

To: Chief Information Officers

Please circulate to Chief Clinical Information Officers,
Chief Nursing Information Officers and
Digital Leads,

To: Hospital Medical Directors

Please circulate to all Consultants and Clinical teams
within your Trust

To: Primary Care

Please circulate to all GPs and
Practice Managers and Teams.

To: Regional Digital Transformation Directors

Dear Colleagues,

We are writing to update you on the NHS e-Referral Service (e-RS) which now provides a streamlined two-way communication and referral channel between primary and secondary care using digital Advice and Guidance (A&G). This will help local organisations support elective care recovery.

A&G requests can now be converted to referrals

Changes have been introduced which now allow referrers to authorise the conversion of A&G requests to referrals by the provider, where appropriate. This removes the administrative burden on primary care teams.

Secondary care provider teams can now convert an A&G request to a referral, and simultaneously provide advice to support patient care while on the outpatient waiting list where appropriate.

When creating an Advice and Guidance request, referrers will notice tick boxes. These appear under the question: "Do you authorise the provider to convert this advice request into a referral if appropriate?".

The tick box options are:

"Yes – I will ensure adequate clinical information is supplied"

"No – I only require advice at this time"

A&G conversations can be seen in some hospital electronic patient records Some hospital systems may now interface with e-RS so that A&G conversations can be automatically processed and viewed within the hospital electronic patient record instead

of within e-RS.

NHS Digital and NHSX continue to work to enable this across all electronic patient record systems to improve the interoperability between e-RS and Electronic Patient Records (EPR).

More information can be found in the following link and the appendices below: [NHS e-RS Advice and Guidance enhancements 2021](#).

Many Hospital Trusts, Clinical Commissioning Groups and Integrated Care Systems have found it helpful to optimise local use of A&G services to support elective care recovery, and provide a secure communication channel for specialist advice. Response times for A&G can be agreed locally, and we recommend that time should be allocated through formalised job plans, to deliver A&G safely and to a high quality within the agreed timeframe.

We appreciate the complex landscape colleagues are working in and hope this update is helpful to navigate the enhancements in e-RS. Please contact enquiries.ers@nhs.net for further information.

Yours sincerely,



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Appendix

A Reminder: Which Patient Pathways Does e-RS Provide?

The [NHS e-Referral Service](#) is the national platform for all GP to Consultant-led first outpatient appointments in acute trusts (subject to exclusions defined in the NHS Standard Contract, such as same day referrals, mental health referrals and referrals into diagnostic, screening or pathology services).

[There are three main services available in e-RS via which a referrer may obtain clinical advice and/or refer a patient](#). Clinical teams can adapt which of these channels to provide during Covid-19 recovery. This ensures that patients are managed safely, and the referral is triaged and processed according to clinical priority.

There are three core existing e-RS services:

1. **Advice & Guidance (A&G)** allows two-way dialogue between primary care referrers and specialist provider teams within an agreed time frame. A&G improves the interface between clinical teams, strengthens shared decision making and avoids unnecessary outpatient activity. As such, in Covid-19 recovery, use of A&G should be considered ahead of any referral being made. [Advice and Guidance High Impact Intervention Guides](#) were released in September 2020 to support the mobilisation of

A&G services in response to Covid-19. Models of A&G services include those delivered by specialists working in secondary, community and primary care. In addition to consultants, specialist advice can be provided by suitably trained and accredited General Practitioners with Extended Roles (GPwER), Specialist Nurses and other Allied Health Professional (e.g. Musculoskeletal First Contact Practitioners) working as part of an integrated pathway of care.

- 2. Referral Assessment Service (RAS)** enables specialist provider teams to assess clinical information from the referrer and either triage the patient or return the referral with advice, before the patient has booked an appointment. RAS can allow patients to be booked straight to test or procedure without the need for a first outpatient appointment (e.g. booking straight to endoscopy). Currently RAS does not support two-way dialogue, or allow specialist providers to provide e-RS advice and guidance to GPs for patients accepted onto the outpatient waiting list. This is under review at present.
- 3. Directly Bookable Services** allow patients to book their appointment before the referral is reviewed by the specialist provider team. Patients are able to choose which booking route best suits their needs – by telephone or online using the e-RS booking website 'Manage Your Referral' (now accessible through the NHS App). Patients also have the ability to cancel and change appointments themselves. Directly Bookable Services were designed to allow patients to select a date and time for their first hospital appointment. However, increased pressure on outpatient appointments has restricted patient choice and availability of appointment slots to book. When appointments are not available patients are deferred to the specialist provider team's 'Appointment Slot Issues' (ASI) worklist. This means that the hospital or provider organization takes the responsibility for booking the appointment rather than the patient.

For more information please see [NHS e-Referral Service - support for professional users in response to the coronavirus \(COVID-19\) guidance](#).

Why have these new e-RS enhancements been released?

There has been a dramatic increase in the use of e-RS Advice and Guidance nationally through the Covid-19 pandemic. This is illustrated in the [Advice and Guidance Toolkit for the NHS e-Referral service](#). The new enhancements optimise existing A&G functionality to further streamline patient care and improve the patient journey. These enhancements ensure that patients can be more effectively directed to see the right person, in the right place, at the right time, using the right platform (where conversion to referral is required e.g. through a face-to-face consultation, video-consultation or phone consultation).

How will these e-RS changes affect Acute Care Clinical Staff and their teams?

To optimise use of the A&G enhancements specialist provider teams can [access the e-RS platform with their NHS smartcard](#), or alternatively use the new Application Programme Interfaces to access e-RS through their hospital IT platform. A&G can be managed by clinicians through remote working using a secure encrypted connection if required.

Systems should ensure clear pathways are in place for timely processing of any A&G requests converted to urgent or two-week-wait (2WW) referrals.

A&G is direct clinical care delivered digitally, and therefore requires appropriate resourcing to allow clinical teams to provide safe and high-quality care for patients. A&G requires job planning and incorporation into the wider planning of outpatient activity. A&G and RAS require hospital administrative resources to process referrals, book patients into the correct clinical services and communicate with patients regarding their outpatient waiting time.

How will these e-RS changes affect GPs?

A&G aims to help GPs manage patients in the community with specialist support where appropriate, and reduce unnecessary outpatient appointments and waiting times for patients.

When using the new 'authorisation to convert' functionality, GP teams should ensure their patient is fully informed that their A&G request may result in conversion to an outpatient appointment (urgent, routine or 2WW), and that the patient has agreed the chosen provider. Appropriate clinical information should be attached for conversion to referral if clinically appropriate. A&G responses should be appropriately communicated to patients by the referrer. The shift of clinical care into general practice should be resourced appropriately and factored into the wider planning of outpatient activity.