REPORT TO:	Health Policy & Performance Board
DATE:	20th June 2017
REPORTING OFFICER:	Strategic Director, People
PORTFOLIO:	Health and Wellbeing
SUBJECT:	NHS Halton Clinical Commissioning Group's Quality Referral Programme: Implementation of a Referral Facilitation System in Halton
WARD(S)	Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 This report provides an update on the Halton Quality Referral Programme, namely the implementation of the Referral Facilitation System (RFS) as a key component of the programme.

2.0 RECOMMENDATION: That the Board:

i) Notes the update on the implementation of the RFS in Halton.

3.0 SUPPORTING INFORMATION

3.1 Background and progress to date

In October 2016, NHS Halton CCG Governing Body approved an invest-to-save approach for the implementation of a Referral Facilitation System (RFS) as part of the CCG Quality Referral Programme. This process facilitates the transfer of primary care referrals to secondary care via a secure electronic Integrated Care Gateway (IGC).

The patient is then offered choice of secondary care Provider via use of the national e-referral system. The administration associated with e-referral i.e. contacting the patient and booking them into an appropriate clinic electronically, is handled by the Referral Management Centre (RMC) which is provided by Midlands and Lancashire Commissioning Support Unit (MLCSU).

3.2 Phase 2 Implementation

Phase 2 of the RFS implementation is the introduction of a clinical triage process. The introduction of clinical triage serves two purposes:

- Ensuring that patients receive appropriate and timely care by fully utilising existing community services where appropriate.
- To provide intelligence to the CCG to support future commissioning, this will include robust data on volume of demand and type of demand for chosen specialties so we can deliver appropriate services to the residents of Halton.

It is anticipated that Phase 2 of the RFS implementation will 'go live' in Q2 2017/18 and following an internal prioritisation process will initially focus on the below 4 specialities:

- Ear, nose and Throat (ENT)
- Gynaecology
- Dermatology
- Gastroenterology

These specialities have been chosen due to availability of community services within that speciality (ENT) or as they have been identified as a commissioning priority as there is potential for the commissioning of community services in these areas going forward.

Clinical triage will provide the evidence and basis to commission and resource these services appropriately whilst clearly demonstrating both the anticipated improved quality from a patient perspective and ensuring that we are using local resources effectively.

This process will be completed as per the specified contract key performance indicator within 48 hours following the referral to provide assurance that this is not creating excessive delays for patients.

3.3 Patient Communications and Monitoring

On average, a GP will refer approx. 10 patients per week to secondary care, representing a relatively small proportion of their overall daily activity which on average is 15 x 10 minute clinic slots per session and up to two sessions per day.

Both the previous and current processes for referrals to secondary care can be seen in Appendix 1 & 2. Along with a full process flow including timescales in Appendix 2b.

The transition in process form Appendix 1 to Appendix 2 does not impact on the treatment received by Halton residents as part of their care pathway but aims to approve the flow of patients from primary to secondary care by managing this in a secure, electronic and standardised manner.

The new process ensures that all referrals are securely communicated to secondary care with all the correct information provided to avoid delays. It also ensures that patients are booked into a specific clinic slot and this information is available to both the patient and the GP surgery so they aware of where they are in the process providing much more control and oversight. Unlike other methods of referral where it is not possible to locate a booking until it has been processed in secondary care, the referral facilitation process provides a live status of each referral.

The new process also provides much more assurance for patients that they will be booked into the appropriate clinic as this is specified as part of the referral process via the standard referral form reducing the occurrence of inappropriate appointments and the potential for multiple clinic visits prior to getting the treatment they need. This is supported by the completion of a standard and appropriate referral form for all patients

which is linked to the patient record and automatically populates with the relevant information that is needed for the referral. The process in Appendix 1 highlights that there is currently varying methods and types of documentation currently being used for this process.

In order to support GP's to have discussions with patients when they are considering a referral to secondary care. The CCG in collaboration with the Referral Management Centre, have developed a patient leaflet and smaller information card to provide patients with a point of contact should they wish to check on the progress of their referral.

The ability for patients to track their referral within the system is a function that is only now available with the implementation of a formal referral management system as per the above and this would not have previously been possible via a central route and would have relied on contacting individual specialties. The leaflet also provides details of how to make a query/complaint in relation to the handling of their referral should they wish to do so.

In addition, the CCG will be closely monitoring the usage of the referral management process, including the numbers of incomplete referrals and the number of referrals recommended for an alternative community service where this is available. The use and standardisation of this referral method is aligned to the GP Incentive scheme in order to reduce variance and improve the security and safety of patient referrals.

The CCG has committed to a 12 month pilot of a formal referral facilitation process. Working with delivery partners and Provider organisations, the CCG will be utilising both qualitative and quantitative feedback to analyse the return on investment of the system and its continued investment going forward.

3.4 **Referral Facilitation System (RFS) – Case for Change**

There are a considerable number of drivers associated with the implementation of the RFS which supported the investment decision.

Secure and consistent method of communication

As a CCG our current e-referral rate is 26% which suggests that the majority of referrals to secondary care are being directed via another route e.g. fax, letter, telephone etc. demonstrating significant variance across primary care.

This variance creates a significant risk to the governance and security of referrals. For a fax machine to be deemed a secure method of communication it is required to be a safe haven fax which is often difficult in a hospital setting and along with a telephone communication, it is not possible to audit or track a referral in real time thus increasing risk of a referral becoming 'lost' in the system.

The security of referrals is particularly important in relation to 'Two Week Wait' cancer referrals. The referral management system ensures that all cancer referrals can be tracked and are processed through the system within an average of 21 minutes to ensure no delays to patient care.

Assurance of consistent quality of referrals
Due to the varying methods of referral outlined in Appendix 1, the quality and completeness of referrals is also variable. For faxed/letter referrals there is currently no quality check on both the demographic information and the referral information provided and no standard documentation utilised.

Via use of the electronic gateway there is a quality check at the Referral Management Centre point which includes a check for complete demographic data, a check that the referral is complete i.e. all relevant attachments have been included e.g. X-Ray reports etc. and where clinical triage is in place, that all relevant pathways and policies have been followed to ensure the most appropriate and timely treatment for the patient.

Consistency in the offering of choice (via e-referral) for all Halton residents
When being referred to secondary care it is mandatory for patients to be offered a choice of Provider. They should have access to relevant information to make this choice, such as hospitals available, proximity to residence and relevant waiting times where available. In order to ensure this is consistently and fairly applied it is essential to have an organisation responsible for ensuring this is undertaken for all referrals. This forms part if the contractual arrangement with the Referral Management Centre.

Managing secondary care demand
NHS Halton CCG and the national health economy is under significant pressure to manage demand and use the finite resources available to serve local populations. A significant proportion of CCG spend is on secondary care services.

Currently there is no mechanism to robustly monitor this demand or to establish if there are other alternatives, for example community services that are being under-utilised. Often community services will provide a much quicker access route for patients to get the care they need. By clinically triaging referrals this may significantly reduce the length of patient's pathway whilst ensuring we are using NHS resources most effectively to deliver a quality service.

Access to Robust & Timely Data to Support Commissioning
Via the implementation of clinical triage we will not only have access to reliable and timely data in relation to volume of referrals, we will also have detailed information about the volume of specific conditions related to the triaged speciality.

Historically due to the current methods of referral this has not been possible. Without access to this level of information, there is significant risk when commissioning new services that they will be incorrectly resourced to meet the demand, impacting on patient flow. Using clinical triage to model a 'virtual' clinic provides the CCG with the data to commission much more effectively going forward.

National Drivers
Due to the financial pressures referenced above, CCG's in England have been placed under significant national pressure to implement a formal method of referral management. This is supported by a number of related national targets aimed at both CCG's and secondary care providers which include CCG local quality premiums to increase the use of e-referral and a secondary care Commissioning for Quality and Innovation (CQUIN) to increase the number of clinics published to e-referral.

The implementation of a referral management system provides the mechanism for health economies to be able to achieve these national incentives.

4.0 POLICY IMPLICATIONS

4.1 The commissioning of a quality, safe, effective and equitable method of managing the referral process into secondary care is critical to ensure patients receive efficient care, via the use of the most appropriate pathways and the most effective use of NHS resources, whilst also reducing variation in the management of patients across Halton.

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 Investment in Referral Facilitation System: £225,662.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton

None

6.2 Employment, Learning & Skills in Halton

None

6.3 A Healthy Halton

The remit of the Health Policy and Performance Board is directly linked to this priority.

6.4 A Safer Halton

None

6.5 Halton's Urban Renewal

None

7.0 RISK ANALYSIS

7.1 The implementation of the Referral Facilitation Process in Halton as per Section 3 provides a fully auditable electronic method of managing the referral process into secondary care thus reducing the risks associated with paper/telephone methods of referral.

7.2 There is significant work still to be undertaken with the Trusts to transition fully away from the use of alternative methods of referral by ensuring more clinics are made available on e-referral. This is being nationally supported by NHS England via the implementation of national incentive schemes as outlined (CQUIN).

7.3 There is a risk that the pace of this transition will mean a prolonged period in the use of alternative methods outside of the use of e-referral as per the current state (Appendix 1). NHS Halton CCG are working with both Providers and neighbouring CCG's to

ensure a consistent and collaborative approach to this transition that is managed and controlled to ensure there is no impact on patients in the Borough.

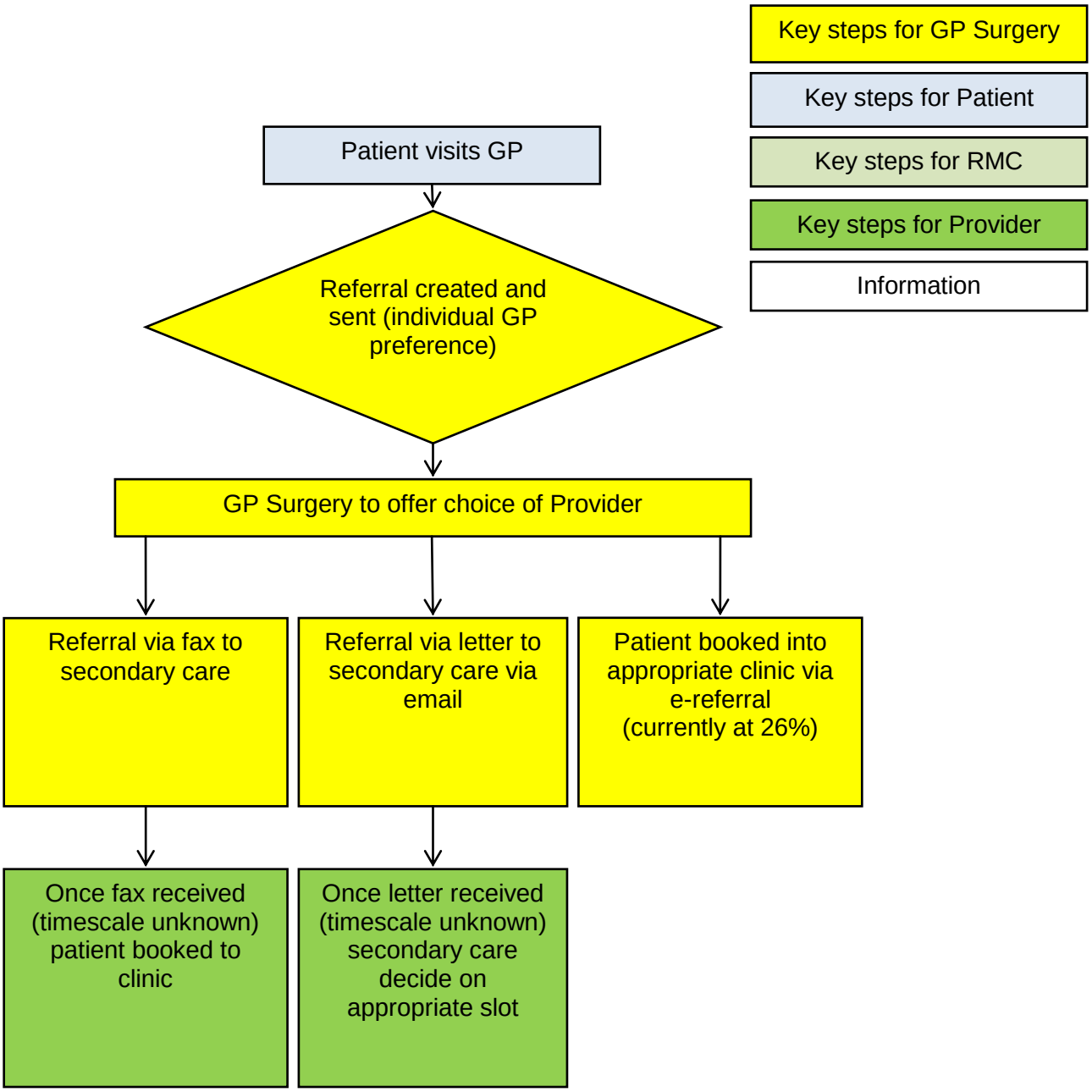
8.0 EQUALITY AND DIVERSITY ISSUES

8.1 This is in line with all equality and diversity issues in Halton.

9.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

9.1 None under the meaning of the Act.

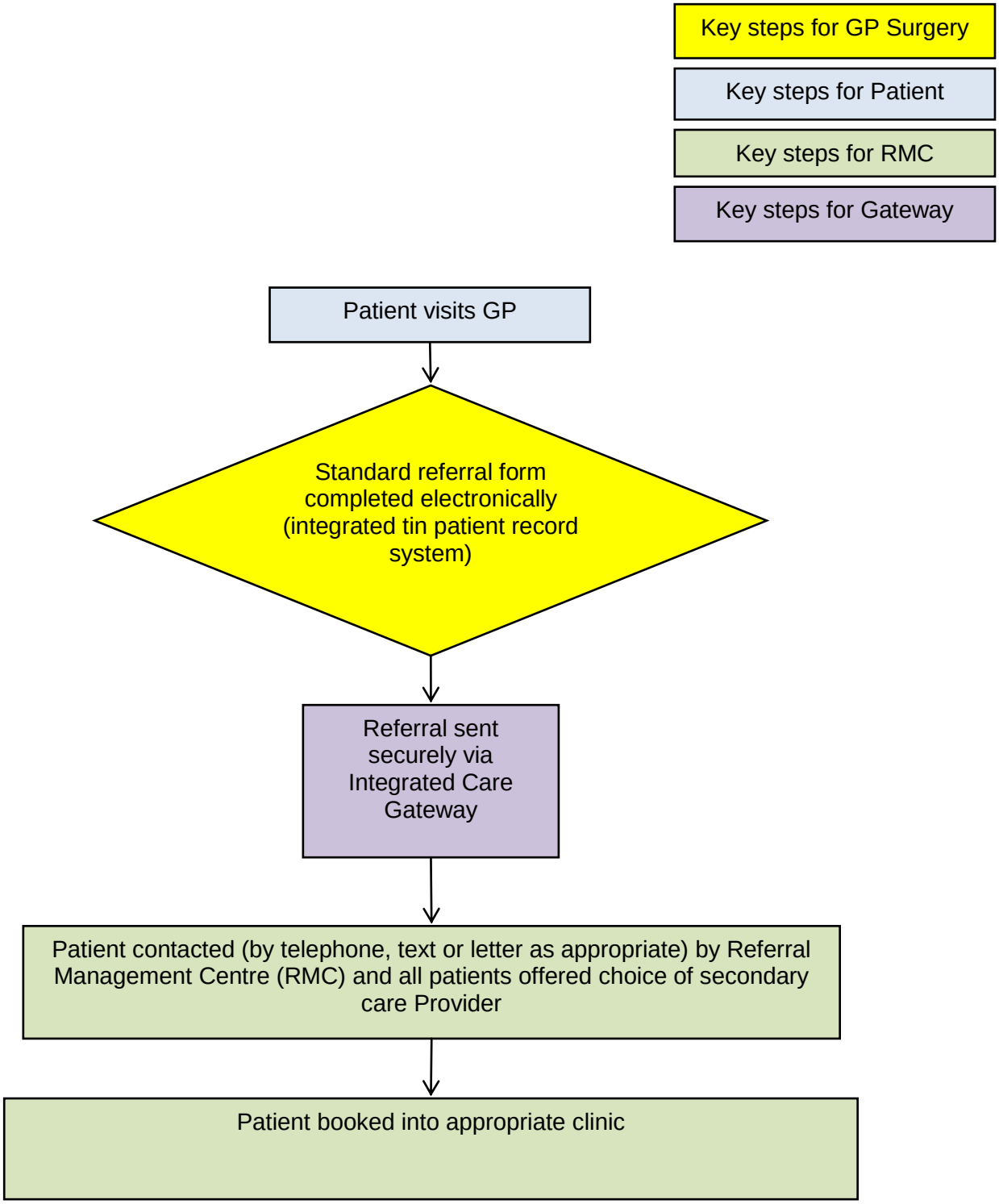
Appendix 1: Current referral process



Risks associated with current referral process

- Varied methods of referral route to secondary care
- No quality check on standard of referral e.g. has complete and accurate demographic information been provided
- Potential confidentiality/data security breaches due to unsecure methods of communication (i.e. fax)
- Lack of auditability of referrals that have not been processed via e-referral and no overview of timescales
- Risk of patient being booked into inappropriate clinic if e-referral is not used.

Appendix 2a: Referral Facilitation Process



Appendix 2 – Full Referral Facilitation Process (including clinical triage and audit trail)