

Governing Body (public) meeting

DATE: 27 November 2014

Title	Update on Referrals and Primary Care	
Recommended action for the Governing Body	<p>That the Governing Body:</p> <p>Note the approach for a locality based strategy to reduce variation in referral levels and to understand the reported increase in referral numbers and arrive at an appropriate course of action with localities.</p>	
Executive summary	<p>The CCG has recently reviewed Bexley GP referrals activity 2012/13 to 2013/14 using Choose and Book data (C&B) as the accepted marker of GP referrals. This review has demonstrated an increase of 15% overall. This analysis has shown that by Locality, GP referrals increased by:</p> <ul style="list-style-type: none"> • Clocktower 16.5% • Frognal 16.3% • North Bexley 13.1% <p>The C&B data also shows that there is widespread variation in the referrals rates from each GP Practice. Given this evident variation in referral patterns across Bexley, the CCG has undertaken to carry out tasks to support Bexley GPs in monitoring and evaluating their rates and quality of referrals.</p>	
Which objective does this paper support?	Patients: Improve the health and wellbeing of people in Bexley in partnership with our key stakeholders	✓
	People: Empower our staff to make NHS Bexley CCG the most successful CCG in (south) London	✓
	Pounds: Delivering on all of our statutory duties and become an effective, efficient and economical organisation	✓
	Process: Commission safe, sustainable and equitable services in line with the operating framework and which improves outcomes and patient experience	✓

Clinical Commissioning Group

Organisational implications	Key risks <i>(corporate and/or clinical)</i>	The referral rates continue to rise and variation increases.
	Equality and diversity	Variation of both referrals and activity could mean all patients do not have equal access to the right services, according to clinical need.
	Patient impact	Appropriate care is provided at the appropriate time.
	Financial	Increasing referral volumes impact on the sustainability of the CCG's financial position.
	Legal issues	Extension of contract to referral management services provider, following unsuccessful procurement.
	NHS constitution	The CCG cannot continue to support access to clinically appropriate services within budget.
Consultation (public, member or other)	Locality Grouping consultation.	
Audit (considered/approved by other committees/groups)	Approach and detailed information considered by Finance Sub-Committee	
Communications plan	Monthly Locality meetings	
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Date	29 October 2014	

Governing Body Paper
Update on GP Referrals
27th November 2014

1. Introduction.

While it is clear that responsibility for the management of PMS and GMS contracts rests with NHS England (NHSE), the actions and referring decisions of GP practices as the gatekeeper for NHS services, will have a great impact on the CCG commissioning portfolio, activity and spend. Therefore, it is reasonable that the CCG works closely with referrers to better understand the underlying trends and impacts, as they change over time.

Once referral trends are known, it is also reasonable that adjustments can be made with the aim of ensuring that the most clinically effective and cost effective outcomes are achieved within budget, whilst at the same time respecting patients' rights to choice. Monitoring referrals can also identify where there is a variation in treatment pathways, patient outcomes and quality concerns and this information will also provide indications of where the CCG may need to concentrate redesign, to reduce or eliminate variation.

As a result of a continuing increasing planned activity trend in the contract reportsⁱ, deeper analysis was undertaken to investigate whether this increase change was driven by GP referrers, or by other factors operating in the system.

On review of data from Choose and Book, this also showed that the greatest proportion of the increase in demand was from GP practices as the figures showed a marked across all localities when compared with the previous year. The CCG has a duty to work with practices to investigate and respond to this increase and develop strategies to manage this increasing demand.

2. Background

The National Audit Officeⁱⁱ has identified that the increasing number of referrals to Trusts across the Country is posing a risk to the 18 week standard and RTT times. Accurate and consistent monitoring of referral rates is needed to reduce the rate of increase and possibly halt the increase.

Within Bexley, there has been considerable effort over the past two years to support GP practices and try to mitigate any increases in referrals that is not explained by demographic changes. To this end, the CCG has completed a number of exercises;

- Implementation of 10 high volume pathways designed to reduce inappropriate referrals by guiding initial tests and prescription management prior to referral to secondary care. To ensure widespread use, these pathways have been uploaded to the GP zone and have been embedded into GP clinical systems. (These pathways

were designed as part of the Quality Outcomes Framework 2013/14, Quality and Productivity indicators, agreed by NHS England, to be completed by GP Practices by March 31st 2014.)

- All eligible referrals (those within a defined pathway) are triaged by experienced local GPs to ensure quality of referral
- Publication of GP dashboards published monthly on the GP Zone to inform practices of their referral patterns compared with locality and Bexley wide practices (Prior to April 2013 the practices were able to access the MEDE system to monitor activity and spend)
- Implementation of a refreshed KITEMARK programme to incentivise Practice level monitoring of referrals and referral quality

Given the continuing increase in activity, it is clear that an enhanced approach is required at this time.

3. Accurately Measuring Activity

Since 2011 the Referral Management Booking Service (RMBS) has been provided by Bexley Health Limited [BHL]. All referrals made through Choose and Book [C&B] are onward booked by BHL to the most appropriate provider, and those which have been triaged as inappropriate, are rejected.

Within BHL triage of these referrals is carried out by Bexley GPs. The challenge rate for triage is nationally recognised at 6%. In Bexley, the challenge rate is estimated to be 3.8%. This low rate is explained by the fact that the RMBS use the 'Advise Refer' functionality within Chose and Book. This process identifies that a referral is challenged internally and RMBS allow 3 days for the practice to dispute the challenge. This allows both the practice and the referring clinician time to add further information and/or agree or disagree with the challenge. The use of the 'Advise Refer' function reduces the number of referrals automatically rejected.

Due to the restrictions of CCG access to Patient Identifiable Data, auditable data is no longer available to CCGs for non-direct clinical purposes. Consequently Bexley CCG relies on data supplied by the Commissioning Support Unit [CSU], which is based on Acute Trust Activity. This is the same data that supplies the contracting reports and the highlighted overspend discussed earlier in this report. However, it is very difficult to make direct comparisons between the data provided by the CSU and referrals at a practice level, due to the differences in timing between their recording points in a typical patient's journey. This makes the use of acute derived reported unsuitable for investigating referrals trends at a practice level. High level analysis of Acute Trust data does however show that a high proportion of outpatients Did Not Attend (DNAs) are rebooked via the Acute Trust which appears to be in contrast to the providers' own Access Policy. This information has been forwarded to the CSU contracting team for investigation

Bexley GPs have high confidence in Choose and Book data, as they can compare the figures produced to their own practice records. As Bexley GPs are consistently in the highest users of C&B ranking (90%+ rate of usage) the C&B figures reported through the Referral Management Booking System [RMBS] show an accurate picture of referral activity for Bexley GPs. Therefore, for the purposes of investigating changes in referral trends at practice and locality levels, the CCG has taken the decision to use Choose and Book data.

3. Current Status of Referral Growth

The CCG has reviewed Bexley GP referrals activity 2012/13 to 2013/14 using C&B as the accepted marker of GP referrals. This review has demonstrated an increase of 15% overall. This analysis has shown that by Locality, GP referrals increased by:

- Clocktower 16.5%
- Frognal 16.3%
- North Bexley 13.1%

Please note: (Ophthalmology and Physiotherapy referrals have deliberately been removed in that period due to anomalies in the data and activity outside of the Choose & Book system).

When comparing data across each locality, there is widespread variation in the referrals rates from each GP Practice. For example, in month 3, practice referral rates vary between 25 per 1000 registered population to 63 per 1000 population. The Bexley average rate is 47 per 1000 registered population. Of the six highest referring practices, two are in Clocktower locality, two are in Frognal locality and two are in North Bexley locality.

As demographic characteristics within each locality are similar, it is reasonable to carry out comparisons between the practices within each locality and highlight marked differences in referral patterns, so that practices can carry out actions or learn from best practices from other practices in the locality, and across Bexley, to better manage demand. The use of Chose and Book data in these reports is comparable for all practices, and best demonstrates the variation between practices.

4. Our Locality Based to Reduce Variation and Growth in Demand

Given the importance of the volume of referrals to the financial sustainability of the health economy, the CCG has recently commenced a number of additional tasks to mitigate the reported increase;

1. Extension of the RMBS Contract
2. Practice Deep Dives
3. Clinical Lead Review of Particular Specialties
4. Development of Pathways To support Triaging

RMBS Contract

The Kings Fundⁱⁱⁱ has identified that a Referral Management Strategy built around Peer review and audit, supported by consultant feedback, with clear referral criteria and evidence-based guidelines is most likely to be both cost- and clinically-effective. Bexley CCG continues to be supported by the Referral Management and Booking Service (RMBS) to manage referrals and monitor the volume and quality of referrals.

The contract for RMBS has been renewed with Bexley Health Limited (BHL). Contract variations have been added to address the increase in referrals and to empower the practices to understand the changes in their own referral patterns. This has been achieved in the following manner:

- It has been agreed that BHL in conjunction with the CCG Business Intelligence team produce a monthly Locality based Data Suite and this is shared at the Locality meetings. This allows a peer review of the data, and encourages reflection, discussion and action on the data provided. This data is based on Choose and Book data, as this has the confidence of the GP practices to accurately reflect referral numbers and trends.
- The standing Agenda item has been presented by Locality representatives. The representatives are;
 - North Bexley - Dr P Anand
 - Clocktower - Dr P Fish and Dr W Cotter
 - Frognal - Dr R Money
- The monthly Referrals update will continue to be refined to include data on appropriateness of referrals, trends, analysis and possible new, or additional, pathways.
- This locality based peer review approach commenced with the localities in September 2014 and was well received. Further detailed information was supplied in October and it is planned to focus on a particular specialty area or practice, going forward. A sample of supplied reports can be found in appendix A.
- BHL have agreed that a minimum of 50% of all referrals are triaged by a Bexley GP during the referral management process and regular performance related reviews with Bexley CCG will be put in place to ensure effective contract mechanisms are maintained. This has commenced since August 2014.
- BHL have introduced STORM as a reporting tool to enable both the Commissioner and GPs to view their referral activity. STORM is a web based package which will analyse the practice amalgamated data and report, in real time, the rate of referral, the specialities, the destination of the referral and can also convert to costs, which is a helpful additional tool for practices.

Practice Deep Dives

- The regular reporting of current data will enable localities to support practices where the rate of referral is an 'outlier' within the locality and share best practice across Bexley.
- It is proposed that the CCG supports localities and practices to carry out 'deep dive' reviews of practice data which will indicate the volume of referrals for each speciality, and for each individual GP. To commence, the CCG Primary Care Development team is currently working on 'deep dive' information reports for three outlying practices. Once these are complete, the remaining practices will be given similar support.

Clinical Lead Review of Particular Specialities

- On the basis of the summary information, The CCG intend to offer the practice support by a CCG clinical lead for review of a particular speciality. This will also allow

the CCG to use the key feedback gained from practice level reviews undertaken to shape service transformation and contract variation to support that practice.

- At CCG level, it is intended that each CCG Clinical will examine demand and referral patterns within their speciality to identify issues
- The CCG and clinical leads will continue to encourage the use of Chose and Book Advice and Guidance feature for Cardiology. This allows the GP access to specialist input, without referral. The advice given is based on GP free text and can include visual attachments (e.g. ECG, Echo etc.)

Development of Existing and Further Pathways to Support Triaging

The CCG intend to support practices and the RMBS to adopt and use an enhanced range of effective pathways through:

- Regular review and development of existing and new care pathways to be introduced to assist in the RMBS triage process
- Pathways will be updated and loaded on GP Zone and Clinical systems for easy access.
- The CCG will use the feedback gained during practice deep dives and clinical lead reviews to gauge the need for further pathways to be developed.

Summary

As a result of rising out-patient referral levels, the CCG team have put in place a number of actions to ensure that member practices have visible information and additional support to so that they can tackle the reported increase in variation and increasing activity.

The Governing Body is asked to **note** this approach to a locality based strategy to reduce variation in referral levels and reduce or halt the increase in referral numbers.

ⁱ LGT M4 14-15 Analysis for BGL Commissioners -Trust SLAM report

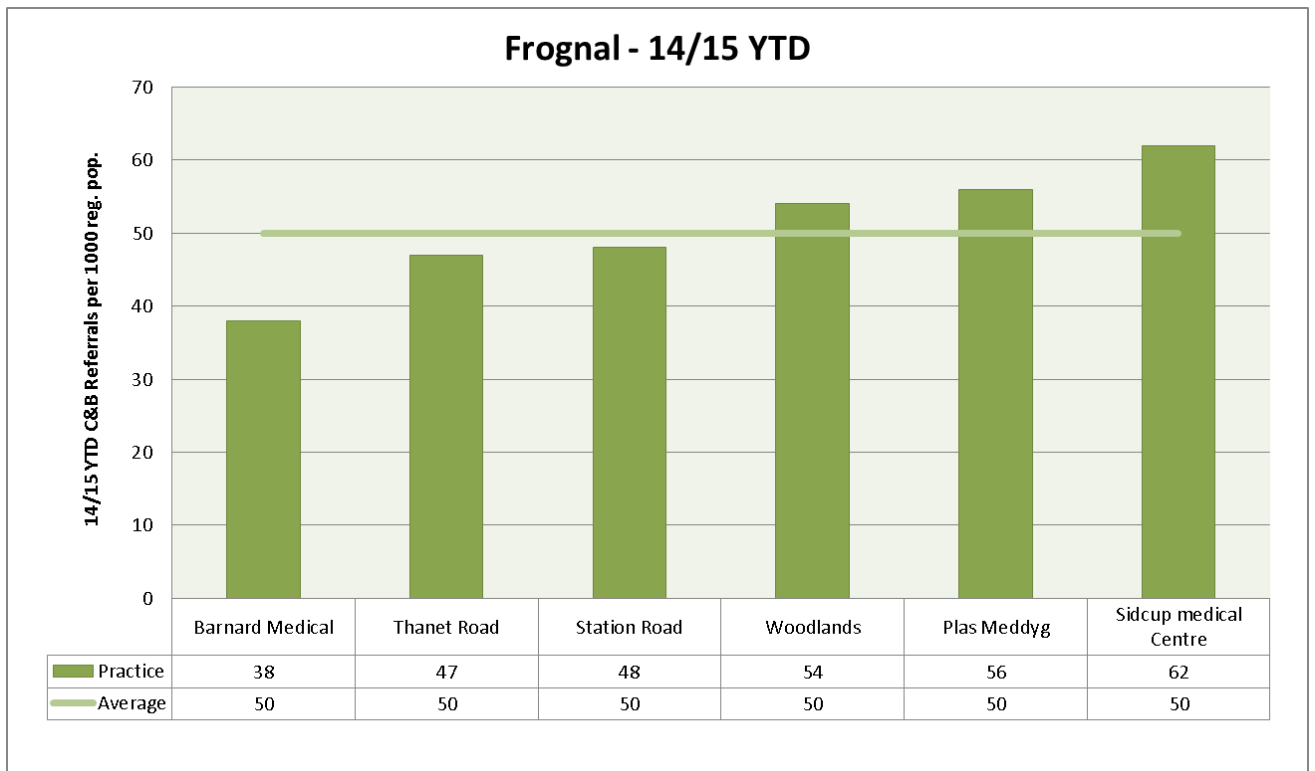
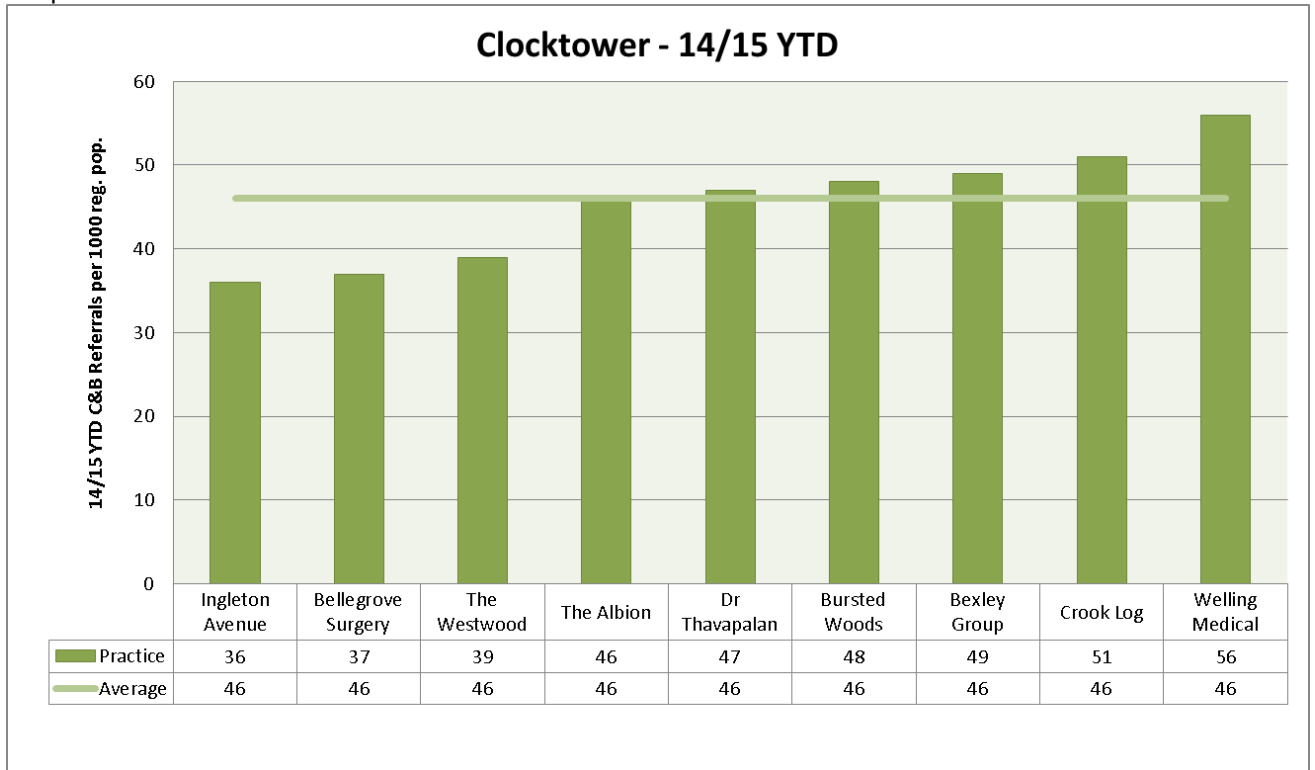
ⁱⁱ LGT M4 14-15 Analysis for BGL Commissioners -Trust SLAM report

ⁱⁱⁱ <http://www.nao.org.uk/press-releases/nhs-waiting-times-elective-care-england/>

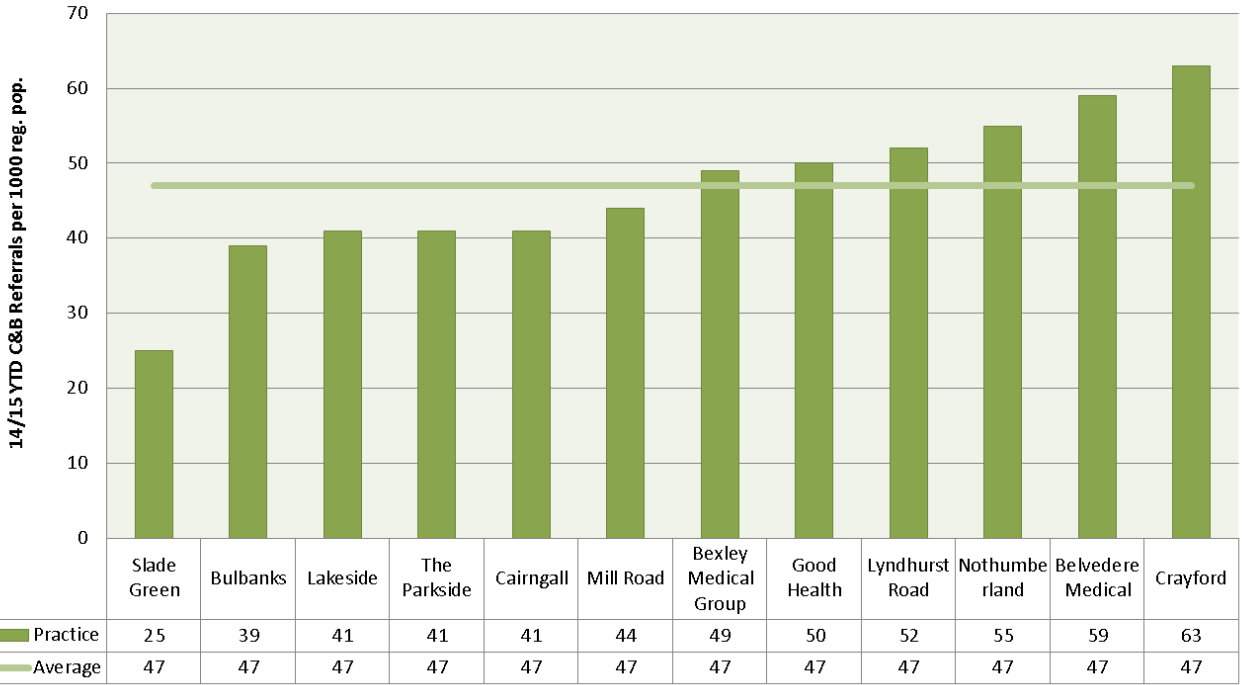
ⁱⁱⁱ <http://www.kingsfund.org.uk/publications/referral-management>

APPENDIX A

Graphs



North Bexley - 14/15 YTD



14/15 YTD C&B Referrals per 1000 Reg Pop as at 30/06/14

