

Vale of York CCG

A vision to deliver the best health and wellbeing for our population

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The setting

NHS Vale of York CCG commissions healthcare for a population of 336,330 across three local councils, working with three health and wellbeing boards. Patients are registered with 33 General Practices in places including York, Selby, Tadcaster, Easingwold, Pocklington and parts of Ryedale. The population is relatively affluent, yet there are some significant pockets of deprivation across the health economy.

The situation or problem

The CCG was formed in 2013 achieving authorisation with a number of directions. The organisation started the year with issues of, inherited PCT debt, under-staffing and a challenging QIPP target of £10.7M.

What action was taken?

The CCG adopted the NHS Right Care methodology to support delivery of their vision *“to commission a health service for the people of the Vale of York that delivers the best health and wellbeing for everyone in our community”*.

Where to Look

- The Outcomes Benchmarking Support pack (NHS England) demonstrated a wide variation in the quality of referrals made by GPs to secondary care.
- In 2011 the CCG had 157 first outpatient attendances following a GP referral per 1,000 people compared to a median of 179 in its ONS cluster and the national average of 188. However, the referral rate was growing faster than others in its ONS cluster (at an annualised 5.5% between 2007/08 and 2011 compared to a median of 4.1% in its ONS cluster and the national average of 4.6%).
- The total expenditure for specialty outpatient activity to York Foundation Trust equates to approximately £8 million per annum¹ and is rising. York Foundation Trust is struggling to provide 18 week waits with significant number of patients waiting up to 52 weeks and over.
- There was a poor uptake (20%) of Choose and Book across Vale of York

What to Change

A service review of elective care identified that approximately 54,000 referrals per annum were made from GP practices to secondary care.

¹ 12 months predicted out-turn based on April 2012 to November 2012 activity.

Analysis demonstrated that approximately 80% of outpatient referrals from North Yorkshire GPs, including Vale of York GPs, fell within eight specialities:

1. General medicine
2. General surgery
3. Ear Nose and Throat
4. Gynaecology
5. Dermatology
6. Ophthalmology
7. Maxillofacial
8. Urology

GPs in Vale of York had engaged with various schemes in the past to review referral with some success. The innovative 4Cs (Clinical Collaboration to Co-ordinate Care) pilot identified that a significant proportion of patients in speciality areas could be managed by alternative means rather than following the traditional outpatient route.

How to Change

A **Referral Support System (RSS)** was designed to provide a service that supported patient referrals from primary into secondary care. The RSS would standardise expectation of local GPs in primary care management and treatment before referral into secondary care. A new standardised referral process was established that improved information given to specialists and improved patient experience and choice.

The RSS would utilise the existing Choose and Book service to triage and manage referrals. 9 clinical reviewers in the fields of General Surgery, Urology, ENT, Gynaecology, Dermatology and Breast Surgery were engaged.

The RSS:

- Utilises standard referral letters with past medical history, medication, allergies, recent BP, smoking status and BMI for example
- Processes all referrals electronically via Choose and Book, ensuring timely appointments at a time and place convenient for the patient.
- Enables practices to review if patients have booked a hospital appointment, ensuring vulnerable patients were not lost within referral system
- Ensures patients have the right tests undertaken before they see a specialist
- Reduces referrals to secondary care for non-commissioned procedures as pathways are followed.
- Provides key information required (via a web tool) to refer for presenting clinical problems
- Ensures GP reviewers appraise referrals before onward referral into secondary care which ensures that;
 - ❖ Patients have received the right treatment and investigations

- ❖ Patients are directed to the most appropriate clinics first time
- ❖ shortfalls in patient pathways are identified that the CCG can address
- ❖ common learning needs of referrers are identified

The five key outcomes anticipated of the RSS were:

1. Outstanding patient experience
2. The highest quality of care
3. The safest care possible
4. High staff job satisfaction
5. Identifying and eliminating waste of resource

It was estimated that, fully implemented, processing and triaging all referrals could reduce secondary referrals by 8%.

What happened as a result?

The RSS was a GP led initiative which was endorsed by the 33 membership practices of the Vale of York Membership Council in June 2013. The RSS had a phased launch, with full implementation achieved by April 2014. RSS achievements include:

- 136 new guidelines were developed and ratified by primary and secondary care clinicians
- As of 18th September 2014, 23,462 referrals had been processed
- 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- this represents **a return rate of 16.9%**
- The Choose and Book rate has increased from a utilisation rate of 20% to 43% (June 14)
- New pathways are being developed in partnership with secondary care, for example for symptomatic breast pain, audiology, gynaecology and paediatric ENT. Enabling breast pain referrals to be managed via the Breast Surgery Reviewer has the potential to 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
- The RSS will be further utilised to support other initiatives, for example as a triage point for the new Community Diabetes Service and for the management of mental health referral pathways to improve access to counselling, IAPT, dementia and third sector service.
- The website has become a useful portal for Prescribing information, a forms library and implementation of commissioning restrictions

What was the learning as a result of this experience?

- Significant resources can be released from reducing variation, while improving patient choice and experience
- Right care methodology works and is transferable. It led to improved engagement with internal and external agencies
- CCG clinical leadership is essential
- Engagement of all stakeholders in a system of care is required

Right Care Resource Centre

Right Care has a new resource centre where CCGs can find supporting materials describing the Commissioning for Value approach:

- Online learning videos
- “how to” guides
- Theme based Webinars
- Casebooks showing learning from early adopters
- Essential reading lists and glossary
- Tried and tested process templates to support taking the approach forward

www.rightcare.nhs.uk/resourcecentre