WEBINAR: Telephone Advice & Guidance in practice - Q&A

Speaker panel:

- Jonathan Patrick, CEO, Consultant Connect
- Anthony Fitzgerald, Chief of Strategy and Delivery, NHS Doncaster CCG

To watch the webinar recording, click here.

The following Q&A is a transcription from the verbal responses for questions which were answered during the live webinar.

Question 1: Anthony, do you give guidance to GPs about when they should use written and when they should use phone advice and guidance?'

Answer
(Anthony Fitzgerald): "No, we haven't actually got that far. We do sell both, but the incentive has been to them, the response rate frankly, so I would say that people try for the advice and guidance phone line first, and then default to it. But interestingly our experience has been what you've described Jonathan. We have seen an improvement in the turnaround of written advice and guidance, as we've implemented Consultant Connect. So no, we don't go that far to stipulate. I should have said though that there have been times when we've had a little bit of money left over, doesn't happen often, and we have on occasions incentivised use of Consultant Connect in practices. That hasn't always been popular because some have just used it, and others have been to try and pick some of those stragglers up, so it might be something to think about and I think some areas have gone down."

Answer
(Jonathan Patrick):
"It may be worth also mentioning, that on our projects, we do generally see that areas will promote both Consultant Connect and written advice and guidance. We are always keen to see the data, and also keen to get feedback from GPs about what they're using different things for. I've heard from GPs before that they will tend to prefer written advice and guidance if it's a quick question or a question based on numbers - for example if they've got ten different numbers from a diagnostic, and one of them is out of the expected range, that might be something that would be sent, so you'd send those results to a haematologist with a question such as "do I need to be concerned?"
We've found that where there is additional complexity, people may tend to pick up the phone, and this is particularly useful if the GP doesn't quite know what question they should be asking. So, they're obviously not specialists themselves, and sometimes they don't know what needle in the haystack they're grasping for. So that sort of thing, and also if there's an element of urgency, where they're slightly worried about a patient, they may prefer Telephone Advice and Guidance. What we have seen as you mentioned Anthony, is an uplift, and in fact in South East London over a period of a year their usage of advice and guidance both Consultant Connect and e-RS advice and guidance, doubled after they introduced Consultant Connect. That was because they essentially said, please use advice and guidance, we don't mind how you get it, but use advice and guidance – it was a very effective campaign to get GPs to use that as the line of first resort."

Question 2: Are consultants answering the phones local or are they provided by Consultant Connect?

Answer
(Jonathan Patrick): "For the vast majority of our projects, including in Doncaster, the clinicians that are answering the phones are local, a large amount of the work that we do is engagement with the clinicians to get them onboard with this. As Anthony said, a hearts and minds operation. In the last 18 months we've introduced the National Consultant Network (NCN). What the NCN exists for is where for example an area has a resource shortage. So, for example, if you are short of cardiologists or, as in many areas, you don't have enough neurologists to run a service, if you still want to offer that specialty as a Telephone Advice and Guidance service, we can now put you in contact effectively with virtual locum consultants from around the country. They are all NHS consultants working substantive roles in the NHS and often they're people who are working with us on our other projects. So, if you don't have enough resource now that doesn't mean you can't run a Consultant Connect project anymore."

Question 3: What and how many specialties should be made available to begin with?

Answer
(Jonathan Patrick): "There's a temptation amongst the NHS to do one or the other of two extremes; either to try and start off with one specialty, or to start off with 15. Actually, what we see is the best way to get the message and usage through is probably to start with between four and six specialties – we find this is optimal. If you start with one specialty there's a risk it's regarded as a GP hotline, and GPs as we all know tend to ignore hotlines. If you try to offer 15 specialties that can be quite unwieldy for GPs and given that amount of choice, they may choose not to use it at all. That's why we find starting off with four to six high volume specialties is usually ideal - if you download the specialty benchmarks, you'll see what I mean by those (specialties like: cardiology, haematology, gynaecology, paediatrics, gastroenterology, diabetes and endocrinology)."

Question 4: What project support does Consultant Connect provide during implementing Consultant Connect and ongoing?

Answer
(Jonathan Patrick): "As Anthony said, we actually try and run the project ourselves, so we do rely on support, we rely on having a project lead who can help us arrange on the ground meetings, who can arrange face-to-face meetings. Throughout your project you will have first of all an implementation team that will implement your project, and then once the project has gone past implementation and it is running as we would expect it to and on the trajectory you then have a dedicated account manager who is available during office hours and slightly outside those as well to make sure your project is running as you would hope. We are very responsive, can respond to urgent requests, we like to think of ourselves as part of your team."

Question 5: How long does it take to roll out?

Answer
(Jonathan Patrick): "It depends, it's largely dependent on you. If you have the details of all the clinicians who are ready to come on the system, we can roll out in less than a week. The truth is often a bit more prosaic, which is we will go and arrange meetings with each of the specialties that you want to be involved locally, and that being the case we will launch as quickly as we pretty much can arrange those meetings. As you can probably imagine at the

moment, we're being asked to roll out a few projects fairly quickly and what we're offering for those projects is we are starting with the NCN consultants. So, what is happening is that we can give you a date where we say we will launch definitely on this date with this set of specialties that will be staffed by the NCN. What happens after, is we effectively backfill those specialties with local clinicians, so if we agreed to launch on the 10th of April in cardiology but could only meet with the cardiology team a week later we would launch on the 10th with the NCN and then hopefully add the local cardiology team the following week. Just so you know local is always better, so when a clinician is put through to the rota they will always be connected preferably to local clinicians, the NCN is only used as a backup - it's only there if nobody else is available to answer."

Answer

(Anthony Fitzgerald): "I suppose I just should just backup a little bit what you said there Jonathan, I would say I'm not on commission here for Consultant Connect via any means, it's just really been my experience that we've gone through, I would back you up though Jonathan. I do find the responsiveness of the team that is associated with a place very helpful and I would say that it's not just a case of implementing and then away you go, that's not been my experience, it's been very responsive. We are looking at this in terms of continuation, we're always evaluating the things that we commission, but at the moment I would broadly say that we're happy with where we are in Doncaster and I do think it fits with the national agenda going forward."