A care system support organisation

Clinical Advice & Guidance services
An evaluation of demand side factors

NECS, September 2021

NECS

A care system support organisation with well recognised strengths in data management, intelligence and evaluation.

Business Intelligence Team

- Provide analysis, reporting and recommendations to support evidence-based commissioning and business case development
- Deliver professional interpretation, advice and support on data and its uses, including advice on impact and implementation of national policy

Research & Evidence Team

- Multi methods evaluators, evidence synthesis and qualitative research experts
- Deliver independent evaluation services for local, regional and national stakeholders

Background

- In 2020, the NHS England and Improvement National Elective Care Recovery & Transformation Team commissioned NECS to undertake analysis and evaluation to understand the demand side of A&G
- Analysis to investigate A&G usage, identify A&G pathways and the proportion of requests that generate an outpatient referral/appointment
- Evaluation to understand primary care and commissioner perspectives on clinical A&G services used within the NHS in England - uptake, outcomes, barriers and opportunities, before and since the COVID-19 pandemic
- In the wider context, this work aims to present evidence, shared learning and understanding to support the ongoing development of A&G

Quantitative Analysis

There were three main areas to focus on

1.

- Investigate the use of Advice and Guidance in a given geographical area

2.

- Test the feasibility of identifying 'pathways' using a 'fuzzy' algorithm

3.

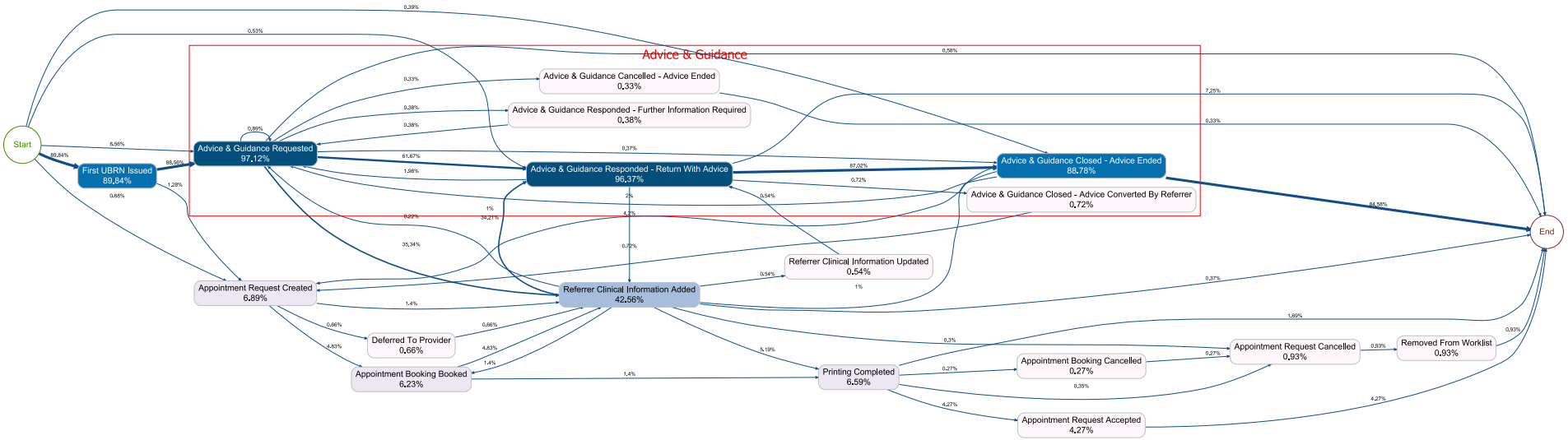
- Identify the proportion of requests that generate an Outpatient referral (and the proportion that go on to attend an appointment)
  - Within 6 months
  - After 6 months

[1]eRS = e-Referral Service
UBRN = Unique booking reference number

Challenges

Problem	Solution
At the time patient level eRS[1] data was not available to NHSE/I	•Use eRS data from CCGs that NECS supports as a sample
Not all A&G requests go through eRS	•Limit analysis to consider only eRS, acknowledging this does not capture all activity
A new UBRN[2] is often generated for a referral request separate to the A&G request	•Use a logical method to link UBRNs into 'chains' based on eRS patient ID, date and speciality.
No pseudo-NHS Number available in available eRS data	•Join to SUS secondary care data based on UBRN and GP first outpatient appointments. •Requested future data sets contain pseudo-NHS number
Not all provider Trusts submit UBRN to SUS, not all submit consistently	•Limit analysis to referrals to provider organisation rather than requester, and also limit to those eRS records with a linked referral
Reason for request A&G or booking not available in eRS. Diagnosis codes in outpatients not well recorded.	•It was not possible to analyse reason for A&G request

Process/Route Analysis

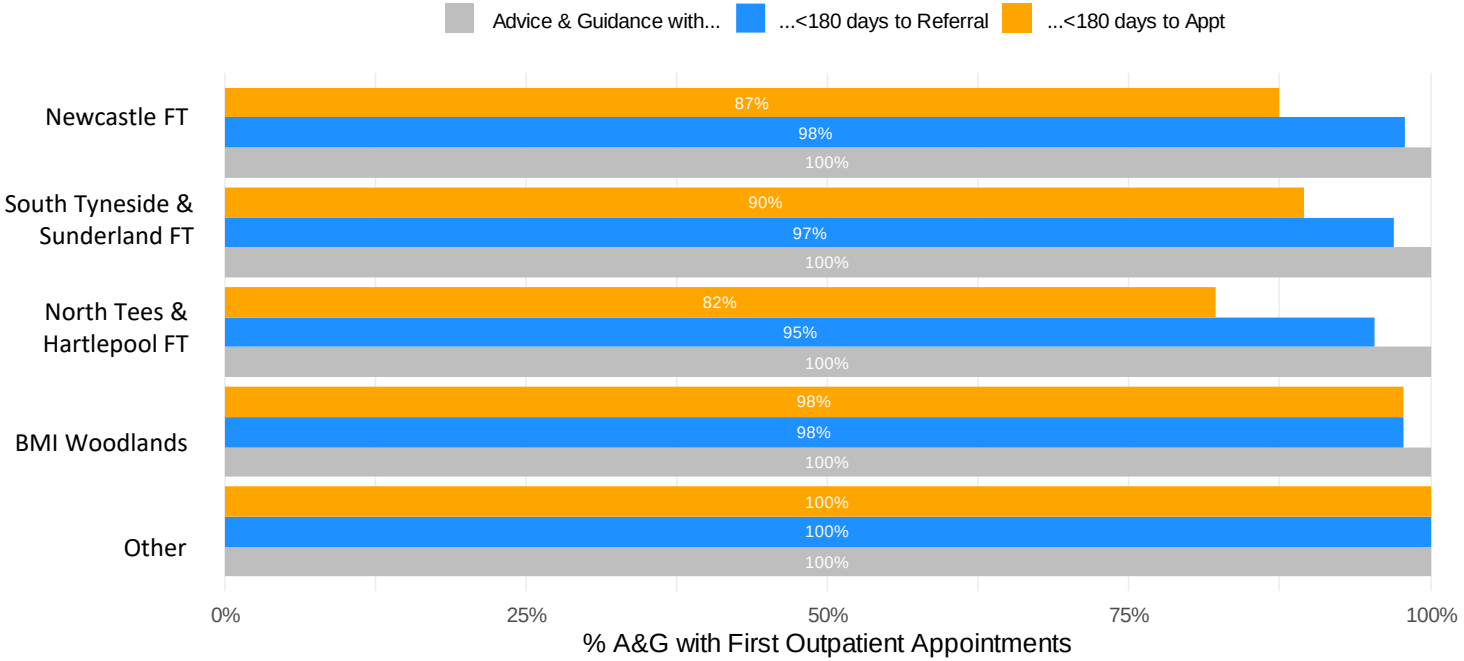


Pathway Map

With 50+ Cases (57% of total cases, 24,020 out of 42,275)

Percentage values shown are of the subsection of cases not total

Outpatient data linkage



Outpatients

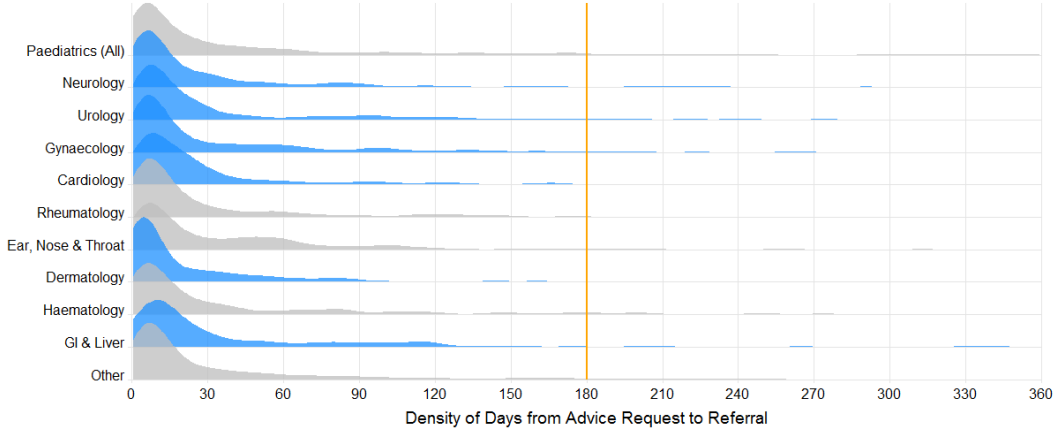
- GP referral, first outpatients
- Appointments between 01/11/2019 and 31/12/2020, with any linked eRS date

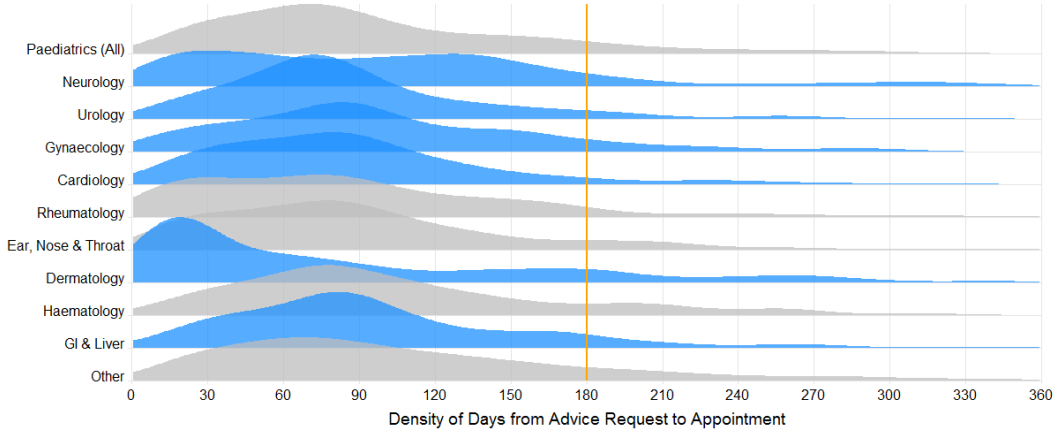
A&G

- Had an outpatient appointment, where 1+ UBRN in a chain has A&G and 1+ matches the SUS UBRN
- A&G requests between 01/11/2019 and 30/06/2020, with linked first outpatients between 01/11/2019 and 31/12/2020

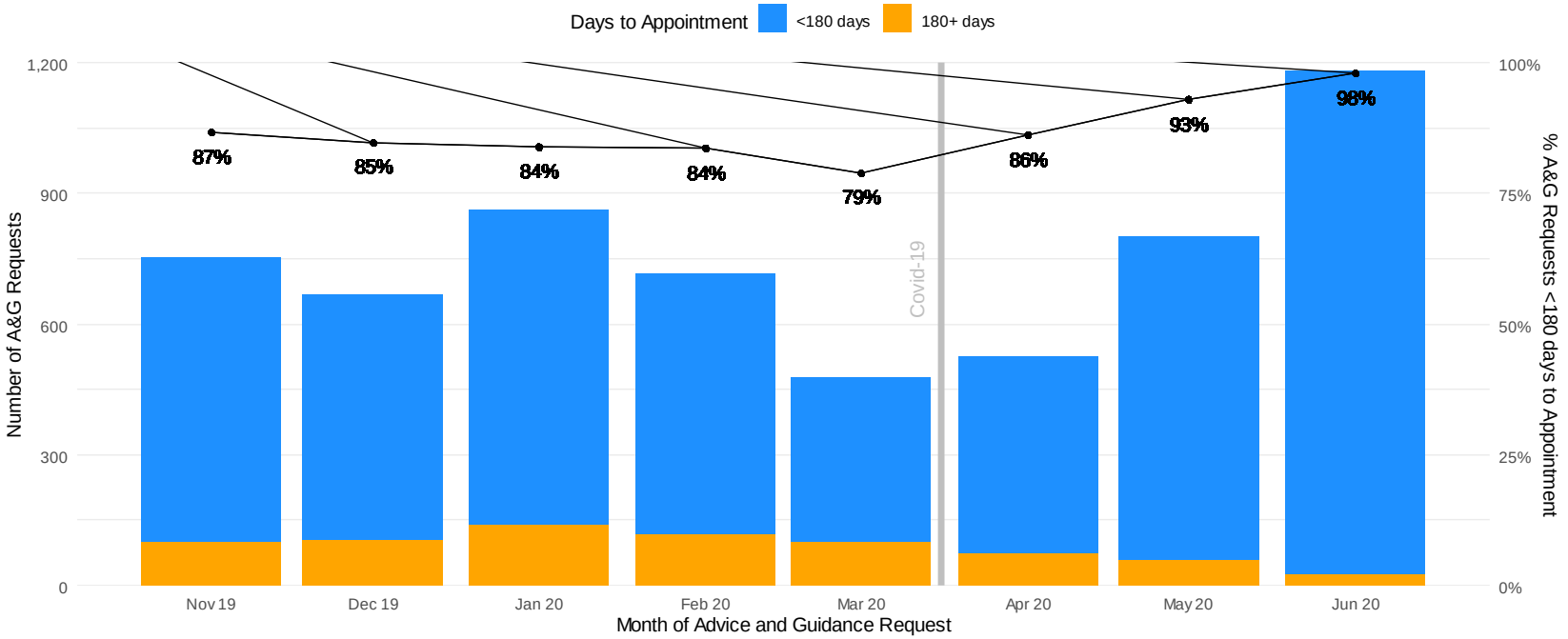
Referrals & Appointments within 180 days

- Most A&G requests which ended in appointments had a linked referral request made within 30 days.
- Most also had their linked first outpatient appointment with ~6 months (180 days).
- The specialty is based on the outpatient attendance, not the eRS.
- Key specialties of interest are highlighted in blue.

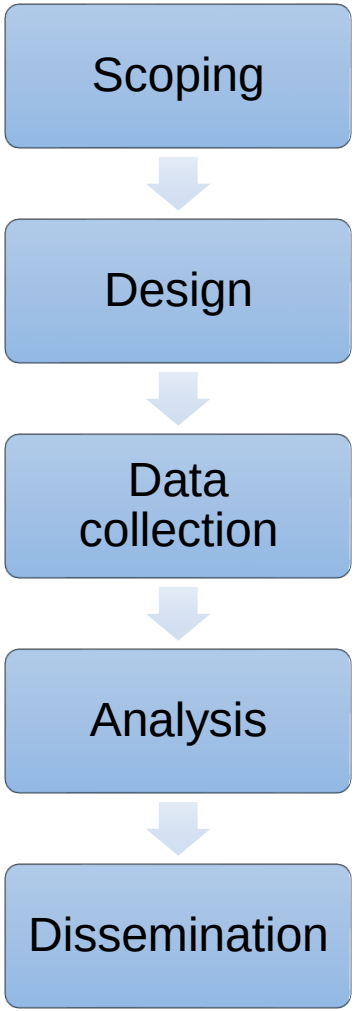




Appointments within <180 days



Mixed-methods evaluation



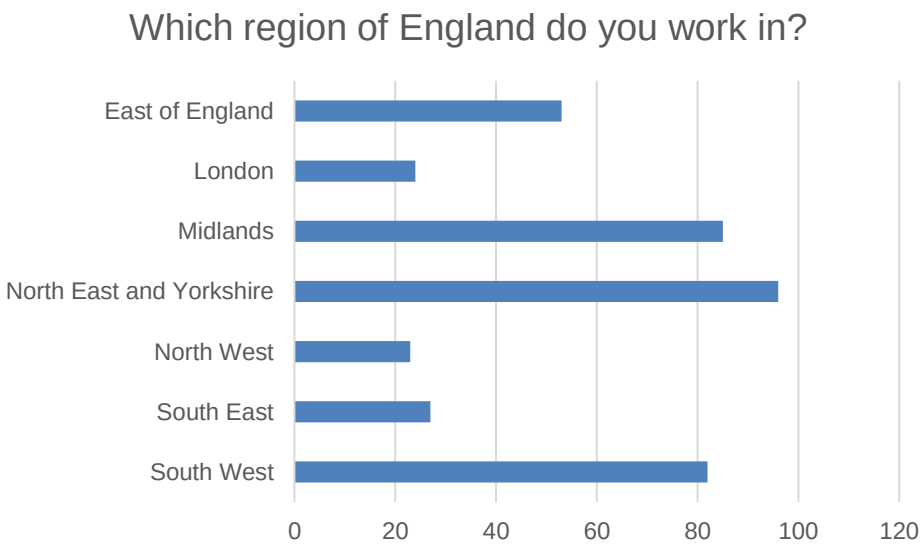
Methods

- A mixed-methods evaluation, conducted by NECS Research and Evidence team, in collaboration with NHSE&I using an iterative approach.
- This involved:
  - A background and scoping exercise
  - **A mixed methods online survey** exploring primary care staff usage and experience of A&G (n=390)
  - **In-depth qualitative interviews** to explore primary care and commissioner experiences of A&G (n=34)
  - **Thematic analysis and triangulation of evidence** to produce initial findings
  - **Presentation of initial findings to key stakeholders**, inviting feedback
  - **Final evaluation report** of findings, conclusions & recommendations

Survey respondents

390 respondents completed the survey between 31st March - 30th April 2021.

- 80% GP, 7% Admin/Secretary, 5% Nurse Practitioner
- 11% had been involved in commissioning of A&G
- Responses from all English regions
- Areas accounting for responses ++: BNSSG (18%); Derby & D'shire (10%); Hull (6%) & N. Yorks (5%)



Survey results: A&G provision & uptake

- 80% e-RS; 13% local solutions; 5% third-party/other systems
- Third-party/other systems: Consultant Connect; Vantage Rego; Kinesis; Cinapsis; RFS; Accumail
- A&G in place in most areas before the pandemic (87%), but variation across specialties
- The pandemic has been a key driver for A&G provision across more specialties
- 74% of respondents reported they use A&G more since the pandemic
- Most respondents reported using asynchronous A&G
- Majority of responses from frequently used services received within 7 days (90%); 40% within 48 hours
- Response times vary between Trusts and specialties
- Some respondents noted local services struggling to respond in a timely way due to increased requests & pandemic pressure

Survey results: A&G outcomes

Positive outcomes from qualitative comments:

- Reduce referrals
- Improve patient experience
- Provide opportunities for education
- Provide opportunities for shared care

"A&G has been a big improvement and benefit compared to having to refer patients and then wait for them to be seen… investigations can be done before being seen, and can help avoid some referrals completely" (GP)

"we get great replies and I learn something every time" (GP)

"patients get answers much quicker than waiting for OP appointment. I like it and so do my patients" (Physician Associate)

BUT

- Cannot replace a referral where direct specialist input is required
- Can contribute to increased workload in both primary and secondary care

Survey results: Satisfaction

- On average, 85% agreed A&G services they had used provided a useful service
- Over 90% of respondents rated process of requesting A&G & receiving an answer; average response quality; & time taken for a request to be answered as good/very good
- 34% rated the interoperability of the A&G system with the patient's primary care record as poor/very poor
- Overall, comments suggest respondents are positive about A&G & it can contribute to patient satisfaction

"My personal experience is positive, the patients have been satisfied with responses and feel like their concerns are heard and acted on" (Nurse Practitioner)

"I love A&G and use it all the time. I also like that it can now be converted to a referral. This is fantastic" (GP)

- Several key areas for improvement were identified.

Survey results: Barriers & enablers to using A&G

Barriers	
Variable or slow response times	• Can be days, weeks, sometimes months • Impacts on patient management/relationship
Availability of A&G services	• Across specialties & over time (e.g. withdrawn) • Awareness of services
Clunky systems and processes	• e-RS ‘clunky’, not integrated with care record • Delegated to secretary, “administratively heavy”
Time and workload pressures	• Complexity & asking the ‘right’ question • Time to action responses
Poor quality of responses	• Question not answered/inconsistent responses • Feeling judged or patronised

Survey results: Barriers & enablers to using A&G

Enablers	
Reliable and timely responses	• Clear timescales & service directory • Consistent response within a week
Good quality responses	• Clear, detailed advice & management plan • Constructive feedback that supports learning
Easy to use systems	• Single system integrated with EMIS/SystmOne • Urgent telephone advice for non-routine
Practical support and resource	• Secretary to send requests & check responses • Secondary care ownership of some actions
Trust in the process	• Knowing what to expect/clear guidelines • Access trusted local consultants • Feeling supported as an equal

Interview participants

34 participants took part in qualitative interviews

- Most participants had experience of working as a GP, in commissioning, or both
- One general practice secretary was interviewed

Role	Number
Commissioner	9
GP	8
GP & Commissioner	10
GP & commissioning involvement	3
GP & PCN Lead	3
Secretary	1
Total	**34**

Region	Number
East of England	3
London	4
Midlands	6
North East & Yorkshire	8
North West	5
South East	5
South West	3
Total	**34**

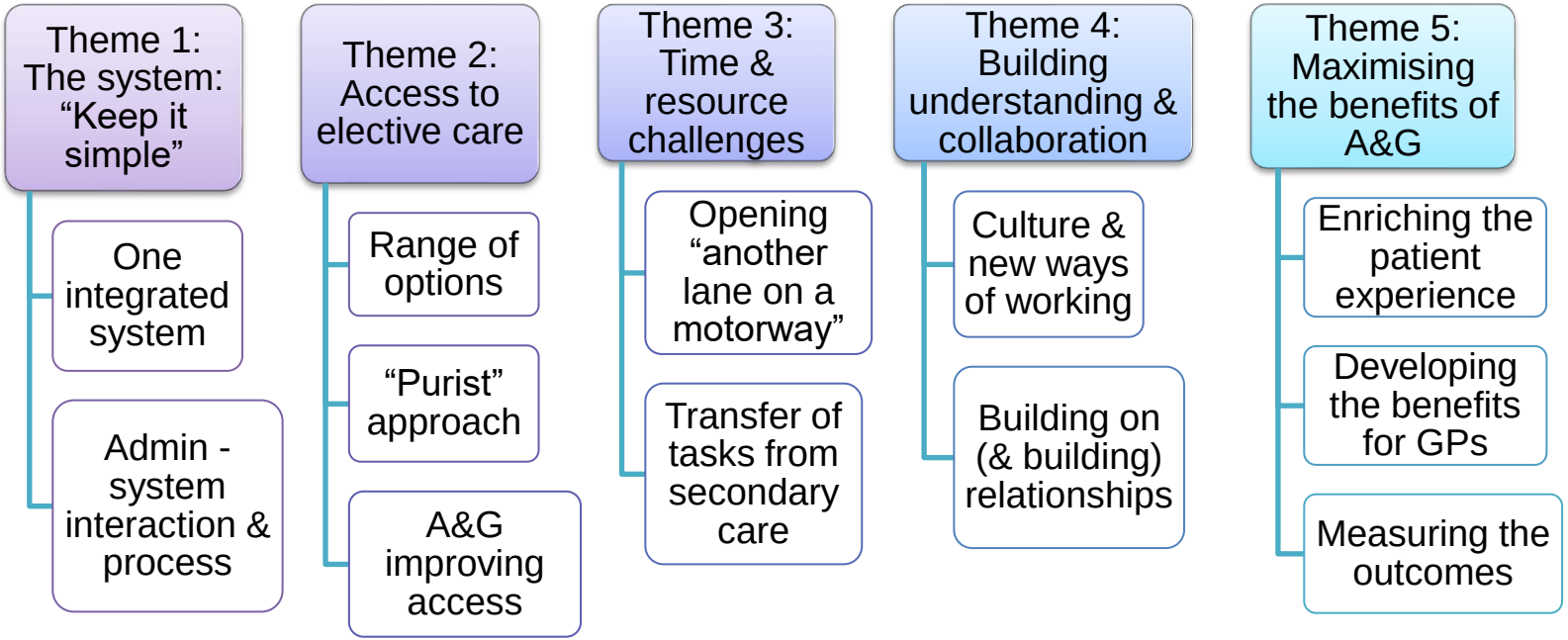
Interview participants

Collectively, interview participants had experience of using or commissioning A&G via:

- e-RS
- Consultant Connect (app/telephone)
- Vantage
- Cinapsis
- Kinesis
- AccuRX
- Local email service
- Locally developed digital communication tool
- Locally developed GP support and guidance referral peer review service
- GPwER advice/referral refinement schemes may also be in place

Qualitative interviews: Thematic analysis

Thematic analysis of interview transcripts resulted in identification of five themes:



Theme 1: The system: “Keep it simple”

One integrated system	• ***"I think we’ve got too many tools within GP practice. So, it would be really nice to just have the one tool that we use"*** (GP) • Barriers associated with use of multiple IT systems for A&G • Preference would be one system integrated with existing primary care IT infrastructure and patient records
Administration: system interaction & processes	• ***“It is always us as one of the secretaries, the admin team, that go in and do the activity list every day. We do it twice a day if we can”*** (Secretary) • Whether secretaries submit e-RS A&G requests varies by practice & clinician • Majority of clinicians are reliant upon secretaries to check responses • Potential for delay to patient care if primary care staff are not notified of response

Theme 2: Access to elective care

Range of options	• **A&G alongside urgent telephone advice, bookable services and/or RAS** • Benefits – GP choice, services may reflect specialty pathway/characteristics • Challenges – can lead to duplication, confusion, unclear expectation • Needs to be well co-ordinated & communicated
"Purist" approach	• **A&G required before a referral, or as first step of referral streaming pathway** • Typically introduced during pandemic • Benefits – maximises routine adoption of A&G, simplifies process • Challenges – forced adoption, 'one size fits all' specialties • Needs to be carefully planned & provide consistent, excellent service
A&G improving access	• A&G provides quicker access to specialists, important during pandemic • **Demand for availability** across more specialties and wider roles • **Potential to widen access** to A&G e.g. for community hospital patients, mental health or learning disability inpatients, people in long-term residential units

Theme 3: Time and resource challenges

Opening *"another lane on a motorway"*	• ***"Where it's been a struggle is where we've expected people to do it over and above what they're already doing… you need to job plan it"*** (Commissioner) • 'Post-COVID demand' and rapid increase in use of A&G • In some areas specialist services have become overwhelmed – withdrawal of services, extended response times • Resourcing A&G as part of consultant job planning is crucial
Transfer of tasks from secondary care	• ***"there's a limit to how much we can expand or indeed how much you can expect every GP to be an expert on."*** (GP & Commissioner) • Primary care do not have dedicated time to follow up A&G • Volume of A&G follow-up tasks allocated to primary care is a key issue • Clear decisions are required as to how tasks should be divided between primary and secondary care, and resourced

Theme 4: Building understanding and collaboration

Culture and new ways of working	• ***"Some specialties, I guess, need to be aware of what we can and can't do easily in primary care."*** (GP) • Increased complexity of patients and tasks managed in primary care • Variation in diagnostics available to primary care • Increased responsibility for decisions about who to see in secondary care • Change to secondary care mindset from PBR tariff • Challenges of shared responsibility and legal liability
Building (and building on) relationships	• ***"Fundamentally, we need to build the relationship between our primary and secondary care clinicians."*** (Commissioner) • Mutual respect, an equal dialogue, and local relationships were priorities • Successful A&G services often linked to strong GP-consultant relationships • Consultation and engagement of primary and secondary care teams is key • Engagement of busy clinicians is challenging and may require incentives

Theme 5: Maximising the benefits of A&G

Enriching the patient experience	• **Positive outcomes reported: reduced wait for specialist input, starts relevant investigations earlier, maintains continuity of care** • Reassurance, and therefore communication, is key • Opportunities to improve patient communication & involvement identified
Developing the benefits for GPs	• **Majority viewed A&G positive/a good concept despite challenges** • Value what it brings to relationships with patients and local specialists • Also value professional development – opportunities to improve CPD opportunities associated with A&G identified
Measuring system outcomes	• ***"there definitely are efficiencies and patients aren't being added to waiting lists in the same way"*** (Commissioner) • Challenges identified - accurate referral conversion rate measurement, lack of consistent comparable data • Monitoring of A&G quality, usage, workload and satisfaction also key

Examples

The following examples of A&G practice or future opportunities are included in the report:

- Example 1 Features of a locally developed A&G system
- Example 2 General practice administration for e-RS A&G
- Example 3 A locally developed GP support and guidance service
- Example 4 Use of A&G for all routine referrals
- Example 5 An A&G system built from a strong GP-consultant pairing
- Example 6 Joint primary and secondary care engagement for A&G improvement
- Example 7 Patient communication and involvement in A&G

These are based on interviews with a small number of participants – they may not be representative of areas or systems.

Key findings

Quantitative outcomes

- **There was variation in A&G activity across specialties.** This should be taken into account within future commissioning and service configuration discussions.
- **Limited conclusions about the impact of A&G activity on referrals, as the available data did not contain all necessary fields** (UBRN). The data did not enable granular insights into clinician intention when requesting A&G, or short-term outcomes.
- In February 2021 new e-RS functionality was introduced allowing providers to convert A&G requests directly to a referral with the same UBRN if pre-authorised by the requesting clinician; implementation of this functionality should support future analysis of this part of the pathway.

Supporting primary care staff

Qualitative results demonstrate that to support primary care staff to use A&G, the following are important:

- **Available A&G services.** A clear directory of consistently available A&G services across a range of specialties.
- **Reliable, timely responses.** A consistent response within a week for routine queries as standard should minimize the risk of A&G delaying patient care.
- **Good quality responses.** Clear, detailed advice and a management plan. Specialists need protected time to give good quality responses, resourcing this is crucial.
- **An intuitive, integrated system.** One software system for primary care staff to use for A&G that is integrated with the primary care record system
- **Practical support and resource.** To manage the volume and complexity of administration and clinical tasks associated with A&G in primary care.
- **Strong local relationships.** Mutual understanding, respect and trust between primary care and specialist colleagues in the context of local pathways and services.

Supporting decision-makers

Qualitative results indicate that for decision-makers to implement A&G the following are important:

- **Simplify and integrate IT.** Aim to use one system, integrated with relevant clinical systems and configured to reflect local specialty services and pathways. Identify and share best practice for the administration processes that wrap around the system.
- **Define A&G in the wider context.** Consider and communicate what constitutes appropriate use of A&G, and where this sits in the wider context of access to specialist advice and elective care. Identify and mitigate potential for duplication across pathways.
- **Plan and resource A&G.** Allocate protected time for A&G in specialist job plans. Identify and support specialties under pressure to ensure services remain consistent. Consider resource allocation, streamlining processes, and secondary care ownership of actions to reduce workload pressures associated with A&G in primary care

Supporting decision-makers (continued)

- **Build relationships and engagement.** Engage with primary and secondary care in parallel to develop mutual understanding of limitations and how to make best use of A&G. Consider how A&G can develop local professional support relationships.
- **Disseminate learning.** Encourage GP peer review of requests, specialist peer review of responses, and development of A&G FAQs. Build on professional development opportunities for clinicians, e.g. use of A&G as evidence for CPD, targeted education.
- **Make use of reliable, comparable data**. Develop data collection which supports understanding of A&G outcomes via robust pathway and referral conversion analysis. Monitor quality, satisfaction and workload associated with A&G to understand how services are being used, and allocate resource as required within the system.

An easy-to-use A&G system would…

- **Integrate with EMIS and SystmOne: embed in system & auto-update primary care record**
- Pre-populate key information in request
- **Have an easy upload/transfer function for pictures**
- Show expected response time for available current services
- Ability for specialist to prompt for/view relevant information from record
- Notify when request received/who is taking responsibility for response
- **Notify clinician of response**
- Show request and response in-line, like an instant message
- Enable primary care staff to flag when A&G has been reviewed & move between ‘open’ responses
- **Provide option for two-way follow up communication if required**
- **Enable secondary care teams to take ownership of appropriate actions**
- **Require use of a common identifier for A&G requests, subsequent referrals and secondary care records** to support pathway analysis.
- Collect data to monitor requesting clinician intention, and short-term outcome of A&G instances to support referral conversion analysis

Recommendations

Recommendations are outlined in full in the evaluation report.

46 recommendations were identified across nine broad areas:

- Service standards and governance
- Systems
- Elective care pathways
- Widening access
- Resourcing
- Staff engagement
- Patient involvement
- Outcome monitoring
- Further evaluation

Thank you

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