

Offering a Consultant Connect line: examples from across the system

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Produced by: SEL ICB Planned care team & SEL APC

Dr Alexandra Armstrong, Carl Glenister, David l'Anson, Eleanor Frost & Harrison Platt

Background

Consultant Connect provides a secure digital communication platform for clinicians to seek specialist advice. The platform offers a variety of communication methods: telephone, messaging, and photo sharing.

Usage in South East London

Having been available to GPs in SEL since 2016, all SEL acute and mental health Trusts offer a range of advice services on Consultant Connect, predominantly offered via telephone.

The most common use-case in SEL is a clinician working within General Practice seeking advice from a specialist working within secondary care. Other clinicians also use certain lines – for instance Psychiatry and Paramedics.

National and Local Context

The provision and utilisation of specialist advice is a key part of NHS England’s [plan for reforming elective care](#) to achieve the government’s priority of a return to the 18-week referral to treatment standard by March 2029. In support of this, NHS England have published an [operational delivery framework](#) for Integrated Care Boards for 2025/26 to guide effective implementation of specialist advice.

Consultant Connect acts as a facilitator for achieving one of the aims of the [delivery plan for recovering access to primary care](#); the need for clear routes of contact and prompt advice were stressed as key drivers to streamline communication, reduce administrative workload and support primary care in managing patients effectively.

Additionally, for General Practice, the [Enhanced Service Specification](#) for requests for advice & guidance for 2025/26 provides funding to primary care for the delivery of advice & guidance.

Locally, Specialist Advice has been highlighted as a key component of system plans within the SEL Outpatient London Improvement Network programme, 2025/26 acute providers operational delivery plans and ICB Joint Forward Plan. Specialist advice is also part of the local Interface Consensus document, to promote effective utilisation of specialist advice between primary and secondary care. A “Providing & Requesting High Quality Specialist Advice” has been developed locally and is available for primary and secondary care colleagues.

Why use Consultant Connect?



Efficient Communication

- Bypasses hospital switchboard and bleep systems.
- All lines stored in one app/browser.
- Multiple communication options: telephone, messaging, photos.
- GP bypass numbers available to specialists.
- Easy set up and flexible service provision. Customisable, and often no change in practice required.
- IG secure and GDPR compliant.
- Improves interface for GPs by providing a streamlined access point for seeking telephone advice, removing the need to navigate through switchboards or other contact routes.



Collaborative Patient Care

- GPs get timely specialist advice, ensuring the right patient is seen in the right place at the right time.
- Mutual support, education, and relationship building across primary and secondary care through real-time case discussions.
- Feedback from GPs is very positive when the services are set-up and embedded well.
- The directory of services on Consultant Connect signposts GPs to a variety of advice options, such as acute or community ENT advice, offering choices that may not have been considered before.



Data and Integration

- Activity reporting and analysis, including outcomes, call volumes, answer rates, and time-of-day trends.
- Data can help evidence the value of services.
- Calls are recorded.
- Maximising the value of an already embedded service; well-integrated into general practice, with new lines typically covered by the existing ICB contract (no additional cost to departments to set up).

How do specialist services utilise Consultant Connect in SEL?

- **Customisable availability and accessibility:** availability of lines is customisable by time, days of the week, and who can access them via the Consultant Connect app/borough (accessibility typically set by borough).
- **Flexible call routing:** Phone calls can come through to on-call mobile phones, clinic or office landlines, or consultants' mobile phones.
- **Varied responders:** Depending on the service, it does not always need to be a Consultant who answers the phone (see examples).
- **Photo messaging service:** Some specialist services, such as Dermatology, offer a photo messaging service rather than a telephone line.
- **National Consultant Network back up:** Some lines are backed up by the National Consultant Network. If the call is not answered locally, it will be diverted nationally. This can be helpful, but it is always preferable to speak to a local clinician who knows local pathways.
- **Rota's management:** Rota's are maintained by service managers with support from designated Trust leads for Consultant Connect.
- **Customisable line naming:** Individual departments can choose how they name and operate a Consultant Connect line. There is also an option to provide a brief "blurb" about the line to guide callers.
- **Account manager support:** Consultant Connect provides an account manager to support service managers and Trust leads.
- **ICB support:** Support is provided by the contracts team and planned care team at SEL ICB.
- **Dashboard analytics:** Dashboard updated monthly, analysing call volumes, answer rates, time-of-day trends, and outcomes.
- **Outcomes:** An outcome can be left by either or both the caller or receiver. They can also be left retrospectively by the specialist team if useful for their data collection.
- **GP bypass numbers:** The Consultant Connect platform also stores GP bypass phone numbers.

Example 1: Acute Referral Lines

- These lines are vital to the patient pathway and avoidance of unnecessary Emergency Department attendances. Examples include: SDECs (Medicine, General Surgery, DVT) & ENT.
- **These lines typically do not require additional resource or maintenance of a rota** as they are utilising the existing team and phones (however please note if using a bleep system a phone would be required).
- There is no need for the specialist team to download an app / have log ins etc.
- The phone can be answered by any appropriately trained member of staff who can accept an acute referral (does not need to be a Consultant).
- Lines are visible to specified primary care colleagues (e.g. GPs in local borough, LAS seeing patients in local borough).
- Lines have specified operating hours (e.g. Monday-Friday 8:00-17:00).
- Lines are named to represent the service (e.g. ENT Adult Acute Queries and Referrals / Acute Medicine SDEC – DVT).
- Lines can choose to have a brief service information box to guide callers (e.g. Lambeth and Southwark GPs to discuss cases they think may need to be seen for a same day assessment by ENT. If no response try again after 15 mins).

It is recommended that **3 or more phone numbers are provided** to maximise the chances of a call being picked up (*e.g. on-call phone, doctors/nurses station landline, clinic room landline*) these numbers should be for someone working within the desired team who can accept a referral or can quickly speak to the person who can accept a referral. Where possible, teams should avoid taking a message or asking to call the referrer back. Teams should consider any barriers, e.g. poor reception / wifi, if the staff member is likely to be able to answer the phone (for instance for surgical specialisms), and think of how to mitigate these.

Example 2: Routine Advice Lines

- Routine advice lines make up most of the available lines across SEL and can be the most helpful at referral avoidance, education and relationship building across the primary and secondary care interface.
- They can be challenging to maintain and need to be established in a considered way ensuring adequate staffing and time for the staff to answer the calls.
- This requires teams to consider who is best to answer these calls and within which hours/days they can realistically staff the line.
- **Typically, these lines are answered by Consultants** to ensure that senior support is given to primary care colleagues.
- They require the service manager to keep the phone numbers on the rota up to date by liaising with the Consultant Connect account manager.
- Options for available phone numbers on the rota:
 - Some teams add all their Consultants mobile numbers to the line
 - Other teams add specified phone numbers e.g. the landlines in the Consultants office during dedicated admin time
 - Other teams maintain a specific Consultant Connect rota e.g., the on-call Consultant
- **It is always preferable to have multiple numbers** to try and ensure a high pick-up rate.
- Ideally the member of staff answering the phone would be aware of the local pathways/guidelines and be able to arrange for an urgent review if necessary or connect the caller with the patient's regular consultant if more appropriate.

Example 3: Dermatology Photo Messaging

- The SEL Dermatology Network offer a photo messaging service, managed by the GSTT clinical team, that is open to A&G requests across the whole of SEL. This has been successfully embedded into practice in both primary and secondary care.
- It has been hugely successful at providing timely advice and preventing unnecessary referrals.
- This relies on the Dermatologists being resourced to provide the service (through being allocated adequate time) and being aware of the local pathways and guidelines.

This is a secure photo sharing service with two-way communication:

- Clinicians who wish to seek advice log into their Consultant Connect app.
- They take photos of the skin complaint, confirming that the patient has given consent.
- They then share these photos and a customisable brief template (with demographics, history etc.).
- The Dermatologist logs into the Consultant Connect platform via their app or desktop function and provides a response via a secure message.
- The message is received by the referrer in their app and email.
- The message can be either manually uploaded or in some cases automatically integrated into the referrers clinical system.
- The Dermatologist typically “closes” the case and provides an outcome.

Consultant Connect Dermatology Outcomes		Total
Feb-24 – Mar-25		
Dermatology	Number with outcome recorded	7,585
	2WW referral recommended	17%
	Urgent non-2WW referral recommended	3%
	Community referral recommended	15%
	Non-2WW referral recommended	8%
	Referral avoided	52%
Paediatric Dermatology	Unstable/insufficient quality of image	4%
	Number with outcome recorded	1,885
	2WW referral recommended	0%
	Urgent non-2WW referral recommended	4%
	Community referral recommended	2%
	Non-2WW referral recommended	19%
	Referral avoided	71%
Unstable/insufficient quality of image	3%	

Key Contacts

- First point of contact should be your team's service manager.
- Acute Trust Consultant Connect leads:
 - GSTT – Gemma Doyle (gemma.doyle@gstt.nhs.uk)
 - KCH – Christine Gibb (christine.gibb1@nhs.net)
 - LGT – Jon Clark (jonathan.clark1@nhs.net)
- SEL ICB – plannedcare@selondonics.nhs.uk
- Consultant Connect Account Manager – Nick Smith (nick.smith@consultantconnect.org.uk)

Training Materials:

- Primary Care User Guide
- [Primary Care Demonstration Videos](#)
- [Secondary Care Consultant Connect User Guide](#)
- [Providing & Requesting High Quality Specialist Advice](#)

Local and National Context:

- SEL Interface Consensus document
- SEL ICB Joint Forward Plan 25/26
- [NHS England Elective Care Best Practice Solutions - Advice and Guidance](#)
- [NHS England Plan for Reforming Elective Care](#)
- [Advice and guidance – operational delivery framework for integrated care boards for 2025/26](#)
- [Enhanced service specification – General Practice Requests for Advice and Guidance](#)
- [Delivery plan for recovering access to primary care](#)