

GP gets great results for gynaecology and diabetes patients

CASE STUDY

Specialty mentioned: Gynaecology and Diabetes & Endocrinology

Dr Peter Gregory, MBBS MRCGP DCH, has been a GP for 30 years, 10 years of which was spent working in Sports and Exercise Medicine. Prior to the introduction of a Telephone Advice & Guidance (A&G) service, Dr Gregory would phone or email a couple of consultants he knew directly if they worked in the right specialty. Otherwise he would use Advice and Guidance on 'Choose and Book'.

"Previously if I had a suspected urgent case, I would have been forced to try to admit the patient or phone a secretary to try to get a message to a consultant (that was often unsuccessful)."

The Surgery has been using Telephone A&G, commissioned by NHS South Warwickshire CCG and delivered by Consultant Connect, for the last twelve months. Dr Gregory says of the service:

"The response is immediate and it is always better to be able to deal with the problem, resolve it and tick it off. Sometimes this is clinically crucial too."

We asked Dr Gregory what advice he would give GPs feeling unsure about whether to try the service:

"I have found it very useful and I would recommend that you have the phone number to hand and use it. It's also probably worth downloading the app so that you can use it when out on a visit."

Whilst most A&G is sought via the Telephone A&G service, Dr Gregory still occasionally uses electronic A&G with a 'letter' dictated and sent through e-Referral when he has more time.

We asked Dr Gregory to describe a couple of clinical issues that prompted him to use Telephone Advice & Guidance:

Patient facing delay to complex gynaecology surgery decision

This was because the consultant was off work long term. The patient was very anxious the delay would make surgery harder and less likely to be successful. She had been 'primed' with a hormonal injection and anticipated a scan to assess changes and to help plan surgery.

How Telephone Advice & Guidance helped:

The gynaecologist understood the situation was complex and time critical, and needed to make a speedy clinical assessment in the absence of the colleague. They offered to get the patient re-assessed on the 2-week pathway. "The patient was relieved by this and I felt better that the responsibility was lifted off me."

A new diagnosis of diabetes in a 34-year-old who was possibly Type I

I was unsure if the patient should be started on insulin or oral hypoglycaemics. Usually I would manage Type II presentations myself, but admit children or teenagers presenting with Type I to paediatrics.

How Telephone Advice & Guidance helped:

The patient was anxious to do something about the situation and wanted answers from me straight away. The Diabetes and Endocrinologist understood the difficulty, defining this type of diabetes, and was able to start the patient's management the same day through the Diabetes Nurses in the hospital clinic. Admission was never indicated, but a referral to outpatients would have taken some weeks at least.

"It felt good to have the management started within a few hours of the diagnosis. This was a great result."

If you have any questions about this service, please get in touch at hello@consultantconnect.org.uk or on 01865 261467.