

# HOW TO DELIVER SUCCESSFUL ADVICE & GUIDANCE SERVICES – AND SO SUPPORT DELIVERY OF THE LONG TERM PLAN



Written by Independent Healthcare Writer, Claire Read, 2019

**Among the many attention-grabbing promises in the NHS Long Term Plan, there is a pledge to reduce face-to-face outpatient visits by a third. The means by which it is envisaged this will be achieved are diverse. But could greater use of Advice & Guidance services – enabling GPs to get quick access to advice from specialists about patients, whether electronically or by phone – play a part?**

In 2019, Consultant Connect brought together a small panel of experts to reflect on this further. On the speaker panel were:

- Professor Sir Muir Gray, Founding Director, Oxford Centre for Triple Value Healthcare
- Sarah Hayden, Locality Commissioning Manager, Sunderland CCG
- Jonathan Patrick, Chief Executive, Consultant Connect
- Christine Powell, Senior Relationship Manager, Greater Huddersfield, Calderdale and North Kirklees CCGs and Calderdale and Huddersfield NHS Foundation Trust

During an hour-long webinar (which is available to view at [consultantconnect.org.uk/webinars](https://consultantconnect.org.uk/webinars)), these experts explored the current context for Advice & Guidance and considered how such services could be successfully implemented.

## The case for Advice & Guidance in the context of the Long Term Plan

Ask Professor Sir Muir Gray to describe the nature of the healthcare business and he has an interesting response. “The president of Toyota said that Toyota is a knowledge business, and that didn’t just mean knowledge about steel and plastic, but knowledge about competitors, and customers, and environment. So healthcare is a knowledge business, and we’re hopeless at it because we’re not connected.”

Could greater use of Advice & Guidance services make a difference here? Our panellists felt so. Christine Powell, has been involved in the launch of such a service. And in her words explained the reasoning behind the launch: “We really wanted primary and secondary care clinicians to talk to each other, to start really believing in each other and trusting one another.”



## Creating a successful Advice & Guidance service

**So just how can organisations and areas go about creating successful Advice & Guidance services? The webinar discussion offered plenty of advice, grounded in the practical experience of panellists.**

### 1. Bring together a diverse project group

When the national electronic referral system (e-RS) went live in her area, Christine Powell and colleagues were keen to encourage use of its built-in Advice & Guidance facility. How did they do it? Conversations across sectors and job roles.

Ms Powell explained: “The lead clinician in the hospital, the general manager and I sat with every single specialty and spoke to them. We reminded them that they had used e-referral, could already see the benefits, and we showed them what Advice & Guidance could do for them, and I acted as the link with the GP practices.”

It is an approach which Sarah Hayden said had also been adopted in Sunderland CCG. “We started off with a task and finish group which covered both primary and secondary care,” she explained. “So, we had representation from the e-referral service team in the hospital, practice managers, commissioners, secretaries from the practices, and we brought them all together to develop a plan [for using Advice & Guidance in the e-referral setup].”

## 2. Celebrate successes

An initial emphasis of the benefits of Advice & Guidance is crucial, our panellists said. But they also agreed that discussion needed to be a continuing one.

"The ongoing challenge is to make sure that you continue to tell people about what you're doing, and you continue to tell them stories about the good news that you are hearing from using Advice & Guidance," argued Jonathan Patrick. "Whether

it's e-RS or telephone Advice & Guidance, you need to be telling people about the successes that others are having."

He continued: "I think we should be talking about patient experiences and hearing stories from clinicians who are using Advice & Guidance and hear how they feel it's improving their local networks."

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## 3. Be open and honest if there are teething problems

If talking about benefits and successes of Advice & Guidance services was a key recommendation emerging from the webinar, so too was the need to be honest when things don't go quite so well.

Mr Patrick said: "If there have been glitches, if there are problems – and they do happen – you need to be telling people that they are being addressed and that they can continue to have faith in the service."

"We're not afraid to be honest and open," reported Ms Powell. "If something goes wrong, they know they can come to us, and we're able to resolve things and make sure that both parties [i.e. GPs and secondary care] know what's really going on."

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## 4. Use data to identify underuse of the service – and then address it

Encouraging individuals to share problems is not the only way to troubleshoot. Monitoring data on the usage of any Advice & Guidance service can also be really valuable, as Sarah Hayden explained.

"We shared data with the practices, so they could see who was doing better than who else [on usage of Advice & Guidance], and I think that drives a little bit of competition and pushes them a little bit," said Ms Hayden.

She said it also helped identify specialties where consultants may have been slow to respond to

requests for guidance. "What we found was the reason a lot of the GPs didn't use the service was because they had one bad experience and then decided it wasn't worth it, and just wrote a referral letter instead."

In those instances, "we've tried to get other GPs who had had a good experience to feed that through, so we could say: 'There may have been teething problems, but it is all working now'; trying to encourage GPs who had a bad experience to try again."

## 5. Share the learning

Ms Powell explained that clinicians in her area had found another way to share knowledge off the back of using the service. “We have the majority of our Advice & Guidance come from haematology, endocrinology and cardiology, and one of the really positive things that’s come out of this is the trust that it’s built up between the clinicians. We had a lead GP, endocrinologist and

cardiologist compile documents as a result of questions and answers. These documents are on our intranet – like an ‘at a glance’ type thing.”

“So that was a real success point, of course we spread that out across the first CCG, then the other, then we went to cardiology, it was fantastic learning.”

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## 6. Recognise the creation of an Advice & Guidance service is a process

There may be key success factors in the initial creation of an Advice & Guidance service, but Mr Patrick stressed the need to not rest on laurels post-launch. “You need to understand that this is a journey you are on,” he said. “You need to understand that your project is going to be there for the long term, and you are going to have dips, troughs, and you’re going to have issues that you’re going to come across.

“If you think it’s just going to be onwards and upwards, that will be extremely disheartening when you hit one of the downturns. So, having some resilience yourself in your service, having confidence in your service over the longer-term, I think is critical in terms of being successful.”

**Can Advice & Guidance services help deliver the ambition of the Long Term Plan? Our webinar panel certainly felt so. Quite what such a service will look like will vary – the in-built facility with the e-referral service will prove valuable for many, while others may like to explore telephone options.**

