Access to Specialist Advice - A small test of change

2 Mar 17

Background

Over a number of years the communications gap has grown between GPs and their colleagues in secondary care. As interaction has become more digitised and transactional it has replaced informal communications.

GPs with concerns about patients and few alternative options routinely refer for outpatient appointments, mostly these referrals are appropriate but sometimes there could be better alternatives. Consultants do not give GPs feedback to explain why referrals are inappropriate, learning opportunities are missed and mistakes repeated. An unnecessary appointment for patients and consultants are frustrating and adds waiting time for patients who do need appointments. There is waste in the system that could be reduced.

Vision

The long-term aim is to create opportunities for clinicians across the health and social care spectrum to work closer together, to build effective working relationships that breakdown the barriers, resulting in better care and experience for patients.

Working together could help the focus on prevention; keep patients well, educated and engaged, self-managed and receiving care close to home when it is required.

There is an opportunity to improve communications between clinicians, allowing working relationships to develop over time while improving the speed and quality of clinical decision-making. It is proposed to introduce Access to Specialist Advice. This is not a new concept as the case study shows.

A case study¹

At Imperial College Healthcare NHS Trust, a gastroenterology email advice line was set up to promote dialogue and potentially help GPs deal with issues within their practices.

Analysis showed a very high level of satisfaction among users of the service. Evidence suggested the service helped streamline patient management and led to the avoidance of some outpatient appointments. Of 222 enquiries, 89% received a reply within 2 working days. In 75% of enquiries, a possible outpatient appointment was avoided. Of these, 40% were referred directly to a specific investigation. 38% were directed towards a more appropriate specialty.

Specialities Engaged

Currently the following services and staff are offering specialist advice. Annex A details participants:

- Paediatrics
- Cardiology
- Respiratory

Diabetes

We expect more services to follow. Neurology from Poole also offer advice and would be willing to be part of this work.

Accessing Specialist Advice through email

Email is a well-used, simple and sometimes effective method of communication. It allows for the sender and recipient to work together at different times that suit them. Email to the West Cluster GPs is secure and the cost of the ‘system’ is free.

Email can also be audited; Information can be saved on patients’ primary and secondary care records ensuring requests for advice and responses are accessible.

How it is working

- Specialist group email boxes have been created for consultants and other specialists to access. These will be named; DCH Paediatrics, DCH Cardiology, DCH Respiratory and DCH Diabetes
- Each speciality has agreed a protocol for reading and responding to emails. The agreed target is 3 working days. See Annex B
- Volume levels, response times and effectiveness are monitored and escalated if required
  - Too few advice requests – feedback from GPs sought
  - Too many advice requests – Job planning reviewed
- At DCH advice requests and responses will be stored on the Patient Administration System to keep a record of correspondence and to share the information with colleagues
- Iterations will be made to improve the service based feedback and experience
- Regular reports to all with a view to establish the service

Accessing Primary Care Record

To help inform decisions, specialists are getting access to SystmOne.

Currently 111 staff across specialities, therapies, site team and discharge have asked to have access to SystmOne. These staff are getting smartcards and training.

It is anticipated as more advice requests are received, more specialists within the hospital will want SystmOne access

Service promotion to GPs

The service was introduced at some local events in late 2016. Now the specialities are prepared, it is time to promote the service more broadly; in this instance through communication leads and the weekly bulletin.

If it would be helpful, individual practices can request to have an individual brief.

Expected Benefits

Patients

Less inappropriate outpatient appointments. Less time off work, less stress coming to hospital, no parking concerns and no family or carer needed to escort

GP
Faster response to questions  
Less referrals being rejected  
Better understanding of specialities  
More effective relationships with Consultants  
From advice given develop a better understanding of conditions  

**DCH**  
Inappropriate referrals avoided  
Reduced outpatient waiting times for patients  
More effective relationships with GPs  
By collating all advice requests develop targeted FAQs and training for primary care staff

To illustrate some indicative benefits 6 cases were recorded in summary. More detail is at Annex C. The highlights are:

- 3 different GPs used the service and found it useful, resulting in:
  - Assurance given on treatment plan
  - Support offered regarding IRC patients
  - 1 outpatient appointment being saved
- DCH specialists responded within 1 working day to advice requests
- 3 DCH staff also used the service and found the advice useful

**Costs**

This work will not require any initial investment, although it is recognised that GP and specialist time is needed to send and respond to advice requests.

Currently, there are no plans to add time in job plans. This will be reviewed regularly.

**Time Line**

The service went live in February 2017. GP Practices are now invited to start sending in requests for advice.

In June 2017 a review will take place. It will take feedback from participants as well as the activity and outcome data. The service will then evolve and improve. Later in 2017, more specialities will be approached to join.

Paul Lewis MBE  
Integration & Collaboration  
Programme Manager
### Annex A – Speciality Detail

#### Respiratory

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<tr>
<th>Role</th>
<th>Name</th>
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<tr>
<td>Administrator</td>
<td>Frances Swatridge</td>
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<td>Samantha Wade</td>
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<td>Specialists</td>
<td>Dr William McConnell</td>
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<td>Dr Gerrard Phillips</td>
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<td>Dr Marianne Docherty</td>
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<td>Dr Jenny Graves</td>
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#### Diabetes

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#### Cardiology

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<td>Esme Hastie</td>
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#### Paediatrics

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<td>Dr Penny Mancais</td>
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<td>Dr Deepa Shenoy</td>
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<td>Divisional Manager</td>
<td>Catherine Aber-Williams</td>
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Annex B – Flowchart

Access to Specialist Advice

Patient
Patient Visits or Rings GP Practice

GP or PN need advice
Write an email to specialist group email
Receives advice and takes action
Emails Outcome
☐ No action
☐ Make referral
☐ Book Diagnostic test
☐ Change treatment plan
Informs Patient

3 Working Days

Specialists
Reads email
Retrieves information
Replies to GP Practice group email

Specialist Admin
Receives email
Requests specialist to action
Records request & response on PAS

GP Practice Admin
Receives email and send to GP or PN
Receives Outcome email sends to Specialist Group email

PNs

Receives
Outcome

As at 14 Dec 16
Annex C: Access to Specialist Advice Diabetes and Endocrinology

Case Study 1:

Advice request from GP, response within 1 day, GP assured treatment plan was correct
On 1st February 2017, a request for advice was received from a GP at Preston Road Surgery. The request was processed and responded the next day, by a DCH consultant. Advice was given about the interpretation blood results and potential treatment options; both imminently and in the future. The advice assured the GP that the patient’s treatment plan was correct.

Case Study 2:

Advice request from GP, response within 1 day, one outpatient appointment saved
On 15th February 2017, a GP from Wyke Regis Health Centre emailed requesting advice for an ongoing treatment plan for an elderly patient. They gave a brief medical history and a range of blood test results. A consultant emailed back the next day, confirmed with the GP that the treatment plan was correct and gave some insight as to what might be causing these problems. The consultant used this email as a referral to clinic, and agreed to arrange a scan prior the first appointment. During this email, it came to light that the patient had been referred to secondary care four months earlier, but the referral had been incorrectly allocated and was therefore rejected. As an outcome, we have confirmed the patient is on a suitable treatment programme, instigated diagnostics prior to their first appointment and expedited the referral process of this patient.

Case Study 3:

Advice request from GP, response within 1 day, outcome GP education improved
On 21st February 2017, a GP at IRC The Verne emailed in for general diabetes advice. They described an influx of detainee’s coming to the Verne with newly diagnosed diabetes, high blood glucose readings and Hba1c of >100. Some were on intermittent unfamiliar medication, whilst others were receiving no treatment and were a new diagnosis. The GP had a variety of questions including, what investigations were appropriate, when should they be admitted to hospital, how would they commence Insulin treatment or other tablet medication. The difficulty with this demographic of patient is that they are being detained at IRC The Verne for a short period of time prior to deportation from the county, but they still require medical care. The consultant replied the same evening answering the questions to help inform the GPS treatment plans. The consultant offered individual patient advice in the future to avoid unnecessary clinic appointments and directed the GP to Diabetes advice online specifically for prisons. As an outcome, the GP was educated about general advice for detainee’s and will avoid unnecessary referrals in the future.

Case Study 4:

Advice request from DCH Arrhythmia Nurse Specialist, response within 1 day, patient needed an outpatient appointment
On 6th February 2017, a request for advice was received from an Arrhythmia Nurse Specialist based at Dorset County Hospital. The request was processed and responded the next day, by a consultant. The outcome of this query was further blood tests being suggested and an explanation as to why it was needed. It was decided by the consultant
that due to the clinical situation of the patient, an outpatient clinic appointment was needed. From the case study, we can see that internal advice is also required and an email service can speed up potential referrals.

**Case Study 5:**

**Advice request from DCH respiratory registrar, response within 1 day, potentially a reduced length of stay**

On 14th February 2017, a request for advice was received from a Respiratory Registrar regarding a current inpatient under their team's care. This query was responded to on the same day. The consultant was able to review test results, advice on medications to begin and arranged for a member of his team to visit the patient the next day. This particular patient was on Hinton Ward for rehab, the rapid response from the team may have contributed to an earlier discharge.

**Case Study 6:**

**Advice request from DCH cardiology specialist nurse, outcome patient has an outpatient appointment prior to cardiology treatment**

On 22nd February, a cardiology specialist nurse from DCH emailed the service looking for advice about a patient awaiting AF catheter ablation for re-currant and persistent AF despite medication. The patient had concerning blood tests and the nurse required an expert from an Endocrinologist. Included in this email query was the patients GP and Consultant Cardiologist in Bournemouth, who is doing the patient’s procedure.

As a result of this, the patient has been offered an outpatient appointment with the Endocrine team, tests have been requested prior the first visit and other medical professional involved the patients care are updated on his care plan.