



Optimising GP referrals

How can practices ensure they refer only when it's the best solution in terms of quality and cost?

What tools are available to help them "make more and buy less"?

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Commissioning



Best Practice Scheme Principles

- It is NOT a referral management tool
- It is designed by clinicians for clinicians
- It creates a supportive environment
- It aims at reviewing variance across clinicians and at promoting best practice
- It is flexible



Objectives of the scheme

- Reduce unexplained variation in referrals
- Improve the quality of referrals to secondary care
- Increase awareness & uptake of community pathways & pre-referral diagnostics
- Establish good practice pathways



How does it work?

- 2009/10 – Review of high volume outpatient referrals, practices opportunity to focus on specific specialty
- 2010/11 – Review of ambulatory care sensitive conditions, high volume primary care conditions admitted non-electively & review of OPD referrals – flexible topics



How does it work?

- Locality meetings: practice data are shared and compared to other localities
- At practice level: monthly review of more specific data and report to NC
- Locality meetings: feedback and learning points shared from other practices or localities



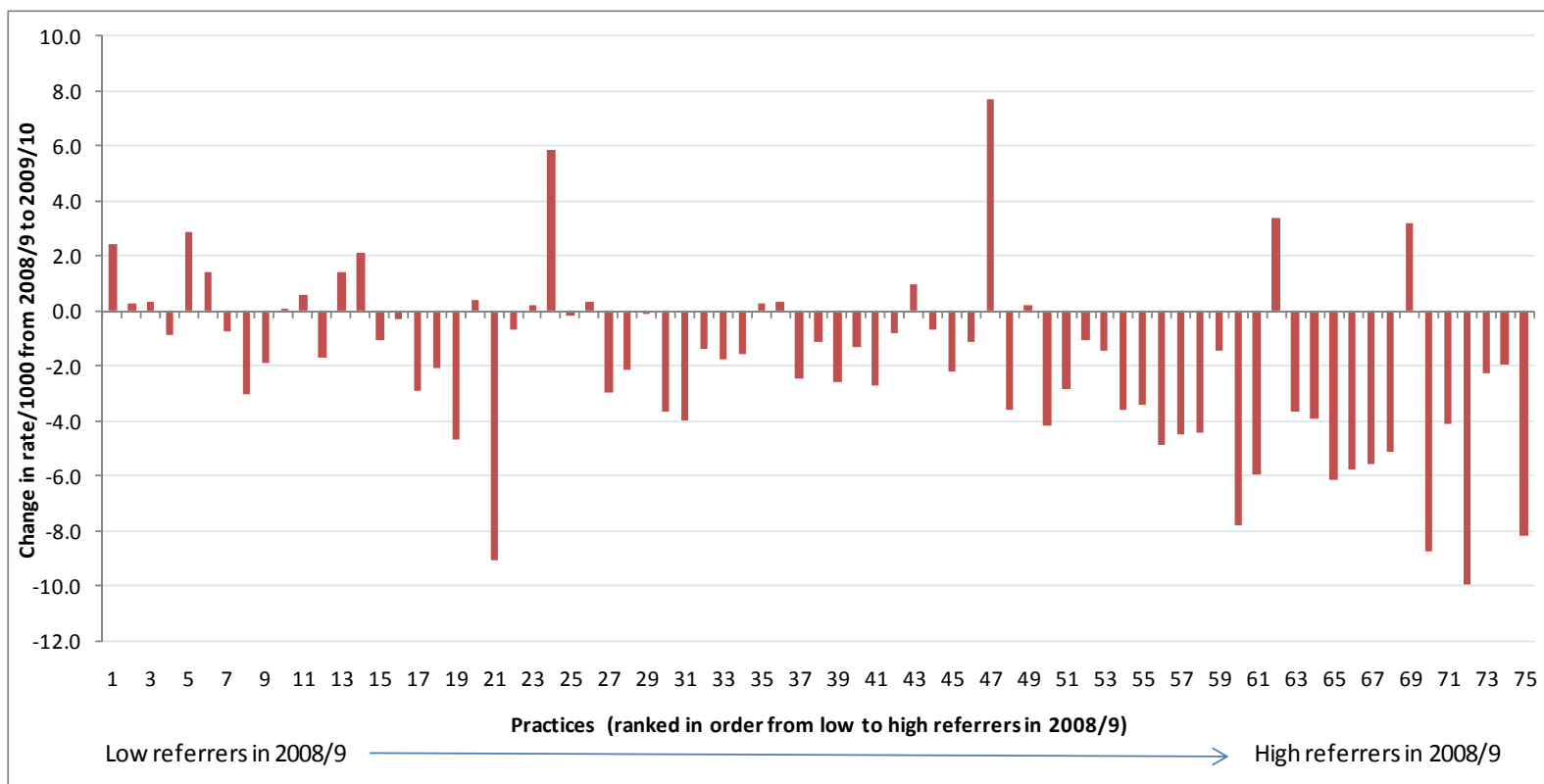
How does it work?

- Payment – 1£/per registered patient per annum pro rata
- Paid bi-monthly (10/11) to practices on submission of monthly peer review evidence
- Scheme pays for itself – 2008/09 net savings on GP referrals through: reduction in variation and number of referrals



Results so far...

Change in rate of GP referrals to T&O from 2008/9 to 2009/10





Results so far...

1st outpatient attendances, GP referred, Best practice 6 specialties (T&O, Rheum, Derm, ENT, Urology & Gynae)

Peer (SHA)	Change in Appointments 2008 to 2009	Change in Attendances 2008 to 2009
Lincolnshire Teaching PCT	10.36%	7.42%
Nottinghamshire County Teaching PCT	15.97%	9.69%
Leicestershire County & Rutland PCT	8.31%	8.19%
Northamptonshire Teaching PCT	-4.86%	-6.74%
Leicester City PCT	11.56%	15.26%
Nottingham City PCT	13.70%	8.92%

This reduction in outpatient activity translates to a gross saving of £967k (2009/10)



Key Learning

- Data – look at the trends not the detail at summary level
- Practices report reviewing between 3-10 letters as most useful per topic
- Practice buddy system – for trainees, locums, salaried GP's.
- Consider sending a letters to patients who attend A&E and OOH inappropriately. Ask OOH to redirect patient back to the surgery.



Key learning

- Practices have started to introduce a weekly “MDT” review of potential referrals
- Ask a partner with specialist knowledge to review other referrals within that particular area
- Review practice protocols Eg: time to clinical assessment, intervention, chest pain protocol – put through to on call GP
- Introduction of Dermatoscope training for GPs
- Extension of BPS to hospital consultant activities

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