

A very warm welcome to the
Lambeth All Practice Event

31st January 2012

Programme

12.00noon – Lunch

1.00pm – Introduction, Adrian McLachlan/Andrew Eyres

1.10pm – Lambeth Clinical Commissioning Network, Ash Soni

1.50pm – Locality Development, Gillian Ellsbury

3.05pm – Refreshments

3.20pm – Organisational Development Update, Adrian McLachlan

3.30pm – Q&A

4.00pm – Close

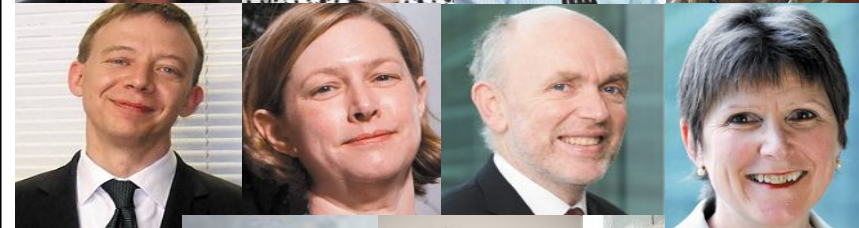
Who we are and what we stand for.



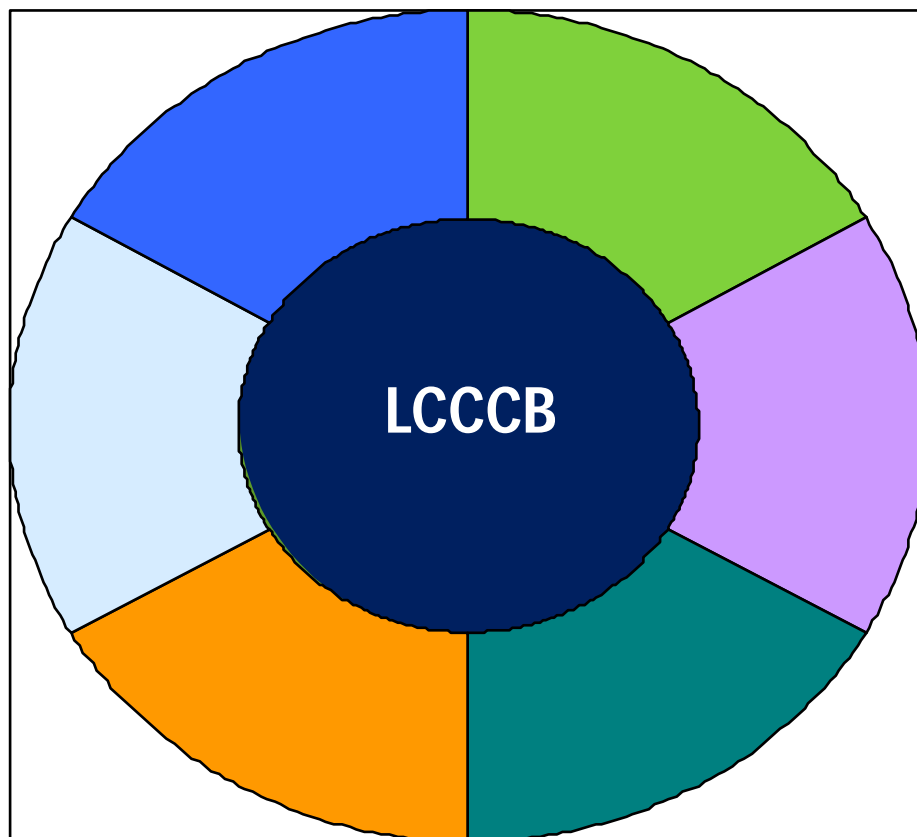
Our mission is to improve the health and reduce health inequalities of Lambeth people and to commission the highest quality health services on their behalf

Our Values

- We always tell the truth
- We are fair
- We are open
- We recognise our responsibilities to service users and the wider public
- We act responsibly as a public sector organisation



What do we mean when we say LCCCB?



-  **Clinical Board**
-  **Practices and Clinicians**
-  **BSU**
-  **Support Services**
-  **Our Partners**
-  **Patients and the Public**

You Said

We Did

You had concerns we would impose a **Referral Management Centre**

We objectively evaluated all the options and agreed to pursue a broader approach to referral management based on peer review, support, benchmarking information, redesign and education.

You should pay less for **Paediatric Haematology at King's**

A price reduction has been negotiated, with a further possible reductions to be negotiated

You wanted more **121 communication**

Locality leads have been appointed and by March should have visited each practice twice. Ongoing programme of bi-annual visits, plus personal telephone and email contact at other times

You wanted to know more about what the **clinical board** is doing to **influence the acute contracts**

Clinical leads for contracts appointed - we've included an update in the newsletter in your pack

You wanted more **timely information in the practice packs**

The revised packs include year to date actual activity and the year to date trend so you can see impact faster (and a group to discuss other improvements)


Proposed Organisational Changes

PCT Functions

Commissioning Quality Improvement
Patient Safety
Public Health
Partnership Working
Commissioning Support
Contract Management
Workforce Development

- **Clinical Commissioning Groups**
- **Public Health England**
- **Local Authorities**
- **Commissioning Support Organisation**
- **NHS Commissioning Board**
- **Health watch**
- **Health Education England**

Developments since November

- 
- Delegation of Acute Commissioning to the Clinical Board
 - Strategic Plan Refresh – clarity of our key priorities for the future
 - Consistently good performance – some areas of concern - Urgent Care/Elective Waiting Times.
 - Strong financial performance – close to our planned financial position
 - Agreement of a Compact between the PCT and the Clinical Board
 - Pathway redesign e.g. Virtual Ward, healthy weight services
 - Developments in our Estate – Akerman Road/Clapham 1/West Norwood
 - Neighbourhood Resource Centre
 - Progress on Board Development – OD Plan agreed
 - Developing information on the process of Authorisation
 - Developing Patient and Public Engagement
 - Developing Lambeth Health and Wellbeing Board arrangements

Lambeth Clinical Commissioning Network



NHS
Lambeth

The Lambeth Clinical
Commissioning Network 

Groupwork (1)

- **Reviewing the Network pack** (Green dot on namebadges). Chair = Sue Gallagher
- **Innovation – how we make the Network happen locally** (Blue dot on namebadges). Chair = Raj Mitra
- **Other areas of work for the network?** (Orange dot on namebadges). Chair = John Balazs




Group Feedback



Locality Development

Gillian Ellsbury
Moirra McGrath

Creating a Practice-Based Referral Management Plan

A decorative horizontal bar consisting of a small pink square on the left and a long green rectangle extending to the right.

Dr Stephen Miller
GP, Paxton Green Group Practice
National Medical Director, Choose and Book
Programme

Background

- Why do we need a referral management strategy?
 - Increase in referral rates
 - Need to manage Capacity & Demand, as well as commissioning Budgets
- The 2010 Kings Fund report 'Referral Management - Lessons for success' states:

*“there was evidence that full-scale referral management centres are unlikely to present value for money and some of the new clinical triage and assessment services might add to rather than reduce costs. Instead, a referral management strategy **built around peer review and audit**, supported by consultant feedback, with clear referral criteria and evidence-based guidelines is most likely to be both cost- and clinically-effective.*

- **So... what can we all do in our practices to promote the best ideals of referral management??**

Principles of Good Referral Management

When planning a referral management scheme, the following principles should be followed:

1. Treat patients as **individuals** with needs and concerns at very uncertain times of their lives
2. Promote **patient choice**
3. Recognise the management of referrals as a **clinical** skill
4. Maintain **professional autonomy and clinical responsibility** for patients and their referrals
5. Deliver **quality AND efficiency**.
6. Adhere to **NHS data quality standards**.
7. Deliver **financial savings – but not at any price**

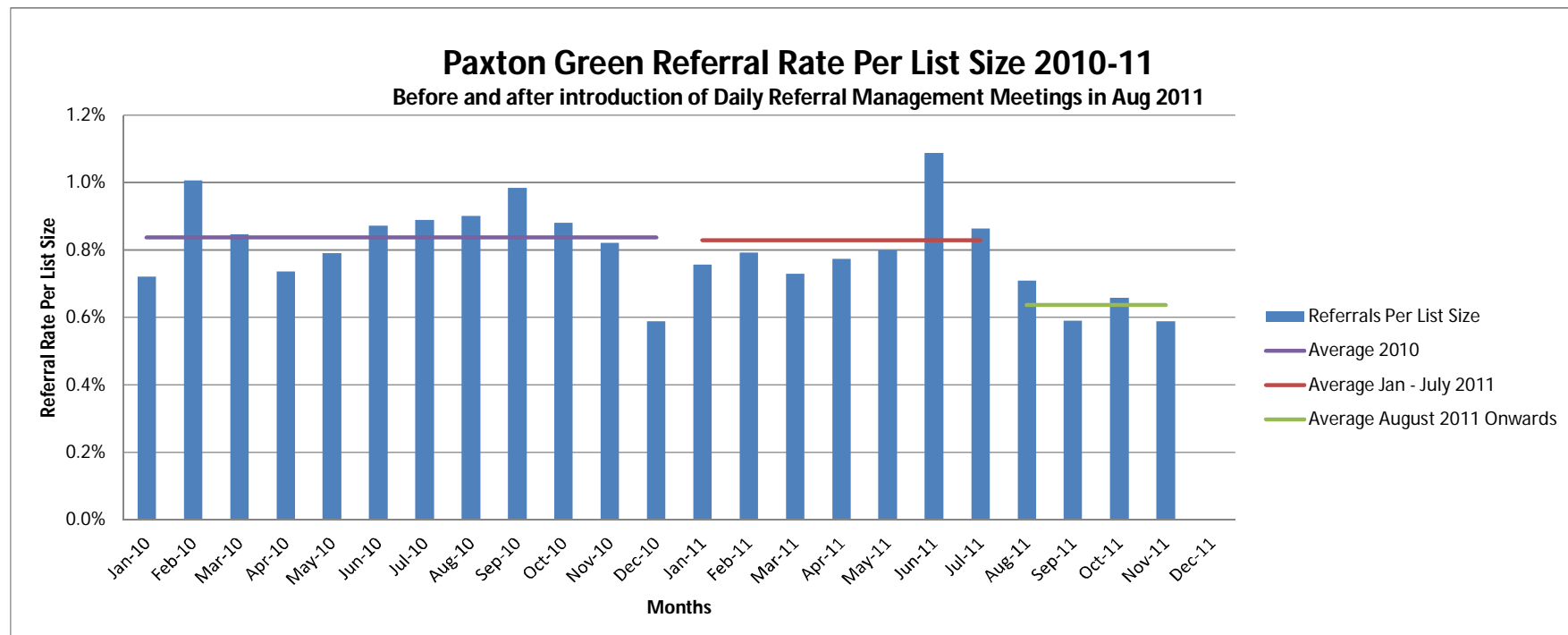
Stages in Referral Management

Any referral management plan should include the following six steps to support referrers:

1. Develop and **maintain own professional skills**, knowledge and experience
2. Use external resources/knowledge-bases to **check referral criteria** or alternative treatment options
3. Arrange **peer review by colleagues** (e.g. within a referring practice or a clinical commissioning group)
4. Seek **Advice & Guidance** from more qualified clinician
5. Request **formal assessment/triage** by a specialist clinician
6. Encourage **rejection of inappropriate referrals** by provider clinicians (consultants/AHPs etc)

An example of Practice-Based Peer Review

- Background
- Methodology – what we did
 - ▣ Daily referral management meeting from Aug '11



How Choose and Book Supports Referral Management

- **Directory of Services (DoS)** - what is available?
- Search on **medical terms** (Symptoms/Diagnoses)
- Listing **Referral Criteria** and **Electronic links**
- Access to expert **Advice and Guidance**
- Support for **Clinical Assessment /Peer review**
- **Rejection or re-direction** of inappropriate referrals
- **Reporting of Referral Activity** and monitoring of referral patterns
- **Educating** and providing feedback to referrers

Groupwork (2)

- **Locality Leadership.** Chair = Gillian Ellsbury
- **Supporting practices to deliver.** Chair = Patricia Kirkman
- **Road testing the Information Pack.** Chair = Adrian McLachlan
- **Leadership Development through Action Learning.** Chair = Ray Walsh



Group Feedback



Question and Answers