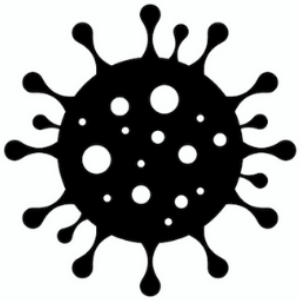


COVID-19: The role of Advice & Guidance in the NHS

WEBINAR:
COVID-19: The role of Advice & Guidance in the NHS – Q&A

4th February 2021

Speaker panel:

- **Stephen Wells,** Senior Programme Manager, Enfield ICP, NHS North Central London CCG
- **Dr Steve Jackson,** Consultant and Chief Medical Information Officer, University Hospitals of Leicester NHS Trust
- **Jonathan Patrick,** CEO, Consultant Connect

To watch the webinar recording, click here.

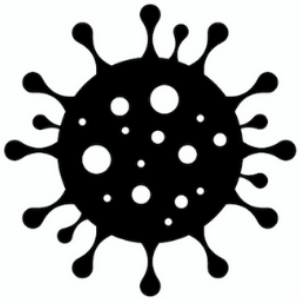
Question 1: Can CC be used to triage a large backlog of referrals built up during the Pandemic? If so, how?
Answer:
(Jonathan Patrick):

Yes, CC has now started using the National Network of Consultants (NCN) to triage waiting lists. We've done around 10,000 so far (as at end January 2021) and the results have been very solid:

- We have got through about 5,000 referrals per month (we now have capacity for c. 15,000 per month)
- About 20% of patients across all specialties were returned to the GP with advice and a treatment plan where appropriate, which meant the patient got the care they needed immediately
- The remaining 80% were correctly prioritised into 2WW, urgent and routine referrals and then sent down appropriate local pathways

In terms of how it works:

- You give us access to the waiting lists you want us to triage
- The waiting list referrals are imported to the Consultant Connect platform
- The referrals are then triaged by NHS consultants
- The results are then uploaded into e-RS, with patients on the correct pathways



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Question 2: Can secondary or community care contact GPs using CC as well?

Answer:
(Jonathan Patrick):
Yes they can, we can set this up according to local need and conditions. If you have type “A” clinicians need to be connected to type “B” clinicians, we can help. You may also be interested to know that secondary care clinicians can also use it to contact specialties within their own Trust.

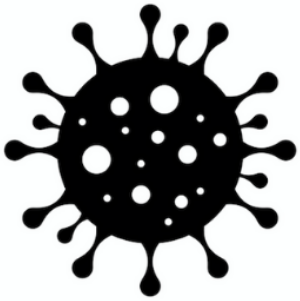
Question 3: How is CC different from using a well-designed 365 MS Teams platform?

Answer:
(Jonathan Patrick):
Teams works brilliantly for scheduled meetings but is not so useful for unscheduled calls. We focus on ensuring that services have high answer rates (the “first time” answer rate across the UK on Consultant Connect was 85% last week, including those who tried again after being unsuccessful first time it was nearly 100%). You may be surprised to hear this, but a standard dedicated advice line in the NHS will typically have an answer rate of 10 - 25%.

To achieve the connection rates we achieve, we have very deep relations with each specialty and Trust on our system. We ensure that answering rotas are adequately staffed with available clinicians every day. Our system generates alerts if calls are missed, which enables dedicated account managers to resolve issues as they arise. It’s a fairly intense job as, as you can imagine, things can change on a daily basis, for example when answering clinicians are sick. But the reliability of the system and the resulting patient outcomes are worth the effort.

Question 4: how should specialists who deal with very physical specialties such as ENT where a physical examination is so important, is there still a role for this there?

Answer:
(Stephen Wells):
We have a community ENT service that is provided by University College London, the hospital, and we’ve been in discussions with them to launch onto this platform as our local provider. They have tasked us to find out whether there’s a bit of tech, kit that enables you to look in a patient’s nose, or ear, and use the photo-messaging system, and so the technology is there to accommodate the use of Consultant Connect.



COVID-19: The role of Advice & Guidance in the NHS

Question 5: Can existing hospital helplines be included in your Consultant Connect platform?

Answer:
(Stephen Wells):
If I could just quickly embrace the North Middlesex University Hospital, because they have a plethora of hotlines and we've accommodated quite a number of those now through the Consultant Connect system so it's one phone call rather than "which telephone line should the GP call", and again we're seeing a tremendous response. I think as you were saying earlier, Steve, it's about the local clinicians agreeing their rotas, and I think where this has real opportunity is having extended rota across providers around a specialty, and they're sharing that rota, we're seeing it now with the conversations we're having around COVID optometry, but more importantly looking at respiratory medicine going forward, and Long COVID – how can we expand those rotas across our local provision and develop those. As you said the call volumes are pretty small day-by-day, and I think that the biggest question we get from consultants is "how much time have I got to set aside to take a telephone call", and I think Steve answered that earlier."

Question 6: Firstly, can you tell us a little bit about the difference between local advice and national advice - how does it differ, how do you deal with a national advice query as opposed to a local query? Secondly, do you ever worry about your liability if there's a misdiagnosis?

Answer:
(Dr Steve Jackson):
Great questions, I give the same advice because a thyroid in Leicester is the same as a thyroid in Kent, but that's where the discussion is useful, because sometimes for example GPs cannot do in areas outside of Leicester what they can do in Leicester, and vice-versa. For example imaging requests are great because you can have a conversation about them, so if the GP says, I don't think I can do that, then you can suggest an alternative way of managing that patient, so that's not a problem for me.
From a liability point of view, I feel protected by this in a way that I never did before, my previous practice was often that GPs knew my telephone number anyway, but the calls were never recorded. I've had one missed cancer complaint about, in my service in the past three or four years that I've been answering calls via Consultant Connect, and I was able to go back to the recording and discover that my advice had been perfectly appropriate. GPs can also listen to the advice, and we just have to be as good as we possibly can do at making sure that we're giving clear advice, and asking the GP if you feel it's appropriate to repeat back to you what you've said, it's a discussion that you're having, but if you're worried about a particular patient and the risk of something going belly up then you need to make it very clear. But it is recorded, tagged against the NHS number, and that's great, it's great if the coroner needs to see, and listen to this, I mean there's all sorts of good things about the information governance as far as I'm concerned.