5 minutes with... a Service Manager & Lead Nurse

When Sally Shaw was given the chance to take a six-month secondment from her community nursing role to develop a new model of working which would streamline the way GPs could refer patients for same day hospital assessment, she saw it as "a great opportunity." Twelve years on Luton's GP Liaison Service has received two prestigious national Draper and Dash Leading Healthcare Awards (Staff and Patient Experience and Improving Outcomes). The rapid telephone service provided by Consultant Connect is believed to be the only nurse-led service of its kind in the country and handles over 600 referrals a month covering four Clinical Commissioning Groups. Sally talks to us about how her team are continuing to significantly improve care despite the pandemic.

1 What do you yourself value about the Consultant Connect platform?

"Consultant Connect has revolutionised our CCS GP Liaison (GPL) as GP surgeries use their specific Dial-In Number direct to the team mobiles and the team have managed a response time to their calls within 30 seconds 87% of the time. This in turn has reduced the number of unheralded patients attending for the medical and surgical teams and ensured patients have a smoother pathway as they are expected by the speciality teams, reducing time and duplication for the professional. It has also given the opportunity for the referrer to have a discussion with the Liaison Sister who is able to signpost if appropriate to other pathways and services in the community."

2 How has it helped with your response to COVID-19? What changes have you needed to make?

"Due to shielding requirements some of the GPL team were unable to work from the office but have since March been able to work from home without many of our primary care colleagues being aware. The service has consequently been maintained throughout the pandemic without any interruption at all. The COVID Discharge guidance March 2020 advised the Acute Trusts to have a 'safety net' for patients being discharged – the CCS team were asked to provide this by the hospital Exec Team as they were aware of the skills and knowledge that the team have.

A discussion with Consultant Connect one day explaining what we required, was it possible and how soon it could be done... resulted in the Discharge Advice Line (DAL) being operational the very next day! The line was initially operational 8am-8pm 7 days a week. However, following a recent review of the activity and in agreement with the hospital Exec Team the service has been reduced to 8-6.30pm. We have received about 54 calls from discharged patients or their carers asking for additional support at home or needing advice re medications etc."

3 How do you use the data that is collected through the service?

"To monitor response times and peak activity times which aid the development of the staff off duty."

4 How do you handle out-of-hours referrals?

"We mirror the majority of the GP surgery hours at the moment 8-6.30pm Mon- Fri however this is under continual review as the activity changes in Primary Care."

5 Can you share any top tips for other areas thinking of implementing a similar GP Liaison service?

"Prior to forming the GPL service in 2007 Primary Care referrals were taken by the Acute Trust staff with little or no knowledge or awareness of community services – this has changed and GPs often comment on how helpful the team are, going out of their way to help, they have a range of awareness of both community and hospital pathways so can often offer alternatives or be a listening ear. The CCS GPL team are just one element of the Integrated Discharge Team in which we work with 3 Local Authorities and the Acute Trust. The relationships and knowledge gained enhances the support and advice we can offer our referrers on occasions. One commissioner recently commented that MDT working happens in the IDT 8-6.30pm as health and social care professionals liaise throughout the day not just at set meeting times."

6 What do you see as the main benefits to patients?

"Our GP Liaison service supports both Admission Avoidance and Discharge Planning, we have a saying in the team – 'if we allow them in, then we will then get them out' – it is a continual process front to back door. A patient with complex needs will be followed up by the team the day after referral to ensure the information we received in the referral is shared with our hospital colleagues to expedite their ongoing care."

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