Standard Contract Clause 6.2A Compliance Report /Paper Referrals Accepted Report

Providers to send this return to NHS England on  
[England.electronicreferrals@nhs.net](mailto:England.electronicreferrals@nhs.net)

This report will be used nationally to monitor contractual compliance with NHS Standard Contract Clause 6.2A from 1 October 2018. It is important that providers log and share the details of the non-eRS referrals which were accepted as an exception for payment purposes.

Provider Name:		
Reporting Month:		
Commissioner organisation name  (Please include, on separate rows, the largest referring CCGs to in-scope**** services)	Number of non-eRS* referrals which were accepted** for in-scope**** services  (For 2WW and Urgent Referrals)	Number of non-eRS* referrals which were accepted*** for in-scope**** services  (For Routine Referrals)
CCG 1		
CCG 2		
CCG 3		

\* Non-eRS referrals are defined as referrals received through paper, email or through any other route except through NHS e-Referral Service.

\*\* For 2WW and Urgent Paper Referrals - This should include the number of 2WW and Urgent non-eRS referrals that, following the locally agreed non-eRS referral returns process DID NOT get re-referred by GPs via eRS as requested, and were therefore processed and accepted. For national non-eRS referral return guidance refer to: <https://www.england.nhs.uk/wp-content/.../nhs-e-rs-guidance-on-digital-referrals.pdf>

\*\*\* For Routine Referrals - This should include the number of routine paper referrals that, following the locally agreed non-eRS referral returns process DID NOT get re-referred by GPs via e-RS as requested and were therefore processed and accepted. Or in exceptional circumstances, non-eRS referrals that were not rejected as they should have been and were accepted outside of the locally agreed non-eRS referral returns process. For national non-eRS referral Return guidance refer to: <https://www.england.nhs.uk/wp-content/.../nhs-e-rs-guidance-on-digital-referrals.pdf>

\*\*\*\* Only referrals from GPs to First Outpatient Consultant led appointments are in-scope. GP referrals to accident and emergency services or urgent care/walk-in centre services/minor injuries units, non-acute and non-consultant-led services (such as community services, mental health and learning disability services, diagnostic, screening or pathology services), referrals made by clinicians other than GPs such as other primary care professionals, dentists, optometrists or hospital consultants and referrals made by Out of Hours Service and Urgent Care Centre GPs are all **out of scope** of the NHS Standard Contract Clause 6.2A and therefore **need not** be included in this report. Any other locally agreed exclusions with the CCGs should also be excluded from this report.