



## WEBINAR: What do NHS Hospitals get out of using Advice & Guidance? Q&A

22<sup>nd</sup> July 2020

### Speaker panel:

- **Dr Shahnaz Akbar**, Gynaecologist, Luton and Dunstable University Hospital NHS Foundation Trust
- **Dr Stephen Cookson**, Cardiologist, Royal Surrey County Hospital
- **Dr Tristan Richardson**, Endocrinologist, Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust

**Webinar Chair:** Jonathan Patrick, CEO, Consultant Connect

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

Share your thoughts via twitter and join the conversation by including [@ConsultantConn](#) [@LandDHospital](#) [@RBCH\\_NHS](#) [@RoyalSurrey](#) in your posts!

---

**Question 1:** It is obviously beneficial for GP and patient however concern has been expressed by GPs that they don't get a response straight away so they give up and don't try again. How can 'system' be supported effectively to maintain cover?

**Answer:**  
**(Jonathan Patrick):**

You raise a very good point - you are absolutely right that, if they don't get through to a consultant, a GP may not use the service again. We refer to it as the "2 strikes" rule - you have 2 chances, after which the GP will stop trying to use the service.

In order to avoid this, we aim for an answer rate of 70%+. Any area achieving this is unlikely to fall foul of the 2 strikes rule as you would have to be pretty unlucky to miss a consultant twice. The way we achieve this can be:

- Very carefully managed rotas, so only consultants who have a good chance of answering are called at any time;
- Getting additional clinicians to join the rota
- Backing up local clinicians with our national network, so that if a local consultant doesn't answer, a non-local one will (we have a >90% answer rate for the consultant network)

If you don't get through first time there is also the option on Consultant Connect to message consultants in the specialty where they agree to it, and that is obviously useful for less urgent queries. You might like to read our blog article: [2 Golden Rules for A&G Success](#).



**Question 2:** Have there been incidences of GPs not having calls answered and then refusing to use the system?

**Answer:**

**(Jonathan Patrick):**

Yes, there have - and, to be honest, it's fair enough. We can't expect GPs to agree to ask for advice and then not answer them! The biggest risk to a project is calls not being answered, so we focus relentlessly on this in the early days. The good news is that we've been doing this for so long now that we feel we have cracked this - our answer rate across all projects is now >80%, considerably higher than the 70% gold standard.

**Answer:**

**(Dr Shahnaz Akbar):**

Not that I know of.

**Answer:**

**(Dr Stephen Cookson):**

I am not sure.

**Question 3:** Are specialist practitioners within the community/secondary care e.g. MSK physio/Nurse practitioners able to access the system for advice or is only medical staff?

**Answer:**

**(Jonathan Patrick):**

Yes, anybody can access the service as long as that is agreed with the call answerers - we have a good tradition of practice nurses using our system to talk with consultants and there is no reason whatsoever that a physio or similar could not also use the system.

**Question 4:** I know the advice given to GPs is recorded in e-RS, but do they also keep a record of this with patients records for their existing patients

**Answer:**

**(Dr Shahnaz Akbar):**

Yes I think they must.

**Answer:**

**(Dr Stephen Cookson):**

I am not sure how GPs record the advice. Maybe copy & paste but I don't know for sure.

---

E: [webinars@consultantconnect.org.uk](mailto:webinars@consultantconnect.org.uk) | W: [consultantconnect.org.uk/webinars](http://consultantconnect.org.uk/webinars)

[For more information about the National Consultant Network, click here](#)