

System Elective Recovery Outpatient Collection: FAQs

This document contains general FAQs covering both Elective Recovery Outpatient Collections (EROCs) and FAQs specific to the System EROC. Further support materials can be found on [FutureNHS](#).

General FAQs

What are Elective Recovery Outpatient Collections (EROCs)?

EROCs are a new pair of data collections to enable systems and providers to demonstrate progress in their implementation of Patient Initiated Follow up (PIFU) and Specialist Advice, including Advice and Guidance (A&G).

PIFU data will be collected through the Provider EROC and data relating to specialist advice will be collected through the System EROC.

Why do we need to do this now?

PIFU and Specialist Advice help to avoid outpatient attendances of low clinical value and are essential to support elective recovery, as highlighted in the [2021/22 priorities and operational planning guidance](#).

All systems will be required to demonstrate progress in both PIFU and Specialist Advice, including A&G with routine data capture in place by October 2021, as mentioned in the [supporting implementation guidance](#).

How will the data be collected?

Every month PIFU and Specialist Advice data should be submitted via the NHS England and NHS Improvement Data Collection Framework. This will form part of the Elective Recovery Outpatient Collection.

Only registered users from registered organisations will be able to access the portal and make submissions. Users can register to submit via EROC.enquiries@nhs.net.

Will more data be collected as part of EROC?

Additional fields may be added to these collections later if identified as required to support elective recovery. It is envisaged that as the transformation of outpatient services continues additional data will be collected to help inform the recovery of our services.

When will PIFU and Specialist Advice data need to be collected?

From 1 August 2021 providers of outpatient services will be able to submit PIFU data.

From 1 August 2021 ICS' will be able to submit Specialist Advice data, including Advice and Guidance (A&G) data.

What will happen to the data is that is collected?

Data received as part of this collection will be shared across relevant teams in NHS England and NHS Improvement, including regional Outpatient Transformation teams.

From Q2 2021/22 it will also be shared with systems and providers through the Model Health System.

This data is not intended to be used for performance management of providers, although submission of data to this collection may support systems' case for receipt of funding for elective recovery (e.g., Elective Recovery Fund) and outpatient transformation.

How will collecting this data benefit patients?

By reducing unnecessary outpatient appointments through greater use of PIFU and Specialist Advice, we can ensure only the clinically suitable are attending an outpatient clinic.

The data will help us identify high performing areas so we can share the learnings across the system and recover our elective care services quicker.

How can I find out more?

Guidance, specifications, FAQ's and more can be found on the [FutureNHS platform](#).

Any specific enquiries can be sent to: EROC.enquiries@nhs.net

System EROC FAQs

What is the purpose of the collection?

The System EROC is intended to support assurance of elective recovery in line with the [2021/22 priorities and operational planning guidance](#) wherein increasing the use of Specialist Advice including A&G, referral triage services that offer specialist advice and other equivalent alternatives to avoid unnecessary outpatient attendances has been identified as a key priority.

It is expected that this collection augments and strengthens existing data that is made available to support benchmarking and inform opportunities for system improvement, securing a flow of reliable data for systems to develop sustainable services and strengthen the management of care across the interface, ultimately securing improved outcomes for patients through enabling:

- meaningful understanding of local dynamics and performance, including key quality indicators and outcomes data to understand factors that add value to clinical pathways and patient outcomes
- capture of full spectrum of referral optimisation activity – moving beyond merely A&G – and enabling a broader approach to commissioning referral optimisation in line with local priorities
- benchmarking of performance between and with systems to support local quality improvement approaches
- appropriate resourcing both locally and nationally – priority setting, baseline resources and incentives, and ensure services may be commissioned on a sustainable basis
- streamlining and consolidation of existing collections and reporting, addressing data quality / variation.

What activity should be collected as part of this collection?

The use of Specialist Advice has been identified as critical in the effective management of patients between primary and secondary care and supporting systems to recover elective activity.

As such systems are expected to increase uptake of Specialist Advice or other measures such as referral triage to avoid unnecessary outpatient attendances.

There are a range of models and platforms that have been commissioned to facilitate this, including Advice & Guidance channels and the use of Referral Assessment Services to facilitate the exchange of Specialist Advice. The System EROC has been established to capture this range of activity, and as such systems should include any activity reasonably undertaken in support of this objective.

What Specialist Advice activity is in scope for this collection?

The System EROC has been designed to capture a spectrum of interactions that support the effective management of care across the interface between primary and secondary care.

This includes:

- Specialist Advice which supports a clinical dialogue, enabling a referring clinician to seek advice from a specialist prior to, or instead of referral about a named patient is in scope for this collection. This can be:
 - synchronous, for example, a telephone call; or
 - asynchronous, enabled electronically through digital platforms.

Specialist Advice may be provided by appropriately trained and commissioned specialists including both consultant and non-consultant led services in secondary care community or primary care providers, interface or intermediate services, and referral management systems.

This will typically be accessed via a digital communication channel and facilitate a two-way dialogue and sharing of relevant clinical information in relation to the management of a named patient where at the outset of the interaction there is no clear intention to refer to secondary care.

This is non face to face activity, with no referral or booking having yet been made, and as such there has been no RTT Clock Start.

- Referral triage models that offer specialist advice through specialist-led assessment of a patient's clinical referral information to support a decision on primary care management or the most appropriate onward clinical pathway.

Referral triage can be undertaken by secondary care providers through Referral Assessment Services (RAS) via e-RS, Clinical assessment and triage services (CATS) and referral management centres (RMCs) providing intermediary levels of clinical triage, assessment and treatment between traditional primary and secondary care, or within primary care providers.

This is non-face to face activity, but as a referral has been made there has been an RTT Clock Start. No booking, or ASI in lieu of a booking, will have yet been made, and the episode / patient is not automatically registered on provider PTL.

- Any other recorded clinical engagement activity that facilitates the seeking and/or provision of specialist advice to support a referrer and enables more patients to be managed without the need for an onward booking, e.g. where an appointment has not been booked, forwarded or deferred (e.g. via ASI), and thereby avoiding unnecessary first attendances where these do not add clinical value is also in scope.

What channels or platforms are in scope for this collection?

The collection has been structured to capture Specialist Advice in its various forms and as such is expected to capture all channels through which Specialist Advice is facilitated that may have been commissioned locally.

These may be:

- synchronous, facilitated by real-time interaction between clinicians such as a telephone call; or
- asynchronous, enabled electronically through:
 - the NHS e-Referral Service (e-RS) Advice & Guidance or Referral Assessment (RAS) channels
 - other IT platforms, or dedicated email addresses where there is agreement from all stakeholders that these will be used to leverage Specialist Advice. This may include dedicated Advice and Guidance platforms, such as Consultant Connect, Cinapsis, Kinesis, or other commercially available platforms, platforms that may have functionality to support this, including AccuRx, eMIS, or SystemOne, or more bespoke, locally developed or tailored platforms.

Why doesn't the collection specify these platforms or allow for disaggregation of activity across these?

It is acknowledged that there are additional data items that could be collected that would add significant benefit to services, in particular the channels through which Specialist Advice is accessed. While these fields are not currently included in the collection, we will continue to work with stakeholders to explore whether and how we might expand the collection to incorporate these fields.

Should we capture informal Specialist Advice where it is taking place but not recorded?

So long as the activity being undertaken aligns with the principle that through the engagement of a specialist input prior to, about, or instead of a referral, unnecessary outpatient activity is avoided it may be included within this collection.

This will require the activity to be recorded, however, as these interactions may reasonably be expected to support an individual patient's care, it is anticipated that recording of this activity should add clinical value.

Is GP Peer Review in scope for this collection?

While clinical peer review (CPR) may be expected to support demand management strategies, the scope of the System EROC is limited to interventions leveraging specialist input to support effective management of care.

Where CPR involves generalists reviewing each other's referrals to provide constructive feedback to the referring GP, typically these would not be included in this collection, however where this involves specialist input, e.g including through GPwER input this may be appropriate for inclusion.

How can systems ensure that all data from all channels is captured within the same format?

Practical guidance to support local data collection is available via the FutureNHS [system EROC page](#).

Which specialties are covered by the collection?

All specialties for which activity might be expected to contribute to elective outpatient activity are included in the data collection.

To capture this, the System EROC is collecting the most appropriate [Treatment Function Code](#) for the request raised.

We are aware that this will require mapping of activity from primary records and software systems. However, standardisation of activity is required to allow blending of data from submitting organisations and integration of the submitted data with other data sets including the [outpatient CDS](#).

Does this collection support assessment of ERF requirements relating to Digital Exclusion?

This collection does not capture data explicitly linked to understanding digital exclusion. This collection may expand in future, to capture exclusion data / 'to capture data to reflect the efforts made by services to support ongoing mitigations against digital exclusion as part of their implementation and expansion of Specialist Advice.

Further questions about the system EROC

We acknowledge that this set of FAQs may necessarily need to evolve to keep pace with developments and will be updated in line with this. If in the meantime there are any queries

relating to this collection not otherwise covered within this FAQ please contact EROC.enquiries@nhs.net.