

## Reducing GP referral activity in Somerset

### The issue

In 2016, Somerset Clinical Commissioning Group (CCG) saw an increasing number of unnecessary GP referrals into secondary care and significant variation between practices of a similar size and demographic on referral activity.

To tackle this issue, as part of their QUIPP programme, [Somerset CCG's](#) Elective Care Team developed a work programme with a focus on:

- reducing the variation in referrals between GP (moving high referrers to low referrers)
- preventing unnecessary outpatient appointments into secondary care
- working with GPs to ensure patients were provided with care in the most appropriate setting for their condition

### Developing the solution

In August 2016, Somerset CCG awarded South, Central and West CSU (SCW) the lead provider framework contract to provide Referral and Demand Management Services which have at their heart:

- mechanisms to assure, not just support, Referral To Treatment performance
- a greater focus on fast QIPP delivery
- a greater focus on the 'Decision to Refer' dimension of referral management
- understanding the opportunities that 4,200 patient contacts per week can have on the wider system and population health and wellbeing

The ambition over the longer term, is to evolve Somerset's patient contact facilities from a 'patient contact centre' to a 'patient activation centre' - increasing the knowledge, skills and confidence a person has in managing their own health and care - to optimise the value of each point of patient contact.

### Solution 1: Referral Management Centre

SCW's Referral Management Centre (RMC) in Bridgwater, Somerset provides support to 72 GP Practices using the national e-referrals (eRS) system to refer patients for an initial outpatient appointment in secondary care. The team also offers support, communications, and awareness of e-referrals advice and

guidance (A&G) functionality within the system. This is provided by consultants at Taunton and Somerset NHS Foundation Trust, Yeovil District Hospital NHS Foundation Trust and community and mental health provider Somerset Partnership NHS Foundation Trust, to help GPs decide whether a patient needs a referral into secondary care, or whether there is support that can be provided in primary care.

The use of specialist A&G is supported by the [NHSE Demand Management Good Practice Guide. However, analysis](#) by SCW across Somerset found significant variation in how GP Practices used A&G. There was a strong correlation between high use of A&G by GP practices and low outpatient attendance by patients of that practice. On average 40% of A&G requests result in ‘no onwards referral’ i.e. a secondary care referral not being generated. Not only did that mean patients were receiving the best treatment for their condition, but GPs were saving money by not making unnecessary referrals into secondary care.

## **Solution 2: GP practice involvement**

The RMC Field Force team, which provides GPs with face-to-face support, identified 18 GP practices with higher than expected referrals and, working with CCG commissioning leads and the GP Clinical Lead for Elective Care, organised visits to these practices to present this information, initiate discussions and identify action plans to support future referrals.

The SCW team also uses the referral data generated by GPs to identify practices with outliers in their referring patterns in all specialities. Using this information, the team offers GPs an option to clinically audit their referrals where there are currently no eRS A&G available in order for GPs to manage future referrals more effectively.

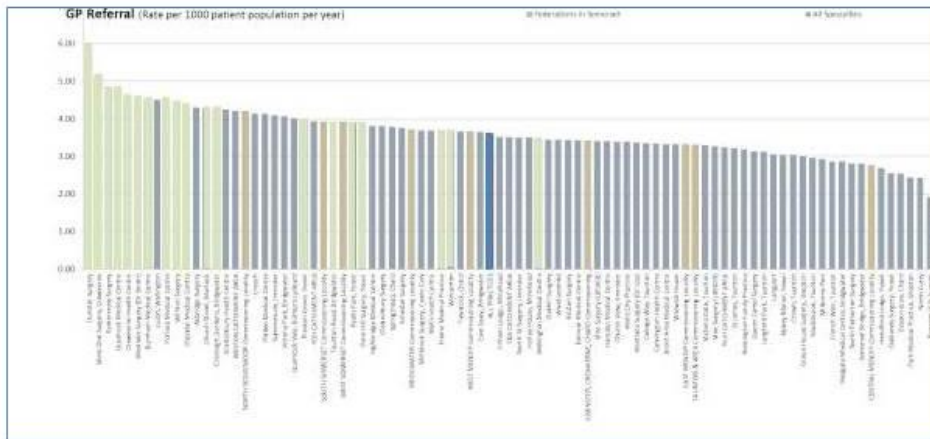
*“The RMC runs a number of ‘right minded’ initiatives which, in my view, focus on improving (rather than restricting) access to secondary care advice/support/management through diversifying the ways that secondary care can be accessed (think A&G, Consultant Connect etc.). The RMC also runs a ‘Field Force’ which goes out to practices to discuss their referral patterns, with the aim of identifying variation in referral rates and considering whether anything can be put into place to support referrers (education for example) to work differently. The result of this MIGHT be fewer referrals – but the key is that the aim is not to REDUCE referrals, but to ensure that only the RIGHT referrals are made and in the most appropriate way.*

*“I believe that this is necessary and good work. Therefore, I volunteered to provide support and clinical input into the work of the Field Force. I stand to gain useful insights into their work and how to apply it to other practices. The RMC gets to work with an engaged clinician to re-inforce and strengthen their team.”* – **Dr Will Harris, GP at Wells Health Centre and chair of the CCG’s Clinical Operations Group**

### Solution 3: Clinical Supported Reviews

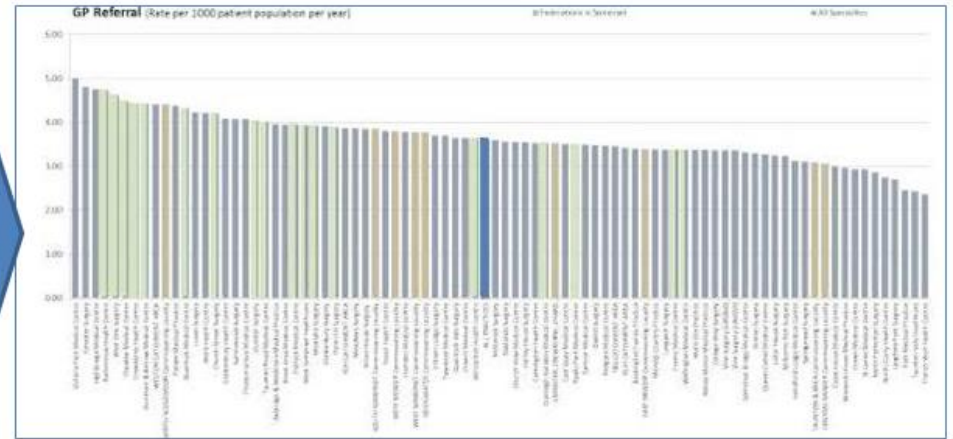
As well as observing an overall reduction in referrals, SCW has seen a change in those GP practices that has a supported referral review visit, in their referral rates in relation to their peers, as shown below:

Annualised Practice Referral Rates as of **APRIL 2016**



■ Deontes GP Practices subject to a clinically supported visit to review referrals

Annualised Practice Referral Rates as of **APRIL 2017**



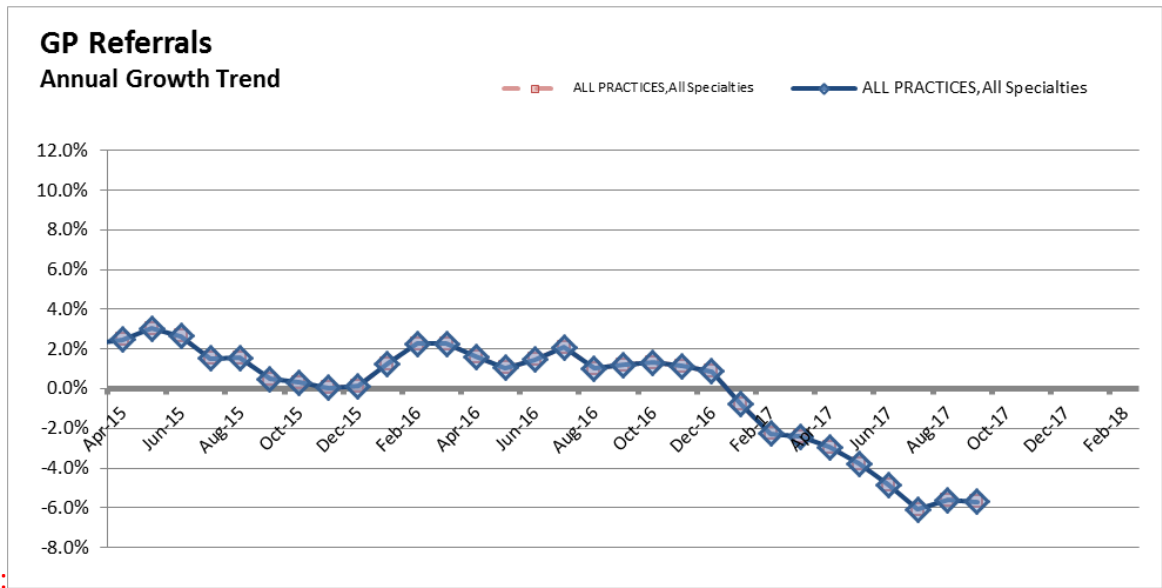
In all cases, GP Practices with visits have 'moved to the right' along this distribution

### Results

#### GP referrals in Somerset – Annual growth trend as of September 2017

While the intention was not to reduce elective referrals explicitly, it is hoped that through effective information, communication and alternatives to a referral, such reductions in demand and activity will be a natural consequence of an improved system.

As of September 2017, it has been demonstrated that annualised GP referrals through eRS have seen a 6.2% reduction, although this is starting to level off.



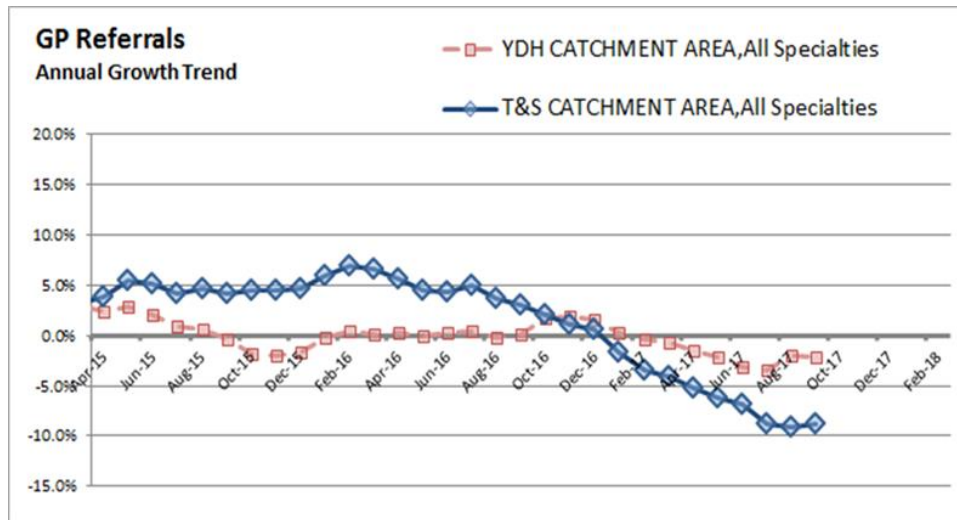
The decrease in referral activity shown above started to decline at the same time that e-referrals A&G utilisation increased (see below):

SCW   CSU - Advice & Guidance Summary Report - Somerset CCG																	
Combined A&G Utilisation by Referring GP Practices	Rolling Last 3 Month Average	Previous Rolling 3 Month Average	Sep 2017	Aug 2017	Jul 2017	Jun 2017	May 2017	Apr 2017	Mar 2017	Feb 2017	Jan 2017	Dec 2016	Nov 2016	Oct 2016	Sep 2016	Aug 2016	
Somerset CCG - Overall	49.0%	48.5%	49%	48%	49%	49%	50%	46%	46%	46%	42%	34%	32%	34%	33%	34%	

In September 2017, Somerset GPs made 8,575 referrals and 2,391 A&G requests. Of those A&G requests, 1,004 (42%) resulted in ‘no further referral action’. SCW also carried out an audit to find out whether providing care management plans simply delayed the referral, but it was found that only in 5% of cases where a care management plan was sent, was an elective referral then initiated for the patient in later months.

Most of the programme activity to date has been concentrated in the west of Somerset, around Taunton and Somerset NHS Foundation Trust (T&S catchment area). Practices in west Somerset can access specialist A&G in paediatrics, gynaecology, orthopaedics, neurology, rheumatology, haematology,

GI and liver, haematology and endoscopy, with some practices using A&G for up to 80 per cent of all referrals – essentially using it as a consultant triage service.



The graph above demonstrates where the team are observing differential declines in the west of Somerset compared to the East. This is mainly linked to where the eRS A&G services are delivered and also due to the rapid increase by GP practices of orthopaedic eRS A&G requests from January 2017, resulting in a decline in referrals.

### Next steps

As a member of the Elective Care Delivery Board for Somerset STP, SCW is working closely with the other members of the system in enacting the 10 steps of the national Elective Care Transformation Programme, issued by NHS England and NHS Improvement in June 2017. NHS England have advised the Board that Somerset is already ‘well advanced’ against these initiatives.

SCW is also supporting Somerset to develop a wider strategy for A&G. This includes supporting the expansion of A&G services where need has been identified either by providers, from feedback from referrers, or the Field Force.

SCW is also part of the discussions to resolve areas of duplication of A&G to ensure that, for any specialty, it is just offered once by one provider across the whole system. Once the appropriate guidance is approved, SCW will amend the A&G support app and communicate to practice staff through the Field Force.

Finally, SCW are providing additional information to Somerset CCG to support them in the 'market management' of elective care in an environment of reducing demand.

In such circumstances, closely tracking patient choice to the diverse number of providers within Somerset becomes particularly important. SCW has created a 'weekly dashboard' of elective care bookings so that the STP can track the referrals into all the organisations and detect whether there has been any shift of share between them. This information is essentially live and can be interrogated both to specialty (e.g. orthopaedics), and sub-specialty (e.g. orthopaedics – knees) level. An extract of the report is shown below.

# Somerset Booking Management Service (BMS) Weekly Elective Booking (and 'Somerset Share') report

As of Week 11

Week ending: 16 June 2017

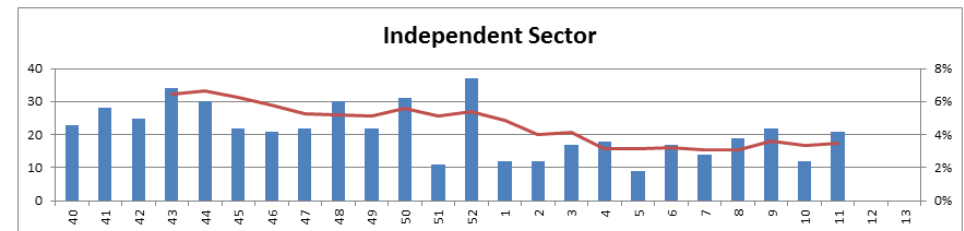
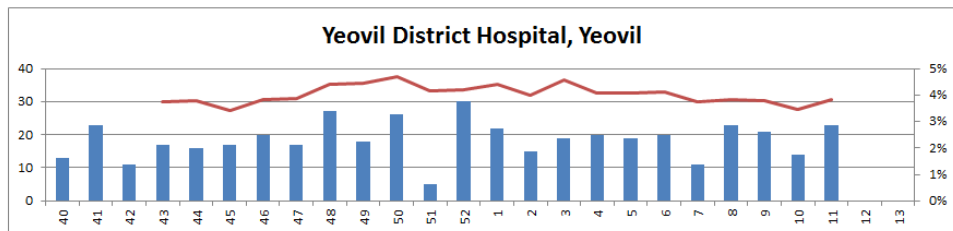
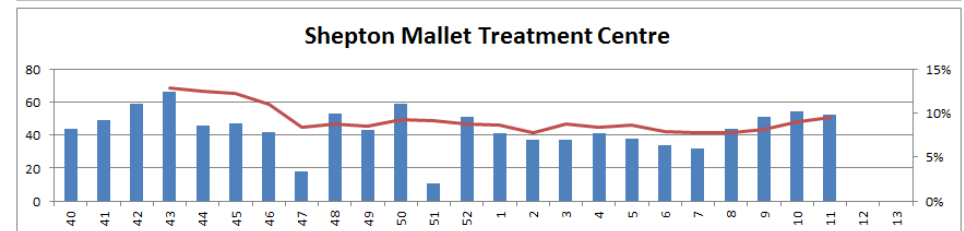
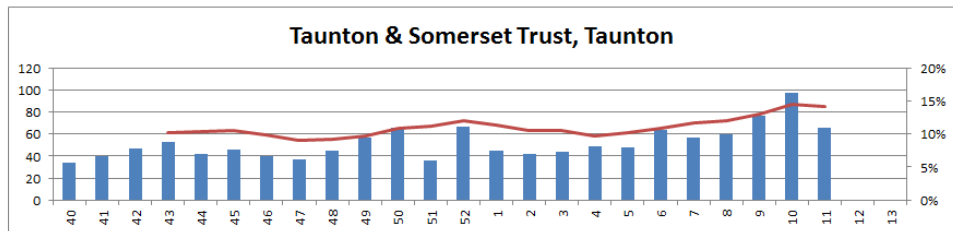
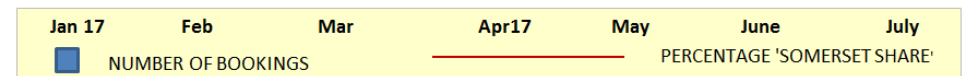
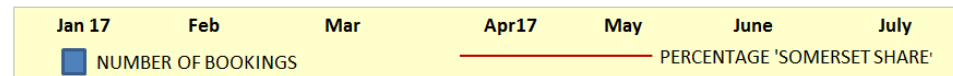
**A Note on VERISON 1 of this Report:** This report shows all weekly outpatient routine (non 2ww) bookings conducted by the Somerset BMS, split by provider chosen by the patient. This includes all direct booking, indirect bookings, 'no-slots' and 'onward orthopaedic referrals' from OASIS but excludes 'minority booking channels': i.e. bookings made on mobile phones, out of hours or over the internet. Reconciliation back to monthly eRS data extracts indicate that these 'minority booking channels' account for approximately 15% of all eRS bookings. It is not possible to obtain data on these minority eRS bookings on a 'live/weekly' basis. **A second version of this report, including reporting against weekly contracted activity by Provider, will be included when contracted activity is finalised.** This version will include a 'reconciled contingency assessment' for minority bookings to ensure accurate comparison against contract.



Any queries please contact  
Kevin.Hudson4@nhs.net or Oliver.Taylor4@nhs.net

## Orthopaedics

<< SELECT Speciality or Sub-Speciality



## Sharing the learning

- Good communication and awareness of services available to GP practices is essential
- Regular support and review of referral data helps to identify outliers within GP Practices
- E-Referrals system improvements to help when referring

## Challenges

- Engagement with GP Practices with limited time to support the programme
- GP Practices unwilling to change ways of working and their internal processes
- GP practices understanding what the programme of work was hoping to achieve

## Advice for others

- Regular communication and support to GP Practices keeps them updated on changes/ developments
- Providing documentation and user guides to GP Practices was helpful

## For more information contact:-

Oliver Taylor, Service Improvement Manager, [oliver.taylor4@nhs.net](mailto:oliver.taylor4@nhs.net)

Beckie Cooke, RMC Operations Manager, [Beckie.Cooke@nhs.net](mailto:Beckie.Cooke@nhs.net)

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