

Specialist Advice Management Information – Source & definitions

This document includes supports the published [Specialist Advice management information](#).

Data source

Monthly specialist advice activity returns are collected from Integrated Care Boards (ICBs) as part of the System Elective Recovery Outpatient Collection (System EROC).

The System EROC includes any or all recorded clinical dialogue that facilitates the seeking and/or provision of specialist advice prior to, or instead of a referral to secondary care, where that advice is expected to support a referrer to manage a patient without the need for an unnecessary outpatient appointment. Please note, interactions about patients as part of the ongoing validation of waiting list activities is not included in this collection.

Submissions represent a co-ordinated, aggregate position across Integrated Boards (ICBs). The methodology requests that submissions only include activity where the first request was raised by an organisation within the ICB. This can, however, include requests directed to organisations beyond the ICBs geographical footprint, this approach means that we have a national picture of activity underway in England.

Data definitions

The information relating to status and outcomes is used to define the key reporting measures used by NHS England:

- **Total Requests:** number of specialist advice requests raised.
- **Processed Requests:** The number of specialist advice requests that have been received and responded to. This does not include those that are open or in need of redirection at source.
- **Diverted Requests:** The total number of specialist advice requests that have been 'Processed' i.e. received and responded to and 'returned to referrer with advice' where it is expected that the advice diverted a referral.

Specialty categorisation

In this published management information, the specialty level data are aggregated to highlight those in, and out of, scope of the elective recovery fund (ERF).

Specialty level activity is reported by treatment function code (TFC). The following TFCs are out of scope of the ERF:

TFC	TFC Description
501	Obstetrics
560	Midwife episode
700	Learning Disability
710	Adult Mental Illness
711	Child & Adolescent Psychiatry
712	Forensic Psychiatry
713	Psychotherapy
715	Old Age Psychiatry
720	Eating Disorders
721	Addiction Services
722	Liaison Psychiatry
723	Psychiatric Intensive Care
724	Perinatal Psychiatry
725	Mental Health Recovery and Rehabilitation Service
726	Mental Health Dual Diagnosis
727	Dementia Assessment Service
812	Diagnostic Imaging
199	Non-UK provider; TREATMENT FUNCTION not known, treatment mainly surgical
499	Non-UK provider; TREATMENT FUNCTION not known, treatment mainly medical

Types of Specialist Advice

The data are also available by 'type of specialist advice', and defines the different types as:

Pre Referral specialist advice (e.g. Advice & Guidance)

- Specialist advice to support a clinical dialogue, enabling a referring clinician to seek advice from a specialist prior to, or instead of referral about a named patient. This can be synchronous, for example, a telephone call; or asynchronous, enabled electronically through the NHS e-Referral Service (e-RS) Advice & Guidance channel or other IT platforms / dedicated email addresses where there is agreement from all stakeholders that these will be used to leverage Advice & Guidance
- Pre Referral Specialist advice may be provided by appropriately trained and commissioned specialists including both consultant and non-consultant led services in secondary care community or primary care providers, interface or intermediate services, and referral management systems.
- This will typically be accessed via a digital communication channel and facilitate a two-way dialogue and sharing of relevant clinical information in relation to the management of a named patient where at the outset of the interaction there is no clear intention to refer to secondary care.
- ***This is non face to face activity, with no referral or booking having yet been made, and as such there has been no RTT Clock Start.***

Post Referral Specialist advice (e.g. Referral Triage models that offer Specialist advice)

- Specialist-led assessment of a patient's clinical referral information to support a decision on primary care management or the most appropriate onward clinical pathway.
- Referrals may be returned to the original referrer with advice to continue to manage in the community, similar to specialist advice, but differ as a referral will have been created with the implicit expectation that onward care would be managed by the service receiving the referral.
- Referral triage can be undertaken by secondary care providers through Referral Assessment Services (RAS) via e-RS, Clinical assessment and triage services (CATS) and referral management centres (RMCs) providing intermediary levels of clinical triage, assessment and treatment between traditional primary and secondary care, or within primary care providers.
- ***This is non-Face to Face activity, but as a referral has been made there has been an RTT Clock Start. However, no booking, or ASI in lieu of a booking, will have been made, and the episode / patient is not automatically registered on provider PTL.***

Other types of specialist advice

- Other recorded clinical dialogue that facilitates the seeking and/or provision of specialist advice to support a referrer, enabling more patients to be managed without the need for an onward booking and thereby avoiding unnecessary first attendances where these do not add clinical value.

Interpreting the data

Data are included from April 2022 to the latest available reporting period.

The data included here will always include the latest available data as reported by ICBs. This means that the latest position is subject to change as we receive more detail relating to the outcome and status of the specialist advice requests.

This is particularly relevant when viewing activity data for 'Processed' and 'Diverted' requests, due to a lag in the reporting of outcomes and status' for requests that are raised toward the end of the reporting period. This lag in the underlying data means that there is an expected general downward trend for these measures in the most recent months, this reporting gap should reduce over time as the data is refreshed each month.

Please note that that the data collection launched in August 2021. As a relatively new data collection, we advise caution when interpreting this data, as we continue to work with ICBs to improve data quality for the collection.

Contact Details

For further information about the published management information relating to outpatient recovery and transformation, please contact us at england.outpatient-transformation@nhs.net.