

Advice and Guidance in Dermatology using the NHS e-Referral Service (e-RS) Frequently Asked Questions

Purpose

This document provides answers to frequently asked questions on Advice and Guidance (A&G), to supplement generic guidance provided through the [NHS e-RS Advice and Guidance toolkit](#). It is intended to support local health systems to successfully mobilise A&G services in Dermatology.

In recognition of the benefits to be realised by implementing A&G services and encouraging uptake, the [NHS Standard Contract 2021/22](#) states:

6.2.3 the Provider must offer clinical advice and guidance to GPs and other primary care Referrers:

6.2.3.1 on potential Referrals, through the NHS e-Referral Service; and/or

6.2.3.2 on potential Referrals and on the care of Service Users generally, as otherwise set out in the Service Specifications,

whether this leads to a Referral being made or not.

Further information to support local health systems to implement and optimise A&G can be found in the [National Outpatient Transformation Platform \(Specialist Advice\)](#) and the [Dermatology National Outpatient Transformation Referral Optimisation Guidance](#)

For further information on A&G please contact england.referraloptimisation@nhs.net or enquiries.ers@nhs.net

Review cycle: Quarterly

Date of next review: December 2022

Advice and Guidance in Dermatology: General Queries

1. What is e-RS Advice and Guidance?

A&G is a two-way dialogue channel in the [NHS e-Referral Service \(e-RS\)](#) which allows GPs/referrers to seek specialist input into a patient's care. The most widely used model of e-RS A&G in Dermatology is with [image attachments](#) (teledermatology). Advice and Guidance services provide a secure rapid digital communication channel between two clinicians: the 'requesting' clinician and the provider of a service (the 'responding' clinician), enabling a patient's care to be managed in the most appropriate setting.

Since February 2021 e-RS A&G now allows GPs/referrers to preauthorise the specialist to convert the A&G to a referral if appropriate ([A&G functionality enhancements 2021](#)). This functionality now allows A&G to be used as a referral channel, to reduce the burden on GPs/referrers and streamline patient care.

If the specialist converts the A&G to a referral, at the point of conversion they can provide advice to help the GP/referrer support the patient while they wait for their appointment. Ongoing two-way dialogue between referrer and provider is not possible once the patient is accepted onto the waiting list.

If the specialist returns the A&G request with advice only, the GP/referrer is able to respond in e-RS if they do not feel able to manage the patient in primary care and would like the A&G request converted to a referral.

The implementation of A&G should complement or replace other referral pathways, including [Referral Assessment Services \(RAS\)](#).

2. How does a Referral Assessment Services differ from an Advice and Guidance service?

[Referral Assessment Services \(RAS\)](#) can be used by providers to assess the clinical referral information in order to make sure that the patient sees the most appropriate clinician, attends the correct clinic or receives required diagnostic tests while avoiding unnecessary hospital attendance. Images can be attached as for A&G. Referrals may be returned with advice only, similar to A&G. However, RAS differs from A&G in that;

- RAS do not support two-way dialogue between referrer and provider clinical teams
- RAS do not allow specialists to provide interim clinical advice at the same time as accepting the referral.
- RAS do not allow the GP/ referrer to respond in e-RS if the referral has been returned with advice only, as the referral is closed by the provider.
- A referral into a RAS service will generate a clock start
- [Historical RAS](#) advice and comments cannot be accessed under the 'Enquiries' tab, unlike advice and guidance responses. Dermatologists using RAS pathways for 2WW referrals should ensure that any advice to 'stop the clock' virtually is recorded in the provider records and not just in e-RS, in addition to direct correspondence with the patient as detailed in the [Suspected Skin Cancer Two Week Wait Pathway Optimisation](#) guidelines.
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For further information please see [Supporting clinical referral pathways – NHS e-Referral Service](#)

3. What are the reasons for a clinician seeking Advice and Guidance in Dermatology?

The reasons why a clinician may wish to seek Dermatology A&G include:

- asking a dermatologist for advice on a treatment plan and/or the ongoing management of a patient with inflammatory skin disease such as eczema or psoriasis
- seeking specific advice on the diagnosis and management of precancerous skin lesions such as suspected Bowens disease or actinic keratoses
- advice on suspected non-2WW skin cancer which may be suitable for community management or triage direct to surgery
- seeking virtual diagnosis and treatment advice for less common inflammatory skin conditions such as granuloma annulare, lichen striatus or lichen planus.
- seeking advice on diagnosis, investigations and treatment for suspected infective skin conditions such as tinea and eczema herpeticum.
- seeking advice on the appropriateness of a referral for their patient, for example, whether to refer or what the most appropriate alternative care pathway might be, including patients likely to need phototherapy or patch testing
- asking for clarification (or advice) regarding a patient's test results such as blood tests or skin histology
- identifying the most clinically appropriate service to refer a patient into eg skin conditions where referral to another specialty such as plastic surgery, paediatrics, maxillofacial surgery or ENT may be more appropriate.

4. Who can access e-RS A&G services in Dermatology?

A&G can be provided through e-RS by all provider organizations as required. All GPs in England have access to e-RS. Since the Paper Switch Off Programme in October 2018, all GPs and NHS providers in England are required to use e-RS as the only method of making and receiving referrals from GPs to consultant-led first outpatient appointments.

A&G usually involves direct GP and Consultant communication, although a wider referrer and provider workforce may be appropriate, including non-Consultant grade doctors, GPwER's, specialist nurses and allied health professionals (if they have the required skill set, training and governance and locally agreed).

In order to access e-RS, healthcare professionals require an NHS smartcard to provide secure and auditable access to national and local Spine enabled health record systems. A&G can be provided through e-RS remotely and from home with a secure encrypted connection if required.

5. Is there a specific timeframe for responding to e-RS Advice and Guidance requests?

The expected response time should be agreed locally and adequate time allocated in providers' job plans to deliver A&G within this timeframe.

The recommended response time is 2 working days to ensure timely clinical decision making and minimise delays to onward referral if this is required. Standard 2-day A&G turn-around times can be increased or decreased with agreement from stakeholders, to maintain flexibility of service delivery.

6. Does the use of e-RS Advice and Guidance affect a patient's choice?

If the GP / referrer authorises an A&G to be converted to a referral, they are confirming that the patient has agreed to the service provider. Further information is available here [Referrers: advice and guidance changes in January 2021](#)

7. Does an e-RS Advice and Guidance request initiate a referral-to-treatment (RTT) clock start?

A request for e-RS A&G does not initiate a referral-to-treatment (RTT) clock start. The RTT clock start for a converted referral will capture the date on which the provider converts the referral.

8. Can generic advice be accessed via e-RS Advice and Guidance in Dermatology?

A&G is recommended at the point that an outpatient referral would otherwise be considered. The service is intended to provide A&G targeted to individual patients, rather than generic dermatology advice. There should be local and national arrangements in place to provide education on common dermatology conditions (such as local and regional Dermatology guidelines and GP educational sessions), in order to facilitate broader learning, professional development and knowledge transfer.

A wide range of National Dermatology Resources are available to support patients and GPs, including [British Association of Dermatologists Clinical Guidelines](#), [British Association of Dermatologists Patient Information Hub](#), [Primary Care Dermatology Society Treatment Pathways for eczema, psoriasis and acne](#), [Primary Care Dermatology Society A-Z Clinical Guidance](#) and [Royal College of General Practitioners Dermatology Toolkit](#)

The requesting clinician is usually a GP; however, local arrangements may outline circumstances in which it would be appropriate for other Allied Healthcare Professionals (AHP) to submit an A&G request. This includes Community Eczema nurses with direct links into secondary care, or [Advanced Nurse Practitioners \(ANP\) in primary care](#). Service evaluation should be regularly carried out for AHPs working in this capacity to ensure A&G requests are appropriate and contain sufficient clinical information to support patient care.

All advice and guidance activity should be agreed contractually and monitored by the local commissioning organizations. High volume and / or repeated A&G requests with incomplete clinical information, or relating to advice available from a recognised national referral source should be reported back to commissioning organisations via the providers contract team as part of ongoing service evaluation.

9. Can e-RS A&G be used for follow-up of patients under hospital care?

A&G is aimed at providing specialist support for patients who have not yet been referred to hospital services (and may not require referral). Patients under active ongoing hospital follow-up should be supported by their named provider clinician as A&G services are generally provided by a pool of consultants within each department rather than individual named clinicians. A&G services may allow outpatients to be discharged more confidently by provider teams by allowing rapid digital access to further advice if required.

10. Can e-RS A&G be used for 2WW referrals?

The A&G function should not be used in place of a two week wait referral. For example, where a patient clearly meets NG12 criteria this should usually result in an urgent suspected cancer referral. A&G can be used locally where agreed at a system level. This may vary by pathway depending on what is clinically appropriate and must follow engagement with referrers and providers to develop any new processes. Prior to any implementation systems/commissioners should undertake a local training needs analysis and carry out any training as necessary. There should also be ongoing support available to referrers and providers

A&G will be converted into 2ww appointments in line with the local referral and commissioning guidelines and must be classed as a suspected cancer/2ww referral, not a consultant upgrade.

The e-RS pathway start will capture the date on which the provider converts the referral. When making the decision on if to convert A&G directly into a referral and appointment, the clinician reviewing should take into consideration whether they have the required information, and whether the patient is likely to know there is a suspicion of cancer.

Systems or commissioners should regularly review A&G services and conduct quality assurance analysis to ensure they meet local requirements. Lessons learned should also be reviewed and findings shared across the system. [NHS e-Referral Service Advice and Guidance recommendations for cancer pathways](#)

11. Should e-RS A&G Advice and Guidance conversation be uploaded to patients' records?

A record of the A&G communication should be accessible by all relevant provider and referrer clinicians for ongoing management of the patient, service evaluation, audit, and in the event of future clinical incident investigation, complaint or litigation.

In e-RS all historic advice and guidance requests and responses (including images) can be viewed by providers under the 'Enquiries' tab, and can be sorted based on referring or responding clinician (available for 18 months) or using the patients NHS number (available for 6 months). Find out more about searching for a [previous advice and guidance response](#).

GPs/referrers can find previous advice and guidance requests and responses by searching for the patients by their NHS number.

[Application Programme Interfaces for e-RS](#) have been released in 2021 to support integration of e-RS A&G with Provider Electronic Patient Records so that the e-RS A&G dialogue;

- can be managed within the provider's own system;
- is added to a patient's hospital record; and
- can be converted into a referral from within the provider's own system, avoiding the need to switch between different systems

12. What is the file-size limit for attachments in e-RS Advice and Guidance?

[Attachments](#) (such as images, ECGs) can be;

- added using web-based e-RS to a maximum of 5Mb per file and there is no limit to the number of files for each referral
- added using GP integrated systems to a maximum of 5Mb in total for each referral

A range of secure clinical image apps are available on NHS frameworks such as the [NHS - Transformation Directorate Clinical Communications Procurement Framework](#) and [NHS Health Systems Support Framework](#). These apps can allow secure use of personal mobile phones to capture and transfer images to clinical systems such as e-RS, with automatic scaling of the image size to be compatible with e-RS file size requirements.

For further information about secure clinical image apps please contact teledermatology@bad.org.uk

Patients are increasingly taking their own clinical images and submitting these electronically to their GP; if of suitable quality these images can be forwarded to Dermatologists via A&G, negating the need for the GP to take images in some cases.

Videos to support dermatology image taking have been developed by the Dermatology National Outpatient Transformation team

[Healthcare Professionals Guide: Taking and uploading photos using secure smartphone apps](#)

Work is currently underway to enhance e-RS to allow exchange of clinical information from larger files and different file types.

13. Do patients have access to e-RS Advice and Guidance?

Patients do not have direct access to the e-RS A&G, although the A&G conversation can be made available to patients on request from their GP practice.

14. Should e-RS Advice and Guidance be job planned for secondary care Clinicians?

In order that A&G services can respond to requests in an effective and timely manner it is important that the service be resourced appropriately and factored into the wider planning of outpatient activity. Job planning is for local consideration and agreement and should reflect the best use of resource to deliver a robust A&G service.

[A Guide to Job Planning for Dermatologists \(updated May 2021\)](#) offers guidance on resourcing digital advice services as provided through teledermatology A&G and referral triage services.

Recommended case numbers are approximately 20-25 cases in a 4-hour session (5-10 minutes per case).

Teledermatology job planning should include:

- Viewing clinical referral information and additional attachments, including patient drug history and consent form;
- Viewing images (usually 3-10 photos);
- Reviewing literature / evidence-based search for complex cases;
- Typing comprehensive diagnosis and management plan, including range of diagnoses and treatment options and clear referral pathway if face-to-face review required
- Attaching documents / guidelines / web-links;
- Completing booking forms for triage to specialist dermatology services;
- Phone calls to GPs or patients for complex cases.

15. How should Advice and Guidance be resourced in General Practice?

It is important to consider as part of workforce and resourcing planning that A&G may result in a significant shift of work, traditionally carried out by secondary care, to primary (and potentially, community) care teams. Therefore, an emphasis is needed on communication between primary and secondary care teams when establishing A&G services, to determine what is clinically appropriate to be managed outside a secondary care setting and what access to services and diagnostic provision is in place. This should be supported by appropriate commissioning relevant to the primary care work undertaken which should be considered at a local level.

Measurement of the impact of e-RS A&G on GP workload requires national, regional and local data collection to guide resourcing in primary care. Dynamic data showing the percentage of A&G converted to referrals by providers, and the percentage of A&G and referrals returned to referrers with advice should be used to guide resource allocation. This information is available in e-RS and collected nationally.

Monitoring and Evaluation

16. What e-RS A&G data for Dermatology is available nationally?

Utilisation and outcome data for all models of specialist advice including e-RS A&G services is collated through the [System Elective Recovery Outpatient Collection](#) and can be found on the [Future NHS Outpatient Transformation platform](#)

The [National Advice and Guidance Dashboard](#) shows the commissioner and provider view of e-RS A&G activity, with functionality to filter the data by Region, STP, CCG, Provider, Specialty and Metric. The dashboard is accessed via the Future NHS platform, anyone with an email addresses ending in @nhs.net / @nhs.uk / @nhs.scot / @phe.gov.uk can self-register to use the platform by clicking on the link above.

17. What data reports are available to local systems?

The [EBSX05 extract](#) provides details on all active national e-RS services within a reporting period. These reports do not contain any personal identifiable data and are available on the NHS Digital website

In addition, the following extracts are available to colleagues with an e-RS Information Analyst role on their smartcard:

- [AG01](#) (activity report) which provides local data including A&G activity, users and outcomes

- [EBSX02](#) which provides a daily and monthly CSV extract of any action on a UBRN within a reporting period

18. Are e-RS A&G resources available to support mobilisation in Dermatology?

The British Association of Dermatologists provide resources to support the implementation of Dermatology A&G services through the Clinical Services Unit and Teledermatology Subcommittee at [British Association of Dermatologists Teledermatology](#)
For further information please contact teledermatology@bad.org.uk

A&G pathways are described in the British Association of Dermatologists COVID-19 survey [Dermatology: Response to and Lessons Learnt during the COVID-19](#) Pandemic and in the [Covid-19: Clinical guidelines for the management of dermatology patients remotely](#) and in the [NHS England - Transformation Directorate Dermatology Digital Playbook](#)

The [Advice and Guidance toolkit for the NHS e-Referral Service \(e-RS\)](#) is designed to support all aspects of e-RS A&G and provides information for Providers, Referrers and Commissioners

A&G is central to supporting the restoration and recovery of elective services as described in the [2022/23 priorities and operational planning guidance](#)

The National Outpatient Transformation Programme is continuing to support the mobilisation of specialist advice services including e-RS A&G, with a range of resources available on the Future NHS Platform [National Outpatient Transformation Platform \(Specialist Advice\)](#)

[Advice and Guidance High Impact Intervention Guides](#) were released in September 2020 to support mobilisation of A&G services in the response to COVID-19