

# 5 minutes with... a NCN consultant answering local and out-of-area A&G queries

Dr Steve Jackson is a Consultant and Chief Medical Information Officer, University Hospitals of Leicester NHS Trust answering local calls and e-RS messages from primary care clinicians in Leicester, and he is also part of our National Consultant Network, therefore he answers A&G calls from out-of-area primary care clinicians too.

Dr Jackson is a big advocate of Telephone Advice & Guidance – he's taken over 2,000 calls via the Consultant Connect service since 2017, and his first-time answer rate is an impressive 96%! He is also the lead consultant for e-RS A&G at University Hospitals of Leicester NHS Trust. We were keen to find out more...



## 1 Steve, you obviously enjoy talking to primary care clinicians but does the number of calls you take have a negative impact on your day job?

"The volume of A&G calls I have taken makes me sound like I do nothing else, but the truth is I take a business-as-usual approach, and I've even taken calls in meetings. The people I'm with always comment positively on the fact that I'm willing to support a local GP, or even a national GP, who's got a problem with an individual patient – because at the end of all of this is a patient with a problem and you want to try and solve it for them."

The calls are rarely longer than five minutes, usually they are only two and a half minutes in my speciality, so it's very easy to count that as business-as-usual. I've done a ward round on the acute take this morning and I took five Consultant Connect calls, there was no problem at all. Everybody understood how important it was, and it just delayed me by 5 times, two and a half minutes, so it's not really that difficult to fit in.

But equally if I really can't take a call then I know it will be answered by the next consultant on the rota. And I think the big advantage for me is that it always comes through as the same number on my phone, so I know it's a Consultant Connect call."

If you can set up a rota within your service where people are actually free to take the calls, then I think there is nothing to replace a clinical discussion.

Clinical colleagues are always phoning each other in hospital because there are particular nuances about the individual patient you're looking at. There's no replacement for an expert, and that expert can give advice much better in a discussion where you can actually ask questions in real-time, as I say often with the patient present.

The advantage of course, of the written system is the fact that people can write requests outside of operating hours and secondary care can view them when they're free to do it.

I lead in our e-RS Advice and Guidance for my speciality here in Leicester and I actually turn many of my e-RS Advice and Guidance requests round by saying "phone Consultant Connect" because often it's much more complicated than what you actually see face-to-face when you're looking at the referral."

## 3 So, what you're saying is that what seems like a simple query, might not be?

"Well, there's all sorts of nuances that you may not be aware of, and sometimes you can get to them by actually logging onto the GP record. I am actually able to do that here in Leicester, because 92% of our patients at Leicestershire and Rutland are on SystemOne.

I'm able to log onto the GP record and can answer some of the questions, but often it's quicker if you actually just speak to the GP.

There is no replacement for a telephone, we buy all sorts of expensive software but actually the telephone is so much better than almost anything else!"

## 2 If there's no urgency on a patient query isn't e-RS sometimes a more appropriate tool than using the telephone?

"I would actually disagree with that for the most part, I think that there is no replacement for a discussion between two clinicians about the patient, and often with the patient present."

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- 4** 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, and secondly do you ever worry about your liability if there's a misdiagnosis?

"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 GPs cannot do in areas outside of Leicester what they can do in Leicester, and vice-versa – for example, imaging requests.

So, it's great because you can have a conversation about it... if the GP says, I don't think I can do that, then you can suggest an alternative way of managing that patient.

From a liability point of view, I feel protected by this in a way that I never did before, previously (before Consultant Connect) GPs knew my telephone number anyway, but the calls were never recorded, and I've had one missed cancer complaint in the past three or four years that I've been doing Consultant Connect and I was able to go back to the recording (which is tagged against the NHS number) and discover that my advice had been perfectly appropriate."

- 5** What difference do you think Advice & Guidance makes for GPs patients and consultants?

"For most part I think I'm contributing towards GP education, I will follow up sometimes with emails to individual GPs, either locally or nationally, with links to clinical decision support systems, so they can actually learn themselves about a particular subject if they so desire.

Patient-wise – I get lots of people with newly diagnosed Type 1 diabetes, where the GP might see this very infrequently, and they just want a bit of advice about how to manage them. This saves an admission to hospital.

In particular it's the Friday afternoon calls which are particularly important because these sorts of patients will come in maybe for a whole weekend and be treated unnecessarily, when actually we can talk it through with them over the space of four or five minutes and actually get the patient managed in the GP surgery and they can go home and spend the weekend safely at home, with appropriate red flag symptoms passed onto them via the GP or sometimes via me.

I was speaking to one of my consultant colleagues (who previously didn't want to be on the rota) and he told me how much he enjoys taking the calls, it gives him a "nice warm feeling at the end of the day" that he's actually supported some GPs and some patients."

## For more information:

[consultantconnect.org.uk/what-we-do/national-network/](http://consultantconnect.org.uk/what-we-do/national-network/)

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