

NHS Vale of York CCG

Referral Support Service

Useful Information

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The Referral Support Service is run from

West Offices

Station Rise

York

YO1 6GA

The software installed in the GP practices by Accenda to enable the referral to be sent electronically to the RSS, is the ICG EndPoint which has been designed to help practice staff to send, manage and track patient referrals through the Integrate Care Gateway journey.

The application has a series of pages including:

1. Pending Upload – Shows referrals which have not yet been uploaded to the ICG System
2. Attention – Shows referrals which have been uploaded but require more information
3. In Progress – Shows how your referrals are progressing through the system
4. Completed – Shows a list of referrals which have been “completed” (black) and “returned” (red)

Contact Details for RSS Team for any referral queries

RSS generic phone number : **0300 303 8676**

RSS generic email address: voyccg.rsservice@nhs.net

RSS Team

Senior Manager : Allyson Kershaw, allyson.kershaw1@nhs.net,

Tel : 01904 555465 mobile : 07702 657447

RSS Deputy Manager : Alex Couperthwaite

alex.couperthwaite@nhs.net Tel : 01904 555188

RSS Team Co-ordinators : contacted via 0300 303 8676

Kelly Pemberton kelly.pemberton@nhs.net

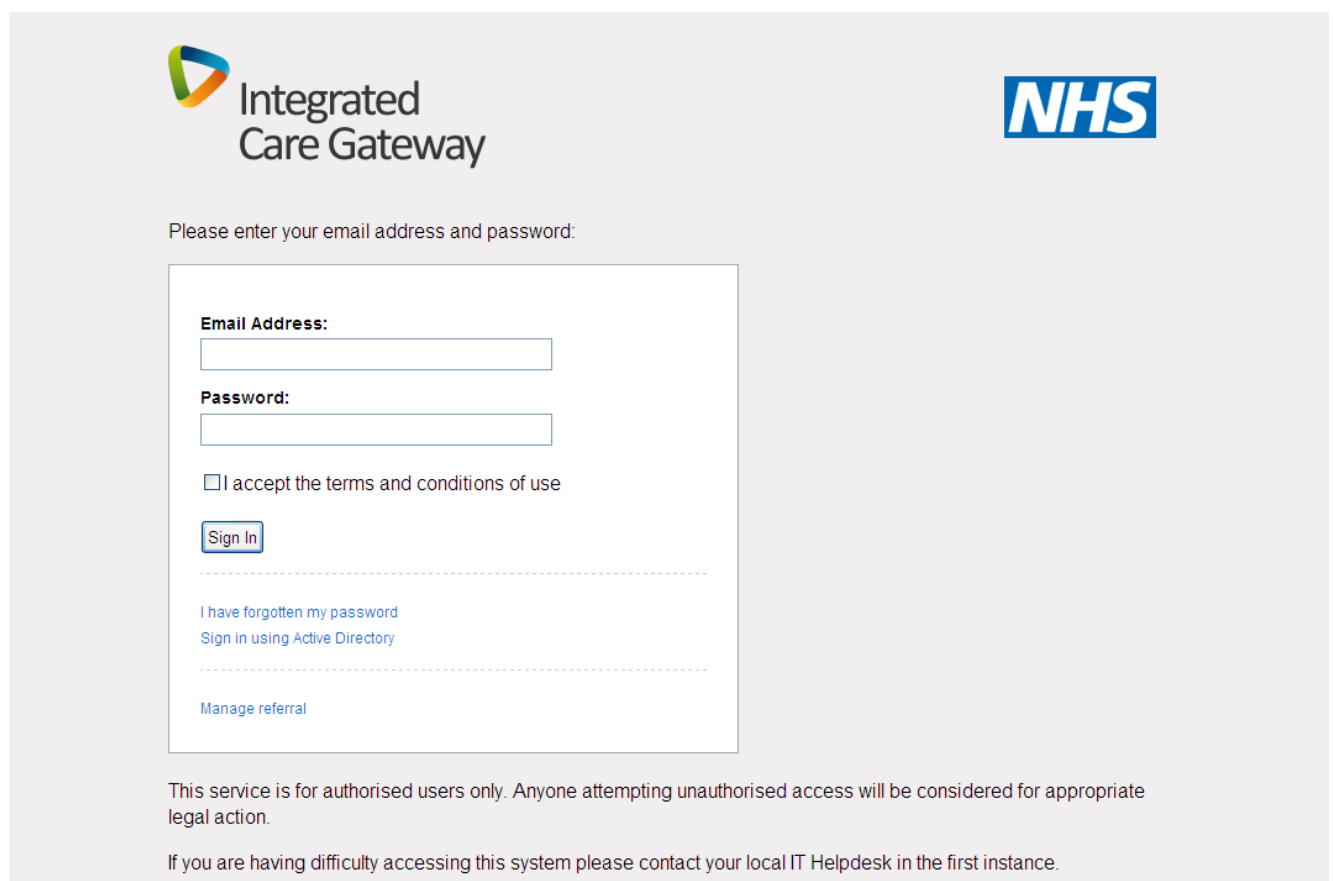
Lesley Lee lesley.lee9@nhs.net



Nicky Livesey nicola.livesey@nhs.net

IT assistance

If you have a problem login into Accenda

Forgotten your password : enter URL address into the address bar on Internet Explorer. This will open the sign in to ICG page with an option to reset password by clicking on I have forgotten my password and following the instructions to reset your password



 Integrated Care Gateway 

Please enter your email address and password:

Email Address:

Password:

I accept the terms and conditions of use

[I have forgotten my password](#)
[Sign in using Active Directory](#)

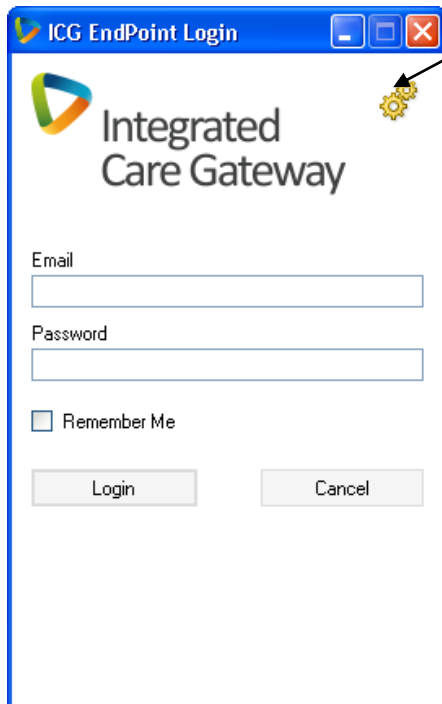
[Manage referral](#)

This service is for authorised users only. Anyone attempting unauthorised access will be considered for appropriate legal action.

If you are having difficulty accessing this system please contact your local IT Helpdesk in the first instance.

ICG Portal URL

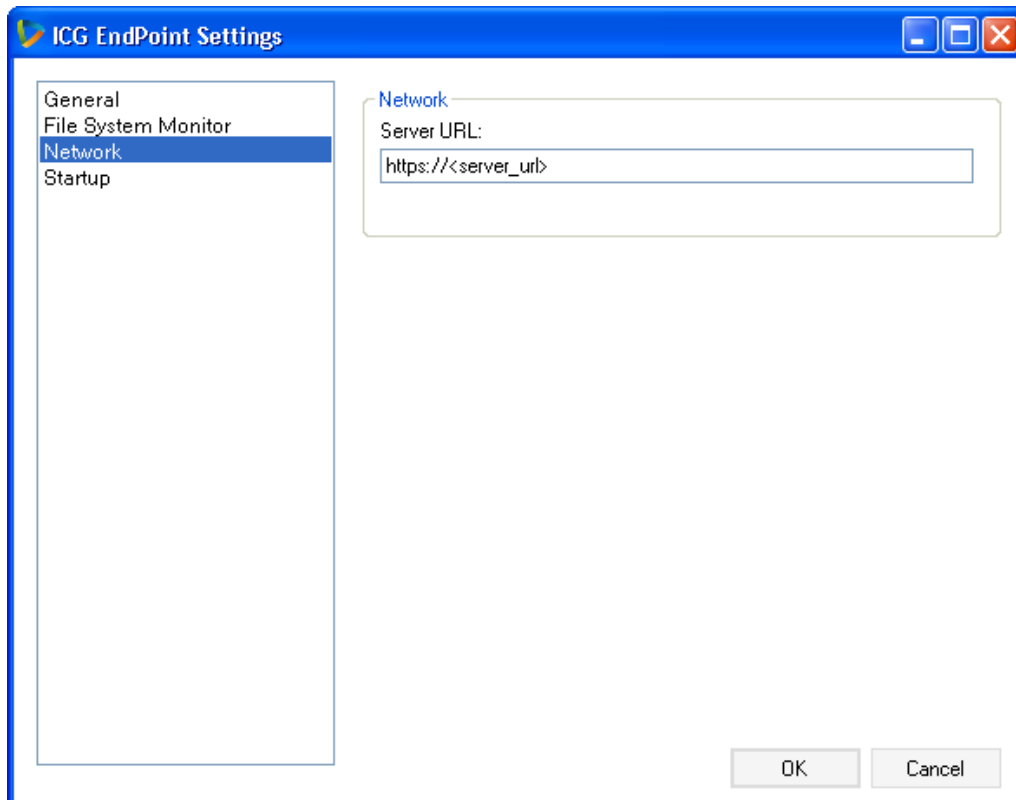
If it is asking for a URL, click on the cogs on the login page



and enter

<https://nww.rss.valeofyorkccg.nhs.uk>

in the Server URL: box (see below)



If you get a message saying the server is unavailable check that the time on your computer does not differ from the actual time by more than 2 minutes – if it does reset your computer clock to the correct time and the problem should resolve.

Any other problems with the ICG software contact the RSS who may guide you to emailing Accenda on support@accenda.eu if they can't resolve the issue.

If your query is about a specific referral sent or general advice about whether a referral should be sent through the ICG

Contact the RSS team on 0300 303 8676

The RSS make first outpatient appointments to a consultant led secondary care service via the NHS e-Referral Service

Referrals to the following services should not be sent via ICG

Most primary & community based care services

Obstetrics/Maternity

Mental Health

Diagnostic Imaging

Pathology

Prosthetics/medical aids

Fracture Clinic

AHP referrals for Adult SALT, Physiotherapy, MSK, Occupational Therapy, Dietetics, Adult and Child Orthotics are now sent via ICG but these are directed to the relevant services and not to the RSS team

Access to the ICG Endpoint is by nhs.net email accounts. All staff referring via the ICG need to have their own individual nhs.net email account set up.

All practices will also have a generic nhs.net email account set up to receive emails from the ICG. When a validated referral goes to the RSS the referring practice will receive an email with a copy of the validated referral form attached. As changes may have been made to the original referral form when it is in the ICG Endpoint which have not been updated on EMIS or SystemOne this is just a copy for the practice of the validated form that will be sent through to secondary care. All emails relating to the patient progress will be sent to the RSS generic NHS net email account for the practice.

It is important that these emails are sent to a generic rather than an individual's email account in case the person is not at the practice to receive any requests for further information. Anyone in the practice with access will be able to monitor a generic email account.

If the referral is returned by the admin or clinical triage team an email will be sent to this generic email address advising the referring practice of the reason for return. The important thing to watch out for is an email with a **red exclamation mark '!'** as that means the referral has been returned to the practice from admin or clinical triage and has not progressed to booking an appointment.

RSS admin staff cannot add or change anything on a referral once they have received it so it's important to ensure that all attachments are added before

it is sent through to the RSS or they will have no alternative other than to return it to the practice to resend with the attachments.

If a referral is returned from clinical review for further information that information can be submitted by responding via the link in the email. This will ensure that the information goes directly back to the reviewer.

When the referral is booked on NHS e-RS (Choose & Book) or a choices letter sent to the patient an email will be sent to advise the referring practice of this. Any referral booked via NHS e-RS will be accessible to the referring practice which can still check on NHS e-RS to see what is happening with the referral in secondary care. Practices should regularly monitor NHS e-RS worklists for unbooked appointments for 2ww, paediatric or vulnerable patient referrals.

Phone Numbers & Other Important Information

As the main form of contact is by telephone with the patient it is very important that the RSS have up to date contact telephone numbers. If the telephone number provided is for a carer or relative or a work number it is important that we know that. We can't discuss a patient's referral with anyone else without their express permission to do so. If the patient is a child we need a daytime contact number for the parent if they are employed during the daytime. Please provide landline numbers and mobile numbers wherever possible.

If English is not a patient's first language we need to know that too, preferably with an alternative means of contact, a relative or interpreter to enable us to ensure that the patient understands about their referral and right to choice. Also if the patient is unable to make an appointment themselves please provide the name of the person and contact details authorised to make an appointment on their behalf

If a choice of provider is given on the referral it doesn't necessarily mean that when we speak to the patient that they won't change their mind when given information about waiting times. Unless a patient needs to see a particular consultant at a particular hospital/clinic please ensure that the referrals are generic and not addressed to any particular hospital or department as if the patient chooses to go elsewhere the hospital/consultant will not accept a referral addressed to someone else.

If a referral is to a specific consultant please give us their full name and tell us which hospital that consultant is based at.

Procedures Not Routinely Commissioned/ IFR Requests

Referrals will be returned if the referral is for a procedure of limited clinical value and does not have a completed PNRC form attached. If the criteria

for referral is not met prior approval must be obtained from the IFR panel and a letter from the panel authorising funding attached to the referral.

Referrals returned from clinical review.

Additional information, attachments can be sent directly to the clinical reviewer by responding to the email link. This avoids the need to resubmit the referral through the ICG and it means that the information will go directly to the clinical reviewer. This email link is valid for 20 days.

Advice & Guidance

The RSS team can only book first outpatient appointments so if advice is required about patient treatment and whether or not it is appropriate to refer a patient into secondary care the GP practice should use the Advice & Guidance function on NHS e-Referral Service to do this.

If the advice from the hospital is that the patient should be referred to hospital a referral can then be made via the RSS and an outpatient appointment booked for the patient.

If any practice needs training on how to use the Advice & Guidance function on the NHS e-Referral Service please contact Allyson Kershaw who will be pleased to organise a training session.

RSS Website – <http://www.valeofyorkccg.nhs.uk/rss/>

useful information about referral criteria, which treatments are commissioned and which referrals need Procedures Not Routinely Commissioned forms or prior funding approval.

<https://referralsupport.valeofyorkccg.nhs.uk/index.php?id=primary-care-procedures-not-routinely-commissioned>

Monitoring NHS e-Referral Service worklists

It is important that practices continue to monitor their worklists to ensure that they are aware of any patients who have not booked an appointment or when a hospital has cancelled an appointment or rejected a referral.

The worklists on the NHS e-Referral Service are :-

Referrer Action Required – these referrals need to be looked at, particularly those that have Rejected or Cancelled against them. By viewing history the reason for the rejection or cancellation will be apparent. It will be the responsibility of the referring practice to action whatever is required not the RSS team. However, if anything is required from the RSS team to progress the referral please contact a member of the team on 0300 303 8676 who will help.

Awaiting Booking /Acceptance – these referrals have either been booked and an appointment date and time will be showing or they will be Not Yet Booked (the practice should look at these in case the patient is vulnerable and may need assistance or flagging to GP) or Deferred to Provider (the RSS could not book an appointment date and time as there were no appointments showing so they have deferred responsibility for booking to the provider)

Advice & Guidance Responses – these are responses back from the provider to an A&G request

Outstanding Referral Letter – if the person creating the referral has forgotten to attach a letter it will appear in this list. If there is anything in the list more than a day old please contact the RSS team and tell them about it.

If anyone wants training on the NHS e-Referral Service and monitoring worklists please contact the RSS team.

NHS e-Referral Service

List of Clinic Types by Speciality

1. 2WW

2. Allergy

- Allergy

3. Cardiology

- Arrhythmia
- Cardiology Genetics
- Congenital Heart disease
- Heart Failure – requires HF proforma, ECG & Bloods attaching
- Hypertension
- Ischaemic Heart Disease
- Lipid management
- Not otherwise specified
- Rapid Access Chest Pain -requires RACP ICG form
- Valve Disorders

4. Children & Adolescent Services

Allergy

- Audiology
- Cardiology
- Community Paediatric
- Dermatology
- Developmental / Learning Disabilities (refer to guidance for ADHD/Autism)
- Diabetes
- Endocrinology

- ENT
- Gastroenterology
- Gynaecology
- Haematology
- Immunology
- Metabolic Disorders
- Nephrology
- Neurology
- Ophthal - Not Otherwise Specified
- Ophthal - Orthoptics
- Ophthal - Strabismus / Ocular Motility
- Oral and Maxillofacial Surgery
- Orthopaedics
- Other Medical
- Plastic Surgery
- Respiratory
- Rheumatology
- Surgery - Not otherwise specified
- Urology

5. Dermatology

- Acne
- Basal Cell Carcinoma **(if lesion on face consider referral to Oral Maxillo-facial)**
- Connective Tissue Disease
- Cosmetic Camouflage
- Eczema and Dermatitis
- Hair
- Laser Clinics
- Leg Ulcer
- Male Genital Skin Disorders
- Nails
- Not Otherwise Specified
- Oncology (Established Diagnosis)
- Patch Testing for Contact Dermatitis

- Psoriasis
- Vulval Skin Disorders

6. Diagnostic Endoscopy – Gastroscopy

For Open Access Endoscopy referrals – refer on appropriate ICG proforma

7. Diabetic Medicine

- Type 1 Diabetic
- Erectile Dysfunction
- General Diabetic Management
- Podiatry & Foot
- Pregnancy & Maternal
- Renal Diabetes

8. Diagnostic Physiological Measurement

- Audiology – Hearing assess/Reassess
- Echocardiography (to find Palpitation Clinical Assessment Service - & Heart Murmur Clinical Assessment Service)

See guidance on cardiology pathways at

<https://referralsupport.valeofyorkccg.nhs.uk/data/uploads/cardiology/palpitations/guide-to-cardiology-pathways-for-admin-staff.pdf>

9. Ear, Nose & Throat

- Balance / Dizziness
- Ear
- Facial Plastic and Skin Lesions
- Hearing Tests/Aids – search by Diagnostic Physiological Measurement/Audiology
- Neck Lump / Thyroid
- Nose / Sinus

- Not Otherwise Specified
- Oncology (Established Diagnosis)
- Salivary Gland
- Snoring (not Sleep Apnoea)
- Throat (incl Voice / Swallowing)
- Tinnitus

10. Endocrinology and Metabolic Medicine

- Adrenal Disorders
- Gynaecological Endocrinology
- Lipid Disorders
- Metabolic Bone Disorders
- Not Otherwise Specified
- Oncology (Established Diagnosis)
- Pituitary & Hypothalamic
- Thyroid / Parathyroid

11. General Medicine

- There is no specific General Medicine clinic on e-RS for York Hospital.

Please refer into the appropriate sub speciality e.g endocrinology, GI & Liver

TIA referrals must be referred via ICG on the TIA proforma – General Medicine/Transient Ischemic Attack.

12. Genetics

- Genetics

13. Geriatric Medicine (*Age 75 and over at York Hospital, Under this age please refer to appropriate specialty for condition*)

- Cognitive Disorders
- Falls (service at St Helens Rehabilitation Hospital is for over 65)
- Metabolic Bone Diseases – osteoporosis referrals for patients over 65

- Movement Disorders
- Not Otherwise Specified
- Stroke (Not TIA)

14. GI and Liver (Medicine and Surgery)

- Colorectal Surgery
- Gallstones
- Hepatology
- Inflammatory Bowel Disease (IBD)
- Lower GI (medical) excl IBD
- Oncology (Established Diagnosis)
- Upper GI and Dyspepsia

15. Gynaecology

- Colposcopy
- Family Planning
- Infertility
- Menopause
- Menstrual Disorders
- Not Otherwise Specified
- Oncology (Established Diagnosis)
- Pelvic Pain
- Perineal Repair
- Post Menopausal Bleeding
- Recurrent Miscarriage
- Urogynaecology / Prolapse
- Vulval and Perineal Lesions

16. Haematology

- Haemoglobinopathies
- Anti Coagulant
- Clotting Disorders
- Not Otherwise Specified
- Oncology (Established Diagnosis)

17. Immunology

- Autoimmune Disease
- Immunodeficiency
- Not Otherwise Specified

18. Nephrology

- Hypertension
- Nephrology
- Renal Diabetes

19. Neurology

- Neuroinflammation- multiple sclerosis
- Cognitive Disorders
- Epilepsy
- Headache
- Neuromuscular
- Not Otherwise Specified
- Oncology (Established Diagnosis)
- Parkinsons / Movement Disorders

20. Neurosurgery

- Movement Disorders
- Not Otherwise Specified
- Spinal

21. Ophthalmology

- Cataract
- Cornea
- Diabetic Medical Retina
- External Eye Disease
- Glaucoma
- Laser (YAG Capsulotomy)
- Low Vision
- Neuro-Ophthalmology
- Not Otherwise Specified
- Oculoplastics/Orbits/Lacrimal
- Oncology (Established Diagnosis)
- Orthoptics
- Other Medical Retina
- Squint / Ocular Motility
- Vitreoretinal

22. Oral and Maxillofacial Surgery

- Facial Deformity
- Facial Plastics
- Head and Neck Lumps (not 2WW)
- Not Otherwise Specified
- Oncology (Established Diagnosis)
- Oral Surgery
- Salivary Gland Disease

23. Orthopaedics (Please refer directly via MSK as single point of access unless exclusions to service apply)

- Foot and Ankle
- Hand and Wrist

- Hip
- Knee (Acute Knee Service refer direct to orthopaedics as Urgent)
- Limb Deformity/Reconstruction
- Shoulder and Elbow
- Spine - Back Pain (not Scoliosis/Deform)
- Spine - Neck Pain
- Spine - Scoliosis and Deformity

Exclusion to MSK can be found at :

<https://referralsupport.valeofyorkccg.nhs.uk/data/uploads/msk/msk-exclusion-criteria.pdf>

24. Pain Management

- Pain Management

25. Respiratory Medicine

- Allergy
- Asthma
- COPD
- Cystic Fibrosis
- Interstitial Lung Disease
- Not Otherwise Specified
- Occupational Lung Disease
- Oncology (Established Diagnosis)
- Tuberculosis

26. Rheumatology

- Bone / Osteoporosis (under 65 only)
- Inflammatory Arthritis
- Musculoskeletal
- Other Autoimmune Rheumatic Disease
- Spinal Disorder

27. Sleep Medicine

- Excessive / Intrusive Sleepiness
- Insomnia
- Parasomnia and Other Sleep Disorders
- Sleep Apnoea/Sleep Disordered Breathing

28. Surgery - Breast

- FH of Breast Cancer (non 2WW)
- Mammoplasty (non 2WW) (use this option for general A&G requests to the breast service)
- Oncology Established Diagnosis (non 2WW)
- Other Symptomatic Breast (non 2WW) – (not for 2ww cancer referrals but patients still seen on a 2ww pathway)

29. Surgery - Cardiothoracic

- Cardiac Surgery
- Thoracic Surgery

30. Surgery - Not Otherwise Specified

- Endocrine Surgery
- Hernias
- Lumps and Bumps

31. Surgery - Plastic

- Basal Cell Carcinoma
- Burns
- Craniofacial
- Gynaecology and Perineal Reconstruction
- Laser
- Lower Limb
- Mammoplasty
- Minor Plastic Surgery
- Not Otherwise Specified
- Oncology (Established Diagnosis)

- Upper Limb
- Vascular Malformation

32. Surgery - Vascular

- Arterial
- Leg Ulcer
- Lymphoedema
- Not Otherwise Specified
- Varicose Veins

33. Urology

- (In) Continence
- Erectile Dysfunction/Andrology
- Haematuria (not 2WW)
- Male Infertility
- Not Otherwise Specified
- Oncology (Established Diagnosis)
- Prostate
- Urinary Calculus
- Vasectomy (***Cannot be referred to hospital for a G.A unless IFR approval given, all Vasectomy referrals should be done as LA referrals direct to the primary care clinics***)

Optimising Health Outcomes

Vale of York CCG has a statutory responsibility for improving the health of the Vale of York's population as well as providing individual patient-centred care for health promotion, prevention, diagnosis, treatment and rehabilitation. Maximising health is a critical element in achieving a sustainable health service into the future. The Prevention and Better Health strategy has been developed to demonstrate how focusing our efforts on prevention, self-care and shared decision making can support a shift in the way health care resources are valued, and to empower patients in the Vale of York to become more active participants in shaping their health outcomes.

Please see the commissioning statement for further detail.

<http://www.valeofyorkccg.nhs.uk/rss/index.php?id=optimising-outcomes-1>

All referrals to a surgical specialty must have an optimising outcomes section completed with the relevant boxes ticked. Please refer to the RSS website for up to date information about exclusions.

All surgical referrals including those for opinion require a current BMI and smoking status