

How to get the best of benchmarking guides

Outpatients – using Advice & Guidance

How to get the best of benchmarking guides show how data from NHS Benchmarking Network projects can help identify service improvement opportunities and track transformation.

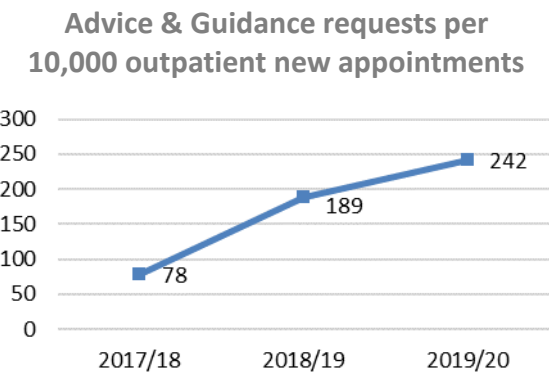
Each guide highlights how Network members are tackling key Long Term Plan transformation priorities and using evidence from NHSBN projects to demonstrate the positive impact of these initiatives on service delivery.

Use of Advice & Guidance in Outpatients

The [Long Term Plan](#), published in January 2019, outlined the need for a full redesign of the outpatients service in the NHS, with a target of avoiding up to a third of face-to-face outpatient visits, equating to 30 million visits a year. Technology is seen as a key enabler of transformation, particularly in facilitating remote consultations. In addition, universal access to 'one click away' specialist Advice & Guidance for GPs should support management of patients in primary care and hence reduce onward referrals. Approximately half of referrals (49%) received are from GPs (NHSBN Outpatients project, 2020), highlighting the potential for referral management techniques, such as Advice & Guidance to contribute to the reduction in outpatient attendances.

Advice & Guidance allows GPs to obtain specialist advice from secondary care clinicians for non-urgent routine patients who can be treated in primary care, with the support provided by the secondary care clinician. The NHS England & NHS Improvement Outpatient Transformation Programme sets out to achieve the targets set out in the Long Term Plan, through the use of tools such as Advice & Guidance and Patient Initiated Follow-Ups.

Did you know
Advice & Guidance features in the Good Practice Compendium, available on the [members' area](#)



The Network’s Outpatients benchmarking project has tracked the implementation of Advice & Guidance for a number of years. In 2017/18, 83% of organisations were commissioned to provide Advice & Guidance services, increasing to 92% in 2019/20.

The project reports that the volume of requests has increased from a mean value of 78 requests per 10,000 outpatients new appointments in 2017/18, to 242 in 2019/20. The majority of organisations (89%) use eRS (electronic referral service) to deliver the service, with around half of organisations also using phone and e-mail.

NHS Benchmarking Network have brought together a selection of short case studies to demonstrate how Trusts have utilised Advice & Guidance in their local area: The Hillingdon Hospitals NHS Foundation Trust on their experience of a mandated Advice & Guidance for incoming referrals, Buckinghamshire Healthcare NHS Trust on working with CCG colleagues with a focus on the roll-out of Advice & Guidance during Covid-19, and Salisbury NHS Foundation Trust on their experience of using Advice & Guidance through ‘Consultant Connect’. The Benchmarking Advice & Guidance metrics are points of reference for these case studies.



How to get the best of benchmarking guides

Outpatients – using Advice & Guidance

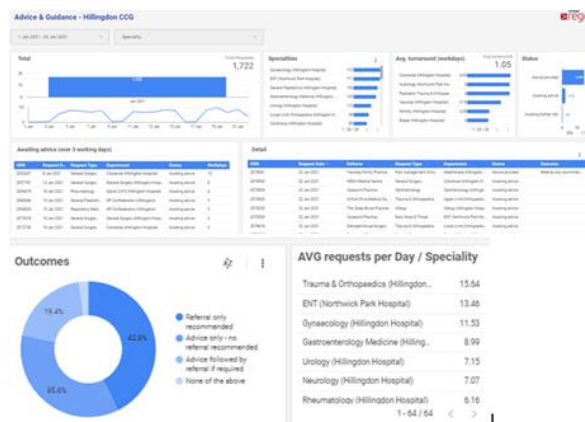
Case study 1 – The Hillingdon Hospitals NHS Foundation Trust Experience of mandated Advice & Guidance

Background

In June 2020, The Hillingdon Hospitals NHS Foundation Trust (THHFT) and Hillingdon CCG introduced a policy which requires all Hillingdon GP practices to request Advice & Guidance prior to a referral being made. Two-week wait and rapid access pathways are excluded from this policy. Routine and urgent referrals are only accepted from Hillingdon GPs with the Advice & Guidance information attached showing clear instructions from a secondary care specialist that a referral is required. This is now the first point of triage for patients, with the aim to reduce the number of unnecessary referrals.

Rego Vantage Advice & Guidance was introduced in June 2020 to make the Advice & Guidance process easier for both GPs and Consultants. Before the introduction of the new system, THHFT were using the electronic Referral Service (eRS) for all Advice & Guidance requests. The introduction of Rego allows for a more efficient method of communication between primary and secondary care and allows access to the patient's record and previous investigations for secondary care in order to provide advice. Consequently, the platform was rolled out at pace due to the pressures of Covid-19.

The data available from the new platform is more robust, meaning organisations are able to track areas in which GPs may need more education and enable a more targeted approach. It is expected that all North West London organisations will soon implement the Rego system for Advice & Guidance.



Recent amendments

Advice & Guidance requests are monitored by the Trust, and an escalation process is in place for requests outstanding a response by four working days or more. In December 2020, a North West London Integrated Care System (ICS) policy was agreed that any request outstanding a response by five working days or more could be referred directly on eRS; however, the Advice & Guidance request must then be retracted.

What were the challenges?

- **Available time:** Consultants do not have allotted time in their job plans to respond to requests.
- **Culture change:** GPs are obliged to seek Advice & Guidance despite certainty a referral is required.
- **Appropriate use of the system:** Queries about patients already in the secondary care system and administrative queries have been added to Rego unnecessarily, and previously agreed referral pathways and guidelines have not always been followed. Clear communication is improving appropriate use of Rego.
- **Managing increased capacity of requests:** The volume of Advice & Guidance increased in line with the new policy, which has been challenging to meet for some specialties.

What have been the benefits so far?

- **Improved relationships:** Primary and secondary care now look to resolve issues regarding Advice & Guidance requests together, ensuring patients receive the right care in the right setting.
- **Number of referrals:** Referrals into secondary care have reduced by 57% from 9,148 in October 2019 to 5,216 in October 2020.*
- **Tracking with ease:** The full Rego Care Navigator system has the capability to manage the whole outpatient pathway, from Advice & Guidance through to booking an Outpatient appointment, enabling full tracking of a patient's journey. This is something THHFT are looking at procuring.

* It is difficult to assess the true impact of mandated Advice & Guidance between April and September 2020, due to the reduction in activity and attendances in primary care.

How to get the best of benchmarking guides

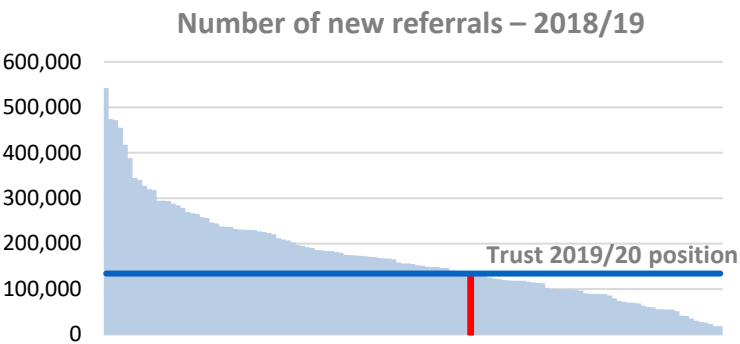
Outpatients – using Advice & Guidance

Case study 1 continued

Findings

In 2019/20, the Trust reported 133,899 new referrals, a slight decrease from the figure reported in 2018/19 (136,009). It is projected that in 2020/21, referrals will decrease even further due to the introduction of mandated Advice & Guidance before a referral is made.

It must be taken into account that due to other factors in 2020/21 caused by the COVID-19 pandemic, referrals may decrease. However, THHFT are confident that the number of referrals in October 2020 and November 2020 have been positively impacted by the introduction of Advice & Guidance as access to secondary services returned to pre-pandemic levels.



Did you know

You can peer group by organisation type on the online toolkit

The table below shows the referral data for total new referrals for THHFT from August to November in 2019 and then in 2020. As shown, there is a reduction in all four months from 2019 to 2020, with November showing a 54% reduction in all new referrals.

	August	September	October	November
New referral – total (2019)	8,276	8,908	9,148	8,683
New referral – total (2020)	4,609	5,342	5,216	4,715

Case study 2 – Buckinghamshire Healthcare NHS Trust Working with CCG colleagues to promote Advice & Guidance across Buckinghamshire

Background

Advice & Guidance services were introduced into the Trust in 2018 in response to the [CQUIN 2017/19](#). This CQUIN target outlined that 75% of GP referrals should be made to elective outpatient specialties which provide access to Advice & Guidance, by 30th April 2019.



Uptake in the Trust was initially slow. Advice & Guidance processes were communicated with local GP practices at the same time as the roll-out of Paper Switch Off, which may have affected uptake.** The purpose of increasing the use of Advice & Guidance was primarily to avoid unnecessary referrals, but also to improve communications between primary and secondary care.

** From 1st October 2018, all GP referrals to hospital first outpatient appointments must be made through eRS.

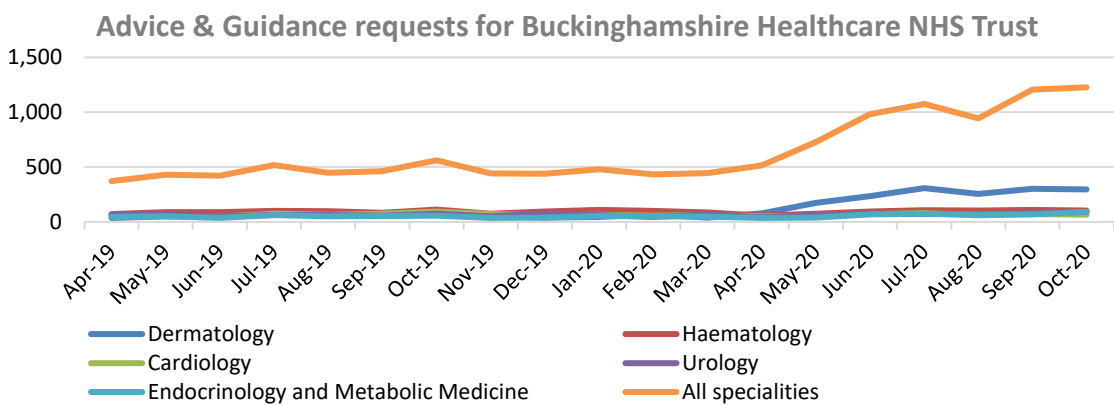
How to get the best of benchmarking guides

Outpatients – using Advice & Guidance

Case study 2 continued

Impacts of Covid-19

The Trust worked with ICS partners and local senior GPs to promote advice requests, instead of referring patients to services which had reduced capacity due to the pandemic, while resources were being diverted to the front line. The practice of using Advice & Guidance has increased month on month.



?
Did you know
Check out the Forum on the members' area to hear how others have implemented national guidance.

The chart highlights how Advice & Guidance requests have increased in response to this work, with an increase of 150% from April 2020 to October 2020. Dermatology, showed the largest rise, from 61 requests in October 2019 to 296 requests in October 2020.

Summary

Advice & Guidance is now embedded in the health economy and the Trust, and it is expected that this will improve further with the new eRS functionality, where Advice & Guidance can be converted to a referral by secondary care directly, anticipated for release in early 2021.

The roll-out of Advice & Guidance across all services has been a positive change and has been incorporated as business as usual. In addition, there have been early discussions about rolling this programme out to the community sector, which is expected to have additional benefits throughout the system.

The team attest: *"The ability to convert from an Advice & Guidance request to a referral will be priceless, and numbers are expected to increase further with this development. The challenge remains of moving away from direct booking to ensure that all referrals are on the Patient Administration System (PAS) and therefore included in waiting list numbers."*

Case study 3 – Salisbury NHS Foundation Trust

Experience of a running a pilot Advice & Guidance service (Consultant Connect)

Background

In September 2019, Salisbury NHS Foundation Trust (SFT) were presented with an opportunity to trial the telephone Advice & Guidance system 'Consultant Connect'. This had been offered through the STP after the success of the system at Royal United Hospitals Bath (RUH). The driver for this change was that the wider roll-out of this system would offer continuity of provision for urgent Advice & Guidance across the STP.

The STP funded a year long pilot for both Great Western Hospital NHS Trust (GWH) and SFT. Due to delay in implementation of the system itself, the SFT pilot is now due to end in February 2021.

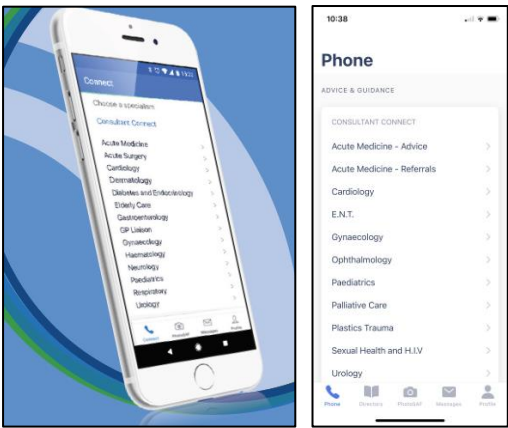
How to get the best of benchmarking guides

Outpatients – using Advice & Guidance

Case study 3 continued

Consultant Connect provides Advice & Guidance between clinicians in primary care and consultants in secondary care. The system is designed to manage urgent Advice & Guidance via an app (or direct line) telephone call from GPs to SFT specialties and provides a number of key advantages over traditional telephone systems, including:

- Auditability and reporting, and
- Swifter response for GPs to access specialist advice, potentially resulting in referrals of admission avoidance.



The service started with four core specialties (Cardiology, General Surgery, Paediatrics and Urology). However, shortly after project launch, rapid upscale of provision was needed to respond to the challenges caused by Covid-19, to enable continued delivery of the outpatients service across the STP.

What were the challenges?

- Consultants have been managing the urgent Advice & Guidance lines alongside other clinical commitments, increasing the demand on their time.
- Due to the rapid uptake in provision of the service during COVID-19, the Trust recognised that resources weren't initially able to meet demand.
- Good telephone signal is required to connect and maintain these calls, which is often unreliable in some areas of the hospital.

How were they overcome?

- This challenge continues to be addressed through innovative ways of working, including support received from other clinical staff.
- The IT team rapidly sourced baton phones to provide the specialties with the technology to answer Advice & Guidance requests.
- The IT team set-up of Wi-Fi calling to help resolve this.

Benefits of the service

A GP Survey conducted by Consultant Connect in October 2020 (respondents were GPs across the STP), demonstrates the strong, positive feedback on the system:

90% of GPs said that Consultant Connect had a positive impact on their work	78% agreed it helped them reduce the number of unnecessary referrals	83% agreed the system provided faster/ better care for patients	92% said Consultant Connect improved the integration between local GPs and Consultants	66% said Consultant Connect helped them build better relationships with Consultants
--	---	--	---	--

It is positive that Advice & Guidance has been aiding integration between the community and acute sectors, contributing to the Integrated Care Systems (ICS) model set out in the Long Term Plan (2019).

	Cardiology	General Surgery	Paediatrics	Urology	Gynaecology
Admission avoided	14%	15%	12%	6%	7%
Admission made	3%	13%	8%	10%	0%
Diagnostics requested	15%	9%	2%	8%	9%
Referral avoided	37%	30%	39%	48%	40%
Referral made	31%	33%	39%	28%	44%
Total	100%	100%	100%	100%	100%

How to get the best of benchmarking guides

Outpatients – using Advice & Guidance

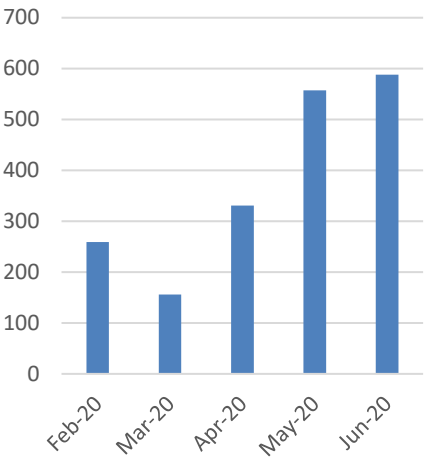
Case study 3 continued

In 2019/20, the Trust reported 150 Advice & Guidance requests per 10,000 new outpatient appointments. An increase from the figure reported in 2018/19 (47 requests).

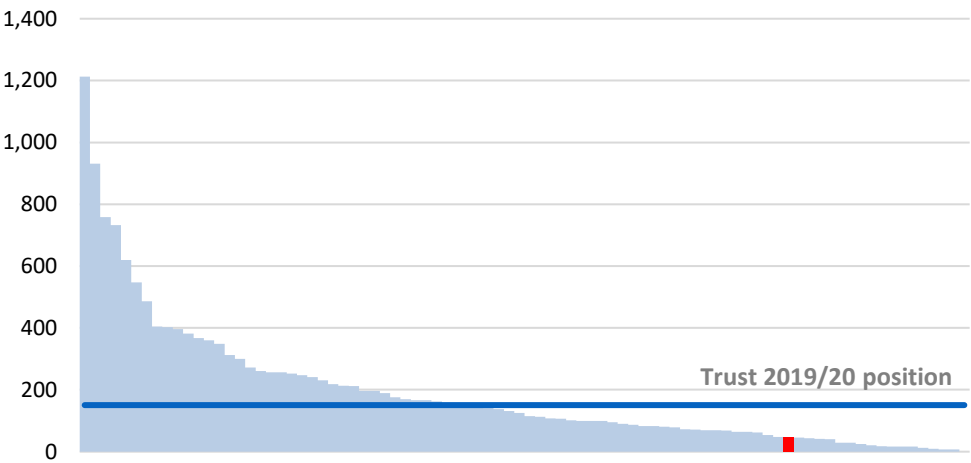
Prior to the initiation of Consultant Connect in February 2020, Advice & Guidance was undertaken in the Trust in a more ad hoc way with no standardised process.

The table, show the number of Advice & Guidance requests SFT received (including both Consultant Connect and email requests) from February 2020 until June 2020, evidencing a slight increase each month from March 2020.

Advice & Guidance Requests (incl. Consultant Connect and email requests)



Number of requests for Advice & Guidance service per 10,000 new outpatient appointments – 2018/19



Did you know
Quarterly dashboards will be developed for regular reporting and monitoring of a select number of metrics in early 2021.

Further resources

The Outpatients project [outputs](#) are available on the members' area, including bespoke reports, online toolkits, and good practice compendiums. Contact the [Support Team](#) for login access to the site.

2019/20 Infographic: Outpatients

69% Clinic letters sent to patient's GP within 10 days	4.2% Overdue follow ups as a percentage of total follow up appointments	2.3 : 1 Follow-up to new attendance ratio
7.3% Average DNA rate	5.5% % of follow-up attendances that were remote	£164 Total cost per outpatient attendance
1.3% % of clinics that took place on a Saturday	242 Advice and Guidance requests per 10,000 new appointments	6.2% ASIs as a % of total new appointments

Outpatients 2020 © NHS Benchmarking Network

NHS Benchmarking Network
Outpatients 2020
Bespoke Report

Outpatients
Good / Innovative Practice Compendium
December 2020
NHS Benchmarking Network
(2019/20 outturn data)