

## Advice and Guidance update May 2024

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This guidance has been written as part of a suite of resources to support LMCs and GPs in taking both individual and collective action where Advice and Guidance (A&G) is not serving the needs of GPs and their patients.

NHS England is increasingly encouraging the use of A&G to relieve pressure on secondary care and reduce referrals into secondary care services. Recently Acute Trusts and ICBs (Integrated Care Boards) have started to mandate that in some specialities all referrals must go via A&G, sometimes badged as 'intelligent triage'. This can create further workload for GPs in arranging additional investigations or follow up appointments.

### **Advice and Guidance cannot be mandated instead of a referral**

This is covered in the [NHS Standard contract](#) (c6) and eRS referral routes must be kept open. Also, to deny the ability of a GP to make a referral creates a system that prevents doctors from discharging their responsibility under [good medical practice with the GMC](#), which states you must:

*'refer a patient to another suitably qualified practitioner when this serves their needs'.*

This is further underpinned by the NHS constitution around patient choice.

LMCs should be involved with any implementation plans around A&G, including business rules and payments for processing A&G. Therefore, unless A&G with appropriate funding via an LCS (Locally Commissioned Service) has been agreed by LMCs, we would recommend that:

### **GPs cease taking part in Advice and Guidance from 1 June 2024**

Individual GPs are of course free to utilise A&G where after discussion with a patient this would be better for the patient and their GP. For example, where a simple clarification is sought from a specialist.

The use of A&G is neither a contractual nor professional obligation. In some cases eRS only enables referrals to some trusts via the advice route, if, for these trusts, the GP requires specialist review and not advice, **they should provide the full information required for a referral and state that the request is for the specialist to provide the patient with a consultation and is not a request for advice.**

If despite requesting an appointment, the GP is then offered advice from the specialist instead, they should respond stating 'The original request was for a referral to <specialist team>, it was not a request for advice. As such, please provide this patient with an out-patient appointment as is their right under section SC6 of the NHS standard contract 2024'.

I would like to acknowledge and thank Londonwide LMC, as this guidance was largely adapted from their excellent document on this subject.

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