



CASE STUDY: THE MESSAGING PATHWAY THAT IS EXPEDITING CANCER DIAGNOSES IN NORTH CENTRAL LONDON

A year on from the launch of the [Suspected Head & Neck Cancer messaging service in North Central London \(NCL\) ICB](#), we caught up with two clinicians to find out how the pathway has since progressed. Federico Monne, Advanced Nurse Practitioner for Head & Neck, ENT and Thyroid at University College London Hospitals NHS Foundation Trust, answers queries, and Dr Ross Cunningham, GP Trainer in Enfield and Clinical Lead for NCL ICB, recently sought advice via the service for his patients.

What was your experience like using the Suspected Head & Neck Cancer messaging pathway via Consultant Connect?

‘Astonishingly good. The negativity surrounding the NHS can be all-consuming, and we only ever seem to hear the bad feedback, but we should **highlight amazing services such as this one**, where responses come through quickly. In primary care, we receive a lot of thyroid scans with dubious nodules. It’s difficult to know how serious it is, whether it’s a test that needs to be repeated in six months or if it’s something that needs to be biopsied, so having access to expert advice in as little as a few minutes is unbelievably good.’

– **Dr Ross Cunningham.**

‘As an advice provider, having Consultant Connect is great. Creating an account, logging in, and using the service is easy. The setup is straightforward to complete, and one of my favourite features is that I receive an email notification whenever a primary care clinician submits a new case. This allows me to **easily track, review and action cases immediately, which is vital.** I prefer to use Consultant Connect in my browser on my desktop because it’s easier to assess scans and reports and then provide comprehensive advice. I especially like that I can see as soon as the clinician has replied, and I can read the entire conversation from start to finish in one place. If I have spare time between clinics or when completing admin, **I can review and respond within a few minutes** if a new case comes through, which engenders better conversations between primary and secondary care.’ – **Federico Monne.**

Patient example - Patient with USS carried out abroad

'I had a patient return to the UK from Cyprus with an ultrasound scan (USS) report, and I wasn't sure how to proceed. The scan showed some lumps on their thyroid, but they weren't categorised using the British Thyroid Association's (BTA) U classification. I thought the scan should be repeated, so I sent the report to the Head & Neck Cancer Team via Consultant Connect. After speaking with a Head & Neck Radiologist, the team replied that they weren't concerned, so they advised repeating the scan locally and forwarding the new report if there were still questions. In a society where waiting times for specialty input are astronomical across the UK, that saved me from referring a patient to be seen in the clinic in a year just to be told to have a repeat scan, which was really helpful. **Having a senior decision-maker early on in the process whittles down the waiting list.** As GPs, we'll likely refer patients if we're unsure what to do next or when we've reached the end of our capabilities, either because we don't have access to the tests or the necessary expertise. But that means some patients are unnecessarily referred to hospital, which isn't a great use of resources.' – **Dr Ross Cunningham.**

Patient example - Patient with new hyperthyroidism and neck lumps

'On a separate occasion, a patient with new hyperthyroidism was sent for a USS as they had new neck lumps. The scan came back classifying the nodules as U3, which is indeterminate. Because the results didn't indicate a clear presence of cancer, I wasn't sure how urgently they needed to be acted on. I attached the scan report to my message for advice via Consultant Connect. Federico **responded within five minutes to say he'd booked the patient for a repeat scan** and biopsy and asked me to submit a 2WW referral. That entire process made me confident that I'd taken the correct action. I was reassured that the patient needed to be seen quickly, and I could inform them of the plan while I gave them their scan results. It was seamless.' – **Dr Ross Cunningham.**

Federico's perspective

'Dr Cunningham's patient had indeterminate nodules, and he wanted advice on the next steps. I outlined that the scan was vague, so we needed to carry out further investigations. U3 nodules need a specialised USS with a Head & Neck Radiologist and might need a small biopsy with a fine needle to obtain a full diagnosis. I asked Dr Cunningham to refer the patient to the 2WW pathway with a note to say that I had already reviewed the case. **The ability to fast-track patient referrals in cases like these saves them the anxiety and nerves of waiting to find out whether or not they have cancer.** We would've seen this patient within two weeks, and Consultant Connect has played an important part in tracking cases and making the referral to treatment time quicker.'

What are the most significant benefits of Consultant Connect for you?

'Sending messages via Consultant Connect reassures me because I don't need to worry that my query is sitting in an unmonitored inbox, which is the case with e-RS because it doesn't send you notifications. Meanwhile, the Consultant Connect App alerts me when I've got a response, so I feel more aware and involved in what's happening. **It's quick, reliable, and robust.**'
– Dr Ross Cunningham.

'The photo element is especially useful for queries relating to the mouth and lips because we can immediately see if they're benign and can eliminate the patient's anxiety. **This service is decreasing the number of inappropriate cancer referrals whilst speeding up urgent and routine referrals,** so it works really well for our team. Consultant Connect is secure and is the easiest app I've ever used. GPs don't waste any time because it's so accessible, and everyone benefits from it.' – Federico Monne.



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