

CASE STUDY: HOW NCN CONSULTANTS ARE HELPING TO TRANSFORM PATIENT CARE IN MEDWAY AND SWALE

Launched in 2019, **Consultant Connect's Enhanced Advice & Guidance service enables Medway and Swale ICP clinicians to access rapid and secure specialist input via telephone and photo messaging from more than 30 specialties.** Due to locally unavailable services, many of the specialties provided are delivered by out-of-area NHS consultants on the National Consultant Network (NCN). **With clinical pressures on primary care services at an all-time high, we spoke with three local GPs who use Consultant Connect and asked them how this supports them in providing the best patient care.**

Medway and Swale stats since launch*:

9,445 calls made | **700 messages** sent | **90%** first-time call connection rate | messages **answered within 2 hours** (on average)

Why is Consultant Connect so valuable?

'The ease of access to consultants saves me so much time that would otherwise be spent referring patients. **In scenarios where I know the patient doesn't need to see a specialist, but I'm not sure how to proceed, it gives me reassurance that someone is at the end of the phone and that I can call them and also send photos and messages for advice.** Taking and forwarding images is so useful, particularly for cardiology, where I can attach ECGs for interpretation support, and the responses are very quick; it's second to none.' – **Dr Modupe Martins, GP in Sittingbourne.**

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'For some specialties locally, the wait for a first appointment can be months, sometimes even a year, and **using Consultant Connect eliminates time spent for patients on waiting lists when a referral is not clinically indicated.** I can use the Consultant Connect App to quickly get an expert opinion and then advise the patient on the next steps immediately. **The rapid nature of the service means the patient's episode of care is concluded quickly, which is a bonus.** For acute or chronic treatment, a telephone conversation with a consultant is a much easier means to express worries, on which they can advise. Consultant Connect gives me a straightforward way to communicate, and at the end of the discussion, you know you're both on the same page to do what's best for the patient.' – **Dr Fedir Marangoz, GP in Gillingham.**

'As a newly-qualified GP, I've moved from a supervised role to one where I'm independent, which is a big change. **Consultant Connect is invaluable when I know which medication the patient requires, but guidance indicates it can only be initiated under specialist direction.** All I need to do is discuss my plan of action with a specialist for approval, and I can commence treatment. The patients often don't need to be referred to secondary care for straightforward prescription enquiries, so Consultant Connect helps to bridge that gap.' – **Dr Funmilola Adigun, GP in Gillingham.**

What is your experience of interacting with the NCN consultants?

'The out-of-area consultants are very helpful. Because they expect us to contact them, they are so forthcoming and warm, and take the time to explain the rationale behind their advice. As a generalist, I know a little bit about everything. When I've not encountered a particular condition for a while, it's really beneficial when the consultants take the time to remind me of or teach me the best course of action.' – **Dr Martins.**

'The consultants are very approachable and friendly, always more than happy to help, to the point that it gives me much more confidence, and it feels like you're doing the right thing for the patient whilst saving a lot of time. **Patients are impressed with the speed of the response and happy with the professional and sound advice.** It's an amazing service which everyone should use.' – **Dr Marangoz.**

Patient Example

'I used the **Cardiology Messaging Advice & Guidance service a few weeks ago after a gentleman who'd had an ECG carried out in a walk-in facility came to see me for review.** He had been complaining of dizziness, and after assessing his ECG, it didn't look normal. It wasn't myocardial infarction or atrial fibrillation, but something was out of the ordinary. I was in two minds because I was considering whether it was a complete heart block, which is not common but is life-threatening. If it was, I needed to send him to hospital immediately, but it could also have been arrhythmia, which required a routine referral. **I took a picture of the patient's ECG and forwarded it to a consultant cardiologist on the NCN.** As I wasn't sure how long a response would take, I also completed an e-RS Advice & Guidance letter anyway. **The consultant cardiologist responded within the hour, advising that it wasn't a complete heart block and that referring the patient on a routine pathway would be appropriate.** I felt very reassured, and although I'd advised the patient that he might need to attend hospital, I rang him immediately and relayed the consultant's advice. The patient was immediately comforted by this and was very happy that it was nothing to worry about and had saved him a trip to A&E. **My patients are more than happy with me using Consultant Connect because they know it means they'll get answers for their conditions quickly.'** – Dr Martins.

'A patient presented with deficient levels of vitamin D and a history of ongoing malignant melanoma. Their cancer treatment meant they had to avoid sun exposure completely, and with their low levels, a very high dose of vitamin D was clinically indicated, according to NICE CKS. A loading dose would benefit the patient for a certain length of time. Still, before commencing, especially for oncology patients, this treatment should be discussed with a specialist to determine whether there is additional guidance or therapies to consider. **I sent a message to a consultant in palliative care on the NCN outlining my plan and asked if, based on their experience, there was anything they would change.** The consultant agreed with my approach, which enabled me to initiate the patient's treatment the same day, and he avoided a hospital referral.' – Dr Adigun.

* Correct as of December 2024

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