South East London Acute Provider Collaborative

Guy's and St Thomas' NHS Foundation Trust

King's College Hospital NHS Foundation Trust

Lewisham and Greenwich NHS Trust

Abbreviated Secondary Care Guidance for Providing High Quality Specialist advice

Excerpt from: Providing & Requesting High Quality Specialist Advice available from:
https://www.selondonics.org/icb/healthcare-professionals/elective-services-specialist-advice/

Please refer to source document for full guidance including medico-legal stance of specialist advice & advice to Primary Care colleagues

May 2025

By telephone/Consultant Connect , e-RS A&G and Triage "reject with advice"

South East London Integrated Care System

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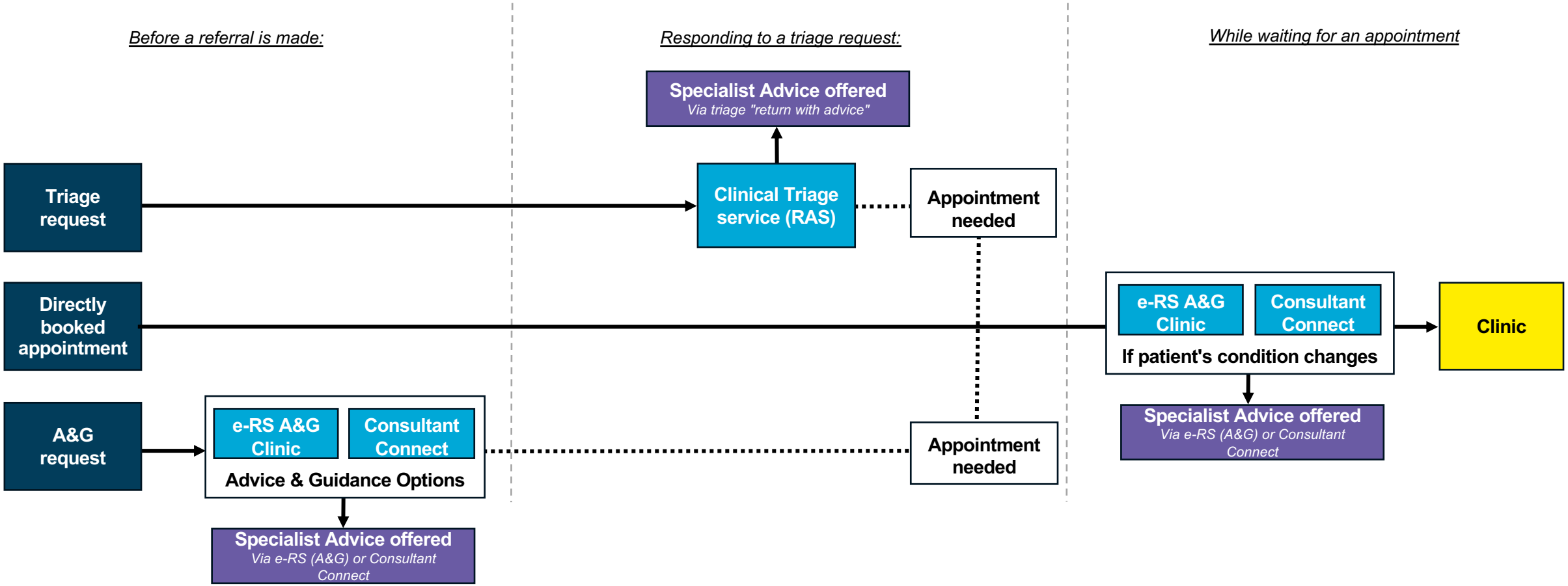
What is Specialist Advice?

- Specialist advice is guidance provided by a specialist to a general practitioner (GP) or clinician within primary care.
- It can be verbal or written and 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:



What are the benefits of Specialist Advice?

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Patients

Improved patient experience: it enables many 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

More clarity on next steps of care when specialist advice is comprehensively offered, they know a decision has been made by a specialist and only receive an appointment if needed

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

Specialist advice and feedback from triagers provides an **opportunity to help embed specialty guidelines**

Service Providers

More **cost-effective use of clinician time** and expertise, helping to develop 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

Opportunity to **generate additional income** via ERF to support the sustainability of Specialist Advice services

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**

Opportunity to **generate additional income** via ERF

Comprehensive offering of specialist advice within specialties can **help with the development of future improvement projects**: single point of access, community triage service, etc.

What are the Secondary Care Enablers for Quality Specialist Advice?

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Clinical Enablers:

- **Clinical Guidelines** and clear referral pathways (which are preferably SEL-wide, well-advertised, easily accessible on GP and secondary care systems and used by both GPs and Specialists in the context of requesting or responding to Specialist Advice).
- **Strong Relationships** between Specialists and GPs (education and engagement events, open dialogue, easily accessible).
- **Clear routes for GPs** to make referrals/requests into Specialist Services (available on Consultant Connect or on e-RS for A&G and RAS Triage, single points of access for services where possible or very few options available on e-RS).
- **Time & resources** - Specialists require ring-fenced time to provide quality advice and a rota should be established so Specialists are aware of who is responsible. Specialists should be trained in giving quality advice and make use of available digital aids to maximise consistency of response, quality and efficiency, e.g. templates / smart phrases within software.

Technical Enablers:

- **Consultant Connect** lines have clearly defined rotas with an equitable share of workload across teams which are changed in line with consultant schedules and leave, covering all appropriate days/times. Please see https://www.selondonics.org/icb/healthcare-professionals/elective-services-specialist-advice/ for examples of how services across SEL run Consultant Connect lines
- **e-RS Advice and Guidance** services available, clearly described (especially if sub-specialty advice service) and responded to in a timely manner (within 2 working days is the gold standard)
- **Triage** is delivered through an e-RS Referral Assessment Service (RAS), to support patient and referrer experience and enable ERF income
- **e-RS mapping** services are encouraged to check that what is visible on e-RS to referrers aligns with the service including their directory of service
- **Templates** for advice responses outlining expected advice response content, with more detailed specialty-specific versions, to help improve consistency of advice responses within and across specialties. Ideally would be co-produced with referring clinicians
- **Primary care systems** all guidelines and referral forms should be uploaded onto primary care systems such as SELnet, ICB website, DXS, ROP. ROP is a "smart" referral optimisation program currently operating in Bromley with ambitions to roll out to other boroughs. To integrate guidelines and pathways contact broccg.emisrp@nhs.net

Please see slides 7-9 in the source document for the advice given to primary care. Please see slides 14-15 for medico-legal stance of Specialist advice

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What does Quality Specialist Advice look like? Template Response for Specialists

Adapted from GIRFT. For written advice, however principles also apply to verbal advice. Templates ideally to be co-produced with referring clinicians

General Principles:

Try and answer the question without re-directing the GP. This may involve speaking with the patients named Consultant before replying.

Remember that replying to these queries in a meaningful way is beneficial for patients, the department & GP colleagues.

1. **Opening Statement** - Begin with a personalised acknowledgment of the query
   Dear [--],
   Thank you for your query re [Patient name].

2. **Personalised response** - answer the query clearly
   Ensure you have read the question and have answered it to avoid a back-and-forth exchange (for example further A&G requests or repeat referrals sent to triage). If the patient is known to the service please familiarise yourself with the available documentation or speak to their team to aid the response. If you are not recommending a referral, please make this clear "Based on the information provided the patient is suitable for management in the community in line with *[link guideline or provide medication advice]*". Ensure the advice you are giving is in-line with any local guidelines/pathways and remember GPs cannot prescribe all medications – check the SEL formulary if unsure.

3. **Further Information** - provide supporting resources, include links to NICE guidelines, SEL pathways, or patient information leaflets
   The following patient information leaflets may be helpful *[insert links]*. The following NICE guideline / SEL Guideline sets out the agreed pathway.

4. **Provide escalation advice & safety-netting advice** - advise on next steps if symptoms escalate
   If the following symptoms / scenarios occur do '*XYZ'*. Provide escalation pathways as agreed locally, e.g. Consultant Connect to speak with on-call, routine or urgent e-RS referral, A&E for '*XYZ'* etc.

5. **Closing**
   If you refer the patient in future, please reference this advice and copy the correspondence to avoid duplication. Where available please use the agreed referral form.

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Can providers reject referrals? Only if it is "Clinically inappropriate" *and not for suspected cancer**

NHS England Patient Choice Guidance December 2023

*"Providers who have an NHS Standard Contract with any ICB or NHS England for the service a patient requires **must accept all clinically appropriate referrals** for that service where legal rights to choice apply. This includes referrals made by primary care clinicians of patients whose responsible commissioner is not a signatory to the NHS Standard Contract which the provider holds but who would instead operate on an NCA basis."*

"Where providers have concerns that a referral received may not be clinically appropriate, they should raise this with the referrer in the first instance."

The position above, from the NHS England Patient Choice Guidance, is derived from 1) The Health and Care Act 2022, 2) Clauses within the NHS Standard Contract, and 3) The NHS Constitution, which sets out the legal rights patients have and can expect of the NHS.

In exceptional circumstances, there are **allowed reasons for rejection:**

- **Out of Scope:** Referral does not match the service's clinical remit (e.g. wrong Specialism referred to, if it is the correct specialism but wrong clinic selection on eRS the Specialist team should attempt to redirect this internally)
- **Inadequate Information:** Not enough information provided for the Specialist to assess appropriateness for their service (however where practical the Specialist should attempt to see if this information is available e.g. on the LCR or by contacting the referring organisation)
- **Premature Referral:** Local or NICE guidelines have not been followed and the patient does not need Specialist services at this point in their journey, where possible escalation advice should be provided

***PLEASE NOTE, the above does not apply to referrals for suspected cancer**, where waiting time rules state "*If a consultant thinks the referral is inappropriate this should be discussed with the referrer. Only the referrer can downgrade or withdraw a referral. This includes where it is considered that insufficient information has been provided*." As such, referrals for suspected cancer should never be "rejected".

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When can I reject a referral FAQ:

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Can I reject if the patient is out of area?

- **No**, patients have a right to choose their provider, as supported by the NHS Patient Choice Framework; consultant-led services must be unrestricted on e-RS, with geographical restrictions to referrals only put into place in exceptional circumstances (i.e. locally commissioned service). *As such, no referrals should be considered as 'out-of-area' if they have been referred into the service via e-RS.* Referrers are advised to discuss practicalities with patients at the point of referral (e.g. complex patients with care at another hospital, practicalities of patients attending follow up and investigations). e-RS visibility may impact the choice of provider for referrer, patient or administrator. If a pattern is noted e.g. consistently receiving referrals from a particular area where there is a closer specialist service this should be escalated internally

Can I reject the referral if the referral form was not used?

- **No**, unless the missing information prevents assessing clinical appropriateness.

Can I reject the referral because there was inadequate information on the referral?

- **Yes**, if you can't judge if the referral was "clinically appropriate" or not (except if the referral is for suspected cancer).

Can I reject the referral because they don't need to be seen by a specialist team?

- **Yes**, if it is not clinically appropriate for them to be seen, but you would need clear rationale as to why (for instance the referrer if referring too early in the patient's pathway and has not followed the local or NICE guidelines).

Can I reject the referral because the patient was previously seen and discharged?

- **It depends.** Under the NHS Constitution patients have a right to request a referral. It's between you and the referrer to decide where the most clinically appropriate place for the patient is. You may need to reassure the patient (by seeing them) or offer written advice to the patient.

Can I reject the referral because the patient has previously been seen by the same specialty but at a different hospital?

- **It depends.** The referrer may be unaware or selected the wrong service on e-RS, in that case it is reasonable to suggest they go back to their original team (if it is local). However, if it is a clinically appropriate referral and the patient has specifically requested your hospital, you should accept.

Can I reject the referral because it is better for the patient to be seen by a different team?

- **It depends.** If this is a team within your specialism you should re-direct the referral. If it is in a different specialism or provider entirely (which may offer a more specialised service), you should politely inform the referrer and ask they re-refer the patient to the correct team.

Can I reject the referral because the patient has not engaged with the service before (e.g. multiple DNA's)

- **No**, under the NHS Constitution patients have a right to request a referral. There may be legitimate reasons why the patient did not previously engage and is now willing to.