



THE IMPACT OF NETWORKS IN SUPPORTING PRIMARY CARE

A feature created by HSJ in co-operation with NHS Heywood, Middleton and Rochdale CCG and NHS East Suffolk and North Essex Foundation Trust

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When Chris Duffy needs advice on a possible referral to secondary care, the Greater Manchester-based GP knows he will be able to have a phone conversation with a specialist. But he also knows the odds of that consultant working anywhere near him are slim.

That's because Heywood, Middleton and Rochdale Clinical Commissioning Group – of which Dr Duffy is chair – have introduced a new advice and guidance service in which GPs have access to a national network of consultants.

There is, of course, national encouragement to create networks in primary care and pathology. But the example of Heywood, Middleton and Rochdale CCG perhaps give a sense of other areas in which such arrangements can play a part.

According to Dr Duffy, GPs are already reporting a positive impact. And that the initiative was driven by established need among that group is, he says, crucial to its success.

It's fair to say networks are officially in vogue in the NHS at present. To take a look at the long-term plan – the official barometer of current favour – is to see frequent mentions of the word.



Technology can help healthcare professionals work smarter

The solutions in the interim people plan will take time to show results but in the meantime technology can help healthcare professionals work more effectively right now.

The staffing crisis in the NHS has been building for quite some time. Finally, though, the interim NHS people plan has been published. Importantly, it doesn't shy away from the scale of the problem.

We need more healthcare professionals, we need them to be able to work efficiently, and we need them now.

The challenge, though, is that most of the solutions set out in the plan will take time, a lot of time, before they have an impact on the front line.

Changes in medical training will probably take over a decade to have an impact. Plans to increase recruitment are yet to yield results. Is it hopeless? No – the plan recognises that new technology will bring opportunities for healthcare professionals to work better and smarter. Some of these gains are a way off, some of them are here already.

For example, the National Consultant Network – which is run by Consultant Connect – takes advantage of the fact that specialists can answer telephone advice and guidance calls anywhere.

Consultants with childcare obligations or other personal commitments can still offer advice to GPs when they can't be in hospital. It's a better, more modern way of working that means fewer people will feel they have to abandon their profession to do the right thing by their families.

For most elective specialties it doesn't matter where the advising consultant is based. You can make up for local shortages with available national clinicians.

For example, if you're a GP based in Manchester, you can speak to a neurologist based in London. Your local clinicians see local patients whilst "remote" specialists pick up the advice and guidance. It's better for clinicians and patients. And, in the long run, it will help deliver the people plan.

Jonathan Patrick
CEO, Consultant Connect

Whether in the context of primary care, pathology or imaging, the stated aim is the same: to better share workload and expertise, enabling consistently swift and appropriate care and breaking down barriers between different parts of the system.

For Chris Duffy, it's an eminently reasonable proposition. **"I think networks can solve certain problems,"** says the practising GP and chair of Heywood, Middleton and Rochdale Clinical Commissioning Group. **"It's a much more sensible way of working on a bigger scale for certain things."**

But his endorsement comes with a caveat. To truly work, he believes such developments must be driven by local need and enthusiasm.

"I think networks are much more likely to be successful where the members – be it radiology departments or GP practices or whoever – come together to jointly solve a problem rather than an STP, for example, saying we must have a radiology network, or we must have a pathology network," he argues.

"If all the people involved say, hang on, this is a problem, how can we solve it, we can't do it by ourselves, we'll come together and do it as a network, quid pro quo, then I think that's more likely to be successful."

In a recent development led by his CCG, he offers a case in point. The organisation has introduced an advice and guidance service for GPs, capitalising on a national network of specialists.

An advice service for GPs

“It originally came out of a lot of GPs bemoaning the primary and secondary care divide,” remembers Dr Duffy. “We seemed to have lost the ability to just ring up our local consultant colleagues and have a quick chat about a patient. Barriers have appeared to prevent that happening – whether formal or informal they are still there.”

Conversations with the local acute trust revealed a reluctance to provide such a service, with capacity issues possibly playing a part. And so the CCG partnered with Consultant Connect, which offers a national network of specialists willing to offer phone expertise to primary care colleagues.

When Dr Duffy or his fellow GPs feel they would benefit from a conversation with a secondary care clinician about a particular patient, they call a number and are put through to an available consultant in the relevant specialty.

“So, I recently spoke to a consultant in Yeovil,” reports Dr Duffy. “I got quick access to the advice I needed.”

Should gastroenterology advice be required, he just might find himself put through to Rex Polson. A consultant gastroenterologist at University Hospitals Birmingham Foundation Trust, Dr Polson has offered phone advice and support to his local GP colleagues for some time via Consultant Connect.

But he’s now part of the national network as well, and so supporting more primary care colleagues across the country.

“I feel if I can help the GP, then it’s a good thing – it’s better for the patient,” he reports. “If they have a question and are faced with: ‘Should I make a referral, do I send a letter?’, picking up the telephone and speaking to somebody has got to be easier.”

“A lot of the drive behind us using Consultant Connect is how do we make sure we get appropriate patients going to outpatients or being admitted – it’s quality driven, and hopefully a financial benefit follows. ”

He says that, in some instances, referrals are avoided. But Dr Polson emphasises the service is, for him, not purely about avoidance. Instead, it’s about ensuring the appropriate path for the appropriate patient.

“Occasionally there will be a patient who I think will merit a two week wait referral. And that isn’t a failed call to me; that is equally helpful for the patient and the GP.”

It’s a point echoed by Dr Duffy from Heywood, Middleton and Rochdale CCG. “A lot of the drive behind us using Consultant Connect is how do we make sure we get appropriate patients going to outpatients or being admitted – it’s quality driven, and hopefully a financial benefit follows.”

The suggestion is that, so far, GPs believe it’s making a difference. “We have a members’ development session every four months, where we get all the practices together. And there was a lot of positive feedback from practices and GPs within the group who’d actually used the service.”

Dr Duffy says the CCG will now be offering more specialties via the service. The success perhaps further reinforces his reflections on networks: they work best when there is a genuine desire to see them implemented rather than when they are simply imposed.

“Generally, if you’re signed up to something then you’re going to work to make it work. Whereas if it’s imposed, it’s best you be enthusiastic, but apathy will stop everything developing. If you’re apathetic, then nothing’s going to change because you’re not going to join in.”

Using networks to improve neurology services

The solutions in the interim people plan will take time to show results but in the meantime technology can help healthcare professionals work more effectively right now.

It's been reported that up to two in every 10 acute medical admissions are for a neurological issue.

Yet there is an established dearth of specialists in the field, such that a 2017 survey by the Association of British Neurologists showed 20 per cent of UK acute hospitals only had access to a neurologist on three or fewer days each week.

"Neurology is a service that has struggled nationally with the amount of consultants and the capacity and demand," says Steve Burnett, assistant general manager for specialty medicine at East Suffolk and North Essex Foundation Trust.

He says his trust is no exception, and so neurology was a natural area of focus for a recent 100 day improvement challenge. The aim: to reduce waiting times.

When embarking on the challenge, Mr Burnett looked at statistics across the specialities he manages. One point stood out: the percentage of advice and guidance calls being answered. In some specialities, more than 70 per cent of requests for advice from GPs were being met. But in neurology, it was at 16 per cent.

Mr Burnett saw a Catch 22. He felt that some referrals may be avoided were GPs able to access advice, but neurologists were struggling to offer that advice because they were so swamped with the number of referrals being received.

“Obviously I can't magically give consultants more time to answer their phone, so we looked at other possible solutions. That's when Consultant Connect talked about their national network – we could outsource some of these calls to other neurology consultants elsewhere.”

Over the 100 days in which the system was trialled, 78 per cent of calls requesting neurology advice were answered. In 72 per cent of those, visits to the hospital were avoided. Mr Burnett stresses the number of patients involved aren't huge, but believes the impact could be.

“We avoided about seven referrals a month. Even if we were stopping one to two unneeded referrals a week, that would be freeing up a clinic per month – reducing waiting times.”

It's an example of how networks might allow for a better spreading of workflow in specialties where there is a lack of experts: radiology and pathology being other prime examples.

And Mr Burnett and his colleagues have been sufficiently impressed that they have decided to continue using Consultant Connect's national network for another year.

