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British Society for
Rheumatology



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#nhschangechallenge

Change Challenge Innovation:
Rheumatology Advice Line
Not new but invaluable!

[Click here to head over to the discussion board for this innovation](#)



What happened?

Describe the change

When did you change?

Who was involved?

How did you change?

- What challenges did you face?
- What successes occurred?



Why did you change?

What compelled it



What was the impact?

To patient outcomes; patient experience; staff; stakeholders; productivity and efficiency; health inequalities, greener NHS



Embedding beneficial change

How will you carry forward the change?

- What are your recommended actions?

Will the change benefit others?

- What are your recommendations to them?

Rheumatology Advice Line

Not new but invaluable!

What happened?

Describe the change

When did you change?

In March 2020, at the start of the first wave of the covid-19 pandemic

Who was involved?

The whole rheumatology multi-disciplinary team

How did you change?

We have a well-established advice line & made several significant changes

- recorded an updated answer phone message every week with general advice
- drafted all the team (specialist nurses, consultants, physio, OTs) to assist in responding to calls
- drew up a crib sheet covering commonly asked queries about covid-19, shielding advice and access to local support

What challenges did you face?

- supporting members of the team not used to answering queries
- ensuring adequate documentation
- ensuring consistent advice

What successes occurred?

- demonstrated team working
 - drew on the different strengths and skillsets of the team
 - highlighted the importance of the advice line & ensuring the work load is recognised & job planned
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Why did you change?


What compelled it?

Though we have had an advice line in place for many years it has been proved invaluable at this time. When covid-19 hit back in March we were inundated with calls from our patients & then at various other time points we had had further influxes of calls, particularly when shielding criteria were released.

The specialist nurses needed support to manage the significant increase in the volume of calls. We had a lot of worried patients who needed information quickly. Working together as a team helped to share the workload.

Though time has been set aside in the specialist nurse job plans to deal with the advice line we've recognised as a team that this needs to be better protected.

We also realised that some queries could have been dealt with differently through text alerts about appointment types or information updates on our Trust website.



What was the impact?

TEAM WORKING

Demonstrated team working at a time of crisis

VALUED RESOURCE

Highlighted the importance of the advice line & raised awareness of the work of the specialist nurses

PATIENT EXPERIENCE

Enabled prompt access to specialist advice. Patients able to discuss their concerns eg medication, work, social support. Ensured patients didn't stop treatment unnecessarily & stayed safe.

HIGHLIGHTED INEFFICIENCIES

Need to establish other communication methods to get messages out to patients quickly & efficiently eg text alerts, website updates

Embedding beneficial change?

How will you carry forward the change?

Ensure the workload of the advice line is recognized & properly job planned. Ensure that patients understand the role of the advice line.

What are your recommended actions?

- continue to regularly update the advice line message
- continue to educate patients about role of advice line eg patient information leaflet
- invest in other systems to provide information to patients

What tools or guidance will you develop to help embed the change?

- ensure advice line work is recorded to understand activity
- to review queries & identify common themes

Will the change benefit others?

Most rheumatology departments will have an advice line, the key learning has been to ensure adequate resources are put in place to Support it and ensure it functions as efficiently as possible. All members of MDT can be trained to help support the advice line.

Further details:

To help build the narrative and a knowledge asset of the beneficial change, we'd like to follow-up with the team of the beneficial change.

- **Which team or organisation implemented the beneficial change?**

Rheumatology Department, Minerva Health Centre, Preston
Lancashire and South Cumbria NHS Foundation Trust

- **Who is the lead or key contact?**

Sarah Fish

Rheumatology Clinical Lead and ESP

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- **Can we follow up with them to delve further into the detail?**

Yes