

Offering a Consultant Connect line: examples from across the system

May 2025

Produced by South East London (SEL) Integrated Care Board (ICB) Planned Care team & SEL Acute Provider Collaborative (APC) – Dr Alexandra Armstrong, Carl Glenister, David I'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

Since 2016, GPs in SEL have had access to Consultant Connect. All SEL acute and mental health Trusts offer advice services on the platform. These services are mainly provided via telephone. The most common use is a general practice clinician seeking advice from a secondary care specialist. Other clinicians, such as those in psychiatry and paramedics, also use specific lines.

National and Local Context

Specialist advice is central to NHS England's [plan to reform elective care](#) and meet the 18-week referral-to-treatment target by March 2029. To support this, NHS England has published a [2025/26 operational delivery framework](#) for ICBs to guide effective implementation of specialist advice.

Consultant Connect supports the [delivery plan for recovering access to primary care](#) by enabling clear contact routes and prompt advice. This helps streamline communication, reduce administrative burden, and support primary care in managing patients effectively.

The 2025/26 [Enhanced Service Specification](#) provides funding to general practice for delivering Advice & Guidance (A&G).

Locally, specialist advice is a key part of SEL system plans, including:

- The SEL Outpatient London Improvement network programme
- 2025/26 acute providers' operational delivery plans
- ICB Joint Forward Plan

It is also included in the local interface consensus document, which promotes effective use of advice between primary and secondary care.

A local guide, "[Providing and requesting high quality specialist advice](#)", is available for both primary and secondary care colleagues.

Benefits of using Consultant Connect



Efficient Communication

- Bypasses hospital switchboards and bleep systems.
- All advice lines stored in one app/browser.
- Offers multiple communication options: telephone, messaging, and photo sharing.
- GP bypass numbers are available to specialists.
- Easy set up and customisable service provision. Often no change in practice required.
- Information governance secure and GDPR compliant.
- Streamlines access for GPs by removing the need to navigate switchboards or multiple contact routes.



Collaborative Patient Care

- GPs receive timely specialist advice, helping ensure patients are seen in the right place at the right time.
- Enables mutual support, education, and relationship building between primary and secondary care through real-time case discussions.
- GP feedback is very positive when services are set-up and embedded well.
- The directory of services signposts GPs to a range of advice options, such as acute or community advice. This can highlight options that may not have been previously considered.



Data and Integration

- Provides activity reporting and analysis, including outcomes, call volumes, answer rates, and time-of-day trends.
- Data can help demonstrate the value of services.
- Calls are recorded. Builds on an already embedded service in general practice.
- New lines are usually covered by the existing ICB contract, with no set up costs for departments.

Maximising the use of Consultant Connect

An overview of the tools and support available to enable effective use of Consultant Connect across services:

1. Customisation

- Availability of lines is customisable by time, day of the week, and access can be given to specific geographical areas/organisations (e.g. accessibility is typically set by boroughs)
- Line naming and short descriptions to guide callers can be customised by department

2. Communication flexibility

- Flexible call routing to on-call mobile phones, clinic or office landlines, or consultants' mobile phones
- Varied responders – depending on the service, it doesn't always need to be a Consultant answering calls
- Photo messaging is available for services (e.g. Dermatology offer a photo messaging service rather than a phone line)
- GP bypass numbers are provided for quick access
- 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

3. Support and management

- Rotas are maintained by service managers with support from designated Trust leads for Consultant Connect
- Account manager provided by Consultant Connect
- ICB support from SEL contracts, urgent and emergency care and planned care teams

4. Performance and outcomes

- Dashboard updated monthly, analysing call volumes, answer rates, time-of-day trends, and outcomes
- Outcome logging by caller, receiver, or specialist team. They can also be left retrospectively by the specialist team if useful for their data collection

Example 1: Acute Referral Lines

- Acute referral 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.
- 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).
- Services can provide a brief blurb about the phone line 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 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 consider 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

Feb-24 – Mar-25

Specialty	Outcome	Total
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%
	Unstable/insufficient quality of image	4%
Paediatric Dermatology	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 (can support with starting or changing line provision):
 - 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)

Resources

Training Materials:

- [Consultant Connect 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](#)