


Item Number: 12 Name of presenter: Dr Shaun O'Connell	
GOVERNING BODY MEETING 2 OCTOBER 2014	
Referral Support Service Progress Report	
For Information	
1. Rationale To update the Governing Body on the progress made with implementing the Referral Support Service.	
2. Actions for the Governing Body <ul style="list-style-type: none"> To note progress made with Referral Support Service project. 	
3. Engagement with groups or committees N/A	
4. Significant issues for consideration N/A	
5. Implementation <ul style="list-style-type: none"> Full evaluation of Referral Support Service – Senior Innovation and Improvement Manager (November 2014) Monthly performance dashboard completed – Innovation and Improvement Manager/Commissioning Support Unit/Accenda (November 2014) 	
6. Monitoring <ul style="list-style-type: none"> Review evaluation report – November 2014 Outcomes <ul style="list-style-type: none"> 8% reduction in first attendances within Gynaecology, ENT, Dermatology, General Surgery, Urology Increased Choose and Book utilisation Increase in electronic referrals/reduction in paper referrals Increased patient satisfaction in the referral process 	
7. Responsible Chief Officer and Title Dr Shaun O'Connell GP Lead for Prescribing, Planned Care, Quality and Performance	8. Report Author and Title Andrew Bucklee, Senior Innovation and Improvement Manager Dr Shaun O'Connell GP Lead for Prescribing, Planned Care, Quality and Performance
9. Annexes N/A	

GOVERNING BODY MEETING: 2 OCTOBER 2014

Referral Support Service Progress Report

1. Purpose of the Report

- 1.1 At the June Governing Body meeting a request was made to provide an update for the October meeting on progress made with the Referral Support Service (RSS) project. Below is a summary of said progress with associated charts provided in Appendix 1 (Please note that these are based on Secondary User System data).

2. Progress**2.1 Referral Activity**

- Since implementation in January 2014, 23,462 referrals have been processed (data as at 18 September, 2014).
 - For the current financial year 17,006 have been processed
- The majority of practices were using the RSS by April, with the final practice being Terrington in August (see Chart 1).
- The RSS Team are now able to compare practice referral rates and identify outliers against the CCG average (see Chart 1).
- In July practices were asked to confirm that all referrals would be sent electronically via RSS. 26 out of 32 practices confirmed this (see Chart 2).

2.2 Triage

- RSS continues to review:
 - General Surgery
 - Urology
 - ENT
 - Gynaecology
 - Dermatology
 - Breast Surgery
- With the exception of Gynaecology, which had 1 Reviewer in place in January, the other specialties were being reviewed from April onwards.
- Since the report in June, the RSS Team have only been able to recruit one additional Reviewer to cover General Surgery/Urology. Providing a total of 9 Reviewers.
- In total 8,548 referrals have been reviewed 1,444 of which have been returned to primary care either with advice and guidance to maintain patients in the community or because the referral was for a procedure of limited clinical value (see Chart 3).

- Overall return rate is 16.9%, whilst this is a 5% reduction on the previous report, it is still above the expected return rate of 8% and potentially reflects improved referral practices by primary care.
- The effect of the RSS Review process will be monitored on a monthly basis using trend analysis and practice benchmarking (Charts 4 – 14)
- Trend analysis is currently inconclusive due in part to the review process starting in April and a lead time of 4 to 6 weeks from referral to attendance. As a consequence the effect of the RSS will not be seen until July/August.
- Practice benchmarks shown provide a baseline based on referral data from April 2012 – March 2014. The intention is to measure against these baselines from August onwards.
 - The next specialty to be reviewed will be Neurology, starting in October. Agreement has been reached with York Hospital for a Consultant Neurologist to review referrals for one session per week.
 - Despite numerous requests to primary care colleagues, the RSS Team have been unable to recruit additional Reviewers to Dermatology and for the expansion of specialties regarding Cardiology and Gastroenterology.
- A medium term solution to this problem is the CCG funding of 6 Diploma Course places for GPs covering Dermatology and Diabetes with agreement that on completion each will undertake RSS Reviewing responsibilities.

2.3. Guidelines

- Since the June report the number of guidelines on the RSS website has increased from 106 to 136. GP Reviewers are working on a number of new guidelines including:
 - Recurrent UTIs
 - Renal Stones
 - Renal Failure
 - Atrial Fibrillation
 - Heart Failure
 - Abnormal AFTs
 - Unilateral tinnitus
- Work is ongoing with York Hospital colleagues to develop guidelines and a pathways for symptomatic breast pain, which would allow all such referrals to be reviewed via the Breast Surgery Reviewer. It is estimated that this could reduce Breast Surgery referrals by 20%.
- Four education events for GPs have been set up for Gynaecology, ENT, General Surgery and Dermatology, the main outcome of which is to improve referral practice. These are to be Chaired by GP Reviewers and will be presented by York Hospital consultants

2.4. Pathway Development

- As a result of the evidence from the RSS reviews a number of pathways are being developed including:

- Symptomatic breast surgery
- ENT paediatrics
- Audiology – reviewing the potential of developing a community based service
- Referral route between ENT and Audiology
- The RSS will also be utilised as the triage point for the new Community Diabetes Service.
- Mental Health referral pathways will be added to the RSS and will include access to counselling and Improving Access to Psychological Therapies (IAPT), dementia and third sector resources locally.

2.5. Patient Satisfaction

- Patient satisfaction continues to be monitored and continues to be at very high rate.

2.6 Choose and Book

- Monthly utilisation figures have not been updated since the previous report in June, which indicated a 43% utilisation of Choose and Book.

3. Recommendations

To note progress to date.

Appendix 1
Chart 1: 2014/15 Referrals Processed

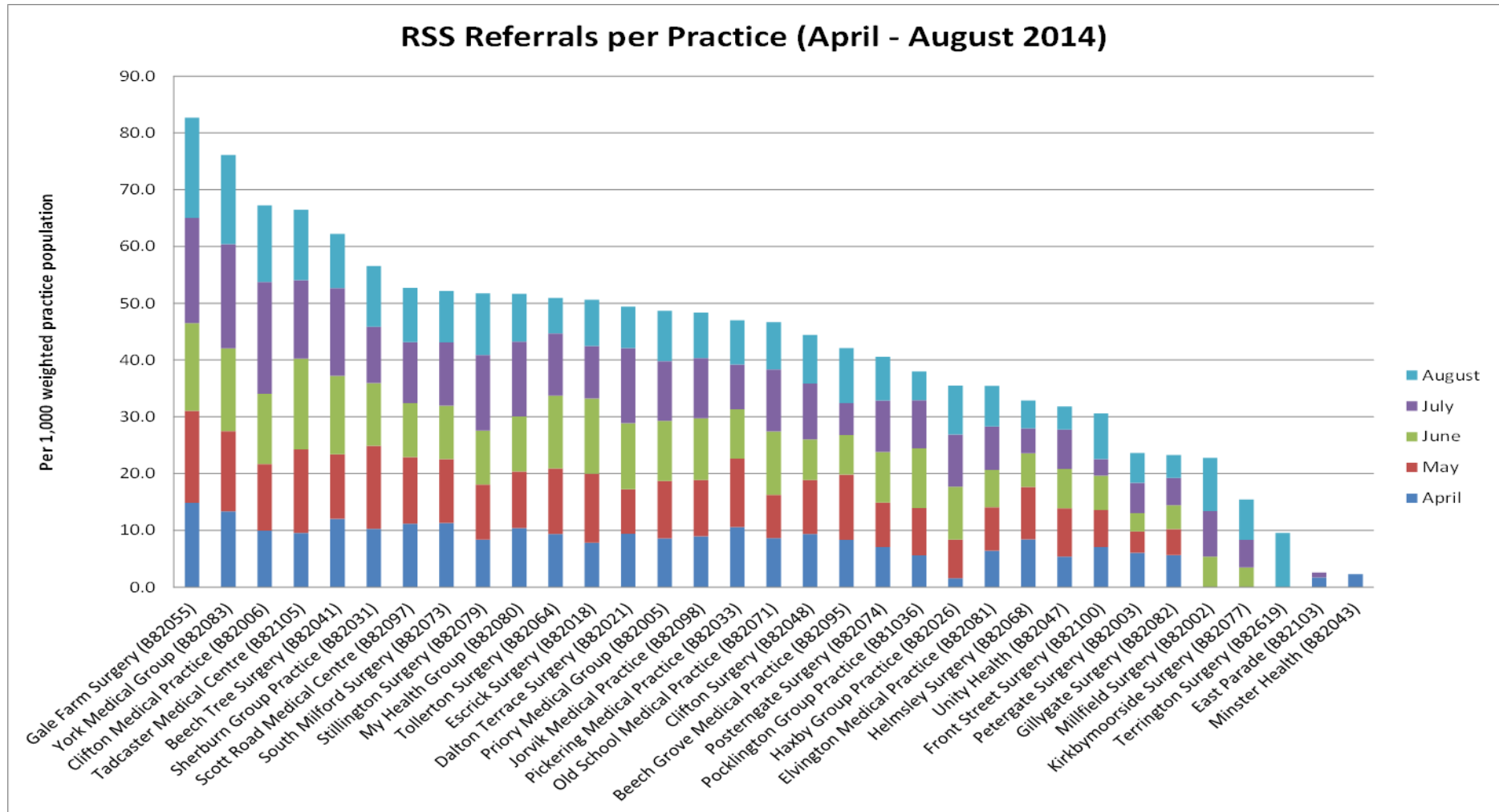


Chart 2: Practices that have confirmed that all referrals will be electronic

Practice Name	RSS
Beech Grove Medical Practice	Confirmed
Beech Tree Surgery	Not Confirmed
Clifton Medical Practice	Not Confirmed
Dalton Terrace Surgery	Confirmed
East Parade Surgery	Not Confirmed
Elvington Medical Practice	Confirmed
Escrick Surgery	Confirmed
Front Street Surgery	Confirmed
Gale Farm Surgery	Confirmed
Gillygate Surgery	Confirmed
Haxby Group Practice	Confirmed
Helmsley Surgery	Confirmed
Jorvik Medical Group	Confirmed
Kirkbymoorside Surgery	Confirmed
Millfield Surgery	Confirmed
Minster Health	Confirmed
MyHealth	Not Confirmed
Old School Medical Practice	Confirmed
Petergate Surgery	Confirmed
Pickering Medical Practice	Confirmed
Pocklington Group Practice	Not Confirmed
Posterngate Surgery	Confirmed
Priory Medical Group	Confirmed
Scott Road Medical Centre	Confirmed
Sherburn Group Practice	Confirmed
South Milford Surgery	Confirmed
Stillington Surgery	Not Confirmed
Tadcaster Medical Centre	Not Confirmed
Terrington Surgery	Confirmed
The Surgery at 32 Clifton	Confirmed
Tollerton Surgery	Confirmed
Unity Health (formerly Wenlock Terrace)	Confirmed
York Medical Group	Confirmed

Confirmed
Not Confirmed

Chart 3: GP Reviewer Activity

GP Reviewer Activity : January-September 2014				
Specialty	Number Reviewed	Returned with advice & guidance	Return - Non Commissioned Procedure	% returned to practice
General Surgery/Urology	1,860	37	0	2.0%
ENT	2,268	272	2	12.1%
Gynaecology	3,131	683	19	22.4%
Dermatology	1,275	411	15	33.4%
Breast Surgery	14	5	0	35.7%
Total	8,548	1,408	36	16.9%

Cost to date for Review (January-September 2014) = £31,366

Cost to date of potential savings based on first outpatient appointment savings (at approx. £150 each) = £211,200

Please note:

At present it is not possible to know what proportion of referrals returned by the RSS are subsequently re-referred in and accepted. We have asked our software supplier to provide this information using NHS number to count a second referral into the same specialty within four weeks of the previous one.

We intend to ask our main acute provider to supply information on the number and source of paper referrals they receive. We believe this represents an inefficiency and waste of resource, as well as potentially restricting choice and incurring greater information governance risks and is therefore information worth sharing with member practices. We will not know how many referrals go via paper to other providers.

Whilst there is only a 2% return rate within General Surgery it should be noted that a number of surgical referrals have been re directed to gastroenterology. This ultimately should save money as there will be only 1 clinic appointment as opposed to 2.

Chart 4

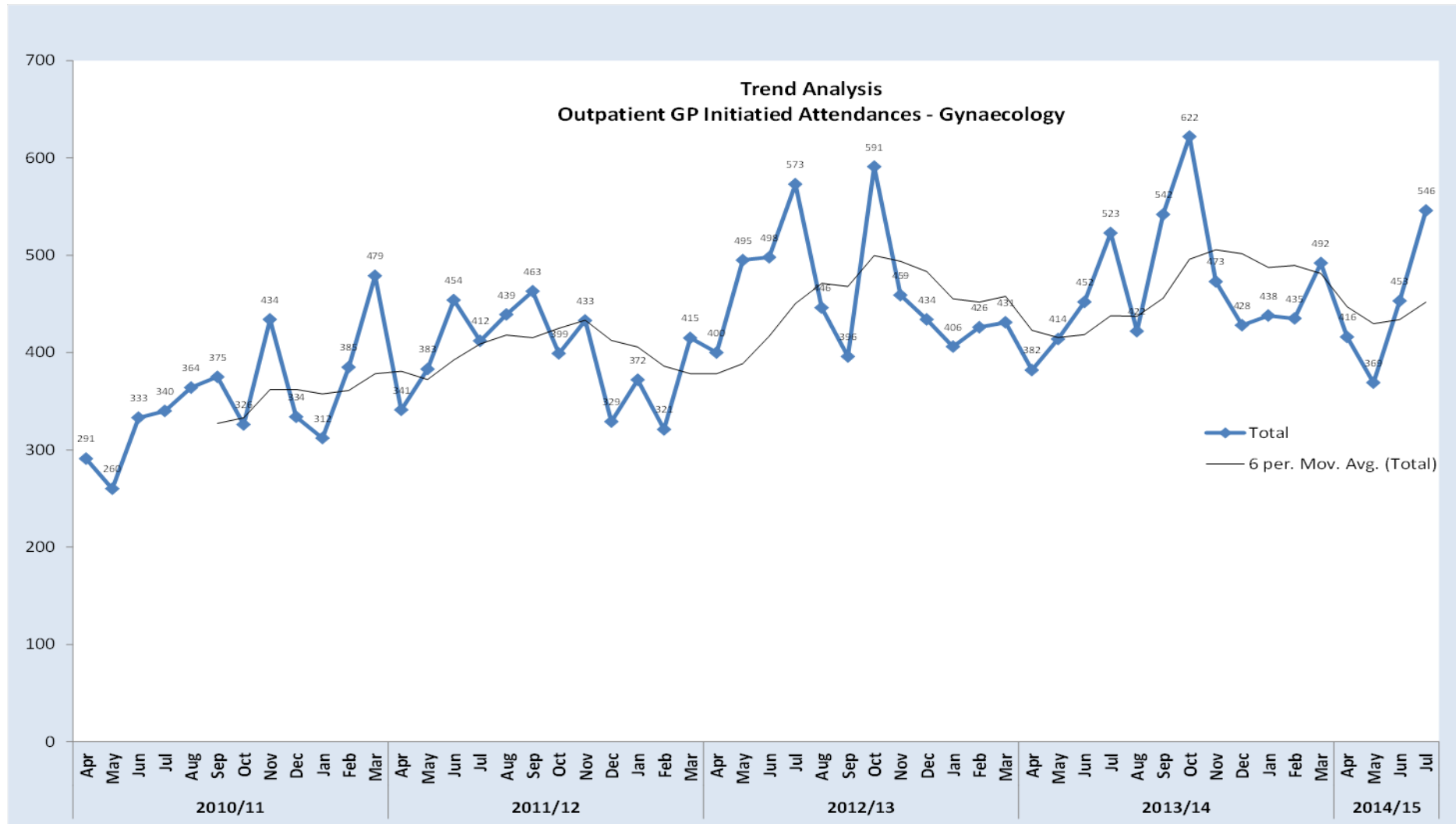


Chart 5

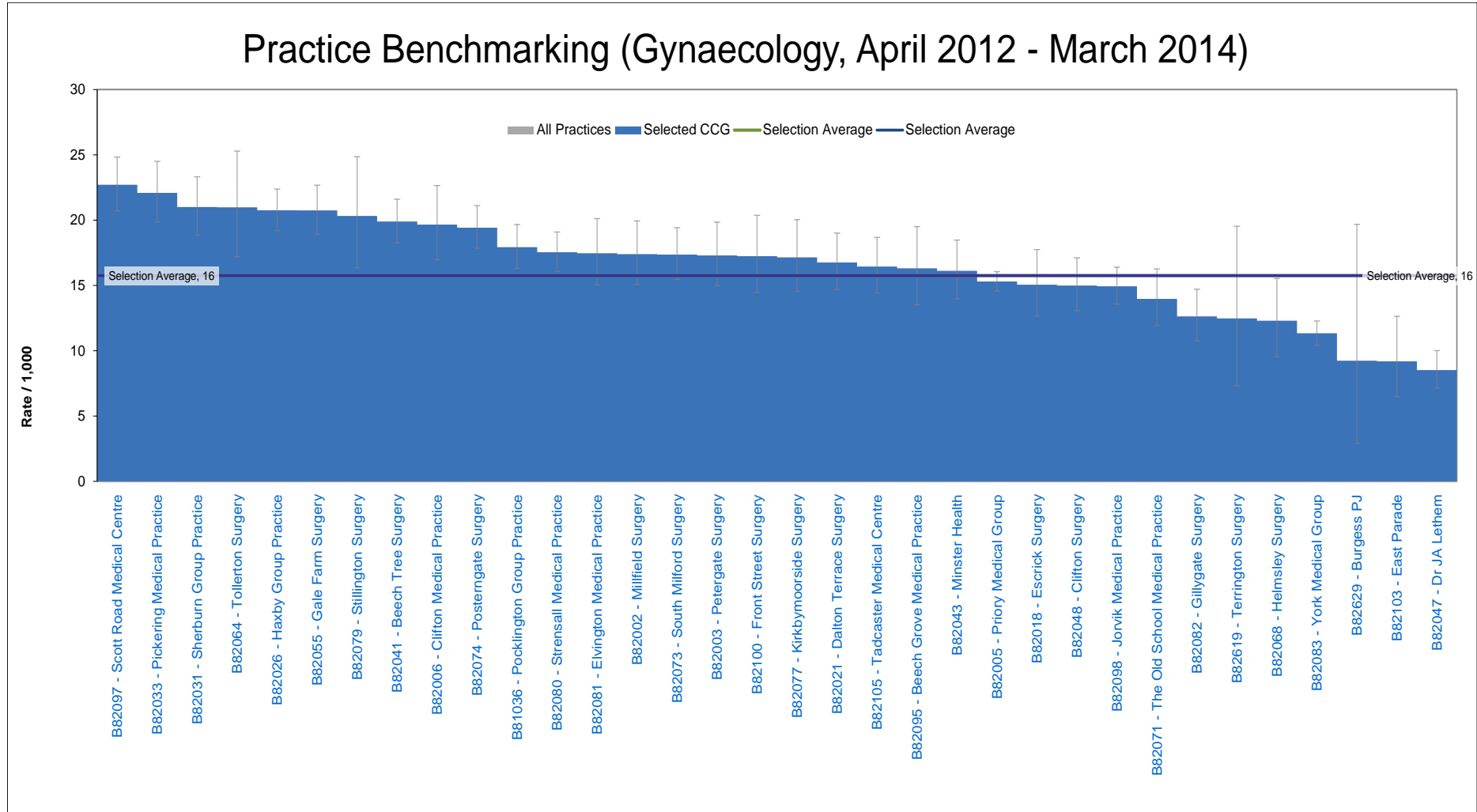


Chart 6

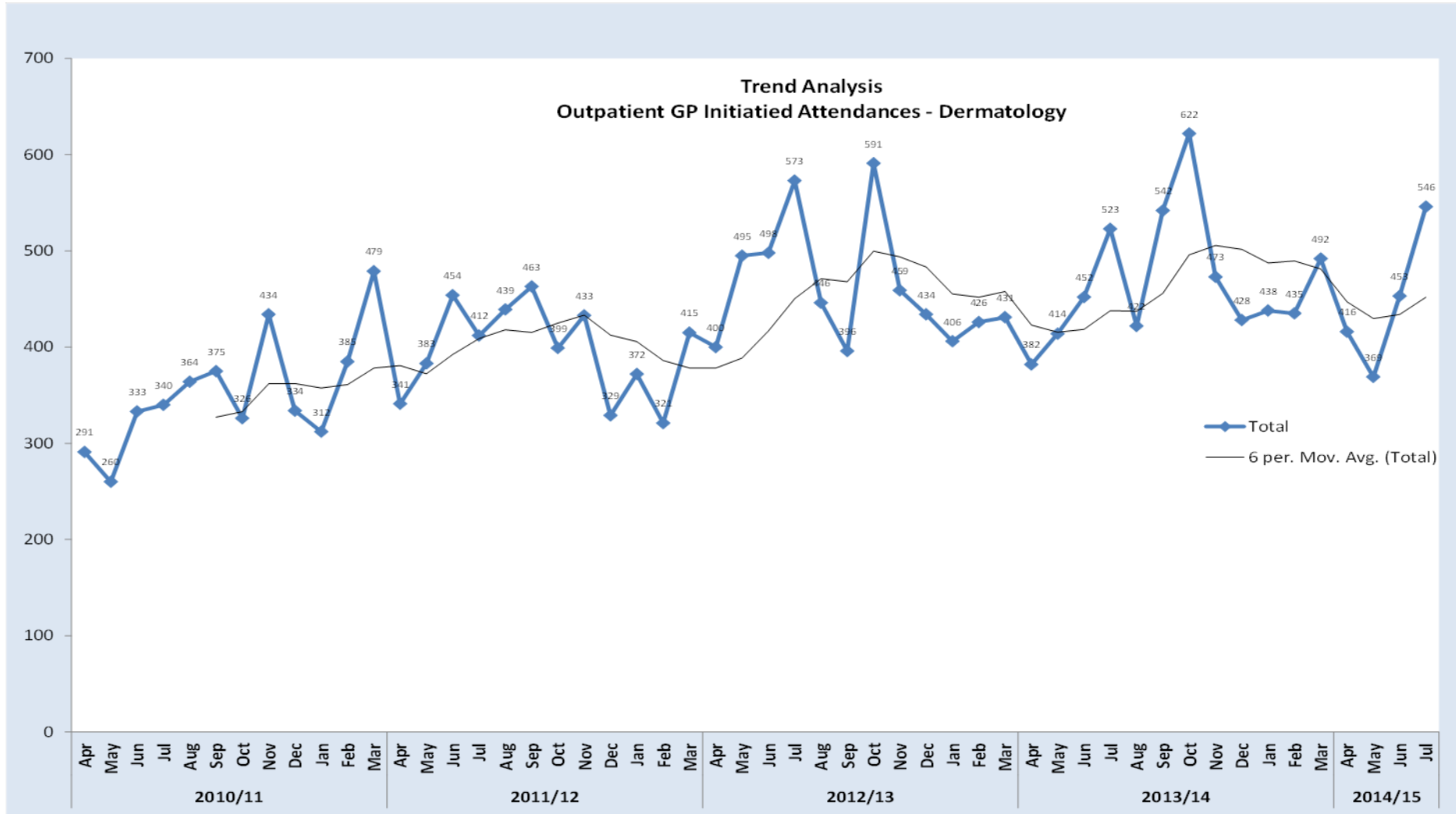


Chart 7

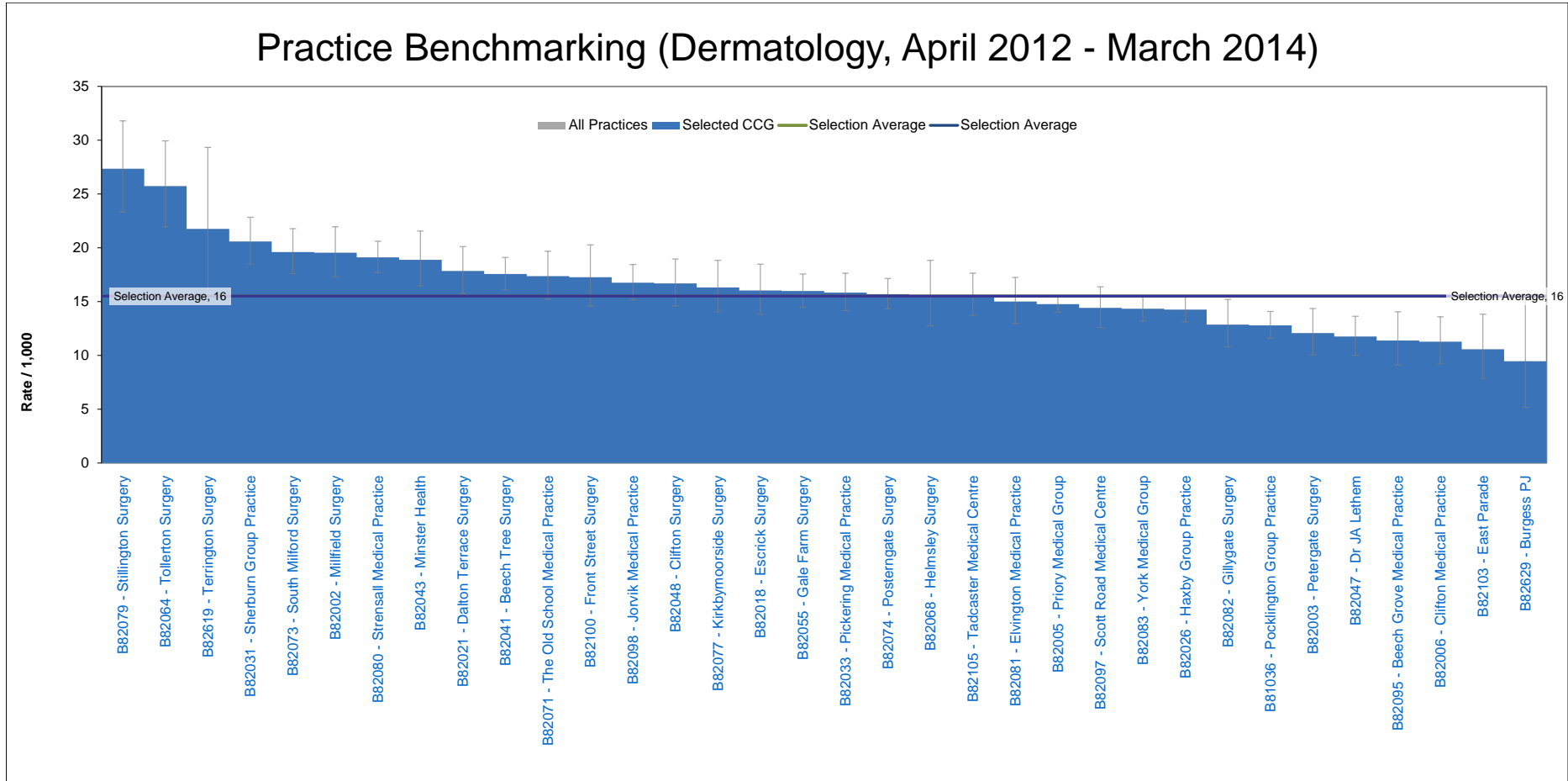


Chart 8

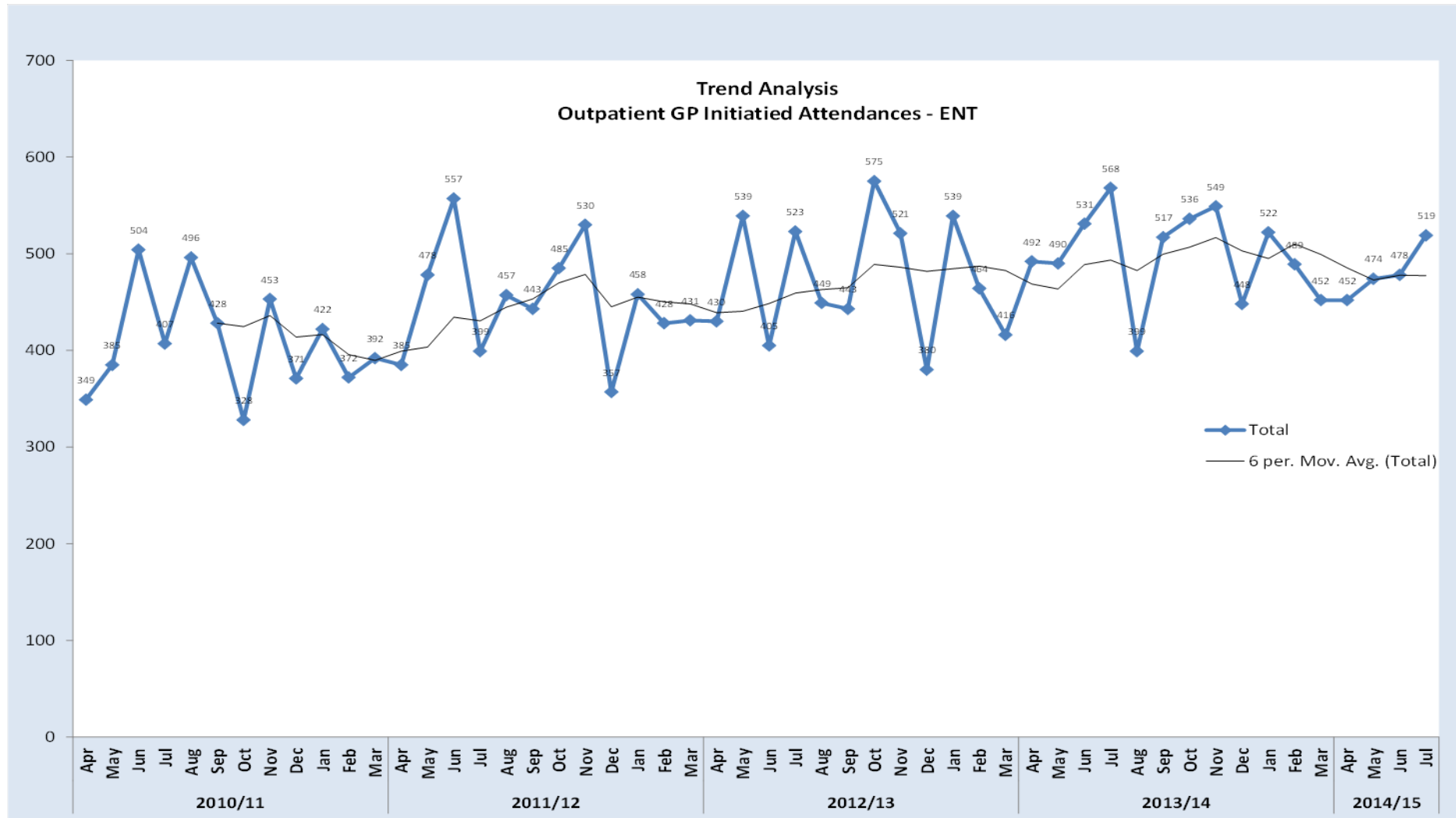


Chart 9

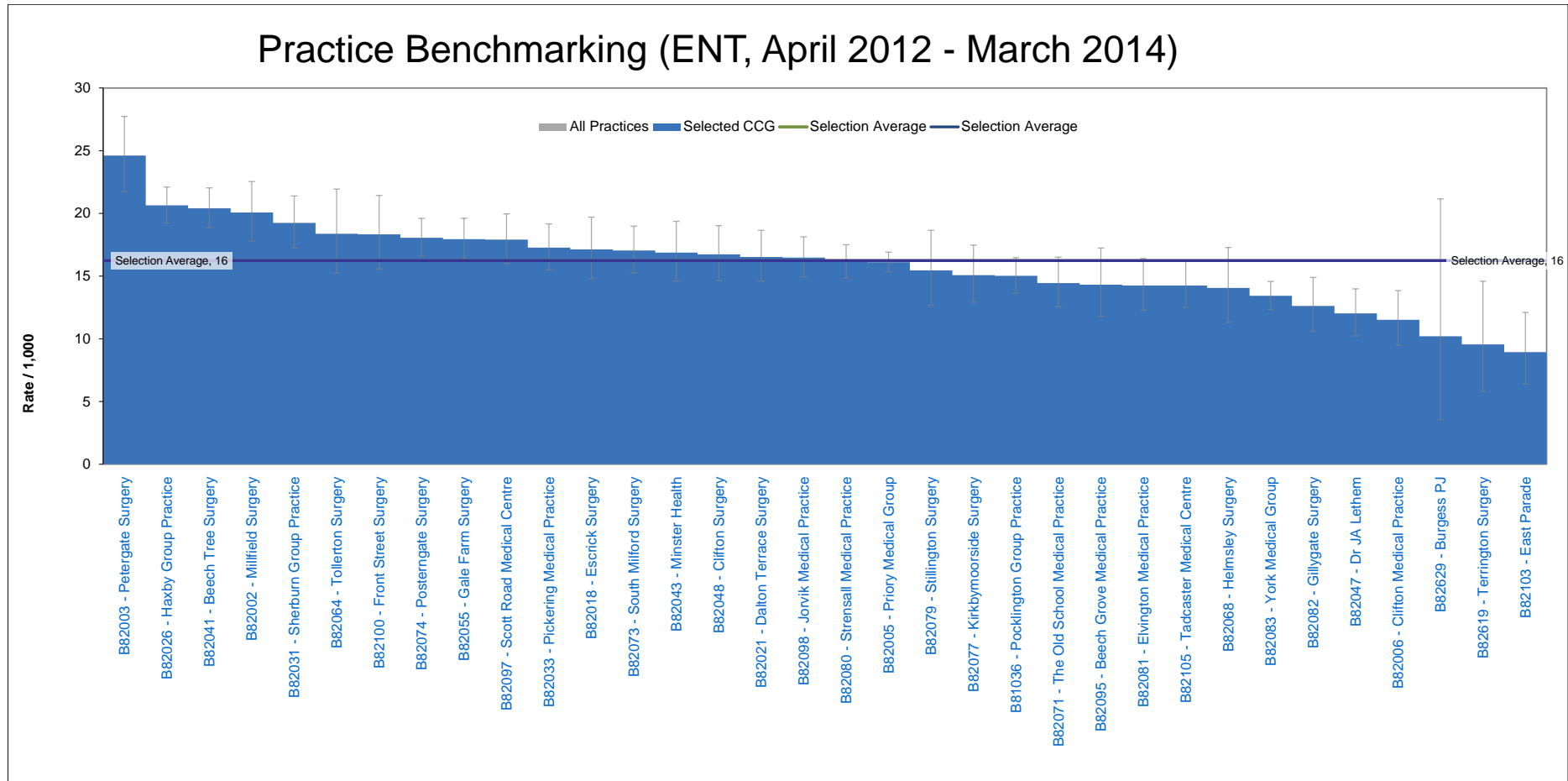


Chart 10

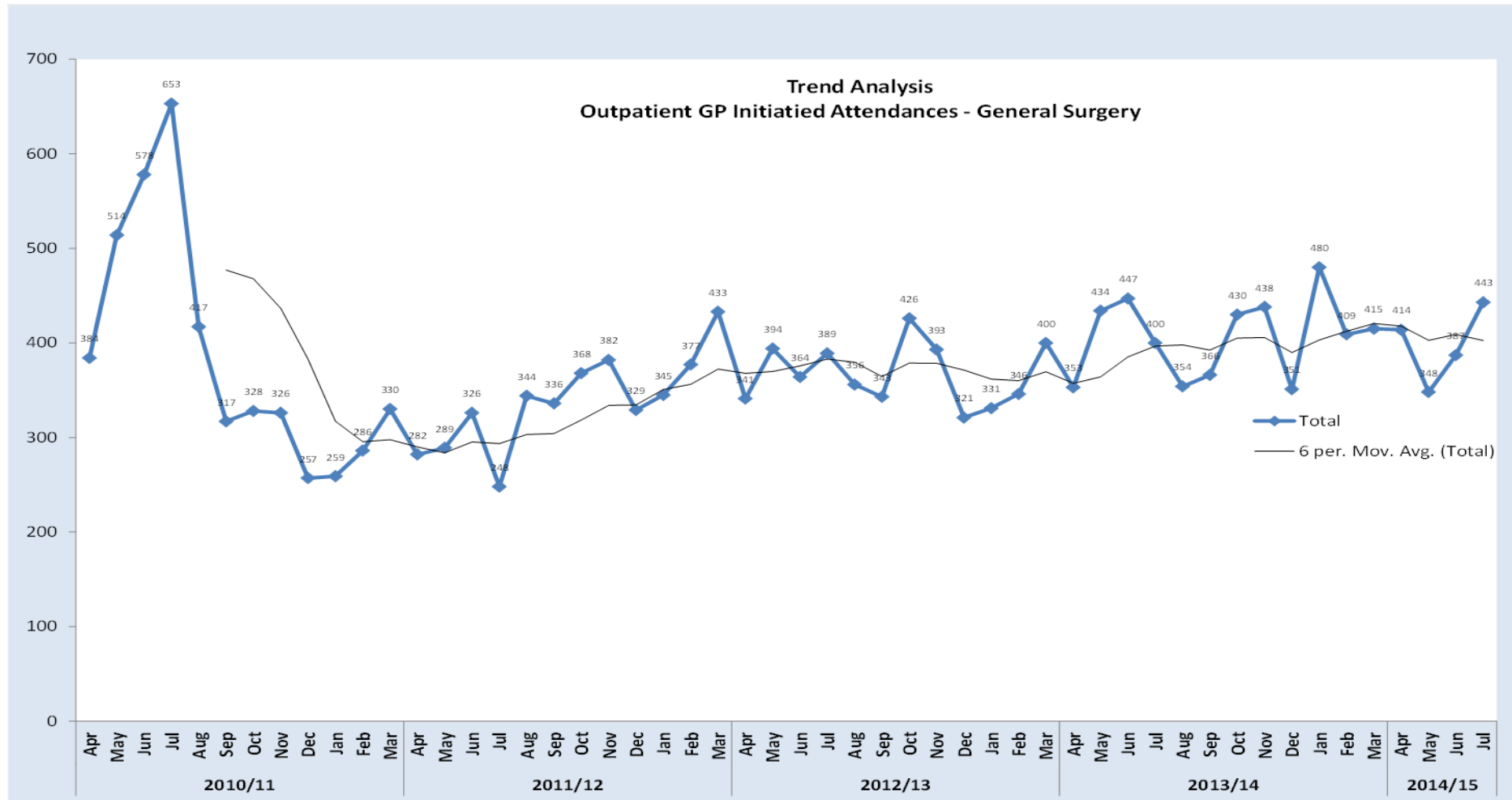


Chart 11

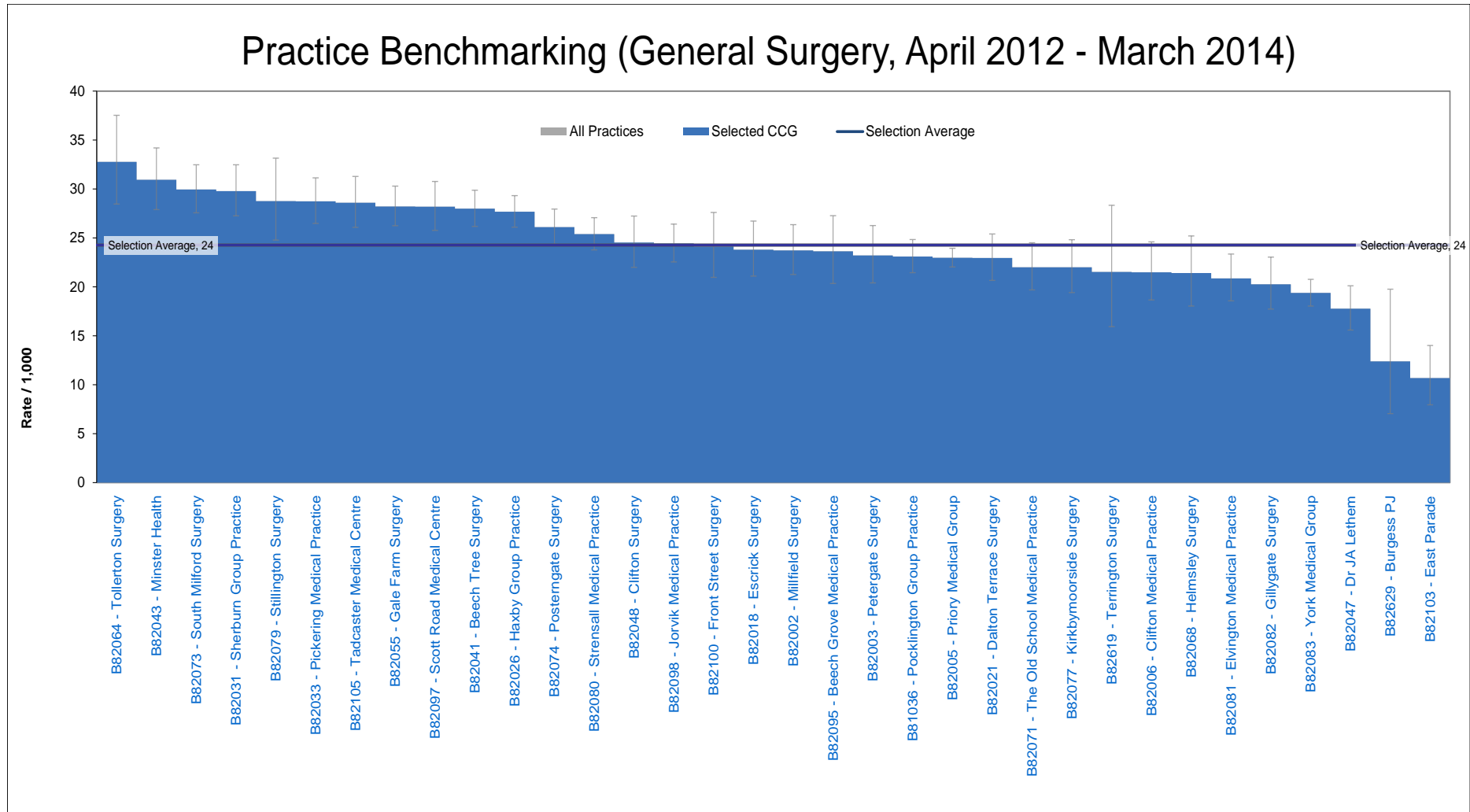


Chart 12

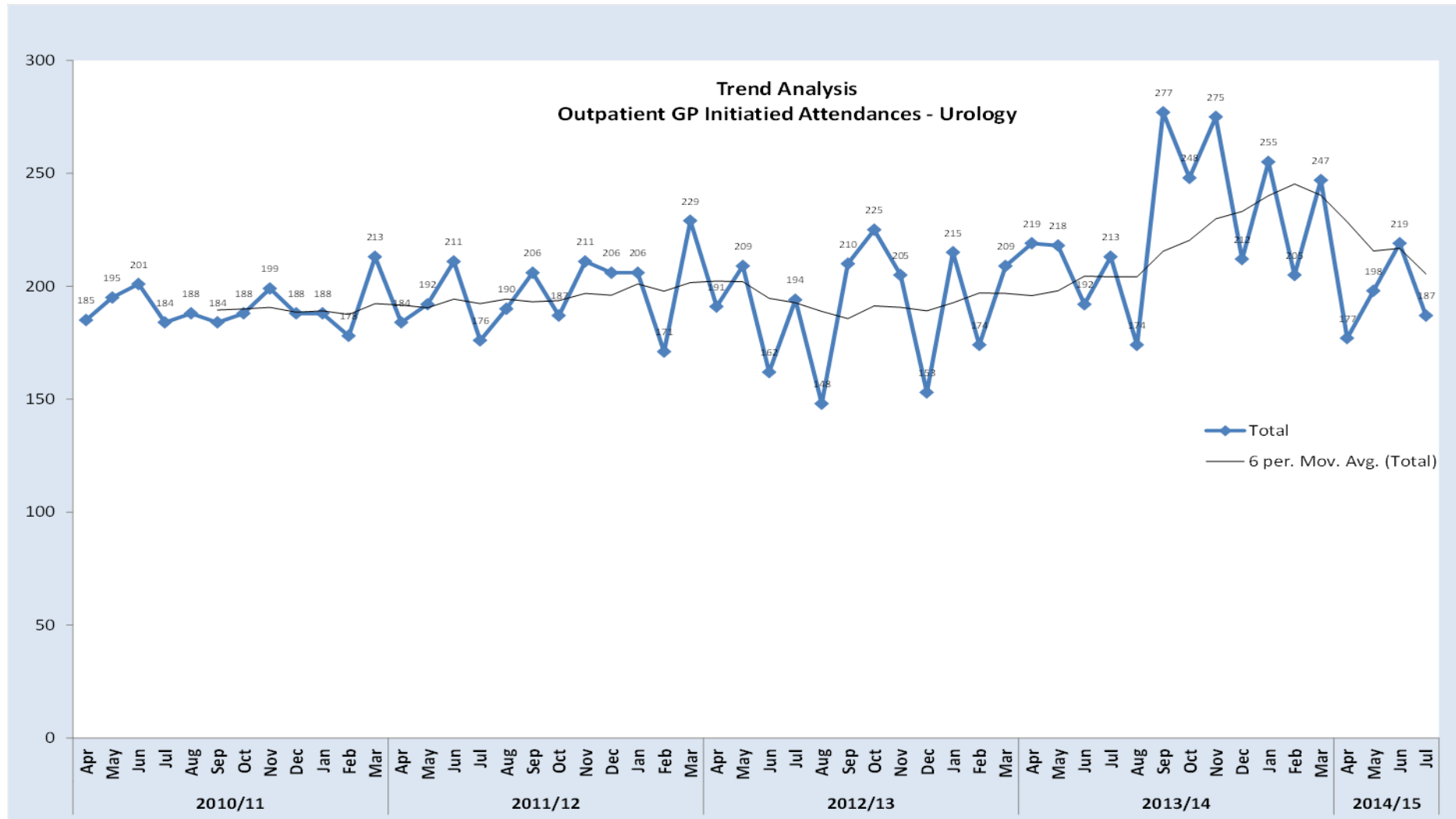


Chart 13

Practice Benchmarking (Urology, April 2012 - March 2014)

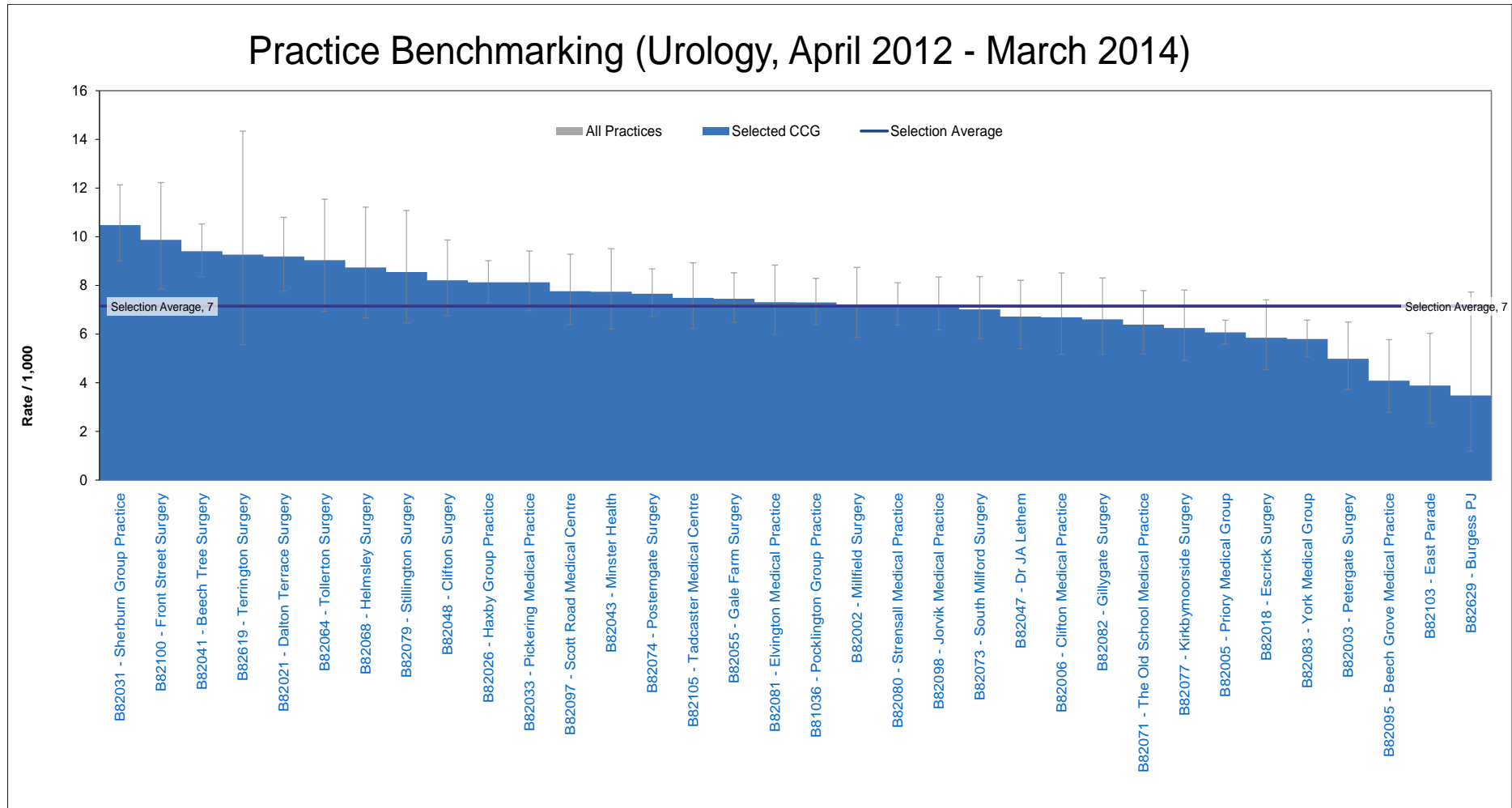


Chart 14

