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Advice and guidance: guide for system leaders

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During the NHS response to COVID-19, advice and guidance (A&G) services are central to supporting the management of patients in primary care, as well as the restoration and recovery of elective services.

A&G services improve the interface between primary and secondary care. Through A&G, specialist advice may be shared with primary care before or instead of referral. This supports personalised care, enables patient care to be managed in the most appropriate setting and avoids unnecessary outpatient activity.

This guide sets out practical advice for system leaders to support the mobilisation of A&G, and to increase the scale and offer of services at a local level.

How can A&G support the safe and effective delivery of care alongside COVID-19 activity?

- A&G is one of the three main <u>NHS e-Referral Service (e-RS) channels</u> through which a GP may obtain a clinical opinion. A&G provides a pre-referral communication channel between clinicians.
- Underpinned by A&G provision, streaming of new outpatient referrals will be important to ensure patient care is managed in the most appropriate setting. This supports the effective co-ordination of care pathways. <u>Referral Assessment Services</u> (<u>RAS</u>) may support referral triage across complex pathways, with A&G enabling effective pre-referral communication between clinicians.
- A&G services can be managed at specialty level, enabling alignment and pooling of clinical resources across any organisation. This enhances resilience across service lines and enables clinical teams to respond to A&G requests.
- A&G services can also be aligned with system-wide approaches to managing care at scale, with e-RS configured to enable virtual pooling of clinical resource across providers.

Key actions recommended for mobilising A&G services



- 1. Review A&G performance and identify clinical areas which would benefit from increased A&G use. These case studies may highlight additional opportunities.
- 2. Encourage the identification of clinical champions in primary and secondary care who can support engagement, shape design, steer implementation and support ongoing delivery.
- 3. Enable and encourage providers to resource the service appropriately, ensuring that adequate time is allocated in clinicians' job plans.
- 4. Ensure that IT infrastructure is in place in primary care to deliver the requirements of A&G. Ensure all A&G service users are aware that it is essential to retain accessible records of the request.
- 5. Support the establishment of robust governance arrangements to provide assurance and support escalation of delays in response times.
- 6. Ensure that the service offer is clearly communicated with primary care colleagues and other stakeholders, aligning the service with local pathways.
- 7. Identify a lead to undertake a regular review of the demand for the service and ensure that the Directory of Services is maintained for all e-RS services (including A&G, RAS and directly bookable services).
- 8. Proactively address structural barriers that may impede delivery and resolve operational challenges that may arise.
- 9. Identify, capture and share best practice, and support the spread of innovation through the Elective Care Transformation Programme's Community of Practice.

Resources and further information

The National Elective Care Transformation Programme's Community of Practice hosts tools and resources to support local health systems implement A&G services. To request access to this, please email ECDC-manager@future.nhs.uk.

Support for e-RS A&G can be found on the A&G toolkit for the NHS e-Referral Service (e-RS), including case studies and national e-RS A&G request figures.

For further information on A&G please contact england.AdviceAndGuidance@nhs.net.