

QIPP Case Study

Consultant Connect

North East Essex CCG have implemented a telecoms solution that offers GPs immediate and direct telephone access to local specialty consultants. The service reduces unnecessary referrals and requires no additional clinical sessions.

Consultant Connect resulted in 74% of referrals being avoided in the targeted specialties. The opportunity has identified a saving of £275k through reduced referrals into Secondary Care.



Approved by: NHSE Midlands & East Steering Group

Ref	Links to the MoO	Links to QOGs	Links to NHS 10 PEP	Links to RightCare
5	Acute: 53 Primary Care: 16	Theme 11 Referral Management	Reduce Avoidable Demand	

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Context

The CCG introduced Consultant Connect in conjunction with Colchester Hospital University Foundation Trust (CHUFT) in July 2015.

What were the challenges?

Drivers for change included:

- Inappropriate referrals with high levels of patients with first outpatient attendance and no follow up (up to 30%);
- Demand and capacity not aligned, leading to RTT delivery issues therefore patients waiting longer for appointments;
- A lack of standardised advice & guidance;
- Absence of a reliable service for GPs to refer through; and
- Increased cost of referrals.

What did the project aim to do?

Consultant Connect aimed to improve clinical decision making, referral management, and communication between Secondary and Primary Care. The service would also improve patient's experience as more patients would be seen at the right place at the right time.

What we did

Our approach

- Consultant Connect is a telecoms solution that offers GPs immediate and direct telephone access to local specialty consultants via their mobile phones. GP calls are connected to the Hunt Group, which is made up of multiple consultants. This ensures that all calls are answered providing GPs with a reliable service that encourages appropriate use.
- All advice and guidance calls are digitally recorded meaning Consultant Connect is paperless and admin free for the consultants and full case statistics are captured. The combination of a paperless system, short average call duration and spreading calls between multiple consultants means that consultants can accommodate their calls within existing job plans and there is no requirement for additional costly clinical sessions.
- Consultant Connect has high standards of Information Governance and is secure.
- Consultant Connect can be implemented quickly to new specialties. It was initially introduced to 2 specialties and has now been extended to 9. 22% of the total GP referral volume to CHUFT is in specialties now covered by Consultant Connect.
- All GP Practices (38) in North East Essex have used the service, and feedback from both Primary Care and Secondary Care has been positive. Secondary Care consultants in the 9 specialties utilising the service are engaged and supporting the programme.

Investment required

- Initial costs are low, and based on the number of specialties (purchased in blocks of 4). Costs are only incurred for those specialties covered by the service, and therefore delivering the benefits. Modest reductions of 1-2 avoided referrals per week in a specialty could fund the service.
- A local CQUIN was agreed in 2016/17, to support the implementation and process change based on call pick-up rates and feedback left, as there was no payment per call arrangement in place. For 2017/18, the Advice & Guidance national CQUIN is being used.

Measuring success

- Outcomes are based on direct feedback left by GPs and consultants at the end of each call, and monitored regularly at overall level and per specialty. Data is available to CCGs and Trusts in real-time through the Consultant Connect web-portal.

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What we did (continued)

How does it work?

During a patient appointment, a GP decides that he/she needs specialist advice and guidance to make a decision on whether to refer the patient to hospital



GP dials local Consultant Connect number whilst patient waits. The GP selects specialty required (eg. Cardiology, ENT) and identifies the patient by dialling their NHS number into the system



The call is routed to a "Hunt Group" of relevant specialty consultants via their mobiles. A consultant answers the call. The consultant provides verbal Advice & Guidance to the GP (conversation typically 4 - 5 minutes maximum)



The conversation is digitally recorded via encrypted audio file and stored on a secure portal for GP and hospital records and medico-legal purposes. The GP refers to the recording in the patient notes.



At the end of the conversation, the GP and the consultant categorise the outcome as 'referral/admission avoided' or 'referral/ admission made'

Results

Consultant Connect

Consultant Connect reduces GP referral rates and provides GPs with an opportunity for case-based learning. The service facilitates GPs' decision making and positively affects patients through a reduction in inappropriate referrals to Secondary Care. There were almost 2,200 calls from GPs to consultants received in 2016/17. 60% of calls were answered by a consultant. Feedback was left for 990 answered calls with 74% of these (739) avoiding a referral.

Total calls	2,183	CONSULTANT CONNECT		
LESS: Call not answered	865	40% of total calls		
= Calls answered	1,318			
LESS: No feedback left	328	15%	25% of calls answered	
= Calls with feedback	990			
admission avoided	30	1%	2%	3% where feedback left
diagnostics requested	132	6%	10%	13%
referral avoided	577	26%	44%	58%
referral made	231	11%	18%	23%
admission made	20	1%	2%	2%
		100%	100%	100%

The percentage of referrals per specialty appropriate for Consultant Connect are low, so the overall impact on referral volumes is difficult to demonstrate.

40% of calls were unanswered due to the workload of the consultants who pick up the calls during their normal working hours. When the consultants are extremely busy they can find it difficult to answer calls. The pick up rate for each specialty can vary dependant on the number of consultants. The CCG are working to improve these rates but it is likely to require specific additional consultant time, at a significant cost, to reach levels higher than the national average (+10%).

Financial Savings

The scheme identified savings for the CCG of £275,000 through a reduction in referrals to Secondary Care.

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Results (continued)

Urgent Connect

As an addition to Consultant Connect, the 'Urgent Connect' service was implemented in November 2015. This service is similar in design and functionality, but enables GPs to contact ED/Emergency Assessment Unit to discuss potential admissions and seek advice and guidance on alternative care or ambulatory pathways. There were almost 1,700 calls in 2016/17. 59% of calls were answered by a consultant/Emergency Department. Feedback was left for 137 (14%) of answered calls. 31% of these (43) led to an avoided admission. The extrapolated avoidance rate potential (based on 100% answered calls) is 518 per annum, equivalent to 10 per week.

Total calls	1,670	URGENT CONNECT		
LESS: Call not answered	682	41% of total calls		
= Calls answered	988			
LESS: No feedback left	851	51%	86% of calls answered	
= Calls with feedback	137			
Patient Treated Out of Hospital	43	3%	4%	31% where feedback left
Patient Admitted	74	4%	7%	54%
Ambulatory Care	19	1%	2%	14%
		100%	100%	99%

The percentage of referrals per specialty appropriate for Consultant Connect are low, so the overall impact on referral volumes is difficult to demonstrate.

Financial Savings

The CCG estimated a saving of £250k-£400k per annum, based on avoided admissions of 8-10 per week, although the opportunity could be greater than this (up to 2 times) if more clinicians were available to answer calls and GPs fully utilised the system.

Key learning points

Key learning

- Early discussion and engagement with Secondary Care consultants is crucial.
- The specialties implemented need to be agreed jointly considering in particular; consultant numbers, referral volumes, type of service, alternative services/local demographics, maximum benefit and addressing demand/capacity issues.
- Regular reporting and demonstration of benefits to all parties (CCG, GPs, Trust) is key to maintaining engagement and support.

Ongoing work:

- Call volumes, pick up and feedback rates have significant scope to increase the opportunity. There is ongoing work with CHUFT to improve specialty coverage and pick up rates.
- Ongoing work with GPs to improve usage.
- Improving usage in Urgent Care scenarios.
- The CCG are working towards expansion but recognise they will require support from Secondary Care clinicians to roll-out to further specialties and embed service as part of day to day activities. Engaging Secondary Care clinical support is by far the biggest challenge, and success with their engagement helps with GP engagement. As part of the agreed CQUIN, the provider needs to get to 35%, and then eventually to 75%.

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