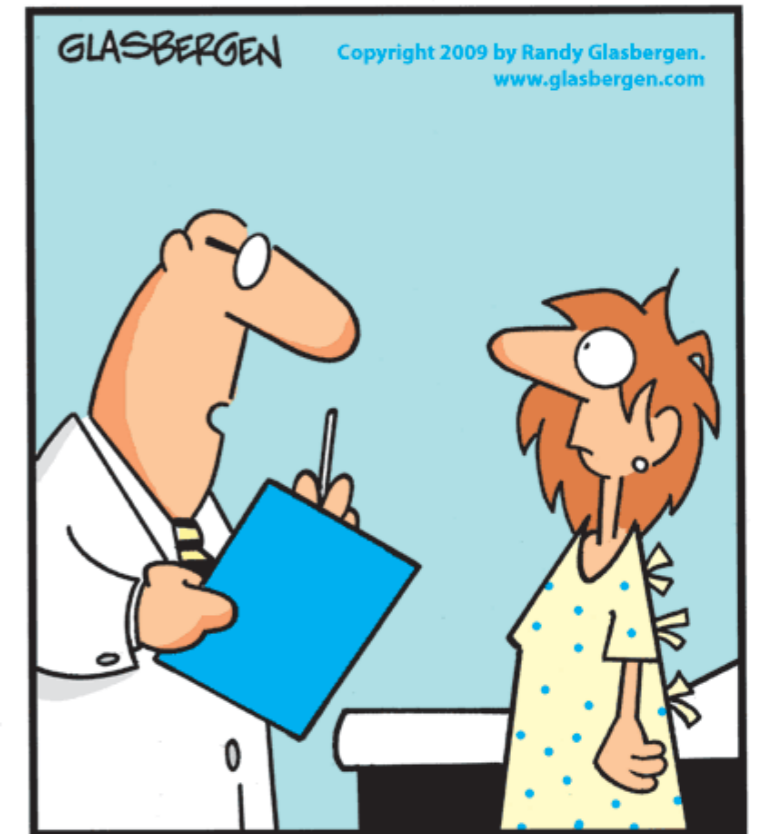


RMBS Event

June 19th 2013

Background



**“You have a rare condition called ‘good health’.
Frankly, I’m not sure how to treat it.”**

- * RMBS went live in September 2011
- * 14 Pilot Practices across Greenwich

Objectives of Service

- * Reduce the number of referrals into secondary care through re-direction to available alternative services
- * Improve the quality of referral information
- * Develop a body of knowledge about local services so as to support GPs in referral decisions
- * Support patient's in making choices and appointment bookings
- * Develop feedback mechanisms which would inform peer review and practice based referral performance
- * Provide on-going support to primary care practice staff
- * Manage clinical triage process and contracts
- * Provide a rich data source for audit

How have we done?

- * Have the number of referrals to secondary care dropped?
 - * 754 referrals were diverted to the appropriate community services
 - * The total number of referrals returned back to the referring GP was 598

Cost savings

- * The net savings from triaging referrals equated to £284,271
- * Does not account for savings from:
 - * Redirection into community
 - * Prediagnostics reducing unnecessary secondary care diagnostic activity
 - * Savings from PEARS triage (£180k)



Referral Quality

- * Consultant survey questionnaires.
- * improved pre diagnostics
- * improved overall quality of referral
- * Far few patients needing to be referred on to other specialists
- * Reduction in necessary follow up appointments

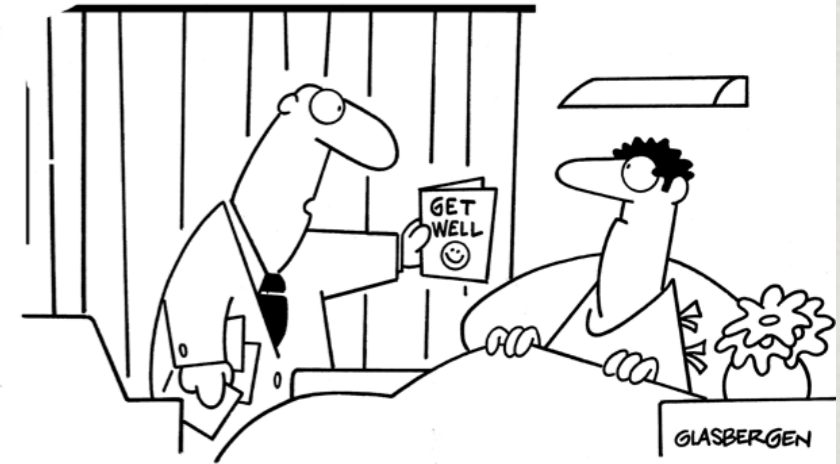


“It’s normal for a man your age to have chest pains when he drips hot, melted pizza cheese on his shirt.”

Patient POV

- * Very positive patient feedback
- * Examples of written comments received are:
 - * **Anon' was very pleasant and helpful, cannot thank her enough'**
 - * **Anon 'made me feel I was the only one making an appointment ... am so grateful that Anon dealt with all my concerns'**

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"I'm the doctor who brings the cards. I'm a cardiologist."

Feedback and Peer review

- * 36 hour triage turnover
- * Triager referral audit
- * Since January 33 referral have been redirected to 2WW or rapid access clinics

Feedback and Peer review cont.

- * Steering group meetings
- * Clinical Roundtables and pathway reviews
- * Practice Activity reports

User Feedback - Positive

- * Simple and easy to use
- * Quicker than the original C&B process. One number to give to patient if any problems
- * No need for long referral letters quick response able to track referral
- * Use of one template for all referrals

User Feedback - Negative

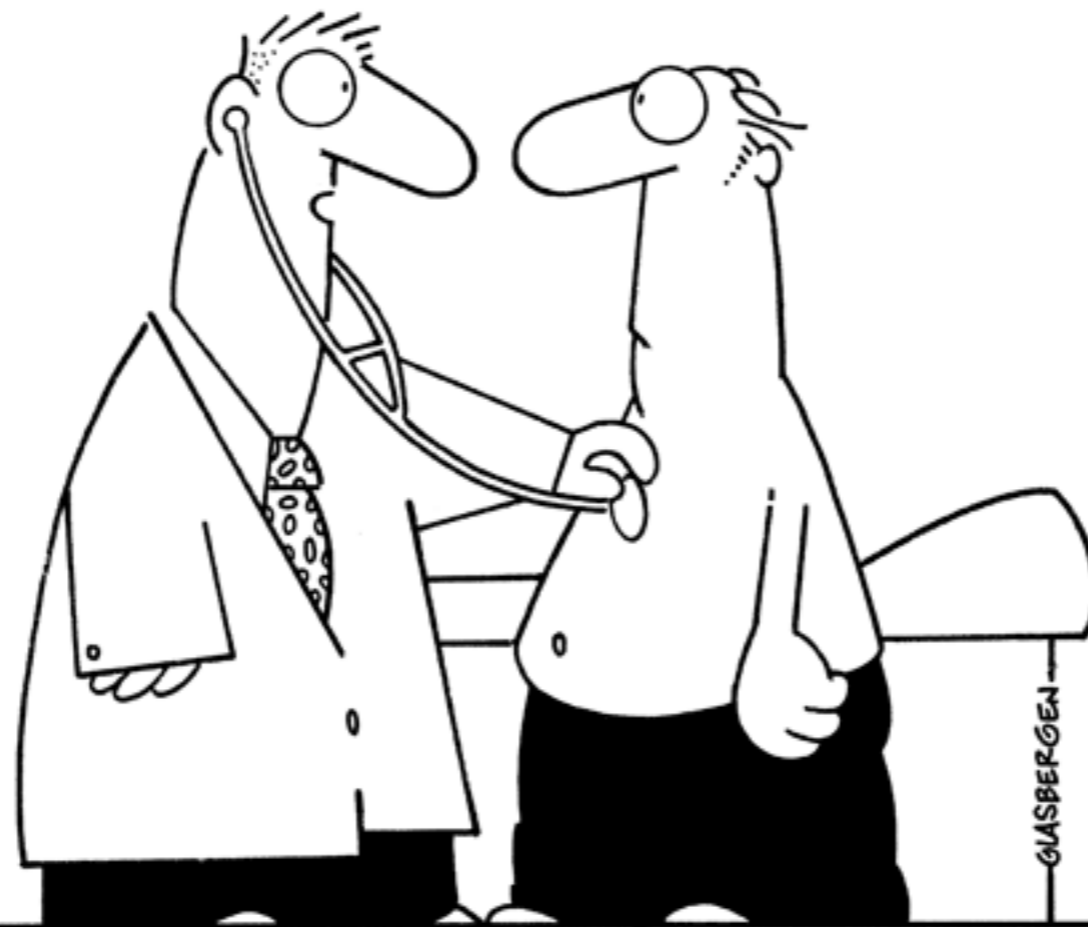
- * It is another additional step in the booking / cost. More personnel involved. Rejections / challenges are inappropriate sometimes.
- * File size and attachment issues
- * Not given enough time when sent a challenge form to sort it out

User Feedback - Triage

- * Very helpful
- * Most of the time they are ok, although few examples of inappropriate challenges
- * Must have a system whereby the triage doctor can communicate with referring GP directly.
- * Could appreciate if they still wore GP shoes while doing triage, rather than triage shoes.
- * Sometimes clinicians want patients seen regardless of triagers comments as they know the patient best

Interactive Triageing Session

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“It’s easy to tell the difference between good cholesterol and bad cholesterol. Bad cholesterol has an evil laugh.”

BMJ Study

An evidence-based referral management system— Insights from a pilot study

- * Overall rates of first outpatient attendances declined more strongly for practices using the new system than other practices. The number of referrals challenged for being incomplete or having insufficient clinical information declined to a very low level.
- * The rate of referrals challenged by clinical triage for not conforming to referral guidelines was well below the rate of inappropriate referrals published in the literature.
- * Interviews with practices revealed a number of themes and a broad range of attitudes. Patients were highly satisfied with the service.
- * If referrals into secondary care continued to be reduced on a long-term basis, the system would be cost effective despite the time and effort required for clinical triage.

Future Plans

- ✱ More community based clinics
- ✱ Use of referral data to form basis for educational events
- ✱ Mental Health