

# Updating and Reviewing the Clinical Toolkit

<b>Version:</b>	<b>Owner:</b>	<b>Created:</b>
V1.0	Louise Whyte	17 <sup>th</sup> August 2023
<b>Published:</b>	<b>Approving Director:</b>	<b>Next Review</b>
13 <sup>th</sup> December 2023	Rhys Hancock (Director of Nursing, AHPs and Governance.)	17 <sup>th</sup> August 2024

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# Clinical Toolkit

## Introduction

The SevernSide Clinical Toolkit offers a suite of resources and guidance for clinicians working in the SevernSide Integrated Urgent Care (IUC) service at BrisDoc. There are also pages outlining operational processes, for operational IUC staff. Staff rely on the toolkit to outline BrisDoc's processes and direct them towards best practice guidance. Therefore, it's important that the toolkit remains correct and up to date.

This SOP outlines how the toolkit can be updated, and the details of conducting a full Clinical Toolkit Review.

## Responsibilities

The Lead Clinical Practitioners (LCP) and Lead GPs (LGPs) all have access to update pages on the Clinical Toolkit. Therefore, it is the responsibility of all of these colleagues to update pages, to ensure the accuracy of toolkit.

As for the adding of new pages, these can be submitted by any Clinical Lead. This page then arrives with the allocated LGP for approval. If this is an article relevant solely to Weekday Professional Line, this can be uploaded by the allocated WDPL Lead GP.

The responsibility around security and functionality of the toolkit sits with the Communications and Marketing Lead at BrisDoc. They will ensure all relevant updates take place, and will provide support in using and reviewing the toolkit, where necessary.

## Creating a New Page on the Toolkit

You can find a video outlining how to add a new page to the Clinical Toolkit [via this link](#). The Communications and Marketing Lead can give you access to this if you don't already have editing rights to the toolkit.

When you have uploaded a new page, this will go to the Communications and Marketing Lead at BrisDoc and allocated LGP for approval. This is to prevent duplication and for version control.

## Considerations when creating a new page

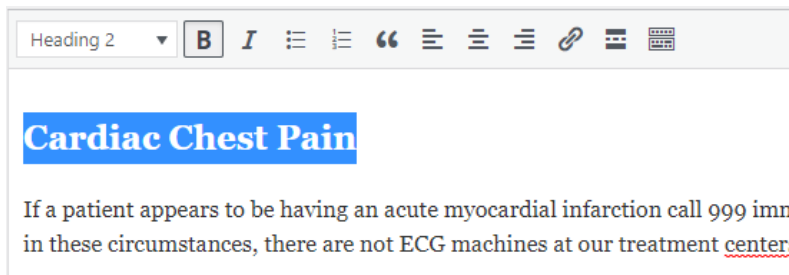
When adding a new page to the Clinical Toolkit, please ensure that you are doing the following:

- Selecting categories that the page is relevant is for, out of WDPL, Out of Hours, System CAS or all. **Please do not create additional categories.**
- Ensuring that key words are within the page e.g. the page 'CTK Guide', stands for 'Clinical Toolkit Guide'. People may search for 'Clinical Toolkit' to find this page, therefore you need to make sure these words are in the article, or added as key words.

## Formatting

- When you upload or edit a page, please ensure to use the text format bar (as below) to highlight your main headings as 'Heading 2' and Sub-headings as 'Heading 3':

# Clinical Toolkit



Heading 2 **B** *I* [List] [List] [Quote] [List] [List] [List] [Link] [List] [Table]

## Cardiac Chest Pain

If a patient appears to be having an acute myocardial infarction call 999 imm in these circumstances, there are not ECG machines at our treatment centers

This means that the correct formatting will appear when the article is published:

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## Cardiac Chest Pain

 Updated on 27th February 2023  Edit

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### Cardiac Chest Pain

If a patient appears to be having an acute myocardial infarction call 999 imm they are in hospital the better the outcome. In an OOH setting do not try to c circumstances, there are not ECG machines at our treatment centers.

**Confirmed STEMIS (ST elevated Myocardial Infarction):**

All Clinical Leads are able to add a new page (which is then approved). If a Lead does not have access, and should, please add them as a user. Further information is available on the [Clinical Toolkit Admin User Guide](#).

## Removing Toolkit Content

Only the Communications and Marketing Lead can remove toolkit articles. This is to ensure that documents are not accidentally deleted. Please contact the Communications and Marketing Lead, providing the link to the article so that the correct page is removed. It may be worth checking with other Clinical Leads to ensure that this document is definitely not needed.

## Amending Toolkit Content

All Clinical Leads can amend Toolkit Content. A video on how to do this can be found on the [Clinical Toolkit Admin User Guide](#).

If another clinical or operational member of staff spots an error on a toolkit page, they can contact any Clinical Lead to have this amended. Amendments to existing toolkit pages by the LCPs and LGPs does not need sign off by the allocated LGP for the toolkit.

## Policies and SOP

Policies and SOPS should not be copied in to the toolkit but linked in, usually this will be to Radar. This makes sure the toolkit refers to the most up to date version at all times and prevents the need to update the policy in multiple locations when changes are made.

# Clinical Toolkit

## Conducting Full Toolkit Reviews

Full toolkit reviews will take place every two years and is the responsibility of the Clinical Lead Team. Depending on clinical capacity, this process can take several months. Reviews are recorded in 'Appendix 1' and should be updated whenever there is another review.

Important areas to consider when reviewing a page:

- Do all the links still work?
- Is the information up to date?
- Are there any duplicated pages/overlapping pages that can be merged?
- Are the categories accurate, including relevancy to Out of Hours, System CAS, WDPL?

When completing a full Toolkit review, you could allocate pages to clinicians. Utilising a spreadsheet such as the below is helpful:



Template%20Allocation%20sheet%20-%

## Completing the review

The steps are as follows:

1. Export a list of existing pages on the toolkit, creating a spreadsheet that includes links. (speak to Digital who can help with this)
  - This will be your spreadsheet to track process – you can tick/colour completed pages, and also add a column that labels who it has been allocated to.
  - See an example of this tracking sheet, here (screenshot in appendix 2).



Tracking%20V2.xlsx

2. Discuss the review with Lead Clinicians, involving as many as possible so that the task can be completed in good time.
3. It may help to ask clinicians to flag any pages that need a large amount of work, to be added to a 'further review' piece of work. This means the team can make their way through as many of the pages as possible.
4. Either have the clinicians make necessary changes or ask them to send the changes to you, for you to complete and tick off of your master spreadsheet.
5. Once complete, undergo final checks. This can involve re-creating a list of existing pages on the toolkit, including categories – have clinicians scan this to check for duplicates (any articles that have overlapping information) and correct categories.

There are some pages that may be better sat with WDPL clinicians – these are most likely the ones that are tagged as WDPL, and not Out of Hours or System CAS.

# Clinical Toolkit

## User Search Analytics

Every quarter, a Clinical Lead, and the Marketing and Communications Lead, will review the user search analytics of the Toolkit. This will include:

- Analysing articles that have been searched for, and need to appear higher up the search page
- Analysing articles that are not being accessed often and reviewing the key words that need to be added
- Reviewing search terms that return 0 results.

## User Feedback

Feedback from toolkit users is welcomed. This can be submitted via the toolkit and will be reviewed by Lead GP's and the Marketing and Communication Lead. The feedback function appears on all pages other than the home screen.

The screenshot shows a feedback form with the following elements:

- Feedback** (Section Header)
- Nature of Feedback\*** (Label)
- (Dropdown menu)
- Detailed Feedback\*** (Label)
- (Large text area for detailed feedback)
- Name\*** (Label)
- (Text input field for name)
- Email (optional)** (Label)
- (Text input field for email)
- (Submit button)

# Clinical Toolkit

## Version Control

Version	Date	Changes by	Details of changes
V0.1	17/08/2023	Rebecca Love	Document created
V0.2	24/08/2023	Rebecca Love	Addition of 'user feedback' and attached documents added into appendices
V0.3	17/10/23	Louise Whyte	Minor changes
V0.4	1/11/23	Louise Whyte	User Feedback updated
V0.5	8/12/263	Louise Whyte	Recommendations following review by RS and BC added
V1.0	13/12/23	Jaymee Brady	Published

## Appendices

### Appendix 1 - Toolkit Reviews

Start Date	End Date	Reviewer	Notes
November 2022	March 2023	Managing: Rebecca Love Reviewers: Clinical Lead Team	Full review of toolkit

### Appendix 2 – Toolkit review tracking

Title	URLs	Categories	Duplicated in mal	Sole use for	useful for any time	pe/Action	Tag	Clinician Assigned	Assigned	Returned	Uploaded	Column
Accelerated (malignant) hypertension	https://agpt-brisdoc.co.uk/uknowledgebase/a/	Cardiovascular	no	no	yes	Transfer Immediately	All Tags	Becky	X	X	X	X
Acute Fracture/Spinal Cord Injury/Head Injury/Stroke	https://agpt-brisdoc.co.uk/uknowledgebase/a/	Emergency Pathways	no	yes	patient could be refer	Transfer Immediately	All Tags	Becky	REMOVED	REMOVED	REMOVED	REMOVED
Acute Frailty Unit (GEMS Unit) at WGH	https://agpt-brisdoc.co.uk/uknowledgebase/a/	Geriatrics	no	yes	no GEMS only operation	Review		Becky	X	X	X	X
AEC (Ambulatory Emergency Care) at NBT	https://agpt-brisdoc.co.uk/uknowledgebase/a/	Operational	no	yes	no	Transfer Immediately	Sevenside Professional Lin	Becky	X	X	X	X
AEC (Ambulatory Emergency Care) at Weston General Hospital	https://agpt-brisdoc.co.uk/uknowledgebase/a/	Operational	no	yes	no	Transfer Immediately	Sevenside Professional Lin	Becky	X	X	X	X
Arranging IV Antibiotics in the Community	https://agpt-brisdoc.co.uk/uknowledgebase/a/	Antibiotics, Community, IV, P	no	no	yes	Transfer Immediately	All Tags	Becky	X	X	X	X
Asphyxia service	https://agpt-brisdoc.co.uk/uknowledgebase/a/	Cardiovascular	no	yes	no-daytime service	Review		Aria	X	X	X	X
Acclites (ascitic drains)	https://agpt-brisdoc.co.uk/uknowledgebase/a/	Gastroenterology	no	yes	no-daytime service	Review		Aria	X	X	X	X
AstraZeneca (AZ) vaccine and headache	https://agpt-brisdoc.co.uk/uknowledgebase/a/	Neurology	yes in covid section	no	?remove nov AZ not used	Delete		Aria	X	X	X	X
Atrial Fibrillation (AF)	https://agpt-brisdoc.co.uk/uknowledgebase/a/	Cardiovascular	just "chadsvaso" in	no	yes	Transfer Immediately	All Tags	Becky	X	X	X	X
Breast abscess/mastitis	https://agpt-brisdoc.co.uk/uknowledgebase/a/	Breast	no	no	yes- useful for all time peri	Transfer Immediately	All Tags	Becky	X	X	X	X
ERI Acute Medicine Clinic	https://agpt-brisdoc.co.uk/uknowledgebase/a/	Operational	no	yes	no	Transfer Immediately	Sevenside Professional Lin	Becky	X	X	X	X
ESI clinic	https://agpt-brisdoc.co.uk/uknowledgebase/a/	Operational	no	yes-old	no	Transfer Immediately	Sevenside Professional Lin	Becky	REMOVED	REMOVED	REMOVED	REMOVED
ESI SOCC	https://agpt-brisdoc.co.uk/uknowledgebase/a/	Operational	no	yes	no	Transfer Immediately	Sevenside Professional Lin	Becky	X	X	X	X
Cardiac Sounding Chest Pain triage	https://agpt-brisdoc.co.uk/uknowledgebase/a/	Cardiovascular	no	yes	no	Review		Aria	X	X	X	X
Care of the Elderly (Geriatrics), Frailty, RACCP	https://agpt-brisdoc.co.uk/uknowledgebase/a/	Geriatrics	no	yes	no- numbers are currently	Review		Aria	X	X	X	X
CAS (clinical advice service) T11 calls	https://agpt-brisdoc.co.uk/uknowledgebase/a/	Operational	no	yes	no	Transfer Immediately	Sevenside Professional Lin	Becky	X	X	X	X
Cauda Equina Syndrome CES	https://agpt-brisdoc.co.uk/uknowledgebase/a/	Neurology	no	no	yes	Transfer Immediately	All Tags	Aria	X	X	X	X
Celulitis	https://agpt-brisdoc.co.uk/uknowledgebase/a/	Dermatology	no	no	yes	Transfer Immediately	All Tags	Aria	X	X	X	X
Complaints	https://agpt-brisdoc.co.uk/uknowledgebase/a/	Communication	no	no	yes	Transfer Immediately	All Tags	Aria	X	X	X	X
Covid streaming / triage	https://agpt-brisdoc.co.uk/uknowledgebase/a/	Operational	no	yes	no	Transfer Immediately	Sevenside Professional Lin	Aria	X	X	X	X
Dermatology	https://agpt-brisdoc.co.uk/uknowledgebase/a/	Dermatology	no	yes	no	Review		Aria	X	X	X	X
Diabetic Foot Ulcer	https://agpt-brisdoc.co.uk/uknowledgebase/a/	Diabetes	no	no	yes	Transfer Immediately	All Tags	Aria	X	X	X	X
Eating disorders (Anorexia Nervosa)	https://agpt-brisdoc.co.uk/uknowledgebase/a/	Mental Health	no (junior marzipan g	no	yes	Transfer Immediately	All Tags	Aria	X	X	X	X
ED validation Reassessment	https://agpt-brisdoc.co.uk/uknowledgebase/a/	ED validation	no	no	yes- needs review and up	Review		Aria	X	X	X	X
Emergency social care in North Somerset	https://agpt-brisdoc.co.uk/uknowledgebase/a/	Operational	no	no	yes	Transfer Immediately	All Tags	Aria	X	X	X	X
Gastroenterology	https://agpt-brisdoc.co.uk/uknowledgebase/a/	Gastroenterology	no	yes	no	Review		Aria	X	X	X	X
General Medical Admissions Information	https://agpt-brisdoc.co.uk/uknowledgebase/a/	Operational	no	yes	not really although useful	Transfer Immediately	Sevenside Professional Lin	Aria	X	X	X	X
Haematology	https://agpt-brisdoc.co.uk/uknowledgebase/a/	haematology	deleted	DELETED	DELETED	DELETED	PREVIOUSLY REMOVED	REMOVED	REMOVED	REMOVED	REMOVED	REMOVED
Handover from WDP to IUC (in the Out of Hours period)	https://agpt-brisdoc.co.uk/uknowledgebase/a/	Operational	no	yes	no	Transfer Immediately	Sevenside Professional Lin	Aria	X	X	X	X
Head Injury (subdural haematoma)	https://agpt-brisdoc.co.uk/uknowledgebase/a/	Geriatrics, Polices	no	no	yes	Transfer Immediately	All Tags	Aria	X	X	X	X
Heart Block	https://agpt-brisdoc.co.uk/uknowledgebase/a/	Cardiovascular	no	yes	no	Review		Becky	X	X	X	X
Heart Failure	https://agpt-brisdoc.co.uk/uknowledgebase/a/	Cardiovascular, Clinical Man	no	yes	no	Review		Aria	X	X	X	X
Hot clinics and admission avoidance	https://agpt-brisdoc.co.uk/uknowledgebase/a/	Operational	no	yes	??	Review		Becky	X	X	X	X
Hypocalcaemia (Low Calcium)	https://agpt-brisdoc.co.uk/uknowledgebase/a/	Pathology	no	no	yes	Transfer Immediately	All Tags	Aria	X	X	X	X
Hypokalaemia (low potassium)	https://agpt-brisdoc.co.uk/uknowledgebase/a/	Pathology	no	no	yes	Transfer Immediately	All Tags	Aria	X	X	X	X
Hypophosphataemia (low phosphate)	https://agpt-brisdoc.co.uk/uknowledgebase/a/	Pathology	no	no	yes	Transfer Immediately	All Tags	Becky	X	X	X	X
Inflammatory Bowel Disease	https://agpt-brisdoc.co.uk/uknowledgebase/a/	Gastroenterology	no	no	yes	Transfer Immediately	All Tags	Becky	X	X	X	X
Instructions for Ad Astra downtime	https://agpt-brisdoc.co.uk/uknowledgebase/a/	Operational	presumably in handbook	some where		Move to Radar		Becky	X	X	X	X
Long covid syndrome	https://agpt-brisdoc.co.uk/uknowledgebase/a/	Respiratory	?no	no	yes	Transfer Immediately	All Tags	Becky	X	X	X	X
NBT escalation plan	https://agpt-brisdoc.co.uk/uknowledgebase/a/	Operational	no	yes	no	Transfer Immediately	Sevenside Professional Lin	Becky	X	X	X	X
Neurology and first fit clinic	https://agpt-brisdoc.co.uk/uknowledgebase/a/	Neurology	no	no	yes	Transfer Immediately	All Tags	Becky	X	X	X	X

# Clinical Toolkit

## Appendix 3 – Article allocation sheet

Post IDs	Title	URLs	All links work?	All information up to date?	Any amendments?	If yes, word doc attached?	Should this information be moved elsewhere e.g. telephone directory?	Is this article relevant to Out of Hours?	Is this article relevant to In Hours?	Is this article relevant to System CAS?	Is this article relevant to System Weekday Professional Line?	What keywords would you consider to be important/would a clinician type to find this?	Other Categories (either one or multiple) - from list to the right	Will this article need to be reworked?	Notes



# Clinical Toolkit

## Appendix 4 – Initial Toolkit Review – Project Scope

# Clinical Toolkit

## Clinical Toolkit - Project Scope

### Background

There are currently two separate clinical toolkits – a general SevernSide toolkit, and a separate Weekday Professional Line Toolkit. Some articles are duplicated across the two, others updated in one place only. This project aims to merge the two toolkits into one main website, with **concise, updated articles**. This new third website will be developed offline to reduce risk of live errors, then will 'go live' once complete.

- Feedback – Gain feedback from clinical leads on the initial stages
- Gather data – Summarise content in a reference document for tracking
- Allocating – Allocate articles to clinicians that are suitable, to review and merge
- Reviewing – Clinician will ensure that all of the information provided is correct, and up to date
- Last check - These will then be sent to the project manager, to ensure that the content makes sense
- Upload – Lastly, the work will be uploaded by the project manager to a third offline site, to later be launched

To ensure that the toolkit is accurate in the future, the possibility of a form being available on the toolkit for clinicians to submit ideas/alterations, will be explored.

### **Workstream 1 – SevernSide Toolkit**

The clinicians will amend SevernSide toolkit articles, checking that there are no duplicates, that the content is correct and that all links work. This will then be uploaded to the new site by the project manager.

Any articles that are duplicated across both toolkits have been removed from this workstream.

### **Workstream 2 – Weekday Professional Line**

Clinicians specialising in WPL will be allocated articles that are on the Weekday Professional Line toolkit, to review. Any duplicates across both toolkits will remain in this workstream.

Previous work was done to categorise articles on the Weekday Professional Line into articles 'to review', to 'transfer immediately', 'delete', 'move to radar' and 'move to telephone directory'. This will need to be double checked to ensure these are the right actions.

### **Workstream 3 – Duplicates**

The duplicate content from SevernSide Toolkit and WPL Toolkit will be pulled aside into a separate list, with articles being reviewed to ensure a merged, accurate version is completed.

### Feedback

There will be an initial meeting with clinical leads to gather feedback on the toolkit, anything they've noticed that needs to be updated/actioned. I will explain the project and its aim to make the toolkit more refined and accurate. This feedback will explore the following questions and will take place for 20 minutes within the clinical lead meeting:

- Any general thoughts on the toolkit and its current structure?