NHS
Eastern Cheshire
Clinical Commissioning Group

# Cheshire East Health and Adult Social Care and Communities Overview and Scrutiny Committee

**Date of Meeting:** 13 September 2018

**Report of:** Neil Evans
Commissioning Director – NHS Eastern Cheshire CCG

**Subject/Title:** NHS Eastern Cheshire CCG Elective Care Programme

## 1. Report Summary

1.1. This paper provides the committee with a brief overview of work taking place to improve access and outcomes in relation to Elective Care for residents of NHS Eastern Cheshire CCG.

1.2. The programme of work reflects the need to respond to rising demand for services in a context where clinical capacity and financial resources are stretched and revised approaches are needed.

1.3. The CCG is applying best practice in relation to improving care with primary and community care settings with a focus on prevention and early treatment of conditions.

## 2. Recommendations

2.1. The committee is asked to note the actions taking place in order to improve access to elective care service within eastern Cheshire.

## 3. Background

3.1 Elective Care is the term often used in the NHS to describe routine care. This would normally involve a referral from a GP for diagnostic tests, or to an outpatient clinic. This referral may then lead to either treatment taking place in an outpatient clinic or progress on to surgery.

3.2 NHS Eastern Cheshire CCG has been working to implement best practice in relation to elective care. In line with our growing, ageing population and the advance in technology and associated treatments, demand on services is increasing. The NHS' ability to cope with this demand requires us to improve how we care for people. Nationally referrals have been rising annually by an average of 4% per year. Since 2005/6 total outpatient appointments have nearly doubled from 60.6m to 118.6m. NHS England have implemented a national Elective Care Transformation Programme[1] to support sharing best practice in management of this increased demand.

## 4. Musculoskeletal Physiotherapy[2]

4.1. In October 2017 NHS Eastern Cheshire CCG introduced a revised model for accessing physiotherapy. This meant that there was greater capacity available which enables patients to access physiotherapy, primarily for

musculoskeletal (MSK) conditions, in a timely manner. The key advantages of the new model are that:

4.1.1. Patients can self-refer into MSK physiotherapy services, rather than requiring a GP referral. This simplifies the referral process and reduces pressure on GP appointments freeing up capacity for other patients to access their GP

4.1.2. Evidence shows that by improving early access to physiotherapy there is a reduction in need for referral to Orthopaedic Consultant led services including preventing the need for surgical intervention

4.1.3. The feedback from both patients and clinicians on this new model has been generally positive however it has been identified that the clinical triage process, which supports patients self-referring, is not working as well as it could. The CCG is therefore currently working with patients and clinicians to look at how this could be improved.

## 5. Clinical Triage of GP referrals (Referral Assistance Service)[3]

5.1 From May 2018 a clinical triage process has been introduced to support GPs when making referrals to "secondary care" services. This involves a specialist reviewing the clinical information related to a patient's condition before a referral is sent to secondary care. This allows the specialist to advise the GP as to alternative treatment options which would benefit the patient. This may include further diagnostics, referral to an alternative service e.g. physiotherapy or that the patient should be referred onto a Consultant led hospital based service. The following conditions have clinical triage available to GPs:

5.1.1.1. Orthopaedics – Live 1st May 2018;
5.1.1.2. Gastrointestinal and Liver (Medicine and General Surgery) – Live 04th June 2018;
5.1.1.3. Cardiology – Live 04th June 2018;
5.1.1.4. Children's and Adolescents (Paediatrics) – Live 02nd July 2018;
5.1.1.5. General Surgery – Live on 23rd July 2018;
5.1.1.6. Currently developing options for Ophthalmology and Ear Nose and Throat (ENT).

5.2. The ultimate clinical decision on the appropriate treatment option remains with the GP and they can "override" the clinical triage recommendations if they believe this is the correct clinical decision for the individual patient.

5.3. The aim of the service is to improve the care available to patients through improved education of GPs allowing more timely access to treatment in the community.

5.4. The process involves the GP sending referral information through the national "E Referral" system (previously known as Choose and Book). It is reviewed by a "local" specialist who either offers advice to their GP as to alternative treatment options or is passed to our booking centre who will contact the patient to make them a hospital appointment in line with their preference.

5.5. By allowing patients to be cared for in the community this reduces pressure on stretched hospital based services. For example East Cheshire NHS Trust has recently restricted access for "non eastern Cheshire residents" to Cardiology, Gastroenterology and General Surgery services as the "demand" for these services is significantly exceeding the capacity available, leading to lengthy delays in being seen.

5.6. In August 2018, of those patients clinically triaged through the Referral Assistance Service circa 15% were able to be offered advice to support their care in primary care.

5.7. As has been previously presented to the Committee; GPs, and other clinicians, continue to promote health optimisation prior to surgery[4], in line with good practice. This includes offering relevant patients access to the Cheshire East Council commissioned "One You" service in order that they can improve their health and lifestyle to optimise the benefits of surgery and reduce the associated clinical risk.

## 6. Right Care Programme[5]

6.1. NHS Right Care is a national programme which uses intelligence to highlight clinical variation in activity or outcomes for our population. This allows the variation to be analysed to assess if local intelligence can explain the variation or if there are improvement opportunities.

6.2. In the current year the CCG is working on a number of projects primarily related to musculoskelatal and cardiovascular conditions. For example we are working with partners to develop services in order to reduce falls and also improving the diagnosis and care of people with atrial fibrillation to reduce the incidence of strokes.

## 7. Procedures of Limited Clinical Value[6]

7.1. As many committee members will be aware, from previous presentations, the CCGs of Cheshire and Wirral implemented a revised commissioning policy, in April 2017, for the treatment of a range of conditions where clinical evidence suggests that the treatment may not be optimal or offer the NHS value for money compared to other alternatives. As new clinical evidence is presented the policy is refreshed.

7.2. Analysis of activity being undertaken shows that there is a reduction in the number of procedures, identified in the policy, undertaken which indicates that the policy is being successfully implemented by providers.

1https://www.england.nhs.uk/elective-care-transformation/

2https://www.easterncheshireccg.nhs.uk/Your-Health/msk-services-and-health-optimisation.htm

3https://www.easterncheshireccg.nhs.uk/Your-Health/referral-assistance-service.htm

4https://www.easterncheshireccg.nhs.uk/downloads/publications/policies/other/Health%20Optimisation%20Policy%20and%20Referral%20Form.pdf

5https://www.england.nhs.uk/rightcare/

6https://www.easterncheshireccg.nhs.uk/downloads/publications/policies/commissioning/Procedures%20of%20Low%20Clinical%20Priority%20-%20Cheshire%20Commissioning%20Policy.pdf