

Agenda Item 13

Report to: (Board/Sub-Committee):	Primary Care Commissioning Committee
Date of Meeting:	4 th December 2018
Subject:	Patient Choice Enhanced Service Update
Presented by:	Sophie Hudson, Service Manager and Julie Wilson, Assistant Director

STATUS OF THE REPORT (auto check relevant box)

For Information

For Discussion

For Approval / Ratification

Report Exempt from Public Disclosure No Yes

PURPOSE OF REPORT:

Following a previous discussion at the Committee, this paper has been prepared to provide an update on the development of the local enhanced e-Referral System (eRS, formerly known as Choose and Book) and Patient Choice Specification for Primary Care. The Committee previously discussed the contractual requirements for use of the e-Referral System from 1st October 2018. The system has been in use for a number of years prior to this, but the contractual requirements place a much greater emphasis on the use of the e-Referral System. Furthermore, there was evidence to suggest that patient choice is not always offered at the point of referral, and that there is inconsistency in the use of the eRS.

The current draft of the specification is attached along with the suggested payment to be offered out. The specification is aimed at ensuring greater consistency of approach between practices and equity of patient choice offer.

The envelope for funding this enhanced service has already been previously agreed by the Committee, as part of the PMS funding reinvestment proposals. The proposed payment slightly exceeds the envelope for funding previously agreed by the Committee, as part of the PMS reinvestment funding. However, there is sufficient funding within the PMS reinvestment overall funding pot to cover this increase.

Recommendations:

The Committee is asked to:

- Note the update regarding the development of the local enhanced service
- Approve the implementation of the enhanced service and associated proposed funding.

Sub Committee Process and Assurance:

N/A

Implications:

Risk Assurance Framework Implications:

There is a risk that inequities in choice offer and inconsistencies in the use of the e-Referral system will continue if this is not supported.

Legal Implications:

Patient choice is a legal right for patients.

Enhanced Patient Choice & Booking – Local Enhanced Service

Background

The Standard Contract for 2018/19 requires the full use of the NHS e-Referral Service (eRS) for all consultant-led first outpatient appointments. From 1 October 2018, providers will only be paid for activity resulting from referrals made through eRS.

e-RS combines electronic booking with a choice for patients, of place, date and time for first hospital or clinic appointments. Patients can choose their initial hospital or clinic appointment, book it in the GP surgery at the point of referral, or later at home on the phone or online.

While all practices within NEL have been using eRS for a number of years, utilisation has seen a slow increase until the standard contract requirements were introduced this year. Utilisation was at 66% in September and early indications suggest it now stands at over 95%.

However, the CCG has evidence to suggest that there is a hugely differing approach in the application of the system across NEL practices. The proposed enhanced service will support consistency of approach in how eRS is used (e.g. specifying standards for how soon referral letters should be attached and how quickly patients should be provided with their appointment / list of choices). It will also ensure that there is a greater focus on offering choice of provider to patients, where clinically applicable.

Development of the specification

It was agreed that as part of the development of this specification Healthwatch North East Lincolnshire would support the CCG by carrying out a survey of outpatients at the local hospital (Diana Princess of Wales) to ascertain the general awareness of choice and whether they had been offered choice for their appointment. This was done in 4 sessions over 2 weeks in October: 168 patients were spoken to, 112 of which were registered with NEL GP practices and 67 of those chose not to participate in the questionnaire. Based on the feedback from the remaining 45 patients, the main findings are as follows:

- 64% were unaware that they could have had a choice of provider; however, a lot of those patients said they would have chosen DPoW regardless
- Only one patient actively selected the hospital having been offered choice
- When asked whether they would have chosen their local hospital and the reasons why, the largest proportion of answers regarding the reason was that it was based on previous experience; the next largest response was that it was for ease and the next was due to not wanting to travel. Other less frequently stated reasons were speed, GP recommended and ongoing treatment. [Note, patients were able to give multiple reasons for this question]
- Patients came from a wide geographical spread across the town, although only the first 4 characters of the postcode were provided, so it is not possible to break this down to Ward level

Engagement has also taken place with local practices through various meetings, such as the local GP Development Group Meetings, and through seeking feedback via email from practices and the federations.

During the previous discussion, the Committee had agreed that this specification should be offered at federation level to ensure resilience and economies of scale. However, following engagement with the federations, it has been highlighted that there are limitations in the way the clinical system works and it does not currently support the safe sharing of patient records. It is therefore suggested that in order to make progress with achieving greater consistency the service will be offered out to individual practices initially, to support an enhancement to staffing levels to deliver the requirements. The longer term aim of having this as a shared service across groups of practices will remain and the CCG will continue to work with practices towards this. The service will be reviewed after a year to consider whether the system limitations still exist, or whether there are safe workarounds that can be implemented at that point.

The latest draft specification (v2.1) is attached. This will be finalised over the next 2 weeks, with the aim of having the service in place during the last quarter of 2018/19.

Funding

An envelope of £215k of PMS reinvestment funding was previously agreed by the Committee for this service. However, the current calculation is based on the equivalent of two additional Band 4 admin staff per 40,000 population. When broken down to individual practice level, this equates to £1.35 per head of population, a total of £228k. The difference of £13k is available within the total PMS reinvestment funding pot.

Recommendation

The Committee is asked to:

- Note the update regarding the development of the local enhanced service
- Approve the implementation of the enhanced service and associated proposed funding.