

Bristol Clinical Peer Review and Referral Service

General Practices across South Bristol were keen to develop a clinical based peer review service run by practices, for practices to address variable referral rates.

What needed to change

It was identified that appropriate investigations were not always taking place prior to the referral which led to the variable referral rates, and higher than expected outpatient activity from that group of practices. The practices embarked on an audit of each other's referrals and identified that if they peer reviewed each other's it would help. Collectively the practices decided they needed a practice-owned peer review and referral management system. This would develop an expert clinical triage team, working on behalf of all GPs, representing a range of practice types and be supported by the necessary administrative processes to enable this, whilst also fulfilling all the usual referral management functions.

How change was implemented

A Clinical Referral Service was set up, consisting of a team of administrative staff, led by GP triage colleagues. This was funded by the Clinical Commissioning Group, but to be successful the CCG ensured the leadership of the service remained with primary care staff. The service values were based on it being non mandatory to ensure it was attractive to referrers. It was clear that knowledge was gathered by the CCG and was owned by the commissioners and primary care, but reviewed by peers. All of this was supported by an easily accessible, simple and targeted comprehensive IT platform, which could be responsive to the primary care needs.

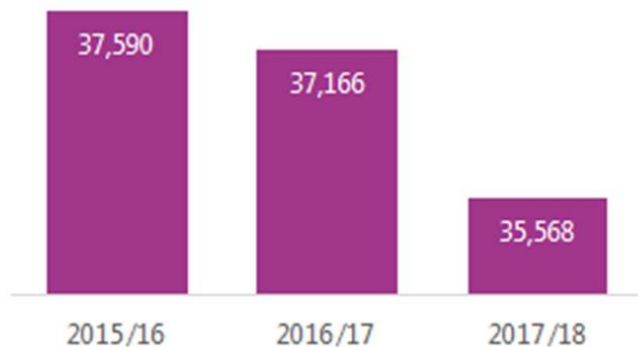
A clinical peer review referral service provides:

- Timely, targeted feedback and education to referrers
- An expert triage external to the practice
- A peer review service with the time and expertise for the job, rather than trying to fit it into busy practice schedule
- Close working with consultants around local guidelines and best practice
- A rich source of clinical information to inform commissioning decisions and development of local guidelines, pathways and service
- Informs education events, FAQs etc.

Total referrals, Bristol CCG – a fall in referrals over the last 2 years compared to a national increasing trend

-4.3%

Year-on-year variance, when comparing this year YTD with the same period last year.



Success factors

1. The team was owned and lead by GPs, making it easier to get the buy in from other GPs to the service. The GP triage team were recruited to a clear job description and they were supported by a team of administrative assistants. This made the service and the process being put in place robust. The team were co-located within the CCG offices, ensuring they were all working together.
2. The team set up the administrative process to enable referrals from the 18 practices to go somewhere central the team could access. Using ERS (Electronic Referral Service).
3. GPs were involved in checking the majority of the referrals and picking up on common referral quality issues and then started process in building expertise in local clinical pathways, and they started to agree some common responses for returns. Agreed standard suite of emails they could use.

4. The Service was able to give regular feedback to the GP locality forums and discuss what they were learning from referrals. The service team had evidence on overall common conditions that get referred to secondary care that could have been managed in primary. The team could then inform practices with this evidence.
5. Developed a suite of online resources of local pathways which included local clinical pathways and links to national pathways. This developed into the REMEDY system www.remedy.bristolccg.nhs.uk/referral-forms That has been populated by the triage team working with secondary care.



REMEDY : BNSSG referral pathways

- Suspected Cancer (2WW) ▾
- Adults ▾
- Children & Young People ▾
- Individual Funding Requests ▾
- Referral Forms

Latest News:

Fits, Faints & Funny Turns in Children (25/09/2017)

UHB have published new guidelines for infants or children presenting with funny turn, possible fit or faint, or abnormal movement episode. This [guidance](#) is available in Remedy's section for [Children & Young People](#).

Podiatry Pathways - Bristol (25/09/2017)

Bristol Community Health have made some changes to the access criteria for their Podiatry service. The new access criteria, alongside amended clinical pathways, can be found in Remedy's [Podiatry section](#) under Bristol Community Health.



6. Results were quite immediate. The below graph illustrates the practices which have used the referral service for longest (South, blue), have a lower rate of patients discharged without follow up.

As the service expanded our administrative expertise improved and a significant proportion of referrals can now be non- clinically triaged within the team. However, clinical triage by GPs remains central to the process. BRS (Bristol Referral Service) now supports 46 of the 47 practices in Bristol with plans to expand further to practices in North Somerset and South Gloucestershire