

## Advice & Guidance Update for Clinicians & Managers

This document is intended to support the ongoing development of Advice & Guidance in BNSSG. It includes a summary of our progress, the feedback users have given us through the survey, and the actions that are underway to keep evolving A&G.

### Summary:

- There has been considerable increase in the availability and use of advice & guidance
- Surveys indicate this has mostly been incredibly useful for GPs, consultants and patients
- There are some areas of concern that need to be addressed to ensure A&G keeps being a helpful part of our health system.
- A [good practice guide](#) has been produced to help both requestors & responder get the most out of A&G
- A simple [reporting tool](#) has been produced to allow you to feed back to us
- We are planning some engagement to better understand the patient’s experience of A&G

### Availability & Use of A&G:

- Coverage: All main specialties now provide an A&G option. There is a plan to ensure these are all on the E-Referral System, but at present some services are still running email A&G. See [REMEDY](#) for access routes for each specialty
- Use: Use of A&G has grown significantly, and we are now the highest user in the South West.
- Response times: Average response time is 1 day, with no specialty having a response time greater than 7 days

### Survey Feedback:

High response rates: 103 GPs and 78 consultants

### Key positives reported:

- Enabled avoidance of some referrals and ability to give patient an immediate plan
- Enabled greater degree of learning for GPs than a referral as the response was received while the patient’s presentation was fresh in the GPs mind
- Significant majority of GPs reported that the patient was happy with outcome. Mainly due to speed of having a specialist opinion

### Key issues reported and what we are doing about them

A&G being used inappropriately for patients who meet criteria for 2ww referral	GPs are asked to not use A&G for patients who meet 2ww criteria. These should be referred on the usual 2ww pathways
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<p>Increased workload in primary care (e.g. ordering tests, following up with patient)</p>	<p><u>Short term:</u> We are asking consultants to be mindful of the burden being placed on primary care and to ensure tasks are reasonable and available (see <a href="#">good practice guide</a>).</p> <p><u>Medium term:</u> One Care is coordinating a review of all the additional work being asked of primary care to inform contract &amp; funding arrangements for 21/22.</p>
<p>Increased workload in secondary care</p>	<p>Responding to A&amp;G is additional work for most consultants; however most felt it saved work later on (e.g. low value outpatients). So the important thing is to recognise this in job plans.</p> <p>Providers will ensure A&amp;G sessions begin to be formally recognised in job plans as part of the next round of job plan reviews.</p> <p>The new block funding arrangements for outpatients should make this simpler</p>
<p>GP being asked to undertake tests or perform tasks that are not available in primary care</p>	<p>We ask consultants to be mindful of what they are asking GPs to arrange. The referral support service can advise on what access to tests GPs have. GPs can report issues such as this through the <a href="#">reporting tool</a> so we can collate themes and provide feedback and learning to specialty services</p>
<p>Variable quality of responses (e.g. question not really answered / advice unclear or unhelpful)</p>	<p>GPs can continue the conversation with the consultant in ERS by selecting the option to reply (see appended screenshot) thereby giving the opportunity for further detail. We would recommend putting a phone number to enable a conversation with the consultant</p> <p>Please use the <a href="#">report tool</a> to share any issues so that we can work with specialties to ensure the A&amp;G they provide is useful</p>
<p>If a referral is recommended this should be done automatically rather than requiring the GP to do further work</p>	<p>There is an update to the E-Referral System coming in early 2021 which will mean that it is possible for a consultant to automatically accept an A&amp;G request as a referral if they deem this necessary.</p> <p>Until then, unfortunately, GP practices will need to generate a new referral</p>
<p>Some patients were concerned they still wanted to be 'seen' by a specialist</p>	<p>Where this is the case the GP has the option of either providing reassurance to the patient on the basis of the advice given or to refer but explain to the patient that there are likely to be significant waits</p>
<p>Technical limitations / frustrations of using ERS</p>	<p>ERS is recognised as being a clunky system, but we also need to ensure we have a single solution for the system.</p> <p>There is a wider review of the whole referral and triage process which may recommend investing in a new platform that interfaces with ERS</p>

<p>Potential for increased clinical risk because:</p> <ul style="list-style-type: none"> <li>• GPs don't know what they may be missing when describing presentation</li> <li>• GPs may feel they are holding too high a risk as a result of the advice given</li> <li>• Consultants fear they may not be getting the full picture of the patient</li> </ul>	<p>We suggest risk can be minimised in the following ways:</p> <ul style="list-style-type: none"> <li>• Being very clear in the A&amp;G request if there is uncertainty about the presentation or diagnosis (see <a href="#">good practice guide</a>)</li> <li>• Being clear in the response if there are further pieces of information that may help inform the advice</li> <li>• Having a phone call to reach a shared decision</li> <li>• Referring the patient for an appointment if uncertainty remains or if the GP feels unconfident in enacting the advice</li> </ul>
<p>Some consultants were unsure if the advice they were providing is useful</p>	<p>For the most part GPs have reported advice is very helpful. The <a href="#">good practice guide</a> gives suggestion about how to make sure your advice is most likely to be helpful</p> <p>We would also suggest you put your contact number or email address on the response so the GP can contact you if they are unsure</p>

### **What next**

- Continue to work with GPs and specialty services to improve how A&G works
- Working through the improvements set out above
- Continue to understand the workload implications for primary and secondary care and ensure this features in business planning and contracting discussions
- Continue to update quarterly with similar updates.

### **Appendix 1: Screenshot of how to continue the A&G conversation in ERS**

If you need help with this process please contact the Referral Support Service

The screenshot displays the NHS e-Referral Service web application. At the top, there is a navigation bar with the NHS logo, 'e-Referral Service', and user information for 'Keedwell, Victoria'. Below this is a header with fields for 'UBRN:', 'Patient:', and 'Gender:'. The main content area is titled 'Advice Request Details' and is divided into two columns. The left column contains a sidebar with 'Summary Information' including 'Priority' (set to 'Routine'), 'Service Name' (Immunology: General Advice and Guidance), 'Specialty' (Immunology), 'Referrer Alert' (No chasing of existing referrals...), 'Referred By' (KAY, Natalie), and 'Referring Organisation' (FISHPONDS FAMILY PRACTICE, BEECHWOOD ROAD, FISHPONDS, BRISTOL). The right column shows a message history with two entries: one from 20-Sep-2020 09:44 by SIMMONS, Charlotte (M) and another from 01-Oct-2020 14:53 by DRAMBATHIKOS, Alexandros (Dr). Below the messages is a text input area with a red border, containing the placeholder text 'Enter advice request details here' and a '2000 characters remaining' indicator. A 'Send Request' button is located at the bottom right of the input area. The Windows taskbar is visible at the bottom of the screen.

The GP practice go into their A&G worklist and click on the UBRN. This then opens the above screen. If they want to go back to the provider and ask another query they complete the red box and then click 'send request' which sends it back to the providers A&G worklist to action.