### Our Mission is: (This is why we exist) CARING FOR PEOPLE KEEPING PEOPLE WELL

Our Vision is: (This is what we want to do) A person's chance of leading a healthy life is the same wherever they live and whoever they are

### e-Advice

<u>cav.e-advice@wales.nhs.uk</u> (listed in Global Directory)



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### e-Advice PURPOSE

There is a lack of channel for primary and secondary care to communicate in a timely and auditable manner, except through Outpatient (OP) referrals.

The primary **purpose of e-Advice** is to provide a mechanism **whereby Primary Care \* can request NON urgent advice from secondary care consultants** and receive a secure contained reply.

\* Primary Care (depending on speciality this may be GP/Ophthalmologist/Practice Nurse/Community Midwife)

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**CARDIOLOGY: pre service-** Several "virtual" clinics were undertaken for 286 cardiology patients, which resulted in 73 of these patients being removed from the waiting list, representing 25.5% of referrals.

These 73 patients were removed from the waiting list for four main reasons.

Advice to GP Referred elsewhere Diagnostics only required Already seen / alternative pathway

50% of the total referral sample resulted in advice being given directly to the GP. This supported the assumption that some GPs require only advice from the consultant cardiologist regarding their patient's care.

In practice.... Service launched for Cardiology July 2015 across 3 GP clusters

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### WLIs for Dermatology

Patients photographed and reviewed by Dermatology using e-Advice platform

### ≻154 patients(across UHB) identified on USC WL

#### **OUTCOME:**

- •50% of these patients did not require NOP
- •27% of the referrals requiring NOP were downgraded to RSC.

### ➢ GP practice WLI

#### 43 patients from a practice were identified as requiring WL status update:

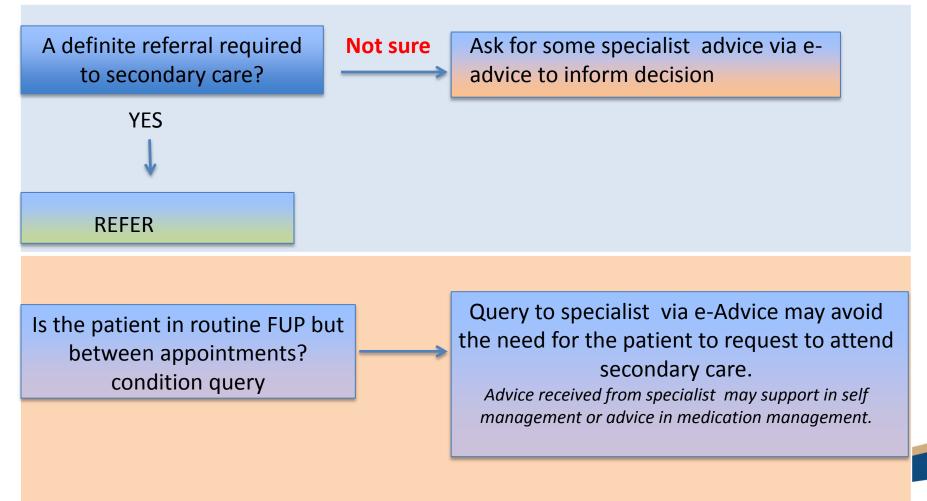
#### OUTCOME:

•44% patients were identified as not requiring any NOP appointment with Dermatology.

•56% were mixed dermatology diagnosis and NO urgent skin cancers



## **GP** consideration

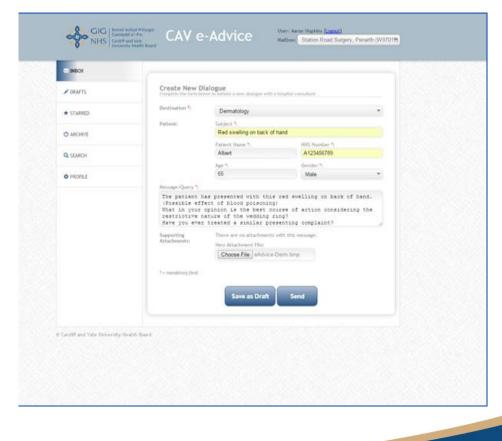


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# How e-Advice works

- A 'dialogue' is initiated in Primary Care.
- Consists of free-text messages plus optional upload of attachments (e.g. photos).
- Question received in the appropriate specialty inbox.
- Response received within 4 business days.
- GP practice ends the dialogue GP provides an 'Outcome' when closing the dialogue.

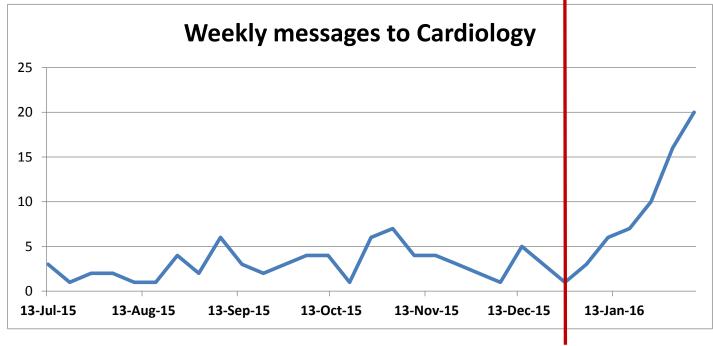




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# GP message volumes

Weekly messages from GPs to Cardiology Consultants



Source: e-Advice system

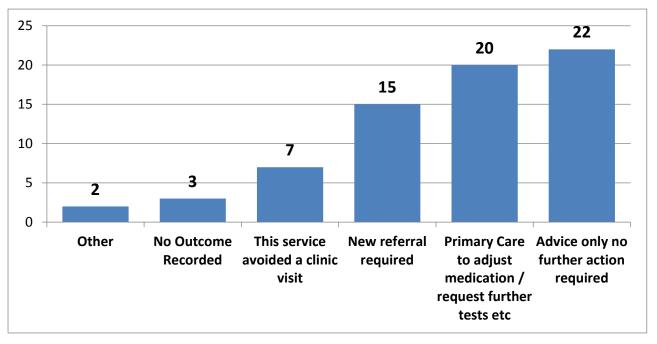
 The volume of messages sent to Cardiology has increased significantly since access has been extended to all GP practices.

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# Cardiology dialogue outcomes

#### Cardiology – dialogue outcomes



Source: e-Advice system

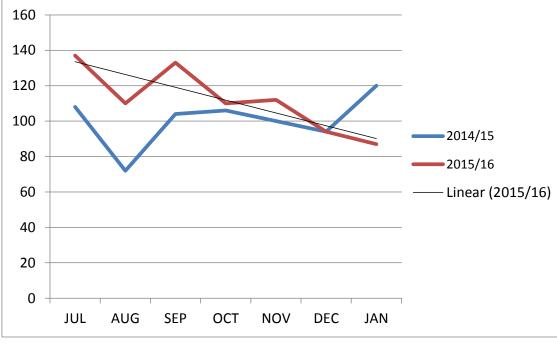
GPs may identify the 'outcome' of each dialogue – the majority of dialogues result in either an
adjustment of medication in primary care, or no further action required.

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# Impact on Cardiology referrals





Source: Information

• While total new OP referrals have not decreased since the introduction of e-Advice in July 2015 (compared to the similar period in 2014/15), a downward trend in new referrals from the pilot Clusters (Cardiff North and Eastern Vale) can be observed.

## Implementation

No reported technical issues to date.

Specialty	
Rh	eumatology
Ga	stro 1- to support Dyspepsia
Ch	ild Health
Dia	abetes
Th	oracic Medicine
•	Community Midwifery: in planning
•	Mental Health: in planning
•	Ophthalmology:

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