

Demand Management Project update

December 2018

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The Demand Management Project team would like to thank all their GP colleagues for their continued hard work in the area of patient referrals and managing demand.

Actual GP Referrals are up this year on last year, by 8%.

We had seen a decrease from May-18 to Sep-18, however October has shown a rise again. The decrease in the early part of the financial year was promising until we reached October. Overall though the increase in referrals (for all referrals) is lower at NWAFT than at CUHFT.

There is still some work to do to reduce the referral rates at CUHFT. In October 2018 CUHFT ran an Accelerated Design Event for Outpatients and committed to:

- Talk to patients about the nature of their demand and co-produce solutions with them
- Work with CCGs and primary care to understand demand and agree solutions
- Look explicitly at where 'failure demand' and 'avoidable demand' are occurring
- Review pathways and protocols to ensure they meet clinical need and thresholds are relevant
- Use quality improvement principles to investigate patient flow
- Improve triage processes to make sure that patients that are being seen in Outpatients are in the best place for their care
- Provide better information and guidance to GPs to support positive referrals such as referral proformas
- Standardise pathways between acute organisations
- Make best use of technology
- Work together to streamline pathways and avoid duplication
- Review follow up protocols to reduce variation

From May to November this year 86 practices visits have taken place, and the remaining practices will have received their data packs for review. The CCG will continue to provide practices with updated versions of the practice data packs for review in line with 18/19 QEF requirements.

We will also be re-visiting the practices with the greatest year-on-year increase in referrals into either NWAFT and CUH.

The Clinical support tool has been developed which is intended to have all the policies, proformas and referral forms in one place to make the GP referral process simple and easy. The tool is currently only available for SystemOne practices, however, discussions are happening around adding the tool for EMIS Web practices. All the CCG, CUHFT and community proformas have been added to the tool. We are working with NWAFT to develop proforma and guidelines. The CCG continue to offer Training and Webexes if required.

Update on E-RS and Choice

Paper Switch Off – All referrals should be referred through e-RS except for the agreed Provider exclusions. The e-RS team will engage with practices to offer further support to ensure compliance.

Advice and Guidance – When requesting A&G and a decision is made to refer, please use the existing A&G UBRN to convert into an appointment. This will provide the practice with an

audit trail of the patient's pathway and will allow the triaging clinician to review the advice/response. Seeking A&G helps to reduce the number of patients being referred and managed within a secondary/community setting, reduces cancellation, rejection and redirection, a better patient experience.

Worklist Management – Worklists are there to help maintain referrals that need monitoring. Worklists should be checked daily to eliminate any potential clinical risks. If the referral has been rejected by a provider it is the responsibility of the practice to contact the patient. It is the Trusts responsibility if they are cancelling the patient and rebooking.

Deferred Patients – Please inform the e-RS team of those patients deferred and not being managed in appropriate time scales - 2 working days for 2 week-wait referrals, 5 working days for Urgent referrals and 10 working days for Routine referrals.