

Advice & Guidance, Referral Management, and Teledermatology East of England – An overview of best practice: Primary Care

NHS England and NHS Improvement – East of England recently published '[An overview of best practice: Primary Care](#)' and Consultant Connect is featured in this paper.

We've reproduced the Consultant Connect case studies and included contact details for each of the case studies following permission by NHS Milton Keynes CCG and NHS Bedfordshire CCG.

Case studies featured:

[Advice & Guidance/ Referral Management via Consultant Connect in NHS Milton Keynes CCG](#)

[Teledermatology pathway via Consultant Connect/AccuRX in NHS Bedfordshire CCG](#)

Key Contacts



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Advice & Guidance / Referral Management via Consultant Connect

1 Background and Purpose

Although there was an existing Advice & Guidance (A&G) service through e-RS in Milton Keynes it was not frequently used and response times were inconsistent, leading to missed opportunities to manage patients prior to referral. Telephone A&G existed informally and was reliant on historic relationships between GPs and Secondary Care consultants, leading to an inequitable service across the Milton Keynes area. As part of commissioning for quality and innovation (CQUIN) the Consultant Connect A&G service was commissioned, currently covering 16 specialties, including adult mental health.

2 Key Aims

- Create an equitable A&G service
- Reduce onward referrals and non-emergency admissions to Secondary Care
- Provide feedback to support GP education

3 Implementation

Consultant Connect has been rolled out across 16 specialties in the Milton Keynes area. The system provides GPs with a single phone number to dial or they can use the [Consultant Connect App](#) to access all A&G pathways available.

Once they have selected the service required they will be put through to a consultant to discuss the case. These calls are recorded and linked to a patient's NHS number for medico-legal purposes, however the team are working with Consultant Connect to look at integrating this with SystmOne GP records. At the end of each call GPs are asked to select the outcome of the call – onward referral / manage the patient within Primary Care with A&G received.

On the whole most A&G discussions last 2-3 minutes, and the majority don't require an onward referral following this, saving GP and Secondary Care time. Where possible, local consultants are used to provide A&G, however a [national pool of consultants](#) can also be included in the rota to ensure the calls are answered in a timely way.

4 Results

- Deflection away from Secondary Care referral in 65-70% of cases
- Improved relationships between Primary and Secondary Care
- Enabled the CCG to gain an understanding of the trends around A&G requests so it can feed this into education programme planning
- Particular benefits around mental health and paediatric management plans for patients
- GPs feeling supported by their access to specialist consultants and better equipped to manage complex patients in the community

5 Next Steps

- Develop a teledermatology service
- Integrate Consultant Connect with SystmOne
- Roll out across Bedfordshire, Luton and Milton Keynes ICS (BLMK ICS)
- Review how it could integrate with the Think 111 First programme

For more information:

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Teledermatology pathway via Consultant Connect / AccuRX

1 Background and Purpose

Bedfordshire had a sizeable referral to treatment (RTT) problem in Dermatology, leading to excessive waiting times for patients. Prior to implementing this teledermatology pathway previous attempts had been made to introduce teledermatology in Bedfordshire. The previous model was condition and age-range specific and therefore not widely accepted as an easy way to seek Advice & Guidance (A&G). During the initial outbreak of Covid-19 this service ceased, as the operating model did not fit in with how both Primary and Secondary Care services were able to provide care at this time. In response to this the Consultant Connect and AccuRX model was trialled, to create a complete virtual referral A&G service for Dermatology. Currently 26 GP practices are using this model.

2 Key Aims

- Provide an open A&G platform for Dermatology related concerns
- Reduce need for face to face appointments where appropriate
- Ensure equity of access to Dermatology services for patients

3 Implementation

The teledermatology A&G platform set up using Consultant Connect allows GPs to securely share images with Consultant Dermatologists for expert A&G.

This allows consultant dermatologists to provide tailored advice to GPs, including the upgrade of what would have been a routine referral to a 2WW (helping to detect cancer sooner), as well as providing management plans that allow GPs to order appropriate initial tests while a patient awaits their routine appointment. Patients can either;

- Take a photo themselves at home and share through the AccuRX platform with their GP who in turn can share it through Consultant Connect
- Attend a face to face GP appointment where the GP can take a photo and share it via the Consultant Connect platform

Using the [national consultant pool](#) through the Consultant Connect service has released time back into Secondary Care to allow local consultants to work on reducing local referral backlog.

4 Results

- Responses from Dermatology consultants are usually received within 1 hour of the request being submitted, much faster than the previous system
- 17% of routine cases shared so far have been upgraded to 2WW, reducing the delay these patients may have otherwise experienced for what may be a time critical diagnosis
- 67% of cases have been managed by Primary Care, under a management plan provided through this A&G service, improving GP education in the process

5 Next Steps

- Continue to roll out across BLMK ICS
- Review how this service could be further utilised and any transferable learning for other specialties
- Review equity of access for patients who aren't engaging with virtual GP pathways

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