



Hospital @Home Respiratory Medicine line in the Northern Care Alliance NHS Foundation Trust

Following the launch, in April 2022, of NHS England's national Hospital @Home (H@H) programme, the ICB within Greater Manchester received funding to develop H@H services across the Northern Care Alliance (NCA).

Since January 2024, the NCA's Respiratory services have joined resources to develop an integrated approach to delivering H@H across the NCA footprint for Acute Respiratory Infections (ARI) with a combined medical cover, supported by Consultant Connect to link up community teams with local respiratory medicine specialists for rapid access to specialist advice if needed when managing respiratory patients on the H@H programme.

We caught up with **Professor Nawar Bakerly, Consultant Respiratory Physician & Strategic Clinical Lead for respiratory services across the NCA**; with **Amy Lyons, Project Manager for the H@H Programme at the NCA**; and with **Sarah Campbell, Nurse Practitioner working on the H@H programme at Oldham Care Organisation** to find out more:

Why did you decide to use Consultant Connect for the H@H Respiratory Medicine service?

'Given the footprint of the NCA, **we knew that we'd need to continue having four community teams from the different care organisations within the NCA to reach out to their local communities.**

We also appreciated that although these community teams have a wide range of expertise in managing patients with respiratory related conditions, they would, at times need specialist support, particularly if seeing patients with urgent respiratory related concerns.

As such, we tested out different ways to connect the community teams with the specialists, including having a baton phone and diverting calls to the phone number of the on-call specialist, but these options came with their challenges.

That's when **Consultant Connect offered a practical solution to us to help us overcome these challenges.** We wanted a reliable system, that would easily take into account local specialists' availability to answer calls without the complexity of remembering phone numbers or passing a physical phone from one person to another.

The **ability for callers to easily reach out to a specialist for telephone advice without having to find out who was the on-call consultant, meant delays in getting advice would drastically reduce,** thus nurturing usage, impact, and improving patient care.'

– **Professor Nawar Bakerly Consultant Respiratory Physician & Strategic Clinical Lead for respiratory services across the NCA**

Why did you decide to use Consultant Connect for the H@H Respiratory Medicine service? (continued)

'Having Consultant Connect behind the scenes has been game-changing, compared to a baton phone, it has enabled cross-site working to take place remotely, without complicated processes for teams.' – **Amy Lyons, Project Manager for the H@H Programme at the NCA**

Can you share examples of the types of queries you receive through the service?

'There are two main types of queries we receive through the service. The first is that the **rapid communication between the community H@H teams and specialists expedites rapid discharges for some patients**. The second is because the community H@H teams have access to **immediate specialist advice, when they urgently need it, they are able to quickly progress the care** of many patients.' – **Professor Nawar Bakerly Consultant Respiratory Physician & Strategic Clinical Lead for respiratory services**

What are the benefits of being able to access specialist advice via Consultant Connect? Can you share any examples of when you used the service?

'As one of the nurses on the virtual ward, having access to the H@H Respiratory line has been really beneficial. Working in the community, I've sometimes seen patients and been unsure on whether they needed to be admitted into hospital or not. **Being able to just pick up the phone and speak to local respiratory specialists for their input has been invaluable.**

I recently saw a patient who was having an exacerbation of asthma, and they didn't want to come into hospital. I advised them that they needed an admission and explained the process. The patient refused and said they wanted to speak to a consultant to make sure they really needed the hospital admission. I **used Consultant Connect and spoke to the specialist on-call for the H@H line who agreed that this patient did need to be admitted**. This was useful, as following the discussion with the specialist, the **patient eventually agreed to be admitted and as the admission was planned**, the doctors were already aware of the patient when he arrived in A&E.

Another time, I **used the service when seeing a palliative care patient as I needed advice on treatment options**. After speaking to the specialist on-call, we agreed it would be best for this patient to remain at home rather than being admitted to hospital. **The specialist devised and prescribed a treatment plan which meant the patient could be cared for in the comfort of their home.**

On another occasion, I used Consultant Connect to discuss a patient with a specialist, which resulted in the patient being discharged home from hospital and accepted onto the Respiratory virtual ward. **Had this handover of care not been done, the patient would not have been able to be discharged home until the following day.**' – **Sarah Campbell, Nurse Practitioner working on the H@H programme at Oldham Care Organisation**

What are the benefits of providing this service via Consultant Connect?

'There are two key things I'd like to say here. **The first is how beneficial having a centralised contact number for each care organisation is.** So, a community team in one locality only needs to remember a single number to get through to the right person when needed.

The second is that **the specialists don't need to worry about diverting phones or handing over baton phones at the end of their shift. This happens automatically in the background; all they need to do is answer calls when they come through – it's that easy!**
– **Professor Nawar Bakerly Consultant Respiratory Physician & Strategic Clinical Lead for respiratory services**

How did you get buy-in from clinical colleagues to deliver the service?

'As this activity is beyond their day-to-day, **we have job-planned it; and to get buy-in we built a collaboration of clinicians from medical and nursing groups to get everybody to sing from the same hymn sheet.**

Overarching to all of this were the standards that were placed by the ICB on the trusts to deliver the service. If we didn't provide the combined medical input then we wouldn't be meeting these standards, which would also have implications in terms of governance and funding.' – **Professor Nawar Bakerly Consultant Respiratory Physician & Strategic Clinical Lead for respiratory services**

How do you utilise the data to enhance the service provided?

'When we first started, it was the test of change for the medical model which we ran for around 6 weeks. **Once we moved into implementation, we agreed that we'd run smaller tests of change. These were smaller tweaks to the model, and we'd use the data to understand the impact of the changes.** Our task and finish group is used to monitor this and where we present findings and agree on the next steps – for example how we are going to implement the next test of change and monitor its success.

The weekly data report sent to us from our Account Management team at Consultant Connect is added to the data analysis slides. We review call volumes, outcomes and any feedback from community teams and specialists alike, and then use this information to continue tweaking the model as needed.' – **Amy Lyons, Project Manager for the H@H Programme**

Do you have any other feedback?

'It's fair to say that the **Consultant Connect Account Management team have been really responsive.** Patrick and Brogan have provided us with a great deal of support, and their ability to respond to our queries and to make tweaks to the service in the background has been incredibly helpful and very quick. **It's been an extremely positive experience!** – **Professor Nawar Bakerly Consultant Respiratory Physician & Strategic Clinical Lead for respiratory services**

'**The support from the Consultant Connect Account Management team has been outstanding.** Any amends or feedback about the service set up have been actioned quickly and the data analysis shared on a weekly basis has helped us understand the impact of the service and where things could be improved.' – **Amy Lyons, Project Manager for the H@H Programme**

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