

# Effectiveness of the Electronic Referral Optimisation System Kent and Medway Integrated Care Board

A Healthwatch Kent Report  
March 2026

## About us

Healthwatch Kent is your local independent champion for health and social care. Our aim is to improve services by ensuring local voices are heard – we want to hear about health and social care experiences so to influence positive change for communities across Kent. We have the power to make sure NHS leaders and other decision makers listen to your feedback and improve standards of care.

We use your feedback to better understand the challenges facing the NHS and other care providers, to make sure your experiences improve health and care services for everyone. It is really important that you share your experiences – whether good or bad, happy or sad. If you've had a negative experience, it's easy to think there's no point in complaining and that 'nothing ever changes'. Or, if you've had a great experience, that you 'wish you could say thank you'. Your feedback is helping to improve people's lives, so if you need advice or are ready to tell your story, we're here to listen.



As part of the Dash Review published in July 2025 Healthwatch England and the Local Healthwatch network was recognised for its work in listening to and raising the voice of the people who use Health and Social Care services across the country. The review highlighted the government's desire to streamline bodies contributing to patient safety and consequently Local Healthwatch responsibilities will be transferred to ICBs and Local Authorities. This transformation will take time and therefore, here in Kent and Medway, we will continue to work with the public and stakeholders to achieve change for local people. We also recognise that since the announcement, while the current body Healthwatch will cease to exist, there has been an acknowledgement of the need for high quality, independent voice to remain.

Healthwatch Kent is hosted by EK360.



## Contents

<b>About us</b> .....	1
<b>Executive Summary</b> .....	3
<b>Introduction</b> .....	5
<b>Methodology</b> .....	6
Sample selection .....	6
Assessment of risk of bias and limitations.....	6
<b>Demographic profile of participants</b> .....	7
Gender and Age .....	7
Ethnicity.....	7
<b>Where we spoke to people</b> .....	8
<b>What we heard</b> .....	9
Referral Routes.....	9
Patient choice in appointment location .....	11
Waiting times for Appointments .....	12
Communication with GPs and Hospitals about appointments.....	14
Waiting time to receive an appointment letter .....	15
Participants awareness of appointment delays .....	18
Patient Satisfaction.....	19
Participants Communication Needs.....	20
<b>Appendix 1</b> .....	21
<b>References</b> .....	22

## Executive Summary

The Kent and Medway Integrated Care Board (KMICB) implemented the Electronic Optimisation Referral System (EROS) in 2023 to improve the referral process for further assessment and treatment.

Prior to the implementation of EROS Healthwatch Kent visited six hospitals in Kent asking **104** patients a series of questions about patient experience and satisfaction with the current system. Two years later, after EROS was implemented, Healthwatch returned to the hospitals and spoke to **106** patients asking the same questions.

EROS has first been rolled out in Ear, Nose and Throat (ENT), Trauma and Orthopaedics (T&O), and Musculoskeletal (MSK) departments in hospitals around Kent.

We published a report in [November 2023](#) about patient satisfaction with the referral system prior to EROS being implemented. This 2023 report has acted as a baseline to compare the experience data gathered in April 2025 after EROS was implemented.

The implementation of EROS' aligns with the NHS 10-year plan whereby digitising the referral system is expected to bring improvements in:

- reduced waiting times for appointments
- greater choice of care provider
- more effective communication
- enhanced patient satisfaction

This report aims to indicate the impact of EROS on patient experience and satisfaction.

Expectations of EROS	Our findings
<p>Reduced waiting times for appointments</p> <p>THUMB UP IMAGE</p>	<p>There was a <b>4% decrease</b> in the number of patients directly calling services to chase appointments. 27% of people 'before EROS' reduced to 23% of people 'after EROS'.</p> <p>There was a <b>4% decrease</b> in the percentage of respondents who called to chase appointments more than 5 times. 54% of people 'before EROS' reduced to 50% of people 'after EROS'.</p>
<p>Greater choice of care provider,</p> <p>THUMB ON SIDE IMAGE</p>	<p>The number of patients given a choice of hospital location <b>remained the same</b> at 79% after the implementation of EROS</p>
<p>More effective communication</p> <p>THUMB DOWN IMAGE</p> <p>Thumb UP</p> <p>Thumb DOWN</p> <p>THUMB UP</p>	<p>There was a <b>4% decrease</b> in the percentage of patients advised on estimated appointment wait time, from 37% before EROS to 33% after EROS.</p> <p>There was a <b>5% decrease</b> in the percentage of people waiting more than 5 months for an appointment letter. 10% of people 'before EROS' to 5% of people 'after EROS'.</p> <ul style="list-style-type: none"> <li>• There was a <b>9% decrease</b> in the number of patients aware of an appointment delay, from 22% of 'before EROS' participants reduced to 13% of 'after EROS' participants.</li> </ul> <p>Of those that were aware of an appointment delay there was an <b>19% increase</b> in the percentage of people aware of the reason for the delay, from 64% of people 'before EROS', to 83% of people 'after EROS'.</p>
<p>Enhanced patient satisfaction</p> <p>THUMB UP IMAGE</p>	<p>There has been a <b>7% increase</b> in levels of satisfaction. 31% of people 'before EROS, to 38% of people 'after EROS'.</p> <p>There was a <b>6% increase</b> in the number of patients saying their communication needs were being met. 88% of people 'before EROS' increased to 94% of people 'after EROS'</p>

Patients we spoke to have raised areas for further improvements in EROS that could positively impact on patient satisfaction:

- the communication they receive about their referral
- having a choice of hospital

These findings correlate with findings outlined in the [Electronic Referral Article](#), in that there will be some improvement in referral process however much of the patient-oriented experience will remain the same with the electronic referral system primarily improving financial performance (Azamar-Alonso et al., 2019, p.8).

## Introduction

This report aims to indicate the impact of EROS in improving patient experience and satisfaction with the referral process from GPs for further treatment. It compares patient experience prior to and post the implementation of the Electronic Referral Optimisation Service, (EROS).

This project is particularly pertinent as it reflects the digitisation goals of the NHS in the 10-year plan, whereby healthcare should happen '[digitally by default](#)' and the automation of services is designed to improve patient experience and streamline healthcare access.

EROS' targets align with that of the NHS 10-year plan whereby digitising the referral system is expected to bring improvements in reduced waiting times for appointments, greater choice of care provider, more effective communication and enhanced patient satisfaction.

Systematic search and analysis research [published in 2019](#), on eReferrals from primary care to specialists, most commonly hospital-based, concludes that the evidence for eReferrals is 'positive but limited' and calls for further research to integrate the cost-effectiveness of systems regarding both quantity and quality of referrals (Azamar-Alonso et al., 2019, p.8). Recommendations include a comparison between other referral systems to determine not just the sole cost-effectiveness of the system but its comparative efficiency to alternative systems (ibid).

This report focuses on patient experience, which in existing research, is under-recognised in a cost-based focused approach to understanding efficiency.

## Methodology

In data collection both before and after EROS we used a semi-structured interview (see appendix 1), approaching people face-to-face in hospital waiting rooms. This was effective as in most hospitals staff could direct us to the department to locate our target groups while they were waiting for their appointment. The 'Before EROS' data was collected in November 2023 and the 'After EROS' data in April of 2025.

### Sample selection

Participants were recruited randomly with opportunistic sampling of who was attending the hospital that day.

The 'before EROS' data set was gathered from **104** patients. The 'After EROS' data set was gathered from **106** patients.

To be included in the study, participants were required to have been referred through EROS to their appointment at the hospital.

During our visits in 2023, EROS had been rolled out in the ENT, MSK and T&O departments. This required us to speak to patients using these departments when we did our follow up visits in 2025.

### Assessment of risk of bias and limitations

The Cochrane risk-of-bias tool for randomised trials was used to assess risk of bias within the report and indicates a low risk of bias.

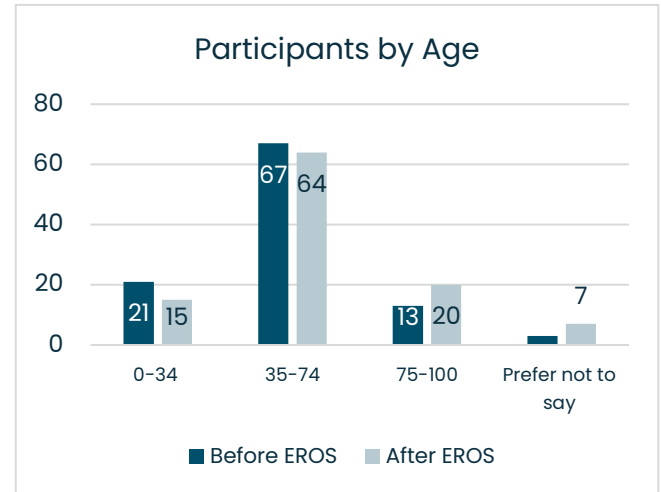
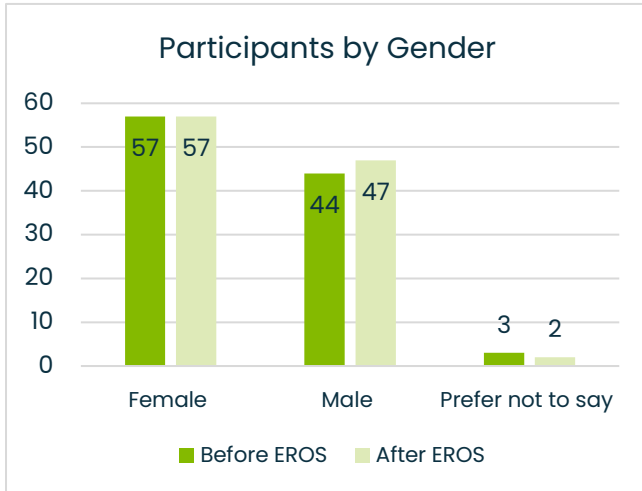
Limitations to be considered are:

- Patient engagement for the 'before EROS' and 'after EROS' cohorts was conducted 2 years apart. There may be some unidentified confounding variables.
- There are variations in numbers of respondents at different hospital sites, referral routes and departments across the two cohorts. This is due to the opportunistic sampling method.

# Demographic profile of participants

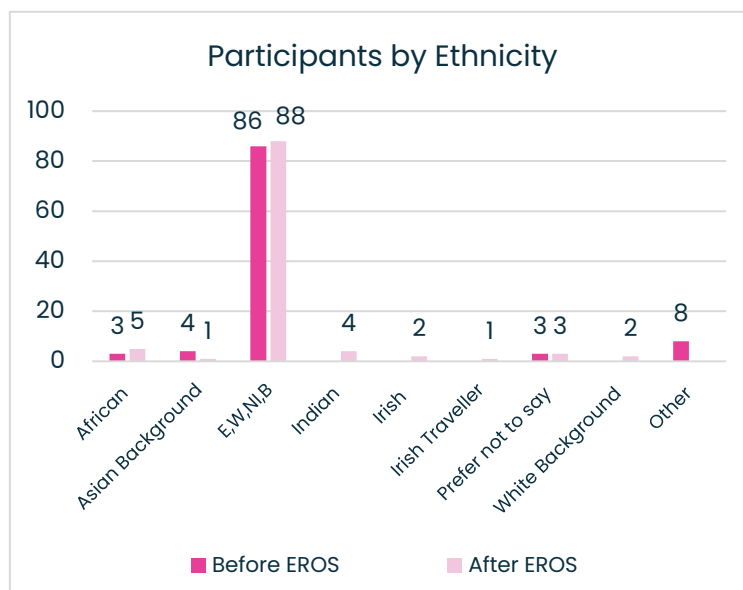
## Gender and Age

There was little variation in gender and age demographics in the 'before EROS' and 'after EROS' cohorts.



## Ethnicity

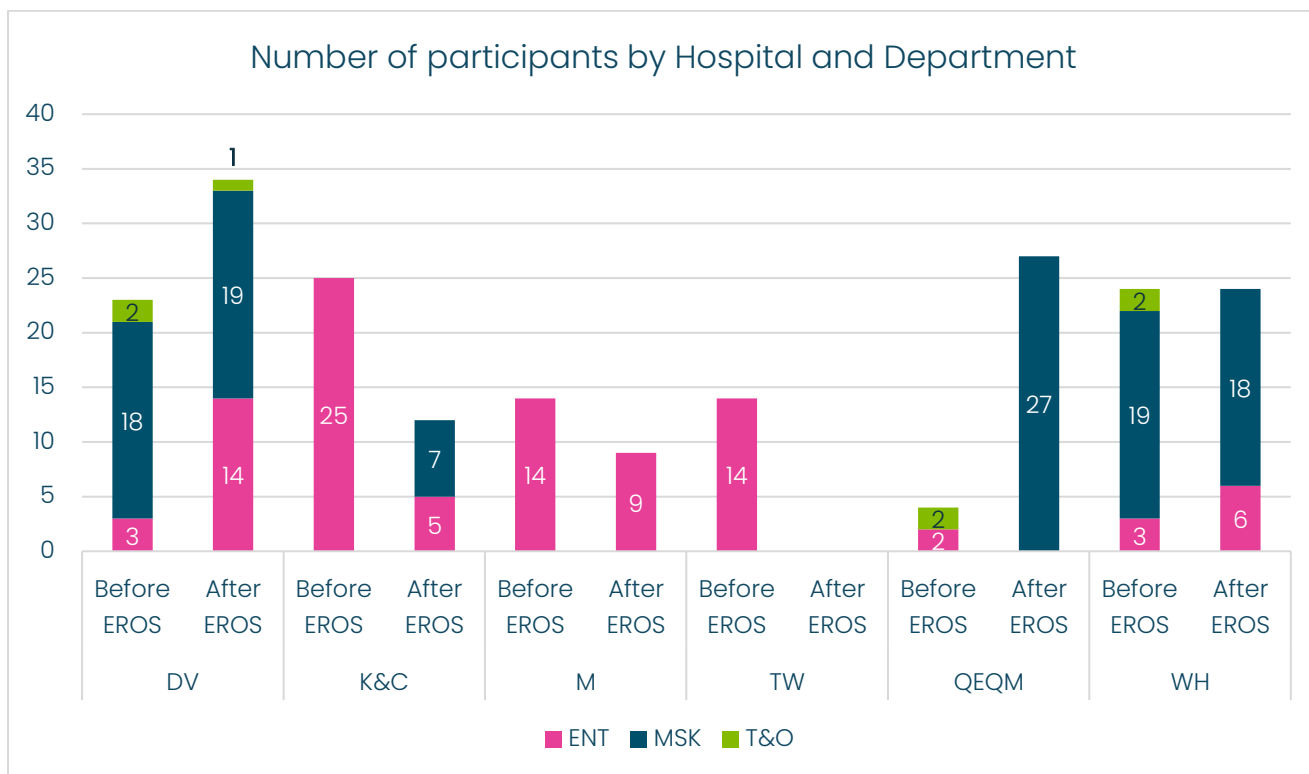
In 2025, Healthwatch introduced greater detail in capturing ethnicity, but in both cohorts the number of participants reporting as English/Welsh/Scottish/Northern Irish/British (E, W, S, NI, B) remained the same at **83%** (86 in the 'before EROS' cohort and 88 in the 'after EROS' cohort). Kent County Council population area profiles report that **83.2%** of the population identify as white British, so this is a proportionally represented group. However, other ethnicities are not proportionally represented.



## Where we spoke to people

We went to six hospitals in Kent before EROS was implemented: Darrent Valley (DV), Kent and Canterbury (K&C), Maidstone (M), Queen Elizabeth the Queen Mother (QEQM), Tunbridge Wells (TW) and William Harvey (WH).

After EROS was implemented, we visited five of the same hospitals excluding Tunbridge Wells.



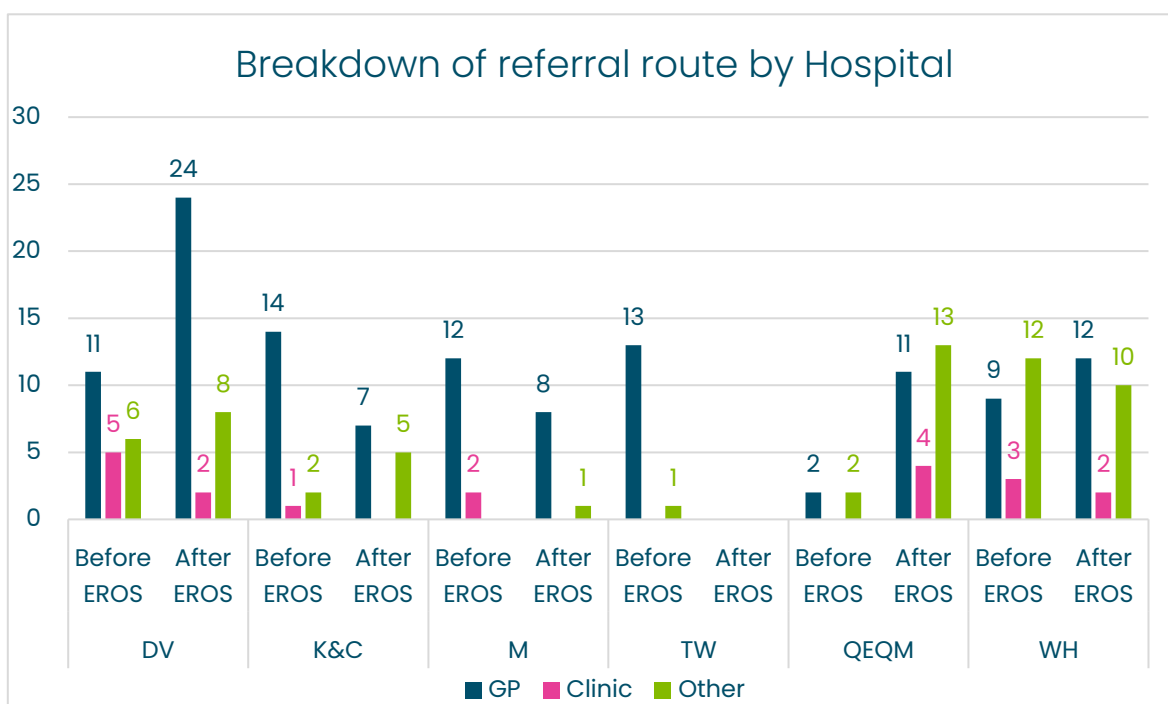
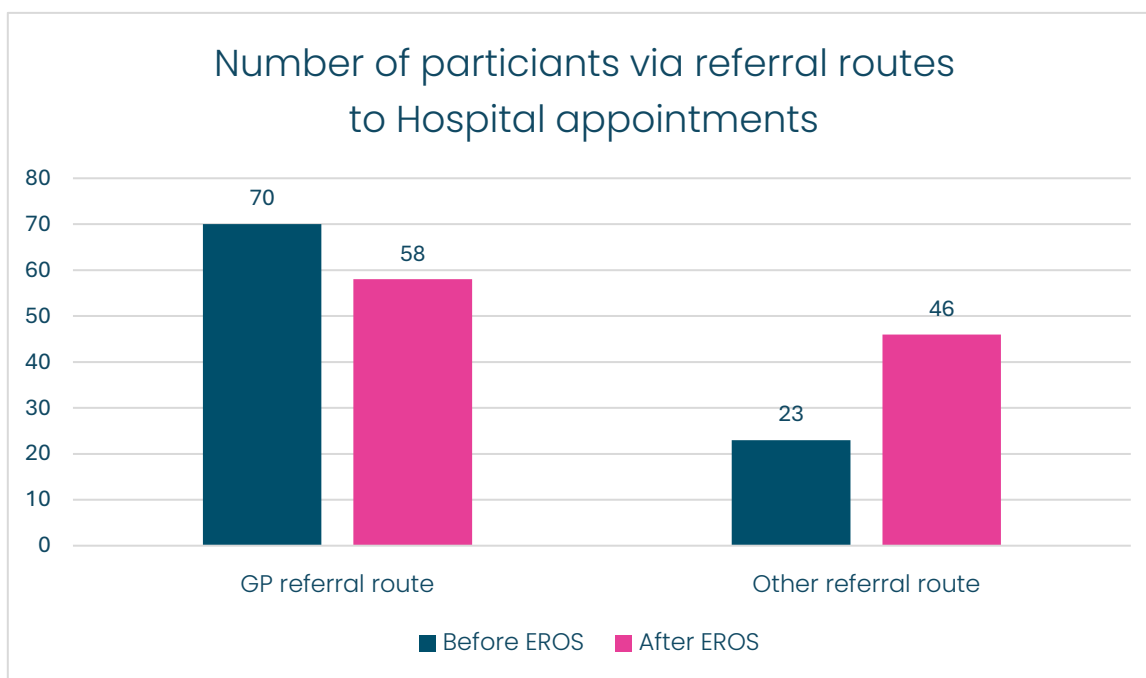
The distribution of people spoken to at specific hospital sites varied in the two comparative cohorts. Healthwatch Kent was unable to return to Tunbridge Wells Hospital during the period of engagement for our second round of engagement.

# What we heard

## Referral Routes

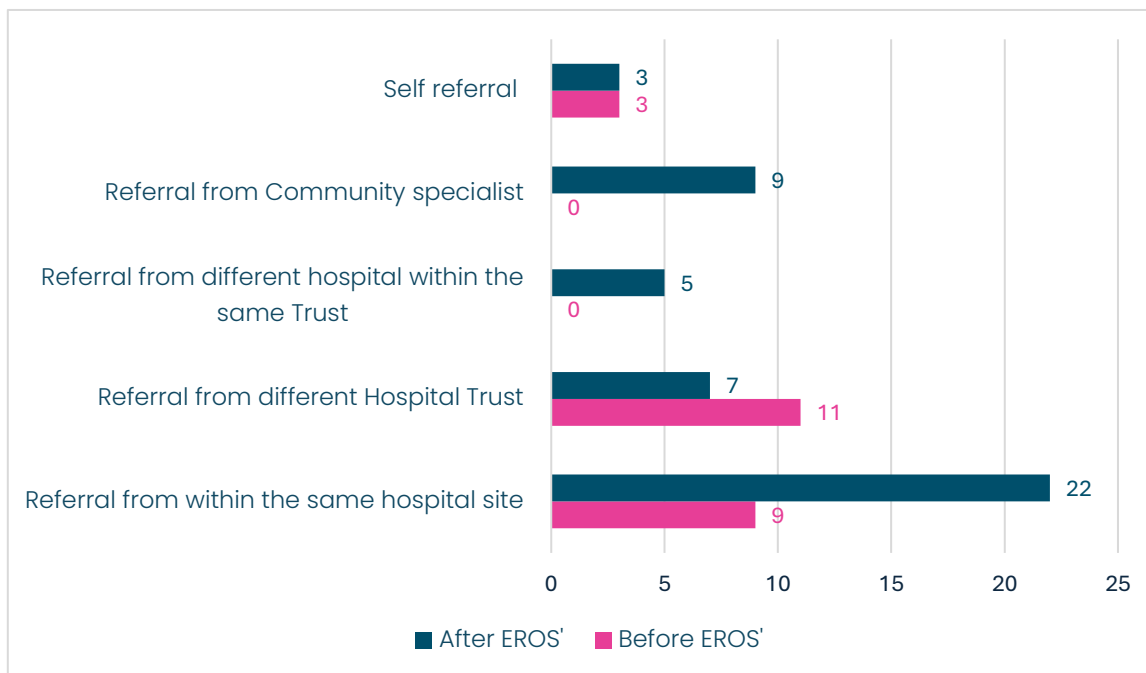
We found that most people reported a referral route through their GP. The number of people reporting this referral pathway decreased from **67%** (70) in the 'before EROS' cohort to **55%** (58) in the 'after EROS' cohort.

There was an increase in referrals through 'other' pathways from **22%** (23) in the 'before EROS' cohort, to **43%** (46) in the 'after EROS' cohort.



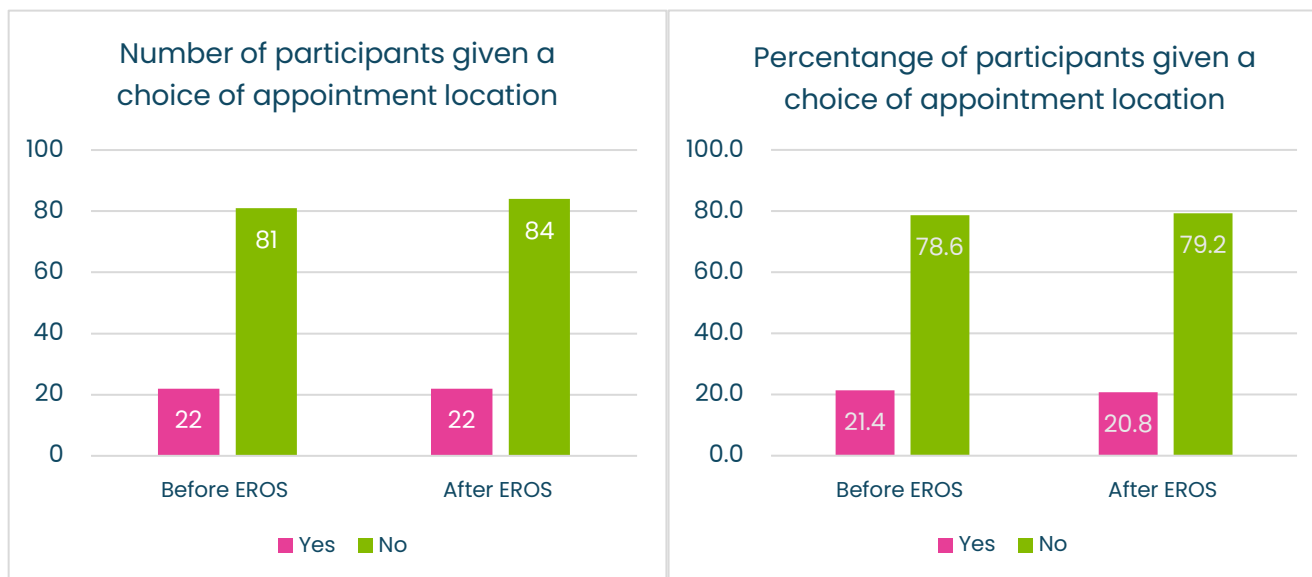
Further exploration of the referral routes identified that post EROS there has been an increase in hospital-to-hospital referrals for both hospitals within the same trust, as well as hospitals from different trusts. There has also been an increase in referrals between departments within the same hospital sites.

There has also been an increase in referral pathways from other community specialists, such as midwifery, private NHS providers, Rheumatology and community nursing.



## Patient choice in appointment location

We asked patients if they were given a choice of hospitals for their appointment. The 'before EROS' data set had **103** responses from **104** participants. The 'after EROS' data set had **106** responses from **106** participants.



The number of patients who were given a choice of appointment location before and after EROS remained constant.

### 'Before EROS' participant comments about choice of appointment locations

- "To have more of a choice of hospital or where you can go for the appointment, because in the referral you don't get a choice."
- "The choice of hospital could be improved. This hospital is local, but we have had to go to Canterbury for an appointment which was a long way to travel."

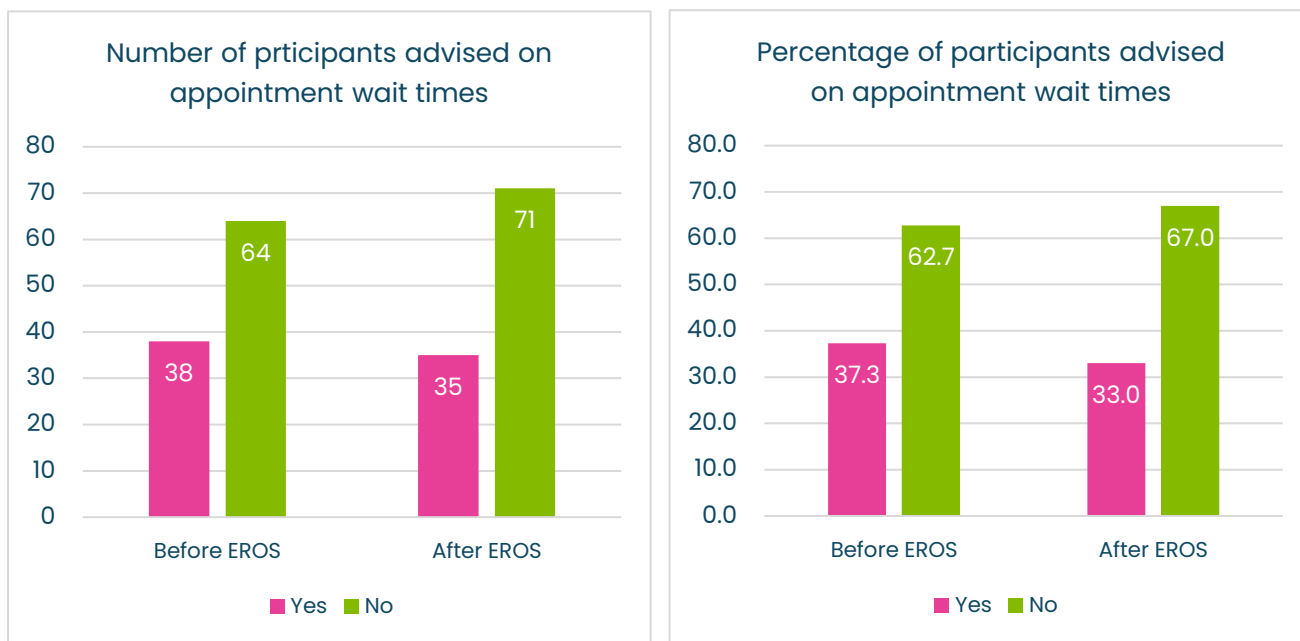
### 'After EROS' participants comments about choice of appointment locations

- "I am going to Gravesend normally, only coming here for specialist treatment"
- "I was bothered by the fact that even though I was given a choice of hospital and could choose Folkestone they then moved it to William Harvey, which is difficult for me as I can't drive. Luckily, my husband drives and is around on the day of the week my appointment was, as the rest of the week it would be very difficult for me to get to the appointment."
- "I had a choice of hospital between here [Kent and Canterbury], Ashford or Dover and I refused the other."

## Waiting times for Appointments

We asked patients if they were given an estimated waiting time for their appointment. The 'before EROS' data set had **102** responses from **104** responses. 'After EROS' data set had **106** responses from **106** participants.

There was a slight decrease in the number of participants advised on an estimated wait time after EROS from **37%** (38) to **33%** (35).



'Before EROS' participant comments:

**18%** (13 people) mentioned negative aspects of appointment wait times.

- "All hospitals have really long waiting lists and they are all booked up."
- "Really long waiting times, I was sent back and forth. I was forced to go private for a while until I could get the NHS referral."

**11%** (8 people) mentioned mixed aspects of appointment wait times.

- "I am not having treatment for a serious issue so it hasn't been too bad to wait 6 weeks. If you actually had an injury though I think that the wait time is too long"
- "I was asking for a referral for nearly a year, but once referred it was quick. When the GP does the referral it is quick but they should listen to us more. I needed to ask for a year, I had a gut feeling that there was really something wrong and was not feeling well."

**4%** (3 people) mentions were of positive sentiment.

- “It all happened within a week, so it all worked well.”
- “I was pleased to be seen so quickly.”

‘After EROS’ participant comments:

**18%** (16 people) mentioned negative aspects of appointment wait times.

- “The process was quite slow which had an impact on my wellbeing as I was in pain throughout. There was about a 4 months wait for an appointment.”
- “There were several issues with the referral, I had to wait a long time. My rheumatologist was very concerned about how long I was having to wait.”
- “Feels like they are dragging it on a little bit. It [my issue] needs to be seen, I keep falling ill all the time that I am not receiving treatment. Appointment letters keep going missing so I am being reliant on appointment reminders.”

**9%** (8 people) mentioned mixed aspects of appointment wait times.

- “I was originally given an appointment for a year's time, and I wrote to him [my consultant] saying that was too long. He responded and dealt with it promptly and brilliantly, giving me two referrals with a greatly reduced wait time. I was really pleased.”

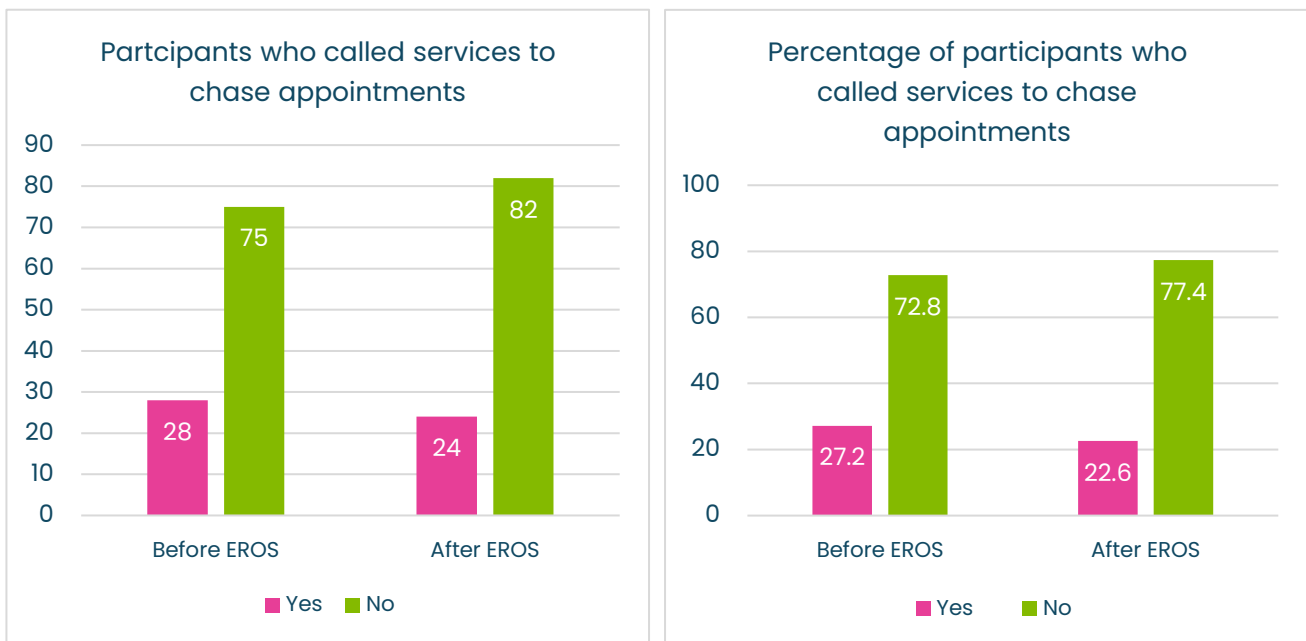
**3%** (3 people) mentioned positive aspects of appointment wait times.

- “It was really quick and no hassle.”

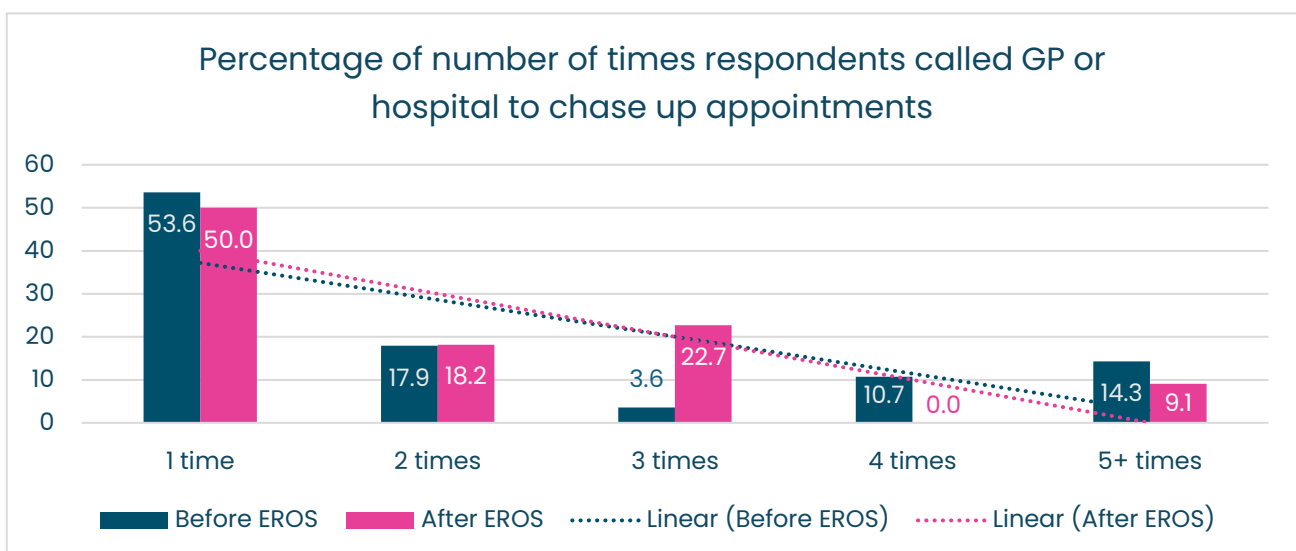
## Communication with GPs and Hospitals about appointments

We asked patients if they had to phone the GP or hospital to chase up for their appointment. The 'before EROS' data set had **103** responses from **104** participants. The 'after EROS' data set had **106** responses from **106** participants.

There was a slight decrease in the number of participants who called GPs or hospitals to chase up hospital appointments, falling from **27%** (28) of participants in the 'before EROS' cohort to **23%** (24) of participants in the 'after EROS' cohort.



There was a decrease in the percentage of respondents who called services more than five times, falling from **54%** of people 'before EROS' to **50%** of people 'after EROS'.



'After EROS' participants comments on chasing up appointments:

- "It was appalling, 3 weeks of calling and having to wait 45 minutes each time. They said they would look into it but it didn't happen. It was urgent physiotherapy and I didn't get it. Had to go through the calling system and it kept putting me through to the Canterbury booking system. It wasn't until I got through to the orthopaedic surgeon that I managed to get an appointment sorted. My whole experience with the fracture clinic was poor, been going to and for with all of this care."
- "I was given 3 notifications on the NHS app saying that the appointment had been moved and cancelled, I called straight away to resolve the issue, and it had only been moved back by one day."
- "I have been going round in circles a bit with who originally referred me. At one point they sent me an appointment letter for an appointment that was the next day. I obviously couldn't make that and had to call around to rearrange. Eventually I spoke to PALS who were very useful and rearranged everything for me one day."
- "My appointment was supposed to be at Kent & Canterbury rather than QEQM. I hadn't heard anything, so I phoned up K&C and they didn't know about my appointment. I phoned QEQM and I never got through to someone. I then phoned K&C again and a helpful person there chased up with my GP Surgery and wrote a letter to them."

## Waiting time to receive an appointment letter

We asked patients how long they had to wait for their appointment letter after their referral. The 'before EROS' data set had **95** responses from **104** participants. 'After EROS' data set had **106** responses from **106** participants.

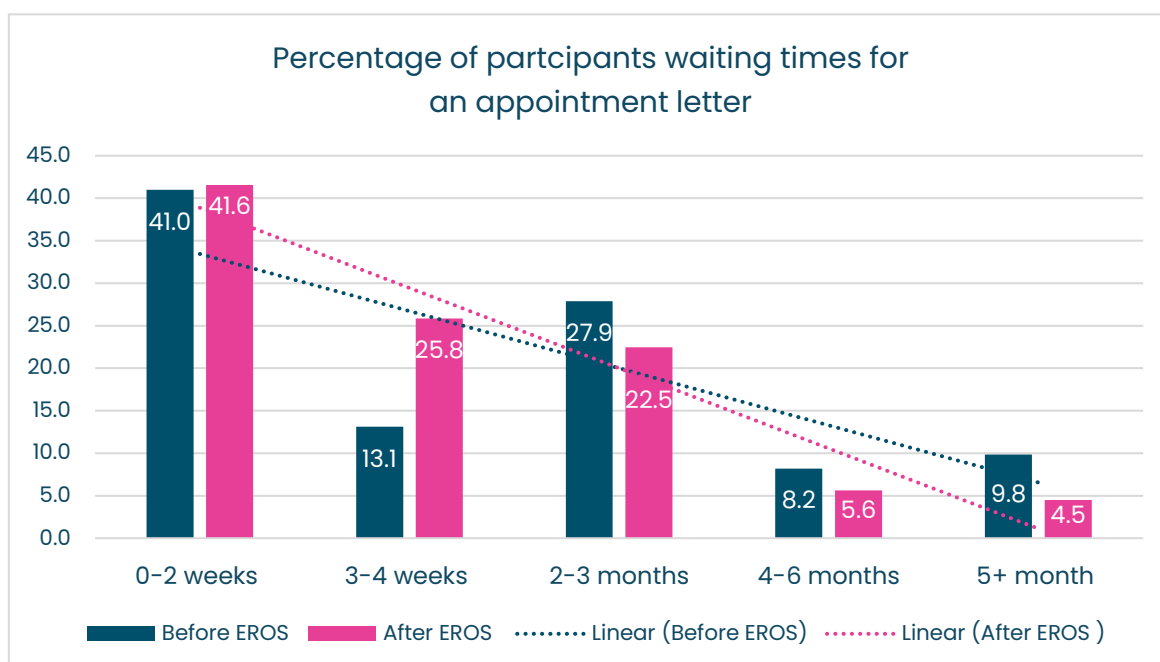
There was little change between the two cohorts in the number of patients who receive an appointment letter within 2 weeks.

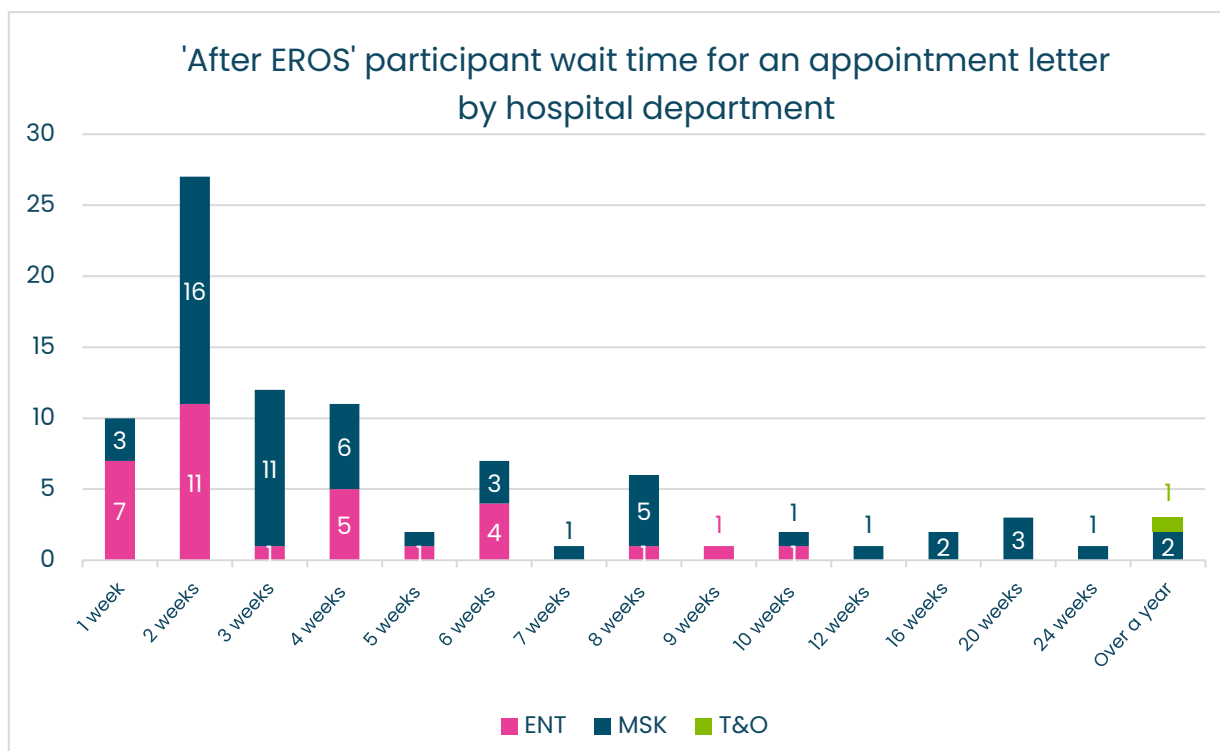
- **41%** (25) of the 'before EROS' participants reported receiving an appointment letter within two weeks.
- **42%** (37) of the 'after EROS' cohort reported receiving an appointment letter within two weeks.

- “My doctor said it was difficult to get into this clinic, but I was quite impressed with the speed.” ‘After EROS’ participant.
- “I am not having treatment for a serious issue, so it hasn't been too bad to wait 6 weeks. If you actually had an injury though I think that the wait time is too long.”
- “I have been having appointments between K&C and QEQM which is very inconvenient for me. I was originally given an appointment for a year's time, and I wrote to him [my consultant] saying that was too long. He responded and dealt with it promptly and brilliantly, giving me two referrals with a greatly reduced wait time. I was really pleased.”

There was a decrease in the number of patients we spoke to waiting more than five months.

- **10%** (6) of the ‘Before EROS’ cohort waited over 5 months for an appointment letter.
- **5%** (4) of the ‘after EROS’ cohort waited over 5 months for an appointment letter.
- “The process was quite slow which had an impact on my wellbeing as I was in pain throughout. There was about a 4 months wait for an appointment.”
- “Feels like they are dragging it on a little bit. It [my issue] needs to be seen, I keep falling ill all the time that I am not receiving treatment. Appointment letters keep going missing, so I am being reliant on appointment reminders.”

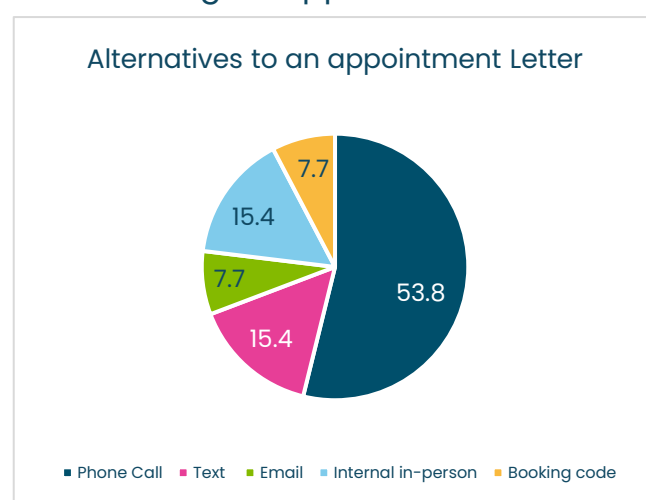




After EROS was implemented, participants waiting more than 12 weeks for an appointment letter were from departments T&O and MSK. Participants from ENT departments all received appointment letters within 10 weeks.

In the 'after EROS' cohort, **13** participants stated that they had received an alternative to an appointment letter. **11** of these participants were awaiting an appointment within the MSK departments.

- 7 people received a phone call
- 2 people received a text
- 2 people received an internal in-person referral
- 1 person received an email
- 1 person received a booking code.



- "I didn't get a letter to say where in the hospital to go or exactly what time to come. It was all done over the phone and I was lucky to have someone with me to help me to the right place."

## Participants awareness of appointment delays

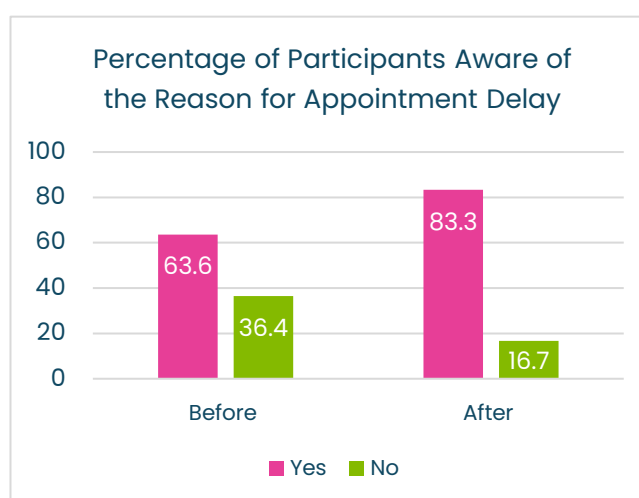
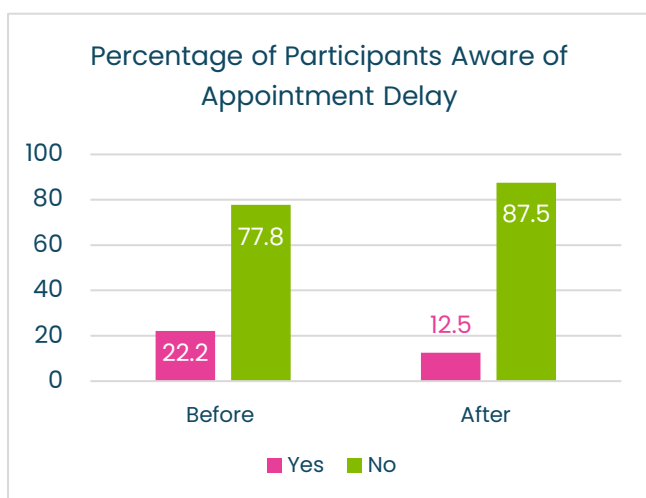
We asked patients if they were aware of any delays to their appointments.

The 'Before EROS' data set had **99** responses from **104** participants. 'After EROS' data set had **106** responses from **106** participants.

There was a slight decrease in the percentage of participants who were aware of an appointment delay; **22%** (22) of people in 'Before EROS' cohort reduced to **13%** (12) of those within the 'after EROS' cohort.

However, of those people who were aware of an appointment delay, the percentage of participants aware of the reason for the delay has increased. Within the 'before EROS' cohort, **64%** (14) were aware of the reason for the delay, whereas within the 'after EROS' cohort this was increased to **83%** (10).

- "The appointment itself has been very delayed. I was referred for an appointment in September and the waitlist for an appointment was 22 weeks, which I think is just too long."



'After EROS' participant comments about delays to appointments:

- "I booked using the online service in December and the earliest I was offered an appointment for the end of January; there was no explanation as to why there was a delay."

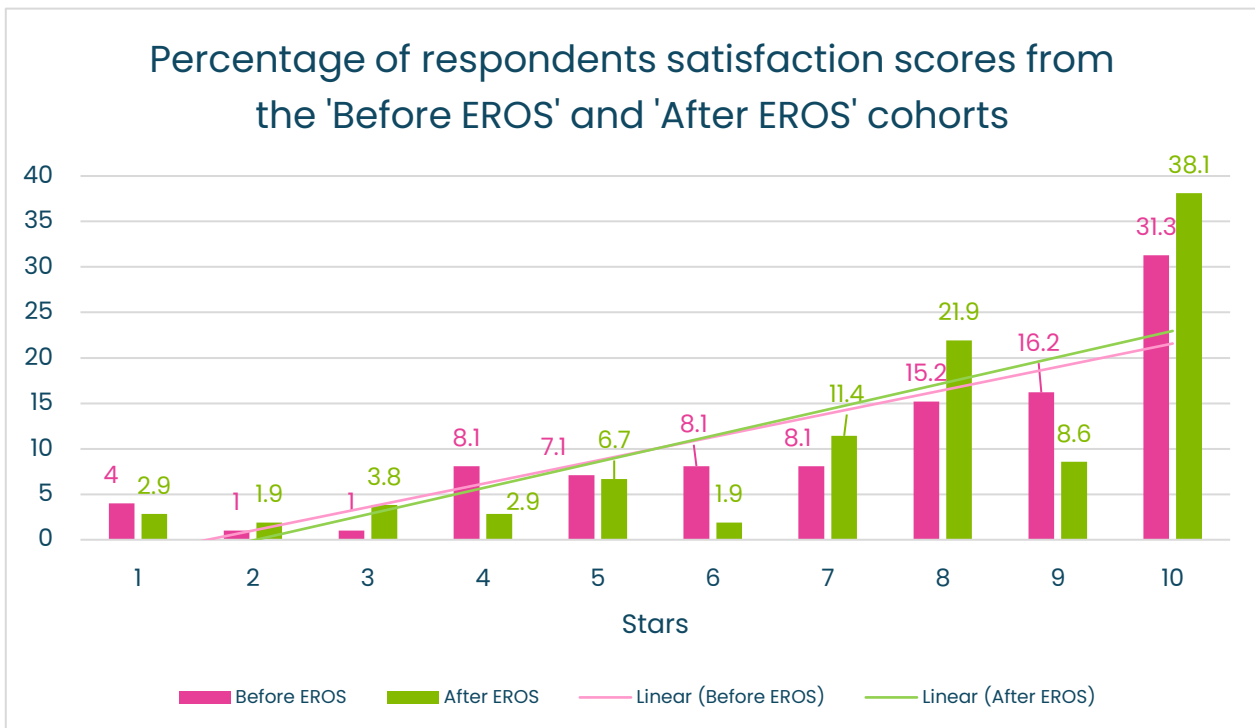
## Patient Satisfaction

We asked participants to rate their satisfaction with the referral process on a scale of one to ten, with ten being the most satisfied and one being the least.

The 'before EROS' data set had **99** responses from **104** participants. 'After EROS' data set had **104** responses from **106** participants.

There has been an increase in levels of satisfaction with:

- **31%** (31) of people within the 'before EROS' cohort rated their satisfaction at ten stars.
- **38%** (40) of people within the 'after EROS' cohort rated their satisfaction at ten stars.



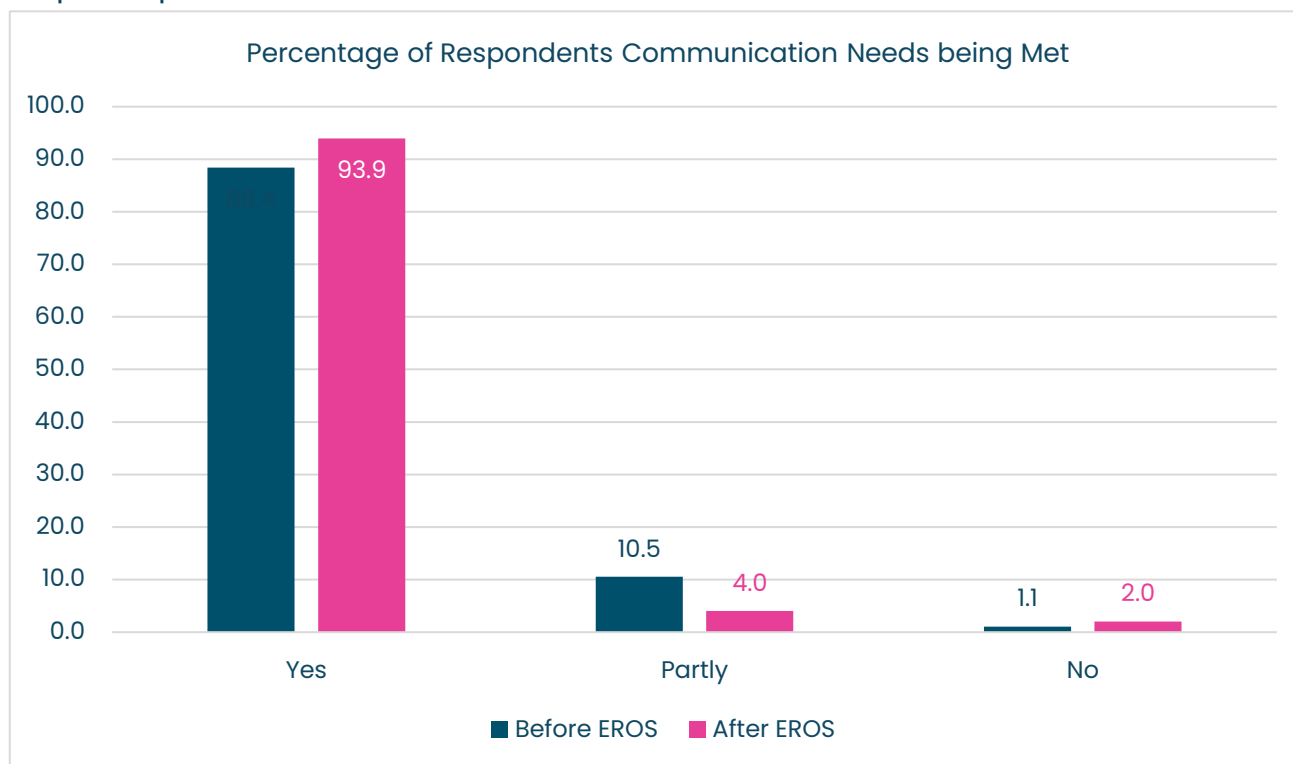
## Participants Communication Needs

We asked patients if they had their communication needs met during their visit to the hospital. 'Before EROS' data set had **95** responses from **104** participants. 'After EROS' data set has **99** responses from **106** participants.

**88%** (84) of people within the 'before EROS' cohort stated that their communication needs were met.

**94%** (93) of people within the 'after EROS' cohort stated that their communication needs were met.

- "I am hearing impaired and had to contact Rotary ward to check that I still had an appointment for today. Luckily, I have the direct number for the ward, so I didn't have to go via the switchboard. I found the self-check-in system difficult to use, it is better for me if I can see and speak to a person." ~ An 'after EROS' participant.



# Appendix 1

**KMIB Electronic Referral Optimisation System (EROS)**

The NHS in Kent and Medway to looking to improve the way patients are referred by their GP for further assessment or treatment, known as the referral process.

The following questions will help to understand the current experience of the referral process for Kent and Medway patients - specifically those referred to Ear, Nose and Throat (ENT), and Trauma and Orthopaedics (T&O) and Musculoskeletal (MSK) specialities.

**Can I have your consent to write down your responses to these questions and share them anonymously with my company?** YES  NO

**Name of hospital:**

**Please advise which service you have been referred to:**

Ear, Nose and Throat (ENT)

Trauma & Orthopaedics (T&O)

Musculoskeletal (MSK)

**Please advise who you were referred by:**

My GP

Clinic

Other \_\_\_\_\_

**1. When you were referred for further assessment or treatment, were you given a choice of which hospital you could go to for your appointment?**

YES  NO

**2. Were you advised of the estimated waiting time for your hospital appointment?**

YES  NO

**3. Did you phone your GP (or the clinic) to chase your hospital appointment?**

YES  NO

If so, please let us know how many times you had to phone your GP (or the clinic):  
 Not applicable 1 2 3 4 5 (please circle) More than 5: \_\_\_\_ (please specify)

**4. In weeks, how long did you wait for an appointment letter?**  
 \_\_\_\_ (please specify)

**5. Were you aware of any delay to your appointment?**

YES  NO

**If yes, were you aware of the reason for the delay?**

YES  NO

**If yes, please specify**

**6. On a scale of 1-10, how satisfied were you with the referral process?**

Least satisfied 1 2 3 4 5 6 7 8 9 10 Most satisfied (please circle)

**7. Have you had your communication needs met during your visit today?**

Yes / No / Partly / N/A

**Comments on communications:**

If you have further comments to help improve the referral service and the experience for patients, please include them in the text box below.

## References

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# If you would like to chat with us about the report you can reach us through the following routes:



**Online:**

[www.healthwatchkent.co.uk](http://www.healthwatchkent.co.uk)

**Have  
your  
say**



**By Telephone:**

**Healthwatch Kent Freephone  
0808 801 01 02**



**By Email:**

[info@healthwatchkent.co.uk](mailto:info@healthwatchkent.co.uk)

**Talk  
to us...**



**By Text:**

**Text us on 07525 861 639. By  
texting 'NEED BSL', Healthwatch's  
British Sign Language interpreter  
will make contact and arrange a  
time to meet face-to-face**

 **@HealthwatchKent**

 **@healthwatch\_kent**

 **@hwkent**