

Enhanced Advice and Guidance

Minor change to the Advice Requestor (GP/Referrer) screen

NOTE

The following slides are a representation of how the new feature will be displayed

Service Search Criteria

Search By:

* Request Type

Advice

* Priority

Urgent

From the end of February 2017, If either a priority of Urgent or 2WW is selected when creating an Advice Request.....

* Enter one or more of the following fields. Entering information in more than one row may reduce the number of results.

* Clinical Term

* Speciality

Clinic Type

* Named Clinician

Refine Your Search With

Distance within

miles of

Postcode

LS1

6AD

Indicative Wait Time less Than

Days

Organisation or Site Name

Advice Requestor screens

Cancel

Add Additional Requirements

View/Modify Shortlist

Search Primary Care

Search All

Service Search Criteria

Search By:

* Request Type

* Priority

* Enter one or more of the following fields. Entering information in more than one row may reduce the number of results.

* Clinical Term ☐

* Speciality

* Named Clinician ☐

Refine Your Search With

Distance within

Indicative Wait Time less Than ☐

Organisation or Site Name

Clinic Type

Warning



You have selected the 2 Week Wait or Urgent priority for an Advice and Guidance request.

This priority should only be selected for local pathways which deal with these critical requests. If not **patients could suffer harm due to delay to care.**

Have you selected the correct priority?

[No](#)

[Yes](#)

Pop-up warning is displayed if 2WW or Urgent is selected. This will not be shown if Routine priority selected

Note: This is the only change to Advice and Guidance in February, all other aspects of Advice and Guidance remain the same

Advice Requestor screens

Cancel

Add Additional Requirements

View/Modify Shortlist

Search Primary Care

Search All

NHS e-Referral Service

Advice and Guidance - Multi-way Conversation



Information and technology
for better health and care

Enhanced Advice and Guidance Multi-way Conversation

- Advice and Guidance multi-way conversation will introduce the ability for clinicians to have multi-way conversations about patients using the NHS e-Referral Service.
- The changes include enhancements to the current Advice and Guidance screens and changes to the workflow.

**These changes will impact all users of the current e-RS
Advice and Guidance functionality.**

Enhanced Advice and Guidance Multi-way Conversation

Advice Requestor (GP/Referrer) Initiating an Advice and Guidance Request

NOTE

The following slides are a representation of the new Advice and Guidance – Multi-way conversation screens



Service Search Criteria

Search By:

* Request Type

Advice

▼

* Priority

Urgent

▼

No change to searching for an appropriate Advice and Guidance Service

* Enter one or more of the following fields. Entering information in more than one row may reduce the services returned.

* Clinical Term

...

* Speciality

Endocrinology and Metabolic Medicine

▼

Clinic Type

Thyroid / Parathyroid

▼

* Named Clinican

...

Refine Your Search With

Distance within

30

miles of

Indicative Wait Time less Than

Days

Organisation or Site Name

...

Postcode

▼

LS1

6AD

Advice Requestor screens

Service Selection

Service Search Criteria

Group By:

None ▼

▼ (Results returned: 20)

No change to searching for an appropriate Advice and Guidance Service

Select	Miles	Appointment Type	Service Name	Indicative Appointment Wait	Indicative Treatment Wait	Directly Bookable	Referrer Alert	Link to NHS Choices	Location
<input checked="" type="radio"/>	0	First outpatient	Endocrinology Service- Sandwell Hospital SWBH NHS Trust-RXK	Limited Availability		Yes			SANDWELL GENERAL HOSPITAL
<input type="radio"/>	4	First outpatient	Endocrinology Service-Birmingham Treatment Centre at City Hospital-RXK	60 Days		Yes			BIRMINGHAM TREATMENT CENTRE
<input type="radio"/>	4	First outpatient	Thyroid Disorders-Endocrinology-Birmingham Treatment Centre at City Hospital NHS-RXK	Limited Availability		Yes			BIRMINGHAM TREATMENT CENTRE
<input type="radio"/>	6	First outpatient	Endocrine Clinic- New Cross Hospital-Royal Wolverhampton Trust-RL4	54 Days		Yes			NEW CROSS HOSPITAL
<input type="radio"/>	6	First outpatient	Endocrinology Thyroid Disorders Medical Clinic – QEHB – RRK15	Limited Availability		Yes			QUEEN ELIZABETH HOSPITAL BIRMINGHAM
<input type="radio"/>	7	First outpatient	Endocrinology – Heartlands Hospital – RR101	55 Days		Yes			HEARTLANDS HOSPITAL
<input type="radio"/>	7	First outpatient	Endocrinology – Treatment Centre-Good Hope – RR106	49 Days		Yes			GOOD HOPE HOSPITAL TREATMENT CENTRE
<input type="radio"/>	7	First outpatient	Thyroid Disorders – Heartlands Hospital – RR101	7 Days		Yes			HEARTLANDS HOSPITAL
<input type="radio"/>	7	First outpatient	Thyroid Service – Treatment Centre – Good Hope – RR106	35 Days		Yes			GOOD HOPE HOSPITAL TREATMENT CENTRE
<input type="radio"/>	12	First outpatient	Endocrinology – Samuel Johnson - RJF	61 Days		Yes			SAMUEL JOHNSON COMMUNITY HOSPITAL
<input type="radio"/>	12	First outpatient	Endocrinology – Sir Robert Peel – Tamworth - RJF	40 Days		Yes			SIR ROBERT PEEL HOSPITAL

Advice Requestor screens

Advice Request Details

Summary Information

Priority

Urgent ▼

Named Clinician

Dr Smith

Service Name

Endocrinology Service-
Birmingham Treatment
Centre at City Hospital-RXK

Speciality

Endocrinology and
Metabolic Medicine

Referrer Alert

We offer an advice and
guidance service with a 1-2
business day turnaround

Referred By

Dr Miller

Referring Organisation

NAME Outpatient
NAME
STREET
TOWN
LS1 4HY
Tel: 0113 496 1234

Registered Practice

NAME
STREET
TOWN
LS1 4HY
Tel: 0113 496 1234

Attachments can be added
directly to Advice Request

[Add attachment](#) [Add web link](#)

Enter advice request details here

2000 characters remaining

Enter Advice Request in the
text box

Send Request

New Advice and Guidance Multi-
way conversation screen

Advice Request Details

Summary Information

Priority

Urgent ▼

Named Clinician
Dr Smith

Service Name
**Endocrinology Service-
Birmingham Treatment
Centre at City Hospital-RXK**

Speciality
**Endocrinology and
Metabolic Medicine**

Referrer Alert
**We offer an advice and
guidance service with a 1-2
business day turnaround**

Referred By
Dr Miller

Referring Organisation
**NAME Outpatient
NAME
STREET
TOWN
LS1 4HY
Tel: 0113 496 1234**

Registered Practice
**NAME
STREET
TOWN
LS1 4HY
Tel: 0113 496 1234**

Advice Status: **Not Submitted**

[Add attachment](#) [Add web link](#)

Many thanks for your advice - this 72 year old lady is well in herself, however bloods recently showed a suppressed TSH. Looking at her previous results the TSH has been suppressed for some time and the free T4 is normal at 17 pmol/l. There are no discrete lumps in the neck to feel.

[TestResults.doc](#) Patients test results X Remove

[CurrentMedication.doc](#) Patients current medication X Remove

1715 characters remaining

Send Request

Select ‘Send Request’ to
Submit Advice Request

Advice Requestor
screens

Advice Request Details

Summary Information

Advice Status: **Provider Response Required**

Advice Requestor has the option to Print or Save as a PDF document by selecting *Print*

Speciality
Endocrinology and Metabolic Medicine

Referrer Alert
We offer an advice and guidance service with business day turnaround

Referred By
Dr Miller

Referring Organisation
**NAME Outpatient
NAME
STREET
TOWN
LS1 4HY
Tel: 0113 496 1234**

Registered Practice
**NAME
STREET
TOWN
LS1 4HY
Tel: 0113 496 1234**

[Attachment](#) [Add web link](#)

Thanks for your advice - this 72 year old lady is well in herself, however bloods recently showed a raised TSH. Looking at her previous results the TSH has been suppressed for some time and the free T4 is at 17 pmol/l. There are no discrete lumps in the neck to feel.

X Remove

X Remove

Request Submitted

The advice request has been sent to the provider.

Print ▼

Ok

Send Request

Advice Requestor screens

Enhanced Advice and Guidance Multi-way Conversation

Advice Requestor

Advice Requester reviewing Advice and
Guidance Response

NOTE

The following slides are a representation of the new Advice and
Guidance – Multi-way conversation screens

e-Referral Service

Patient: [XXXXXXX, Xxxxx](#) (Ms) Gender: Female Date of birth: XX/XX/XXXX Age: XX years NHS: XXX XXX XXXX



- Patient
- Worklists
- Directory of Services
- Enquiries
- Reports
- Alerts

Worklist Type

Advice and Guidance Responses ▼

3 Results Found. Last Refresh 17-Oct-2016 16:05. Click 'Refresh' to load results.

Set as Default

Enable Auto Load

Filter Criteria

Referrer

ALTAF, Noor (Mr) ▼

Clear

Refresh

Print List

UBRN	Patient Name	Priority	UBRN Created	Clinical Context	Clinican	Response Status	Last Action
002 8376 5071	NAME, Surname	Routine	17-Oct-2016	Endocrinology and Metabolic Medicine	-	Referrer To Review Response	17-Oct-2016
002 8283 3077	NAME, Surname	Routine	11-Mar-2015	Orthopaedics	-	Referrer To Submit Further Information	07-Jul-2016

Selecting the UBRN will immediately open Advice Response

Referrer to Review Response
 Advice Requestor to review the Response given

Referrer to Submit Further Information
 Responder requires additional information to be able to give an appropriate Advice Response

Advice Requestor screens

Advice Request Details – 0002 8374 5414

Advice Request Details

Clinical Information

Summary Information

Priority

Urgent ▼

Named Clinician
Dr Smith

Referrer Alert

Referring Organisation

EST 4111
Tel: 0113 496 1234[Current Medication.doc](#) Patients current medication

19-Oct-2016 09:15 - Sent by ALTAF, Noor (Mr) (Service Provider Clinician)

Suppressed TSH is not uncommon in older people, I would suggest checking the free T3 level to ensure your patient does not have 'T3 toxicosis' and also some thyroid antibodies in case she may have underlying autoimmune thyroid disease.

19-Oct-2016 08:05 - Sent by ALLAN, Susan (Mrs) (Referring Clinician)

NOTE: Clinical Information has been updated. [Click here to view](#)

19-Oct-2016 08:05 - Sent by ALLAN, Susan (Mrs) (Referring Clinician)

Thanks for that advice - the free T3 is elevated at 7.8, but the thyroid antibodies are negative, 30 (normal less than 50). How should the patient be managed ?

20-Oct-2016 13:00 - Sent by ALTAF, Noor (Mr) (Service Provider Clinician)

The elevated free T3 means this is T3 thyrotoxicosis, which needs treatment with antithyroid drugs, I would recommend you commence carbimazole 20 mg once-a-day, please warn your patient about the rare but possible side-effect of agranulocytosis.
<http://www.imperialendo.co.uk/CBZ.pdf> links to a suitable patient information leaflet you can share with them. I would recommend that this patient requires a referral to an Endocrinologist and if the patient choses to come to this trust I would be very happy to see them. Best wishes.

Advice Status: Referrer to Review Response

[Add attachment](#) [Add web link](#)

Enter advice request details here

2000 characters remaining

Send Request

Cancel

Print ▼

Update Person

End Conversation

Refer Now

Entire conversation is visible, using scroll-bar if required

Note the Advice status

If no further action is required, the Advice Requestor can 'End Conversation'

Advice Requestor screens

Advice Request Details

Clinical Information

Summary Information

Priority

Urgent ▼

Named Clinician
Dr Smith

Service Name
**Endocrinology Service-
Birmingham Treatment
Centre at City Hospital-RXK**

Speciality
**Endocrinology and
Metabolic Medicine**

Referrer Alert
**We offer an advice and
guidance service with
business day turnaround**

Referred By
Dr Miller

Referring Organisation
**NAME Outpatient
NAME
STREET
TOWN
LS1 4HY
Tel: 0113 496 1234**

Registered Practice
**NAME
STREET
TOWN
LS1 4HY
Tel: 0113 496 1234**

[Current medication](#) - Patients current medication

19-Oct-2016 08:15 - Sent by AL TAE Noor (Mr) (Service Provider Clinician)

Supp
ensu
may

19-Oct-2016 08:05

NOTE: Clinical Information has been updated. [Click here to view](#)

19-Oct-2016 08:05 - Sent by Al TAE Noor (Mrs) (Referring Clinician)

Thanks for that advice - the free T4 is elevated at 7.8, but the thyroid antibodies are negative, 30
ed ?

End Conversation



This action will terminate the advice request.
Only proceed if the advice request is no longer
required.

You will not be able to reverse this step.
Do you wish to proceed?

No

Yes

or (Mr) (Service Provider Clinician)

proxicosis, which needs treatment with antithyroid
e carbimazole 20 mg once-a-day, please warn your
fect of agranulocytosis.

inks to a suitable patient information leaflet you can
t this patient requires a referral to an Endocrinologist
ust I would be very happy to see them. Best wishes.

Advice Status: **Referrer to Review Response**

[Add attachment](#) [Add web link](#)

Enter advice request details here

2000 characters remaining

Send Request

Advice Requestor
screens

Cancel

Print ▼

Update Person

End Conversation

Refer Now

Advice Request Details

Summary Information

This can be completed within the Advice and Guidance conversation, rather than having to exit to Refer the patient

Speciality
Endocrinology and Metabolic Medicine

Referrer Alert
We offer an advice and guidance service with a 1-2 business day turnaround

Referred By
Dr Miller

Referring Organisation
**NAME Outpatient
NAME
STREET
TOWN
LS1 4HY
Tel: 0113 496 1234**

Registered Practice
**NAME
STREET
TOWN
LS1 4HY
Tel: 0113 496 1234**

Advice Requestor screens

[Current Medication](#) Patients current medication

19-Oct-2016 09:15 - Sent by ALTAF, Noor (Mr) (Service Provider Clinician)

Suppressed TSH is not uncommon in older people, I would suggest checking the free T3 level to ensure your patient does not have 'T3 toxicosis' and also some thyroid antibodies in case she may have underlying autoimmune thyroid disease.

16 08:05 - Sent by ALLAN, Susan (Mrs) (Referring Clinician)

Clinical Information has been added / amended [Click here to view](#)

16 08:05 - Sent by ALLAN, Susan (Mrs) (Referring Clinician)

Thanks for that advice - the free T3 is elevated at 7.8, but the thyroid antibodies are negative, 30 (normal less than 50). How should the patient be managed ?

If required, the Advice Requestor can choose to 'Refer Now'

20-Oct-2016 13:00 - Sent by ALTAF, Noor (Mr) (Service Provider Clinician)

toxicosis, which needs treatment with antithyroid carbimazole 20 mg once-a-day, please warn your patient of agranulocytosis.
to a suitable patient information leaflet you can provide as patient requires a referral to an Endocrinologist
I would be very happy to see them. Best wishes.

Advice Status: **Referrer to Review Response**

[Add attachment](#) [Add web link](#)

Enter advice request details here

2000 characters remaining

Send Request

Service Search Criteria

Search By:

* Request Type

Appointment

* Priority

Urgent

* Enter one or more of the following fields. Entering information in more than one row may reduce the number of results returned.

* Clinical Term

...

* Speciality

Endocrinology and Metabolic Medicine

* Named Clinician

...

Clinic Type

Thyroid / Parathyroid

Follow steps to refer patient to an appropriate service as per current process

Ensuring that any relevant clinical information is attached to support the Referral Request

Refine Your Search With

Distance within

30

miles of

Postcode

LS1

6AD

Indicative Wait Time less Than

Days

Organisation or Site Name

...

Referring Clinician screen

Enhanced Advice and Guidance

Multi-way Conversation

Printing the Advice and Guidance Conversation

**Note: For both Advice Requestors and Advice
Responders**

Selecting 'Print' opens the Advice and Guidance conversation within PDF Viewer – which can be printed or saved.

Date of Birth: 29/09/1964
Age: 52 years
Gender: Female

Service Name: Endocrinology Service-
Birmingham Treatment
Centre at City Hospital-RXK
Speciality: Endocrinology and
Metabolic Medicine
Referred By: Dr Miller

Referring Organisation: NAME Outpatient
NAME
STREET
TOWN
LS1 4HY
Telephone: 0113 496 1234
Registered Practice: NAME
STREET
TOWN
LS1 4HY
Telephone: 0113 496 1234

Conversation

Referral Status: Referrer to Review Response

18-Oct-2016 16:30 - Sent by ALLAN, Susan (Mrs) (Referring Clinician)

Many thanks for your advice - this 72 year old lady is well in herself, however bloods recently showed a suppressed TSH. Looking at her previous results the TSH has been suppressed for some time and the free T4 is normal at 17 pmol/l. There are no discrete lumps in the neck to feel.

TestResults.doc Patients test results

CurrentMedication.doc Patients current medication

19-Oct-2016 09:15 - Sent by ALTAF, Noor (Mr) (Service Provider Clinician)

Suppressed TSH is not uncommon in older people, I would suggest checking the free T3 level to ensure your patient does not have 'T3 toxicosis' and also some thyroid antibodies in case she may have underlying autoimmune thyroid disease.

19-Oct-2016 08:05 - Sent by ALLAN, Susan (Mrs) (Referring Clinician)

NOTE: Clinical Information has been added / amended by the referrer system. This is available to view/print from within the e-RS application.

19-Oct-2016 08:05 - Sent by ALLAN, Susan (Mrs) (Referring Clinician)

Thanks for that advice - the free T3 is elevated at 7.8, but the thyroid antibodies are negative, 30 (normal less than 50). How should the patient be managed ?

Key Points and Considerations

INFORMATION FOR CCGs/GENERAL PRACTICE

Integrated Clinical Information from GP Systems

- Advice and Guidance requests can be initiated from within GP clinical systems. Supporting clinical information can also be sent from integrated GP Systems as well as directly via the e-RS website
- For integrated clinical information uploaded to e-RS, e-RS limits the total size of all attachments to 50Mb. Some GP clinical system suppliers may set individual file-size limit.

Note - For an Advice and Guidance that is converted to a Referral Request, you must ensure all relevant clinical information is attached to support the referral.



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