BRIDGING THE GAP – PAEDIATRIC CONSULTANT GP-HOTLINE

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BACKGROUND

Direct access within general practice (GP) to advice from a paediatric consultant via the telephone can lead to improved communication between specialties.¹

Our paediatric consultant GP-hotline is accessible Monday to Friday from 12pm to 4pm. It is a free advice hotline for clinical queries about children and potential paediatric referrals. Calls are taken by the on-call paediatric consultant.

We looked at common topics of referrals with a view to developing a primary care teaching programme to improve GP confidence in managing paediatric patients. In addition we gathered direct feedback from GPs about their experience of using the hotline to further improve the service.

METHOD

We analysed all calls to the hotline over a six-month period to identify common clinical queries. We explored the outcome of all telephone calls with a view to identifying if referrals were better directed due to the hotline.

We conducted both a telephone and email survey with GPs to gather feedback regarding their experience of using the service.

RESULTS

We analysed 40 calls from 30 general practices. The most common clinical queries included how to manage neck lumps (21% of all calls), musculoskeletal queries including limp (15%), chronic headaches (12%) and acting on pathology results (9%). Other topics included dermatology, gastroenterology and prescribing advice. (Figure 1.)

Figure 1. Clinical queries discussed through the hotline

Over a third of calls (39%) was managed with advice and follow-up within primary care. Other outcomes included referral to the rapid access clinic (28%), referral to general outpatients (15%) and referral to another specialty (3%). Only 15% of all calls were referred to the children’s assessment unit (CAU). (Figure 2.)

We analysed feedback from 20 GPs via a telephone survey. The majority of GPs want to see the service continue with many comments relating to GPs’ appreciation of the advice received regarding referral pathways and investigations. (Figure 3.) An email survey was undertaken to gather feedback about topics GPs would like to see taught on update days. (Figure 4.) These results will guide paediatric consultants in the way they tailor teaching for primary care.

Figure 2. Outcome of calls made to the hotline

Figure 3. GP feedback regarding the hotline

Figure 4. Topics GPs would like to see taught on update days

CONCLUSIONS

The hotline has been a successful tool in streamlining referrals. GPs are able to act on immediate consultant advice rather than inappropriately referring to outpatients or CAU. Anecdotally GPs appreciated the personalised feedback regarding their query. Paediatric consultants felt this helped strengthen relationships between general practice and secondary care. Future work will include developing a primary care teaching programme based around common paediatric themes discussed through the hotline.