

Advice and Guidance Principles

For Primary and Secondary Care





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Overview

Partnership working between Consultant Specialists and GPs is front and centre to the Government's commitment to move patient care closer to home.

Pre-referral advice and guidance (A&G) supports integrated care and peer to peer learning as well as service improvement. Providing early access to specialist advice has the potential to transform patient care, supporting shared decision-making and streamlined pathways of care, providing faster access to investigations, interventions and treatment with fewer unnecessary appointments reducing the need to visit hospitals.

A&G aims to ensure patients receive optimal care, as quickly as possible, in the most appropriate care setting while upholding patients' rights to choice.

A&G should not be used for administrative issues (for example, checking where a patient is on the waiting list). The National A&G enhanced service specification for GPs sets out the requirements for payment of pre-referral A&G requests.

The spirit of A&G is shared decision making. It is also important that there is no confusion about responsibilities. This document aims to support both primary and secondary care by setting out roles and responsibilities, as well as providing practical guidance on A&G requests.



Definition of Pre-referral Advice and Guidance

Prior to or instead of referral, the referring clinician seeks advice from a specialist (specialist opinion) through, for example, the NHS e-Referral (e-RS) advice and Guidance, other IT platforms, dedicated email addresses, or by telephone.

- Non-face-to-face activity, with no referral or booking having yet been made.
- There is no referral to treatment (RTT) clock start.

A&G within the enhanced service specification is defined as GP led, non-face to face activity.



C&M Funding model 25/26

Primary Care

- Practices will be entitled to claim a nationally set Item of Service fee per request for pre-referral A&G.
- Only one claim can be made per episode of care.

- To maximise requests whilst ensuring expenditure stays within the national allocation for C&M, a practice level cap based on weighted capitation numbers has been agreed. This information can be found in appendix 1.
- Progress and activity will be monitored throughout the year to ensure the full budget is utilised.

Secondary care

- An A&G tariff rate has been agreed for secondary care.
- This tariff will only apply to A&G diversions (i.e. where the advice has not been to list for an outpatient appointment)

The 25/26 funding model is an interim agreement to support the increase of A&G utilisation and diversion rates. Work will take place throughout 25/26 to fully understand the implications of A&G services and inform future funding models.

Clinical role and responsibilities

For the purposes of this document the following applies:

- The requesting clinician – Primary Care
- The receiving clinician – Secondary Care

The requesting clinician

- Is responsible for patient management until or unless the receiving clinician either accepts the patient for ongoing management or reviews them in a clinic setting, or until they are admitted to hospital.
- Is responsible for completing any actions unless the receiving clinician has indicated otherwise. Where the receiving clinician concludes an outpatient appointment is required, this will be actioned by secondary care via eRS if that is what has been requested by the receiving clinician.
- Should consider the advice received and apply it only if in professional judgement it feels appropriate and relevant. This judgement needs to be in the context of knowledge of medicine, the patient (e.g. any allergies) and their clinical and social history. Based upon GMC guidance, the requesting clinician must recognise and work within the limits of their competence and may therefore refuse to undertake the management advice given, instead referring the responsibility for the patient to be managed back to the receiving clinician or another secondary care service as per choice guidelines.
- Is responsible for communicating the advice received to the patient in a timely manner, acting on any advice provided within their clinical competency and agreeing further management plan with the patient as appropriate.

- Is responsible for responding to the receiving clinician if they do not feel the advice provided is in the patients' best interests, or if they are unable to provide the advice, management plan or diagnostic investigations recommended by the specialist within the scope of their clinical competency.
- Is encouraged to escalate to their local Primary Secondary Care Interface Group where there are repeated examples of advice being given that is not suitable for action within Primary Care.
- Is responsible for requesting and reviewing diagnostic tests and acting on them accordingly within the scope of their clinical competency, if accepting the specialist advice to carry out diagnostic investigations in primary care.
- Is responsible for requesting further specialist advice or referral if the patient's condition changes.
- Is responsible for ensuring the patient is aware they are on a Specialist Advice pathway and that the referral is made in line with the agreed requirements. This should include informing the patient of the process of gaining advice and when and how to expect guidance from the provider of specialist advice.
- Should make the patient aware that when referring to a specific provider for specialist advice and the outcome is an outpatient appointment is required, the referral will go to the same provider selected for initial advice. The NHS eRS platform allows a service provider to convert a specialist advice conversation to a referral (if authorisation has been granted by the referring clinician) and provide simultaneous advice back to the referring clinician. This removes the need for the request to be returned to the referrer for them to take this action. Therefore, when using eRS for A&G, the referring clinician should have a discussion with the patient regarding possible outcomes and choice of provider before authorising the conversion to referral function on the eRS A&G request.
- Should avoid using A&G as a tool to avoid hospital admission. If you are querying whether a patient should be admitted to hospital, an urgent clinician to clinician phone call may be more appropriate.
- Should, when considering any urgent A&G requests, check local unscheduled care pathways that might be more appropriate.
- Is able to request advice from other providers if the local provider does not offer A&G within the required speciality.
- Should ensure questions are clear and include any information that might be relevant to the specialist for this purpose in order to maximise the chance of receiving appropriate advice.
- Should not assume that any gaps can be filled by information held in the

integrated care or 'GP Connect' record.

- Should not simply use the consultation note entry as the A&G query.
- Should treat A&G queries as you would an onward referral, with appropriate detail and a clear ask.
- Should be mindful patients are able to access all correspondence via the NHS app.

The receiving clinician

- Should have enough patient and clinical information within the A&G request to respond appropriately and safely. The receiving clinician is responsible for requesting more information from the requesting clinician if this is required. This should be requested via eRS if the request was made in this way, otherwise by the same secure method the request was sent by.
- Should give clear information to the requesting clinician explaining the rationale for suggesting management of the patient with specialist advice rather than conversion to a referral. If there is uncertainty about what advice to give, this should be made clear in the response.
- Is responsible for ensuring any management advice is clinically appropriate for delivery by the requesting clinician.
- Should include guidance in the A&G response on how to interpret the results to aid the ongoing management of the patient, if recommending the requesting clinician carry out diagnostic tests.
- Is responsible for converting the A&G request to an outpatient appointment if it is not possible to manage the patient via A&G, and if this option is indicated on the eRS system.
- Should respond to all A&G requests as soon as possible. To ensure timely clinical decision making and minimise delays to onward referral if this is required, response times should be within 24-48 hours for urgent A&G requests and 0-5 working days for routine A&G requests. Response times should not exceed 10 days.
- Is responsible for ensuring a good quality clinical response is provided based upon the information provided by the requestor.
- Is encouraged to escalate to their local Primary Secondary Care Interface Group where there are repeated examples of inappropriate requests for A&G.
- Should be clear if the receiving clinician will undertake any actions or not.
- Should include name and grade in responses.

- Should avoid being too directive in responses - use terms such as “consider trying” if recommending a specific medication, either check the record for any allergy or caveat the response with a phrase such as “unless intolerant”.
- Should be mindful patients are able to access all correspondence via the NHS app.



Useful Resources

Enhanced Service Specification

<https://www.england.nhs.uk/wp-content/uploads/2025/03/prn01903-advice-and-guidance-enhanced-service-2025-26-v1.2.pdf>

Advice and guidance toolkit for the NHS e-Referral Service (e-RS)

<https://digital.nhs.uk/services/e-referral-service/document-library/advice-and-guidance-toolkit>

North West Outpatient Transformation Programme NHS Futures page (access request required)

<https://future.nhs.uk/NWOutpatientTransformation/groupHome>

NHS England Advice and Guidance: high impact intervention guides

<https://www.england.nhs.uk/publication/advice-and-guidance-high-impact-intervention-guides/>