SCHEDULE 2 – THE SERVICES

A. Service Specifications

Service Specification No.	11X-44
Service	Reducing Elective Care Referrals
Commissioner Lead	Sheryl Vincent, Primary Care Commissioning Manager
Provider Lead	
Period	01 December 2016 – 31 March 2017
Date of Review	

1. Population Needs

National/local context and evidence base

1.1 There have been a number of attempts in recent years to develop schemes that seek to reduce the variation in elective care referrals from Somerset GP surgeries.

1.2 The Service will be focussed geographically within the Taunton Federation and Frome Medical Practice and puts increased emphasis on firstly identifying the source of the variation, understanding the reasons for referrals to secondary care and then identifying any appropriate alternative local care and treatment options for patients. The underlying principle of the Service is to support the provision of care in the right place and that is likely to increasingly be in primary and community settings for some patients.

1.3 GP practices or groups of practices may choose to offer extended in-house or community based schemes as an alternative to some secondary care services where clinically appropriate. With an appropriate transfer of resources, some patients being referred in to secondary care could be better managed in the community.

1.4 This Service is a development of the Clinical Commissioning Groups (CCG) project to identify and investigate variations in referrals for first outpatient appointments and the lessons learned from that project may be useful in developing the scheme.

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	**Preventing people from dying prematurely**	☑
Domain 2	**Enhancing quality of life for people with long-term conditions**	☑
Domain 3	**Helping people to recover from episodes of ill-health or following injury**	☑
Domain 4	**Ensuring people have a positive experience of care**	☑
Domain 5	**Treating and caring for people in safe environment and protecting them from avoidable harm**	☑

2.2 Local defined outcomes

- Reduction in the number of elective referrals to secondary care.

3. Scope

Aims and objectives of service

3.1 The focus of this Service is for a GP practice or group of GP practices to understand the drivers for referral rates and suggest solutions to reduce referrals into secondary care.

3.2 Where there is agreement for practices to co-operate across the provider federations to undertake this local enhanced service jointly, the practices will all need to sign up to a single submission of the business case as outlined in paragraph 3.10 below.

Service description/care pathway

3.3 Practices first need to understand where there are areas of opportunity to reduce referrals to secondary care. These could be influenced by:

- single specialties which have consistently high numbers of referrals,
- referral rates skewed by locum appointments,
- referral rates influenced by individual GPs, who are high referrers on either a specialty or generally.

Stage one:

3.4 Practices will undertake an audit of all elective referrals for **all** patients referred over a two to four week period. Where practices are undertaking this Service in conjunction with other practices in their Federation, the time period needs to be consistent across the practices. Practices should audit sufficient referral activity to support the solutions put forward in their Business Case.

3.5 The audit will identify if there are any specific practice behaviours which are influencing referral rates taking into account the following key indicators:

- rate of referrals by the practice and provider federation as a total,
- rate of practice referrals and provider federation (by specialty),
- rate of referrals for provider federation compared to the other provider federations for Somerset,
- rate of referrals by the practice compared to the mean, based on a standardised population rate.

3.6 Practices are encouraged to use the information included on the Abacus system and the Commissioning Support Unit (CSU) are available to support practices in using this information.

3.7 Practices may want to review Dr Cathryn Dillon's website GP+ Networking https://www.medicalnetworking.co.uk/tag/cathryn-dillon/ which contains information on GP networking and potential training opportunities for portfolio working

3.8 Audits should be sent to: enhancedservice@somersetccg.nhs.uk by no later than Tuesday 14 February 2017 and payment will be made in accordance with paragraph 3.17 in the following months' enhanced services payment.

Stage two:

3.9 Practices/Federations to consider what solutions could be put in place so that referrals can be managed in a different, more cost effective way.

3.10 A mini business case will be submitted to: enhancedservice@somersetccg.nhs.uk by 14 February 2017, outlining the proposed solutions, including cost implications and estimated referral reduction. A nomination from the practice or commissioning locality will be asked to present the business case at the CCG Finance Group in March 2017. A template for the business case can be found at Appendix A.

3.11 The solutions will need to be aligned with the CCG strategic priorities and Sustainability and Transformation Plan (STP) priorities, and the wider discussions will ensure this alignment.

3.12 The development of the potential solutions will need to be undertaken in conjunction with other stakeholders (e.g. acute and community provider trusts, voluntary and community organisations and PPG representatives).

3.13 The solutions should be grouped together as those which could be done on:

- an individual practice basis,
- a collaborative practice basis e.g. a Federation,
- a change of pathway across acute, community and practice basis, and
- those that could be implemented in a wider community setting.

3.14 Examples of such solutions are as follows:

Practice setting

- development of specialty skilled clinicians
- development of specialist clinics
- enhanced education and training for practice staff
- increased routine scrutiny of referrals
- increased patient awareness and utilisation of Patient Participation Group (PPG)

Collaborative setting (eg. Federation)

- all of above
- development of local advice and guidance service through appropriate skilled clinician

Working with community and acute sector

- review of overall pathway eg. gynaecology
- development of GP extended roles

Other community settings

- increased social prescribing opportunities eg. village agents, health connectors
- expansion of health coaches
- enhancing fitness and wellbeing opportunities

3.15 Payment will be made in accordance with paragraph 3.17 in the following months' enhanced services payment.

Payment

3.16 The Service is subject to a local price, which is set out in Schedule 3 Part A of the NHS Standard Contract.

3.17 The payment for this service will be made in two instalments as follows:

- Confirmed receipt of completed audit will be payable in the next scheduled Enhanced Services payment;
- Submitted and presented business cases will be payable in the next scheduled Enhanced Services Payment.

3.18 No phased payment shall be made for:

- audits received after the set deadline unless previously agreed,
- incomplete audits,
- business cases received after the set deadline unless previously agreed or,
- business cases received where an audit has not been received within the set deadline.

Service user and public involvement

3.19 Service users should be involved in the decisions about their care and given high-quality information to enable them to make fully informed decisions regarding their ongoing care.

3.19 The Provider should encourage, consider and report any service user feedback (positive and negative) on the service that they provide and use it to improve the care provided to patients, particularly if there are plans to alter the way a service is delivered or accessed.

Population covered

Any acceptance and exclusion criteria and thresholds

3.20 The scheme does not apply to 2-week wait cancer referrals or other urgent referrals

Interdependence with other services/providers

3.21 The service will require strong links with other primary medical service providers, secondary and community care, as well as the voluntary sector.

4. Applicable Service Standards

4.1 Applicable national standards (eg NICE)

Not applicable.

4.2 Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)

None.

4.3 Applicable local standards

Not applicable.

5. Applicable quality requirements and CQUIN goals

5.1 Applicable Quality Requirements (See Schedule 4A-D)

Not applicable.

5.2 Applicable CQUIN goals (See Schedule 4E)

Not applicable.

6. Location of Provider Premises

The Provider's Premises are located at:

6.1 As defined in Schedule 5 Part A of the NHS Standard Contract.

7. Individual Service User Placement

Not applicable.

NHS
Somerset
Clinical Commissioning Group

Appendix A

BUSINESS CASE TEMPLATE

Local Enhanced Service for Referral Rates

Outline of solution(s) recommended to reduce referrals
Description of stakeholder engagement in developing this plan
Details of PPG engagement in developing this plan
Cost and benefit analysis: This section needs to include details of the anticipated reduction of referrals for each scheme proposed. It is suggested that a cost benefit of £786 is used for each referral reduced to take into account the conversion rate to an inpatient procedure. Although, where it is known that the referral would only require an outpatient attendance, a cost benefit of £100 should be used.