NHS
Bristol, North Somerset and South Gloucestershire
Clinical Commissioning Group

BNSSG Referrals Update

For the Primary Care Commissioning Committee
26th March 2019

Presented by:
Dr Rob Adams: Referral Service Clinical Lead
Dr David Peel: Planned Care Lead
Andy Newton: Head of Planned Care

Created by
Andy Newton

Referrals update

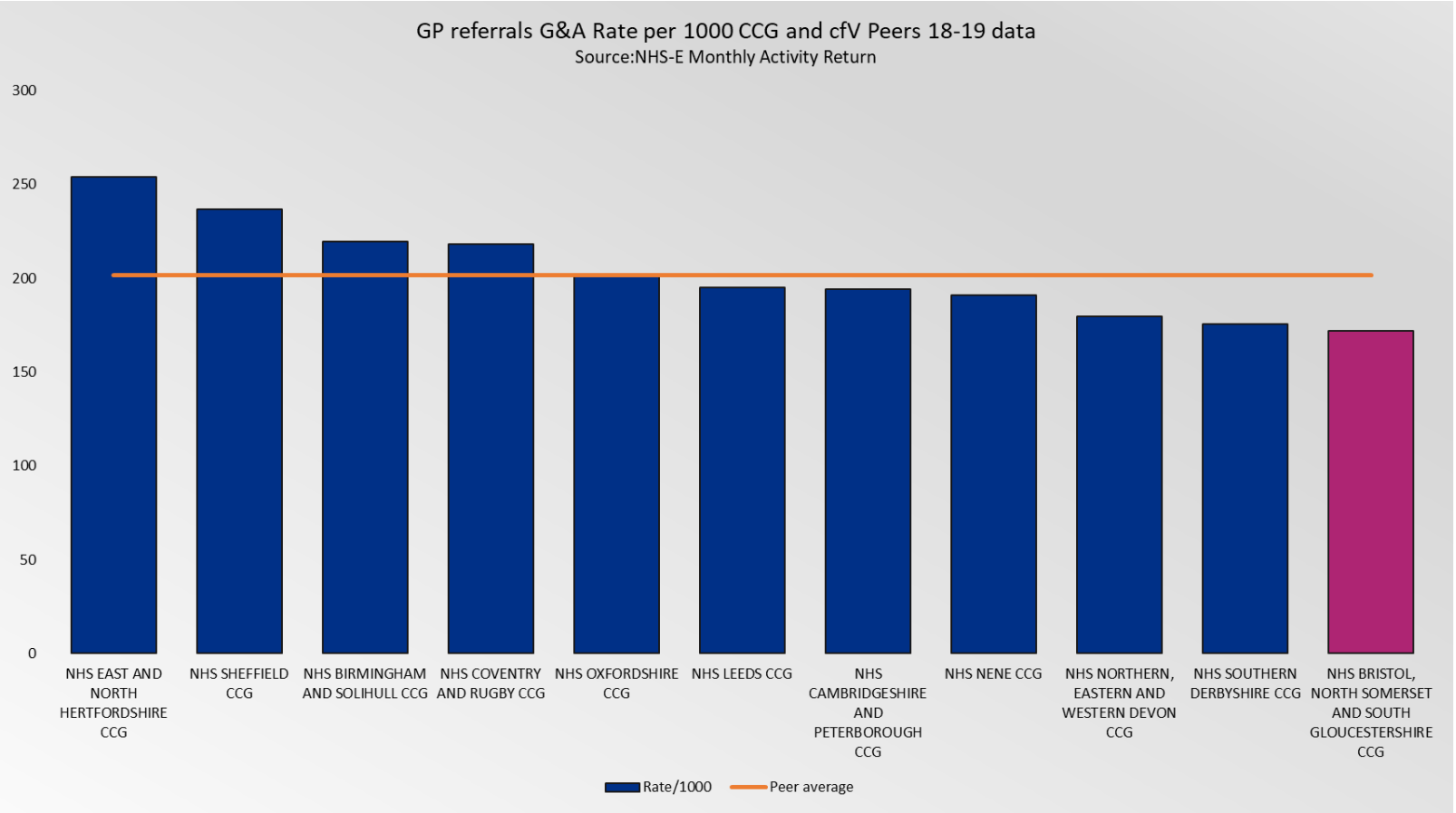
1. What is does the data show us about referrals in BNSSG?

2. What we are doing to support referrers?

    a) Clinical peer review referral service

    b) Addressing practice variation

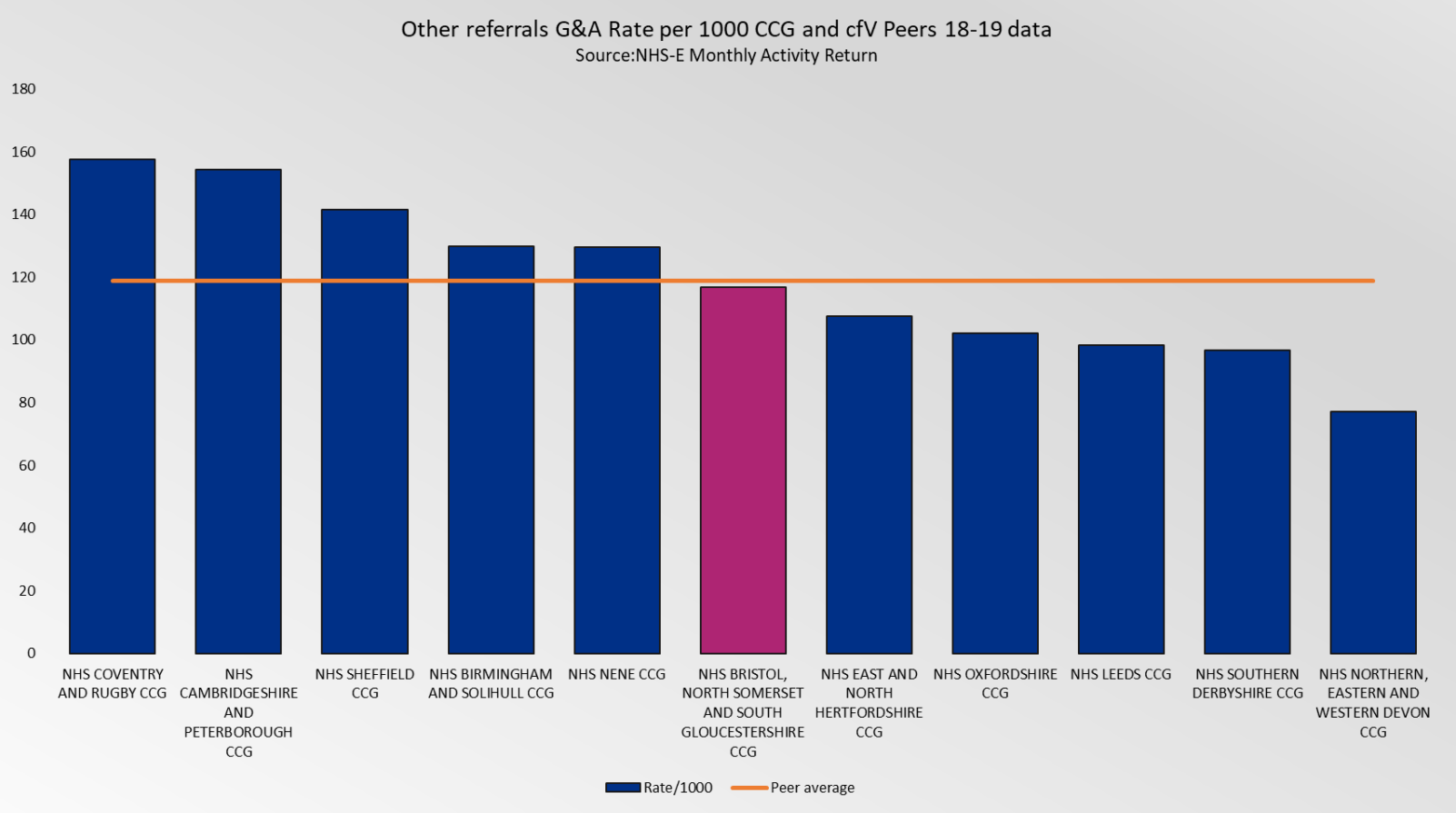
Benchmarking GP general and Acute referrals with Peers



Source:NHS England Monthly Activity returns data

Shaping better health

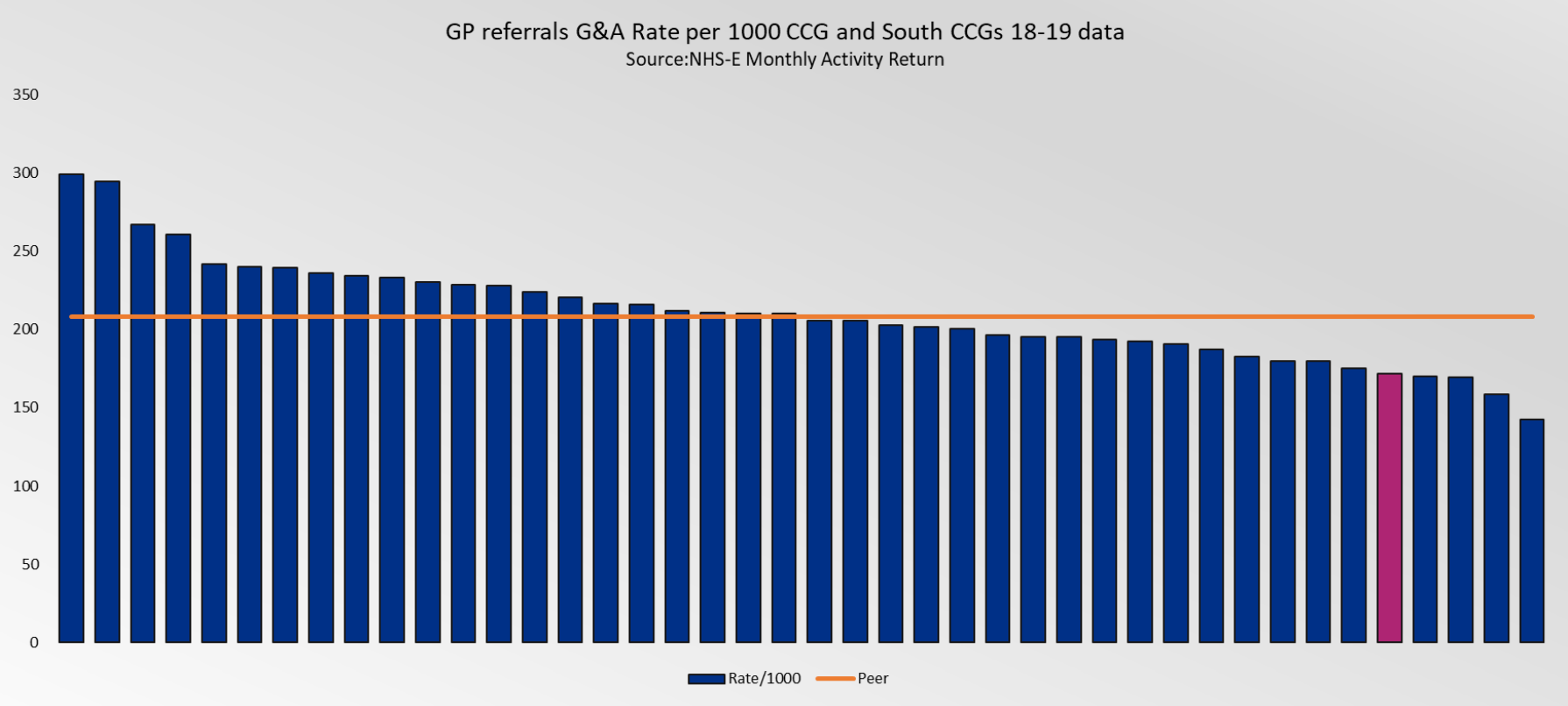
Benchmarking Other general and Acute referrals with Peers



Source:NHS England Monthly Activity returns data

Shaping better health

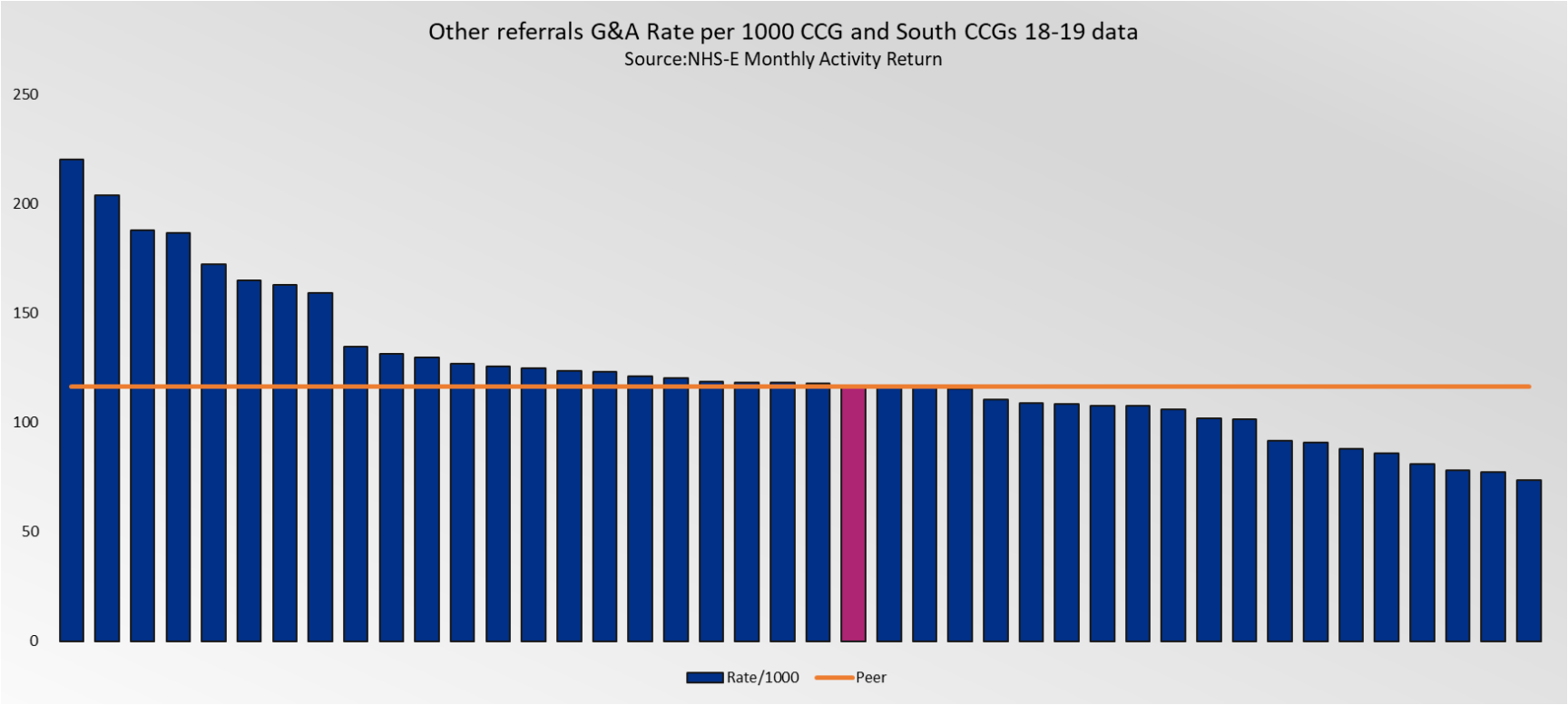
Benchmarking GP general and Acute referrals with all South of England CCGs



Source:NHS England Monthly Activity returns data

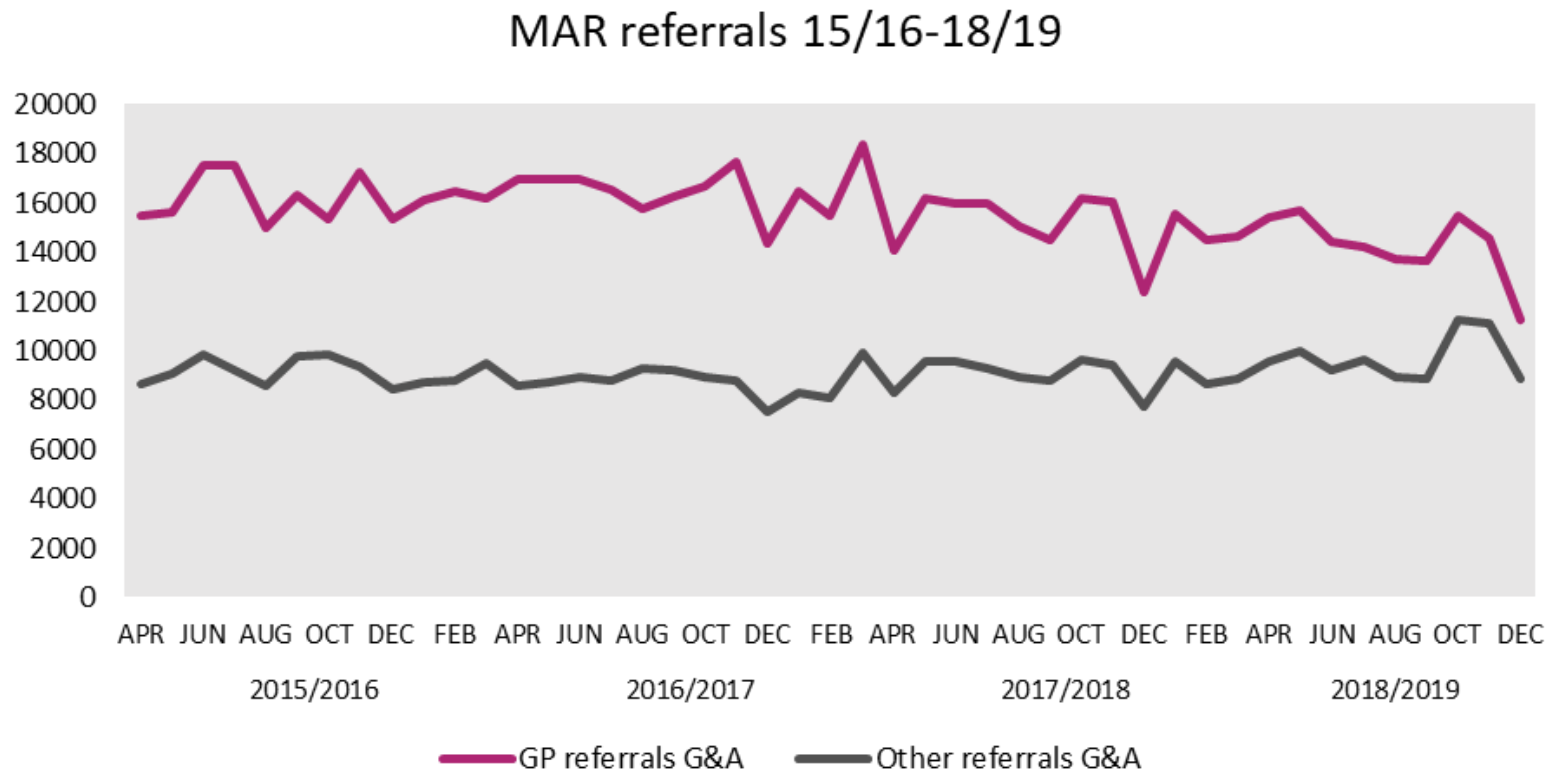
Shaping better health

Benchmarking Other general and Acute referrals with all South of England CCGs



Source:NHS England Monthly Activity returns data

Monthly trend Referrals GP and Other

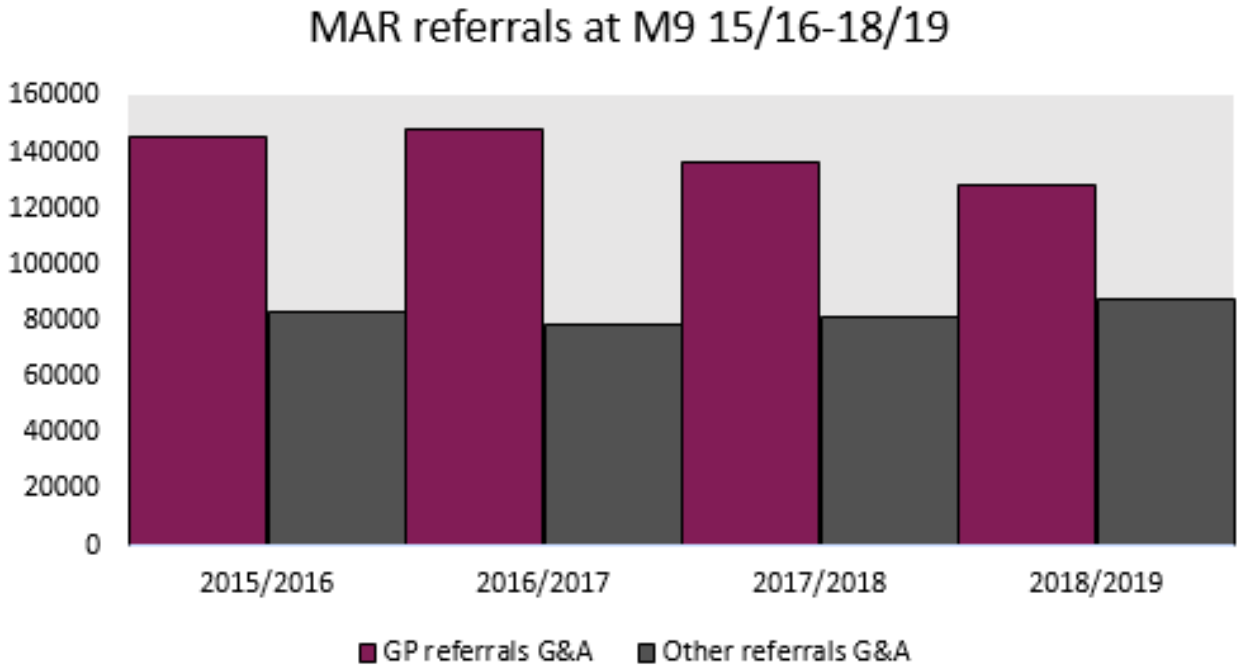


Key Points

- GP referrals are continuing to fall
- Non-GP referrals are continuing a steady rise

Source:NHS Digital via ABI Monthly Activity returns data

Year on year Referrals GP and Other

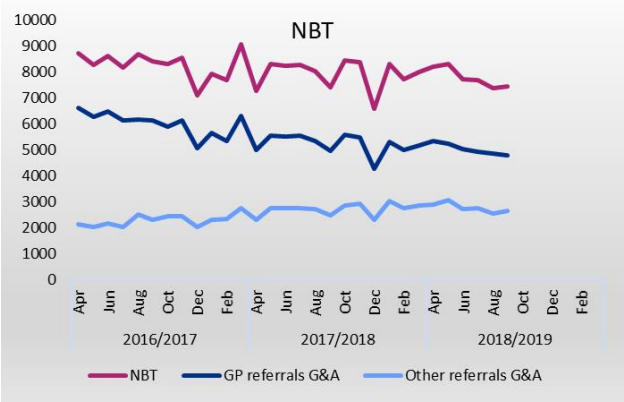


	%change to Previous year @ M9		
	15/16-16/17	16/17-17/18	17/18-18/19
GP referrals G&A	2.0%	-8.0%	-5.8%
Other referrals G&A	-4.9%	3.1%	7.5%

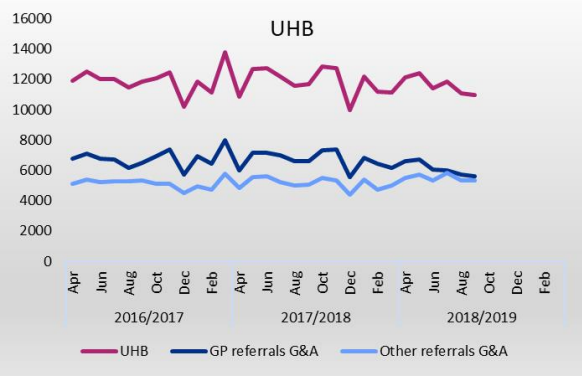
Source:NHS Digital via ABI Monthly Activity returns data

Referrals

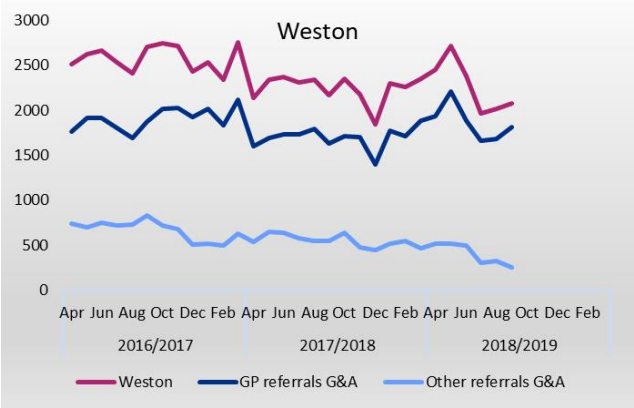
NBT – GP referrals decreasing, other increasing



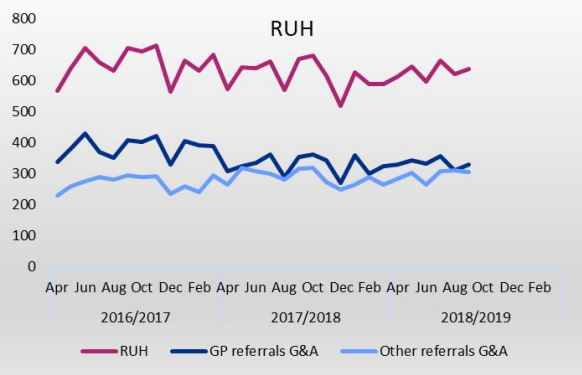
UHB overall are steady, slight decrease this year in GP, increase in other.



Weston GP referrals steady, higher this year, other referrals decreasing

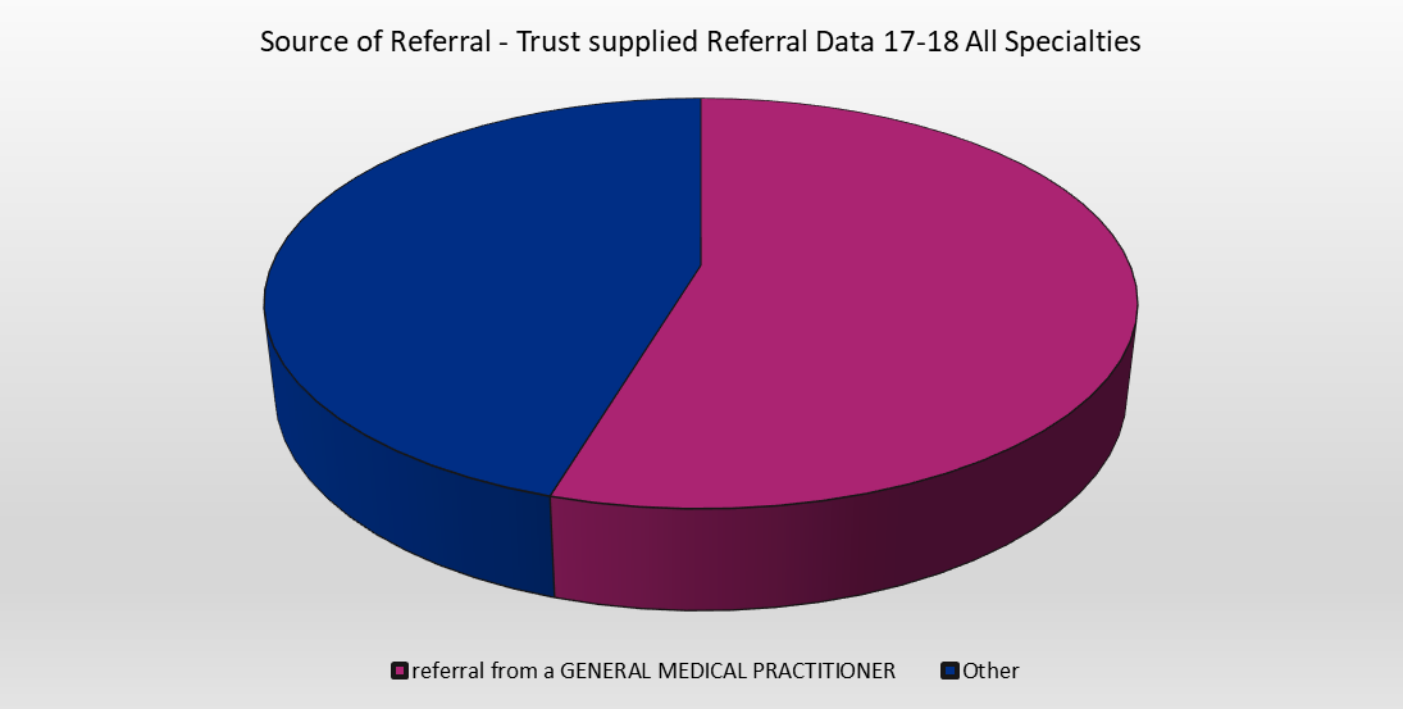


Other referrals to RUH increasing



Source: Monthly Activity return

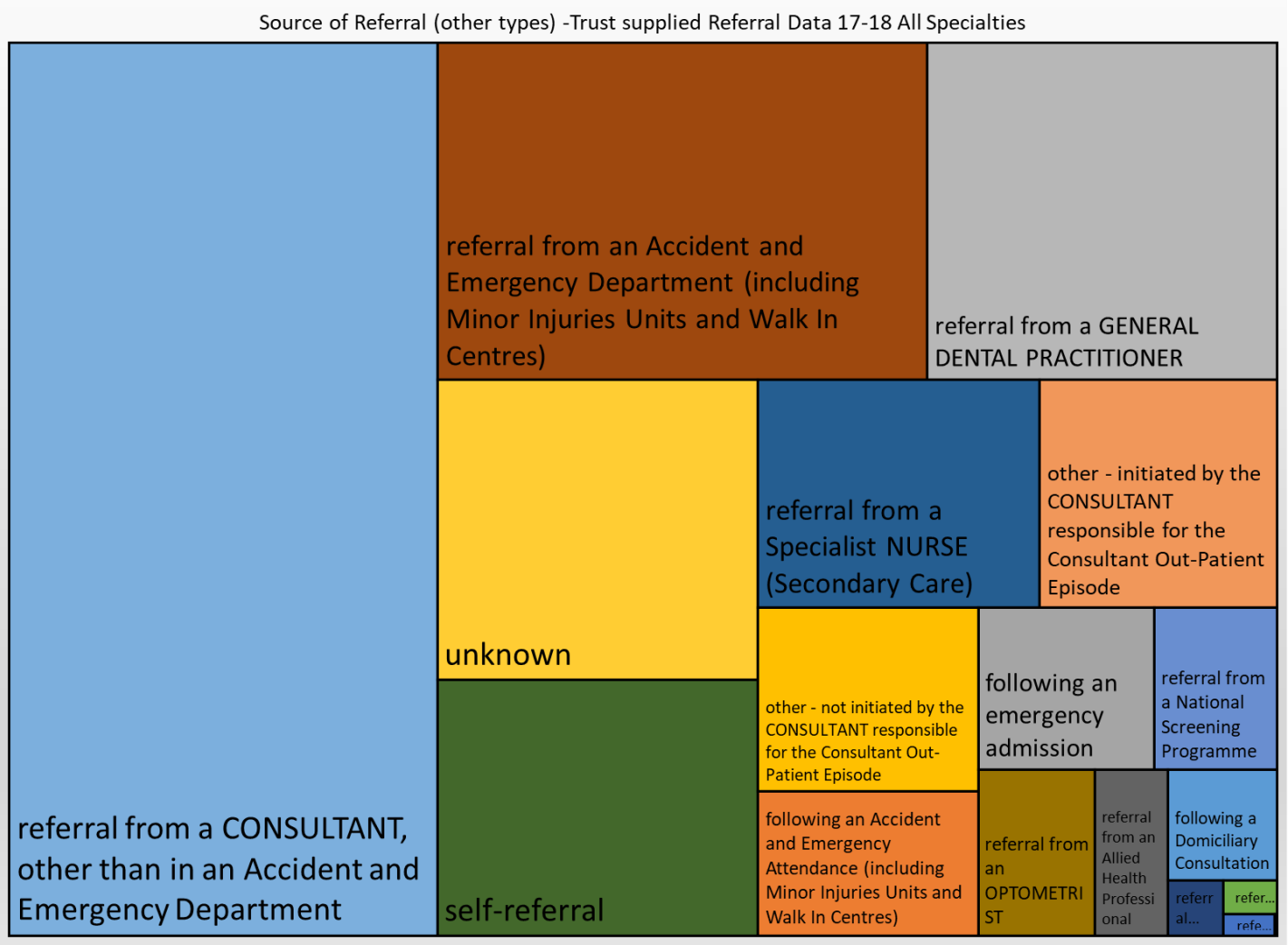
Referrals



In 17-18 for all specialties 55% were referrals from GPs, 45% referrals from other sources

Source: Trust supplied data – NBT,UHB, Weston

Referrals



Breakdown of source of referrals for all 'other' referral types

Source: Trust supplied data – NBT,UHB, Weston

Referrals

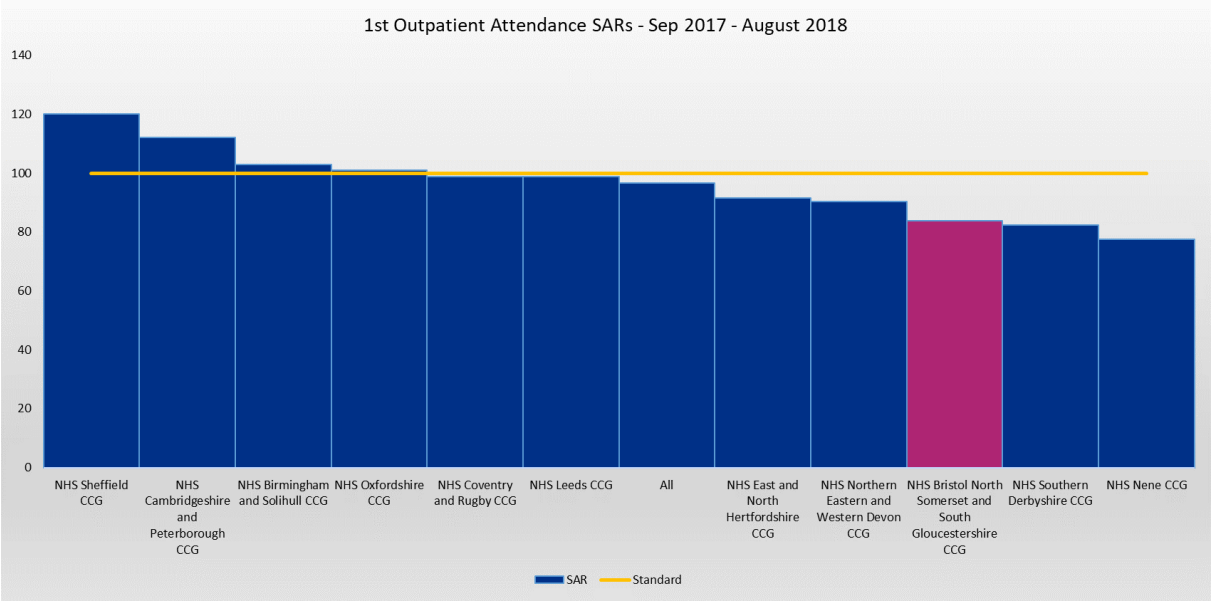
GP Referrals by Specialty

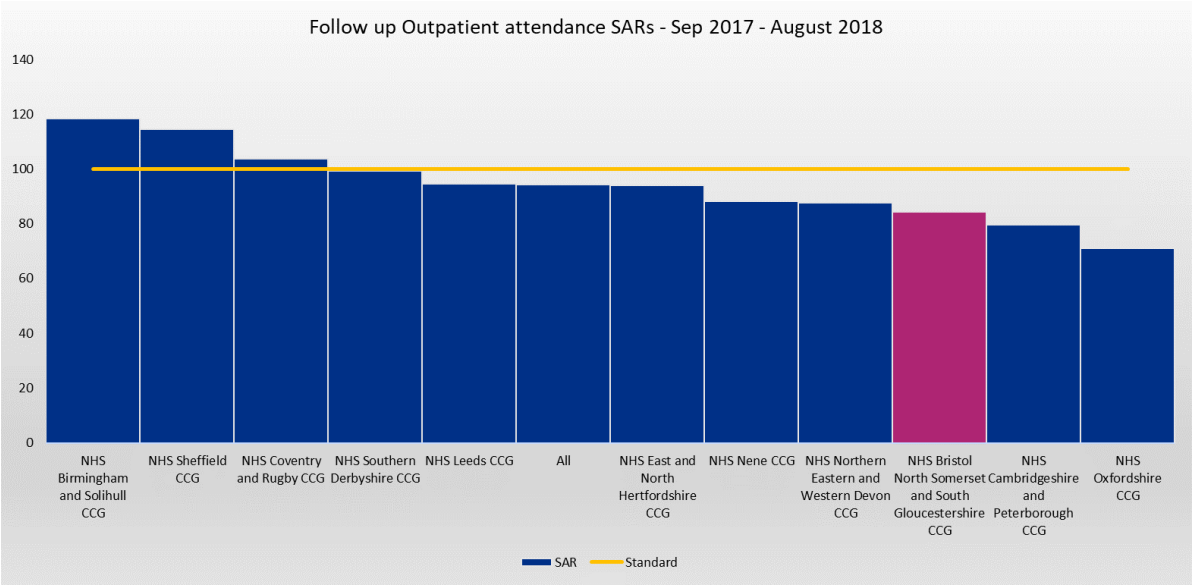
Specialty	2017/2018 Total	2018/2019 YTD/Total	2017/2018 YTD	YTD Change	
Cardiology	10351	5104	5142	-38	-0.7%
Cardiothoracic Surgery	5	1	0	1	#DIV/0!
Dermatology	21806	12523	11735	788	6.7%
ENT	14723	6874	7669	-795	-10.4%
Gastroenterology	3368	1821	1678	143	8.5%
General Medicine	1879	1111	1028	83	8.1%
Geriatric Medicine	1232	531	680	-149	-21.9%
General Surgery	1395	709	767	-58	-7.6%
Gynaecology	17762	9198	8537	661	7.7%
Neurology	4793	2238	2458	-220	-9.0%
Neurosurgery	494	168	314	-146	-46.5%
Ophthalmology	12482	4890	6802	-1912	-28.1%
Oral Surgery	123	23	53	-30	-56.6%
Plastic Surgery	4070	2408	2153	255	11.8%
Rheumatology	5181	2694	2605	89	3.4%
Respiratory Medicine	7074	3210	3832	-622	-16.2%
Trauma & Orthopaedics	7766	3943	4192	-249	-5.9%
Urology	9710	5338	4887	451	9.2%
RTT (exc Other)	124214	62784	64532	-1748	-2.7%
Specific Acute (inc RTT)	185518	93483	94355	-872	-0.9%
Other	20953	7448	10954	-3506	-32.0%
Total	**206471**	**100931**	**105309**	**-4378**	**-4.2%**

Source: Trust supplied data – NBT,UHB, Weston

Outpatients

Standardised Attendance Ratios (SARs)

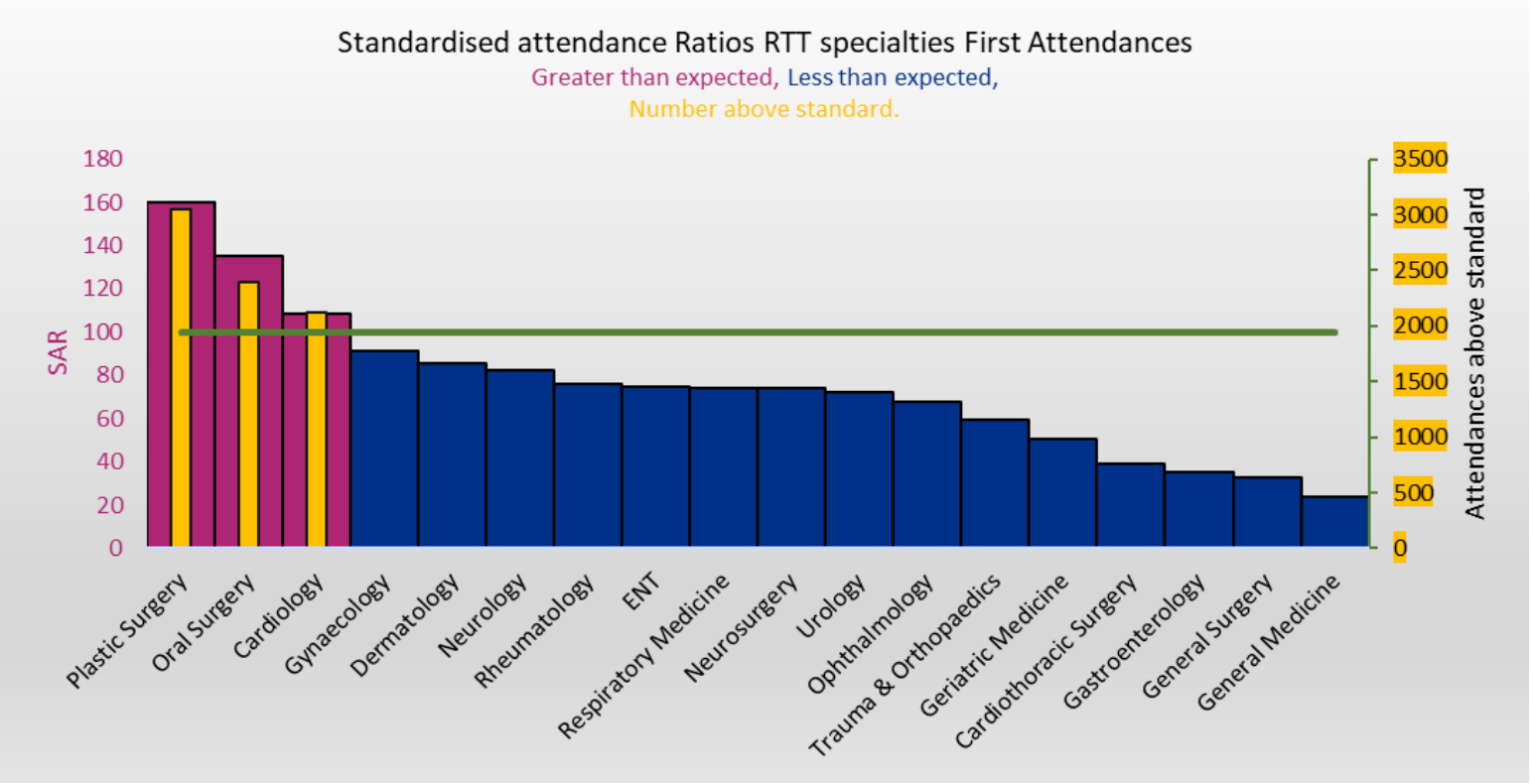




Shaping better health

Outpatients - Point of Delivery

Standardised attendance ratios for First Attendance for RTT specialties

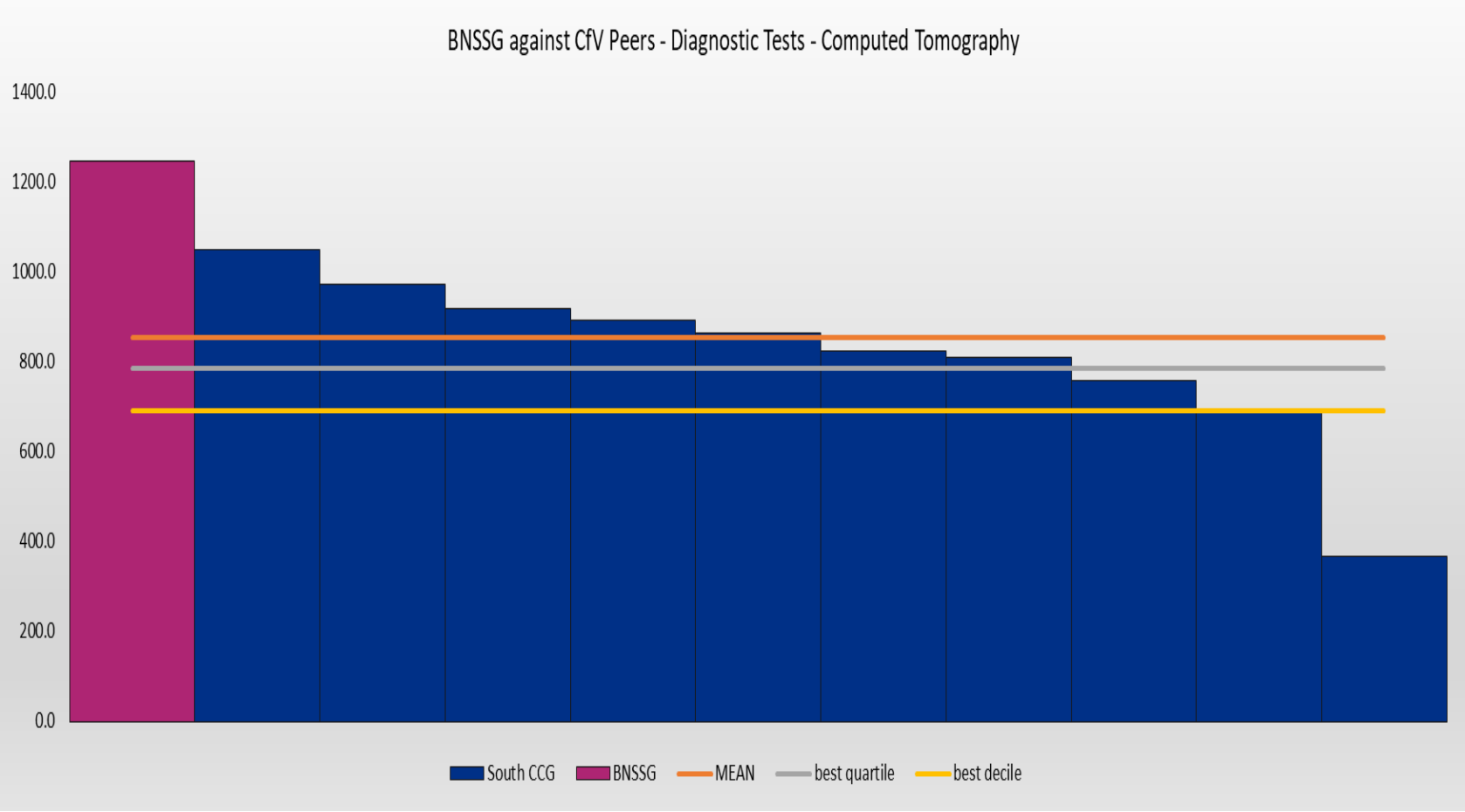


Calculated by Dr Foster, SARs are a measure of actual activity against expected activity. The pink specialties are where there is more activity than expected with the yellow bars indicating the amount of activity above the standard. Blue coloured specialties show where there is activity less than expected. The green line is the standard.
Plastic surgery figures are affected by plastic surgeons undertaking dermatology work at NBT.
Oral Surgery is commissioned by NHS-E.

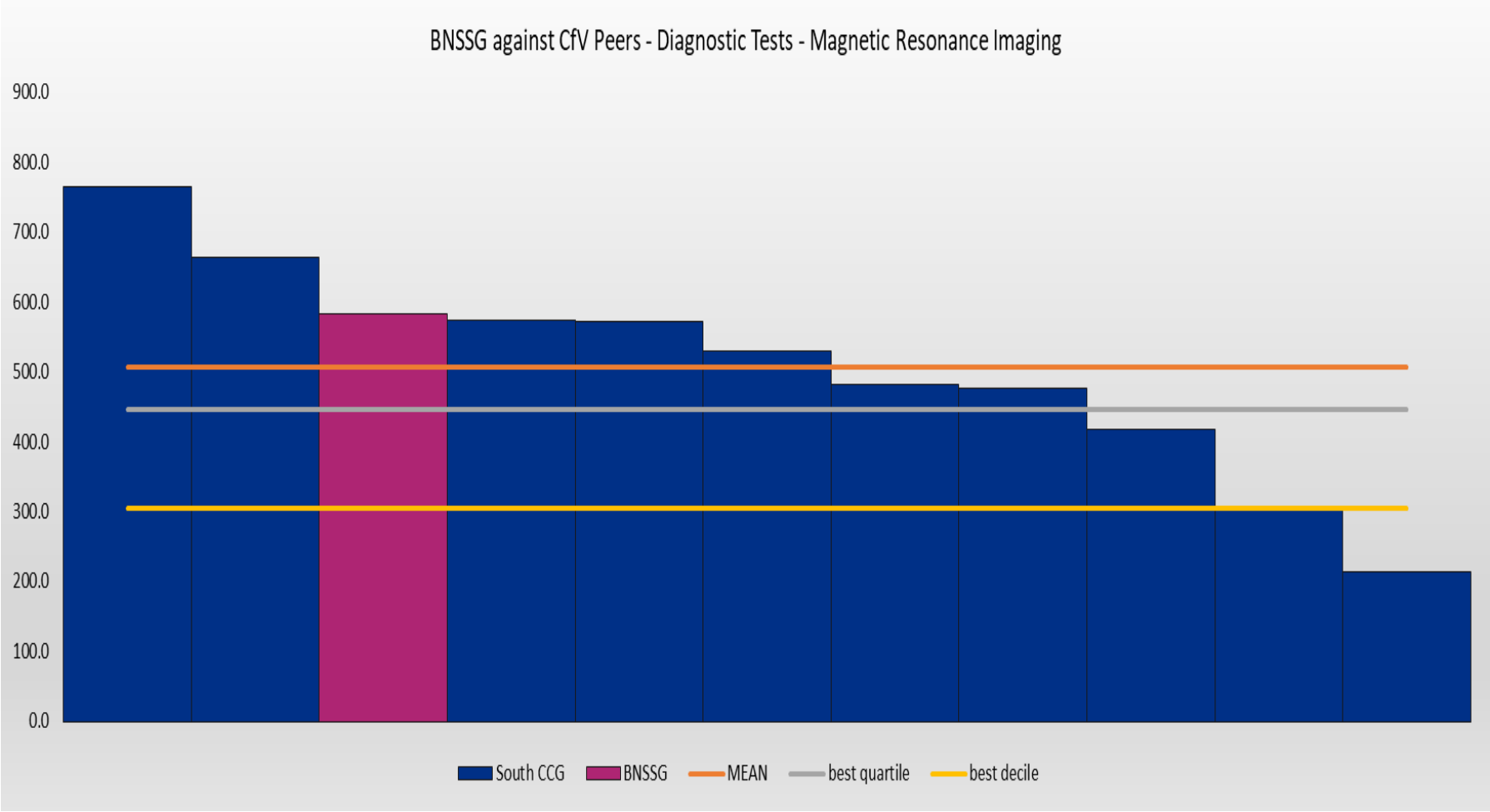
Shaping better health

Source: Dr Foster based on HES data

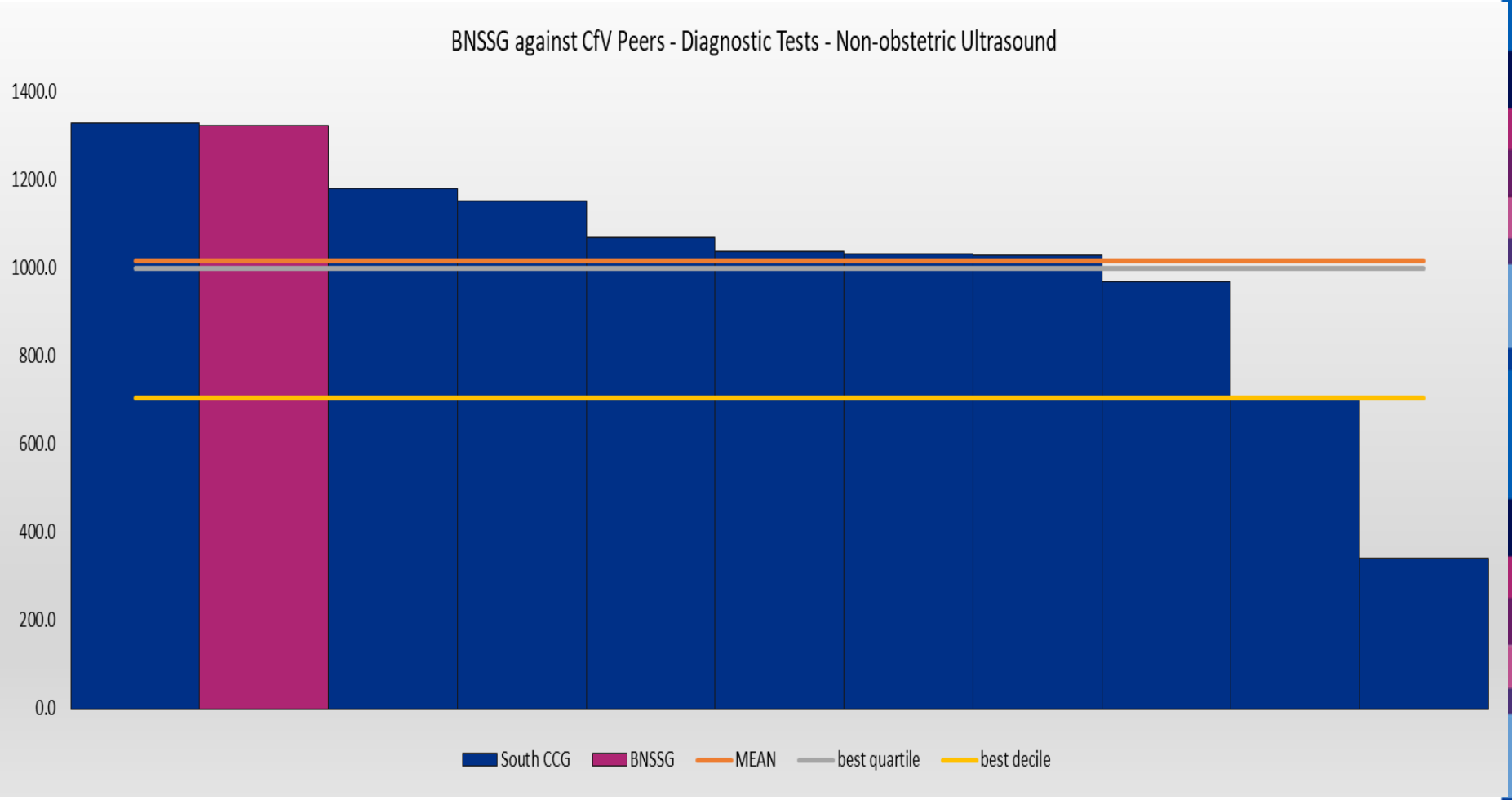
CT– number per 10,000 compared to peers



MRI – number per 10,000 compared to peers



Non-obstetric Ultrasound– number per 10,000 compared to peers



BNSSG Referral Service - Ethos

‘A referral management strategy built around peer review and audit, supported by consultant feedback, with clear referral criteria and evidence-based guidelines is most likely to be both cost- and clinically-effective’.

Kings Fund 2010

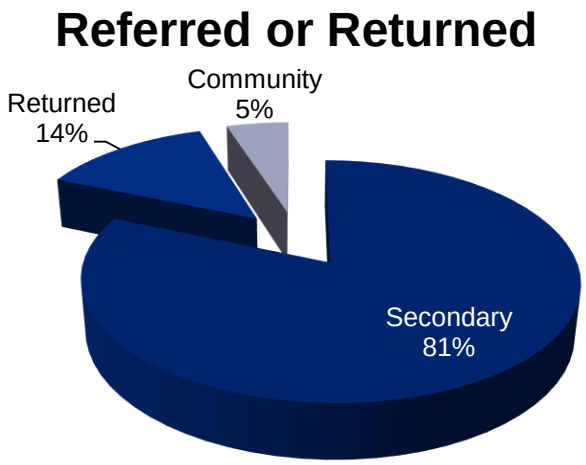
A ‘practice-owned’ peer review and referral management system

- Develop an expert clinical triage team, working on behalf of all GPs, representing a range of practice types

- Supported by the necessary administrative processes to enable this, whilst also fulfilling all the usual referral management functions

Referral Service foundational values:

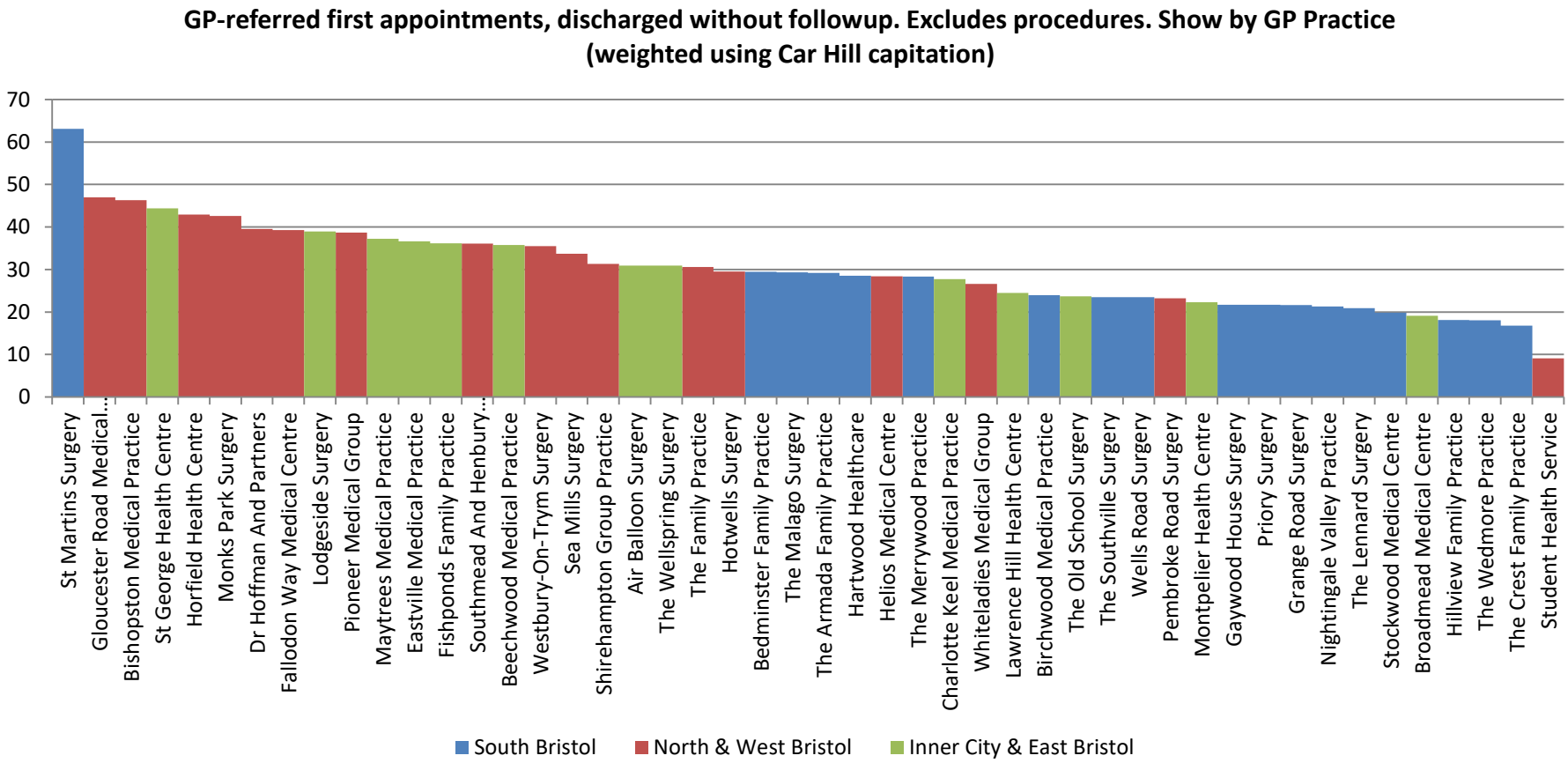
- Non mandatory – it should sell itself and be attractive to referrers
- Review is by peers, encouraging peer to peer conversation, providing bespoke and immediate education, and supporting ongoing quality improvement
- Gathers knowledge owned by commissioners and primary care
- Supported by an easily accessible, simple, targeted, comprehensive IT platform
- Responsive and evolving



- Of the 14% returned to primary care, between 6% to 8% of referrals remain in primary care. E.g. do not result in a further referral in the next 6 months

- Of those referrals which are returned and do not result in a further referrals, 50% are from Admin triage, and 50% from Clinical triage.

- The original South Bristol pilot demonstrated that practices which have used the referral service for longest (South, blue), have a lower rate of patients discharged without follow up.



GP triage team use bespoke and standard email responses. E.g.

Dear Dr

I reviewed the above referral for this patient with long standing abdominal symptoms, normal investigations and no red flag symptoms probably consistent with Irritable bowel syndrome. There are some useful guidelines on assessment and management of IBS in primary care and when to refer in Remedy:

https://remedy.bristolccg.nhs.uk/adults/gastroenterology/irritable-bowel-syndrome/

We will return this referral to you at this stage to consider this.

If you still feel referral is necessary then you may like to consider other options:

The Gastroenterology Advice and Guidance service (via e-referral) provides consultant advice with a turn round of 3 working days: https://remedy.bristolccg.nhs.uk/adults/gastroenterology/advice-and-guidance-service-uhb/

The community gastroenterology clinic (PRIME) offers a GPSI led service (as well as direct to test endoscopy) – via e-referral . Waiting times are much shorter than secondary care and we recommend this clinic, if appropriate, due to high pressure in the acute trust gastroenterology departments.

If you would still like this referral to be sent to secondary care outpatients, then please respond to this email with a short explanation and we will raise a new UBRN.

I hope this is helpful. If you have any other concerns then please let us know.

Best wishes

Clinical triage has enabled the developed of Remedy

NHS

REMEDY : BNSSG referral pathways

- Suspected Cancer (2WW)
- Adults
- Children & Young People
- Individual Funding Requests
- Referral Forms

Latest News:

Fits, Faints & Funny Turns in Children (25/09/2017)

UHB have published new guidelines for infants or children presenting with funny turn, possible fit or faint, or abnormal movement episode. This guidance is available in Remedy's section for Children & Young People.

Podiatry Pathways - Bristol (25/09/2017)

Bristol Community Health have made some changes to the access criteria for their Podiatry service. The new access criteria, alongside amended clinical pathways, can be found in Remedy's Podiatry section under Bristol Community Health.

With referral advice for GPs in

- Bristol
- South Glos
- North Somerset

NHS

REMEDY : BNSSG referral pathways

Haematuria

Open Main Menu

Guidance

Management - NVH

Referrals - Visible Haematuria

Referrals - Non-Visible Haematuria

Clinical Guidance

Can be visible - VH (previously gross/frank/macroscopic) or non-visible - NVH (previously microscopic or dipstick positive)

Can be symptomatic or asymptomatic.

Dipping urine for non-visible haematuria (e.g using multistix) in asymptomatic patients is not recommended as it is not a valid screening test and can lead to unnecessary investigations.

Non Visible Haematuria (NVH)

The definition of NVH is 1+ blood on dipstick on more than 2 occasions 6 weeks apart. Most dipstick tests no longer include 'Trace' which was previously not considered significant.

Only test if clinical indication, it is not a good screening test for cancer.

Microscopy should not routinely be done to exclude haematuria as this is less sensitive than testing strips and may lead to false negatives.

Exclude transient NVH (UTI or excerise) or spurious causes (e.g menstruation, atrophic vaginitis).

Check urine albumin creatine ratio (ACR), UE and BP.

If a patient over 50 with NVH has been previously investigated and no urological cause found, then persistent NVH does not need further urological investigation. Patients should however have annual BP, eGFR and urine ACR to screen for chronic kidney disease.

BNSSG Referral Service – next steps

- Priorities for 19/20
- Roll out of the service to all South Gloucester practices during 2019 / 2020. Courtside, Kingswood Health Centre already using the service – Emerson's / Leap Valley to join in April
- All North Somerset practices use the service, but half of the practices do not yet use the Clinical Triage. All NS practices will be using the full service by December 2019.
- Further development of Remedy
- Improved integration with Advice and Guidance services as these become established at Trusts across all specialties

Addressing significant referral variation and diagnostic direct access variation

GP referred 1st OP Attendances by Practice and CCG

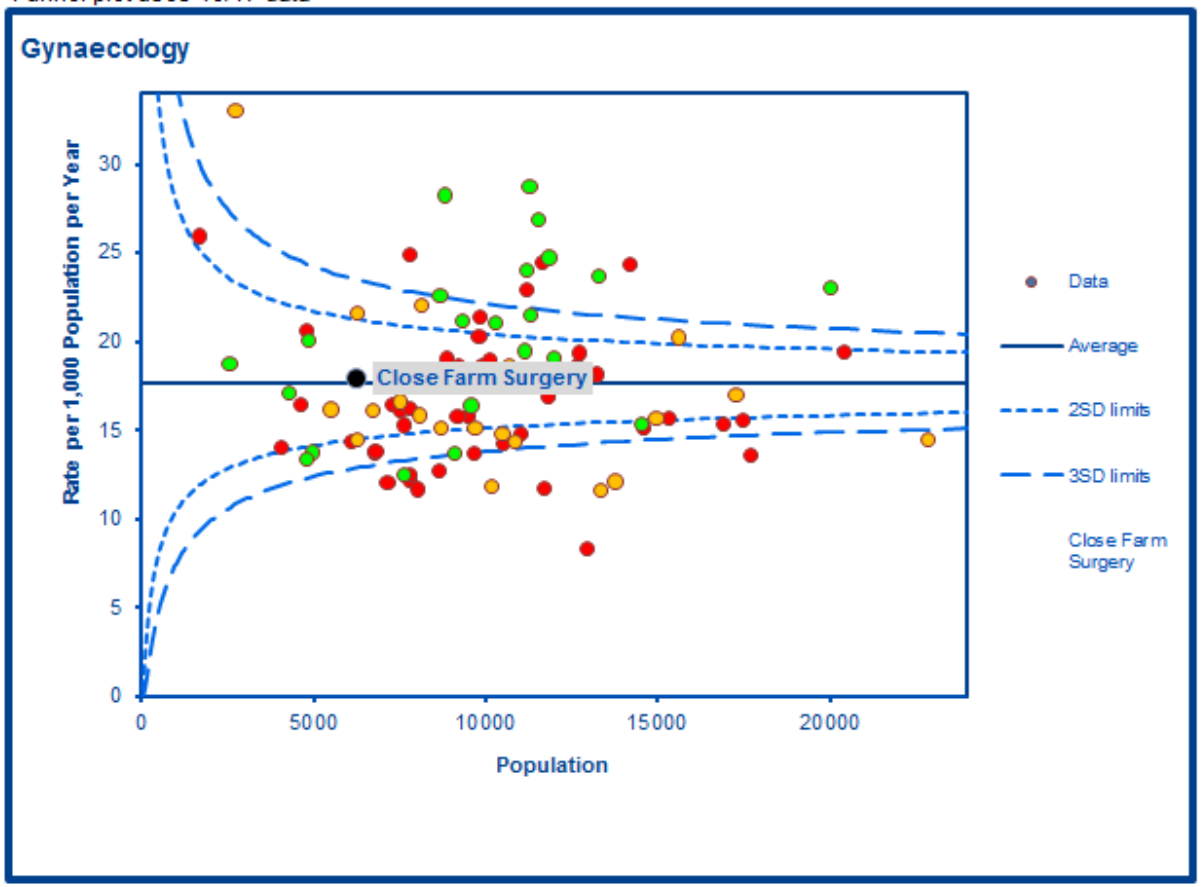
Optimise Axis Scal

Gynaecology

Close Farm Surgery

Select

Funnel plot uses 16/17 data



ping better health

Outliers selected using data over three years and are also high in 16/17

Specialty where Close Farm Surgery is high
Ent

Bristol
North Somerset
South Gloucestershire

Details

Standard deviation is a measure of variance in a dataset, outside of three standard deviation is statistically an outlier.

The specialties and practices listed are where the practice is higher than three SD in that specialty and the value is the number of OP attendances reduction required to get below 2 SD.

Practices are only shown where they have been

an outlier in both 1 and 3 years of data

Select a practice in column C, review the list and select the required specialty also in Column C

If the axis look weird hit the 'optimise axis' button

Plastic surgery and dermatology have been combined, likewise for colorectal, general and Upper GI surgery.

Practices where Gynaecology is high	OP attendance reduction needed to get to 2SD	16/17 Activity	Rate/1000
Bedminster Family Practice	30	256	22.9
Bradley Stoke Surgery	96	324	28.7
Coniston Medical Practice S	67	249	28.3
Courtside Surgery	48	315	23.7
Emersons Green Medical Centre	17	196	22.6
Hanham Surgery	69	461	23.0
Horfield Health Centre	62	346	24.4
Kingswood Health Centre	42	268	24.0
St Georges Surgery	26	90	33.0
Stoke Gifford Medical Centre	54	293	24.7
The Concord Medical Centre	77	311	26.9
	BNSSG Average		17.6

Practice in Cluster 4 Cluster for Gynaecology	OP attendance reduction needed to get to 2SD	16/17 Activity	Rate/1000
Close Farm Surgery	0	112	17.9
Hanham Surgery	69	461	23.0
Kingswood Health Centre	42	268	24.0
Cadbury Heath Healthcare	0	198	21.2

Example of practice use of Referral Variation information – Horfield Health Centre

- 16/17 data showed the practice was over 3SD for Gynaecology
- 40 referrals audited as part of QI project for GP appraisal
- Referrals audited alongside the 1st Outpatient appointment letter
- Three themes identified and discussed with colleagues

- Audited again after 12 months.
- 30% less Gynaecology referrals had been made
- Only 1 referral was identified as ‘unnecessary’ – from a locum