

## CONFERENCE ABSTRACT

# How integrated care systems can move towards Patient-GP-Specialist 3-way video consultations

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### ***Introduction***

Video consultations have become increasingly important. How can they be used to support integrated care, contribute to workforce development and improve capacity across the system?

### ***Short description***

Patient, specialist and GP 3-way - video consultation is a new, and highly effective, way to provide healthcare

### ***Our aim was to deliver high-quality clinical care, while also***

- Reducing hospital footfall
- Achieving inter-professional learning
- Improving patient experience (more connected care)

using video consultation instead of conventional out-patient specialist referral

### ***Target population, stakeholders and timeline***

Paediatric 3-way video consultations were set up for inner city GP practices, serving 250,000 patients. The service started in March 2020 and was co-produced with clinicians, parents and hospital /primary care managers. It built on an existing system in which hospital specialists visit local GP practices to review cases.

### ***Highlights***

The design was adapted in response to feedback data; cycles of improvement focused on a high quality service that met the needs of patients and professionals, delivered using structures already present in the healthcare system. During April 2020 – January 2021, 5 consultant paediatricians held 3-way - video consultation with the patient and the child's GP for 88 cases. This saved an estimated 180 (40% fewer) onward referrals for specialist hospital care

The 3-way - video consultations gave GPs the ability to 'hold' cases, by drawing specialist knowledge into their own practice. It reassured patients and therefore patients were less inclined to seek specialist hospital care. It eased patients' anxiety about visiting the hospital/GP Practice during the pandemic, and reduced time off work/school.. The technology was not always adequate

(poor signal at times meant the conversation reverted to telephone) and patients generally have smart phones but not computers, so mobile-friendly technology (MS Teams) was needed.

### ***Sustainability***

This service can be sustained if

- supported by: video-consultation technology; systems to capture patient activity data; and flexibility of clinicians' working patterns
- contextualised around 'neighbourhood' specialists supporting a population (PCN)
- there is no return to a fee-for-service payment system

### ***Transfer-ability***

Our experience in child health can be applied to most hospital specialties and readily used in systems outside of the UK /NHS

### ***Conclusions***

3-way video consultations are easy to set up and deliver:

- Reduced hospital footfall
- More inter-professional learning
- Better patient experience (more connected care)

Consultants and GPs need time for this work, released through sensible 're-purposing' of existing job plans

### ***Discussions***

Trust and stronger relationships develop across 1o and 2o care when a GP practice has its own 'neighbourhood' hospital specialist, such as a paediatrician. This improves resilience, enabling GPs to manage more complex and difficult cases, secure in the knowledge that a specialist is available, ready to support when needed.

### ***Lessons learned***

Hospital specialists should spend less time seeing out-patient referrals in isolation and spend more time seeing patients with the GP.

Groups of GPs (PCNs) hosting monthly Patient-GP-Specialist 3-way video consultation clinics for each hospital specialty, will deliver better health care and build capacity across the system.