NHS
Leicester, Leicestershire and Rutland

Frequently Asked Questions (FAQs)

Advice and Guidance

25/06/2025

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1.0	30/05/2025	Alison Harlow, Senior Project Manager Elective Care, LLR ICB Julie Stone, Manager Elective Care, LLR ICB Fayazz Hussein, Senior Contracts Manager Primary Care, LLR ICB	Addition of Q1-Q7
1.1	25/06/2025	Alison Harlow, Senior Project Manager Elective Care, LLR ICB Julie Stone, Manager Elective Care, LLR ICB Fayazz Hussein, Senior Contracts Manager Primary Care, LLR ICB	Addition of Q8

Approvals:
This document must be approved by the following:

Approval	Organisation	Date	Comments
Julie Stone, Manager Elective Care	LLR ICB	30/05/2025	Approved
Julie Stone, Manager Elective Care	LLR ICB	25/06/2025	Approved

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Commissioner Lead	Leicester, Leicestershire and Rutland (LLR) Integrated Care Board (ICB)
Provider Lead	Secondary Care (UHL)
Version	V1.1 25/06/2025

1. **This still does not appear to contain the coding required for claims or adding to CQRS, please can we be advised urgently**
   No national code has been advised. LLR LCM have issued a code for use.

2. **Lucid clinics. Could you confirm the position whether this is for all pathways as I note there are some differences in the way we reach out for advice and guidance not limited to consult and connect?**
   Agreed that LUCID clinics should not be included as these are funded

3. **We can just ask advice and guidance and then when the reply is received, we can action this. (This may not include an actual referral)**
   YES. Practices can claim for A&G request regardless of outcome (i.e. advice given, or referral follows)

4. **We can request advice and guidance and there is a box to tick on the electronic referrals which states that if the Hospital feel that this should be turned into a referral, they will automatically do this.**
   YES. Practices can claim for the initial A&G request regardless of outcome (i.e. advice or any following conversion into a referral as it is the UBRN is what is converted from A&G to referral

5. **When should practices claim for A&G requests?**
   ASAP – Raise on CQRS as soon as A&G has been submitted to support data runs. No need to wait for provider responses.

6. **How many A&G requests can be claimed for per patient?**
   A&G requests are counted based on UBRN number per pathway. This means that one patient may potentially have more than one A&G request to multiple individual unrelated services (i.e. one to Cardiology, one to Gynae, one to Renal) and you can claim for the 3 individual unrelated A&G requests, one for each pathway, regardless of the number of backward/forward responses.

7. **In summary**
   If a practice submits an A&G request regardless of outcome (advice or referral) they can claim for it on the understanding it is for the initial request for a single episode of care.

8. **Can we claim A&G requests to LPT Mental Health?**

No. The service specification clearly defines a claim as being a request for A&G for patients where a GP is considering referring a patient to Secondary Care.