

Updating and Reviewing the Clinical Toolkit

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V1.1	Louise Whyte	17 th August 2023
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Contents

Introduction.....	3
Responsibilities	3
Uploading a New Document to the Toolkit.....	3
Removing Toolkit Content	4
Amending Toolkit Content.....	4
Conducting Full Toolkit Reviews	5
User Search Analytics.....	6

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

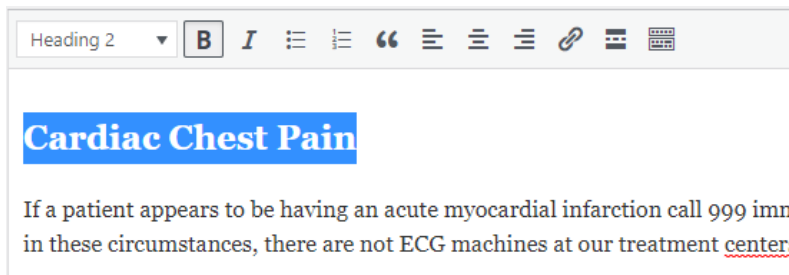
When adding a new page to the Clinical Toolkit, please ensure that you are doing the following:

- 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* ☰ ☰ “ ☰ ☰ ☰ ☰ ☰ ☰ ☰ ☰ ☰ ☰

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:

Cardiac Chest Pain

Updated on 27th February 2023 [Edit](#)

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

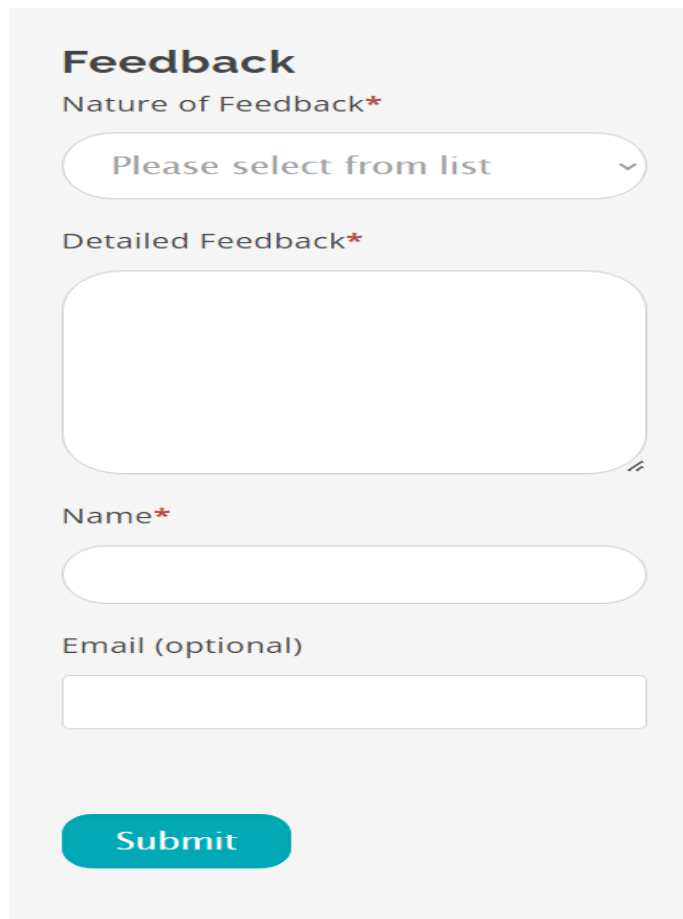
User Search Analytics

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 for name)
- Email (optional)** (Label)
- (Text input 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	8/12/2023	Louise Whyte	Recommendations following review by RS and BC added
V1.0	13/12/23	Jaymee Brady	Published
V1.1	16/1/24	Louise Whyte	Review

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

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?