

**NHS VALE OF YORK CLINICAL
COMMISSIONING GROUP**

GOVERNING BODY MEETING



Vale of York

Clinical Commissioning Group

Meeting Date: 5 June 2014

Title: Referral Support Service Progress Report

Responsible Chief Officer and Title

Dr Shaun O'Connell
GP Lead for Prescribing, Planned Care, Quality
and Performance

Report Authors and Title

Andrew Bucklee
Senior Innovation & Improvement Manager
Dr Shaun O'Connell
GP Lead for Prescribing, Planned Care,
Quality and Performance

Strategic Priority

The Referral Support Service should be seen as an integral enabler for other projects within the Primary Care and Planned Care programmes for the delivery of savings within the current and future QIPP plans.

Purpose of the Report

To update the Governing Body on the progress made with implementing the Referral Support Service.

Recommendations

That the Governing Body:ratify the following recommendations:

- Increase the rate paid to GP Reviewers to £4.72 per referral reviewed or pay a sessional rate equivalent to that paid for other CCG work.
- Provide GP Reviewers that are having regular problems with compatible configured laptops supplied by CSU IT.
- Provide all new GP Reviewers with an appropriately configured laptop supplied by CSU IT.

Impact on Patients and Carers

Improved patient satisfaction with the efficiency and speed of the referral process and increased access to the Choose and Book process.

Impact on Resources (Financial and HR)

Cost of service in line with Business Case agreed at Governing Body in April 2013. This cost to be offset by a planned 8% reduction in elective care referrals to secondary care for reviewed specialties, monitoring of Procedures of Limited Clinical Value and the enabling of the development of planned care pathways in community providing an alternative to secondary care treatment.

Risk Implications

- Recruitment of GP Reviewers to expand existing team and expanding potential impact of the service (see recommendation above for possible resolution to this risk)
- IT problems associated with reviewing referrals (see recommendation above for possible resolution to this risk)
- Some GP Practice administrative teams struggling with the process change. This to be resolved by continuing to provide support to practices, maintaining strong communications between the RSS Team and practices and implementing a Practice Administrators Forum to identify issues and share good practice.

Equalities Implications

N/A

Sustainability Implications

N/A

GOVERNING BODY MEETING: 5 JUNE 2014

Referral Support Service Progress Report

1. Purpose of the Report

- 1.1 To update the Governing Body on the progress made with implementing the Referral Support Service (RSS).

2. Background

- 2.1 The CCG's vision is to commissioning a health service for the people of the Vale of York that **delivers the best health and wellbeing for everyone in our community.**

- 2.2 The creation of a RSS was aimed to help support the realisation of this vision, providing a service that *supports* patient referrals from primary care into secondary care. To help clinicians 'do the right thing' for their patients, thus helping patients, primary care and secondary care staff and the CCG as a whole. In essence underpinning all planned care and enabling future developments with regard to current and future QIPP plans.

- 2.3 The RSS Team identified five key challenges that it should address:

- **Outstanding patient experience** being the norm
- The **highest quality**, and **safest care** possible
- Identifying and **eliminating any wastes of resource**
- **High staff job satisfaction** being the norm

Details of how it was envisaged those challenges would be addressed is identified below.

2.3.1 Outstanding Patient Experience being the norm

- Fast booking of appointment – at a time and place convenient for the patient (Patients are contacted by telephone within two days of the RSS receiving their referral to book a hospital appointment)
- Patients get all the right tests done before they see a specialist
- Patients are treated in the best possible ways by their GPs before referral (and this prevents the need to go to outpatients)

2.3.2 The Highest Quality of Care

- Standard referral letters with past medical history, medication, allergies, recent BP, Smoking status and BMI included as standard
- Web tool detailing key information required for that clinical problem

- GP reviewers ensuring patients have received the right treatment and investigations before onward referral into secondary care
- GP reviewers ensuring patients are directed to the most appropriate clinics first time
- GP reviewers identifying shortfalls in patient pathways that the CCG can address
- GP reviewers identifying common learning needs amongst local GPs

2.3.3 The safest care possible

- Electronic referrals are more safely processed by the RSS software into C&B and onto the hospital than paper referrals. The RSS software gives all referral letters a unique code, as does C&B. It is much less likely a referral would be lost using these systems compared to paper referrals.
- Practices can easily see which patients have not booked a hospital appointment helping to ensure vulnerable patients are not lost within referral systems. (Using paper systems this checking is impossible).

2.3.4 Identifying and eliminating any wastes of resource

- GP reviewers ensure patients are optimally managed in primary care before being sent on to secondary care.
- The guidelines on the RSS ensure the right investigations and treatments are tried before the patient is referred to secondary care.
- The RSS referral template has standardised the content of a referral letter giving the hospital all the information it needs to process a referral (letters are automatically rejected by the system if essential data is missing).
- GP reviewers encourage GP referrers to include all relevant clinical details in their referral letters.
- Tests are done once, in a timely manner and don't need to be repeated in the hospital.
- Letters don't need to be printed saving paper, toner and staff time.
- Referral letters are available to GP reviewers or RSS staff within seconds of being uploaded by practice staff.
- Secondary care staff no longer have to waste time processing paper referrals, which because they have not been through the RSS are less likely to be standardised and contain all the information consultants have asked for.
- Referrals for non-commissioned procedures are prevented from reaching secondary care, saving providers from processing those referrals and saving patients (and the CCG) with wasted outpatient attendance.

2.3.5 High staff job satisfaction being the norm

- Patients appreciate all the extra effort GPs are making to treat them and prevent having to attend outpatients – and they tell their GPs this.
- GPs like doing a better job, using easily available guidelines to better manage their patients.
- Consultants are getting high quality referrals containing all the information they need, preventing delays in arranging tests or trying basic treatments.
- Practice admin staff no longer have to print letters out, put them in envelopes and post them to the hospital.
- Practice staff no longer have the chore of booking patients onto C&B or dealing with C&B queries. All this work, which practices had been doing without additional resource, is now undertaken by RSS office staff.

2.4 The CCG Governing Body, in April 2013, supported a Referral Support Service Business Case recommendation to pilot the expansion of the current Choose and Book service to triage and manage the referrals of the following specialties:

- General Surgery
- ENT
- Gynaecology
- Pain Management
- Dermatology

The Business Case identified that the RSS could prevent a predicted growth rate of 8% in referrals.

2.5 The recommendation was supported by the Governing Body, however, estimated benefits were based on the proviso that the RSS receives all referrals from primary care in addition to triaging and managing the five specialties. Consequently it was agreed that the RSS would have the responsibility for the whole Choose and Book process for Vale of York CCG.

3. **Evidence base**

3.1 Summary of results achieved to date:

- Improved patient satisfaction re Choose and Book process
- 13,000 referrals processed;
- Choose and Book utilisation increased by 20% to 43%;
- Standardisation of referral letters;
- 106 procedure referral guidelines developed and implemented;
- 10 GP Reviewers employed;
- 2,700 referrals reviewed (21% returned to primary care with advice and guidance);
- 30 Procedures of Limited Clinical Value (PoLCV) returned to primary care;

- 12 procedures identified that could potentially be undertaken outside of a hospital setting.

4. Progress Made

4.1 Standardisation of Letters and Referral Guidelines

4.1.1 The CCG, at its inception in 2011, asked practices to start using a standardised referral letter. With the use of RSS software that letter has been updated and is now in use in all practices. The template letter, with merge fields that can be read by both SytmOne and EMIS Web GP computer systems The RSS software ensures all vital demographic information is obtained and complete clinical detail is included.

4.1.2 The RSS team, led by Dr Emma Broughton, has worked with primary and secondary care colleagues to develop guidelines in a number of secondary care specialties that primary care clinicians can use to optimise treatment and investigations of patients before onward referral. These in themselves can save unnecessary referrals into secondary care that clog up clinics and make other patients wait longer. The guidelines link to easy-to-complete forms where appropriate, to patient leaflets, to shared decision making tools and to details of essential information to include in referral letters.

4.1.3 106 individual guidelines have been developed for the following specialties:

- Breast conditions;
- Dermatology;
- ENT;
- General Surgery;
- Gynaecology;
- Mental Health;
- Orthopaedics;
- Pain & Rheumatology;
- Palliative Care;
- Prescribing;
- Respiratory;
- Urology;
- Vascular.

All these guidelines are easily accessible to all via www.valeofyorkccg.nhs.uk.

4.1.4 The next phase of this work is to prioritise the development of guidelines for Cardiology, Gastroenterology and Neurology so the project can move towards providing additional triaging elements to the service. Thereafter further guidelines need to be developed for:

- Allergy;
- Endocrinology;
- Haematology;

Ophthalmology;
Paediatrics;
Renal.

4.2 Advice and guidance provided by GP Reviewers for the triaged specialties

4.2.1 The project has recruited GP Reviewers to triage referrals prior to being booked for secondary care for the following areas:

Dermatology (2 Reviewers)
ENT (4 Reviewers)
Gynaecology (2 Reviewers)
General Surgery (1 Reviewer)
Breast Surgery (1 Reviewer)

Each of the Reviewers has started at various points of this year, with the first starting in January 2014 and the final one starting in March 2014. (Please note that the Project decided not to proceed with triaging Pain Management referrals due to the low number of referrals going through the system).

4.2.2 In specialties being reviewed the RSS is able to help ensure the CCG's expectation of high quality referral letters is consistent across all referrers and that all primary care treatments and investigations are undertaken before referral to secondary care. Where necessary clinic types are revised to help ensure patients are seen in the right clinic the first time preventing the need for one secondary care specialist having to refer on to a colleague. An appeals process has been put in place to allow GPs to challenge the reasons for a GP Reviewer returning a referral.

4.2.3 The results of the GP Reviewers work can be seen below (*extracted from the Integrated Care Gateway data dashboard*) indicating potential savings generated ranging from a conservative estimate of £32,463 to a best case estimate of £133,890.

GP Reviewers											
Date:	01/05/2014										
Period	Jan 2014-April 2014										
GP Reviewer	Accept - Booking	Accept - 2WW	Accept - Urgent	Return - Advice	Return - PoLCV	Total	% Returned	Costs ¹	Potential Net Savings (Return-Advice)		
									Conservative ²	Mid Range ³	Best Case ⁴
All EB	763	0	3	187	10	963	20.5%	£2,889	£10,762	£33,342.25	£44,632.38
Dermatology AH/RT	202	4	0	108	3	317	35.0%	£951	£7,797	£20,001.00	£26,103.00
ENT DK/J/MH/TJ	695	4	17	116	2	834	14.1%	£2,502	£4,806	£17,856.00	£24,381.00
General Surgery MP	319	1	1	11	0	332	3.3%	£996	-£94	£1,347.00	£2,067.50
Gynaecology JM	118	1	6	145	1	271	53.9%	£813	£9,192	£27,534.50	£36,705.75
Total	2,097	10	27	567	16	2,717	21.5%	£8,151	£32,463	£100,081	£133,890

Notes

1 Costs = £3/review

2 Savings based on each returned referral preventing 1 outpatient follow-up

3 Savings based on 50% of returned referrals each preventing a 1st attendance+a procedure+associated follow up and 50% just preventing a single follow-up

4 Savings based on 75% of returned referrals each preventing a 1st attendance+a procedure+associated follow up and 25% just preventing a single follow-up

4.2.4 As a result of the work of the GP Reviewers, specific types of referrals are being identified where procedures could be undertaken outside of a hospital setting or which require changes to existing care pathways to make them more efficiently and less wasteful in terms of resource and time. These include:

- Gynaecology: Fitting and replacing of shelf and ring pessaries.
Mirena Coil fitting.
Cervical Polyps removal.
- Dermatology: Biopsy of lesions.
Ankle Brachial Pressure Index measurements.
Cryotherapy.
- ENT: Ear canal micro-suction.
Unilateral Tinnitus pathway.
Audiology pathway.
Nasal Endoscopy.
- General Surgery/
Urology Develop urological guidelines which should result in referrals being directed back to primary care.
Review and amend the IFR process for recurrently infected Sebaceous Cysts (i.e. should be covered by the Minor Injury DES and therefore not referred for surgery).

4.2.5 The next phase of work for this aspect of the RSS is to:

- Expand existing team in particularly around Dermatology and General Surgery
- Expand specialties being reviewed to include Neurology (facilitating a likely recommendation from the Neurology ICP Project), Cardiology and Gastroenterology.

4.2.6 The RSS Team have identified two areas that are causing problems in relation to the service progressing and fulfilling its potential. The first is that of GP Reviewer capacity/availability. Despite numerous attempts

to recruit further GP Reviewers for the existing specialties and the new specialties of Cardiology, Neurology and Gastroenterology, there has been a distinct lack of responses. Practices have also been approached to release GP time to undertake reviews. Unfortunately do not believe the offer of £3/referral make it viable enough for them to release GPs (please note that we estimate that the maximum number of referrals that can be currently completed per hour is 18, providing an hourly rate less than GPs currently earn for other CCG work).

4.2.7 In order to increase the opportunities to recruit further GP Reviewers the RSS Team recommends the either the referral rate payment is increase to £4.72 per referral reviewed or pay GP Reviewers a sessional rate equivalent to that paid for other CCG work.

4.2.8 The second area of concern relates to IT problems that arise from GP Reviewers using their own IT equipment. This has caused problems with them accessing referrals to reviewed via the Citrix Virtual Desktop, which is managed by Yorkshire & Humber CSU IT Department. This has caused delays in getting Reviewers online and in couple of cases has caused regular ongoing problems, resulting in a high number of referrals not being reviewed.

4.2.9 In order to increase Reviewers accessibility to referrals to be reviewed the RSS Team recommends:

- (i) Provide GP Reviewers that are having regular problems with compatible configured laptops supplied by CSU IT.
- (ii) Provide all new GP Reviewers with an appropriately configured laptop supplied by CSU IT.

4.3 RSS Administration of Referrals

4.3.1 The RSS provides patients with full choice of local provider where that exists. Usually within one working day from referral for referrals not reviewed and within 3 working days for those that are, patients are contacted to book an appointment at a time and location suitable for them. Patient feedback following completion of the referral process is constantly monitored; Appendix 1 provides a typical sample of the feedback received. As a result the CCG has increased its Choose and Book utilisation from 25% in November 2013 to 43% in April 2014. The expectation is that this will increase further over the next few months.

4.3.2 Practice administrative staff no longer have to use Choose and Book to help patients book appointments. They should no longer have to deal with queries about first appointments in secondary care because the RSS staff provide this service.

4.3.2 The RSS administration function also has responsibility for ensuring that only appropriate Procedures of Limited Clinical Value (PoLCV) are referred on to secondary care. In addition it also ensures patients that are smokers and have been referred for surgery have had information

passed on to them about the risks associated with continuing to smoke. Monitoring of April 2014 activity indicated that 14 referrals for PoLCVs had been returned to primary care as had 5 referrals for elective surgery where the patient was identified as a smoker and had not signed a waiver acknowledging their understanding of the associated risks and indicating their wish to continue with the procedure.

4.4 Establishing high quality referral data in a real-time manner.

4.4.1 By receiving all referrals from primary care the CCG will be able to share with practices an analysis of referral patterns from practices and individual GPs. This will help the CCG and practices understand variation and identify good practice that can be shared with primary care colleagues. Such analysis can be undertaken far earlier than simply analysing subsequent secondary care activity, the data for which may not be available until at least six months after a referral.

4.4.2 Some analysis is already available. Data from the RSS process is updated on a daily basis via Accenda's Integrated Care Gateway Dashboard. This is produced within the category areas of:

- Headlines
- Specialty
- Triage (see results above)
- Clinic Type Comparison.

Within these four categories data can be analysed to provide required reporting requirements. Examples of potential performance monitoring areas are shown in Appendix 2. Please note data can be analysed in any combination of the above from a high level of total referrals per year by CCG locality to a detailed level of clinic type referral per day by individual GP. These can be produced in either graphical or spreadsheet formats.

4.4.3 Whilst full practice compliance and full GP compliance within practices is integral to having a meaningful dashboard to analyse referral demand accurately. Whilst this was reached in April, some administrative teams are struggling with the process change. These issues were reflected in a sample audit of six practices, undertaken in April; a snapshot of their views is provided in Appendix 1.

4.4.4 The next phase of this work is to:

- Work with practices to overcome issues raised with the RSS process in order to ensure full compliance (this to include the setting up of a Practice Forum for administrative staff).
- Work with CSU Business Intelligence to identify ways to analyse the true impact of RSS on secondary care activity.
- Develop a monthly dashboard to illustrate impact of RSS – working with CSU Business Intelligence and Accenda.

5. Stakeholder/ Public Engagement

Details of the ongoing patient satisfaction survey and a sample audit of practices regarding the use of RSS can be found in Appendix 1.

6. Financial Implications

- 6.1 The expected 2014/15 costs, incorporating all the elements discussed above of the RSS are shown below and are in line with the proposal agreed at the Governing Body in April 2013.

	FYE	Comments
CCG Direct Costs	£s	
GP Reviewers (£3/review)	-83,976	Based on the existing reviewed specialties and full practice compliance *
GP Reviewer Supervision	-19,140	£85/hour+25% on-costs @1 session/week
Audit Costs	-1,360	Costed 1 session/qtr@ £85/hr
Accenda (RSS Software)		
N3 hosting (+VAT)	-10,000	
Application Support (Non VAT)	-6,600	Based on £200 per practice**
Practice ICG License (+VAT)	-31,680	Based on £800 per practice**
CSU costs for providing RSS Administration		
8A Manager	-74,757	Note: If a couple of neighbouring CCGs implement a RSS as currently proposed, then economies of scale are likely to result in the reduction of these costs for VoYCCG.
Admin Staff (5xBand 3 staff)	-177,653	
Total Costs	-405,166	

* Note that these costs will increase as and when further specialties are reviewed.

** These costs will reduce as practices merge.

7. Legal Implications

None

8. Equalities Implications

None

9. Recommendations

The Governing Body is asked to acknowledge progress made with implementing the RSS and ratify the following recommendations:

1. Increase the rate paid to GP Reviewers to £4.72 per referral reviewed or pay a sessional rate equivalent to that paid for other CCG work.
2. Provide GP Reviewers that are having regular problems with compatible configured laptops supplied by CSU IT.
3. Provide all new GP Reviewers with an appropriately configured laptop supplied by CSU IT.

Appendix 1: Feedback from patients and practices

Patient Feedback

Sample from ongoing patient feedback on service provided as a result of RSS:

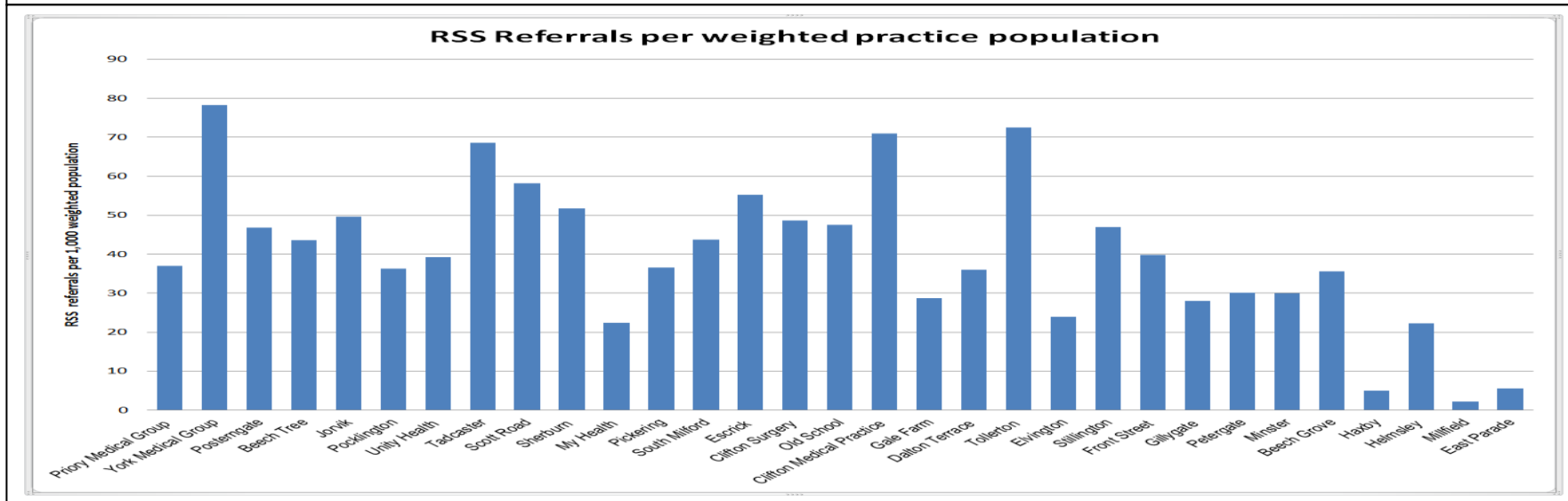
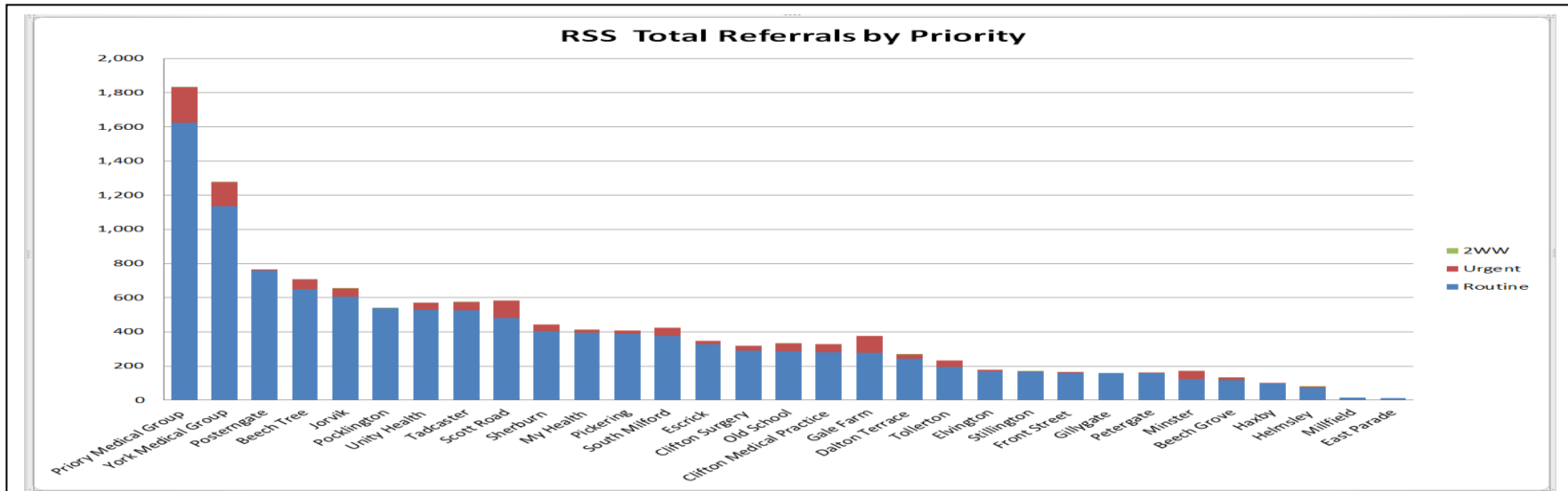
- Excellent.
- So good it's really quick!
- Very impressed at the speed of this process.
- Good, really quick definitely seems more efficient Easy & quick extremely impressed, less than 24hours from seeing doctor to hospital booking.
- Very quick
- Brilliant.
- Very speedy – impressed
- Not happy, very long wait to be seen by hospital.
- Seems efficient, but wait for a hospital appointment is ridiculous yes, very good only went to surgery last week
- Fast how simple it is to get an appointment when and where you need it, all sorted with just one phone call

Practice Feedback

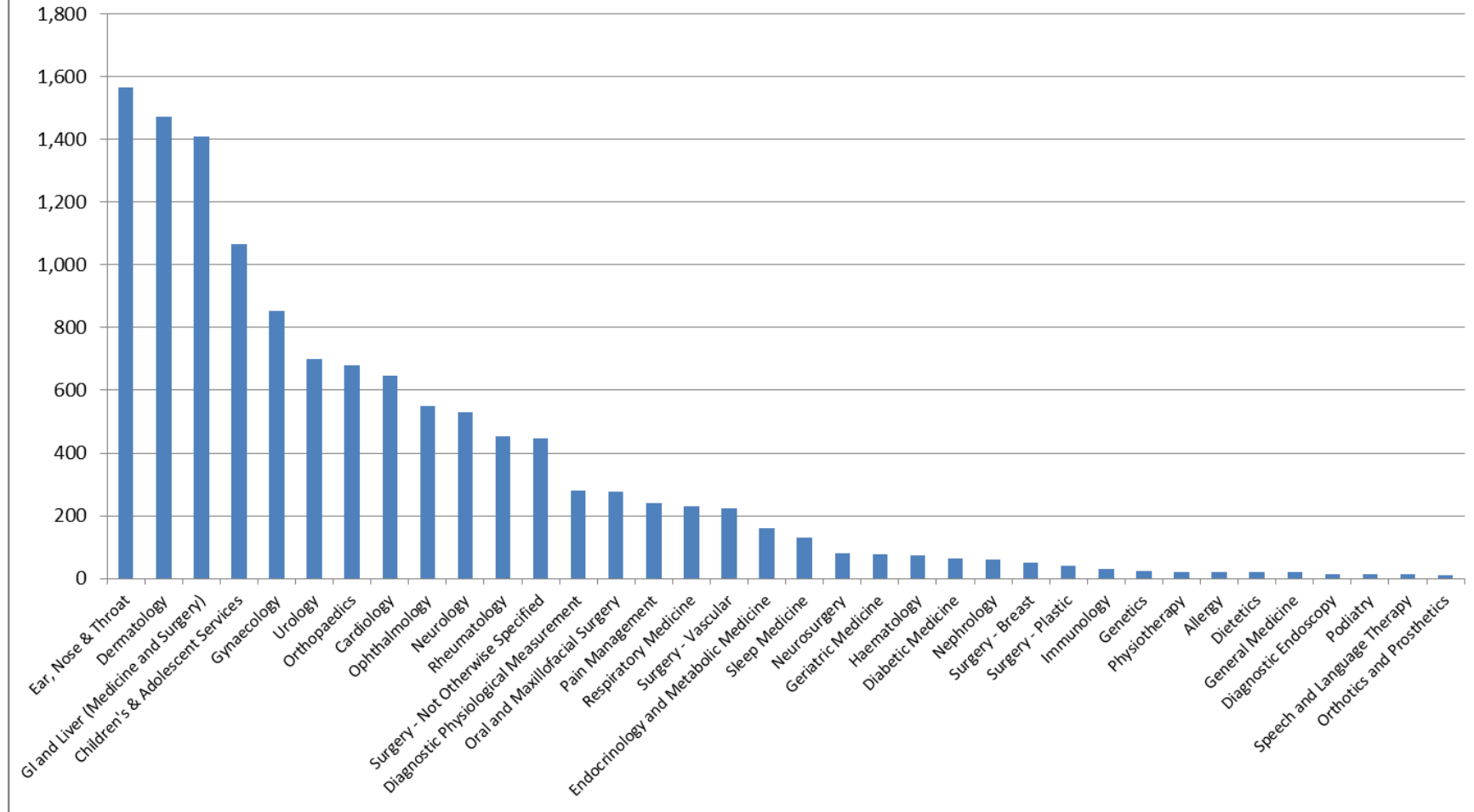
Sample based on an audit of 6 practices undertaken in April 2014.

- It's easier than C&B and overall less time consuming.
- There are fewer contacts from patients to chase up appointments
- We don't have to do so much checking now
- We are saving on paper and postage.
- System could be better if it allowed attachments to be added at a later date, apparently this is not possible so any attachments required or accidentally missed means the referral process has to start again.
- The final letter/form sent via RSS is not the one saved on the clinical system & this is a concern as far as audit trails are concerned.
- GP's find the rejections frustrating, especially those with the comments such as "have you tried.....". Inevitably such measures have been tried so this response needs to be incorporated into a new referral.
- The POLCV's have to be included - even if the body of the referral letter has enough information (as well as including a thorough patient summary).
- Even if you specifically type the correct Speciality and Clinic Type (and it is spelt correctly) the ICG System cannot recognise and match this information to the list. This means that every referral uploaded, goes in to attention (requiring input of this information). Duplicates work.
- Recognising which Speciality and Clinic Type can be difficult being Clerical staff - ?training issue
- I think this Service has great potential, I have had good experience with the staff I have spoken to at the RSS Team, it will minimise paper, audits our actions and will improve service to patients. Of course, it is still in the early stages and there is room for improvement.

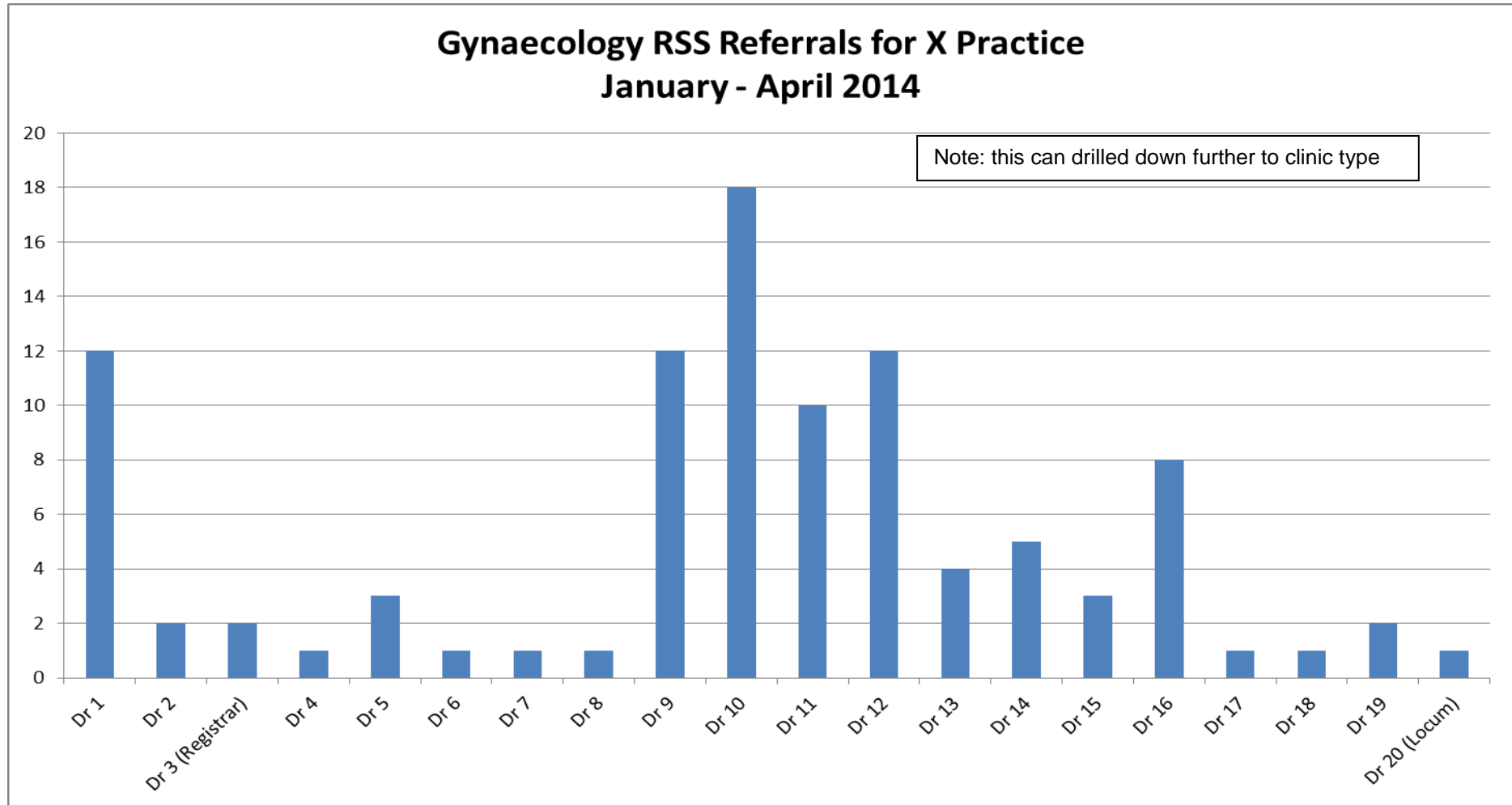
**Appendix 2: Sample of data available for future monthly dashboard.
RSS Analysis November 2014 – May 2015**



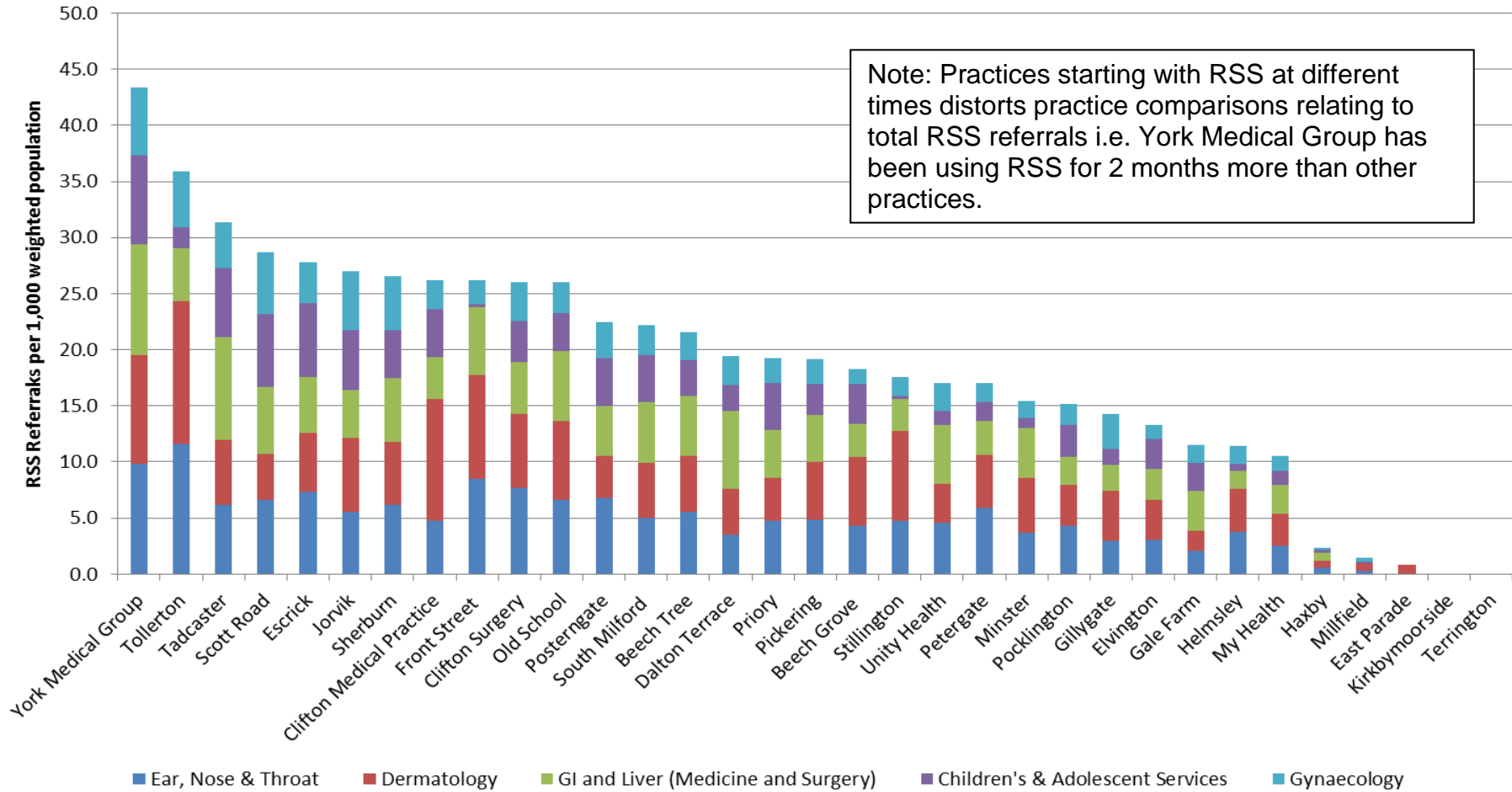
Analysis of Referral Demand by Specialty November 2014 - April 2015



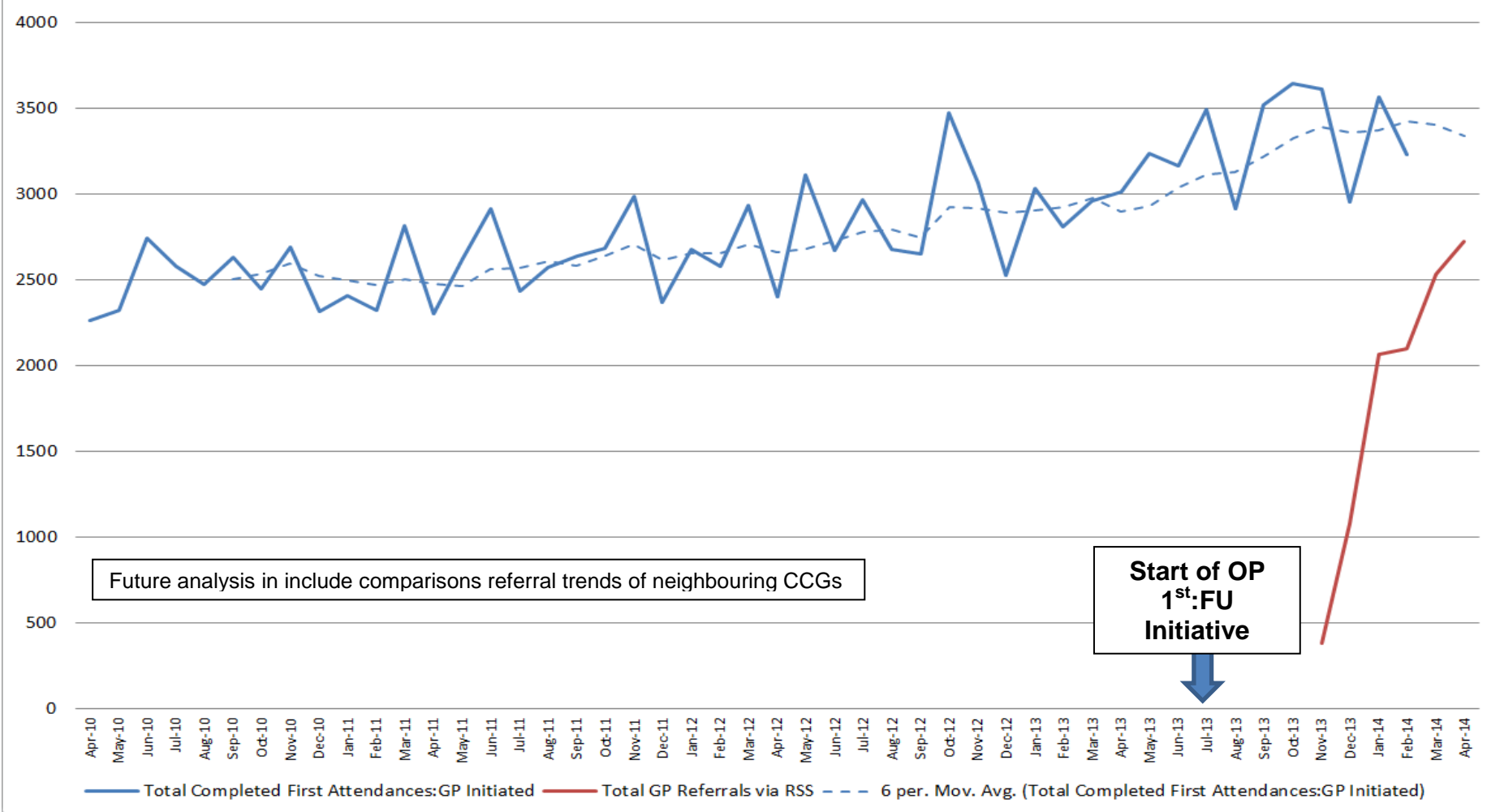
Example of specific information that could be made available to practices (practice & GPs anonymised)



RSS Referrals for Top 5 Specialties Period: November 2014-May 2015



Analysis of GP referred completed attendances compared to RSS referrals



Future analysis in include comparisons referral trends of neighbouring CCGs

**Start of OP
1st:FU
Initiative**

