Principles of Haematology Advice & Guidance

Advice & Guidance (A&G) for local GPs can enhance quality of patient care by enabling GPs to manage patients with blood disorders. General information on A&G is available from NHSE: Advice and guidance toolkit for the NHS e-Referral Service (e-RS) - NHS England Digital.

The BSH has created some recommendations to help UK haematologists.

The recommended route for A&G is via the national e-referrals system (eRS):
This document refers to non-urgent A&G. Urgent advice should be provided via rapid access routes, typically by phone. GPs should be encouraged to use recognised A&G routes where possible. A&G can be provided by a variety of routes, some trusts use encrypted email such as NHSmail, but the use of the A&G function within the national e-referrals system (eRS) is encouraged. eRS supports monitoring of activity and turnaround time (TAT), and it also allows conversion to a clinic appointment (Advice & Refer, A&R). A&G interactions take place within a 2-5 working-day turnaround, aiming for 48-hours 95% of the time, with 100% of all episodes receiving a response.

It is recommended that haematology departments use an Advice & Referral (A&R) model:
A&G can be converted to a clinic appointment, if the GP gives permission and the hospital specialist feels it is appropriate. Historically, GP practices booked outpatient appointments directly, which sometimes results in unnecessary appointments or booking into the wrong subspecialty clinic. We recommend that departments have A&G as the only means by which GPs can refer patients (single A&R model).

A single haematology A&G/A&R portal is recommended:
This could be a single Haematology A&G/A&R portal, or include options such as 'General' Haematology', 'Haemostasis/Thrombosis/Anticoagulation clinics', 'Haemato-oncology', etc. The general principle is to keep it simple for GP practices, all referrals are triaged via A&G and the haematology team then book the patient into an appropriate clinic. Whatever model used locally, it is recommended that the eRS Directory of Service (DOS) is reviewed with local GPs to ensure it works for both GP practices and haematology departments.

It is recommended that A&G is included in staff job plans:
A&G is important and takes time, resource and expertise, which must be recognised in job plans. Some A&G cases are complex and require discussion; many are simple. Previous work has estimated that an average of 10 minutes per A&G episode is a reasonable estimate. For medical consultant job planning, this equates to 24 A&G episodes per Programmed Activity (PA) of direct clinical care (DCC). Local arrangements vary in how haematology departments are funded for providing A&G. It is recommended that activity levels and turnaround times are monitored regularly to support service and job planning.

It is recommended that the eRS advice and guidance conversation be uploaded to patients' records:

A record of the advice and guidance communication should be accessible by all relevant providers and referrer clinicians for ongoing management of the patient, service evaluation, audit, and in the event of future clinical incident investigation, complaint or litigation. All historical advice and guidance requests and responses can be viewed within eRS, but not all healthcare providers meeting a patient will have access to this. It is recommended that a record of A&G provided is kept within the electronic patient record, ideally integrated via IT interfaces.

It is recommended that haematology departments develop referral pathways in conjunction with local GPs, and that they consider how A&G will be used by GPs and issues that may arise:

Hospital teams should avoid asking GPs to request blood tests on their behalf if the patient is or will soon be under the care of a hospital team. This ensures efficiency and correct responsibility for receiving, acting on, and interpreting specialist tests.

There may be exceptional circumstances where an individual GP has agreed with the Consultant that it is in the best interests of a patient. If the GP agrees to arrange phlebotomy, the request should still be made by the hospital team in the hospital computer system (electronic patient record, EPR) so that the results will be electronically transmitted to the requester, who is responsible for viewing and acting on the result. GPs also do not typically have access to all the test repertoire present in the EPR.

By co-designing referral pathways and providing training and use of A&G as an educational tool, GPs will become more confident in managing common haematology issues with a potential reduction in future A&G requests. This will reduce the burden on haematology teams and improve patient care.

It is recommended that signposts to high-quality websites and algorithms are used to support GPs to manage common haematology conditions prior to seeking formal A&G:

This should be agreed locally, as some GPs have existing websites and links to guidelines, but good examples of resources available include:

Buku Haematology: Buku Medicine — Buku Medicine
Leicester Haematology Referral Guidelines: Haematology Referral Guidelines
Barts Health Haematology: Haematology - Barts Health NHS Trust
Oxford University Hospitals: https://nssg.oxford-haematology.org.uk/

If these are used well and in a system that supports GPs to seek A&G when truly needed, this can limit the A&G demand on haematology departments.

Dr Sue Pavord, BSH President
Dr Tom Butler, BSH Laboratory Special Interest Group
Linda Barton, BSH Laboratory Special Interest Group