

Abbreviated primary care guidance for requesting high quality specialist advice

Excerpt from 'Providing & requesting high quality specialist advice', available on the [south east London \(SEL\) Integrated Care Board \(ICB\) elective services and specialist advice webpage](#).

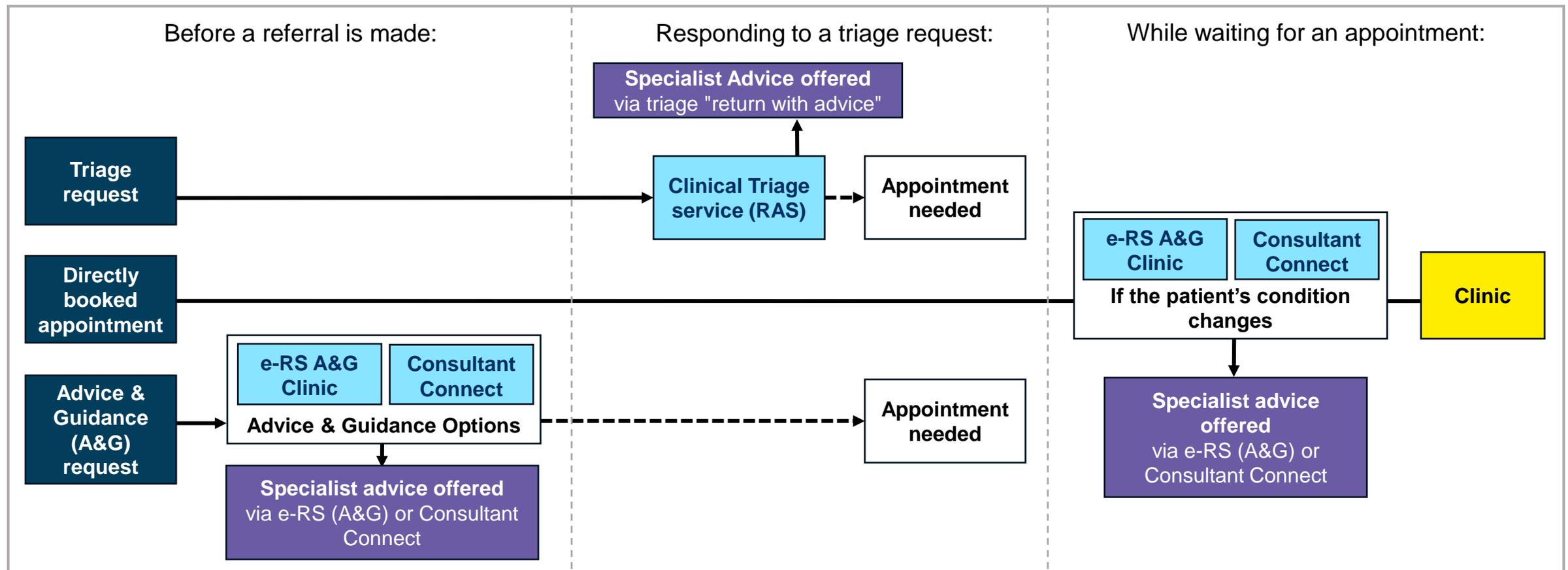
Please refer to the source document for full guidance, including medico-legal stance on specialist advice and advice to secondary care colleagues.

Via Consultant Connect and the e-Referral Service (e-RS)

May 2025

Defining specialist advice

- Specialist advice is guidance provided by a specialist to a general practitioner (GP) or clinician within primary care.
- Specialist advice can be verbal or written. It is provided before a referral is made, in response to a referral which has been triaged, or while the patient is waiting to be seen.



Benefits of specialist advice

Patients

- **Improved patient experience** as it enables patients to receive specialist advice on their care quickly via their GP.
- **Improved access to services** through reduced waiting times and a minimised risk of unnecessary hospital appointments.
- **Reduced patient journeys**, transport costs and pressure on hospital car parks – including a positive impact on the environment.

Requesting clinicians

- **Rapid access** to specialist advice for individual patients.
- **Reduced unnecessary referrals** into secondary care, with a reduced risk of referral redirection or rejection.
- Improved knowledge and expertise to **support future management of patients**.
- Increased opportunities to **inform continued learning** and professional development.

Service providers

- More **cost-effective** use of clinician time and expertise, and increased flexibility of service delivery.
- **Reduced appointment demand** in high volume specialties with long waiting times.
- **Improved integration** and relationships between primary and secondary care.
- Provides an opportunity to help **embed specialty guidelines** within the advice responses.

Commissioners

- **Greater confidence** that secondary care referrals are appropriate.
- **Reduced cost** of outpatient attendances.
- Patients are managed **outside the hospital setting** for longer.
- Increased **co-ordination between GPs and hospitals**.
- Can help with the development of future improvement projects: single point of access, community triage service, etc.

Guidance for GPs & primary care clinicians on using specialist advice (1/3)

- **Check available clinical guidelines and referral pathways.** Please check SELnet or the [healthcare professionals section](#) of the SEL ICB website for local guidelines and pathways before requesting specialist advice as this may resolve the query. Helpful pages include: CESEL, Speciality Guidelines & IMOC guidelines. Where local guidelines do not exist, check for national guidance such as NICE Clinical Knowledge Summaries (CKS).
- **Use the correct route for your query.** If your query does not need a same day response (e.g., possible admission) please use written communication. For example, e-RS A&G rather than Consultant Connect / telephone call (please note Consultant Connect Dermatology PhotoSAF is considered written communication). This frees up the lines for urgent queries and helps to ensure that the correct clinician responds (many of the acute lines are answered by junior team members, other lines may be answered by a specialist who is not local).
- **Should I always use e-RS A&G for written communication?** For continuity of care, it can be more appropriate to contact individual teams or specialists directly, particularly if the patient is already under their care and if their email address has been provided (e.g., on clinic letters).
- **What about coding and payments for A&G?** Please refer to official comms from the ICB. Please continue to use A&G appropriately using the principles of this document (for instance, checking for published local or national guidance before sending requests).
- **Use available referral forms when referring or sending a request for triage.** If available, follow prompts on the ROP (for GPs in Bromley) or complete the correct referral form on DXS. This helps specialists to receive all relevant information to assess the referral and streamline the patient pathway.
- **If there is no referral form available or the GP prefers not to use it, please provide enough information in your referral/A&G query.** Please ensure you are providing enough information for the specialist to assess if the referral is clinically appropriate (being made to the correct team, at the correct point in the patient's pathway). Specialists regularly feedback that it is difficult to extract the relevant information they need from consultation notes that have been attached. It is usually helpful to provide a standard history (including history of treatments tried and for what length of time, investigation results, cite any relevant guidelines, relevant NHS legislation e.g., patient choice).

Please see slides 12 – 13 in the source document for the advice given to secondary care around referral rejections. Please see slides 14 – 15 for medico-legal stance on specialist advice.

Guidance for GPs & primary care clinicians on using specialist advice (2/3)

- **Engage with your secondary care teams.** Consider attending education, engagement or social events to help build strong relationships between GPs and specialists. Many are advertised via the SEL training hub or directly by the Trusts, e.g., GSTT Primary Care Supper, or are organised by borough interface leads. Contact your local lead for further information and look out on SELnet, GP newsletters or e-bulletins.
- **When should I expect to hear back from written A&G?** SEL is working towards a system-wide ambition for written specialist advice responses within 2 working days. We are encouraging providers to adopt this as a consistent standard. While this isn't currently mandated nationally, it aligns with best practice and expectations set out in NHS England's guidance.
- **Allocate adequate time and resources.** GPs and other clinicians working within primary care who require specialist advice will require adequate administrative time and support. This pack can be used as a training tool along with supporting information on [using e-RS](#).
- **Specialist advice should not be used for administrative reasons**, e.g., chasing an outpatient appointment. This causes delays in specialists responding to clinical queries. Please use established routes, such as the departments secretarial team. Patients can also liaise with the hospital themselves via PALS. It can however be used to update the specialist team and see if an appointment needs to be expedited e.g., if the patient's condition has changed or new information is available.
- **What if the advice received was not high quality?** You can reply to the A&G response or re-refer. You can submit a quality alert (please note the quality alert system is under review and this advice may be replaced by an alternative route for reporting interface issues), clearly stating that this was a quality issue with specialist advice and explain the reason e.g., incorrectly rejected referral. You can also discuss with your borough-based interface leads or your local LMC particularly if a pattern is noticed.
- **Be familiar with e-RS.** Clinical and non-clinical members of staff who are using e-RS should be familiar with its functionality. There is a SEL "e-RS Information Pack" available on the [elective services and specialist advice page](#) on the ICB website, or you can visit [NHS Digital](#) to learn more.

Please see slides 12 – 13 in the source document for the advice given to secondary care around referral rejections. Please see slides 14 – 15 for medico-legal stance on specialist advice.

Guidance for GPs & primary care clinicians on using specialist advice (3/3)

- **Where should I refer my patient, including “out of area” referrals?** Patients are entitled to request their provider under the [NHS Choice Framework](#). However, please discuss with the patient about where they would like to be seen and any practicalities that they should be aware of. For instance, if they are already under one hospital for the rest of their care this may be best in terms of continuity. Equally, if they are likely to need investigations or ongoing follow up, will they practically be able to attend this if the provider they have chosen is geographically far away. If you are referring a patient under NHS patient choice legislation it can be helpful to specifically write this in your referral.
- **What if I don't process my own e-RS referrals or A&G?** Please ensure that the person interacting with e-RS is aware of the information within this pack and within the "e-RS information pack" (available on the [elective services and specialist advice page](#) on the ICB website).
- **What if I can't find the service I'm looking for on e-RS?** Try not to refer "out of area" or to a hospital not agreed to by the patient by default. See if a colleague can assist you or contact the desired department to check where their service is listed. It can be helpful to flag to the service manager that their service is not visible as they may not be aware – this can be escalated through borough interface leads / quality alert system.

Please see slides 12 – 13 in the source document for the advice given to secondary care around referral rejections. Please see slides 14 – 15 for medico-legal stance on specialist advice.