Options for implementation of Advice and Guidance (A&G) within Secondary Care

What format should the A&G in your specialty take?
(Please note; these options can be blended/tailored to fit your specialty – there is no "one size fits all!")

Synchronous (Urgent, immediate)

- A gold standard approach for Synchronous A&G would be a staffed telephone line, answered Monday – Friday 9am-5pm (specialty specific i.e. some may be 24 hours)
- Typically used within more acute (and larger) specialties or those regarding admission/requiring immediate response.
- Where quicker implementation is required, specialties may look to introduce a limited Synchronous service (i.e. AM or PM telephone service e.g. 9am-1pm) in the short term, then develop this into a fuller service over time.

Asynchronous (Non-urgent, written)

- Email, written A&G through the designated system – pre agreed parameters for response times i.e. 3 working days (as per BSW guidelines).
- Suitable for specialties that often receive A&G requests for non-urgent queries, or those that do not routinely admit patients.
- Can include picture/video messaging and documents

A mix of the above

- Many specialties lend themselves to a combination of both Synchronous and Asynchronous methods of providing A&G. Many A&G systems provide a way to triage queries based on a symptom list (i.e. some symptoms may need an urgent response, some not)

Job planning/workforce

- Using existing consultant DCC time, partial or whole
- Process Asynchronous A&G during resident-on-call DCC time
- Additional activity payments for current or recently retired staff
- Utilising Non-consultant staff (e.g. frailty specialist nurse, plastics trauma coordinators) (e.g. SAS, SpR)

Joint working

- Sharing/managing a rota between other acute trusts (e.g. with RUH, GWH) suitable for pathways using tele-images

System functionality

- Asynchronous initially (e.g. email), to develop later into synchronous (telephone) – also to make use of system analytics data to inform fine-tuning of further job-planning. The use of a dedicated A&G system will help us to understand just how much time is spent on providing A&G.
- Posting pathways or algorithms (e.g. ENT nosebleed) - ideally with the core content the same across BSW.
- Addition of guidelines behind particular pathways – these can act as a further form of triage (increased shared learning between primary and secondary care – may also reduce calls about particular symptoms)

- Call backs – if current staffing arrangements cannot fill a rota for synchronous (urgent) advice, call backs can be used (a designated period of time is allocated during the day for secondary care clinician to respond to calls/messages that have been left)
- Dictating rather than typing A&G Reports using voice recognition function option (reduces time to generate the secondary care outcome)

Phased start-up option

- Test one pathway with a single GP practice
- Add more pathways and GP practices step-wise, checking system setup functioning and connection rates
- Modify pathways, rotas, job-planning etc as indicated by effectiveness and user feedback data
- Full system active (est approx 6/12)