Report to:	**SINGLE COMMISSIONING BOARD**
Date:	17 January 2017
Officer of Single Commissioning Board	Clare Watson, Director of Commissioning
Subject:	**PROPOSAL FOR A DERMATOLOGY ADVICE AND GUIDANCE AND INTERCEPTOR SERVICE**
Report Summary:	The need to manage demand from General Practice is fundamental to the delivery of the CCG financial Recovery Plan. Following the initial financial analysis of the Referral Management Service the need for a smaller scale was identified. The decision was taken to build on existing peer support amongst GPs and invite Orbit and Go To Doc to submit a proposal. The proposal suggests a five month pilot of Dermatology referrals using Glossop Neighbourhood activity as a control and all other neighbourhoods being required to submit non-cancer referrals to an Interceptor service that can clinically assess the referrals and provide advice and guidance for Primary Care Management or referrals to the nurse or consultant led services. GPs will send referrals and images to the service following consent and a clinical review will be undertaken and appropriate advice regarding the referral given within 3 working days. The pilot will be evaluated using activity, costs, a set of metrics and soft intelligence to establish quality and cost effectiveness following four complete months of operation and will inform the decision whether to transfer the pilot to business as usual or cease the service. The cost effectiveness will consider the benefit to the whole health and social care economy.
Recommendations:	Single Commissioning Board are asked to consider the implementation of the five month pilot which will include an evaluation of the cost effectiveness going forward and a recommendation to SCB of future commissioning.
Financial Implications: **(Authorised by the statutory Section 151 Officer & Chief Finance Officer)**	The proposal has been shared with the Finance Task and Finish contract Group and was supported as a pilot but highlighted that it will involve an agreed double running cost until the decision of the review has been made as the Integrated Care Foundation Trust (ICFT) would need to consider what impact the reduction in activity from Tameside and Glossop patients would have. If the ICFT were not able to absorb the loss of the activity through increased activity from elsewhere or avoidance of any waiting list activities it may not be possible to cut its Dermatology Costs. The Trust will identify its fixed costs that cannot be saved and this will be included in the final evaluation of the cost effectiveness of the service.
Legal Implications: **(Authorised by the Borough Solicitor)**	These will be clearer following the outcome of any pilot.

How do proposals align with Health & Wellbeing Strategy?	Prompt access to Dermatology conditions will support children and adults to live well.
How do proposals align with Locality Plan?	Elective services that support people in the community and enable people to self-manage their conditions and maintain their independence is part of the Locality Plan.
How do proposals align with the Commissioning Strategy?	The service will increase support within Neighbourhoods and reduce the use of specialist services when not clinically indicated.
Recommendations / views of the Professional Reference Group:	PRG agreed to implement a five month pilot as described in the paper with the evaluation being robust and including impact on waiting times at the trust.
Public and Patient Implications:	The pilot will involve explicit patient consent to share the referrals and will enable more patients to receive care closer to home. The desire to be treated closer to home has been tested through several engagement exercises and this pilot will help identify any concerns or patient identified benefits when plans are put into action.
Quality Implications:	An initial draft Quality Impact Assessment suggests positive improvements in patient access with no increased risks for clinical effectiveness, patient safety or safeguarding.
How do the proposals help to reduce health inequalities?	The improved access within the Tameside and Glossop Locality will support people with limited access to private transport. Increased support in the familiar surroundings of Primary Care may enable some patients to engage more fully in their treatment.
What are the Equality and Diversity implications?	The services are not expected to have negative impacts on any protected group.
What are the safeguarding implications?	The clinical pathways have no additional safeguarding implications.
What are the Information Governance implications? Has a privacy impact assessment been conducted?	The pilot uses explicit patient consent to allow the sharing of the patient information. Strict protocols will be in place regarding storage of images and referrals and audits will be used to ensure compliance. A Privacy Impact Assessment will be completed by the provider prior to go live.
Risk Management:	There are no additional risk management implications.
Access to Information :	The background papers relating to this report can be inspected by contacting Elaine Richardson, Head of Delivery and Assurance  Telephone: 07855469931  e-mail: elaine.richardson@nhs.net

1. INTRODUCTION

1.1 Demand Management was identified as a priority for financial recovery and the proposal was to implement a Referral Management Service within the Integrated Care Foundation Trust (ICFT). A project group involving the CCG, ICFT, Orbit and Go to Doc came together to scope the service.

1.2 The initial scope was:

- All referrals to all providers, excluding Mental Health, from all clinicians (GPs, Other Primary Care Practitioners, AHPs, Nurses and consultants).
- All requests for procedures that are subject to EUR either at initial referral stage or following Outpatient assessments.

1.3 It was also planned to use the service to support the delivery of the national expectation on the use of E-referrals.

1.4 An initial analysis of the potential costs undertaken by the ICFT suggested that £3.1m would be required to deliver the service, excluding overheads, which would require deflections of nearly £23k or 21% of all Tameside and Glossop CCG current referrals for the system to be cost neutral. The modelling found that, even in a prudent scenario the model was unlikely to deflect more than around £18k outpatients, leaving it £0.65m short of being cost neutral. The ICFT requested that the CCG 'pause' the implementation of the Referral Management Service to allow more analysis to be undertaken and to enable electronic solutions to be developed.

1.5 The Single Commissioning Fund then invited Orbit and Go to Doc to present a proposal for a GP Referral Interceptor service for diagnostic/OP or surgical activity (excluding 2 week waits) that built on best practice happening in Primary Care and that could be implemented as soon as possible to:

1.5.1 Maximise use of:

- Advice and Guidance services when available. You may wish to offer Advice and Guidance when it is not available through the NWCATS service or THFT;
- Cost effective alternatives to acute tariff based services;
- Services within the Tameside and Glossop economy.

1.5.2 Ensure no potential EUR activity is sent to an acute service without a clinical review to confirm the referral demonstrates it meets all the necessary criteria and that no low clinically indicated activity is requested.

1.5.3 Ensure e-referrals is used as the main mechanism for booking appointments and patients feel that their right to choice is respected.

1.6 The aim was to develop the informal GP peer review of referrals and contact with fellow GPs who were known to have expertise in key areas and build on the sharing amongst practice staff to ensure cost effective services are used.

1.7 The expectation was service would be as a minimum cost neutral and have an indicative funding envelope of £80k.

1.8 Following several meetings it was clear that it was not feasible to develop a large scale project as capacity was extremely limited, however, a focused pilot on Dermatology would enable Primary Care to test out the value of an Inceptor Service using the expertise within the local system.

1.9 The local Dermatology offer comprises the Tameside and Glossop ICFT Consultant led Dermatology services delivered on the hospital site and Nurse led services delivered from

community clinics and a community Consultant led service at Manor House Surgery in Glossop.

1.10 The Consultant Led services at the ICFT are frequently overloaded as they are one of a few strong acute based general Dermatology services in Greater Manchester. They accept patients from other CCGs with Oldham being a key user. Requests have been made in contract meeting to support the ICFT in managing the Dermatology demand.

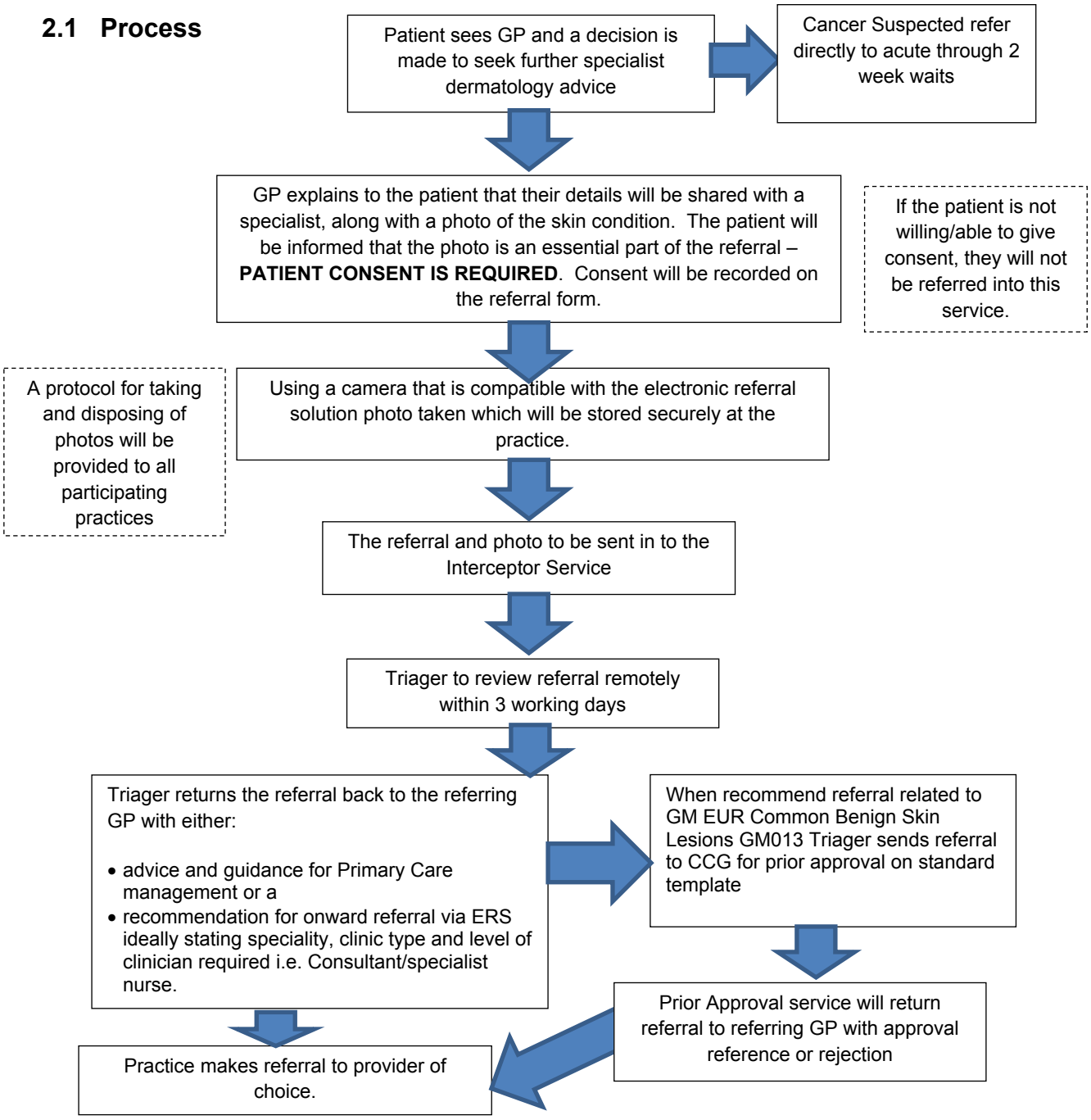
1.11 The following proposal for a short pilot to identify the effectiveness of a Primary Care based review of GP referrals with Advice and Guidance support has been submitted by Orbit and Go to Doc.

2. PROPOSAL

Proposal for a Dermatology Advice and Guidance and Interceptor Service

Following on from the recent discussions about plans to introduce an Advice and Guidance and Interceptor Service for Dermatology referrals in Tameside and Glossop, we are pleased to provide an indication of the approach and outline costs for a pilot service from November 2016 up to 31 March 2017.

2.1 Process



Approach

2.2 During the pilot stage a phased approach will be used to roll this service out to all practices in Tameside. Glossop practices will be used as a control taking into account the local Primary Care based Dermatology service.

Phase	Practices	Week	No. of Triagers
1	5 GTD practices plus Hyde	1	3-4
2	All the above, plus Ashton Neighbourhood	2	3-4
3	All the above, plus Stalybridge Neighbourhood	3	3-4
4	All the above, plus Denton Neighbourhood	4	3-4

Assumptions

2.3 The following assumptions have been made:

- Patient consent is given and recorded appropriately.
- All referrals will include a photograph and the correct protocol is followed to take and dispose of the photograph.
- CCG to confirm that the use of photographs is IG-compliant.
- All referrals will be reviewed within 3 working days.
- Each referral will be processed within 5 minutes (this will need to be reviewed going forwards).
- The referring practice undertakes bookings for any onward referrals that are recommended by the triagers.
- A number of triagers will be recruited to enable a phased approach which will ultimately be available for all Tameside practices if it demonstrates cost effectiveness
- Referral form will be agreed by the GP triagers and the CCG.
- The service can go-live one week following approval.

Evaluation and monitoring

2.4 Based on the business intelligence provided by the triage team, the provider will submit data to the CCG on a weekly basis for the first month then every 2 weeks for the life of the pilot. The data will be at practice level and include:

- Number of referrals received;
- Number of referrals deferred with advice and guidance;
- Number of referrals requiring onward referral by clinic type;
- Number of referrals relating to EUR GM 013.

2.5 In addition the following will be provided after 10 weeks:

- Average time per referral for month 1 and month 2;
- Key areas where Education could reduce the number of referrals.

2.6 Based on the above data a final suit of metrics, including waiting times at the trust, and soft intelligence, including patient feedback, will be agreed to enable a full evaluation to establish quality and cost effectiveness to be produced. This will be produced following four complete months of operation and will inform the decision whether to transfer the pilot to business as usual or cease the service.

Management of the GP Workforce

2.7 The triage team will access the referrals via NHS Mail which they will have the option to access remotely. The referrals will be picked up on a first-come, first-served basis. The triagers will keep a record of the number of referrals they have dealt with and will monitor the outcome and time taken to process. This will be closely monitored by the Clinical Lead and Operational Manager. The triagers will submit invoices based on their time spent per month.

During the ramp-up phase, the triagers will be paid £8 per referral rate but this will be reduced to a rate of £5 per referral once the full service is up and running.

Benefits Realisation

2.8 The key benefits expected include the following:

- Improved access to the most appropriate treatment
- Increased care within Primary Care
- Reduced waiting times for acute care
- Reduced number of discharges with no treatment at First Outpatient in acute care
- Increased knowledge of Dermatology within General Practice
- Reduced First Outpatients appointments in acute care

2.9 The service must deliver both a quality and cost effective improvement.

2.10 Initial discussions suggest that an 11% reduction in First Outpatients through the Advice and Guidance provided is achievable.

Activity Plan

2.11 The pilot is based on the following GP and GDP referrals to Tameside Dermatology taken from Monthly Activity Reports (MAR).

Locality/Practice	2016/17					
	April	May	June	July	Total	Monthly Average
Ashton	**87**	**107**	**101**	**104**	**399**	**100**
P89003 Albion Medical Practice	14	16	17	18	65	16
P89008 Bedford House Medical Centre	7	12	14	15	48	12
P89011 Gordon Street Medical Centre	8	9	13	8	38	10
P89017 Chapel Street Medical Centre	11	16	14	14	55	14
P89020 Trafalgar Square Surgery	17	15	16	19	67	17
P89030 West End Medical Centre	5	9	2	3	19	5
P89033 Tame Valley Medical Centre	8	13	13	14	48	12
P89609 Stamford House	4	3	3	4	14	4
P89613 Waterloo Medical Centre	8	7	2	2	19	5
Y02586 Ashton Gp Service	5	7	7	7	26	7
Denton	**114**	**103**	**92**	**85**	**394**	**99**
P89010 Medlock Vale Medical Practice	18	20	20	22	80	20
P89015 Windmill Medical Practice	25	27	27	22	101	25
P89018 Denton Medical Practice	21	14	5	8	48	12
P89019 Churchgate Surgery	19	16	12	5	52	13
P89029 Market Street Medical Practice	10	16	9	15	50	13
Y02663 Droylsden Medical Practice	8	6	12	8	34	9
Y02713 Guide Bridge Medical Practice	13	4	7	5	29	7
Glossop	**29**	**36**	**27**	**35**	**127**	**32**
C81077 Howard Medical Practice	8	4	5	1	18	5
C81081 Manor House Surgery	7	13	9	11	40	10
C81106 Lambgates Surgery	11	12	9	14	46	12
C81615 Cottage Lane Surgery				2	2	1
C81640 Simmondley Medical Practice	3	3	1	2	9	2
C81660 Hadfield Medical Centre		4	3	5	12	3
Hyde	**81**	**88**	**118**	**81**	**368**	**92**
P89002 The Brooke Surgery	3	8	10	8	29	7
P89004 Awburn House Medical Practice	11	16	16	8	51	13
P89012 Clarendon Medical Centre	22	22	27	15	86	22
P89013 Hattersley Group Practice	6	6	5	6	23	6
P89014 Haughton Thornley Medical Centre	7	12	8	13	40	10
P89016 Donneybrook Medical Centre	17	13	30	19	79	20
P89021 Davaar Medical Centre	9	4	15	6	34	9
P89602 The Smithy Surgery	6	7	7	6	26	7
Stalybridge	**82**	**62**	**57**	**58**	**259**	**65**
P89005 Lockside Medical Centre	12	9	3	5	29	7
P89007 Staveleigh Medical Centre	15	5	9	10	39	10
P89022 King Street Medical Centre	3	4	3		10	3
P89023 St Andrews House	15	6	9	16	46	12
P89025 Town Hall Surgery	1	5	3	2	11	3
P89026 Grosvenor Medical Centre	10	11	7	4	32	8
P89027 The Hollies Surgery	6	7	12	8	33	8
P89612 Mossley Medical Practice	7	8	4	8	27	7
P89618 Pike Medical Centre	5	4	1	3	13	3
Y02936 Millbrook Medical Practice	8	3	6	2	19	5
Grand Total	**393**	**396**	**395**	**363**	**1547**	**387**
2 WW referrals					**725**	**181**
Total Non 2WW referrals					**822**	**206**

2.12 The 2WW referrals account for around 47% of all referrals so excluding Glossop the pilot will receive in the order of 200 referrals a month once fully implemented.

2.13 It is possible that with a prompt service referral numbers may increase either because GPs feel that the 2WW route is no longer the only way to get patients reviewed quickly or because GPs use the service when previously they would have managed the condition without advice.

2.14 Accounting for the roll out in month one there will be in the order of 1000 referrals in the five month period.

Costs

2.15 The pilot required some one-off costs as described below.

2.16 Camera equipment for practices and time to be invested in ensuring practices use it effective to minimise the risk of poor quality referrals. The assumption is no practices have access to appropriate cameras however, this will be confirmed before they are purchased. Clarity is needed as to who will own the cameras and the CCG may wish to provide them directly to practice.

2.17 The evaluation will be led by the CCG but clinical input will be required from the Orbit.

2.18 Recognising that any new service will take time to embed and the triagers will need longer at first to review referrals and document the management advice additional time has been identified for both the triager and the clinical oversight for the first 100 referrals.

2.19 All these costs are summarised in the one-off Set Up costs below:

One-Off Set Up

Items		Total (£)
Cameras for practices	35 @ £77.00 each	2695
Mobilisation support to each practice to ensure effective use of the system and high quality images (clinical and admin)	35 @ £20.00 each	700
Evaluation input	Up to one session of clinical time	350
Additional triage time to support process to become embedded	100 referrals @ £3	300
Additional Clinical Oversight to moderate triage quality	5.5 hours @ £100.00	550
Total		**4595**

Five Month Service Costs

2.20 The pilot service will be funded through a mixture of activity based costs and some fixed costs. These will be reviewed as part of the evaluation with the intention to move to an activity based tariff should the service demonstrate the required benefits.

Items		Total (£)
Triage	1000 @ £5.00 per referral	5000
Clinical Oversight	10 hours @ £100.00	1000
Management Cost (including admin)	25 hours @ £50	1250
Total		**7250**

Total pilot cost

2.21 The total cost for the pilot will be circa £11845 for 1000 referrals giving a cost per referral for the pilot including set up costs of £11.85 and £7.25 excluding them.

2.22 Based on a First Outpatient Cost of £113 the following shows the potential cost reductions in acute care if the cost per referral was £7.25.

Projected Deflection	PILOT (1000 referrals)				17/18 (2500 referrals)			
	No. of Ref Deflected	Acute Savings (1 FA)	Potential Savings inc Set up Costs	Potential Savings for operational Costs	No. of Ref Deflected	Acute Savings (1 FA)	*Potential Savings inc 17/18 Set up Costs	Potential Savings for operational Costs
		(£)	(£)	(£)		(£)	(£)	(£)
5%	50	5,650	-6195	-1600	125	14,125	-4582	-4000
6%	60	6,780	-5065	-470	150	16,950	-1757	-1175
7%	70	7,910	-3935	660	175	19,775	1068	1650
8%	80	9,040	-2805	1790	200	22,600	3893	4475
9%	90	10,170	-1675	2920	225	25,425	6718	7300
10%	100	11,300	-545	4050	250	28,250	9543	10125
11%	110	12,430	585	5180	275	31,075	12368	12950

*If a decision is taken to continue the service and include Glossop there will be additional costs for 6 cameras and support at £582.

3. TAMESIDE AND GLOSSOP HEALTH AND SOCIAL CARE ECONOMY IMPACT

3.1 The proposal was discussed at the Finance Task and Finish Group and was generally supported. The group highlighted that it will involve an agreed double running cost until the decision of the review has been made as the ICFT has activity within the block contract.

3.2 To deliver savings to the whole economy the ICFT would need to consider what impact the reduction in activity from Tameside and Glossop patients would have. If the ICFT were not able to absorb the loss of the activity through increased activity from elsewhere or avoidance of any waiting list activities it may not be possible to cut its Dermatology Costs.

3.3 The Trust will identify its fixed costs that cannot be saved and this will be included in the final evaluation of the cost effectiveness of the service.

4. RECOMMENDATION

4.1 As set out on the front of the report.