

# GP & consultant deliver integrated care for vulnerable, elderly patient

Dr Emma Rowley-Conwy, a GP in Lambeth talks about her experiences of using Telephone Advice & Guidance.

Specialism mentioned:  
**Rheumatology**

Dr Emma Rowley-Conwy works at The Exchange Surgery in Lambeth, London, and has been a GP for over 25 years. Dr Rowley-Conwy has access to Telephone Advice & Guidance from both Guy's and St Thomas' and King's College Hospital. The service is commissioned by three local clinical commissioning groups (CCGs) – NHS Lambeth CCG, NHS Southwark CCG and NHS Bromley CCG, and delivered by Consultant Connect.

We asked Dr Rowley-Conwy to provide us with an example of when a recent clinical issue prompted her to use the service for a patient.

## Elderly patient with swollen lower legs and joint pain

"Our patient was an elderly man in his 80s who presented with swollen lower legs and joint pain. Our registrar had referred to Musculoskeletal (MCATTS) Team and arranged bloods. I saw him with his results which showed a strongly positive rheumatoid factor and raised ESR. I did an early arthritis referral form and started him on anti inflammatories and Furosemide. However, I was a bit concerned as to the diagnosis as he was not a typical presentation for Acute Rheumatoid Arthritis, being male and elderly, and I thought that the positive rheumatoid factor was possibly misleading. At a review 10 days later, he was still very incapacitated and had quite severe swelling in his lower legs, despite the Furosemide. It wasn't clear from looking at records what appointments he had. I also felt more nervous about whether I was making the right diagnosis."

### How Telephone A & G helped:

"I spoke to a Rheumatology Consultant at Guy's and St Thomas'. He confirmed he was seeing the patient himself the next week.

The consultant reviewed the blood results and confirmed a likely diagnosis of Rheumatoid Arthritis and advised they would most likely give Depomedrone injection and then consider DMARD.

I was able to relay this information to the patient and his wife, which I believe made them feel less anxious. I saw the patient after he had seen Rheumatology, and this was the care he had received. He was much, much better - a really dramatic improvement.

Speaking to the consultant made me feel confident to continue to support the patient and his wife, and meant they knew what was likely to happen. They had a chance to read preparatory patient information so could make an informed decision regarding starting a DMARD in that first outpatient appointment."

“It was easy to get through, and a few minutes on the phone meant that we could work in an integrated way across primary and secondary care. Together we were able to deliver good quality care to this vulnerable patient”

If you are interested in any aspect of the service, please get in touch:

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