

Patient symptoms relieved quickly and effectively due to rapid consultant advice

Initial patient presentations

Cardiology Patient

A 23-year-old female patient with heart palpitations came to see Dr Samimi-Mawby, these had been proven by ambulatory ECG monitoring to be with benign ectopic beats, but due to her history of hospital admissions for asthma, beta-blockers were contraindicated. Dr Samimi-Mawby used prof to prof clinical decisions via Consultant Connect to speak to a Cardiologist, he explains:

"Consultant Connect allowed me to discuss the option of introducing a calcium channel blocker, which I had seen being used for other patients in the past but I wasn't confident enough to commence."



How the service benefitted the patients

Using prof to prof clinical decisions in this way meant the patients mentioned were reassured and treatment was commenced quickly to relieve their distressing symptoms. On both occasions the patients got the right care, faster.

Gastroenterology Patient

On another occasion a different patient presented with bloody stools and a history of inflammatory bowel disease (IBD), Dr Samimi-Mawby details:

"The patient was not unwell enough to justify a hospital admission, but I didn't feel they could wait for a 'advice only' SCI letter response. Using prof to prof clinical decisions allowed me to discuss the case with a Gastroenterology Consultant, who advised a management plan, which I commenced. The patient was also then allocated to an urgent appointment with treatment in situ in the interim."



How the service benefitted the GP

Dr Samimi-Mawby got rapid advice from secondary care, resulting in faster and appropriate care for the patients. Using prof to prof clinical decisions in this way was educational and may help him with future patient management.



About the GP and technology used

Dr Drew Samimi-Mawby is a GP at Calderlea Surgery in NHS Lanarkshire. He explains how using Consultant Connect for prof to prof clinical decisions helps him in his day-to-day job:

"It aids management of complex patients, avoids unnecessary referrals when there is uncertainty, and it allows GPs to do more with their patients." He used to get specialist advice "either through an SCI 'advice only letter' or by sending an email to the consultant directly."

He now finds prof to prof clinical decisions a better tool because *"It is a ringfenced method of getting prompt advice. It allows me to get immediate advice from a specialist and gives me the ability to have a frank discussion over the phone, which would be difficult via letter. For example, talking about realistic likelihood of serious disease, the gut impression, talking about medicolegal considerations, the effect of patient's mental health on compliance etc. which aren't always talked about in clinical letters."*

If you have any questions about this service, please get in touch on 01865 261467 or at hello@consultantconnect.org.uk