

Advice and Guidance

NHS e-Referral Service Overview

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What is Advice and Guidance and when might it be used?

Advice and Guidance (A&G) allows one clinician to seek advice from another. Unlike creating a booking request, where a number of providers can be selected, Advice and Guidance is a communication between two clinicians: the “requesting” clinician and the provider of a service (the “responding” clinician).

The reasons why a clinician may wish to seek Advice and Guidance include:

- Asking another clinician/specialist for their advice on a treatment plan and/or the ongoing management of a patient
- Asking for clarification (or advice) regarding a patient’s test results
- Seeking advice on the appropriateness of a referral for their patient (e.g. whether to refer, or what the most appropriate alternative care pathway might be)
- Identifying the most clinically appropriate service to refer a patient into (and how to find that service – e.g. what clinical term to search on).

The requester is able to attach documents to the advice request, which may include diagnostic results, scanned images (e.g. ECGs) or previous correspondence related to the patient. The responder is then able to review the request (along with any attachments that may have been added) and, if required, add attachments, such as a proposed treatment plan or links to external documents and websites, before sending a response back to the requester.

Benefits of using Advice and Guidance

Patient

- The patient only starts the formal referral process once appropriate advice has been received (indicating the best clinical pathway or management route)
- Patients do not book an appointment that may subsequently be cancelled and redirected to another service, or rejected

Requesting clinician

- Used as an education resource, for the clinician – this may help with future management of patients
- Reduces the risk of a redirection or rejection of the referral and will better ensure that the correct services are offered to the patient
- May enable the patient to be managed in a community setting, with no need to refer to a secondary organisation.

Provider clinician

- Only patients that need to be in the service are seen by the specialist – more cost effective use of clinician time and expertise

- Advice can be given regarding appropriate diagnostic tests required before an appointment is booked
- Referrals can be channelled to the correct consultant (this is especially useful if named clinician referrals are enabled)

Commissioners

- Provides for greater confidence that the referrals reaching secondary care are appropriate for that setting
- It helps to support GPs to be aware of alternative services available within the community setting.
- If a patient can be treated in another environment this may result in some savings for the commissioning organisation

Provider Organisation

- If only clinically appropriate patients are booked into a clinic there will be an ease on the demand for a service, as inappropriate patients are not taking slots that are more appropriately needed by others
- This will help the provider organisation ensure that the patient's pathway is kept to a minimum and that delays are not introduced due to the need to redirect patients
- If the patient is booked into the right place at the right time, less administrative time is taken up ensuring that the patient is moved and seen in the correct service
- Providers should be better able to manage their 18 week RTT times, as patients who are eventually referred should be better clinically prepared
- There will be a reduction in the number of patients that find themselves in the Appointment Slot Issue (ASI) process and have to be managed outside of NHS e-Referral Service by the provider organisation.

How a service indicates that it will provide advice to requesting clinicians

When setting a service up on NHS e-Referral Service, a number of factors need to be considered, one of which is whether or not to offer Advice and Guidance. Providers must also consider any contractual requirements. For example, the Service Conditions of the [2017-2019 Standard Contract](#) state:

6.2.3 the Provider must offer clinical advice and guidance to GPs on potential Referrals through the NHS e-Referral Service, whether this leads to a Referral being made or not.

Additionally, the [2017/2019 CQUIN](#) requires Acute providers to offer Advice and Guidance in specialties covering 75% of all GP referrals.

If providers are going to offer advice through NHS e-Referral Service, they must consider:

Review and response process

- If clinicians are reviewing on line or through a central admin team

- How the responses will get back to the requesting clinician
- How to ensure the service can be provided consistently e.g. holiday and sick leave are covered.

Agreed turnaround time for response

- How quickly the requesting clinician will receive a response – agree an acceptable timeframe. The [2017/2019 CQUIN](#) mandates that 80% of requests receive a response within 2 working days.

Service Definer's role

- Ensuring that the correct clinicians have access to the service and are in the correct workgroup to allow them to easily process the request.

If a service is not enabled to offer advice, then, if a requester selects 'advice' and adds search criteria (e.g. Clinical Term, Speciality/Clinic Type or Named Consultant), this service will not be returned – i.e. only those services that have indicated they will provide advice will be displayed.

Advice and Guidance and the RTT clock

If the requesting clinician is seeking advice prior to (or instead of) referring a patient, then this has no impact on the commencement of the patient's clock start.

The RTT clock start date is the date that the provider receives notice of the referral. For e-RS referrals this is the earliest date that a patient converts (books) their Unique Booking Reference Number or enters the 'Defer to Provider' (Appointment Slot Issue) process.

Is there a tariff for Advice and Guidance?

There is no national tariff to provide Advice and Guidance. It is already covered within the Service Conditions of the NHS Standard Contract, as set out above. There are payments available to providers for meeting criteria within the [2017/2019 CQUIN](#).

In some local health communities, providers and CCGs have agreed a nominal tariff for Advice and Guidance, to cover some of the administrative costs in setting up such a service. This is anticipated to be recouped by reducing the number of patients who are being referred and managed within a secondary care setting. It is also recognised that this is likely to be far less expensive than setting up administrative referral management centres, which often add no clinical benefit for patients and can be very unpopular with doctors.