



From Optimising GP Referrals to System Redesign

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How did we start?



Drivers:

- Escalating Elective Demand
- No ownership of the issue

Levers:

- Practice Based Commissioning
- Clinical Leadership
- Support from NHS Plymouth as a strategic commissioner

The Health Programmes:

9 work streams (acute/planned/LTC/EoLC/MH/LD/Children/Maternity/staying healthy)

Each supported by a programme manager and clinical champion

Roles:

- To pull in and generate wider commissioning resources
- Support the work with the KDMs especially through clinical dialogue
- Help prioritise areas of work
- Pull projects together
- Feed into the annual planning cycle
- Report to PEC- progress and business plans
- Over time to expand their competencies to manage the total spend in each of their areas of expertise through programme budgeting

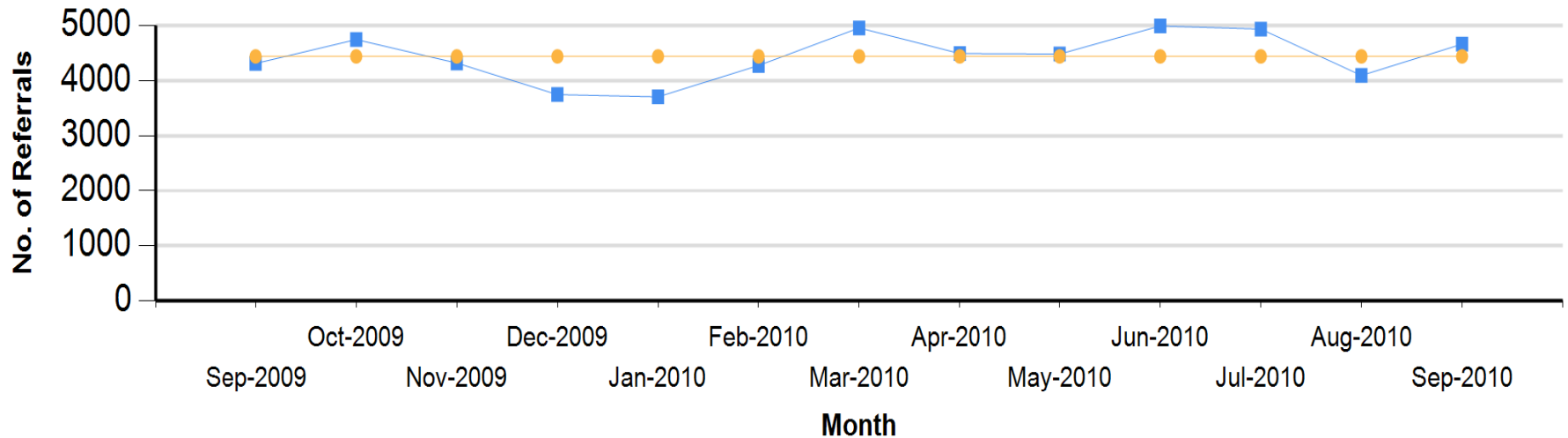
Early Learning Points

Outcomes- Referrals

Demand is Relatively Stable

Total Monthly Referrals Numbers

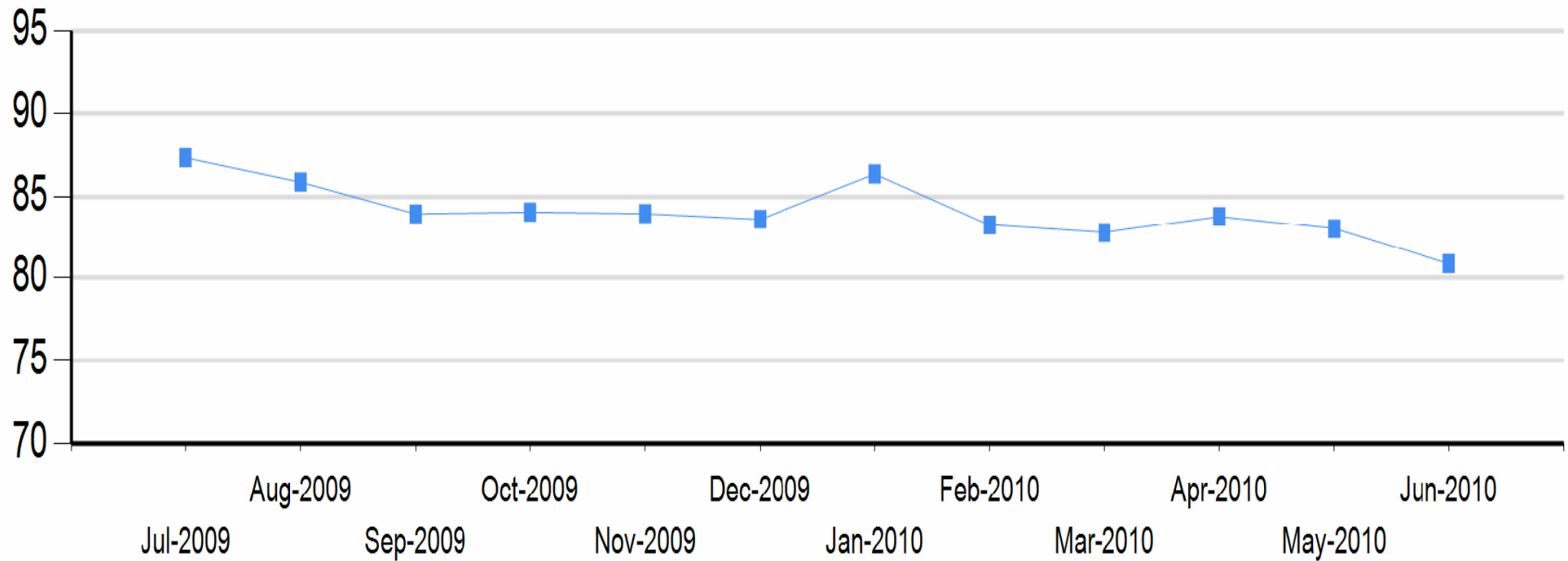
—■— ref total —●— average referrals



Outcomes- Referrals

Demand can be reduced

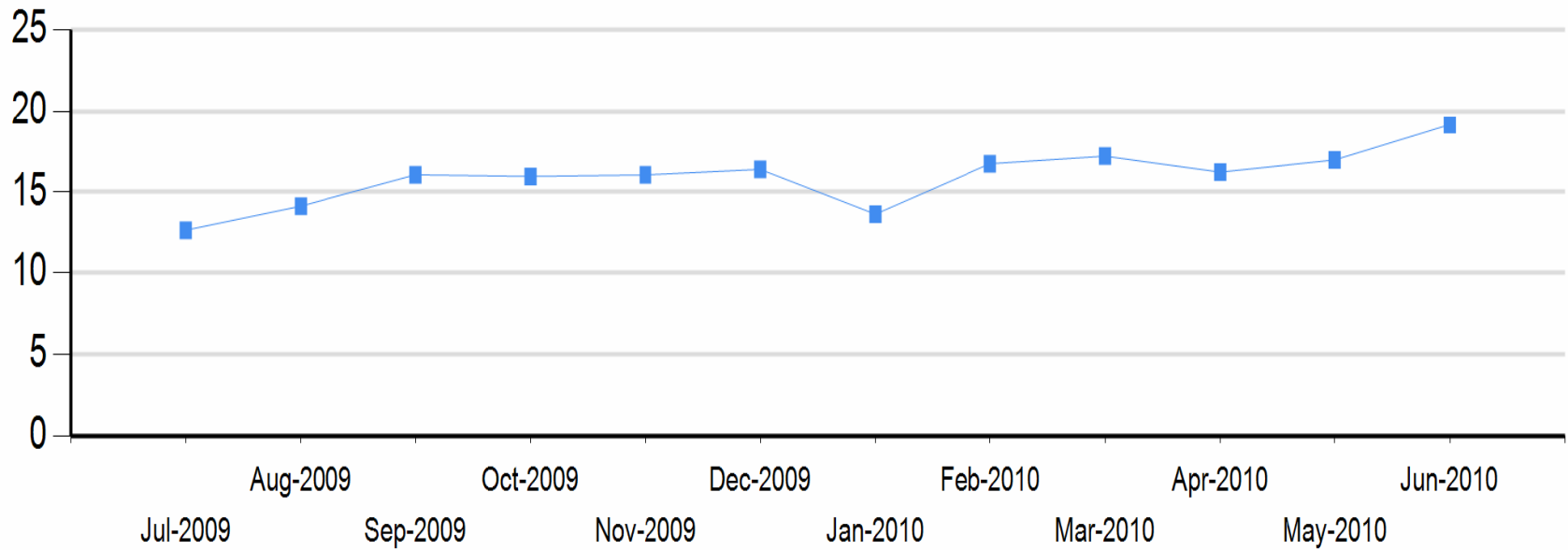
% Of Referrals on to Secondary Care



Outcomes-Referrals

Alternatives can be provided in primary care

% Of Referrals on to Primary Care



Financial Outcomes:

Primary care services can be cheaper

Fin Yr	Referral Team		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
2009/2010	Cardiology	Pats	26	26	16	12	14	50	29	42	53	38	33	59	398
		Prim	£1110	£1110	£683	£512	£598	£2135	£1238	£1793	£2263	£1622	£1409	£2519	£16991
		Sec	£5018	£5018	£3088	£2316	£2702	£9650	£5597	£8106	£10229	£7334	£6369	£11387	£76814
		Save	£3908	£3908	£2405	£1804	£2104	£7516	£4359	£6313	£7966	£5712	£4960	£8868	£59823
	Dermatology GPwSI	Pats	82	41	45	72	59	67	66	87	50	55	51	83	758
		Prim	£7014	£3507	£3849	£6159	£5047	£5731	£5646	£7442	£4277	£4705	£4363	£7100	£64839
		Sec	£9922	£4961	£5445	£8712	£7139	£8107	£7986	£10527	£6050	£6655	£6171	£10043	£91718
		Save	£2908	£1454	£1596	£2553	£2092	£2376	£2340	£3085	£1773	£1950	£1808	£2943	£26879
	Dermatology Minor Ops	Pats	0	0	0	0	1	5	11	5	8	3	12	8	53
		Prim					£174	£870	£1913	£870	£1392	£522	£2087	£1392	£9219
		Sec					£575	£2875	£6325	£2875	£4600	£1725	£6900	£4600	£30475
		Save	£0	£0	£0	£0	£401	£2005	£4412	£2005	£3208	£1203	£4813	£3208	£21256
	ENT	Pats	35	34	17	28	72	67	78	70	42	38	72	91	644
		Prim	£2493	£2421	£1211	£1994	£5128	£4772	£5555	£4985	£2991	£2706	£5128	£6481	£45866
		Sec	£3850	£3740	£1870	£3080	£7920	£7370	£8580	£7700	£4620	£4180	£7920	£10010	£70840
		Save	£1357	£1319	£659	£1086	£2792	£2598	£3025	£2715	£1629	£1474	£2792	£3529	£24974
	Orthopaedics Knee	Pats	0	0	0	0	2	59	74	48	42	52	71	69	417
		Prim					£121	£3570	£4478	£2904	£2541	£3147	£4296	£4175	£25233
		Sec					£276	£8142	£10212	£6624	£5796	£7176	£9798	£9522	£57546
		Save	£0	£0	£0	£0	£155	£4572	£5734	£3720	£3255	£4029	£5502	£5347	£32313
Orthopaedics Shoulder	Pats	0	0	0	0	3	25	46	17	31	24	31	37	214	
	Prim					£182	£1513	£2783	£1029	£1876	£1452	£1876	£2239	£12949	
	Sec					£414	£3450	£6348	£2346	£4278	£3312	£4278	£5106	£29532	
	Save	£0	£0	£0	£0	£232	£1937	£3565	£1317	£2402	£1860	£2402	£2867	£16583	
Urology	Pats	30	30	32	29	40	30	41	30	29	26	25	37	379	
	Prim	£6570	£6570	£7008	£6351	£8760	£6570	£8979	£6570	£6351	£5694	£5475	£8103	£83001	
	Sec	£16290	£16290	£17376	£15747	£21720	£16290	£22263	£16290	£15747	£14118	£13575	£20091	£205797	
	Save	£9720	£9720	£10368	£9396	£12960	£9720	£13284	£9720	£9396	£8424	£8100	£11988	£122796	
Total	Pats	177	136	110	141	191	303	345	299	255	236	295	384	2872	
	Prim	£17187	£13609	£12751	£15016	£20009	£25160	£30592	£25593	£21691	£19848	£24633	£32008	£258097	
	Sec	£35080	£30009	£27779	£29855	£40746	£55884	£67311	£54468	£51320	£44500	£55011	£70759	£562722	
	Save	£17893	£16400	£15028	£14839	£20737	£30724	£36719	£28875	£29629	£24652	£30378	£38751	£304625	

BUT.....

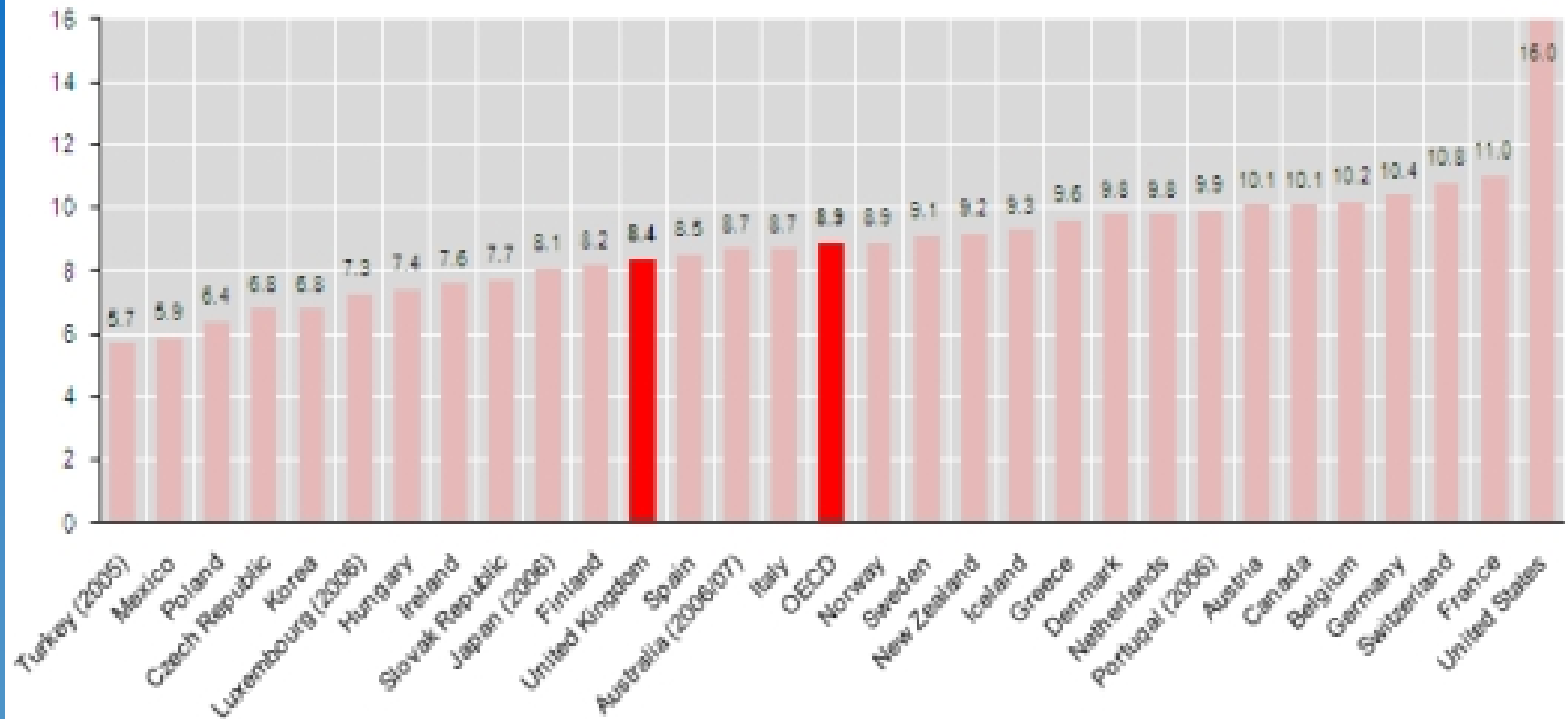
- Whilst new services can be provided in different settings that are cheaper to deliver - is this the right thing to do in the longterm.....?
- How do we really reduce system cost?
- How do we collaborate to do this?

Thinking about the “system”

The real challenge

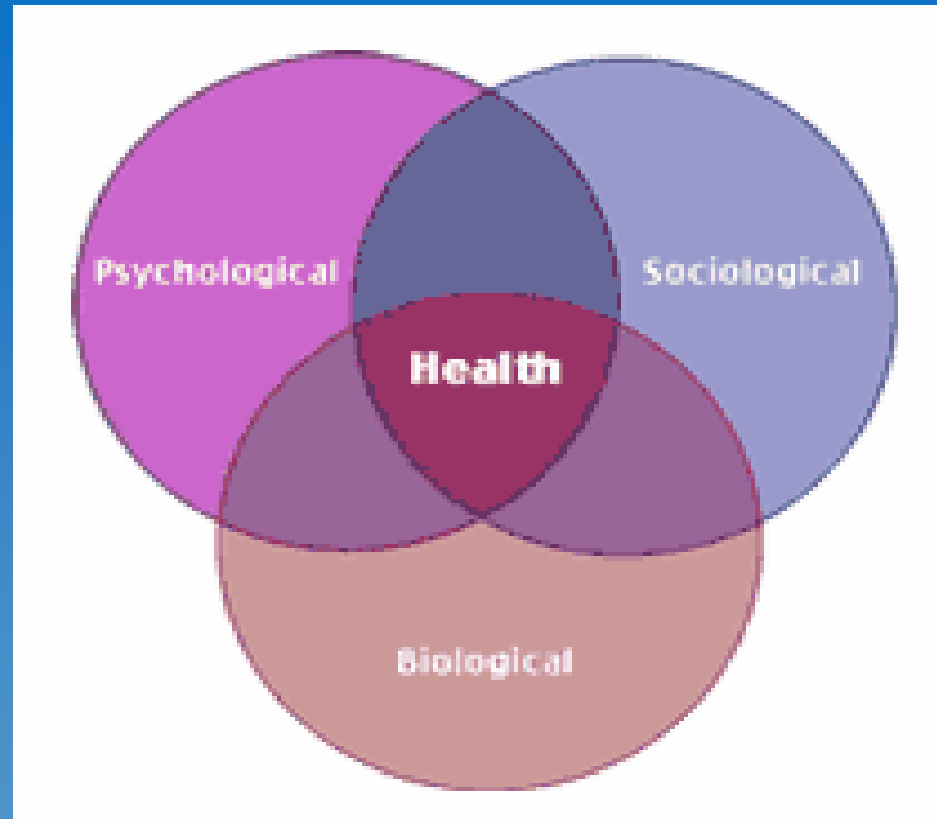
Health expenditure as a share of GDP, 2007

Percent GDP



Source: OECD Health Data 2009

Defining a new *health* service



The Primary Care – Secondary Gap



The Waste



Bridging the “GAP”

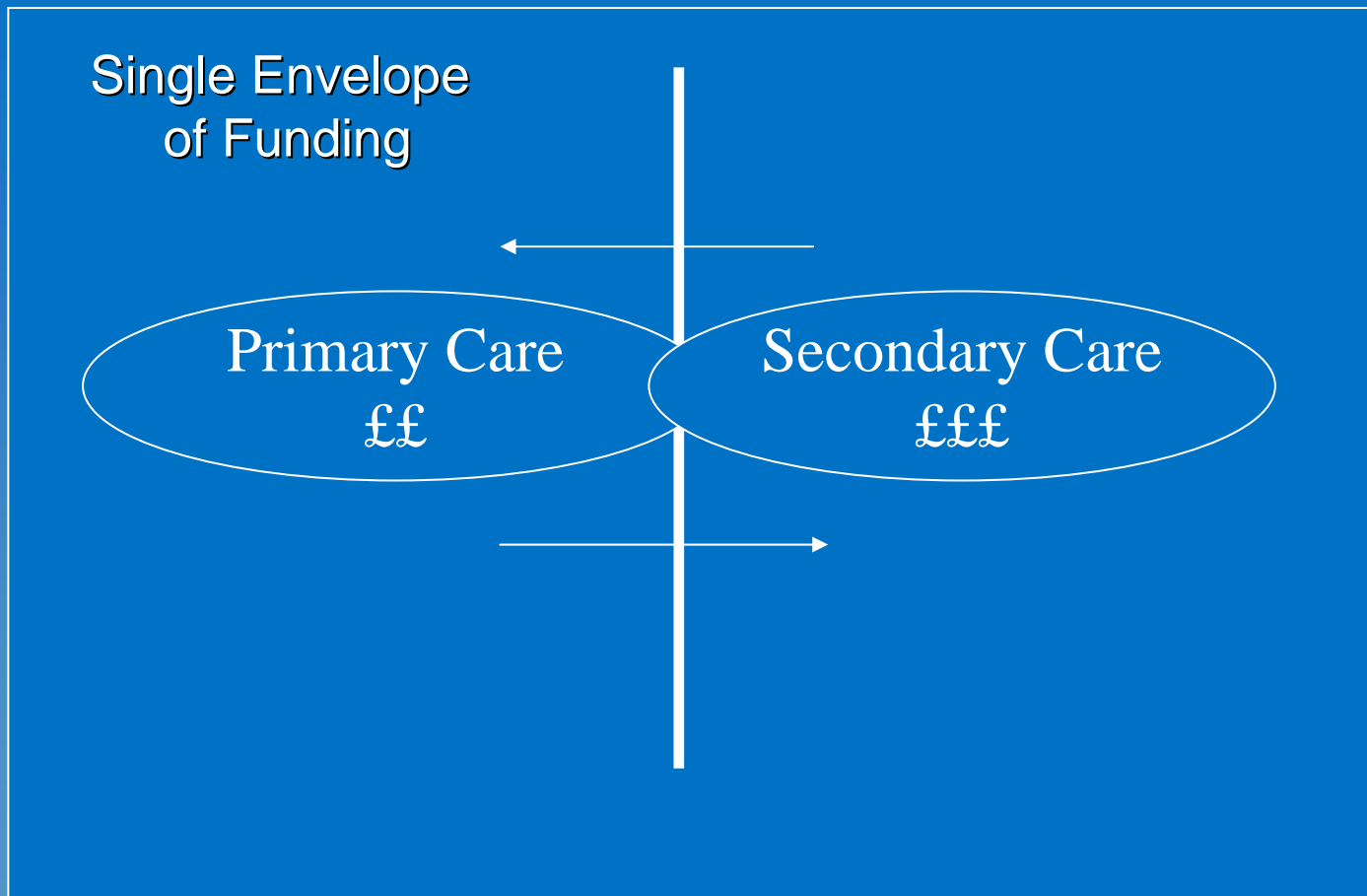


Closing the primary-secondary care gap

Two Main Strategies:

1. A new perspective on PBC- “clinical commissioning”
2. Transforming the system by uniting the clinical community
 - **Creating a bridge** – *technical efficiencies*- Sentinel CATS
 - **Crossing the bridge** – *transformational efficiencies*- Sentinel CiC as an Integrated Care Organisation

The “System” overview- simplified



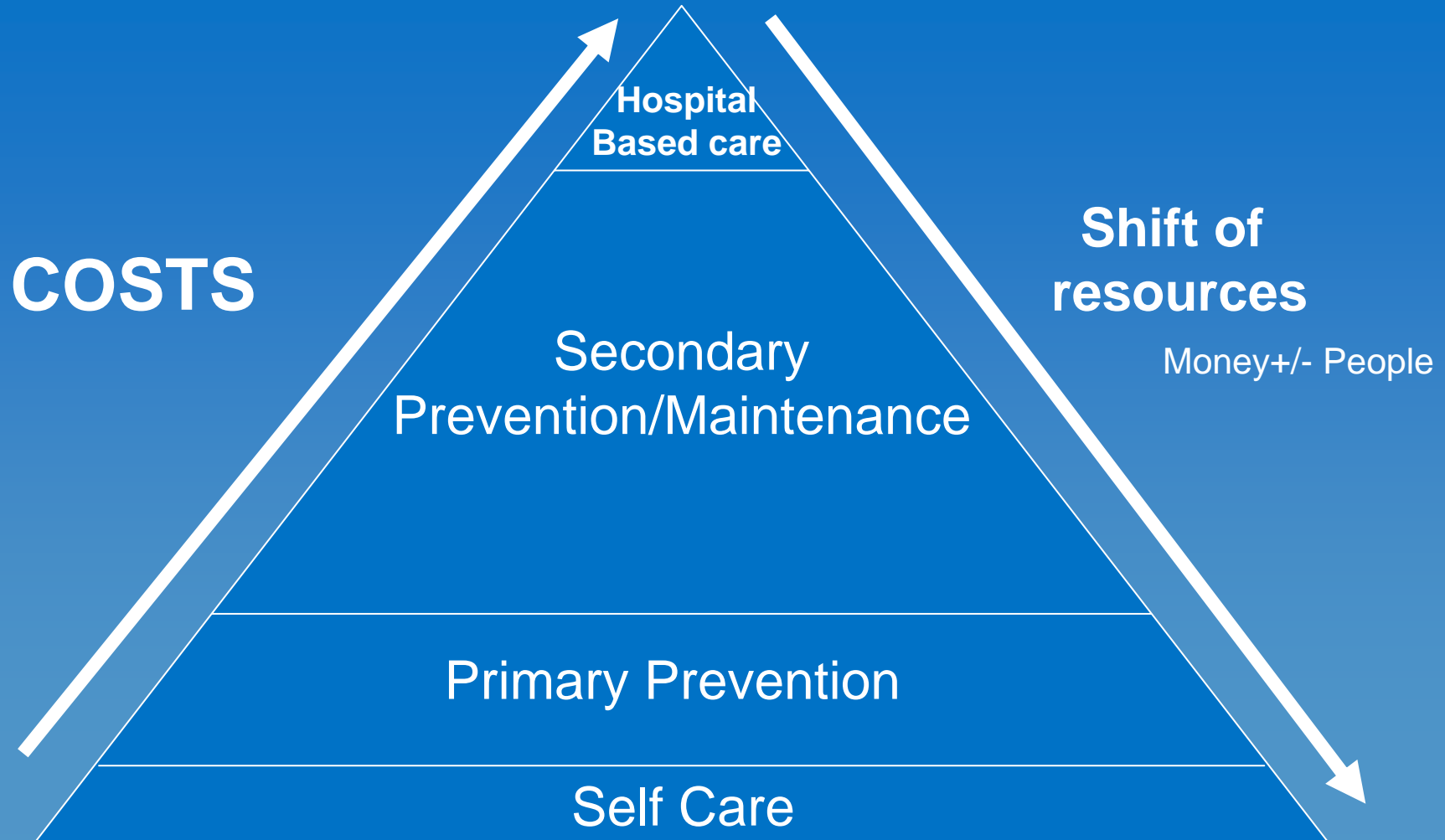
A “No Gap” Unified Health System

Community based care

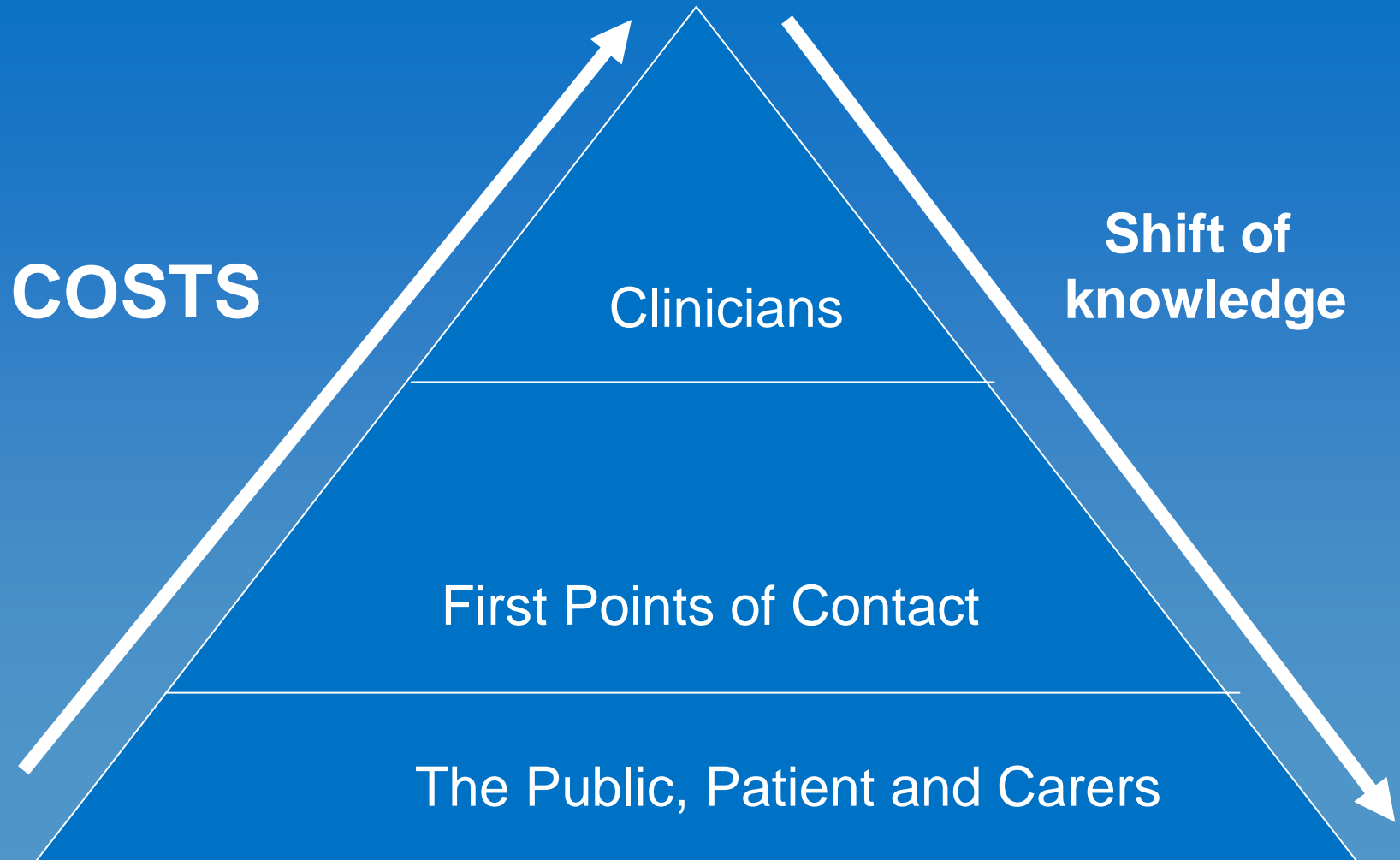
Hospital based care



Sustainability- costs



Sustainability- knowledge



How Big Could it Be?



The Policy Challenges- The White Paper

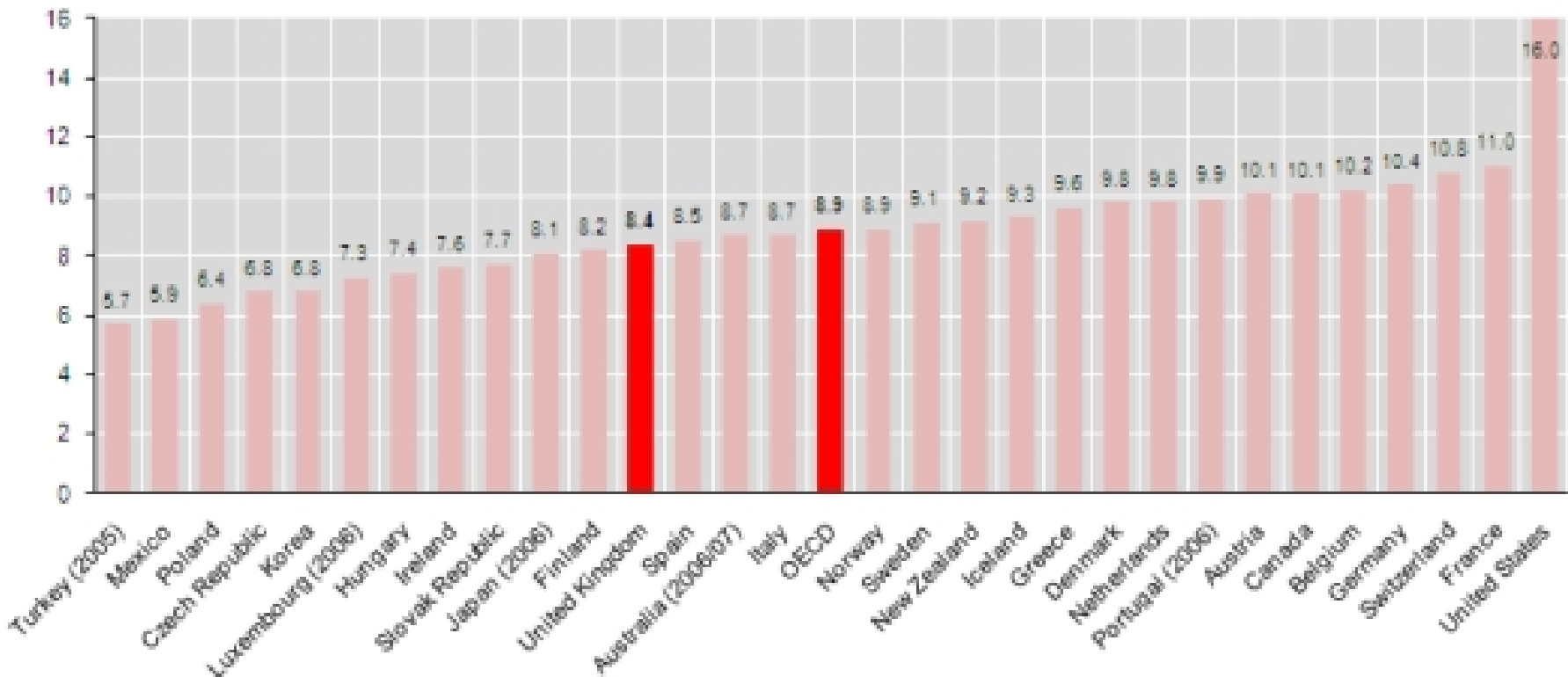
- The ideology of the “internal market” persists- despite lack of evidence that its application in the NHS has reduced cost and driven up quality (Wanless 2007)
- Integrated care delivery systems talked about instead of true ICOs
- Loss of the sense of the NHS “family”- one organisation, one vision....to a franchise model
- Retaining a sense of common purpose
- Ensuring NHS employees continue to invest huge amounts of discretionary effort in delivering care

Finally- Never forget the “real” challenge

Work to leave a legacy that benefits future generations

Health expenditure as a share of GDP, 2007

Per cent GDP



Source: OECD Health Data 2009

