

# **Advice and Guidance – operational delivery framework for integrated care boards for 2025/26**



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## 1. Introduction

### 1.1 Context

The government priority is to return to the 18-week referral to treatment (RTT) standard through reforming elective care by March 2029. In support of this, NHS England has published a [plan for reforming elective care for patients](#), setting out 4 key priority areas.

Care in the right place is one of the 4 areas, which includes Advice and Guidance (A&G) services and clinical triage of referrals. Advice and Guidance aims to ensure patients receive optimal care, as quickly as possible, in the most appropriate care setting while upholding patients' rights to choice.

Advice and Guidance should not be used for administrative issues (for example, checking where a patient is on the waiting list). The [Enhanced Service Specification](#) sets out the requirements for payment of pre-referral Advice and Guidance requests.

We know there is considerable variation in how Advice and Guidance is applied, delivered and monitored. It is important to manage patient demand, so a higher degree of rigour and standardisation is needed. This framework has been created as a tool to support ICBs to ensure Advice and Guidance is implemented effectively. This approach will enable them to embed Advice and Guidance in their leadership, culture, operational processes and build on existing good practice in line with [NHS IMPACT](#).

The framework has been co-produced, including input from a focus group of NHS colleagues from regions, ICBs, primary care and secondary care providers.

It is important to recognise that Advice and Guidance should not be used in place of an urgent suspected cancer referral where a patient clearly meets the [NG12 criteria](#).

### 1.2 Definitions of Advice and Guidance

**Specialist advice** is an umbrella term for a range of specialist-led models which allow the sharing of relevant clinical information between a specialist and referrer prior to, instead of, or about a referral to support the management of patient care.

**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 Service (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.

**Post-referral Advice and Guidance** – Where a referral has been made, the specialist is able to review the clinical information and can either return the referral with guidance,

where appropriate, or direct the onward referral to the most appropriate clinician, clinic and/or diagnostic pathway (for example, referral triage models including NHS e-RS RAS, which offer advice from a specialist.)

- Non face-to-face activity where a referral has been made but no patient appointment booking, or ASI (appointment slot issue) in lieu of a booking, has been made.
- The referral to treatment (RTT) clock starts.

## 2. Using the framework in practice

From April 2025, ICBs are required to use the framework to understand their progress on the uptake and quality of Advice and Guidance. The framework sets out 7 sections, which include indicators and minimum standards so ICBs are clear on what should be delivered in 2025/26.

ICBs are required to use the MS Forms survey as supplied and to self-assess against these sections on a scale of 0 to 3.

An [ICB action plan template \(Excel\)](#) is provided for ICBs to record their baseline and quarterly self-assessment results and produce and implement a delivery plan. This should be planned immediately after the baseline assessment. There needs to be material progression over each quarter to demonstrate maturity at level 3 by quarter 4 2025/26.

All ICBs are required to complete the following in 2025/26:

Step	Requirement	Actions for all integrated care boards
Step 1	Baseline (April 2025)	Complete the quarterly <a href="#">ICB self-assessment survey</a> within the requested timeframe (via NHS England national survey).
Step 2	Delivery plan (April 2025)	Develop a delivery plan for Advice and Guidance that is aligned with elective planning for 2025/26 and implement actions across relevant sections to accelerate maturity.
Step 3	Quarters 1 - 4 Assurance return (June 2025 – March 2026)	Complete the quarterly <a href="#">ICB self-assessment survey</a> within the requested timeframe (through the NHS England national survey) and use the Advice and Guidance maturity level classification and minimum standards to benchmark progress against their local 2025/26 operational delivery plan.
Step 4	Planning for 2026/27 (March 2026)	Complete an evaluation from 2025/26 and use what is learned to develop a plan for delivering high quality Advice and Guidance for 2026/27.

ICBs are required to review the key indicator and related minimum standards and assess the level of implementation within their system for the quarter being completed.

These quarterly assurance returns will:

- provide a national overview of the maturity of Advice and Guidance delivery
- highlight areas of best practice
- support prioritisation of national and regional support
- be shared back with regional teams and ICBs
- support NHS England oversight and tiering conversations, as needed
- provide evidence to system partners about where local delivery support may be required

The framework should inform discussion about the delivery plan (and actions for ICB and system partners) within the primary and secondary care interface group or equivalent forum with both primary and secondary care representation (referred to as the 'interface group'). These discussions should cover:

- Where we are now?
- What will good look like?
- What will we do to get to 'good'?

Outcomes of the quarterly self-assessment and related action plans to improve operational delivery of high-quality Advice and Guidance should be discussed at board level as part of routine reporting on elective care performance.

### **1) Advice and Guidance – ICB minimum standards**

Each of the indicators within the 7 sections has a set of minimum standards for each key indicator.

In completing the self-assessment, ICBs should review the minimum standards to inform where to score against the maturity level.

ICBs should look to develop a delivery plan that is aligned to elective planning for 2025/26 to achieve the minimum standards early in the financial year, and evidence material progress in maturity at each quarterly assurance milestone.

### **2) Advice and Guidance – ICB maturity level classification**

Each indicator can be scored across 4 maturity levels.

The maturity levels are:

#### **3 - mature**

All minimum standards are being met, with evidence of how this is leading to improvement (100% in place)

#### **2 - firm progress**

Evidence that the majority of the minimum standards are being met, with no major omissions (more than 50% achievement)

### **1 - early progress**

Evidence that some of the minimum standards are being met or evidence against all indicators, but evidence is limited in some places (less than 50% achievement).

### **0 - not yet started**

Little or no evidence of progress is available or can be provided against the minimum standards

## **3) Advice and Guidance - ICB framework action plan template**

The ICB framework action plan template has been developed for primary and secondary care interface groups (or equivalent forums) to support discussion and planning after completion of the initial baseline self-assessment, and at each quarterly assurance return. The interface group should consider:

- areas of strong practice
- areas in need of improvement
- areas where consistency can be improved
- actions needed in quarter 1 to implement the minimum standards
- actions needed across 2025/26 to accelerate maturity

Together, these will provide the basis of the delivery plan and actions to be undertaken for delivering high-quality Advice and Guidance, and Advice and Guidance services.

The primary and secondary care interface group (or equivalent forum) with oversight responsibilities on Advice and Guidance should agree how it will regularly and effectively report progress against the delivery plan through quality governance routes including to the relevant ICB. Using the Advice and Guidance ICB maturity level classification during these reviews will help track progress and enable boards and senior leadership teams to be sighted on progress and act on risks to delivery.

### **Framework review**

This framework will have a review period of 12 months. The national team will work with teams to continue to develop supporting resources throughout 2025/6 and communicate any further actions required by ICBs. For support and advice please contact:

[england.electivepmo@nhs.net](mailto:england.electivepmo@nhs.net)

### 3. Advice and Guidance – ICB sections, indicators and minimum standards

#### Section 1: Leadership and governance

1	Indicators	Minimum standards
1.1	A primary and secondary care interface group – or an equivalent forum with both primary and secondary care representation (referred to as the 'interface group') – is established to oversee performance of Advice and Guidance, with agreed roles and responsibilities, reporting lines, terms of reference and membership.	<ul style="list-style-type: none"> <li>establish a primary secondary care interface group to assess, plan and improve service delivery</li> <li>establish clear terms of reference</li> <li>ensure named Advice and Guidance clinical leads from primary and secondary care provide joint leadership to the interface group, with agreed roles and responsibilities</li> <li>implement a clear action plan to deliver high quality Advice and Guidance, for which progress is regularly monitored</li> <li>follow the guiding principles for accountability for Advice and Guidance</li> <li>articulate the legal liability associated with Advice and Guidance in accordance with the national <a href="#">Specialist Advice: Clinical Responsibility and Medicolegal FAQs</a></li> </ul>
1.2	The interface group routinely reviews agreed elective care and Advice and Guidance performance data (including utilisation ratio per 100 outpatient first attendances, diversion rate, turnaround rate and unprocessed rate) and patient choice – with an established process to manage exceptions and data quality issues.	<ul style="list-style-type: none"> <li>regularly utilise data and insights using <a href="#">Model Health System: Outpatients compartment/specialist advice - Opportunities dashboard for systems</a> and <a href="#">4 metric overview by organisation</a>, supplemented with local data and insights to inform planning and improvement</li> <li>agree approval processes for maintaining ICB policy and guidance relating to Advice and Guidance (for example, access policy)</li> <li>establish processes to manage local data quality issues</li> </ul>
1.3	The interface group (or equivalent forum) provides regular assurance reports to the relevant ICB performance board as part of regular elective performance reporting, including action plans to increase warranted use of Advice and Guidance.	<ul style="list-style-type: none"> <li>deliver regular assurance reports to the relevant ICB performance board on Advice and Guidance including monthly performance of pre-referral Advice and Guidance metrics: utilisation ratio per 100 outpatient first attendances, diversion rate (%), turnaround rates (%) and unprocessed rate (%)</li> <li>implement actions to improve performance, address gaps and mitigate identified risks</li> </ul>
1.4	<p>Clear and accessible pathway referral criteria (including for pre-referral investigations carried out in diagnostic settings) are developed and visible to referrers; and</p> <p>Standard operating procedures for triage outlining referral criteria, investigation requirements and sub-specialty booking criteria are developed for high-volume specialties.</p>	<ul style="list-style-type: none"> <li>develop clear and accessible pathway referral criteria, including for pre-referral investigations carried out in diagnostic settings and make visible to referrers by July 2025</li> <li>implement a plan to develop triage standard operating procedures for high-volume specialties, outlining referral criteria, investigation requirements and sub-specialty booking criteria by December 2026</li> <li>develop standard operating procedures for triage outlining referral criteria, investigation requirements and sub-specialty booking criteria for high-volume specialties</li> <li>periodically review and update of pathway referral criteria and triage standard operating procedures through clinical governance processes</li> <li>ensure the specialty <a href="#">GIRFT Advice and Guidance toolkits and templates</a> are embedded in secondary care</li> </ul>

## Section 2: Use of digital platforms to support Advice and Guidance

2	Indicators	Minimum standards
2.1	Specialty referral guidelines are available via a web-based platform or digital system or are built into digital workflows.	<ul style="list-style-type: none"> <li>ensure the interface group (or relevant group) has access to a named lead for improving the digital interface for Advice and Guidance, aligned with the ICB digital strategy</li> <li>implement actions to address gaps in digital accessibility of pathway referral criteria and guidelines (including for pre-referral investigations carried out in diagnostic settings) and visible for referrers</li> <li>Implement processes to evaluate utilisation and application of referral guidelines</li> </ul>
2.2	There is a plan in place at system level for digitising Advice and Guidance and referral channels – and clearly defined interim processes for email and paper-based requests.	<ul style="list-style-type: none"> <li>establish a baseline of maturity of digitised use of Advice and Guidance channels</li> <li>develop and implement a plan to digitise the use of Advice and Guidance channels, which may include interim processes for managing emails and paper-based requests</li> </ul>
2.3	All acute NHS providers have open digital channels to support Advice and Guidance in specialties reporting on consultant-led referral to treatment (RTT) waiting times, starting with high volume specialties.	<ul style="list-style-type: none"> <li>establish a baseline understanding of open digital channels for specialties with Advice and Guidance</li> <li>implement a plan to open digital channels to support Advice and Guidance channels for all relevant specialties, starting with high-volume specialties</li> </ul>

## Section 3: Improving the quality of Advice and Guidance

3	Indicators	Minimum standards
3.1	Referral assessment services and clinical assessment services offer patient choice, in line with the Choice Framework and NHS England choice guidance.	<ul style="list-style-type: none"> <li>provide GPs with patient choice guidance and training, to help patients make informed, meaningful choices about how and where they receive treatment (resource: <a href="#">Choice Framework</a> and <a href="#">NHS England choice guidance</a>)</li> <li>where there is a mechanism to convert Advice and Guidance to an elective referral, patients are given the opportunity to discuss their choices prior to the Advice and Guidance request or elective referral</li> <li>where Advice and Guidance leads to an elective referral being made, processes are in place for patients to choose a clinically appropriate provider</li> </ul>
3.2	Standards for urgent and routine turnaround times for Advice and Guidance requests are locally determined at specialty level and are supported by protocols and escalation processes for open and outstanding requests.	<ul style="list-style-type: none"> <li>determine turnaround time locally by specialty (ranging from 24-48 hours for urgent Advice and Guidance requests, and not exceeding 10 days for routine requests), in accordance with the national <a href="#">Specialist Advice: Clinical Responsibility and Medicolegal FAQs</a></li> <li>implement protocols and processes to ensure open and outstanding requests are addressed in a timely manner and requests that have been responded to are closed.</li> </ul>
3.3	Clinically led audits are in place at specialty level to assess the quality of Advice and Guidance requests and responses and to assess local diversion rates in comparison to national benchmarking.	<ul style="list-style-type: none"> <li>develop an audit plan for 2025/26</li> <li>establish parameters that trigger an exception audit including specialty level diversion rates exceeding the national average diversion rate of 45%</li> <li>complete clinically led audits quarterly at specialty level</li> <li>utilise national specialist advice benchmarking data and insights in <a href="#">Model Health System</a> for opportunities to reduce unwarranted variation</li> </ul>



		<ul style="list-style-type: none"> <li>review outcomes with the interface group (or equivalent forum) and plan actions to reduce unwarranted variation</li> <li>establish a forum for primary and secondary care clinicians to lead improvement in areas such as: <ul style="list-style-type: none"> <li>peer-to-peer learning</li> <li>service commissioning</li> <li>demand and capacity planning, including job planning</li> <li>the quality of Advice and Guidance requests and/or responses</li> <li>service improvement opportunities, including primary and secondary care led joint multidisciplinary teams, in-reach service models, and pathway redesign</li> </ul> </li> <li>ensure referrers have access to national and local guidelines and frequently asked question tools such as the <a href="#">GIRFT Advice and Guidance toolkits and templates</a> and <a href="#">NHS Impact and GIRFT outpatient services: a clinical and productivity improvement guide</a></li> </ul>
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## Section 4: Reducing health inequalities

4	Indicators	Minimum standards
4.1	An equality and health inequality impact assessment (EHIA) has been completed covering Advice and Guidance, with agreed actions implemented and monitored.	<ul style="list-style-type: none"> <li>develop local equality and health inequality impact assessments (EHIAs) covering Advice and Guidance (resource: <a href="#">national EHIA template for specialist advice</a>)</li> <li>regularly review the EHIA and implement and monitor interventions to reduce disparities for groups who face additional waiting list challenges</li> </ul>
4.2	Health inequalities reporting is embedded in elective performance, with actions taken to address the most relevant local issues for patients in relation to Advice and Guidance.	<ul style="list-style-type: none"> <li>regularly review local data by protected characteristics (including Waiting List Minimum Data Set by deprivation, age, ethnicity, gender and by specialty) for insights into health inequalities</li> <li>regularly review data quality and completeness regarding health inequalities in Advice and Guidance data</li> <li>identify any variation and/or issues relating to Advice and Guidance of most relevance to patients locally using key strategic indicators for health disparities and health inequalities (resource: <a href="#">Gov UK: Health disparities and health inequalities: applying All Our Health</a>)</li> <li>implement actions to tackle issues of most relevance to patients locally including accessibility and communication</li> </ul>

## Section 5: Patient and staff engagement

5	Indicators	Minimum standards
5.1	Communication tools are used to improve patient awareness and understanding of Advice and Guidance, how they can participate and how they can raise follow-on queries or concerns.	<ul style="list-style-type: none"> <li>use national and local patient communication tools to improve patient awareness of Advice and Guidance, how they can participate, and how to raise follow-on queries or concerns (supporting resource: <a href="#">Specialist Advice Communications Toolkit</a>)</li> <li>design user-centred communication tools to provide and maintain non-digital healthcare support, alongside an inclusive digital health approach (supporting resource: <a href="#">Inclusive digital healthcare: a framework for NHS action on digital inclusion</a>)</li> <li>ensure processes are embedded to convey Advice and Guidance communication tools to patients</li> </ul>
5.2	Regular feedback on patients' experience of Advice and Guidance is gathered through a questionnaire, supplemented by other	<ul style="list-style-type: none"> <li>establish processes to understand patients' experiences of Advice and Guidance</li> <li>establish opportunities for the 'voice' of people with lived experience to shape and influence how Advice and Guidance services are improved</li> </ul>

	mechanisms and forums. This feeds into an improvement action plan with clear delivery timelines.	<ul style="list-style-type: none"> <li>provide questionnaire results to the named director responsible for improving patients' experience of care, and improving experience for patients and their carers while they wait for elective care, and include the named director in improvement planning</li> <li>review any feedback received on Advice and Guidance through other forms or patient engagement forums to inform planning (for example, NHS Family and Friends Test comments)</li> </ul>
5.3	Regular feedback is gathered from NHS staff involved in commissioning, administering and delivering Advice and Guidance through a questionnaire, supported by other feedback mechanisms or forums and feeding into an improvement action plan with clear timelines.	<ul style="list-style-type: none"> <li>develop a localised questionnaire for NHS staff involved in commissioning, administering and delivery of Advice and Guidance in primary, secondary and community care to better understand challenges, barriers and opportunities for improvement</li> <li>conduct and analyse the questionnaire annually, as a minimum</li> <li>review any feedback received on Advice and Guidance through other existing forms or forums relating to NHS staff engagement to inform planning</li> <li>review outcomes with the interface group (or equivalent forum), applying a continuous improvement approach to improving service delivery and experience</li> <li>implement an improvement action plan with clear delivery times</li> </ul>

## Section 6: Workforce planning, training and development

6	Indicators	Minimum standards
6.1	Workforce plans reflect requirements for resourcing Advice and Guidance within primary and secondary care.	<ul style="list-style-type: none"> <li>ensure resource allocation for Advice and Guidance is included within job planning and clinical workforce plans within primary and secondary care</li> <li>ensure resource allocation for the administration of Advice and Guidance is included in workforce plans within primary and secondary care</li> <li>review and adjust workforce plans at least annually</li> <li>establish processes to escalate and mitigate risks when capacity levels are unable to meet service demand for Advice and Guidance</li> <li>adjust workforce plans and resourcing to respond to in-year or immediate fluctuations in demand and capacity of Advice and Guidance requests</li> </ul>
6.2	Users of Advice and Guidance services have access to e-learning resources and/or training.	<ul style="list-style-type: none"> <li>promote and/or provide e-learning resources, toolkits or training to users of Advice and Guidance services in areas such as: <ul style="list-style-type: none"> <li>- maximising Advice and Guidance e-RS use (supporting resource: <a href="#">Advice and Guidance toolkit for the e-Referral Service (e-RS)</a> – or use of alternative digital systems</li> <li>- <a href="#">System EROC technical guidance</a> (including how we use the e-RS data extracts)</li> <li>- Advice and Guidance within pathway redesign</li> <li>- referral criteria</li> <li>- relevant policies and guidance</li> </ul> </li> </ul>
6.3	A peer learning programme is in place between primary and secondary care, focusing on the use and service delivery of Advice and Guidance.	<ul style="list-style-type: none"> <li>identify peer learning needs and establish requirements for targeted education</li> <li>agree and develop a peer learning programme to address identified learning needs</li> <li>evaluate the benefit of the peer learning programme on the delivery of high-quality Advice and Guidance</li> </ul>

## Section 7: Local commissioning and payment mechanisms

7	Indicators	Minimum standards
7.1	Advice and Guidance services are commissioned based on a thorough assessment, with arrangements implemented and reviewed annually using data and insights.	<ul style="list-style-type: none"> <li>reflect and monitor elective activity targets and funding allocations for Advice and Guidance in local commissioning arrangements (supporting resource: <a href="#">Specialist Advice Commissioning Framework</a>)</li> <li>embed processes to support the funding approach for the payment of the £20 Item of Service fee (IoS) per 'pre-referral' Advice and Guidance request</li> <li>consistently optimise referrals using Advice and Guidance and effective triage to increase the proportion of patients being treated in the most appropriate care setting</li> <li>establish processes to better understand categorisation of Advice and Guidance requests: <ul style="list-style-type: none"> <li>categorise requests into: <ol style="list-style-type: none"> <li>referral and/or advice – the requesting clinician believes a referral is needed but could be diverted</li> <li>advice and/or referral – the requesting clinician is unsure if a referral is needed and could lead to a diversion</li> <li>advice only – the requesting clinician is seeking advice only with no intention to refer</li> <li>Advice and Guidance ongoing care coordination – the requesting clinician knows a referral is not needed as the patient is already on a referral to treatment pathway and/or active monitoring</li> </ol> </li> <li>the proportion of diversions that lead to an avoided RTT clock start</li> <li>the proportion of Advice and Guidance requests that are administrative or low value (for example, a request to expedite an outpatient appointment)</li> </ul> </li> <li>incorporate a range of evidence, data and insights including the above when reviewing commissioning arrangements for Advice and Guidance services. This should be done at least annually and consideration given for multi-year funding</li> </ul>
7.2	Advice and Guidance services are evaluated to inform priorities for commissioning and care optimisation at the interface between primary and secondary care.	<ul style="list-style-type: none"> <li>regularly evaluate Advice and Guidance services (for example, annually) using quantitative and qualitative data and insights and including feedback gathered from patients and NHS staff</li> <li>identify key enablers and barriers in the uptake, sustainability and reducing unwarranted variation</li> <li>agree priorities for commissioning and care optimisation at the interface between primary and secondary care</li> </ul>
7.3	Commissioning decisions and service designs are based upon outcomes from the evaluation of Advice and Guidance.	<ul style="list-style-type: none"> <li>design specialty pathways and referral guidelines based upon Advice and Guidance qualitative and quantitative data and insights</li> <li>new services are commissioned in response to local patient needs and value for money</li> </ul>

## 4. Advice and Guidance – guiding principles of accountability

Accountability	General practice	Secondary care	Integrated care boards	Regional	National
Responsible  (aligned with NHS England Operating Framework)	<ul style="list-style-type: none"> <li>safe, effective, efficient, high-quality Advice and Guidance and Advice and Guidance services</li> <li>partnership working at the primary and secondary care interface to support local delivery of high-quality Advice and Guidance</li> <li>access funding through the Enhanced Service Specification – General Practice Requests for Advice and Guidance 2025/26, to support the uptake of high-quality Advice and Guidance</li> <li>reduce unwarranted variation in the use of Advice and Guidance</li> </ul>	<ul style="list-style-type: none"> <li>safe, effective, efficient, high-quality Advice and Guidance and Advice and Guidance services</li> <li>partnership working at the primary and secondary care interface to support local delivery of high-quality Advice and Guidance</li> <li>financial performance and requirements set out in NHS planning guidance, including quality and access</li> <li>reduce unwarranted variation, underpinned by national and local Advice and Guidance data and insights</li> </ul>	<ul style="list-style-type: none"> <li>provide effective system leadership and oversight of the delivery of Advice and Guidance and triage priorities within the plan for reforming elective care for patients</li> <li>foster partnership working at the primary and secondary care interface</li> <li>implement the delivery plan for high quality Advice and Guidance to increase the proportion of patients being treated in the most appropriate care setting</li> <li>oversee the primary care and elective funding for the delivery of Advice and Guidance, ensuring the distribution of funds in 2025/26 reflects local healthcare needs and supports the reduction of health inequalities</li> <li>reduce unwarranted variation, using national and local data and insights</li> </ul>	<ul style="list-style-type: none"> <li>provide regional leadership to integrated care boards that are delivering Advice and Guidance and triage priorities within the plan for reforming elective care for patients</li> <li>regional performance oversight of ICBs and NHS providers for the delivery of safe, effective, efficient, high-quality Advice and Guidance and Advice and Guidance services</li> <li>provide opportunities for collaboration and communities of practice for sharing and learning</li> <li>targeted support to reduce unwarranted variation in Advice and Guidance and ensure risks are identified and mitigated</li> <li>influence national policy development on Advice and Guidance by providing local context input and feedback</li> </ul>	<ul style="list-style-type: none"> <li>set national policy and strategy for Advice and Guidance informed by insights and collaboration with partners and stakeholders; evaluate Advice and Guidance and embed learning into policy</li> <li>set the financial structure, incentives and allocation criteria</li> <li>national performance oversight of the delivery of safe, effective, efficient, high-quality Advice and Guidance and Advice and Guidance services using national benchmarking data and insights</li> <li>provide targeted interventions, toolkits, metrics, dashboards and resources for Advice and Guidance and triage</li> <li>provide national opportunities for collaboration, and communities of practice for sharing and learning</li> <li>develop e-RS capabilities to support referral optimisation</li> </ul>
Accountable	GP partners	Chief medical officer	ICB medical director and/or integrated care board of directors	Regional director	Elective Recovery Board; National clinical directors for elective care
Consulted	Primary care networks, local medical committee (LMC), GP federation, primary care clinicians	NHS providers of elective care, acute collaboratives, secondary care clinicians	Primary and secondary care responsible officers	Elective performance leads, Advice and Guidance and performance leads, Referral optimisation leads, improvement leads	Department of Health and Social Care (DHSC), Primary Care Group (NHSE) Getting It Right First Time (GIRFT), Further Faster, Recovery Support Programme (RSP), Elective Improvement Support Team (IST), NHS Impact, patient associations, professional bodies, specialist associations
Informed	Patients and carers, professional bodies and specialist associations				

## Appendix 1: Useful resources

### Evidence for action

- [2025/26 priorities and operational planning guidance](#), NHS England
- [Changes to the GP contract in 2025/26](#), NHS England
- [Outpatient services: a clinical and operational improvement guide](#) (2024), NHS England
- [Delivery plan for recovering access to primary care](#) (2023), NHS England

### Advice and Guidance (NHS England resources)

- [Elective care best practice solutions: Advice and Guidance](#) (2021), NHS England
- [Advice and Guidance toolkit for the NHS e-Referral Service \(e-RS\)](#) (2021), NHS England
- [Advice and Guidance commissioning framework – Outpatient Recovery and Transformation Platform](#) (login required)
- [Specialist advice: clinical responsibility and medicolegal FAQs – Outpatient Recovery and Transformation Platform](#) (login required)
- [Specialist advice toolkit: practical guidance and resources – FutureNHS Collaboration Platform](#) (login required)
- [Overview of specialist advice data resources - Outpatient Recovery and Transformation Platform - FutureNHS Collaboration Platform](#) (login required)
- [Specialist advice communications toolkit](#) (login required)
- [GIRFT Advice and Guidance toolkits and templates](#) (login required)
- [Clinically led outpatient guidance: practical OPD guidance for 17 services to maximise efficiency and reduce waiting times for patients](#) (2023, login required), GIRFT
- [Clinically led outpatient guidance: A practical, operational checklist to support improvement in non-admitted pathways](#) (2023, login required), GIRFT
- [Enhanced Service Specification](#)

### Advice and Guidance (other resources)

- [Referral management – lessons for success](#) (2010), The King's Fund
- [Modern outpatient care: using resources to add value – an implementation guide for local and regional teams](#) (2024), Royal College of Physicians
- [Modern outpatient care: principles and practice for patient-centred outpatient care](#) (2023), Royal College of Physicians
- [Outpatients: the future – adding value through sustainability](#) (2018), Royal College of Physicians

### Other tools and resources

#### Patient choice

- [NHS Choice Framework – what choices are available to you in your NHS care](#), GOV.UK
- [Patient choice guidance](#), NHS England

### **Equality and health inequality impact assessment (EHIA)**

- [National EHIA template for specialist advice](#) (login required)
- [Healthcare Inequalities Improvement Programme](#), NHS England
- [NHS England equality objectives for 2024/25 and 2025/26](#), NHS England
- [Health Inequalities Improvement Dashboard](#), NHS England
- [Health disparities and health inequalities: applying All Our Health](#), GOV.UK

### **Performance**

- [System EROC technical guidance \(including how we use the eRS data extracts\)](#)  
[Outpatient Recovery and Transformation Platform](#) (login required), NHS England
- [Model Health System](#), NHS England
- [Model Health System: outpatients compartment/specialist advice](#):
  - [opportunities dashboard for systems](#) (login required)
  - [4 metric overview by organisation](#) (login required)

### **General**

- [Inclusive digital healthcare: a framework for NHS action on digital inclusion](#), NHS England