



Targeting the referral

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Owning the whole pathway matters!

*Patient
referral*



*Patient
appointment*

Accurate
condition
specific data

Focused
interventions

Opportunity
to control the
delivery

Points of interventions

Patient referral

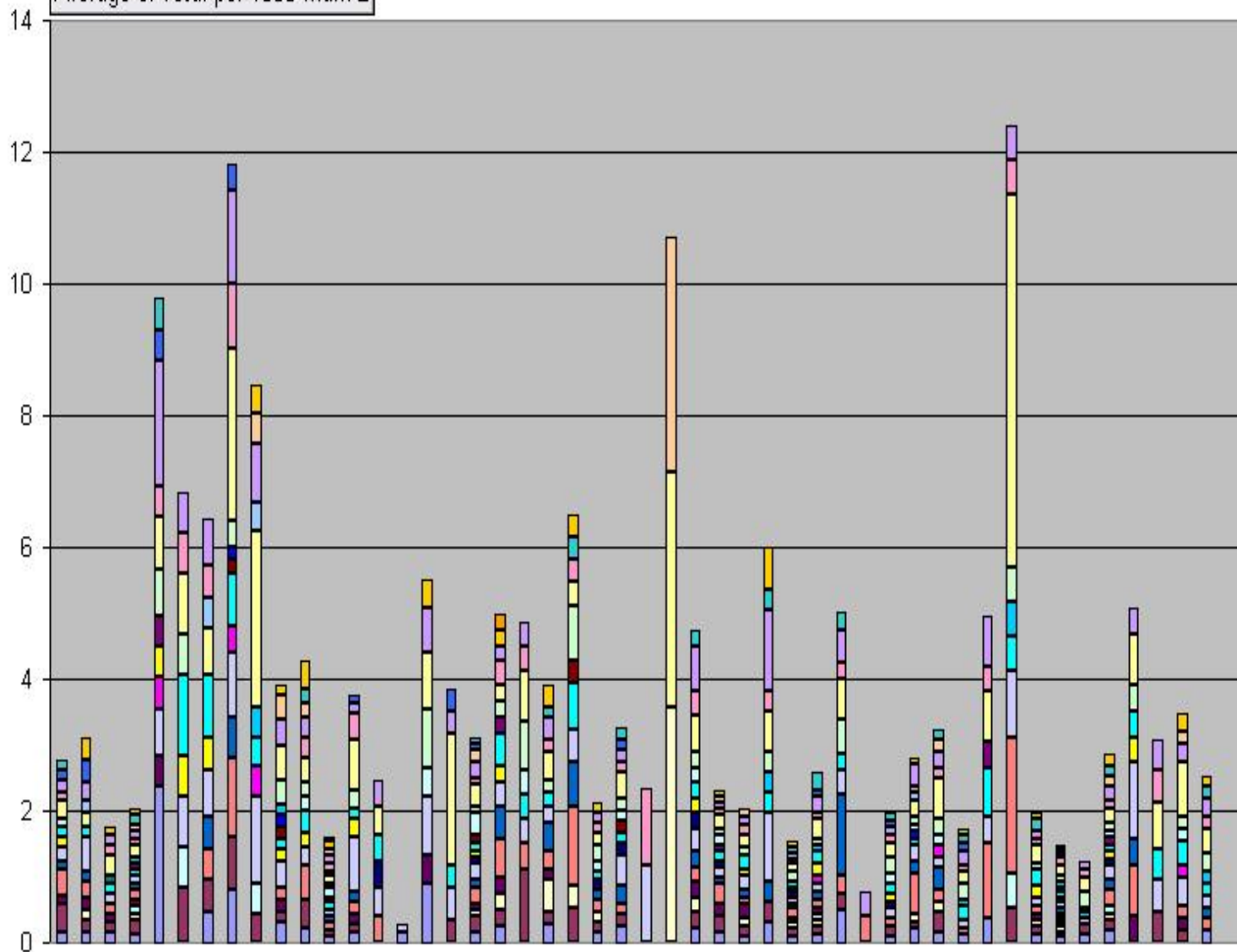


- Accurate data collection
- Practice Visit
- Peer group triage
- Targeted practice selection
- Support decision making – protocols, guidelines,
- Data sharing – GP, Practice and locality
- GPwSI telephone contact – to GP or to patient
- GP direct access to GPwSI/Consultant
- Targeted education session
- Education at the point of booking
- Capacity management
- Flexible workforce and clinic structure
- Payment Validation

Patient appointment



Average of Total per 1000 mark 2



- ReferralReason1
- Cosmetic blemishes (for camouflage)
 - Basal Cell Carcinoma (BCC)
 - (blank)
 - Vulval Skin Disorders
 - Vitiligo
 - Squamous Cell Carcinoma (SCC)
 - Rash
 - Psoriasis
 - Pruritis
 - Other (see notes)
 - Moles (exc Melanoma)
 - Melanoma (suspected)
 - Leg ulcer clinic
 - Known melanoma patient
 - Hidradentitis (enlarged sweat gland)
 - Gp LES clinics
 - Excessive sweating (hyperhidrosis)
 - Eczema
 - Dermatitis
 - Cosmetic Procedure (LPP)
 - Bowens Disease
 - Benign skin Lesions (inc Cysts)
 - BCC (Low Risk - LES)
 - BCC (High Risk - hospital)
 - Alopecia (hair loss)
 - Allergy / eczema

Interventions at practice level

Patient referral



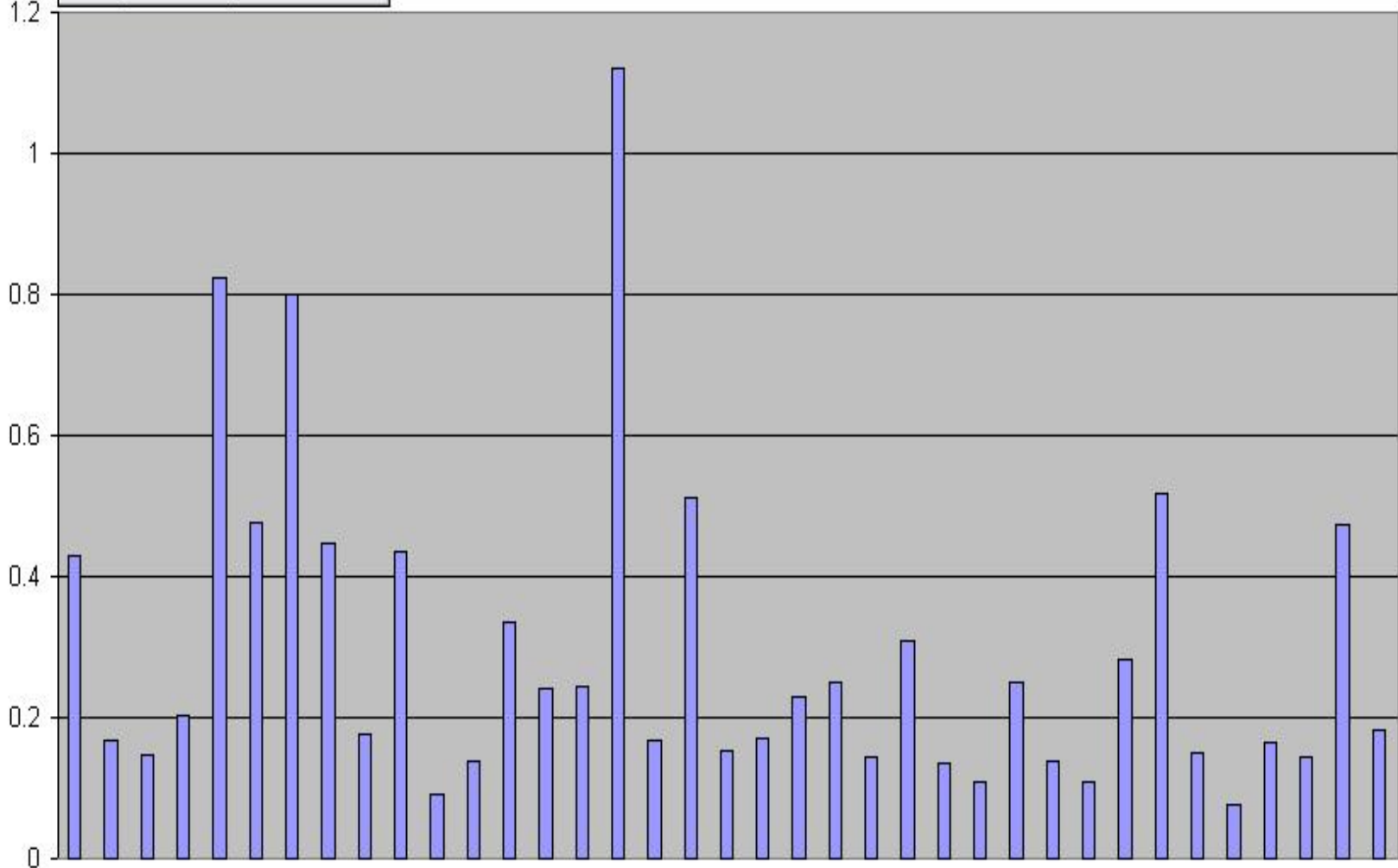
- Communication– GP, Practice and locality
- Targeted Practice Selection - Peer review
- Focused referral review
 - GPwSI, or Dermatology Triager

Patient appointment

Top list? (All) LocalityName (All)

Acne

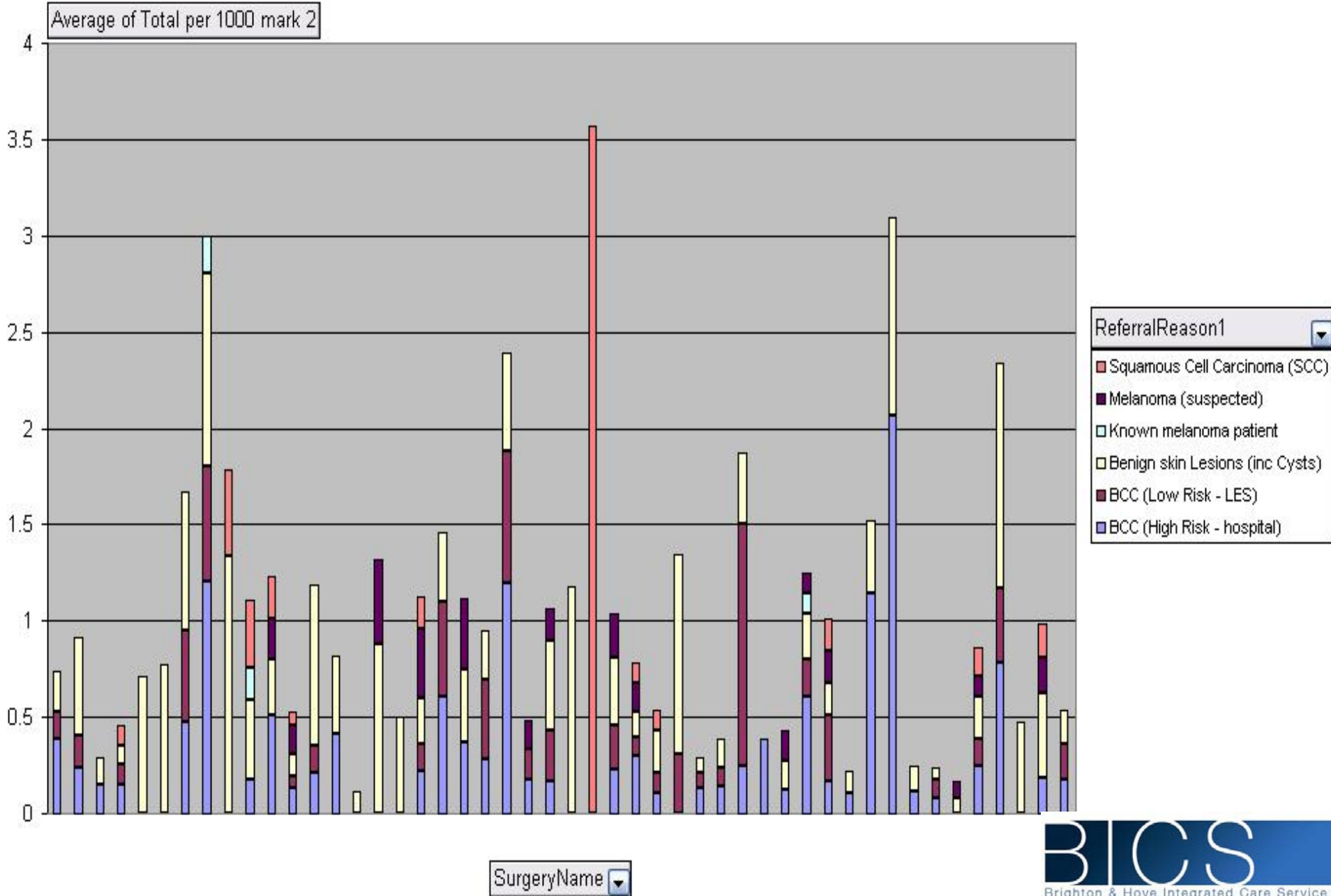
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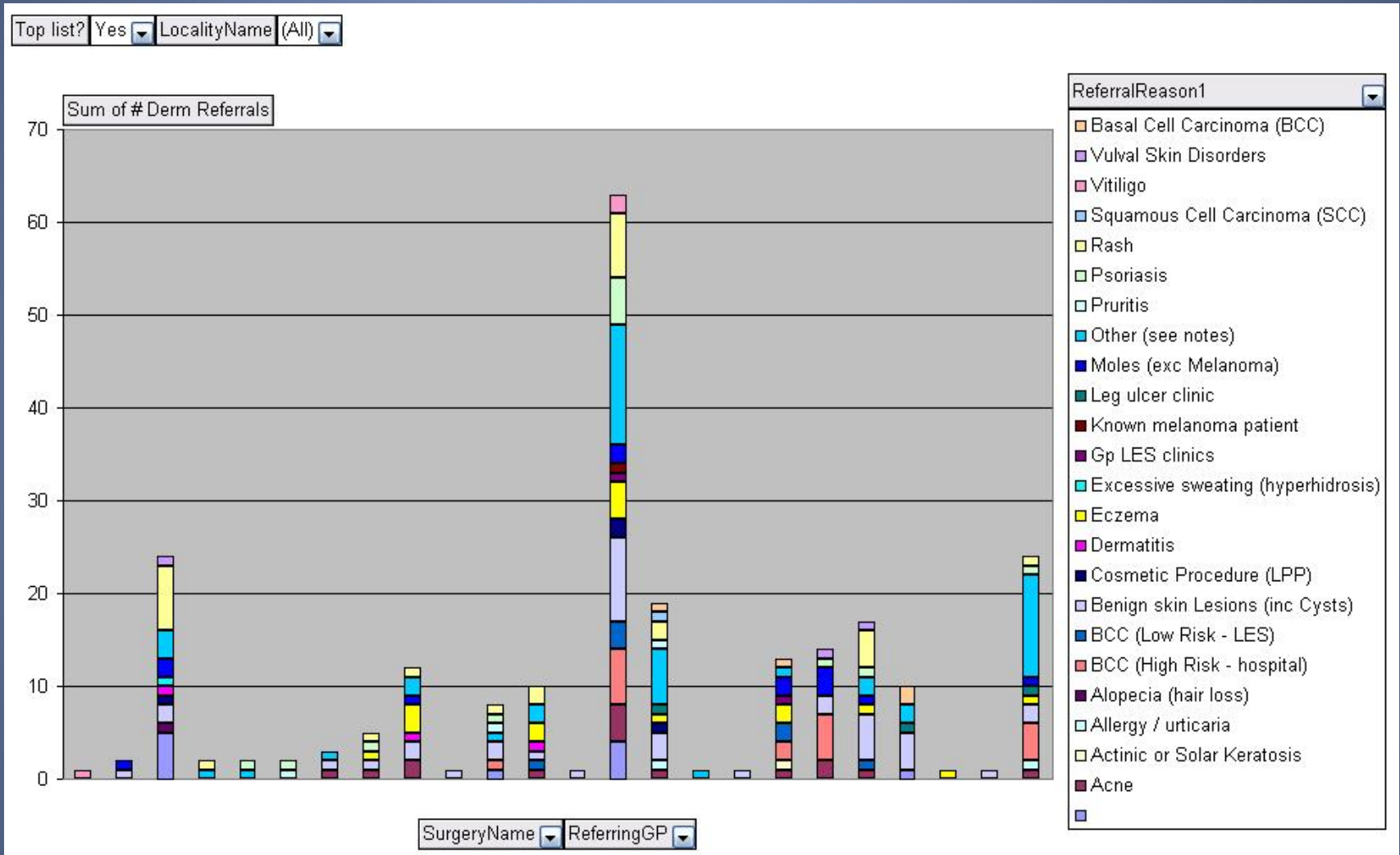
ReferralReason1
■ Acne

SurgeryName

Identify patterns in referrals



Individual GP trends





- Review referrals
- Pattern recognition
- Type of GP – partner/salaried/locum/trainee

Supporting GPs to make the right decisions....

Patient referral



- Peer group triage
- GP direct access to GPwSI/Consultant
- GPwSI initiated telephone contact with GP or the patient
- Protocols, guidelines,
- Targeted education session

Patient appointment

Owning the whole pathway matters!

***Patient
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***Patient
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Delivering an efficient clinical service....

Patient referral



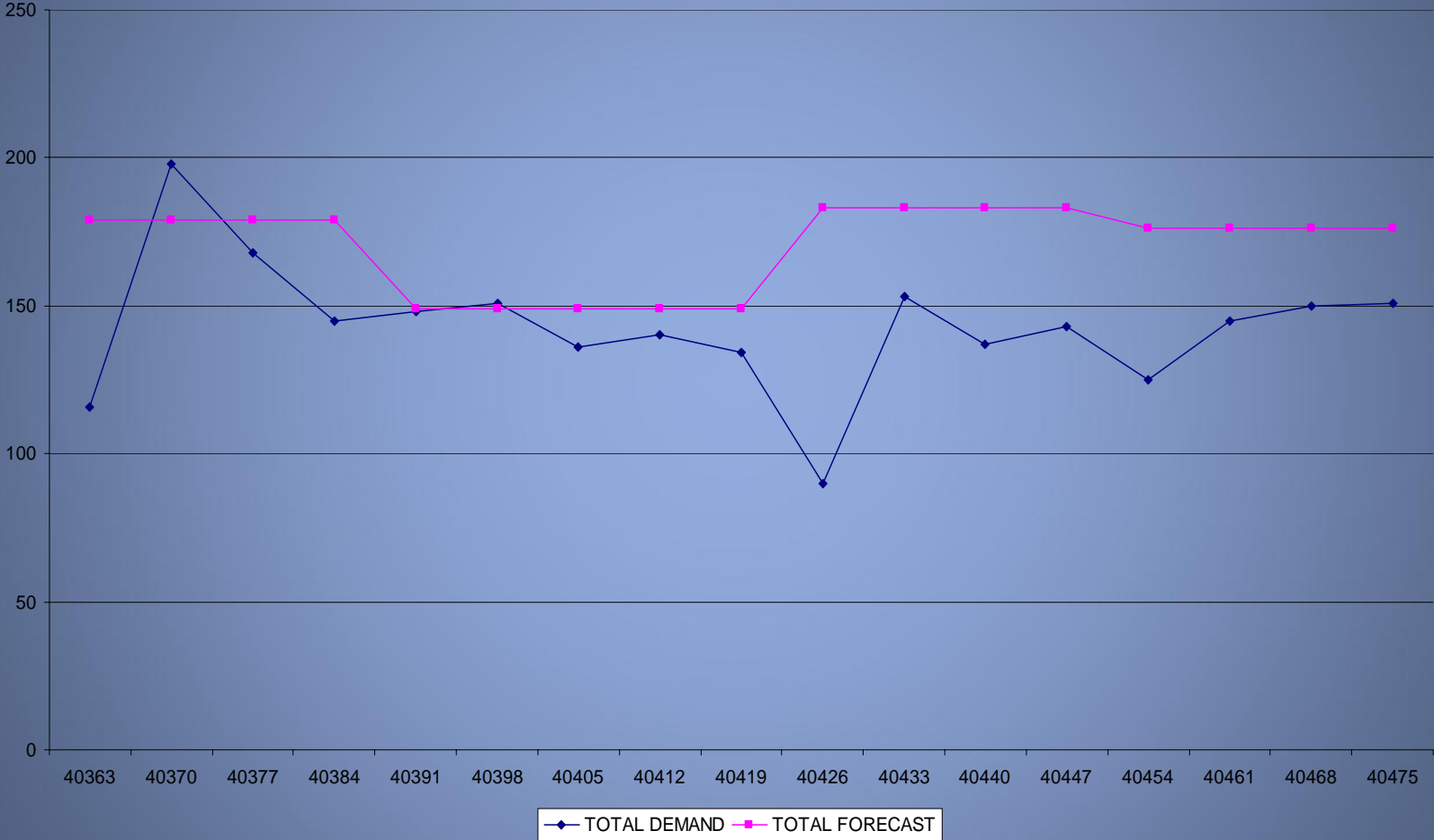
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Patient appointment

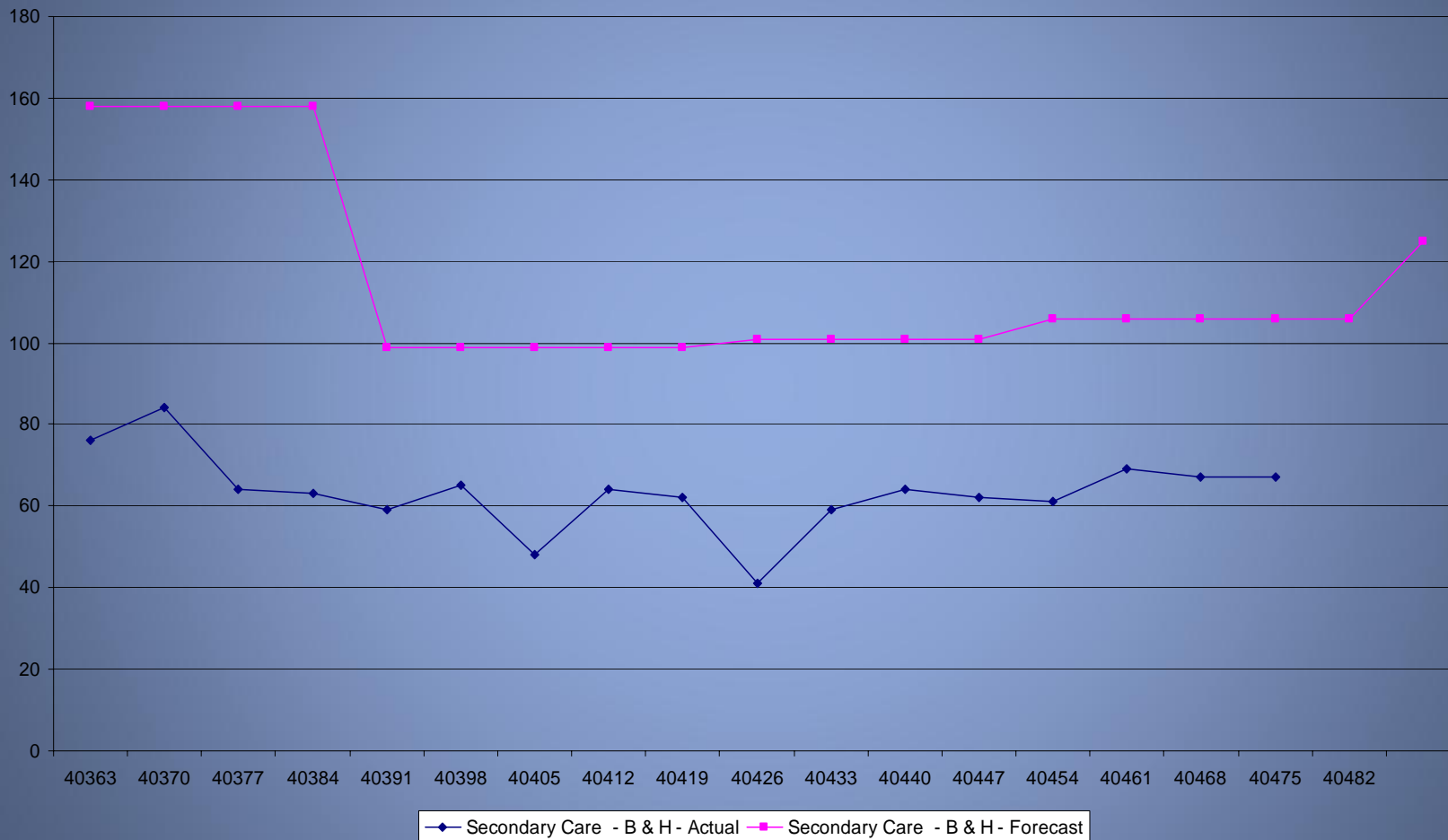
Capacity Management

- Less expensive, wait 3 weeks
- Secondary care wait 8-12 weeks
- Opportunity to make a difference
- Weekly assessment of gap
- Utilising DNAs
- Sweat your asset
- Reduce the pounds

Total demand by week



Secondary Care Demand



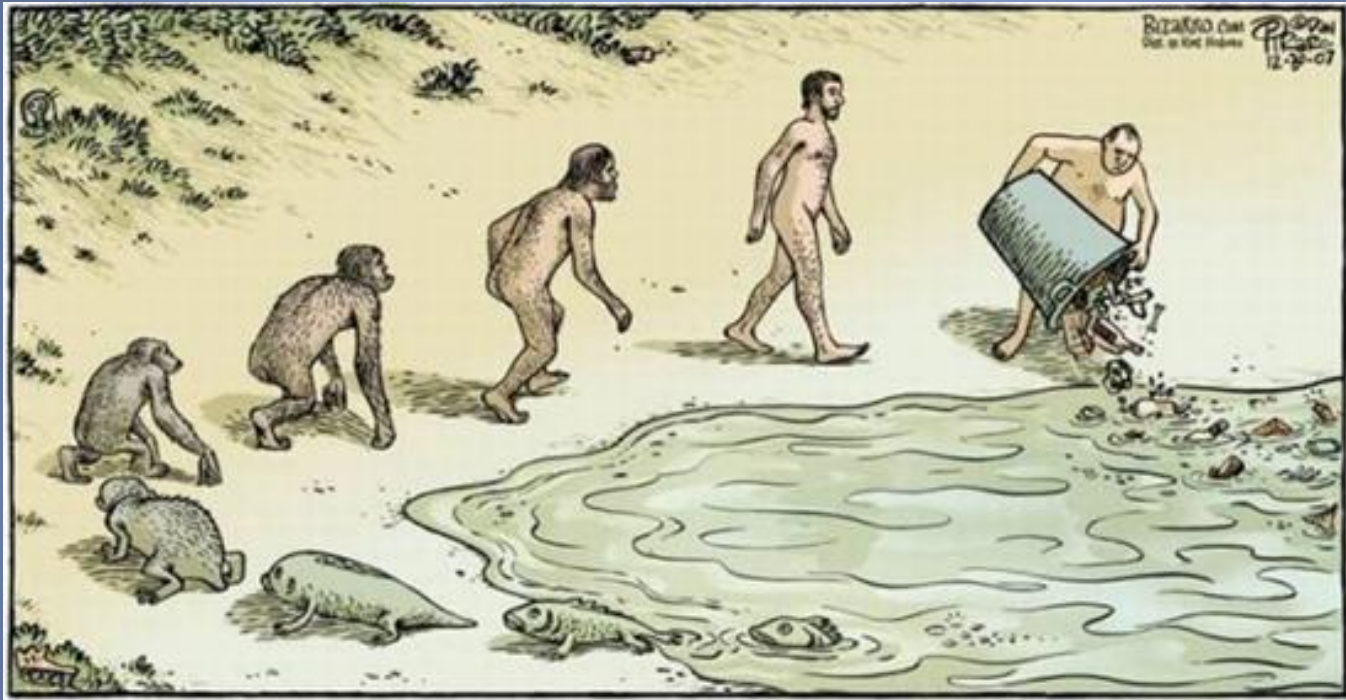
Purpose of Federations

- Enable the GP to make the right decision
 - Having the right tools and interventions at hand
 - Ensuring they have the knowledge
 - Ensure awareness of the cost of their decision
 - Having time to respond appropriately
- Enable to the patient to manage their risks
- Make provision responsive to patients need

“Outreach and education by peers are two strategies that have been shown to be highly successful in overcoming the mistrust of individuals who are marginalised”

United Nations AIDS Programme

“changing human behaviour



takes time"

Variability in Referral Practice

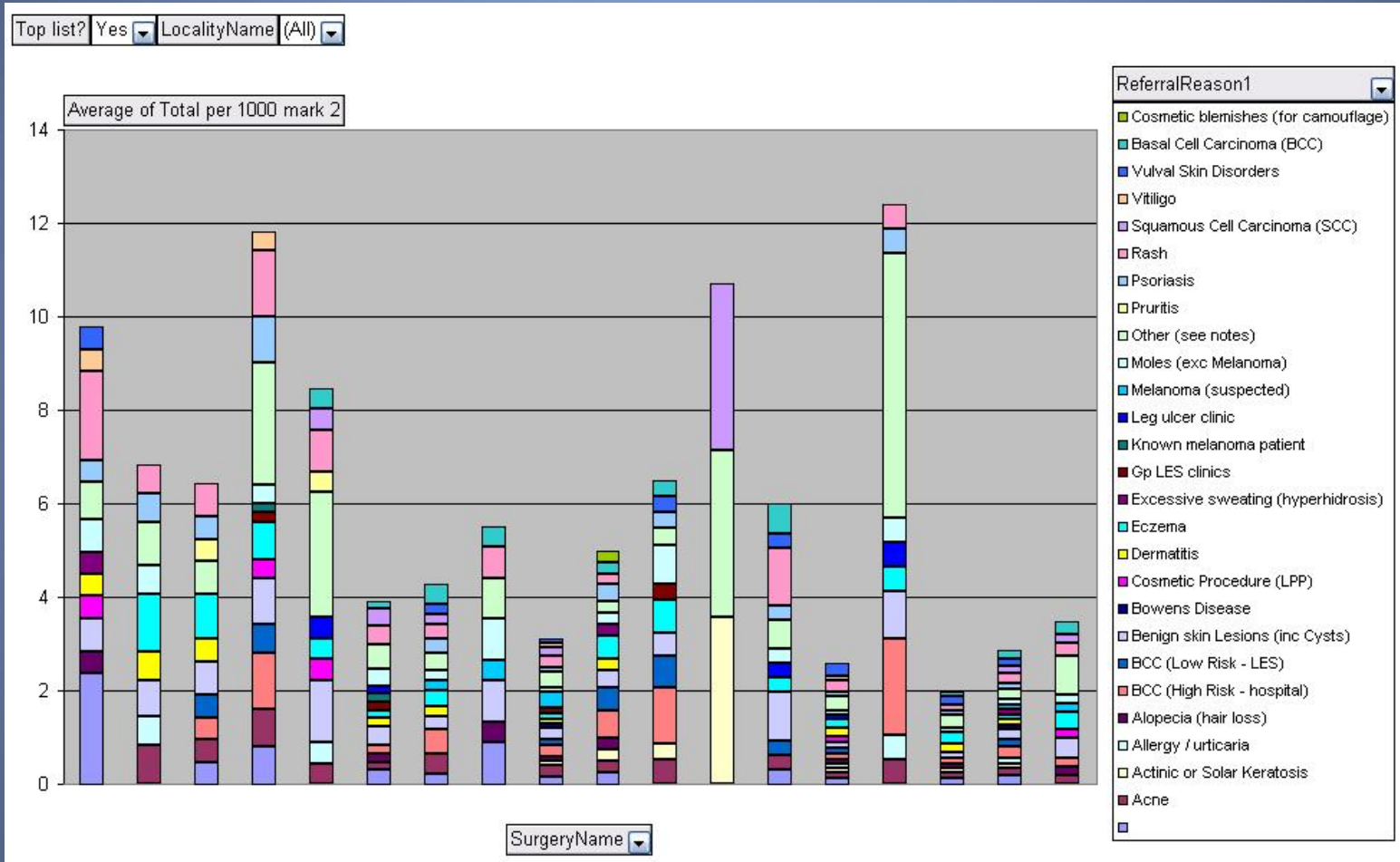
- Patient Characteristics – evidence suggests little difference
- Practice Characteristics – no of partners, list size no difference. However distance to hospital makes a difference
- Access/Supply – over supply feeds demand

Individual Practitioner

- Training
- Experience
- Tolerance of uncertainty
- Sense of autonomy
- Personal enthusiasm
- Response to patient pressure
- Individual cognitive reasoning
 - Confidence in own clinical judgement
 - Need for personal esteem
 - Probabilities and prevalences



Identify the “high” referring practice



Targeting Referral Management

- Identify the practice/s
- Identify the individuals
- Offer diverse tools to support GPs
- Watch for new arrivals to the system
- Turn on triage and turn off
- Support the GP to make the right decision
- Provide them with the tools