

SENT BY EMAIL ONLY

Professor Tim Orchard
Group Chief Executive
North West London Acute Provider Group

21 May 2026

Dear Tim,

We are writing in regard to the implementation process for elective Single Point of Access (SPoA) pathways in North West London and the impact on practices and our patients.

While we are aware of national timelines regarding the rollout of this process, the guidance is clear that these pathways should be co-designed and agreed with local GP leadership. Despite significant efforts and progress in establishing and supporting interface groups across NWL the SPoA pathways were not discussed in advance with their members, nor with Local Medical Committee representatives. We were first made aware from communications sent out to all GPs in early April regarding switching off the direct referral function within e-RS for the five target specialities, with only the ability to seek advice first.

While the SPoA programme's stated aim is to streamline referral processes, GPs must retain clinical autonomy to make decisions regarding onward referral and pathways should not unnecessarily delay access to specialist care for our patients. [Amanda Doyle's letter of the 22nd of April](#) makes clear that the clinical threshold for a referral remains unchanged and reiterates the importance of involving local GPs in the design and refinement of pathways. It is important that it is made clear to referrers that there remains the ability to specifically request a referral and appropriate escalation pathways should be in place where referrals have been returned with advice despite the GP requesting specialist review. The BMA's GPCE has [written guidance](#) with clear principles regarding the role of the GP.

The current advice functionality within e-RS is not fit for purpose for the referral of patients; it does not integrate effectively with primary care clinical systems, often leads to additional requests and demands of GPs and does not create clear paper trails for the purposes of keeping patients informed and in control of the process as would be the case for direct referrals. There is a national update to the e-RS functionality to support a more streamlined process but these will not be available until July 2026 at the earliest.

continued

We would request an urgent time-limited pause to enable joint work on implementation processes covering:

- Clear differentiation between advice and referral intent including escalation pathways where GPs disagree with the SPoA triage outcome, supported by national guidance
- Identification of future target specialities and proposals for co-designed pathways with local GP involvement
- Patient-facing communications regarding locally implemented pathways

We look forward to hearing your response.

Kind regards,

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