

This site is intended for healthcare professionals



On-call consultants could help GPs cut avoidable admissions by a fifth

By David Millett on the 15 June 2017

Be the First to Comment

One in five patients could be saved an avoidable hospital referral by a telephone helpline that puts GPs in touch with relevant consultants to aid decision-making, a pilot scheme has found.



A fifth of patients avoided unnecessary referral in a trial of a telephone helpline for GPs in Sunderland, according to a report by NHS Elect, a not-for-profit membership organisation that supports NHS trusts.

The system works by providing a team of on-call consultants to provide advice to GPs over the phone before they refer a patient.

GPs call the number and choose a specialty – the system will then call the first consultant on duty before moving to the next automatically if they do not pick up within 20 seconds.

At the end of the trial, 96% of GP practices in the area were using the system, according to the report. GPs made 934 calls throughout the trial, with 73% answered by consultants.

GP referrals

The average admission avoidance was 22%, with a 'clear reduction in GP referrals to the local emergency department'.

City Hospital Sunderland said it believed at least 175 patients avoided admission during the trial run, from October to December 2016.

The company that runs the service, Consultant Connect, said it was currently being used by 1,300 GPs, 850 consultants across the country and has taken a total of 51,000 calls to date.

Implementing the system country-wide could save the NHS £424m a year and cut down on avoidable referrals by 7.5%, the Consultant Connect team said.

Natalie McClary, lead for the programme at Sunderland CCG, said: 'Our previous audits had shown that we were more likely to avoid admissions if GPs could have a senior level clinical discussion with a consultant.'

Some clinicians were sceptical at first, she said, but many now believed it was useful. 'It allows GPs to have quick clinical conversations with consultants, with the patient present in the room, about whether or not a patient needs to be admitted and enables consultants to advise on alternative courses of action if necessary.'

Diagnosis

One GP using the scheme, Dr Jonathan Bench, had used it in a case with a new patient coming in with pain in her lower left abdomen, who had a history of diverticular disease.

He said: 'After talking through her symptoms with her, I had a dilemma – should I send this patient to hospital bearing in mind it was a Friday afternoon and the nearest hospitals are the best part of an hour away.'

After a conversation with a consultant, Dr Bench spoke to a specialist 'who advised me not to send the patient straight to hospital to be admitted on that afternoon'.

'Instead the patient was booked in for the following day for a scan and some blood tests, was seen immediately and did not have to stay overnight which would have been the case had she been referred the previous evening,' Dr Bench said.

Photo: JH Lancy