NHS
Devon

DART
Devon Access and Referral Team

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Improve Quality

-To Save Money

18 November 2010
NHS Alliance Annual Conference, Bournemouth

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Dr Frank O'Kelly, Tiverton GP & DART Clinical Board Member

Respect, Quality, Effectiveness, Openness, Improvement

Ann to introduce

Key principles

- GP led
- Promote Primary and Secondary Care clinical engagement
- Right referral to right place with the minimum delay or inconvenience
- Improve communication and feedback to promote the best practice
- Hold and disseminate information about services available
- Real time data at practice level
- Offer meaningful choice to patients
- Capture patient experience feedback

Ann to talk to this slide

Running since: April/May 2010 – Initial in North Devon
Reason for creation

Handover to Frank

Negative Press

- E-Health Insider: 17.08.10
  - "Referral Management Centres criticised"

  http://www.ehiprimarycare.com/news/6164/referral_management_centres_criticised
- BMA: 12.08.10
  - "Referral Management Centres 'bad for patients'"

  http://web2.bma.org.uk/nrezine.nsf/wp/RTHS-889ELG?OpenDocument&C=14+Aug
- HSJ: 12.08.10
  - "Referral Management Schemes fail to deliver"

  http://www.hsj.co.uk/5018149.article?referrer=e24
- King's Fund Report
  - "Referral Management doesn't work"

  http://www.kingsfund.org.uk/publications/referral_management.html

Frank

As I start I would like to ask each of you a question to answer to yourselves – how many of you think you work within a Learning organisation? I will return to this issue at the end

DART is a referral management system and is the Devon Access and Referral Team

As a jobbing GP I know that Referral management schemes tend not to be popular, especially when first introduced and by some DART has even referred to as a four letter word.

It is not just jobbing GPs and Consultants who are not too keen on Referral Management Centres.

Here are the opinions of some important and influential bodies, most notably the recent King's Fund report.

Kings Fund Report, Recommendations:

1. You cannot look at the **referral in isolation** but need to understand the context in which the referral is being made.

2. Changing referral behaviour is a major change management task that will **require strong clinical leadership** from both primary and secondary care.

Frank
So what of the Kings fund recommendations………….

1.1 You cannot look at the referral in isolation

Financial (International)
The White Paper (National)
Transforming Community Services (Local)
Doing the right thing for the Patient

2.Require strong clinical leadership.

Changing referral behaviour has not been underestimated and requires Clinical community buy in.

DART Sponsor is a CEO from a Secondary Care Acute FT
DART Clinical Board membership The interim clinical board consists of;

- GP consortia representatives
- Acute Trust medical directors
- DART staff
- LMC
- Etc

Pathway development is driven by Clinician to Clinician (C2C) groups
Educational events for GPs – to feed back the learning

Kings Fund Report, Recommendations:

3. There are inherent **risks at a point of referral**, as clinical responsibility is passed from one clinician to another any referral management strategy needs to have robust means to manage those risks.

4. There may be just as much under-referral as over-referral by local GPs. A strategy to reduce over-referral could, and indeed **should, expose under-referral**. This will limit the potential reductions in demand.

Frank

3. There are inherent risks at a point of referral;

On-site GP support, clear staff training and a clinical board

Electronic tracking system

We do not reject referrals without contacting the clinician

Redirection is only in line with C2C agreed Pathways

Instant and open patient feedback on line

4. A strategy should expose under-referral.

It is not about reductions in demand

Under-referral should be identified

What we need is correct, appropriate referral

Kings Fund Report, Recommendations:

5. Commissioners should **not introduce financial incentives** to drive blanket reductions in referral numbers.
6. Reductions in referrals from one source can be negated by rises in referrals from other sources. Any demand management strategy **needs to consider all referral routes** and not just target one.
7. A **whole systems strategy** will be required to manage demand, with active collaboration between primary, secondary and community care services

Frank

5. Commissioners should not introduce financial incentives to drive blanket reductions

We haven't (and absolutely no plans to) - We are giving some financial incentives to use the proforma and look at data but we will not be incentivising a reduction in referrals.

6. Any demand management strategy needs to consider all referral routes

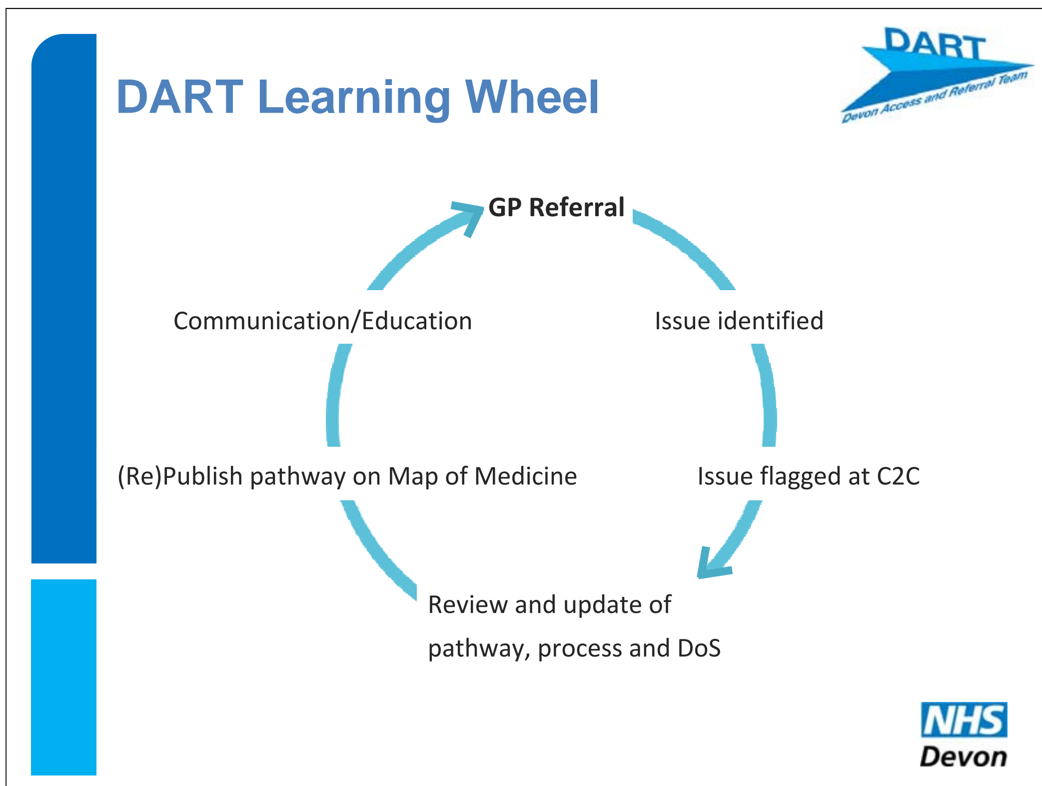
This is the whole point of DART

All first referrals come through DART

At present all first referrals go through DART our ambitions is that all should eventually

7. A whole systems strategy will be required

We do this



Frank

And here is how our whole system strategy works in Practice;

I refer back to the question I asked at the beginning – How many of you think you work within a learning Organisation?

Well DART is the hub of organisational learning for Elective Care - not only for NHS Devon but for the whole Clinical Community in most of Devon

This is how we are and will create savings.

Talk around the wheel. – single, double and triple loop learning

A referral management system can save money if it becomes the hub of organisational learning' for the whole clinical community – for example …………..

Financial savings - Low Priority Procedures

- Audit of patients having varicose vein surgery during 09/10 showed that 70% did not meet exception criteria a **potential** saving of £593k
- 239 Varicose Vein referrals returned by DART to GPs as they did not meet referral criteria during June to September 2010. 24 were re-sent
- Average referral reduction 53 → 27 per month = 49% reduction or £28,550 per month

Frank

So can this theoretical model save money – yes – and here is one example of it. – talk through the slide

Further background info

Varicose veins

An example of this is how we have implemented the low priority procedure guidelines. They have been around for a number of years but last year we spent

£847K on **varicose vein** procedures.

Based on figures for July to September 2010 there has been a reduction of at least 49% in referrals for Varicose Veins due to DART's implementation of the policy.

The average for 10 months prior to DART was 53 per month giving cost of £58K . The average since DART is 27 per month giving £29K cost.

Financial savings - Low Priority Procedures

- We can predict a saving of between £343k (49%) and £593k (70%) in Varicose Vein surgery per annum
  - (up to £756k if you include outpatient and follow up appointment savings)

- To date DART have returned a further 108 low clinical value referrals for Tonsillectomy – a predicted saving of £108k

Frank

Varicose Veins

Based on these 2 pieces of information there is a saving of between £343K and £593K

Cost of varicose vein procedure is a minimum of £1098. Additional savings will be made from reduced number of OP and FU - potentially saving between £500,000 and £1,000,000

Tonsillectomies

£461K **on tonsillectomies**, averaging 38 Cases costing £ 38K Month. Since may we are averaging 29 cases per month costing £ 29K This will result in a predicted saving of £ 108K compared to last year. Additional savings will be made from OP

Future vision

- Advice and Guidance, 2WW & Follow Up Appointments
- Increase Clinical Engagement
  - Improved liaison re pathways
  - Pathway compliance and peer review
- Pathways incorporating other services
  - AHP / Specialist Nursing / Non Medical Clinicians
- Triple Loop Learning - Educational Feedback
- Define structure - Interface with Consortia
- Website

Frank

To talk through the slide-

1)Ann could explain the future vision

2) if not enough time we could have it as a backdrop after the thank you slide

Thank you for listening

Thank you for listening

And a special thanks to the Devon Access Referral Team – it is not a nebulous concept or a a four letter word but a team of excellent, enthusiastic and highly motivated NHS staff.