

Advice and Guidance via eRS

Standard Operating Procedure DRAFT v.6 (Jan 2019)

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1. About Advice and Guidance (A&G)

Provision of an interactive A&G platform responds to a need from clinicians working in primary and secondary care to be able to manage and treat patients more collaboratively.

Salford is currently piloting the use of e-RS (electronic Referral System) to provide an A&G system for Salford GPs and secondary care services delivered by Salford Royal NHS Foundation Trust.

A&G via eRS provides a mechanism for clinicians to establish a direct dialogue to agree a treatment plan for patients through a secure online platform, which is integrated within existing systems.

2. Why is this needed?

- Responds to a demand from clinicians in Salford for improved mechanisms to communicate with colleagues in different settings (e.g. primary to secondary care)
- Positive impact on patient experience of care, for example reducing the number of appointments required to attend
- Reduces unnecessary referrals freeing up space on waiting lists

- Improves quality of referrals, increasing clinical satisfaction and providing better quality of care to patients at every point of contact

During the pilot phase of testing Advice and Guidance, we will be evaluating the impact of e-RS to provide qualitative and quantitative evidence to support the statements above.

3. What is it?

A&G via e-RS is an existing tool available within current systems to enable multi-way interaction between clinicians in different settings. Functionality in the system allows for immediate communication via a text conversation (similar to WhatsApp) and sharing of relevant attachments (including links and images, for examples, copies of scans).

A&G via e-RS represents a more modern way of sharing patient information, providing a secure forum to collaboratively manage patients more effectively.

Throughout an A&G “request”, **responsibility for managing the patient will lie with the primary care clinician** until care is transferred by a referral which is accepted by the speciality service in secondary care.

The process is as below:



The following services are currently offering A&G:

- Cardiology
- Respiratory
- Gastroenterology
- Gynaecology
- Trauma Orthopaedics

4. What should it be used for?

- If unsure what test is appropriate
- To review results of a test completed in primary care and query a proposed course of action
- If think a patient may require a referral but aren't sure which clinic is best or what information is required
- To query a proposed course of treatment, e.g. change in medication

Some examples:

Respiratory

- Query in relation to a new or abnormal CXR finding
- Query in relation to concern over discontinuation of certain therapies (like step down in COPD treatment)
- To confirm which clinic a patient should be referred to
- Patient has had full investigations with no identified pathology to explain symptoms and wants further investigation – what would you recommend?

Cardiology

- Querying medication changes to manage cardiovascular disease.
- To confirm which clinic a patient should be referred to eg. Rapid access chest pain.
- Hypertension – if high blood pressure is identified, whether other diagnostics could be performed to help manage eg. Ambulatory monitoring to help make a decision on referral.

Gastroenterology

- Patient reports discomfort and abdominal pain, which has lessened since cutting out gluten – do they need any further investigations or tests?
- Patient has had full investigations with no identified pathology to explain symptoms and wants further investigation – what would you recommend?

5. What shouldn't it be used for?

- As a mechanism to circumvent standard wait times for patients to access specialist diagnosis and treatment
- If cancer is suspected and an urgent referral via 2WW would be more appropriate
- To answer generic questions about a condition / clinic – Advice and Guidance queries must relate directly to a *specific patient*
- To challenge the allocation of follow up actions or recommendations following a transfer of care from secondary care back to primary care (e.g. follow-up actions in a discharge summary)

6. What will you need to access A&G in this pilot

Primary care (GP practice)

Your practice will need to have access to eRS (which you should do already for routine patient referrals to specialist care).

Practices will need to establish a robust and reliable system to ensure that all responses to request for advice are reviewed within 2 days of submitting a request. If you do not receive a response within this timeframe, GPs are advised to consider whether the request should be converted into a full referral. You are responsible for closing all requests, therefore will need to regularly monitor and action responses from secondary care colleagues.

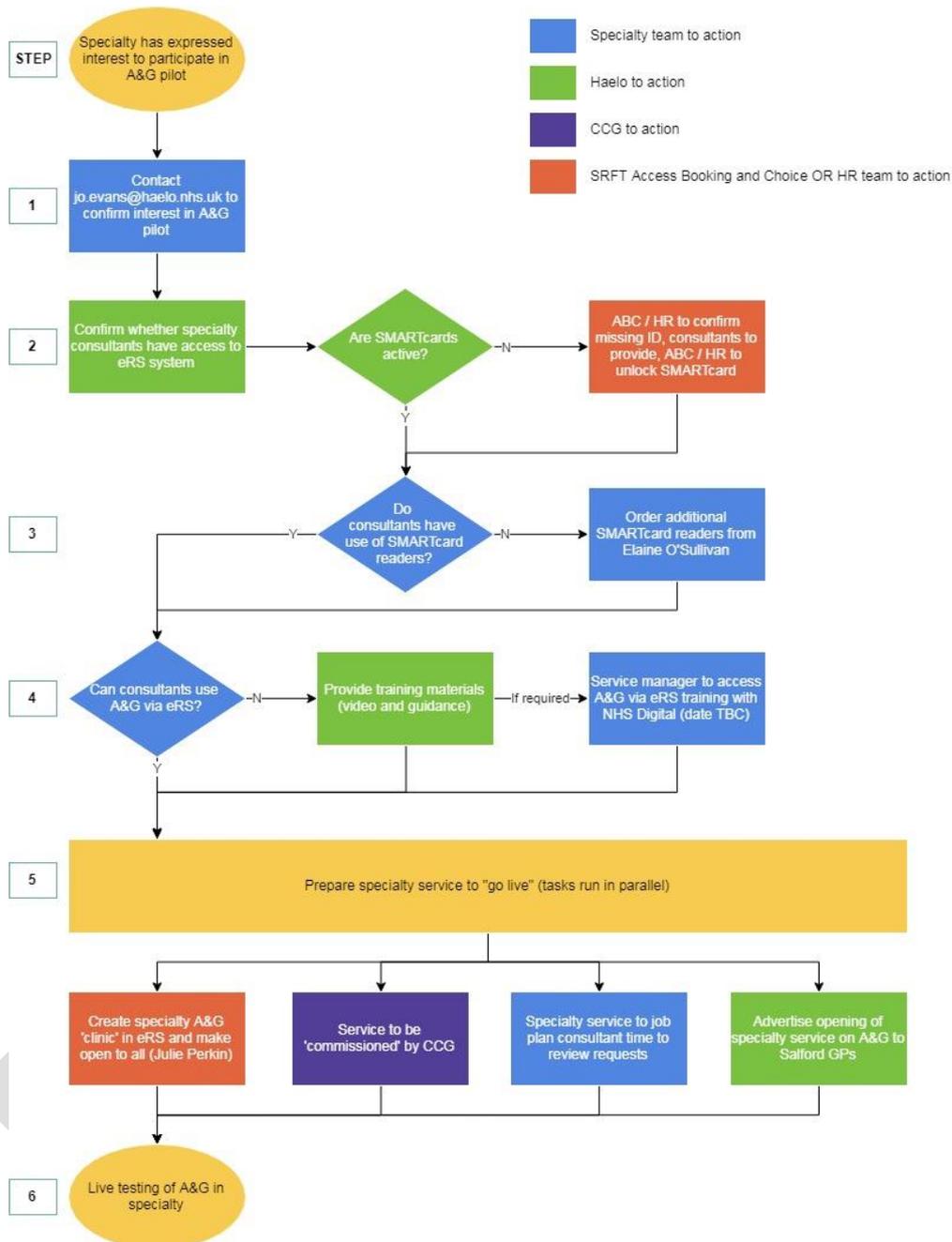
Depending on your practice, requests and responses may be reviewed by individual GPs, or by whole practice / admin team. This may require time to be job planned.

Secondary care (specialty service)

Specialties will need to establish a robust and reliable system to ensure all requests received to your service via A&G can be routinely and regularly checked by senior clinicians.

Requests need to be reviewed and responded to within 2 days by a consultant. This will require time to be job planned. If a response is not provided within 2 days, GPs will be advised to convert requests into a referral where appropriate.

A step-by-step process for specialty services to participate in the pilot is included below:



7. How does the system work?

You can access a number of training resources and content to support use of A&G via eRS online:

- Live training video here: https://youtu.be/MR3_RFq8Zc0
- NHS Digital online resource: <http://content.digital.nhs.uk/referrals/future/electronic>

If required, in-person training using A&G via eRS can be made available to primary and secondary care staff. This training will be designed to enable key individuals to demonstrate the use of the system within their local settings, supporting clinicians to access and use A&G via eRS.

Creating a request

The process of creating an A&G request is similar to creating a referral via e-RS. The most important part is selecting the correct clinic to send your request to.

At present two services (Cardiology and Gastroenterology) in Salford Royal are accepting Advice and Guidance requests as part of this pilot. Additional specialties (e.g. Respiratory Medicine) will be live shortly, with further specialties to be added. These services can be accessed via a request to the below 'clinics' in e-RS:

- Cardiology Advice and Guidance – Salford Royal Trust – RM3
- Respiratory Advice and Guidance – Salford Royal Trust – RM3
- Gastroenterology Advice and Guidance – Salford Royal Trust – RM3
- Gynaecology Advice and Guidance – Salford Royal Trust – RM3
- Trauma and Orthopaedic Advice and Guidance – Salford Royal Trust – RM3

Once you have generated a request, the below screen will appear. The patient details should be shown on the top of the screen and a box will appear to type details of your request, with an option to add any relevant attachments, for example recent test results.

The total file size of all attachments must not exceed 5MB.

Advice Requestor screens

Requestor details appear

Select 'Send Request' to Submit Advice Request

Reviewing requests and responses to requests

All A&G requests will remain in the requestors "Advice and Guidance" worklist. New requests to a service will appear in the responding service's worklist. An example A&G worklist is shown below. The worklist includes information under the following headings, which can be filtered:

- Priority – 2 week wait / urgent / routine
- Response status – showing who is responsible for the next action (referrer or provider)
- Last activity – when the request was last amended
- Clinical content – summary of the service request has been sent to

UBRN	Patient Name	Priority	Response Status	Last Activity	Clinical Context	Clinician	UBRN Created
0002 8375 5071	NAME, Surname	2 Week Wait	Referrer To Submit Further Information	18-Jan-2017	Orthopaedics	-	17-Oct-2016
0002 8283 3077	NAME, Surname	2 Week Wait	Referrer To Review Response	01-Jan-2017	Ear, Nose & Throat	-	11-Mar-2015
0002 8283 3076	NAME, Surname	2 Week Wait	Provider Response Required	13-Nov-2016	Orthopaedics/Knee	-	11-Mar-2015
0002 8283 3075	NAME, Surname	Urgent	Referrer To Submit Further Information	12-Dec-2016	GI and Liver (Medicine and Surgery)	-	11-Mar-2015
0002 8376 8074	NAME, Surname	Urgent	Provider Response Required	17-Oct-2016	Cardiology/Congenital Heart Disease	-	17-Oct-2016
0002 8283 8074	NAME, Surname	Routine	Referrer To Submit Further Information	06-Jan-2017	Cardiology/Rapid Access Chest Pain inc Exercise ECG	-	11-Mar-2015
0002 8283 3073	NAME, Surname	Routine	Referrer To Submit Further Information	16-Jan-2017	Dermatology	-	11-Mar-2015
0002 8283 5073	NAME, Surname	Routine	Referrer To Submit Further Information	18-Jan-2017	Orthopaedics/Knee	-	17-Oct-2016
0002 8283 3069	NAME, Surname	Routine	Referrer To Review Response	13-Nov-2016	GI and Liver (Medicine and Surgery)/Colorectal Surgery	-	11-Mar-2015
0002 8283 3068	NAME, Surname	Routine	Provider Response Required	07-Jul-2016	Ear, Nose & Throat/Ear	-	11-Mar-2015
0002 8283 5072	NAME, Surname	Routine	Provider Response Required	17-Oct-2016	Orthopaedics	-	17-Oct-2016

Responding to requests

Once you open an A&G request, reviewers will see the full history of the conversation, be able to open and review any attachments, and type in a response with a recommended course of action.

Two options are available at this stage:

- to return to referrer with advice, OR
- request further information before you make a recommendation

If reviewer selects “return to referrer with advice” this request will disappear from the responders worklist. It will remain on the worklist if responder selects “I require further information”.

An example of the response screen is included below:

e-Referral Service Patient: XXXXXXX, Kxxxx (Ms) Gender: Female Date of birth: XXX/XXX/XXXX Age: XX years NHS: XXXXXX XXXX

Advice Request Details – 0002 8374 5414

Advice Conversation

18-Oct-2016 16:30 - Sent by ALLAN, Susan (Mrs) (Referring Clinician)

Many thanks for your advice - this 72 year old lady is well in herself, however bloods recently showed a suppressed TSH. Looking at her previous results the TSH has been suppressed for some time and the free T4 is normal at 17 pmol/l. There are no discrete lumps in the neck to feel.

[TestResults.doc](#) Patients test results
[CurrentMedication.doc](#) Patients current medication

Supporting integrated Clinical Information (if sent via GP system) is available

Responder reviews the Advice Request with any attachments

Responder enters the Advice Response in the text box

Responder MUST choose an appropriate response option

Select 'Submit' to send Response back

New Advice and Guidance Multi-way conversation screen

Back Print Update Person

Closing a request

Once you have reached a resolution to your conversation, the requestor must close the request. Responsibility for doing so rests with the clinician who instigated the request (i.e. in primary care).

There are two ways in which you can close a request, available in the bottom right of the screen:



If you select to “End Conversation”, this will close the request and it will disappear from your worklist. You may want to do this when you have agreed a management plan for your patient within primary care.

If you select to “Refer Now”, you will be given the option to open up a formal referral in the usual way for this service. The service receiving this referral will be able to view the A&G conversation within the newly created referral.

NOTE: *If converting a request to a referral, any supporting clinical information will need to be re-attached to to the referral as this will not be automatically transferred from the request to the referral.*

Capturing information in patient records

e-RS does not automatically update patient records with content of the conversation, if you wish to keep a record of discussion you will need to manually update your patient’s records.

At any point in a conversation, and once it has closed, you can download a copy of A&G discussion by selecting the “Print” option from the bottom of the screen:



This will open the conversation as an electronic PDF file. This can then be saved and added as an attachment to patient records or printed if a hard copy is required.

As responsibility for managing the patient during an A&G discussion remains with the requesting clinician (in this pilot, in primary care), this person is responsible for ensuring records of discussion are kept if required. However, if you are the responding clinician, and there is a live record for the patient on EPR (for example, the request relates to a patient you have seen in the past) you may wish to include details of this conversation for your records, but it is not a requirement to do so.

NOTE: Ctrl+C and Ctrl+V copy and paste shortcuts will not work in e-RS / EPR, you need to use the mouse functions to manually select and copy and paste text from the conversation.

8. Frequently Asked Questions

When can I expect a response / how quickly do I need to respond to Advice and Guidance requests?

The 2017/19 CQUIN mandates that 80% of requests are responded to within 2 working days. Response times will be monitored throughout the pilot to determine whether this is a locally acceptable standard for response times. If you are a GP and do not receive a response within 2 working days, you should consider whether this request should be converted into a referral and will need a robust system to monitor and action responses.

When does the Refer to Treat (RTT) week clock start?

If the requesting clinician is seeking advice prior to or instead of referring a patient, then this will not “start” the clock. The RTT clock start date is the date the provider receives notice of a referral (not a request for advice). For e-RS referrals, this is the earliest date that a patient converts (books) their Unique Booking Reference Number or enters the ‘Defer to Provider’ (appointment slot issue) process.

Does Advice and Guidance attract a tariff payment?

There is no mandatory national tariff to provide A&G; it is already covered within the Service Conditions of the NHS Standard Contract in Salford. However, as part of this pilot, we are reviewing the impact of A&G to determine whether a tariff should be applied in the Salford system. This will depend upon the administrative and clinical time required to respond to A&G requests and any impact on reduced referrals of patients to be managed in secondary care.