E-Consults allows a secure electronic communication between GPs and specialists via the shared Electronic Health Record (EHR), with the express interest of reducing the need for hospital outpatient attendance. This innovative software is breaking down the boundaries between primary and secondary care, transforming the work of GPs and outpatient departments, and integrating entire health economies in the pathways where it is being deployed.

In West Yorkshire, over 100 GP practices are currently able to ask hospital consultants in seven specialities to review the EHR of borderline cases. Previously they would have needed referral into secondary care. Specialists contribute their clinical management advice directly to the shared record, with a turnaround time of days rather than weeks, and at a fraction of the cost of traditional outpatients.

Mid Yorkshire Hospitals NHS Trust (MYHT) and Wakefield and North Kirklees CCGs are currently experiencing the benefits of e-Consults, with a total of 62 GP practices using SystmOne.

Dr Som DeSilva, GP, NHS Wakefield CCG, said “e-Consults has made a real difference when it comes to communicating with our consultant colleagues. It gives us an alternative option rather than writing a referral or sending a fax. The replies are

“We had observed how well e-Consults was working in Bradford and how we could incorporate the technology in our practices to coordinate care effectively for our patients. It is extremely encouraging to see how the number of e-Consults is continuing to grow each month [Figure 1].”

— SHARON COOK, COMMISSIONING MANAGER AT NHS WAKEFIELD CCG
always prompt, usually by the next working day, and we receive a detailed suggested management plan, which has prevented many unnecessary referrals.

If patients need investigations, these are usually arranged via e-Consults, and those who need to be seen by a cardiologist are clearly signposted.

The CCG is now looking at how this can be replicated in other specialities”.

Figures provided by the CCG from April to November 2015 detail that around 90% of GP Practices in NHS Wakefield CCG have adopted the functionality. Analysis of the figures also produces some interesting findings regarding the number of e-Consults compared to the number of total referrals per specialty. Although Cardiology is the predominant service using e-Consults [Figure 2], the functionality is seen to be most effective in Haematology and Diabetes, where e-Consults has reduced the number of unnecessary referrals.

Dr Paul Brooksby, Consultant Cardiologist at MYHT, said “e-Consults has provided MYHT with a rapid mechanism for dialogue about patient care which is time efficient and much more rapid than other communication methods.

It allows me as a Cardiologist to review the whole EHR, including old electrocardiograms (ECGs) which I wouldn’t be able to view within a phone consultation and which I don’t usually receive via a letter for advice. It allows me to see the problem up front, which is not the case for e-referral (Choose & Book [now the e-Referrals Service]) where the letter can only be seen once a slot has been given, and so for specialties with slot issues this may be some months after the referral was generated.

I have seen a clear reduction in outpatient referrals to our hospitals in MYHT since the introduction of e-Consults for cardiology in the Wakefield and North Kirklees CCGs.”

In November 2015, GPs across the CCGs performed over 300 e-Consults, a number which continues to increase each month. The average turnaround time for all responses using e-Consults is approximately 2-3 days.

In the upcoming months, commissioners in Wakefield and North Kirklees CCGs are looking to build on the success of e-Consults by configuring the functionality to cover further specialties.

Sharon Cook said, “We have an implementation plan in place for 2016 to roll-out e-Consults to further specialties that have expressed an interest, and we already have eight which are at various stages of implementation.”

“We have found that e-Consults is particularly beneficial for complex or borderline cases, in which a consultant’s contribution to the patient record allows treatment to continue in primary care. This has bought gains in patient experience, safety and efficiency.”

– SHARON COOK, COMMISSIONING MANAGER AT NHS WAKEFIELD CCG