Item Number: 14 **Name of Presenter: Shaun O'Connell**	
Meeting of the Governing Body **1 October 2015**	**NHS** ***Vale of York*** ***Clinical Commissioning Group***

Referral Support Service Progress Report

Purpose of Report
For Information

1. Rationale
The Governing Body requested an update on the progress of the Referral Support Service (RSS) and plans for future development

2. Strategic Initiative

☐ Integration of care	☒ Planned care
☐ Person centred care	☐ Transforming MH and LD services
☐ Primary care reform	☐ Children and maternity
☐ Urgent care reform	☐ Cancer, palliative care and end of life care
☐ Effective and Efficient Organisation	☐ System resilience

3. Local Authority Area

☒ CCG Footprint	☐ East Riding of Yorkshire Council
☐ City of York Council	☐ North Yorkshire County Council

4. Actions / Recommendations
The Governing Body is asked to note progress

5. Engagement with groups or committees
N/a

6. Impact on Primary Care
No new impact

7. Significant issues for consideration
N/a

8. Implementation
- Review of clinical triage – RSS Clinical Governance Lead and Project Lead by December 2015
- Migration of 2 week wait referrals onto RSS for prioritised specialties – RSS Clinical Leads, Project Lead and RSS Administration Lead

9. Monitoring
Outcomes
- Meet 2015/16 plan for triaged specialties
- Increase in electronic referrals/reduction in paper referrals
- Safe transition of RSS services hosted by the Commissioning Support Unit

10. Responsible Chief Officer and Title	**11. Report Author and Title**
Dr Shaun O'Connell GP Lead for Prescribing and Planned Care	Polly Masson Innovation and Improvement Manager Dr Shaun O'Connell GP Lead for Prescribing and Planned Care
12. Annexes N/a	

Referral Support Service Progress Report

1.	**Purpose of the report**
1.1.	At the February Governing Body meeting a request was made for a progress report on the Referral Support Service (RSS) project, and detail on future development plans.
1.2.	Where time periods are referred to in the report, these will refer to the financial year, unless otherwise specified i.e. quarter 1 is April – June.
1.3.	Overall service performance can be seen in appendix 1

2.   Progress

2.1.   Contributing to the reduction in outpatient first appointments

2.1.1.   An objective for the RSS was to achieve a reduction in outpatient first appointments of 8% in triaged specialties in its first year of operation. In the paper presented to the Governing Body in February 2015 we stated that we were on track to achieve this. Now year-end data has been processed, we can confirm that this has been achieved, and a 10% reduction has been seen in the triaged specialties. See appendices 2, 3 and 4.

2.1.2.   The operational plan for 2015/16 has been developed taking into account the reduction in referrals achieved in 2014/15. Achievement of the 2015/16 plan will be an indicator of success for the RSS. The latest analysis shows that this is on target.

2.1.3.   A benefit of the RSS is that it can facilitate the triage of referrals, and support onward referral to community based services. This has been demonstrated by the successful implementation of the new community diabetes service.   Referrals are triaged by the nurse specialist team and referrals routed to the most appropriate service. In the period 1 January – 31 August 2015, 278 appointments made via RSS of which 82% directed to community diabetes team. This functionality can be further used as additional community pathways are developed.

2.2.   Contributing to achieving 80% electronic referrals

2.2.1.   All member practices continue to use the RSS to submit referrals for the relevant specialities. In quarter 1 of 2015/16 9,940 referrals were submitted via the service, and increase of 15% on the previous year.

2.2.2.   We continue to use the RSS as a driver to increase the number of electronic referrals across the healthcare system. A comparison of q1 performance in 2015/16 against the same period in the previous year shows that paper referral letters have fallen by 6%. See appendix 5.

2.2.3.   We are working with York Teaching Hospital Foundation Trust (YTHFT) to add 2 week wait (2WW) referrals to the NHS eReferral System so that they can be sent electronically via the RSS rather than by fax. [Note – Choose and Book was replaced by the NHS eReferral System in June 2015].   Plans are in place to prioritise dermatology referrals.

2.3. Increasing the range of specialties clinically triaged

2.3.1. In conjunction with the aim to manage 2WW dermatology referrals via the RSS, the project team also plan to introduce a clinical triage of these referrals. Working with the clinical team at YTHFT, the proposed pathway will provide prompt access to specialist advice regarding the referrals. The additional cost to deliver this pathway is approximately £1,500 per month. We are predicting a 10% return rate which should deliver real savings for the CCG and prevent patients having to attend unnecessary hospital appointments.

2.3.2. Cardiology is a specialty in which referrals are growing significantly, many of which are from internal sources. We will be undertaking a review of these referrals in the next 6 months.

2.3.3. Gastroenterology is a specialty we are currently scoping to determine if there is additional benefit from clinical triage. Consultants from YTHFT have approached the team indicating there is potential in this, and an audit of referrals is currently underway for the month of September.

2.3.4. In the next few months we will start scoping consultant triage of gynaecology 2WW referrals.

2.4. Improving referral quality

2.4.1. We are working on the feedback from local GPs indicating that further guidelines would be helpful. New topics currently being developed include:

- cardiology
- gastroenterology
- neurology
- paediatrics

2.4.2. The process for revising guidelines has been updated and all guidelines will now be reviewed by the Clinical Research and Effectiveness Committee (CREC) as part of the sign-off process. This provides an additional level of assurance for our published guidelines.

2.4.3. We are continuing to monitor the return rates for each of the specialties to evaluate the impact and value of clinical triage. Our assumption is that return rates will fall as referral management and quality improves.

2.4.4. Appendix 6 shows the rate of referral return for each specialty. Reductions can be seen in ENT and gynaecology referrals. Referral return rates have remained level in dermatology, colorectal surgery and vascular surgery. In q3 of this financial year we will be undertaking a full review of clinical triage to inform future triaging plans.

2.4.5. In April 2015 we introduced a range of sub codes so we can further analyse the reasons why a referral is returned to referrer, and how many of the cases returned are resubmitted. Appendix 7 shows the profile of these cases.

2.4.6. For the cases that are returned to a referrer and are not subsequently resubmitted via the RSS using the triage appeal link, the main return reason is either *'see RSS guideline'* or *'additional management advice'*

2.5. Developing long-term plans for the service

2.5.1. Procurement plans have been delayed following the news that the local commissioning support unit (CS) had not made national provider framework. Focus has been placed on understanding the associated impact of this decision and on the provision of the RSS admin team. Procurement planning will recommence once the outcome of the CS business cases has been announced.

2.5.2. Practice reporting has also been delayed due to impact of CS situation and availability of BI resource
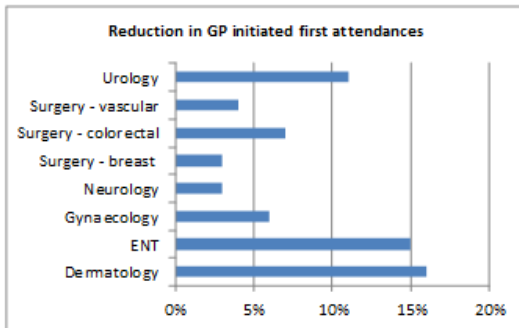
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3. Recommendation

The Governing Body is asked to note progress to date

RSS Performance April 2014—March 2015

Total cost of RSS
£335,775

Cost per head of population £0.89

37,433 referrals submitted via the RSS

Focus on Quality
98% quality checked before onward referral to ensure all the relevant information is attached in the referral

16,221 referrals had clinical triage. 15% returned
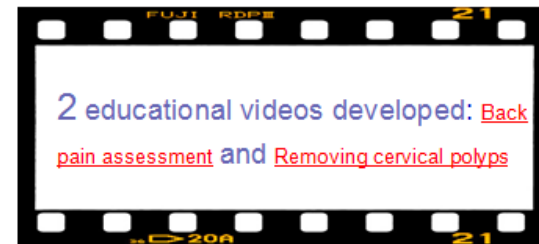
8 education sessions held based on topics identified through RSS clinical triage

**13** reviewers are in the team with a further 8 joining in September. 8 diploma courses were funded to increase the triage team.

2 educational videos developed: Back pain assessment and Removing cervical polyps

Reduction in GP initiated first attendances

Specialty
Urology
Surgery - vascular
Surgery - colorectal
Surgery - breast
Neurology
Gynaecology
ENT
Dermatology

(0% 5% 10% 15% 20%)

£ 470,034 savings:

£240,246 from reduction in first attendances for triaged specialties

£229,788 from associated avoided follow-up appointments in triaged specialties* * estimated based on follow up ratio of 1:1.3 across the triaged specialties. Average ratio for all specialties was 1:2

22,620 patients had their choice of appointment discussed with them on the phone. 97.4% of those surveyed were satisfied with the experience

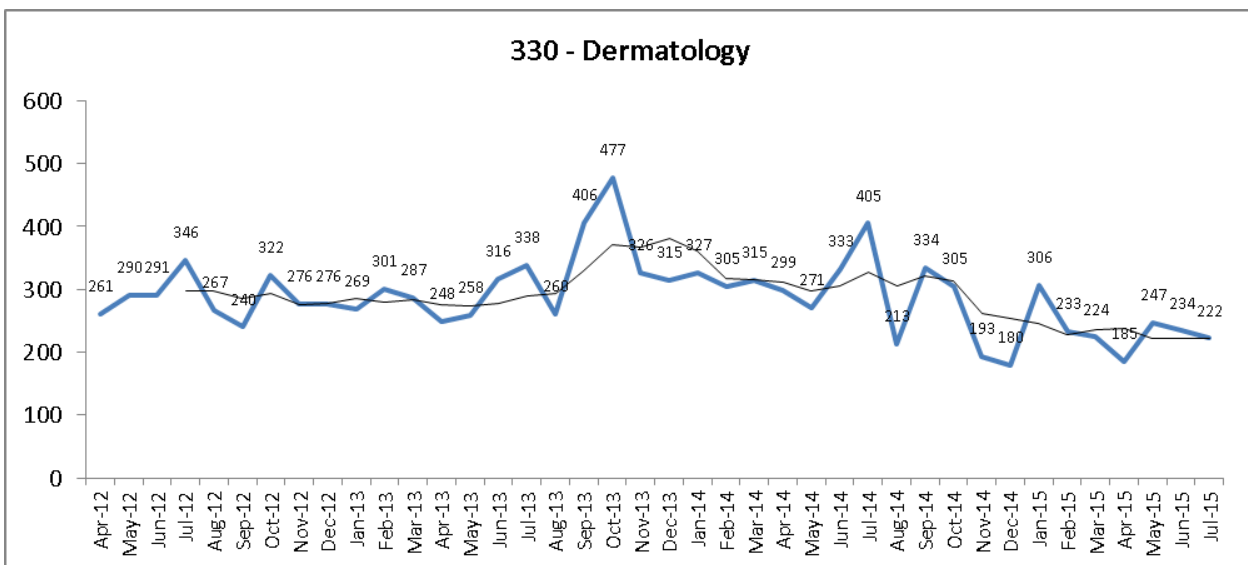Over 100 guidelines on the website. New pathways supported by the RSS include:

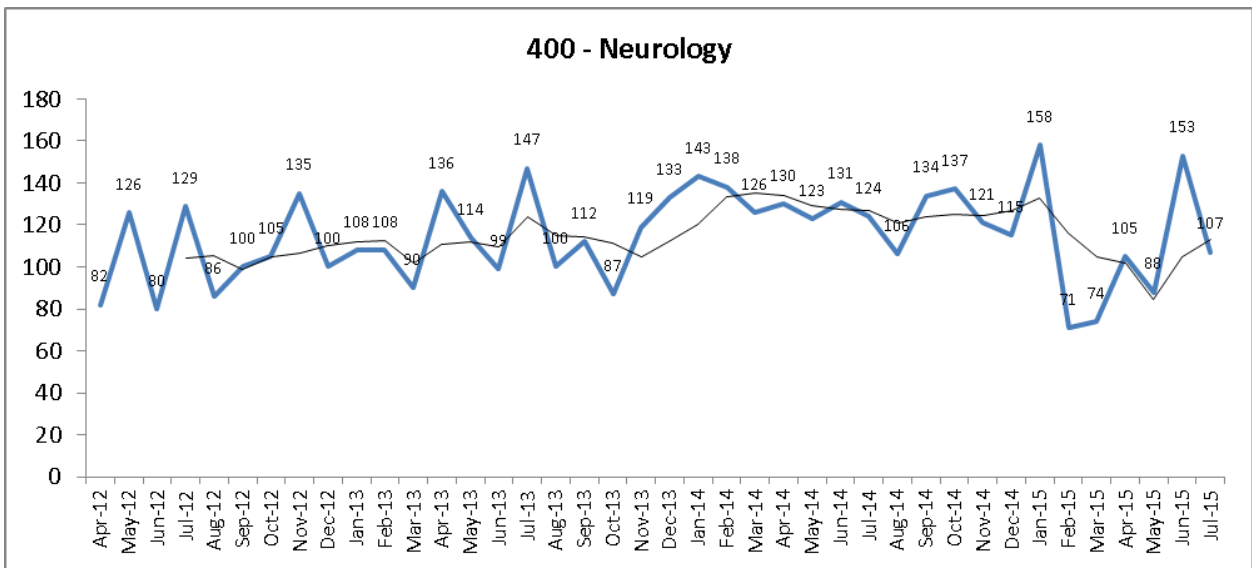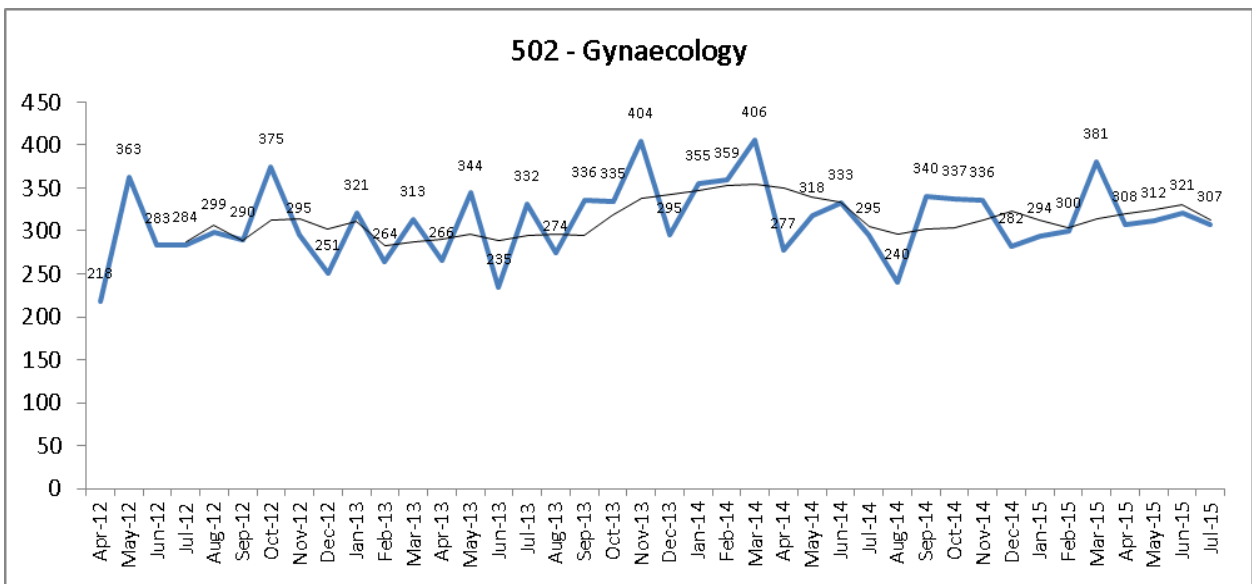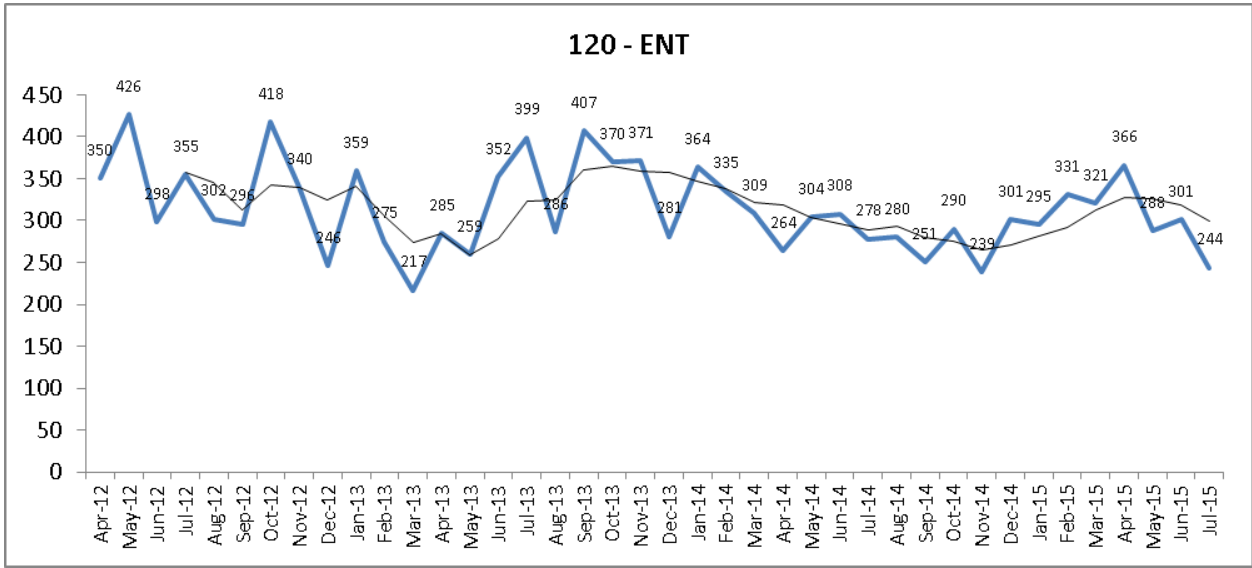♦ Symptomatic breast pain

♦ Diabetes community service

Appendix 2 - Comparison of 13/14 activity plus 1% demographic growth to14/15 activity

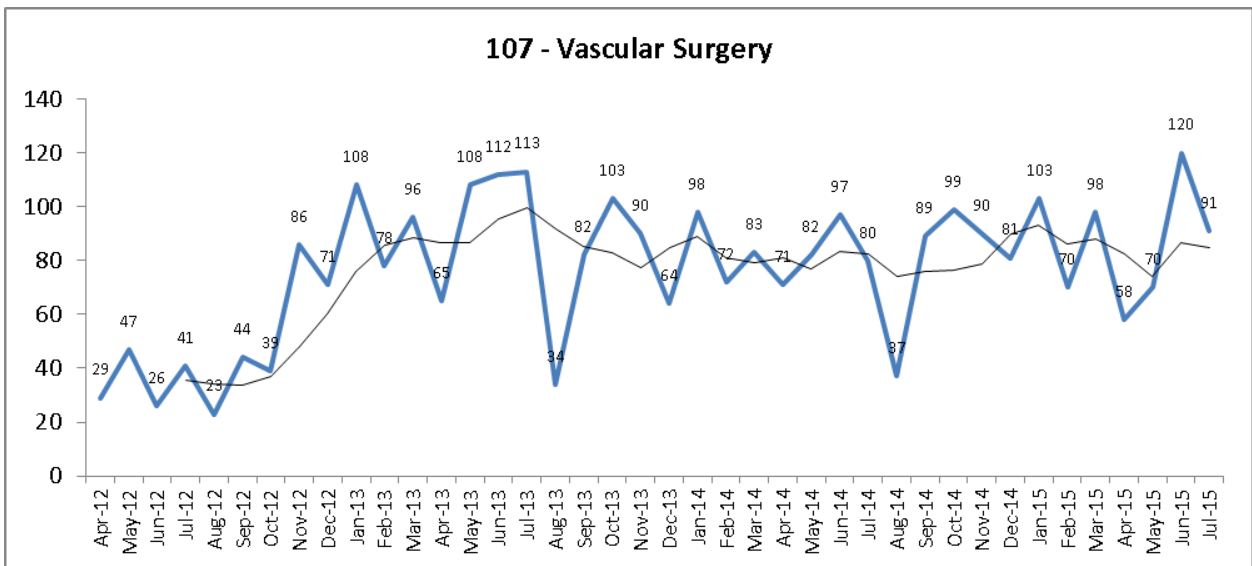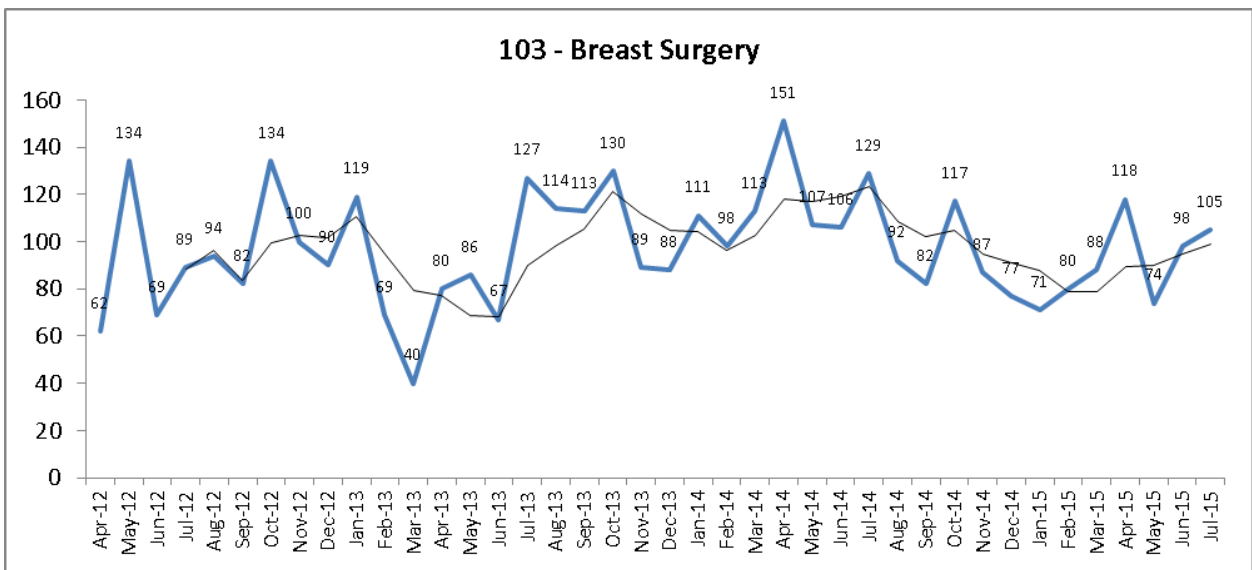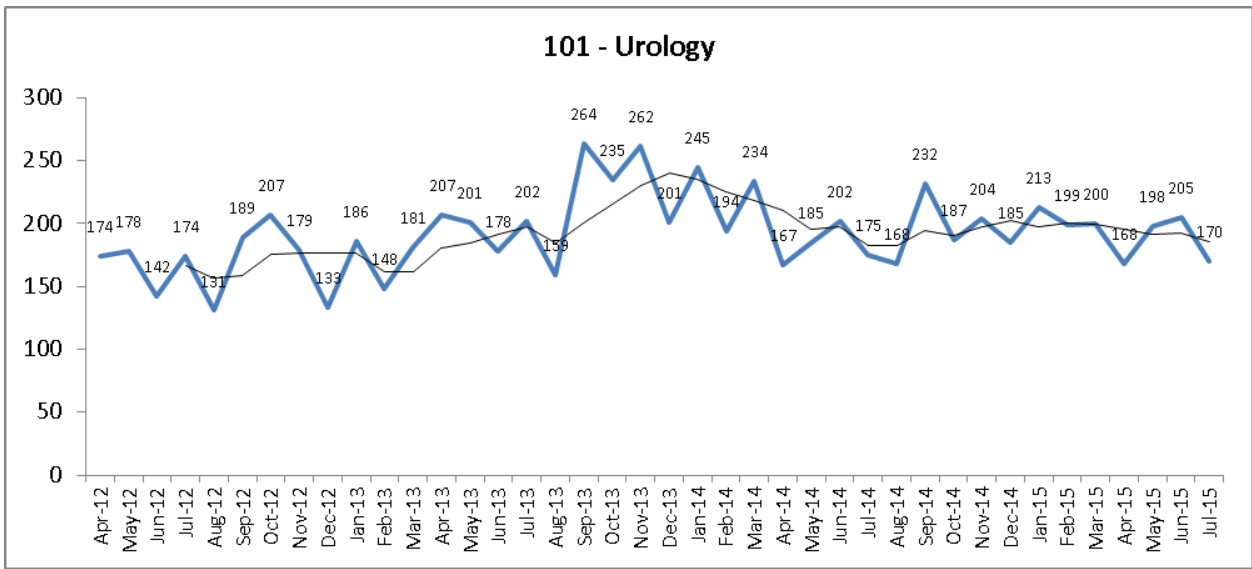

13/14 vs 14/15 Variance by Specialty
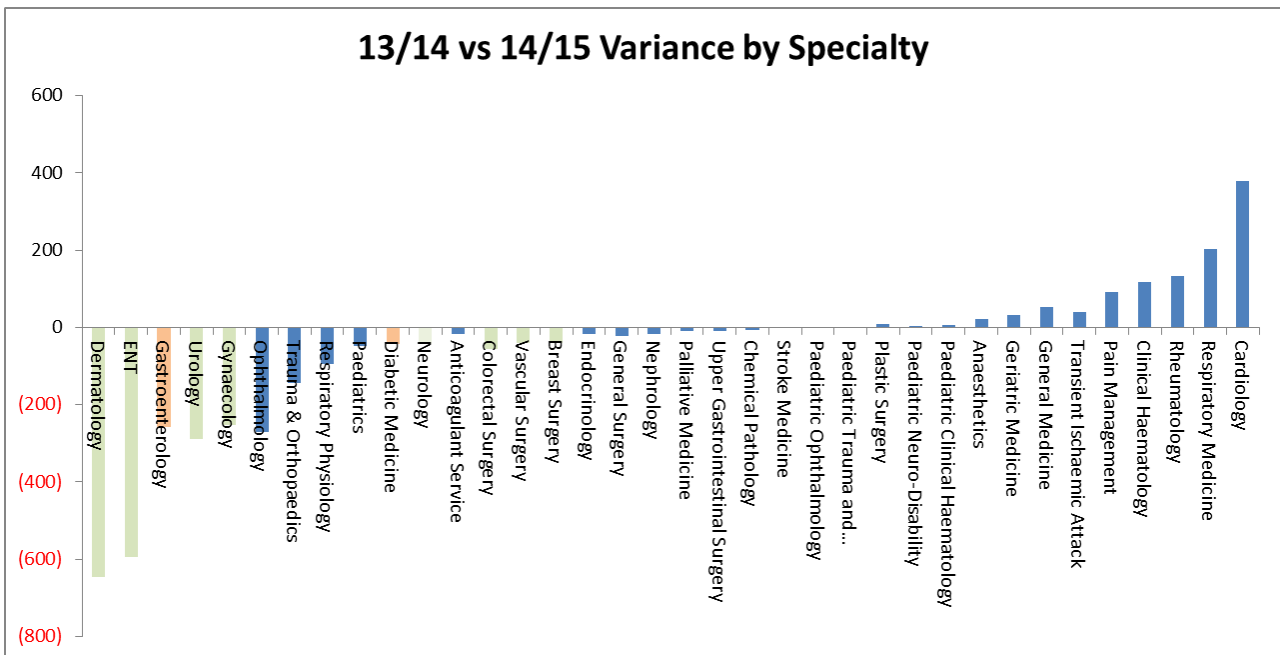
Source: SUS data. Data based on York Hospitals, First Attendance only, GP referral only.

Appendix 3 – Trends in GP initiated first appointments

330 - Dermatology

120 - ENT

Values (Apr-12 to Jul-15): 350, 426, 298, 355, 302, 296, 418, 340, 246, 359, 275, 217, 285, 259, 352, 399, 286, 407, 370, 371, 281, 364, 335, 309, 264, 304, 308, 278, 280, 251, 290, 239, 301, 295, 331, 321, 366, 288, 301, 244

502 - Gynaecology

Values (Apr-12 to Jul-15): 218, 363, 283, 284, 299, 290, 375, 295, 251, 321, 264, 313, 266, 344, 235, 332, 274, 336, 335, 404, 295, 355, 359, 406, 277, 318, 333, 295, 240, 340, 337, 336, 282, 294, 300, 381, 308, 312, 321, 307

400 - Neurology

Values (Apr-12 to Jul-15): 82, 126, 80, 129, 86, 100, 105, 135, 100, 108, 108, 90, 136, 114, 99, 147, 100, 112, 87, 119, 133, 143, 138, 126, 130, 123, 131, 124, 106, 134, 137, 121, 115, 158, 71, 74, 105, 88, 153, 107

101 - Urology
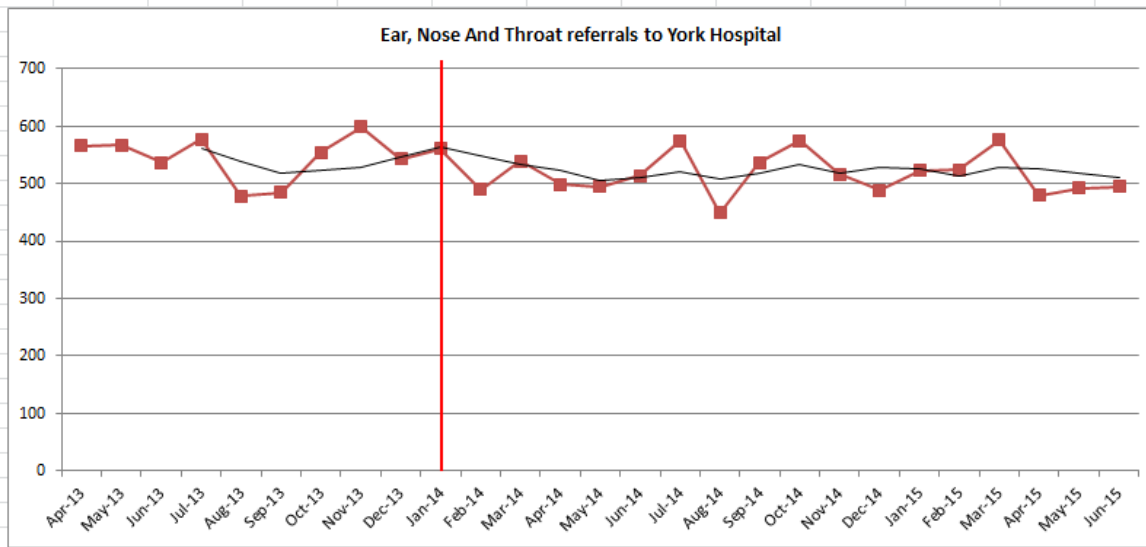

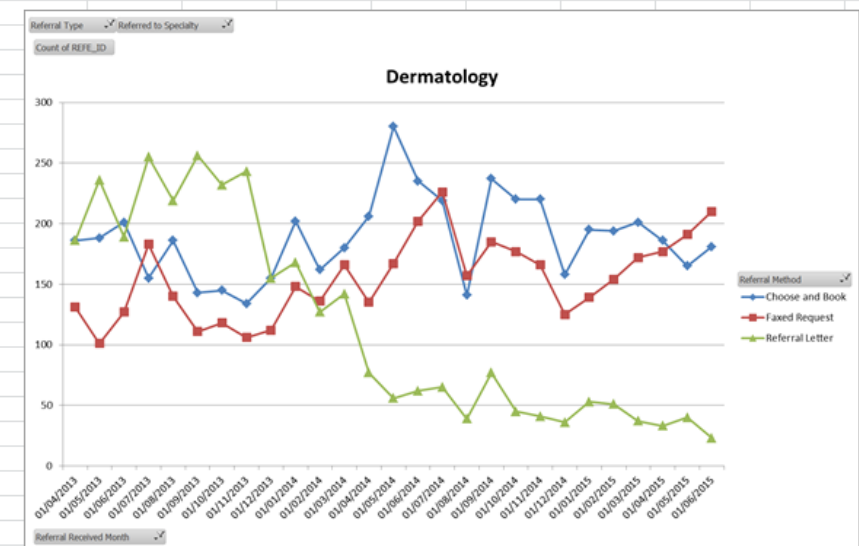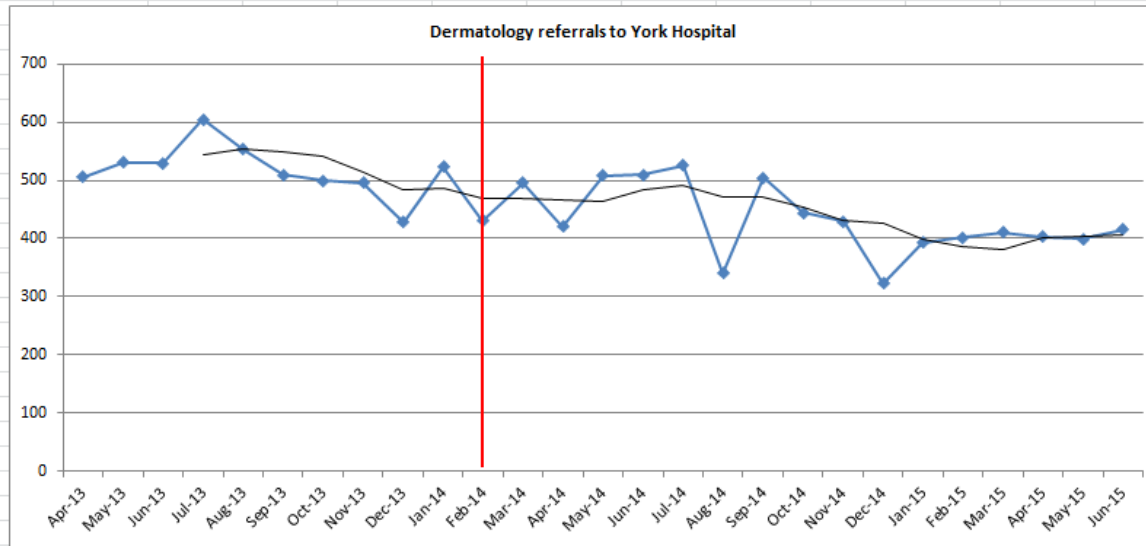**103 - Breast Surgery**
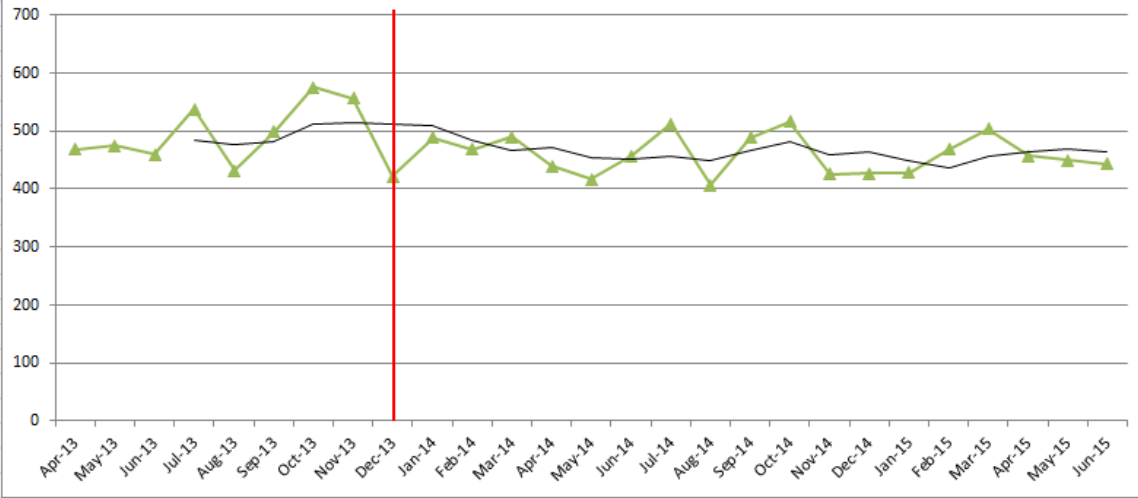

107 - Vascular Surgery

Source: SUS data. Data based on first attendances at York Teaching Hospital Foundation Trust.
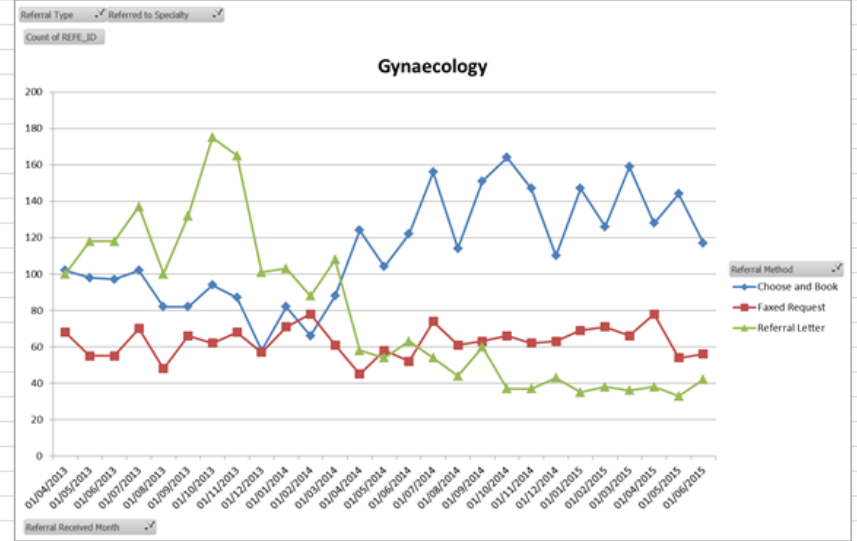
The trend line is a 4 month moving average.

Appendix 4 – Trends in GP referrals to York Hospital and the format they are submitted in
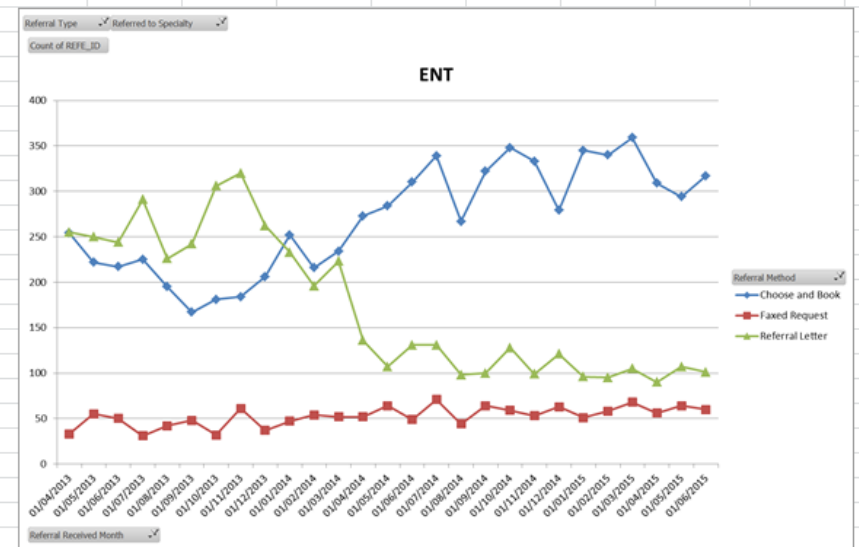
Gynaecology referrals to York Hospital

Neurology referrals to York Hospital

Gynaecology
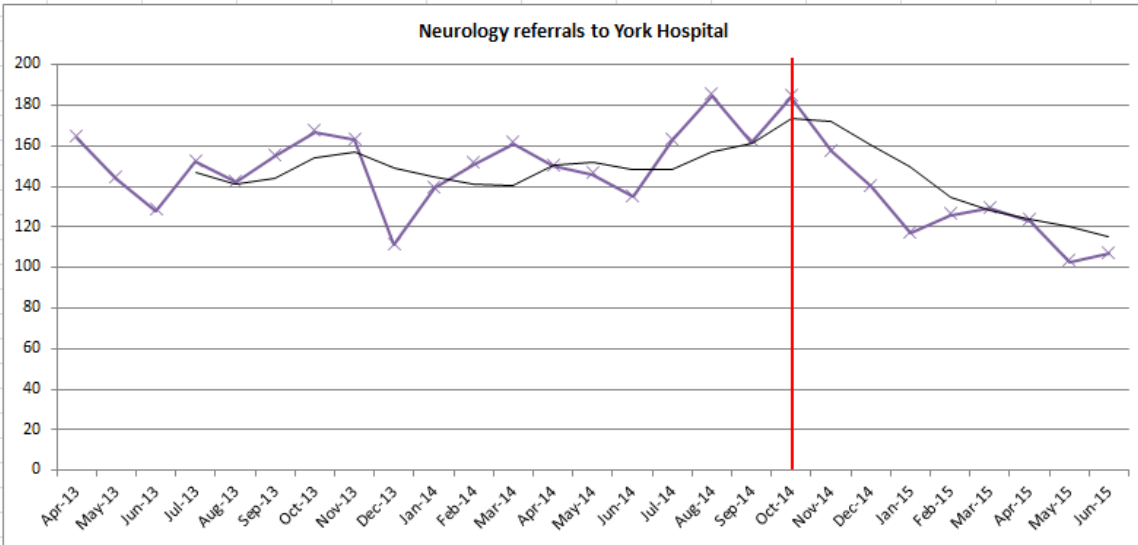
Neurology
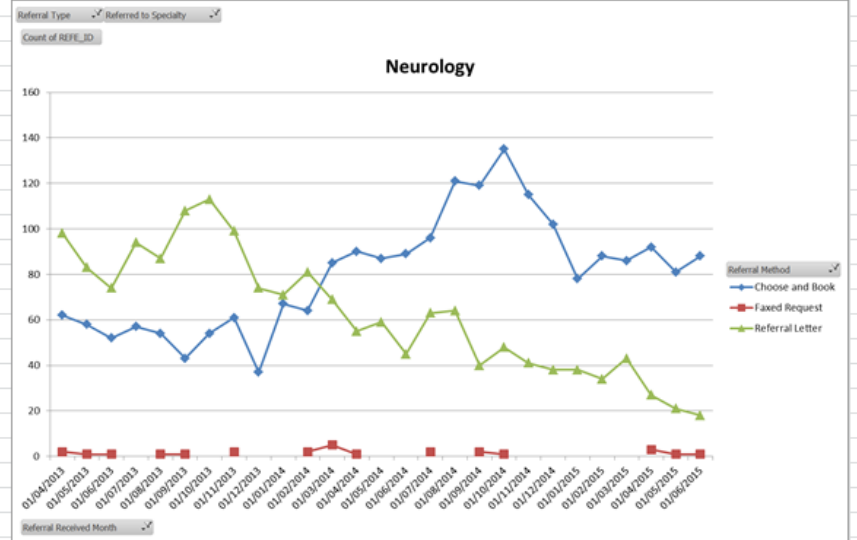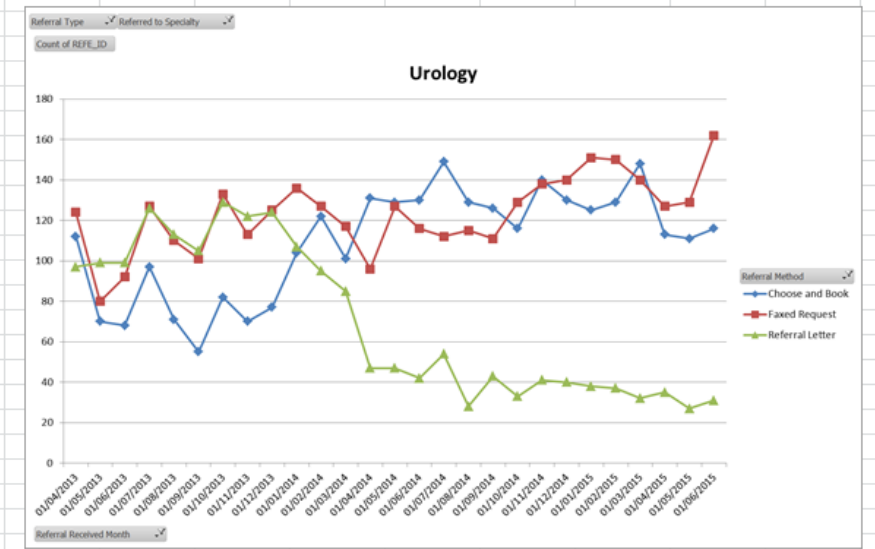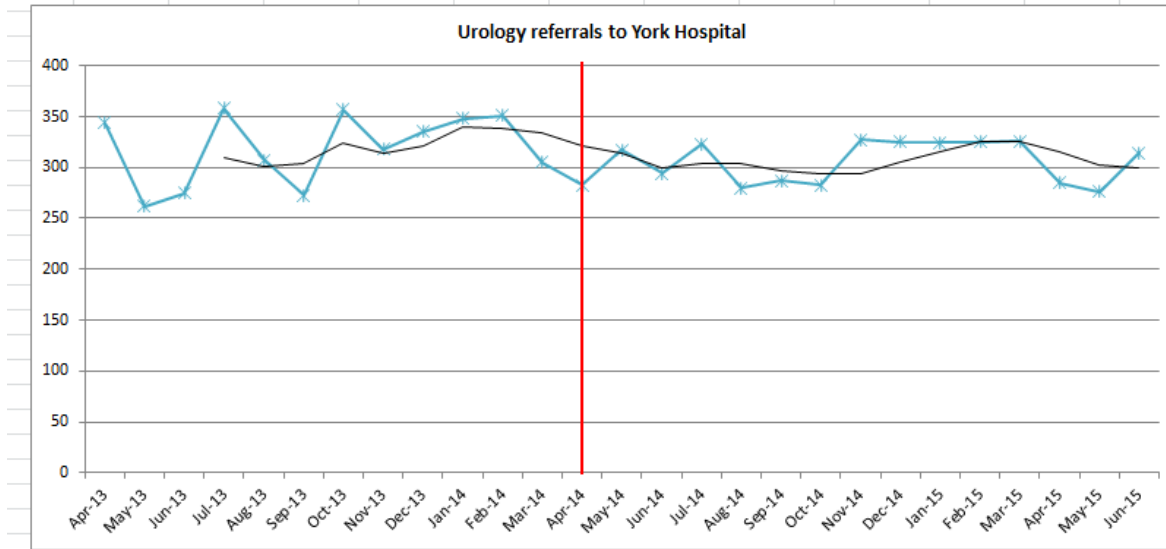
Source: SUS data. Data based on GP referrals to York Hospital

The graphs on the left show the referrals made to York Hospital. The red line shows when clinical triage commenced.

The graphs on the right show the format the referrals were submitted in. The blue line shows Choose and Book referrals, the red line shows faxed referrals (2 week wait) and the green line shows referral letters.

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Appendix 5 - Reduction in paper referrals

Comparison of 2015/16 referrals against 2014/15 performance.

Q1 14/15				Q1 15/16		
*Referral Type	GP			*Referral Type	GP	
*Referring GP CCG	03Q			*Referring GP CCG	03Q	
Referral Received Date	(Multiple Items)			Referral Received Date	(All)	
Row Labels	Count of Referrals	% of grand total		Row Labels	Count of REFE_ID	Sum of REFE_ID
Choose and Book	6,455	44.45%		Choose and Book	6970	48.49%
Electronic Referral	204	1.40%		Electronic Referral	241	1.68%
Faxed Request	2,761	19.01%		Faxed Request	2957	20.58%
lpt	4	0.03%		Referral Letter	3145	21.88%
Legacy	2	0.01%		Request via e-mail	100	0.70%
Referral Letter	4,011	27.62%		Verbal2	886	6.16%
Request via e-mail	17	0.12%		Ward2	35	0.24%
Verbal2	1,010	6.95%		Xreref	39	0.27%
Ward2	35	0.24%		Grand Total	14373	100.00%
Xreref	24	0.17%				
Grand Total	14,523	100.00%				

Source: SUS data. Data based on GP referrals to York Hospital

Appendix 6 – Return rates for clinical triage

Specialty	Month triage started	% returned in first 3 months of triage	% returned in Jun – Aug 15	% change
Gynaecology	Dec 2013	39%	25%	- 14%
ENT	Jan 2014	14%	8%	- 6%
Dermatology	Feb 2014	15%	16%	+ 1%
Surgery - colorectal	Apr 2014	0%	0%	same
Surgery - vascular	Apr 2014	2%	1%	- 1%
Urology	Apr 2014	0%	19%	+ 19%
Neurology	Oct 2014	17%	22%	+ 5%
Surgery - breast	Dec 2014	0%	2%	+ 2%

Source: ICG data. Data based on GP referrals to all providers

Appendix 7 – Return reasons and rate of resubmission

Specialty	Number returned	Number resubmitted and subsequently booked	Number resubmitted and returned	% resubmitted	Number not resubmitted	Main return reason for referrals not resubmitted
Dermatology	205	25	27	25%	153	See RSS guideline (45%)
ENT	131	25	14	30%	92	Additional management advice (54%)
Gynaecology	220	44	25	31%	151	See RSS guideline (28%)
Neurology	140	23	10	24%	107	Note - information for GP (53%)
Surgery: Breast	20	4	3	35%	13	See RSS guideline (62%)
Surgery: Vascular	5	0	0	0%	5	Additional management advice (80%)
Urology	101	14	14	28%	73	See RSS guideline (30%)

Source: ICG data. Data based on GP referrals to all providers