Healthier Together
Improving health and care in Bristol, North Somerset and South Gloucestershire

Good practice for high quality advice & guidance that supports shared care between professionals

This is a live document that will be updated periodically as we learn about what works best. This version is dated 21/03/2023. For the latest version please check REMEDY

Recent changes are in orange

Context:
High quality advice & guidance between clinicians is a key part of effectively managing patient care. It has a number of aims and advantages:

- Shares expertise and advice – reducing time demands on all parts of the system. It is about moving knowledge and not inappropriately moving work or hand offs.
- Reduces the need for face to face patient appointments, resulting in faster decision making for patients and less infection risk
- Gives referrer and responders options for management.
- Promotes a value-based approach to care for patients, ensuring care is delivered by the right person in the right place at the right time.
- Advocates the use of shared decision making with patients and between clinicians, building trust and relationships.

Definition:
Advice & guidance is non-urgent communication between clinicians that supports the management of a patient's needs. There are not strict criteria for when advice & guidance should be used, but we suggest the following 5 scenarios as appropriate:

1. Diagnostic uncertainty that will affect safe / effective management of patient.
2. Uncertainty around clinical management (once REMEDY pathway guidelines have been checked) that will affect safe / effective management of patient.
3. Support to interpret primary care diagnostics (e.g. ECG) that will affect management
4. Patients on a follow up pending list who have been deferred and present in primary care with problem that GP cannot manage alone.
5. Clarification of prioritisation between routine and urgent.

Providing Feedback and Reporting Issues with Use of A&G:
There is currently no feedback route in the ICB for A&G so we encourage GPs and Consultants to communicate with each other via A+G, or direct email, if issues arise.

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Guidance for clinicians:

Referrers: Key things for to consider when submitting an advice & guidance question:

- Look at REMEDY for guidance and any standard templates for submitting your question. Contact details for the departments are here. Advice & Guidance may be provided by secondary care providers or the community services – REMEDY will indicate the best place to send your request.
- Be specific about the support or advice you are requesting, highlighting key findings and results. Consider using statements like: "I want to know if…..(e.g. I should refer)" or "I want to know what…[eg to do next / if this result changes management]" or "I would like reassurance that……" The consultant needs to be very clear what you are asking and what your expectations are.
- If you are unsure whether you have presented the full picture please be clear on this e.g. "I am unsure if I may have missed something clinically important and would value a conversation"
- Attach all relevant information and results. Consultants may not have access to results especially if done in another Trust and they have variable access to connecting care.
- If your enquiry is about a patient already known to a department, then please direct your request to the same department and start your message with "Patient already under the care of Dr xx" so if appropriate it can be directed to that consultant.
- Consider giving your practice professional phone line number. We want to encourage GPs and consultants to communicate in the most effective way, so if you feel a conversation would be more helpful than a written response, offer that to the consultant however not all specialties are able to support a conversation. Consider giving the practice's professional or secretary direct line [or your mobile for messaging] so the consultant and you can organise a mutually convenient time to speak. It's a high value activity so it's appropriate to book time out. We are looking at future options for a direct messaging system.
- You can respond to A+G answers using the chat function in ERS. The referral service can support your admin teams with this if necessary. All GPs are able to access ERS through EMIS if you want to use it.
- We are working to get A+G responses back to you within 7 calendar days

Responders: Key things to consider when responding to advice & guidance

- An A&G request should have been submitted either when the referrer has exhausted all the options available to them or has reached the limit of their ability or capacity to deal with that condition.
- Primary care clinicians should only be asked to undertake further diagnostics where these are commonly used tests that are readily available to them and where the clinician can reasonably be expected to interpret them and enact a clear management plan as a result.
- If you find that bloods are required in order to inform your response, please support the GP to interpret them. If overly complex consider booking to an OP slot.
- Please be aware many direct access options to diagnostics for GPs are closed or restricted during COVID. Updates are on REMEDY
- Avoid advising care pathways that cannot be completed / referred into because of COVID restrictions. A risk sharing discussion with the referrer may be more appropriate.

- A conversation with the referrer may be much quicker than a written response. It is possible to use video calls to share screens and jointly review results with referrers. You can message the GP to arrange a mutually convenient time to speak. All practices have a direct professional line to the admin team which avoids the automated messages, and some GPs will be happy to be contacted by message platform on their phones. We suggest GPs provide one or other or both if they are happy to have a discussion. We are looking at options for a direct messaging system.
- You do not need to request permission from the clinician to convert the request to an appointment. You just need to respond recommending that the GP's secretary convert the A&G request to a referral. From January an ERS update will allow you to convert A+G to an OP appointment.
- You do not need the referrers' permission to direct the case to another service which is better placed to help the patient. Please respond with the recommendation of the appropriate service and the practice secretary can arrange onward referral.
- Where possible & clinically appropriate, please consider setting out a series of steps or actions that primary care can undertake in managing the patients care. This will reduce the need for multiple messages back and forth.
- If there are common things that GPs should consider before submitting an A&G request, please develop FAQ / guidance in partnership with primary care and upload these to REMEDY (the GP online information portal). You can also develop a referral form to ensure you receive all the key information. This will help reduce requests and ensure those that are submitted are of high quality.
- Response standard is less than 7 calendar days.

Medication changes:

- If, during A&G correspondence the clinician deems either a new medication or a change to an existing medication is required it should be done in line with section 1 and 3 of the appended transfer of care document and in line with the BNSSG formulary https://remedy.bnssg.icb.nhs.uk/
- If a new medication is required, the GP can be asked to start the recommended medication as long as the request is adhering to BNSSG formulary guidance, and the prescriber feels they are acting within their clinical competency.
- If a new medication is a RED or new AMBER drug then the acute trust clinician may need to arrange a consultation with the patient, during which they can prescribe the medication and inform the patient how to obtain the supply of medication. Clinicians may need to liaise with their acute trust pharmacy department.
- The clinicians should agree who will inform the patient of any medication change (including stopped medication) and ensure this is recorded in the patient medication record on EMIS.

Examples

	Examples of good shared care	**Things to avoid**
Management plans	Asking the GP to enact a clearly set out management plan, that may include undertaking tests or	**Delegating testing:** Asking GP to request specific tests that a consultant would then need to interpret in

	amending a drug regime as long as these are commonly used in primary care. The plan should also include details of how the GP can get back in touch/what can be done should the scenario change, within reason.	order to advise on a management plan. It would be more appropriate for the consultant to request and review these tests. Once the results have been interpreted & a diagnosis made, the consultant may ask the GP to enact that management plan.
Communication	Jointly working to understand the patient's wider circumstances (psycho-social) that may affect pathway choices or management. Gaining missing information.	Providing partial answers or plans with significant caveats. Be aware of pathways that need funding applications
Risk management while waiting:	Jointly agreeing sensible clinical management while particular treatment options or diagnostics may not be available due to capacity constraints	Passing the case and risk back to the GP without a plan. Referring to care pathways that are restricted or closed under COVID.
Providing interpretation of tests:	Giving the GP assurance around a marginal or unclear diagnostic, such that the management can continue safely in primary care	Suggesting further tests not currently available or with restricted access

Notes

If you think it is more appropriate for you to review the patient, either by phone or face-to-face then this should be arranged. You do not need to ask the GP to formally refer the patient, however they can be asked to supply a medical summary or these can be accessed on connecting care. Your admin team will be able to support these processes.

You may also feel it is appropriate to direct the request into an associated service (e.g. a community service). This can be arranged on ERS and your admin team will help. The Directory of Services for your specialty is here

Version	Date	Author/Reviewer	Comment
0.1	05/06/20	James Dunn	Initial draft
0.2	05/06/20	James Dunn	Feedback from DP and GI

0.3	18/06/20	David Peel	Incorporation of comments from OP group and add hyperlinks.
0.4	25/06/20	James Dunn	Feedback from JW
0.5	01/07/20	James Dunn	Feedback from PK & primary care cell
1.0	02/07/20	James Dunn	Published version following final edits from DP
1.1	29/10/20	David Peel	Update clinical conversation bullets and minor updates.
1.2	30/10/20	James Dunn	Further updates from GP Member event
1.4	21/03/23	Vicky Ryan	Updated links and comment on feedback mechanism