

Clinicians in Staffordshire have access to Enhanced Advice & Guidance (A&G) via Consultant Connect, **enabling them to rapidly speak with specialists over the phone and via messaging**. All available specialties in South East Staffordshire and Seisdon Peninsula ICP are provided by out-of-area NHS consultants on the National Consultant Network (NCN), freeing up already-busy local specialists.

We spoke with Jackie Cook, Paramedic Practitioner and Trainee ACP, whose role has moved from emergency to community care. She explains how Consultant Connect has supported her during her additional training.

South East Staffordshire and Seisdon Peninsula 12 months stats*:

- 17 Telephone A&G specialties available
- 20 Messaging A&G specialties available
- 92% of calls are answered the first time and within 38 seconds on average
- 86% of calls with reported outcomes resulted in the patient avoiding an unnecessary hospital visit

* Correct as of July 2025



How does your role as a paramedic within a GP surgery differ from that within the ambulance service?

'The mindset is very different: you go from admitting most patients in an emergency setting, to trying to ensure that your patients within the community remain there if it's clinically safe. As a community paramedic, it's also much harder to disassociate from the patient's life because you get to know them more intimately. The need to provide care is even greater because you feel more responsible for their welfare. All community paramedics are guilty of taking on more than we probably should, and that's where Consultant Connect helps, because it gives us extra support in decision-making for treatment and pathway considerations.'

How do your patients respond when you advise them of Consultant Connect and the process of seeking advice?

'As a clinician, I'm transparent, so if I need to bring in an outside opinion, I'll show the patient what I've written, what the response says and what the plan of action will be. They think it's amazing and feel much more reassured that their presentation is nothing to be concerned about as it's been screened by someone specialising in that field.

'Additionally, patients can read the advice requests and associated responses for themselves. The advancement of technology means they can access their records at home, so when I ring them with the advice I've received, nine times out of ten, they'll have already seen the message and be expecting my call. It's fantastic because the date and time stamp within the patient's record provides auditability, so we're not repeating the same work.

'Using Consultant Connect is so much quicker than the alternative route of seeking A&G via the secretaries. A colleague requested A&G from the local diabetic team via the secretaries for a medication adjustment. After six months without response, the patient followed up to see why we hadn't heard back. I forwarded the request my colleague had sent via Consultant Connect to the NCN and got an answer within 24 hours, enabling me to make a plan for the patient there and then. I'd be lost without Consultant Connect.'



How have you found interacting with out-of-area NHS consultants on the NCN?

'I've had nothing but positive experiences – especially with Dr Steve Jackson. He is phenomenal; there must have been one week when I contacted him about seven times because the patient's case was so complex. Dr Jackson was so approachable, taking the time to explain the reasoning behind his recommendations. Whether it's a thyroid or adrenal issue, he's taught me so much, for example, ensuring that diabetic patients aren't on biotin because it affects the sialic acid (SA) result, and not altering medications until the blood tests have been repeated in six weeks because they can fluctuate and rectify themselves.

'I often feel I require more support with Diabetes and Endocrinology, because I'm used to frontline emergency care, with acute presentations such as adrenal crises, hypos and hypers, or diabetic ketoacidosis. Everything I've learned about chronic conditions and preventing them from becoming acute has been during my time as a paramedic practitioner.

'If I didn't have Consultant Connect as a resource, I'd be referring to endocrinology all the time, and that's a pointless exercise for everyone when all that's needed is a medication adjustment. **Consultant Connect is so easy to use; I've never waited more than 48 hours for a response to messages sent for A&G**, and there's an evidence trail of the conversation, not only for you and other clinicians, but also for the patient to see you've sought higher advice.'

Dr Steve Jackson, NHS Consultant on the NCN, added why he thinks Diabetes and Endocrinology works so well as a messaging specialty:

'Diabetes and Endocrinology is very much laboratory-based, which means it's often fairly straightforward for specialists to provide detailed A&G without needing to assess the patient in person. **Messaging works brilliantly because it allows me to bounce ideas around with the clinician seeking support**, and I can ask specific questions and provide timely responses.

'For many patient issues, all that's needed is a conversation to decide on a management plan, and for the primary care clinician to know they have the support of an experienced specialist within that field.

'As a specialist, I rely on the professionalism of my clinical colleagues seeking advice on whether they feel it is more appropriate to send a message or make a call. If there is a patient query which I feel is better suited to a telephone conversation, **Consultant Connect does an excellent job of allowing the primary care clinician to make direct contact with the advice provider within the app** without disclosing personal telephone numbers.'

