5 minutes with... a Paediatrics Consultant

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Dr Nakul Gupta is a Paediatrics Consultant at Grange University Hospital in Aneurin Bevan University Health Board (UHB), Wales.

Since September 2020, Primary Care clinicians in the Aneurin Bevan UHB area have been able to use Telephone and Photo-Messaging Advice & Guidance via Consultant Connect to obtain specialist Advice & Guidance from the Paediatrics team at their local hospital on patient related queries.

Dr Gupta talks to us about his personal experience of answering Advice & Guidance queries through the service...

How is Consultant Connect used for Paediatrics advice in your area?

"We use Consultant Connect to offer the following to primary care:

- An Acute referrals Telephone Advice & Guidance line which has several consultants on the rota available during agreed hours to answer calls from primary care. This line is for primary care clinicians needing advice as to whether the paediatrics patient needs to be seen at outpatients or the urgent assessment unit or if they need to come at all.
- A non-urgent Telephone Advice & Guidance line with optional messaging. This is for instances where primary care clinicians might be considering referring the patient to outpatients, or they might just need advice on what they can do within primary care to avoid a referral for the patient. Clinicians use the Consultant Connect App to phone or message us. The messages are routed to our specialty inbox."
- 2 What has been your experience of answering Advice & Guidance queries from primary care?

"I am part of the acute rota and I find it rewarding and useful.

The Consultant Connect service is a partnership between us in secondary care and primary care where we can provide urgent advice without the child necessarily needing to be seen on the day. The service enables children and their families to be streamlined into a more appropriate service, meaning they don't always need to be seen in hospital in these challenging times.

I am also part of the non-urgent outpatient service, and again it is a partnership between us in secondary care and primary care. GPs that I've spoken to have found it useful to discuss their uncertainties. Together we can work through the uncertainties and provide them advice. The Messaging Advice & Guidance service is beneficial as we can have a to and fro conversation. We can streamline the number of children coming into our outpatient services by about a third using this service."

3 What would you tell colleagues who haven't used the service yet?

I would strongly encourage that this service is used. The people that have used it so far have found it extremely useful and helpful.

We all know how difficult it can be to find the right numbers, or the right point of contact. With the Consultant Connect service everything is available via one number, or by using the Messaging service through the Consultant Connect App. It's like a pre-programmed phone directory - and it puts you straight through or if the first person on the rota isn't available, you'll automatically be passed onto the next person on the rota rather than having to make a separate phone call."

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4 What do you like the most about Consultant Connect?

"One of the things I like most about the Consultant Connect service is being able to work in partnership with our primary care colleagues to find the best solution for that patient – at the end of the day that's what we're all here for. It's the shared decision making to find the best way forward to manage our patients and provide the best care for the children within our health board."

Can you provide a recent example of when you answered an Advice & Guidance call through the service to benefit a patient?

"I recently answered a call via the outpatient advice line. The patient was a young child who had recently moved from a different country. The child had a rare metabolic disease. The child had been under follow-up in his country of origin and the GP was wondering how best to get him into follow-up within our services. I was able to point the GP and child to the relevant specialists within our health board who had experience of dealing with these rare metabolic conditions. This enabled the GP to refer the child immediately to the right place, avoiding a referral to a general paediatrician (who may not have experience of this rare condition)."



