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Defining an evidence base for the use of advice and guidance referrals

Submission date
10/06/2024

Recruitment status
No longer recruiting

Registration date
29/07/2024

Overall study status
Completed

Last Edited
14/10/2026

Condition category
Other

[_] Prospectively registered
[X] Protocol
[_] Statistical analysis plan
[X] Results
[_] Individual participant data

Plain English summary of protocol

Background and study aims
When a GP needs a specialist's input with the care of a patient, one option is to use Advice and Guidance (A&G). A&G is an electronic way for a GP to ask a consultant a clinical question and a specialist responds, usually within a few days. The response may be to send an appointment for the patient to see a specialist, try a treatment, or do a test. A&G was introduced to speed up access to a specialist opinion and cut waiting times for outpatient care. A&G became more important during the COVID-19 pandemic as it meant patients did not automatically need to travel to hospital. The use of A&G is now encouraged to help the NHS recover from the pandemic. There are very few studies telling us whether A&G has a better or worse effect on patient care than the usual referral system.

We will study the impact of Advice and Guidance on patients, healthcare workers and the healthcare system, in terms of:
• how often, why and when A&G is used
• views about its impact on the quality of care and patient satisfaction
• impact on how NHS services are used.

This will help us to work out whether A&G reduces waiting times and access to specialist care as planned, without making the quality of patient care worse. This will be done in comparison to the more traditional way of referring patients to be seen by a specialist in outpatients.

Who can participate?
We will interview patients who have had experience of the A&G process. We will also interview clinicians and commissioners who are involved in using A&G.

What will the study involve?
Interviews are likely to last between 30 and 90 minutes and will be one off events. There will be no follow-up interviews. Participants will be free to pause or stop their interview at any point without any expectation to continue. Interviewers are not able to provide clinical advice and will advise participants to seek support from their own clinical teams if needed.

What are the possible benefits and risks of participating?
By participating, patients will provide insight into and ideas about how A&G can be used effectively and safely in the care journey. Risks of being interviewed might include raising worries or concerns about healthcare.

Where is the study run from?
The research team is based at Keele University (UK)

When is the study starting and how long is it expected to run for?
June 2024 to December 2025

Who is funding the study?
This study is funded by the NIHR HSDR (NIHR158681). The views expressed are those of the author(s) and not necessarily those of the NIHR or the Department of Health and Social Care.

Who is the main contact?
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Contact information

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Scientific

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Additional identifiers

Integrated Research Application System (IRAS)
333799

Central Portfolio Management System (CPMS)
58336

National Institute for Health and Care Research (NIHR)
158681

Study information

Scientific Title
Building an evidence base for the use of ADvice and GuidancE Referrals at the primary-secondary care interface – a multistage mixed-methods study

Acronym
BADGER

Study objectives
The overarching aim of the study is to measure the impact of Advice & Guidance (A&G) on patients, primary care clinicians, secondary care specialists, and the healthcare system in terms of quality of care, satisfaction with the process and service utilisation to understand how it works for whom, where, and why. The aim of the study was developed in partnership with our study lay co-applicant and Public and Patient Involvement and Engagement (PPIE) group who have experiences of A&G.

Ethics approval required
Ethics approval required

Ethics approval(s)
Approved 13/06/2024, North East - Tyne & Wear South Research Ethics Committee (NHSBT Newcastle Blood Donor Centre, Holland Drive, Newcastle-upon-Tyne, NE2 4NQ, United Kingdom; +44 207 104 8286; tyneandwearsouth.rec@hra.nhs.uk), ref: 24/NE/0110

Primary study design
Observational

Study design
Observational qualitative

Study type(s)
Treatment

Health condition(s) or problem(s) studied
Defining an evidence base for the use of advice and guidance referrals

Interventions
The BADGER study will interview up to 75 patient people. This will include 30 patients who have had Advice and Guidance used in their care, 40 clinical staff who use Advice and Guidance in their work in GP surgeries and hospitals (including doctors, nurses, pharmacists), and 5 healthcare commissioners. The interviews will ask participants about their experiences of Advice and Guidance, what works well and what doesn't, and how they see the future for Advice and Guidance.

Participants will be required to complete the consent form prior to the interview, either by returning a signed consent form to the team prior to interview, or immediately prior to the interview during the interview appointment. An opportunity for questions will be provided prior to the interview. Interviews will take place at a mutually agreed location, for example, in the homes or local public space for public participants, or remotely using a platform such as MS Teams.

Participants will be thanked for their time in line with current guidance.

Intervention Type
Other

Primary outcome(s)
Semi-structured interviews will be conducted using topic guides co-developed by and in agreement with our PPIE group and collaborating stakeholders. Topic guides will explore patient interviewees' experiences and perceptions of the use of A&G during and after the consultation process, and aspects of an 'ideal' interaction between patients and health care professionals in relation to the use of A&G. Clinician participants will be interviewed around their own experiences and perceptions of the A&G process. Topic guides will be used flexibly to allow interviewers to explore any unexpected findings and enable comparison between accounts during analysis.

Interviews will be digitally recorded with consent. Audio-recordings of interviews will be transcribed and anonymised before analysis.A reflexive thematic analysis approach will be taken to obtain a rich and contextualised understanding of the strengths and weaknesses of the use of A&G in patient care at the primary secondary care interface.

Interviews are likely to last between 30 and 90 minutes and will be single events. There will be no follow-up/longitudinal interviews. Participants will be free to pause or stop their interview at any point without any expectation to continue. It will be made clear that interviewers are not able to provide clinical advice and will advise participants to seek support from their own clinical teams if necessary.

An inductive, reflexive thematic analysis will be carried out on the data following the principles outlined by Braun & Clarke.The data will be analysed within the participant groups, and as a complete dataset to holistically explore the experiences and interactions of the participants, and to identify any patterns and consistencies across the accounts.

Key secondary outcome(s)
There are no secondary outcome measures

Completion date

03/12/2025

Eligibility

Key inclusion criteria
1. Patients: Adult patients (18 years or over) registered at a participating practice with an episode of A&G recorded in their electronic health record in the last 3 months, and have capacity to consent to an interview.
2. PCCs: participants will be eligible if they currently work in the NHS and are users of A&G.
3. SCSs: participants will be eligible if they currently work in the NHS and are users of A&G.
4. Commissioners: participants will be eligible if they currently work in the NHS and are familiar with its use at Trust / local System level.

Participant type(s)
Patient

Healthy volunteers allowed
No

Age group
Mixed

Lower age limit
18 Years

Upper age limit
114 Years

Sex
All

Total final enrolment
75

Key exclusion criteria
1. Patients: participants will be excluded if they do not have capacity to consent for themselves, or are unable to meaningfully communicate about their experiences in an interview. If English is not their first language, translation services will be used so as not to exclude due to language barriers.
2. PCCs, SCSs, Commissioners: participants will be excluded if they have no experience or knowledge of using A&G.

Date of first enrolment
01/07/2024

Date of final enrolment
31/10/2025

Locations

Countries of recruitment
United Kingdom

Study participating centre
NIHR CRN: North West Coast
Royal Liverpool and Broadgreen University Hospitals NHS Trust
Prescot Street
Liverpool
England
L7 8XP

Study participating centre
NIHR CRN: West Midlands
James House
Newport Road
Albrighton
Wolverhampton
England
WV7 3FA

Sponsor information

Organisation
Keele University

ROR
https://ror.org/00340yn33

Funder(s)

Funder type
Government

Funder Name
National Institute for Health and Care Research / HSDR

Results and Publications

Individual participant data (IPD) sharing plan

The datasets generated during and/or analysed during the current study will be available upon request from Alice Faux-Nightingale (a.faux-nightingale@keele.ac.uk). Any subsequent requests for access to the data from anyone outside of the research team (e.g. collaboration, joint publication, data sharing requests from publishers) will follow the Keele University SOP data sharing procedure.

IPD sharing plan summary

Available on request

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article		07/08/2026	14/10/2026	Yes	No
Results article		18/03/2026	14/10/2026	Yes	No
Plain English results			14/10/2026	No	Yes
Preprint results		11/10/2026	14/10/2026	No	No
Protocol file	version 2.0	18/06/2024	10/06/2025	No	No
Study website	Study website	11/11/2025	11/11/2025	No	Yes