

5 minutes with... a Paediatric Consultant

Dr Tariq Bhatti is a Paediatric Consultant at Ashford and St. Peter's Hospitals NHS Foundation Trust, in Surrey.

Since 2017, local Primary Care clinicians have been able to use Telephone Advice & Guidance via Consultant Connect to obtain specialist Advice & Guidance from the Paediatric team at their local hospital on patient-related queries.

Dr Bhatti talks to us about his personal experience of answering Telephone Advice & Guidance calls through the service...

1 What would you say are the key benefits of using Consultant Connect Telephone Advice & Guidance in Paediatrics, in addition to other forms of Advice & Guidance?

Telephone Advice & Guidance via Consultant Connect is a lot better and superior in terms of communication for a number of reasons:

- It is quick, most GPs are very busy, and patients are sitting in front of them, they would like to talk to someone and get advice straightaway.
- Unlike other forms of Advice & Guidance (for example emails), GPs do not need to write lengthy texts and then wait for hours, if not days, to get response. Even then there is a good chance they will be asked for additional information.
- From my side as a professional, I get all the relevant information in real time, ask questions and clarify my doubts (if required the GP can directly ask the same questions to the patients still sitting in front of them).
- The service is IG secure / GDPR compliant – nothing is stored on any clinician's phone.
- Calls are recorded for medico-legal purposes.
- It helps improve relationships and communication methods between Primary and Secondary Care.

2 Have you found Consultant Connect easy to use?

- I've found Consultant Connect to be an excellent and easy to use tool.
- It's always a pleasure to speak to Primary Care colleagues and often results in better care for the patients.

3 Did you/your team have any reservations/anxieties about using Consultant Connect?

- Some colleagues felt nervous to give advice on the phone when they themselves did not see the patient. My response to this is simple, you give advice based on the information provided, and patient care still remains the responsibility of the primary practitioner.
- All calls are also recorded for medico-legal reasons. As consultants giving advice, we can ask for more information and direct the GP to appropriate resource.
- I also feel this is no different to giving advice to our junior doctors on the phone, which is a standard practice in a hospital setting.

4 How has your team's workload been impacted by answering Advice & Guidance calls? How has it helped your department?

- The rota system means we only answer calls when we are available and know that if we miss a call there are other colleagues on the rota to answer.
- Average calls last 4mn, meaning that giving advice isn't time consuming and we're able to answer calls during/around our day-to-day job.
- The ability to provide fast feedback to GPs about patients means that we only see the patients we really need to see.

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5 How has Consultant Connect helped with your response to COVID-19? Have you needed to make any changes?

- It's been a very helpful tool to have during the pandemic, as it has enabled Primary and Secondary Care clinicians to communicate faster.
- It has helped reduce unnecessary referrals.
- There have been quite few guidelines about COVID-19 relating to children. We have been lucky to be able to share these with our Primary Care colleagues to help manage patients in the Primary Care setting, rather making a referral to A&E department (where appropriate). We have also helped with a number of queries related to COVID-19 symptoms (e.g. COVID toes, tiredness etc).

6 Can you provide a recent example of when you answered an Advice & Guidance call via the service?

I have quite a few examples but will share a couple:

- A 14 year old was seen by their GP with flu like illness and couple of small palpable neck glands. The GP did the blood test which showed mildly raised alkaline phosphatase and was worried about abnormal liver function. This is not unusual and being the only symptoms from the patient I advised the GP that no further action was required. The GP was reassured and a referral was avoided.
- A GP asked for advice regarding a 10-week-old baby who opened bowels every 5-7 days. This was a breast fed baby, thriving and otherwise well. I was able to reassure the GP that this can be a normal pattern in some babies and there was no further action needed at this stage.

7 Do you have any other feedback?

- I feel other than advice; many GPs have given me feedback (soon after our consultation) that they learned so much talking to me. This is a great opportunity for education and upskilling my colleagues which will help them have the confidence to manage more patients on their own in future.
- Talking to GPs directly we, as consultants, also get a lot more information and detail about what the concerns are from the parents or GPs themselves. This level of detail that we can get from a telephone conversation is often not communicated easily in great detail in emails or letters.
- Safeguarding concerns can be discussed at ease on the phone rather than putting it down in writing.



If you have any questions about this service, please get in touch:

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