



Homerton Healthcare
NHS Foundation Trust

Advice & Refer GP Handbook

October 2022



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What is Advice & Refer (A&R)?

Homerton Healthcare are piloting a change in the way primary care colleagues refer patients to the Trust's Allergy services. All referrals will come through a single point of access called 'Advice and Refer' (A&R) - using the same advice and guidance (A&G) pathway on e-RS (electronic referral service). Whilst nationally this service is still known as Advice & Guidance we will refer to it as A&R to aid clarity. A&R is:

- A functionality within the e-Referral Service (e-RS) aimed at enabling primary care clinicians to seek advice from a secondary care clinician in order to support a decision on patient management
- A free text 'conversation' within e-RS that enables the GP to provide information and ask questions, which are sent directly to the selected specialty for review and response by a consultant.
- Advice provided through A&R enables the GP to make a decision on further activities to be undertaken (e.g. diagnostic tests or medication changes), or allows a referral to be made for the patient to be seen in secondary care

Why use Advice & Refer?

GP benefits

- Supports decision making processes and provides greater confidence in selected course of action
- Upskills clinicians
- Reduces avoidable referrals to secondary care
- Manages patient's needs more efficiently and effectively in the community and provides patient with reassurance

Patient benefits

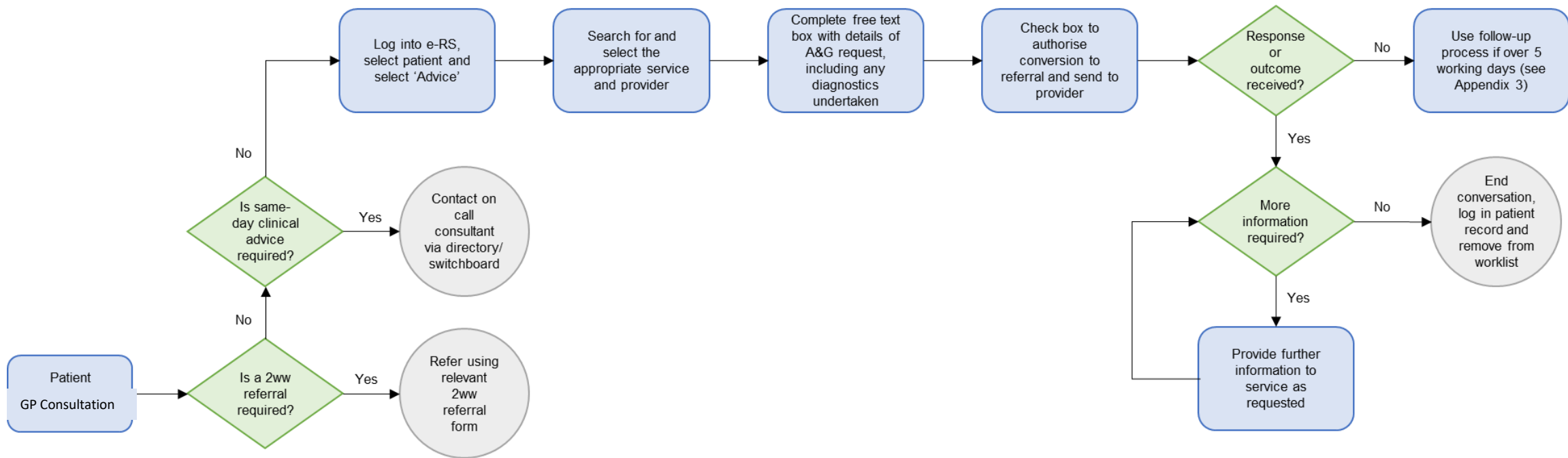
- Patient is only referred to hospital if they really need to be
- Avoids unnecessary journeys to hospital and waiting time in outpatient clinic
- Quicker access to advice and reassurance once A&R response is received by practice

Consultant benefits

- Improved quality and appropriateness of referrals received
- Enables consultant to support primary care clinicians in managing patients outside of hospital where clinically appropriate

Advice & Refer pathway

The below flow chart provides an overview of how the pathway works for those specialties piloting A&R for all advice requests and referrals. To refer patients you must select 'Advice' as you will not see the service as an option if you select 'Refer' (see Appendix 1)

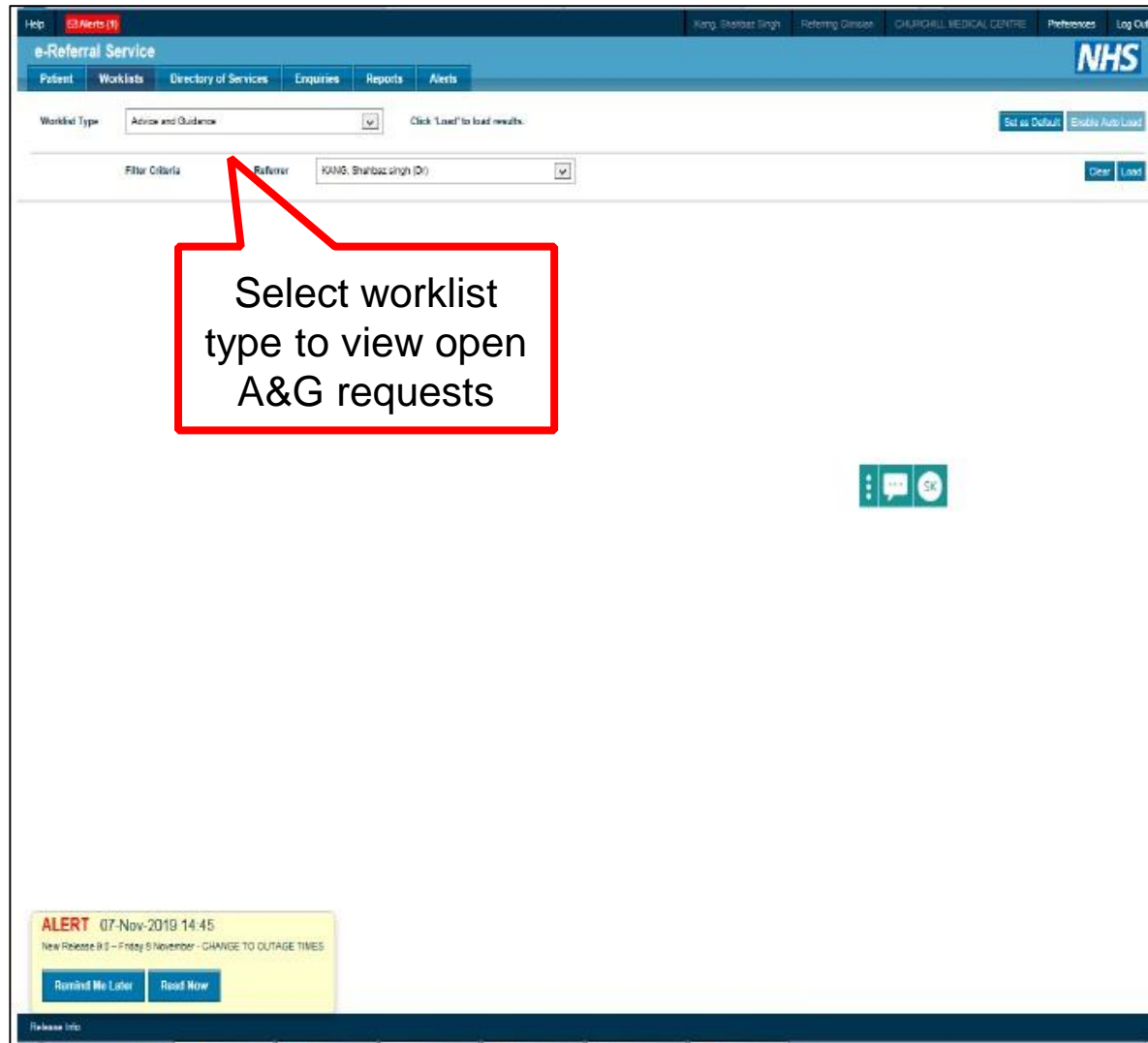


What makes a 'good' A&R request?

- Check the DoS carefully to ensure you have selected the right service
- Make sure that your question is clearly defined with a specific 'ask' from the consultant e.g. specific request for advice or state that you want to refer the patient (if the service is using the 'advice and refer' pathway through A&R)
- Provide the consultant with a brief overview of the relevant history and relating conditions
- Explain what investigations have been arranged and highlight any key anomalies. Consultants can see pathology results and imaging held on PACS and eLPR so there is no need to attach these results, but please attach any imaging, reports or other test results that have been performed outside of Homerton Health.
- Explain what management has been tried already
- Outline any clinical concerns/uncertainties that you would like the consultant to advise on, and ask further questions on the same UBRN if you need to
- Ensure that you authorise the receiving service to convert the request into a referral if you are happy for them to do so and you have discussed this with the patient

And what doesn't...

- Anything which requires urgent same-day advice
- Following up on a request for an appointment booking or any other administrative queries



- Once an A&R request has been sent, it is vital that the practice monitors its e-RS worklist regularly in order to act on the advice when it is received
- In addition to A&R, the other worklists a practice must monitor are:
 - Referrer action required
 - Awaiting booking/ acceptance
 - Outstanding referral letters

Advice Request Details

Clinical Information

- Attachments
- Ref to Others
- Reason for Referral
- Expectation of Referral
- Medication and Medical Devices
- Past Medical History
- Allergies and Adverse Reaction Findings
- Family History
- Social Context

Summary Information

Priority: Routine

Service Name
Advice & Guidance - Haematology (NCH) - Barts Health NHS Trust - R/H

Speciality
Haematology

Referred By

Referring Organisation
CHURCHILL MEDICAL CENTRE
1 CHURCHILL TERRACE
CHINGFORD
LONDON
E4 8DG
Tel: 020 84301020

Registered Practice
CHURCHILL MEDICAL CENTRE
1 CHURCHILL TERRACE
CHINGFORD
LONDON
E4 8DG
Tel: 020 84301020

Advice Conversation

02-Jan-2020
Dear Consultant Haematologist,
The 47 year old woman has had intermittent raised platelet counts over the last 2-3 years, each time found incidentally on testing of FBC. Her current FBC is: hb 112 (MCV 108), MCV 80.3, Plts 494 (424 in 7/11/18). Other bloods (inc LFTs, TFTs and U&Es) are all normal and there are no abnormality found on examination. She is not taking any regular medication which would obviously account for these results. She has had previous similar episodes of raised platelets in March 2016 and August 2017, with normal neo vits between these episodes. Clinically there are no acute concerns, however given her raised platelet count of unknown aetiology I would appreciate some advice regarding what the appropriate monitoring for this should be, and/or if we need to do any further investigations/refer to ascertain an underlying cause.
Kind Regards,
[Redacted]

02-Jan-2020 08:26 - Sent by [Redacted]
As you say, she has a mild, longstanding thrombocytosis which has been present, certainly had significant iron deficiency in the past and her iron stores are still low. Thrombocytosis is most likely related to iron deficiency and I suggest she continues with iron tablets (or 1 tablet three times per week if she gets side effects). If her platelet count rises over 500 in spite of this then refer to Haematology.

Advice Status: Refer to Review Response

Enter advice request detail here

2000 characters remaining

Buttons: Cancel, Print, Update Person, End Conversation, Refer Now

- It is advised that A&R requests and outcomes are logged in the patient record (this can be done as copy and paste as a clinical note or exporting onto PDF and attaching onto the patient record)

Use the buttons at the bottom of the screen to take further action on the request. **If the consultant advises you to refer the patient, please click 'Refer Now' to generate a referral.**

If the receiving service has converted an A&R request directly into a referral, this will show in your worklist as 'Update Available – Referral Accepted'

UBRN	Patient Name	Priority	Response Status	Last Activity	Clinical Context	Clinician	UBRN Created
0000 4914 6011	SHERON, Joshua Jordan (M)	Routine	Update Available – Referral Accepted	11-Nov-2020	Dermatology/Acne	-	11-Nov-2020
0000 4914 6171	HUNTER, Jenny (Ms)	Routine	Referrer To Submit Further Information	26-Nov-2020	Dermatology/Acne	-	26-Nov-2020
0000 4914 6169	HUNTER, Jenny (Ms)	Routine	Referrer To Review Response	26-Nov-2020	Dermatology/Acne	-	26-Nov-2020
0000 4914 6012	KING, Amos (M)	Routine	Provider Response Required	11-Nov-2020	Dermatology/Acne	-	11-Nov-2020

- After logging this in the patient record (see previous page), this can be removed from the worklist as it is now a referral and no further A&R interaction is possible.

UBRN: 0000 4914 6169 Patient: HUNTER, Jenny (Ms) Gender: Female 32 years (24-Oct-1988)

Advice Request Details

Advice Request Details
Clinical Information

Summary Information

Priority: Routine
Service Name: General Dermatology Service - Dermatology - Killinghall Hospital
Specialty: Dermatology
Referred By: PANNELL, Deborah
Referring Organisation: PANNAL ASH PRACTICE, LANCASTER PARK ROAD, HARROGATE, HG2 7SX
Registered Practice: PANNAL ASH PRACTICE, LANCASTER PARK ROAD, HARROGATE, HG2 7SX

Advice Conversation

26-Nov-2020 13:10 - Sent by PANNELL, Deborah (Dr) (Referring Clinician)
Please review the attached image and advise on the most appropriate care for this patient.
patient image.png Image of the patients right cheek

26-Nov-2020 13:12 - Sent by HARRINGTON, Russell (Mr) (Service Provider Clinician)
This patient should be assessed and will book them into Mr Shars clinic.

Advice Status: Advice Converted

Remove From Worklist

A&R process hints and tips

- Some aspects of the A&R process can be undertaken by administrative staff, such as checking worklists for new responses; making this part of your practice's internal process for managing A&R requests can save GP time and ensure that responses are processed more quickly. Administrative staff can use the A&R toolkit linked on page 14 of this document to help with any training needs.
- Ensure that wherever possible the requesting clinician also picks up and acts on the response; this will provide continuity for the patient and may also assist the clinician with what to do in future cases. It also ensures that if the secondary care clinician needs more information, the GP who originally saw the patient is able to respond and provide further detail.
- In addition to ensuring that administrative time is set aside for regular checking of worklists, some clinical time is needed to act on the advice provided (for example, ordering tests) and update the patient on next steps. Practices may wish to consider including A&R follow-up calls on the relevant GP's telephone triage list, in order to ensure there is GP time available to contact the patient.

Availability of A&R and requesting process

How do I find out what services offer A&R?

Homerton Healthcare Trust is piloting A&R with Allergy.

Can I request A&R for a patient who is already under specialist care?

Yes. When writing your request, please include the name of the consultant treating the patient and the patient's hospital number.

What does the functionality to convert A&R into a referral mean for me?

If you select the 'Yes' option when prompted, you are giving the receiving service permission to change the advice request directly into a referral without the need to respond to you and for you to use the 'refer now' functionality. Before selecting this option, it should be discussed with the patient to ensure they understand that they may be referred without further consultation in primary care, and that they are happy with the selected provider. If you are seeking management advice only, please select 'No' when prompted.

Why are some specialties now offering A&R only instead of a choice of A&R or direct referral?

Homerton Healthcare Trust is testing a new approach to managing referrals and A&R in the Allergy speciality, using A&R as the single point of contact for all referral activity. This pathway enables consultants to review all of the information provided by the GP and either respond with advice, request further information or book the patient straight into an outpatient clinic. Under this 'Advice & Refer' pathway, secondary care will aim to review and action all requests within five working days; this ensures that highest priority patients are booked in for appointments and management advice is given to the GP promptly where appropriate. This is an improvement on the current 'defer to provider' referral pathway where the GP does not have visibility of the status of the referral and may find it difficult to manage the patient in the meantime.

Frequently Asked Questions

Managing A&R responses

What should I do if the specialty doesn't respond to my A&R request or if the reply is not of sufficient quality?

Please follow the process flow chart in Appendix 3 of this handbook for unanswered A&R requests. If you are concerned about the quality of an A&R response received, please email huh-tr.respiratory.department@nhs.net outlining your concerns (excluding any patient identifiable information).

What are my options once a response is received?

Once the response has come back, you can ask further questions if needed, provide the advising consultant with any further information requested or close the A&R request by clicking 'End Conversation'. If the advice is to refer to secondary care, you should do this using the 'Refer Now' button within e-RS. This ensures that the A&R conversation is sent to the provider along with the referral. Please do not respond to thank the consultant, as this will generate a new action for the hospital requiring their attention.

If I need to refer the patient, will the receiving service be able to see the A&R conversation?

Yes, as long as you use the 'Refer Now' button. This will send the A&R interaction to the receiving service, even if you refer to a different site or provider to the one that provided the A&R. You can also authorise the receiving service to convert the request directly into a referral by selecting the 'Yes' option when generating your initial request (see Appendix 1).

How much time will it take to deal with an A&R response?

Specialists will aim to respond to A&R requests within a maximum of 2-5 working days

Does this mean an increase in workload for GPs?

The exact tasks to be carried out following an A&R request will vary depending on the nature of the request and the advice given, but GPs who use A&R regularly have fed back that these activities often do not take any longer than other tasks required as a follow-up to a consultation, such as ordering diagnostics or making a referral to secondary care.

Further information and resources

Is there training available?

[A detailed A&G toolkit is available on the NHS Digital website: https://digital.nhs.uk/services/e-referral-service/document-library/advice-andguidance-toolkit](https://digital.nhs.uk/services/e-referral-service/document-library/advice-andguidance-toolkit)

How can I see A&R data for my practice?

We are currently developing a primary care dashboard for A&R which will allow practices to see their A&R activity to support conversations within Primary Care Networks about A&R usage and experience. Further details will be shared once the dashboard is finalised.

Appendix 1: How to make an A&R request

1. Log onto e-RS via your usual route (please note that Chrome browser is not compatible with e-RS)
2. Find the patient you wish to make an advice request for
3. Select the 'refer or advice' button and select the referring clinician, request type (Advice) and priority level from the drop down lists. **Please note that for services using 'advice & referral' pathways you must select 'Advice' as the request type or the required service will not be visible.**

Appendix 1: How to make an A&R request

The screenshot shows the 'e-Referral Service' search criteria page. The patient information at the top is: Patient: CHEW, Lizzie Zelma (Ms) Gender: Female Date of birth: 01/04/1986 Age: 33 years NHS: 946 541 7637. The search criteria are as follows:

- Search By:**
 - Request Type: Advice
 - Priority: Routine
- Search Fields:**
 - Clinical Term: [Empty]
 - Speciality: [Empty]
 - Named Clinician: [Empty]
- Refine Your Search With:**
 - Distance within: [Empty] miles of [Empty] Postcode: [Empty]
 - Indicative Wait Time Less Than: [Empty] Days
 - Organisation or Site Name: [Empty]
 - Age and Gender Appropriate Services Only:
- Additional Options:**
 - Sort By: Distance
 - Content Sensitive:
- Referring Information:**
 - Initial Referring Clinician/Organisation: PANNELL, Deborah / PANNAL ASH PRACTICE
 - Commissioning Organisation: HARROGATE CCG

At the bottom of the page, there are buttons for 'Cancel', 'Add Additional Requirements', 'View/Modify Shortlist', 'Search Primary Care', and 'Search All'. The 'Search All' button is highlighted with a red arrow.

4. Search for the service you wish to send your advice request to

5. Enter 'Homerton Healthcare' in the 'Organisation of Site Name' field to find local services and then click 'Search All'

The screenshot shows the NHS e-Referral Service interface. At the top, there is a navigation bar with 'Help', 'Alerts (0)', and 'e-Referral Service'. Below this, a patient profile is displayed: 'Patient: CHEW, Lizzie Zelma (Ms) Gender: Female Date of birth: 01/04/1986 Age: 33 years NHS: 946 541 7637'. The main section is titled 'Service Selection' and contains a 'Service Search Criteria' dropdown menu. Below this, a table lists search results:

Select	Miles	Service Name	Indicative Appointment Wait	Indicative Treatment Wait	Directly Bookable	Referrer Alert	Link to NHS Choices	Location
<input type="radio"/>	10	General Dermatology Service - Dermatology - Killinghall Hospital	Limited Availability		Yes		i	KILLINGHALL HOSPITAL
<input type="radio"/>	41	Adult Dermatology Service - Dermatology - Woodsend Hospital	Limited Availability		Yes		i	WOODSEND HOSPITAL

At the bottom of the interface, there are buttons for 'Cancel', 'Search Criteria', 'Appointment Search', and 'Request'. A red arrow points from the 'Request' button to the text on the right.

6. Select one of the available services from the list and use the 'request' button to generate your request. If your local hospital site is not listed, please select a different site

7. Enter the details of your A&R request in the free text box; please note that there is now functionality which allows you to authorise the receiving service to convert your request into a referral if clinically appropriate. **If you wish to authorise this, please discuss this with your patient and then select 'Yes', ensuring that you are providing adequate clinical information for the service to proceed.**
8. Please add any attachments, such as diagnostic results (if undertaken by a different provider to the one you are requesting A&R from) or photographs, at this point. **If the patient is already under specialist care, include the name of the consultant and the hospital number in the request.** Click 'Send request' to send your query to the chosen specialty.

NHS e-Referral Service Help Alerts Pannell, Deborah

UBRN: 0000 4914 6009 Patient: HUNTER, Jenny (Ms) Gender: Female 32 years (24-Oct-1988)

Advice Request Details

Advice Request Details

Summary Information

Priority: Routine

Service Name: General Dermatology Service - Dermatology - Killinghall Hospital

Specialty: Dermatology

Referred By: PANNELL, Deborah

Referring Organisation: PANNALASH PRACTICE, LANCASTER PARK ROAD, HARROGATE, HG2 7SX

Registered Practice: [Redacted]

Advice Status: Not Submitted

Add Attachment Add Web Link

Enter advice request details here

Do you authorise the provider to convert this advice request into a referral if appropriate? ⓘ

Yes - I will ensure adequate clinical information is supplied

No - I only require advice at this time

2000 characters remaining

Send Request

Back Update Person

Speciality	Further information
Adult Allergy Service	Lead Consultant : Prof Raja Rajakulasingam Email: huh-tr.allergyservice@nhs.net 020 8510 7769 07827 979395

Allergy referrals

Our consultants & other specialist professionals are always happy to discuss clinical problems please do not hesitate to get in touch. We are an IQAS (Improving Quality in Allergy services) accredited specialist allergy service providing a holistic diagnostic and therapeutic service for people with allergic disease within City & Hackney, North East London and parts of North Central London.

All referrals will be triaged with a view to providing advice where appropriate and directing patients to the right clinical setting, including the ability for the Trust's clinicians to convert an advice request into a referral. As a consequence, all other primary care referral pathways for Allergy services will be closed.

Please refer to the accompanying A&R Quick guide for conditions we see and advice on common conditions.

