

COVID-19 Q&A WEBINAR

Speaker panel:

- Jonathan Patrick, CEO, Consultant Connect
- Dr Ron Cook, Consultant Emergency Physician, Ninewells Hospital, Tayside

To watch the webinar recording, [click here](#).

The following Q&A is a transcription from the verbal responses and written responses from for questions which answered/not answered during the live webinar.

Question 1: Will the GPs giving advice on a hub access advice do this via Consultant Connect?'

Answer

(Jonathan Patrick): "It depends if it's available locally, but yes we are working with various areas to make sure that GPs for example giving advice on 111 will have access to consultants, and in fact we've been having a number of discussions with NHSE who are thinking along the same lines."

Question 2: What hours are you offering for your COVID helpline?

Answer

(Dr Ron Cook): "24/7."

Answer

(Jonathan Patrick): 24/7, so yes, so long as you have people answering, able to answer 24/7 and then yes it works 24/7.

Question 3: How quickly can you mobilise?

Answer

(Jonathan Patrick): "You don't need Consultant Connect to establish these phone lines, often these phone lines might already exist. We're aware of a number of hotlines that are working nationally. The thing that tends to hold up quick mobilising is communicating with the people that you want to use the service."

If you have good communications with your clinicians typically you can start seeing usage within 24 hours and in fact on Ron's line, we launched on the Friday evening and I think we'd had over 100 calls by the Monday morning. So, it can mobilise very quickly.

(Dr Ron Cook): On that point Jonathan, a vast majority of those would have been able to be kept at home.

(Jonathan Patrick): Yes, we don't have enough data (because it's so new) unfortunately on your system yet Ron, otherwise I was going to talk about it, but yes, the anecdotal evidence that we have is that the vast majority of those patients were kept home, which is I suppose is what we would expect at this stage.

Question 4: What are your recommendations around patient-initiated follow-ups (PIFUs)?

Answer

(Jonathan Patrick): I think patient initiated follow-ups are the future, and in fact when it comes to the ambition, even after we've forgotten about COVID (hopefully in the future), I believe that we will see a move towards this idea that patients will have easier access to clinicians to avoid them having to come back in for follow-up consultations.

Question 5: How does this interact with Attend Anywhere?

Answer

(Jonathan Patrick): For those of you who don't know what Attend Anywhere is, Attend Anywhere is a fantastic video consultation platform being widely used by the NHS now. Attend Anywhere is focused on patient to clinician video calls, it is a great service, I think it's going to be another thing that will be the future. The only limitation of Attend Anywhere is it does require patients to effectively have a computer or access to the internet, so it won't cover 100% of the patients that you're dealing with. Having a phone option is a good way of giving yourself another option in terms of non-face-to-face.

Question 6: Could this be used for retired medics?

Answer

(Jonathan Patrick): We've read a lot in the papers about retired medics being called back into service. For me this is probably the most obvious of all the uses, so using your retired medics to assist by manning the phone lines, I think is probably one of the most sensible things we can do with them, rather than putting in harm's way especially those who are over 70.

(Dr Ron Cook): To add to that, we are in a situation of having a few of our consultant ED workforce in vulnerable patient groups, and we have taken them off face-to-face patient contact and essentially put them onto our normal Consultant Connect line to help support our regional ED which is half an hour away and being able to sort of centralise our central staffing as a result, so we've been doing exactly that.
