

Referral Review Scheme 2008-9

The PCT's commissioning budgets are under pressure from an unprecedented increase in acute sector out patient and elective activity in the first months of the financial year. It is imperative that practice based commissioners are involved in the process of reviewing and understanding referral activity from their practices and that practices have in place sound processes to quality assure referrals made in the practice, to ensure GPs are fully utilising skills within the practice and the locality before making referral to a consultant service. This increase in activity impacts on the practice and locality notional commissioning budget and has effectively removed the financial headroom that had been available to invest in service redesign etc through pump priming.

The PCT has devised a scheme in discussion with the LMC to enable practices to involve themselves fully in the review of referrals and to work to contain growth in referrals to a level consistent with growth from population and contracting changes. This should not impact adversely on the quality of patient care but ensure scarce resources are used as efficiently as possible.

Clinical Review.

A payment of £200 per week (for the average practice list size of 5891 assumed, *pro rata* for smaller and larger practices) for 12 weeks will be made available to Practices.

This payment will be made on a monthly basis and is intended to support the clinical review of referrals made within the practice.

Such review should, amongst other things, compare referrals between GPs in the practice, paying particular attention to referrals made by locums or other doctors who may be less familiar with local services and consider the provision of alternatives to hospital referral or the use of the special skills and interests of colleagues within the practice.

It is for practices to decide how to undertake clinical review within the practice.

Practices will be expected to share the outcome of that clinical review on a weekly basis to give assurance that the process is in place and provide early indication of impact and learning within the Locality.

Submission should take place by the end of the week following the week under review using the attached form.

The week will be taken as Monday to Saturday inclusive.

The information received by the Locality Manager will help inform future thinking on the development of additional services under PBC within primary care.

Locality Managers will submit electronically the information received on a weekly basis to the PCT information team via email to; **hpct.infoteam@nhs.net**.

Payment will be made in three equal monthly payments and will be dependent on the weekly electronic submission by practices to the relevant PBC Locality Managers of the attached spreadsheet.

### Additional Referral Payment

In acknowledgement of the work that practices have undertaken to manage patients in alternative ways, a further variable payment (per average practice list size) will be made to practices during May 2009.

The Practice baseline for referrals 2008/09 will be taken as the number of consultant to consultant and GP referrals made during 2007/08 adjusted for changes in weighted population.

Consultant to consultant and GP referrals will be used to ensure that changes in referral as a result of reduction in consultant to consultant referral does not adversely affect practice achievement.

Data will be shared with practices on a monthly basis to show comparison between 2007/08 and 2008/09 referrals.

The full scheme payment is shown in the table below:

Referral growth on baseline (2007/08 Ave monthly level adjusted for change in weighted practice population )	Incentive payment ( per average practice list size)
0-5%	£4000
5.1%-10%	£3000
10.1% to 15%	£2000
15.1% to 20%	£1000

These additional payments may be used by the practice to purchase items of benefit to the practice in line with the principles contained within the prescribing incentive scheme (appendix 1) or may be used to pump prime, non recurrently, local services, with the agreement of APAC.

Practices may choose across a Locality, to use the additional payment to develop Locality wide non recurring schemes.

Additional payments will be available after final referral figures are received from acute trusts in April 2009 and must be spent in 2009-10.

### Freed up resources

Where average practice referrals at month 12 are below the baseline level, the Practice Based Commissioning freed up resource policy will apply to this element in the normal way.

### Registering for the scheme

All Practices are encouraged to participate in the referral review scheme and Practices should complete and return the attached registration form (appendix 2) to the PBC Locality Manager.

## **Appendix 1**

### **Use of Additional Payment (in accordance with the prescribing incentive scheme)**

1. The purchase of material or equipment which is to be used for the treatment of patients of the members of the practice including diagnostic equipment, ECG machines, blood testing equipment, sterilisers, nebulisers, foetal heart detectors, cryothermic probes and defibrillators.
2. Payments to dieticians or other staff providing advice on diet, life-style, alcohol consumption or smoking.
3. The purchase of material or equipment which will enhance the comfort or convenience of patients of members of the practice including furniture, security features, heating/air conditioning or vending machines for the practice.
4. The purchase of computers including hardware and software.
5. Non recurring staff costs.
6. Initiatives to improve prescribing.
7. The purchase of material or equipment relating to health education including television, videos, leaflets and posters and payment for advice on how best to disseminate health education advice to patients.

### Referral Review Scheme 2008/09

The Practice wishes to participate in the referral review scheme as outlined in the Referral Review Document and undertakes to submit the results of the review electronically on a weekly basis to the PBC Locality Manager.

- A payment of £200 per week (pro rata for the average practice list size of 5891) for a period of 12 weeks will be made in 3 monthly payments through the PPSA, subject to submission of the results to the Locality Manager.
- To ensure payment, submissions are required from practices for at least 10 of the 12 weeks, but should cover activity for the entire period.
- The scheme will run for 12 weeks, and Practices are asked to commence the scheme no later than the week commencing 20<sup>th</sup> October 2008.
- Additional payment will be made once data on referrals has been received for 2008/09

**To sign up to this scheme, practices should email their PBC Locality Manager as confirmation of participation, including within that email practice name and practice code by 20<sup>th</sup> October 2008.**

## **Frequently asked Questions?**

### **What do I do about urgent referrals?**

*Urgent referrals under the 2 week wait should continue to be made.*

### **Why does the baseline include consultant to consultant referrals and not just GP referrals?**

*To ensure that practices are not adversely affected by the reduction in consultant to consultant referrals and GPs being asked by consultants to refer patients to other specialties, all referrals to consultant led clinics will be used.*

### **Easter was in different months 2007/08 and 2008/09 – will this not affect the number of referrals made?**

*By taking the number of referrals over the whole year, this should level out differences in available working days through bank holidays, holidays, meetings etc.*

### **Why are you comparing month on month rather than monthly averages?**

*Month on month data provides a simple comparator. Using the end of year figure will even out any monthly variance due to other factors such as holidays.*

### **If not all acute trusts are providing referral information, how are you going to assess practice achievement?**

*We anticipate that we will have referral data from all out acute providers by the end of October 2008.*

### **The way our practice works means that it is not possible for all GPs to meet weekly – can we still take part?**

*The scheme asks that practices provide weekly clinical review of referrals. How this is achieved within practices is for practices to decide and practices may choose to do this through means other than formal meeting of all GPs each week.*

### **Can we meet fortnightly rather than weekly as we may not have many referrals every week?**

*To maximise learning from clinical review, the scheme requires practices to undertake weekly review over the 12 week period.*

### **What will happen at the end of the 12 weeks?**

*The PCT will be reviewing the impact and feedback received before the 12 week period ends to inform thinking on future actions that could support primary care in the management of patients.*

### **How does this scheme affect my use of Choose & Book?**

*The PCT will continue to be monitored on the use of choose & book and the offer of choice. Where the scheme is used to inform future practice through the review of referrals that have already been sent, this will not impact on chose & book.*

*If practices wish to use this scheme prior to referrals being made, practices need to ensure that they have in place means to deliver the requirements of choose and book for those referrals going to secondary care.*

### **Where do I direct queries on this scheme?**

*Contact should be made with the relevant Locality Managers in the first instance, and any outstanding queries directed to Trudy Affleck via [trudy.affleck@hampshirepct.nhs.uk](mailto:trudy.affleck@hampshirepct.nhs.uk)*

### **Where will my practice information be found?**

*Locality Managers will be provided with information on referral from the PCT for sharing with practices. This will be updated on a monthly basis.*