



England

NHS e-Referral Service

Single Point of Access
(SPoA) Webinar





e-RS Service Naming Convention & Directory of Services (DoS) Mapping

Following engagement with providers and further assessment of the interaction between service naming and the rollout of SPoA, a decision has been made to defer implementation of the standardised service naming convention until SPoA adoption is sufficiently advanced.

Providers must continue with the work to map their services to new specialty and clinic type values (and add named consultants where needed); this exercise will bring all services onto specialties that are better aligned to the national treatment functions. This change will reduce variation between service set up to make services easier for referrers to find.

When the new naming convention is introduced, it will be automatically applied in e-RS. Organisations do not need to change their existing service names – these will become the service aliases that providers see when looking at activity within their own services.



Webinar Overview

This webinar will cover:

- Introduction to Single Points of Access (SPoA)
- How e-RS will support the delivery of SPoA
- How to identify SPoAs in the Directory of Services
- How SPoAs present to Referrers and for Onward Referrals
- Points to consider when setting up SPoAs

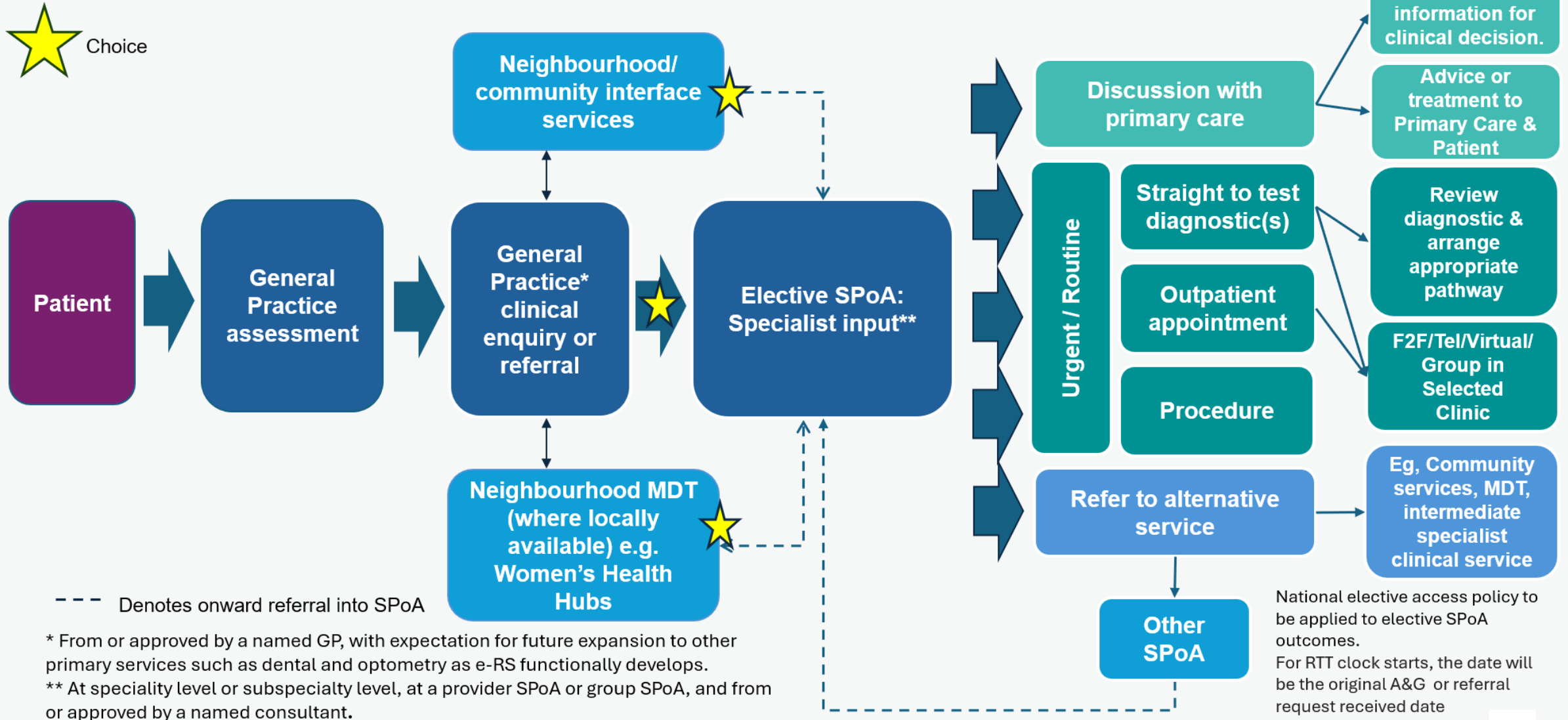


Introduction

Elective SPoA is a model where all Advice and Guidance (A&G) requests and elective referrals (other than those for urgent suspected cancer), are directed into a single digital entry point at specialty or sub-specialty level within secondary care.

Specialist clinical review of general practice enquiries and referrals is undertaken within e-RS or a digital solution integrated with e-RS. This determines the most clinically appropriate next step(s) or outcome for the patient, enabling straight to test and other diagnostic and management pathways. Communication to both the patient and the referrer in line with local guidelines follows, which could include a video or asynchronous consultation with the patient.

Introduction





Introduction - Application of RTT guidance

For services included in elective SPoA, the RTT rules and guidance continues to apply for consultant-led secondary care services.

- Where a request is resolved through A&G alone or returned to the referrer (e.g. for more information), no RTT clock is started
- Where a patient is accepted onto an RTT waiting list (including straight-to-test diagnostics) an RTT clock is started. The date of the RTT clock start is the date the Advice and Guidance request or referral was received by the SPoA. The RTT clock start date is not the date that the request was triaged within the SPoA or the date the patient was booked for a diagnostic or outpatient appointment*
- Where a referral is transferred to another elective SPoA for review, and the outcome of that subsequent review is acceptance onto an RTT waiting list, an RTT clock is started from the date the request was received by the original SPoA

** RTT Policy colleagues have confirmed that this is true for all A&G requests, not just those made into SPoAs*



How will e-RS support the delivery of SPoA?

Following delays to the introduction of revised Advice and Guidance functionality, an interim solution to support SPoAs will be delivered, built on existing e-RS processes.

Additional functionality will be released after go-live to both improve the user experience and support fuller delivery of the benefits expected from the introduction of SPoAs:

Delivery in October 2026

- Provider identification of SPoA services

- Service labelling for referrers

- Change to the calculation of the e-RS Pathway Start Date

- Capture of Referrer Advice Intention

Prioritised Enhancements

- SPoA labelling on additional screens

- Conversation on Referrals



How will e-RS support the delivery of SPoA?

e-RS will offer 3 SPoA models to providers:

1. Services that combine A&G and Triage (RAS) functionality (recommended option)
2. Services that support A&G only
3. Services that support Triage only

Providers will be able to choose the model that best supports their processes, potentially offering a mixture across their specialties. Where providers wish to implement SPoAs that use either option 2 or 3, they can be implemented where there is local agreement with GPs and Commissioners.

The recommendation is that providers should set up SPoAs that keep both advice and referral routes open. This enables GPs to choose whether to make a referral or to request advice, and whichever route they choose they get the same SPoA service showing up in the DoS.



Model 1 – A&G + Triage Combined

This is the recommended option because:

- Referrers will always find the SPoA, whether they create a referral or ask for advice
- Supporting a referral route allows referrers to create a shortlist of services for patients and maintains visibility of Independent Sector, community services, etc
- Referrals can move freely between SPoA services (A&G must be converted to a referral first)
- Supporting the A&G route allows advice conversations
- Patient visibility in the NHS App for Triage requests.



Model 1 – A&G + Triage Combined

However, providers offering this model need to be aware that:

- Requests to SPoAs could be received on either the Referrals for Review or Advice and Guidance Requests worklist - both worklists will need to be monitored and managed to ensure that patients are managed chronologically.
- The options available for managing SPoA requests will be different, depending on whether the request has come via the advice or triage route, e.g.
 - Conversations are not possible with triage requests
 - Advice requests cannot be redirected to another SPoA (unless converted to a referral)
- Triage Clinicians will need to be trained to manage requests for both routes and understand the functional differences.



Model 2 – A&G Only

This option enables two-way conversations between the initiator and specialist clinicians in secondary care. However:

- Requests cannot be redirected to another SPoA that only offers A&G, although they can be returned to the referrer to be sent elsewhere
- Choice of provider must be made at the point of requesting; once an advice request has been initiated e-RS functionality does not enable the patient to be given a choice (shortlist) of providers. This means that there is no mechanism for the patient to change their chosen provider without returning to the referrer.
- No patient notifications or visibility in the NHS App for advice requests (through integration with e-RS)
- Referral to Independent Sector providers will need to be considered before opting for an A&G SPoA, as their services are predominantly available for referral only.
- Where a patient from outside the local area wishes to exercise their right to choice, the referrer will not be able to find these SPoAs if trying to make a referral.



Model 3 – Triage Only

A triage only model supports choice and patient visibility of their referrals. However:

- e-RS Triage functionality will not initially support two-way conversations within e-RS to help manage patients; this functionality is in development as a top priority. In the meantime, secondary and primary care will need to collectively ensure alternative, secure, communication methods, outside of e-RS, are available.
- If seeking Advice, referrers from outside the local area will not be able to find these SPoAs.

Identifying SPoAs in the Directory of Services



Identifying SPoAs

Once SPoA functionality has been enabled in e-RS, Service Definers will be able to identify their SPoAs via the 'View all services' – 'Select supported request types' option. This will enable a new 'Single point of access' service label for referrers.

Identifying SPoAs

Service Definers will also need to 'Restrict' any services that share a specialty and clinic type with a SPoA, so that initial referrers are only presented with SPoAs when creating requests.

- Restricted referral services can continue to support Triage or Appointment requests, including CAS.

SPoA Technical Guidance

Once a specialty or sub-specialty SPoA has been implemented, no other service types, including directly bookable services, referral assessment services and clinical assessment services, will be available to receive referrals directly in that specialty or subspecialty.

Identifying SPoA

NHS e-Referral Service

[Go back](#)

Add new service

Select supported request types

Service name: Adult Immunology Service - Immunology - Low Laithes

Appointment and triage requests cannot be selected together.

Is this a single point of access service?

☒ Yes

☐ No

Request types

☐ Appointment

☐ Advice

☐ Triage

Continue

Clear

[Cancel](#)

In October's release, the 'Select supported request types' section of the DoS will be updated to allow Service Definers to identify SPoA services.

Any SPoA services will need to be set to support one of:

- both 'Advice' and 'Triage' request types, or
- 'Advice', or
- 'Triage'

Identifying SPoAs

NHS e-Referral Service

[< Go back](#)

Add new service

Select supported request types

Service name: Adult Immunology Service - Immunology - Low Laithes

Appointment and triage requests cannot be selected together.

Is this a single point of access service?
☒ Yes
☐ No

Request types
☐ Appointment
☒ Advice
☒ Triage

Continue

Clear

[Cancel](#)

[< Go back](#)

There is a problem
Single point of access services do not support appointment request types.
Select advice and/or triage request types instead.

Add new service

Select supported request types

Service name: Adult Immunology Service - Immunology - Low Laithes

Appointment and triage requests cannot be selected together.

Is this a single point of access service?
☒ Yes
☐ No

Request types
☒ Appointment
☐ Advice
☐ Triage

Continue

Clear

[Cancel](#)

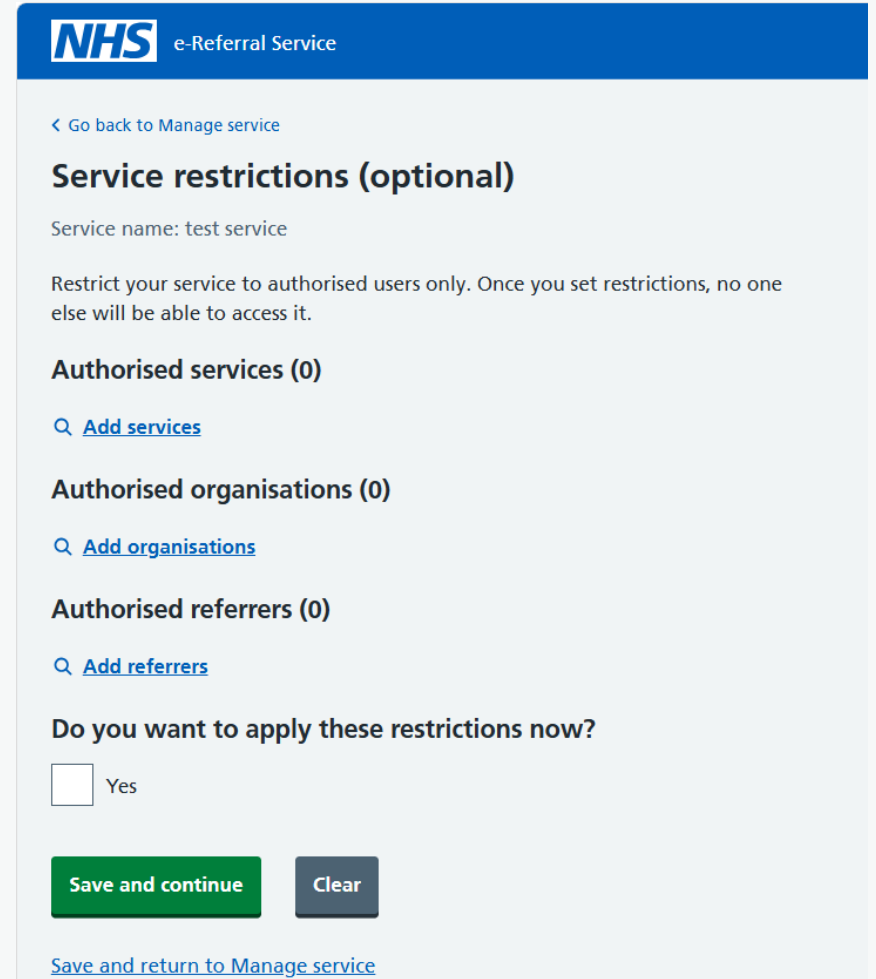
Identifying SPoAs – Service Restrictions

Service restrictions are set through the ‘View all services’ option in the DoS.

There are two main options for setting the service restrictions:

- Authorised services: Use the Service ID of the appropriate SPoA(s) to allow them to onward refer to other services
- Authorised organisations: Set as your provider ODS code to give the greatest flexibility – any SPoA can then refer to any other service, across specialties

If applying restriction to existing services, there will be a backlog of patients referred before the implementation of the SPoA that will need to work through the system for several weeks after go live – new requests will be received into these services that didn’t go through your SPoA.



The screenshot shows the 'Service restrictions (optional)' page in the NHS e-Referral Service. At the top is the NHS logo and 'e-Referral Service'. A link '< Go back to Manage service' is in the top left. The main heading is 'Service restrictions (optional)'. Below it, 'Service name: test service' is displayed. A note states: 'Restrict your service to authorised users only. Once you set restrictions, no one else will be able to access it.' There are three sections for adding restrictions: 'Authorised services (0)' with a link 'Add services', 'Authorised organisations (0)' with a link 'Add organisations', and 'Authorised referrers (0)' with a link 'Add referrers'. A question 'Do you want to apply these restrictions now?' is followed by a 'Yes' checkbox. At the bottom are 'Save and continue' and 'Clear' buttons, and a link 'Save and return to Manage service'.

NHS e-Referral Service

< Go back to Manage service

Service restrictions (optional)

Service name: test service

Restrict your service to authorised users only. Once you set restrictions, no one else will be able to access it.

Authorised services (0)

Q [Add services](#)

Authorised organisations (0)

Q [Add organisations](#)

Authorised referrers (0)

Q [Add referrers](#)

Do you want to apply these restrictions now?

☐ Yes

[Save and continue](#) [Clear](#)

[Save and return to Manage service](#)

Referring Users – Service Search



Referring Users - Introduction

The introduction of SPoAs will have the following impact on referrer processes:

- A new 'Single point of access' label will be introduced for SPoAs
- When requesting advice, a new 'Advice Intention' screen will be presented
- There are no changes to patient communications.

Referrer Changes – 1) Referral Creation

[< Go back](#)

Search for a service

Step 1: Confirm request details

Request type

☒ Referral

☐ Advice

The referrer continues to be able to initiate a referral in the usual way.

The following screens step through the minor changes in the process

Referrer Changes - Referral Creation

NHSe-Referral service

BODDICKER, ClarenceNotificationsHelp

HEALEY, Colin Toby (Mr)Sex: MaleAge: 27 yearsNHS Number: 946 541 7661

Close

Go back to Search

Referral service search results

Select up to 20 services that best meet the needs of your patient.

Select action

Select	Distance	Service	Notes for referrer	Average treatment
☒	2 miles	Triage WOODSEND HOSPITAL Cardiology Referral Assessment - Cardiology - Woodsend Hospital	Not recorded	16 weeks
☐	22 miles	Telephone / video WALTON HOSPITAL Arrhythmias and Chest Pain - Cardiology - Walton Hospital	Not recorded	9 weeks
☐	23 miles	Single point of access LEEDS TEACHING HOSPITALS NHS TRUST Cardiology - Leeds General Infirmary	Please refer Echo & ECG requests via ICE	Not recorded

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Accessibility statement

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When searching for services available for referral, SPoAs will display a new label.

Service

Triage

WOODSEND HOSPITAL

Cardiology Referral Assessment - Cardiology - Woodsend Hospital

Telephone / video

WALTON HOSPITAL

Arrhythmias and Chest Pain - Cardiology - Walton Hospital

Single point of access

LEEDS TEACHING HOSPITALS NHS TRUST

Cardiology - Leeds General Infirmary

NHS

e-Referral service

BODDICKER, ClarenceNotificationsHelp

UBRN: 0000 4914 5958HEALEY, Colin Toby (Mr)Sex: MaleAge: 27 yearsNHS Number: 946 541 7661X Close

You've sent the request to the service provider

What happens now?

You need to:

- send the patient referral instructions
- add a referral letter for the service provider.

The patient does not need to do anything at this stage. They will be contacted by the service if they need to be seen and offered an appointment.

If they do not hear from them by [DATE], they may call them on [PHONE] or email them at [EMAIL]. Lines are open [LINE OPENING TIMES].

Service details

Service	Cardiology Referral Assessment - Cardiology - Woodsend Hospital
Service type	This is a single point of access service
Location	Woodsend Hospital
Priority	Routine

Email patient referral instructions

Print patient referral instructions

Add referral letter

View referral summary

Accessibility statementContact usCookiesPrivacy policyTerms and conditions

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Service shortlist

Single point of access

LEEDS TEACHING HOSPITALS NHS TRUST
Cardiology - Leeds General Infirmary

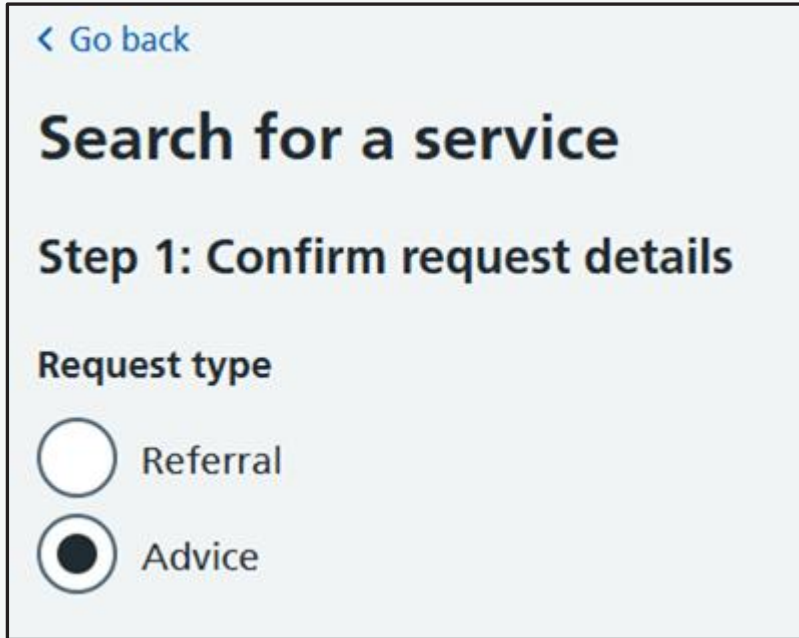
Telephone / video

OSSETT HOSPITAL
Arrhythmias and Chest Pain - Cardiology - Ossett Hospital

Triage

WOODSEND HOSPITAL
Cardiology Referral Assessment - Cardiology - Woodsend Hospital

Referrer Changes – 2) Advice Creation



[< Go back](#)

Search for a service

Step 1: Confirm request details

Request type

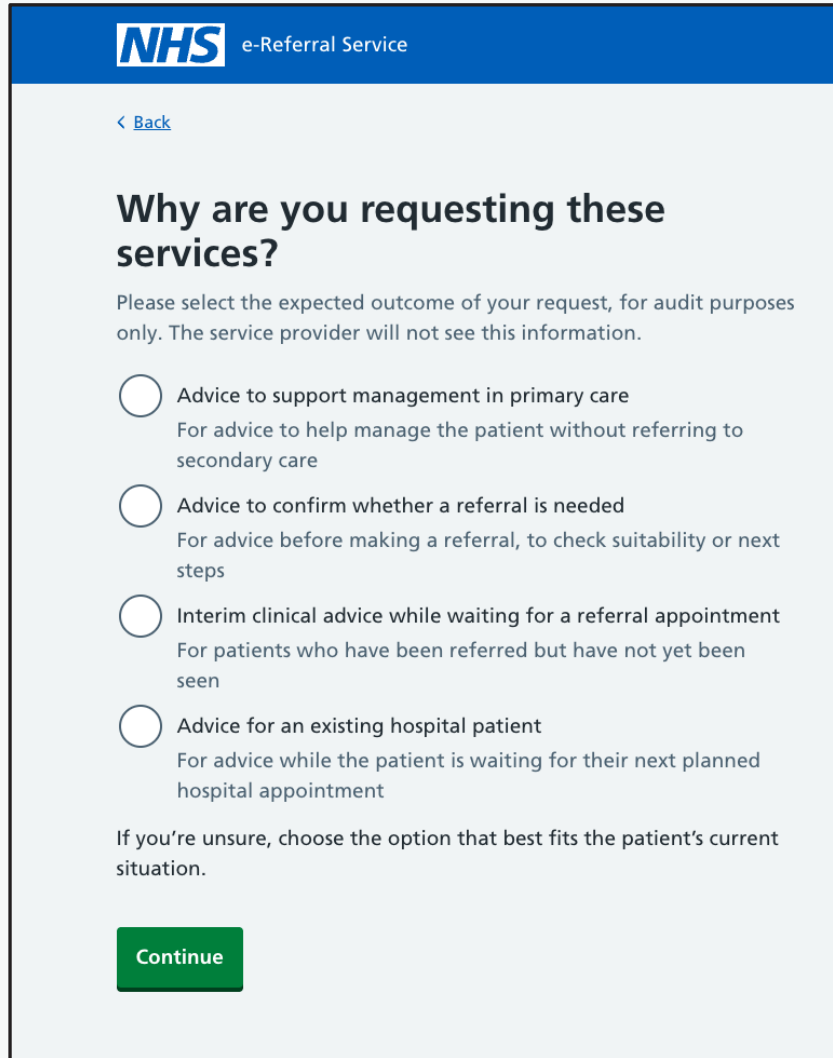
☐ Referral

☒ Advice

The referrer continues to be able to initiate an advice request in the usual way.

The following screens step through the minor changes in the process.

Referrer Changes – A&G Creation



The screenshot shows the NHS e-Referral Service interface. At the top is a blue header with the NHS logo and 'e-Referral Service'. Below the header is a light blue area with a '< Back' link. The main heading is 'Why are you requesting these services?'. Below this is a paragraph: 'Please select the expected outcome of your request, for audit purposes only. The service provider will not see this information.' There are four radio button options, each with a description: 1. 'Advice to support management in primary care' with subtext 'For advice to help manage the patient without referring to secondary care'. 2. 'Advice to confirm whether a referral is needed' with subtext 'For advice before making a referral, to check suitability or next steps'. 3. 'Interim clinical advice while waiting for a referral appointment' with subtext 'For patients who have been referred but have not yet been seen'. 4. 'Advice for an existing hospital patient' with subtext 'For advice while the patient is waiting for their next planned hospital appointment'. Below the options is a paragraph: 'If you're unsure, choose the option that best fits the patient's current situation.' At the bottom is a green 'Continue' button.

NHS e-Referral Service

[< Back](#)

Why are you requesting these services?

Please select the expected outcome of your request, for audit purposes only. The service provider will not see this information.

- ☐ Advice to support management in primary care
For advice to help manage the patient without referring to secondary care
- ☐ Advice to confirm whether a referral is needed
For advice before making a referral, to check suitability or next steps
- ☐ Interim clinical advice while waiting for a referral appointment
For patients who have been referred but have not yet been seen
- ☐ Advice for an existing hospital patient
For advice while the patient is waiting for their next planned hospital appointment

If you're unsure, choose the option that best fits the patient's current situation.

Continue

Before being presented with a list of services that accept advice requests, the user will be asked to identify their reason for seeking advice.

These new categories will be used in reporting to support a clearer understanding of the different types of Advice and their impact on elective activity.

The selected option will not be presented to the clinician responding to the advice request.

Close

Advice service search results

[Request advice](#)

[↑ Back to top](#)

Provider Users – Service Search



Provider Users - Introduction

Provider screens to support onward referrals will also be updated to help identify Single Points of Access.

Cancel Search Criteria Book/Send For Triage Request

Cancel Service Selection Defer to Provider Request Book

Considerations for SPoA Implementation

Considerations for SPoA Implementation

- The following slides set out considerations for configuring e-RS to support elective SPoA. They should be read alongside the Elective SPoA Technical Guidance for 2026/27, other supporting documents and relevant local standards. Each provider will have a different starting point, reflecting how e-RS is currently configured and used locally.
- The set up of services, specialties, referral pathways etc should be reviewed ahead of October.
- Provider implementation plans should address e-RS configuration alongside local digital and clinical training, agreed clinical workflows and triage standards, communications with local referrers, standard operating procedures, governance, escalation routes, reporting and feedback arrangements. Together, these elements will support safe and sustainable adoption.

Setting up your SPoA Services

Existing services can be converted to SPoAs services, or providers may wish to create new services to serve as their SPoAs.

- Is there an existing e-RS service that receives referrals and/or advice requests that is also used to direct patients to the appropriate next steps?
This could potentially be converted to a SPoA
- Is an existing service one that you would expect to continue to be available to your SPoAs for onward patient management? Keep and restrict.
 - If this applies to all your services within a (sub) specialty, you will need to create a new service to act as a SPoA



How many SPoAs?

- The Advice & Guidance and Referrals for Review worklists display different information. For example, Specialty and Clinic Type only appears on the A&G worklist.
- This may influence how you set up your SPoAs in each specialty, as it will not be possible to identify the clinic type associated with Triage requests:
 - A single SPoA for a specialty will be suitable where triaging clinicians are happy to review requests for any condition
 - Multiple SPoAs within a specialty, covering one or more clinic type each, will be needed where there will be greater sub-specialism in the triaging team
 - Overlap of clinic types for SPoAs within the same specialty should be avoided to provide clarity for referrers

General Considerations

Worklist Type

Advice and Guidance Requests

Advice and Guidance Requests

Filters

Show filters

(1 selected)

Update results

Last updated: Just now

8 results found

Export this list

UBRN	Priority	Status	Advice Last Updated	Advice First Requested	Referrer	Service Name	Specialty	Clinic Type	Clinician	Patient Name	NHS N
0004 6638 2961	Routine	Provider response required	06-May-2026	11-Nov-2025	SMITH, Cindy	Test Advice Only service	Dermatology	Leg Ulcer	-	XXXTTESTJONES, Xxotestjohn Xxotestpatient (Mr.)	999 00
0004 6900 5574	Routine	Provider response required	08-Jul-2026	18-Dec-2025	TRENAMAN, Siouxsie	XXX DO NOT USE XXX NIC ITB test Lab Silverlink PAS system D 01 XXX	Ear, Nose & Throat	Ear	-	TEST PATIENT, Sioux (Ms)	999 02
0004 7677 4923	Routine	Provider response required	14-Sep-2026	14-Sep-2025	SMITH, Cindy	XXX DO NOT USE XXX Second Demo Knee Service	Orthopaedics	Knee	-	MCCANN, Elin deagure Billy (Ms)	999 03

Worklist Type

Referrals for Review

Referrals for Review

Filters

Show filters

(1 selected)

Update results

Last updated: Just now

5 results found

Export this list

UBRN	e-Referral Pathway Start	Clinical Information First Submitted	Clinical Information Last Updated	Printed	Priority	Appointment	Service Name	Clinician	Patient Name	NHS N
0004 8007 2918	29-May-2026	29-May-2026	-	No	Routine	Triage	XXX DO NOT USE XXX Second Demo Knee Service - Orthopaedics - RIA Triage	-	XXXTTESTJONES, Xxotestjohn Xxotestpatient (Mr.)	999
0004 8018 2908	01-Jun-2026	01-Jun-2026	-	No	Routine	Triage	XXX DO NOT USE XXX Second Demo Knee Service - Orthopaedics - RIA Triage	-	XXX TESTING-SURNAME, Ers-forename (Miss)	999
0004 8212 7002	26-Jun-2026	26-Jun-2026	-	No	Routine	Triage	XXX DO NOT USE XXX ENT Triage Service	-	TEST PATIENT, Sioux (Ms)	999

General Considerations

Group SPoAs

- Group SPoAs will have to be set up at one specific organisation
- Triaging clinicians from all the providers within the group will need to be given e-RS access for that organisation to manage the requests received, via usual Registration Authority processes
- Notes to Referrer will need to be utilised to help referrers understand which providers' services are part of the group
- Providers within the group will have to set their service restrictions accounting for the SPoA host's ODS code and Service IDs



Specific Considerations

Providers that predominantly offer services to referrers by some combination of A&G and Triage should review which model they wish to offer in each specialty and:

- Review SOPs
- Review any e-RS training needs for clinical and admin users
- Identify whether to use existing or create new services to act as SPoAs
- Review which other services share a specialty and clinic type(s) with each SPoA so that service restrictions can be set up correctly
- Get local sign off if implementing 'Advice only' or 'Triage Only'

Specific Considerations

Providers that manage A&G through a third-party system, not e-RS, should:

- Identify existing or create new Triage services to act as SPoAs to receive referral requests into
- Review SOPs
- Review any digital training needs for clinical and admin users
- Review which other services share a specialty and clinic type(s) with each SPoA so that service restrictions can be set up correctly

Specific Considerations

Providers offering services that are Bookable (with or without A&G) should:

- Identify existing A&G services, or create new services to act as SPoAs
- Review SOPs
- Review which other services share a specialty and clinic type(s) with each SPoA so that service restrictions can be set up correctly
- Get local sign off if implementing 'Advice only' or 'Triage Only'

Specific Considerations

Additional points for providers moving to SPoA from bookable services:

- Initial request receipt will not trigger an appointment booking
 - Referral will not register on PAS/EPR until onward referred and booked from the SPoA
 - Provider will need to initiate appointment booking process (can use existing e-RS letters and emails)
 - RTT Clock Start will need to be corrected for every referral
 - Consider the admin needed to support this
- Review any training needs for clinical and admin users
 - Triaging clinicians will need to be trained in RAS and/or A&G functionality

Specific Considerations

- e-RS Integration with trust systems via APIs*
 - Impact where referral or advice requests managed in different systems (i.e. e-RS portal and/or EPR)
 - Review processes to ensure clinical review of referrals and advice received into a SPoA are supported
 - Review SOPs
 - Discuss SPoA support via APIs with your system supplier

* **APIs** (Application Programme Interfaces) allow EPRs or 3rd party software to securely integrate with e-RS – so that information can be shared between two systems

Questions

Useful links

- NHS e-RS workspace on NHS Futures, including discussion forum <https://future.nhs.uk/ereferralservice>
- For support queries: enquiries.ers@nhs.net
- Directory of Services (defining & maintaining) <https://digital.nhs.uk/services/e-referral-service/document-library/directory-of-services-creating-and-maintaining-services>
- RAS worklist management <https://digital.nhs.uk/services/e-referral-service/document-library/quick-guide-for-clinicians-reviewing-ras-referrals>
- A&G worklist management <https://digital.nhs.uk/services/e-referral-service/document-library/advice-and-guidance-toolkit/advice-and-guidance-for-consultants-and-provider-clinical-teams>
- Restricted service(s) https://ers.nhs.uk/ers-help/index.htm#t=service_definer%2Fadd_a_new_service%2Fservice_restriction.htm

Thank You



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