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 <u>good practice guide</u> has been produced to help both requestors & responder get the most out of A&G
- A simple <u>reporting tool</u> 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:

- <u>Coverage</u>: 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 <u>REMEDY</u> for access routes for each specialty
- <u>Use:</u> Use of A&G has grown significantly, and we are now the highest user in the South West.
- <u>Response times:</u> 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	GPs are asked to not use A&G for patients who meet 2ww criteria. These
inappropriately for	should be referred on the usual 2ww pathways
patients who meet	
criteria for 2ww referral	

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

 Potential for increased clinical risk because: GPs don't know what they may be missing when describing presentation GPs may feel they are holding too high a risk as a result of the advice given Consultants fear they may not be 	 We suggest risk can be minimised in the following ways: Being very clear in the A&G request if there is uncertainty about the presentation or diagnosis (see good practice guide) Being clear in the response if there are further pieces of information that may help inform the advice Having a phone call to reach a shared decision Referring the patient for an appointment if uncertainty remains or if the GP feels unconfident in enacting the advice 			
they may not be getting the full picture of the patient Some consultants were	For the most part GPs have reported advice is very helpful.			
unsure if the advice	The <u>good practice guide</u> gives suggestion about how to make sure your			
they were providing is	advice is most likely to be helpful			
useful	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			

What next

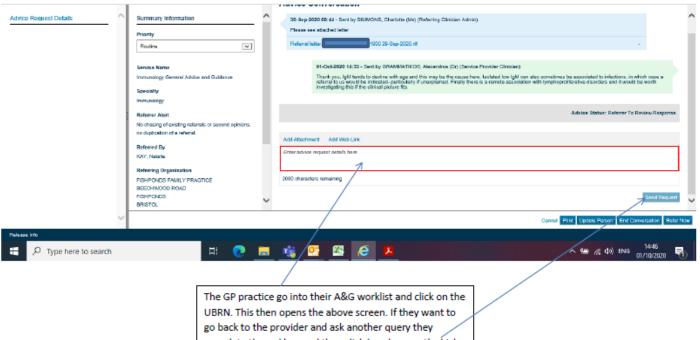
- Continue to work with GPs and specialty services to improve how A&G works
- Working through the improvements set out above
- Continue to understand the workload implications for primary and secondary care and ensure this features in business planning and contracting discussions
- Continue to update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

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Advice Request Details



complete the red box and then click 'send request' which sends it back to the providers A&G worklist to action.