Planned Care News
March 2016

- Managing the delivery of CCG QIPP plans
- Managing the delivery of a 3% reduction in GP referrals
- Responding to variation in referrals & activity

Key Messages from Clinical Lead (Dr Tom Debenham)

As most of you will know the NEW Devon CCG area has been placed into a “Success Regime” due to the scale of the difficulties facing the whole health system in this part of the country. The idea of the success regime is that local NHS organisations come together to address the issues across the whole system rather than focusing on their own individual challenges. The scale of the problem can’t be understated with a requirement to maintain good quality services for our population while reducing costs by £130 million across the NEW Devon area in 2016/17. To put that into perspective the CCG’s total annual budget is around £1.1billion.

This week the planned care control centre hosted senior representatives from the Royal Devon and Exeter, Northern Devon Healthcare Trust and Derriford to jointly discuss some of the challenges in elective care. The success regime has indicated that costs in elective care will need to be reduced by £34million in 2016/17. The group discussed a number of ways that this could be achieved through:

- reducing demand (e.g. standardising pathways/new pathways)
- delivering follow-ups in different ways (e.g. telephone follow-ups)
- driving efficiencies within providers
- piloting transformation of services

There was some interesting data presented on differing rates of various procedures between the localities. One example that was discussed was the rates for joint replacement surgery – after correcting for age, sex, deprivation etc. there is considerable variation in the rate of this type of surgery between the three localities. One of the key things that the CCG and our providers are keen to do is to ensure equity of service for our entire population. It is difficult to be sure what the “correct” rate of surgery should be for the population but we agreed to look into this in more detail to gain a greater understanding of the issue. I’m sure that all of you would agree that we should be aspiring to having equitable access to services across NEW Devon.
As someone who has been involved in commissioning for several years now it was great to see commissioners and our three acute providers commit to working jointly together for the benefits of the system rather than for our own organisational interests. We will be meeting again after Easter to further develop our ideas and will update you through Planned Care News when firm proposals are made.
**Optimising referrals**

**Month 11 summary of NEW Devon CCG referrals to Consultant led clinics (all providers)**

February’s data is looking slightly different to previous months due to some changes enacted within RD&E to assign activity previously coded under ‘other’ referral as ‘GP’ referral. This has made it look as though GP referrals have increased - last month, GP Referral year-on-year reduction at RDE showed -3%, this month’s, with the change in reporting, shows -0.1%. The adjusted position (pre-change) would be -1.1%.

There have been rises in GP Referrals to RD&E during February in particular ENT where patients are being re-directed from NDHT to RD&E, but there also above norm increases in Cardiology and Paediatrics.

<table>
<thead>
<tr>
<th>Referral Source</th>
<th>Financial Year</th>
<th>April</th>
<th>May</th>
<th>June</th>
<th>July</th>
<th>August</th>
<th>September</th>
<th>October</th>
<th>November</th>
<th>December</th>
<th>January</th>
<th>February</th>
</tr>
</thead>
<tbody>
<tr>
<td>GP</td>
<td>2015/16</td>
<td>13,287</td>
<td>26,261</td>
<td>40,157</td>
<td>57,438</td>
<td>69,644</td>
<td>82,883</td>
<td>96,431</td>
<td>109,679</td>
<td>122,175</td>
<td>134,770</td>
<td>145,352</td>
</tr>
<tr>
<td>Variance</td>
<td></td>
<td>-445</td>
<td>1,618</td>
<td>2,252</td>
<td>934</td>
<td>2,223</td>
<td>2,985</td>
<td>4,367</td>
<td>4,675</td>
<td>5,341</td>
<td>5,638</td>
<td>3,749</td>
</tr>
<tr>
<td>Variance %</td>
<td></td>
<td>-3.2%</td>
<td>-5.8%</td>
<td>-5.3%</td>
<td>-1.6%</td>
<td>-3.1%</td>
<td>-3.5%</td>
<td>-4.3%</td>
<td>-4.1%</td>
<td>-4.1%</td>
<td>-4.0%</td>
<td>-2.4%</td>
</tr>
</tbody>
</table>

The source data in this report is taken from the provider data. Filters are applied to the data to remove any non-consultant led activity, maternity activity and specialties which are not year on year comparable.

**How this breaks down into locality/provider**

The chart below shows the variance in GP referrals made to local hospitals between the financial year (FY) 2014/15 and FY 2015/16 to date.
Provider Updates

GP Education Session at RD&E on Tuesday 22\textsuperscript{nd} March 2016 from 6pm-8:45pm

The RD&E will be holding a GP Education session on the evening of Tuesday 22\textsuperscript{nd} March 2016 at the Research, Innovation, Learning & Development (RILD) building, RD&E Hospital. The event will run from 6.00pm – 8.45pm and will cover the following topics:

- AF
- Hernia
- Gynaecology
- Diabetes
- ENT
- MSK

The agenda for the session is available here.

If you would like to attend, or if you have any questions or queries regarding the event, please email James Hobbs (james.hobbs@nhs.net)

Clinical Referral Guidelines (CRGs) and Commissioning Policy Updates

Updated assisted conception policy

The updated Assisted Conception policy replaces the previous policy published in April 2015. The amendments are to remove ambiguity in wording and are not considered to represent a change in current practice.

The updated policy can be found on the CCG web site and on the Formulary and Referrals site/app [North & East] [South & West]

If you have any queries about any of the information in this update, or if you would like further information, please contact the Planned Care Control Centre team at plannedcare.control@nhs.net.