Independent evaluation of the North East Hampshire and Farnham Vanguard

Evaluation Re-visit of Farnham Referral Management Service

June 2018

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1. Introduction

1.1 The Farnham Referral Management Service (RMS) was launched in July 2016 and developed as a collaborative project across the 5 Farnham General Practices.

1.2 RMSs can take a number of forms - the Farnham RMS is based upon peer review of referrals by a team of three local GPs who meet each week to review all non-urgent referrals to acute out-patient services.

1.3 The aims of the service are to:

- More accurately determine the appropriate route for all non-urgent and routine medical and surgical referrals through a weekly systematic review
- Reduce avoidable planned referrals
- Identify educational needs of the locality GPs, which could be translated into a local development programme

1.4 Wessex Academic Health Science Network (AHSN) undertook an independent evaluation of the Farnham RMS over a six month period from service launch in July 2016 to December 2017, and published the results of that evaluation in February 2017. The data included in this evaluation covered the first 21 weeks of service operation.

1.5 The February 2017 evaluation concluded that the RMS was having a positive impact and that the service was delivering its intended aims. The headline conclusions from the February 2017 evaluation were:

- Evidence of a reduction in the number of referrals to secondary care over the first five months of operations
- 12.3% of referrals to secondary care were redirected
- The service was delivering savings of at least £56,000 annually, with an ROI of 97%
- A survey of local GPs revealed a mixture of views of the service, with evidence that the RMS is having a positive impact on some GPs, whilst others would like more information on the local tier 2 services and better feedback on decisions

1.6 A recommendation of the February 2017 evaluation report was to undertake further analysis of the service over a longer timeframe, and to determine whether the impacts identified in the initial evaluation were longer lasting.

1.7 **The purpose of this short report** is to re-visit the RMS evaluation and consider longer term impacts. The service has now been active for 23 months, and data is available until mid-April 2018 (approximately 88 weeks of data). This re-visit is solely a quantitative study and does not have any qualitative elements, so will not be looking to answer the third service aim on educational needs.

1.8 The purpose of this evaluation re-visit is to answer the following evaluation questions;

i) Has the service continue to meet its objectives, over the longer term?
ii) Have the benefits identified in the initial evaluation continued with time?
iii) Has the performance of the service differed significantly from that identified in the February 2017 evaluation?
iv) Does the service continue to deliver a financial benefit?

2. Current service delivery

2.1 It is important to understand how similar the current service is to the service which was evaluated in 2016/17 for the purpose of comparability.

2.2 The RMS continues to be led by the Farnham GP Lead, and the post holder remains the same. Engagement with the GP Lead at the start of this re-visit evaluation has confirmed that the service has remained fundamentally the same since launch - the three reviewing GPs continue to meet for two hours, every Tuesday, to review all non-urgent referrals from the locality.

2.3 This means that the results of this evaluation re-visit are directly comparable to the first evaluation.

2.4 An MSK practitioner joined the RMS panel in May 2018 and in response to the high proportion of MSK referrals. However, this post-dates the data analysed here.

2.5 Other developments in the Farnham Locality since the initial RMS evaluation include the launch of a community Dermatology service – this provides another destination for GPs to refer to, but does not influence the function of the RMS.

2.6 A brief summary of the service operation is provided below. A fuller explanation is provided in the February 2017 evaluation[1].

- All non-urgent referrals to secondary care for the Farnham locality are passed to the RMS
- Each referral is reviewed collectively, to determine one of four outcomes:
    a. Proceed with referral
    b. Re-direct referral to alternative service
    c. Proceed but explore whether an alternative provision is available
    d. Return inappropriate referral to the referring GP, with advice
- Following the meeting, the RMS administrator will email each practice to feedback the outcomes from the panel including any recommendations for re-direction to other services
- The individual General Practice is responsible for feeding this back to their GPs, and each GP is responsible for actioning the outcome (including undertaking a re-referral)

[1] Available to download from either the AHSN or NEHF CCG website

3. Activity impact

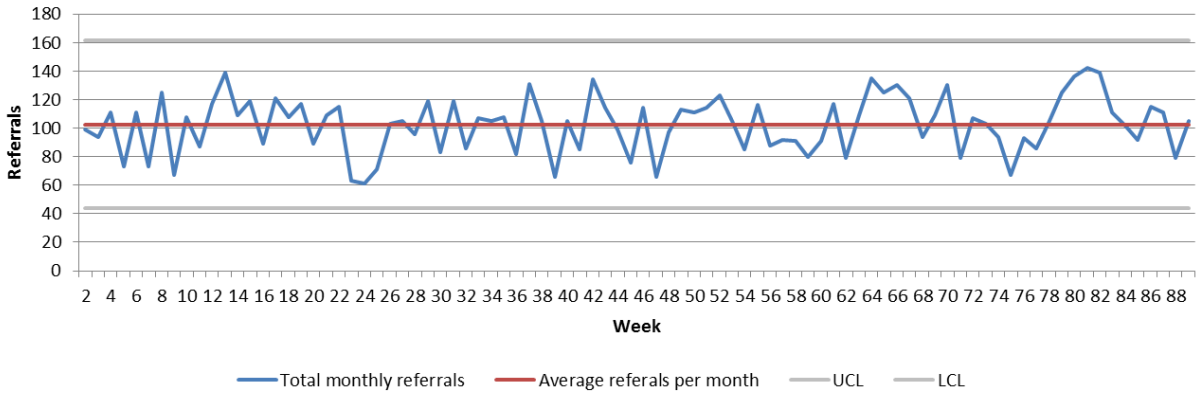
3.1 Activity data for the RMS service has been collated from the following sources and comprises 88 weeks of data. It is important to note no local data was collected for the week 27/12/2016.

- NEHF Referral Management Service - Weekly Summary Reports
- SUS Outpatient data extracts
- South Central and West Commissioning Support Unit Business Intelligence Delivery Analytics Secondary Care Referrals Data

Number of referrals

3.2 Over the 88 weeks, there have been 9,028 referrals to the RMS. This is **an average of 103 referrals per week.**

The weekly average calculated in the initial evaluation was 104 referrals per week (over 21 weeks). This suggests that the activity of the service has remained fairly consistent.



3.3 The table below shows the top 10 specialties that are being referred to by the GPs in the Farnham locality – a comparison is also made to the top 10 ranking specialties from the initial evaluation, and how their rankings change.

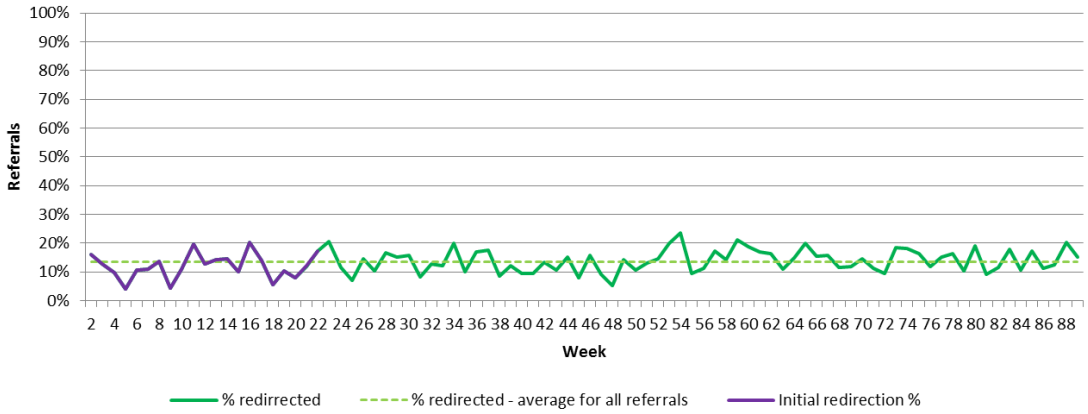
The take away message here is that the services most commonly referred to, remain the same.

Specialty	Total referrals	% of all referrals	Former % of all referrals	Change in rank
Trauma & Orthopaedics	1216	13%	15%	No change
Ophthalmology	894	10%	13%	No change
ENT	713	8%	7%	Up 1
Dermatology	700	8%	10%	Down 1
MSK service	490	5%	5%	Up 1
Gynaecology	404	4%	6%	Down 1
Paediatrics	400	4%	4%	Up 2
Urology	386	4%	4%	Up 2
Cardiology	356	4%	4%	Down 2
Dermatology (Farnham)	324	4%	N/A	New entry top 10

RMS review decisions

3.4 In total, there have been 1,222 referrals redirected by the RMS over the 88 weeks. This is 13.5% of referrals.

This compares to 12.3% over the first 21 weeks of the service - the proportion remains broadly the same.



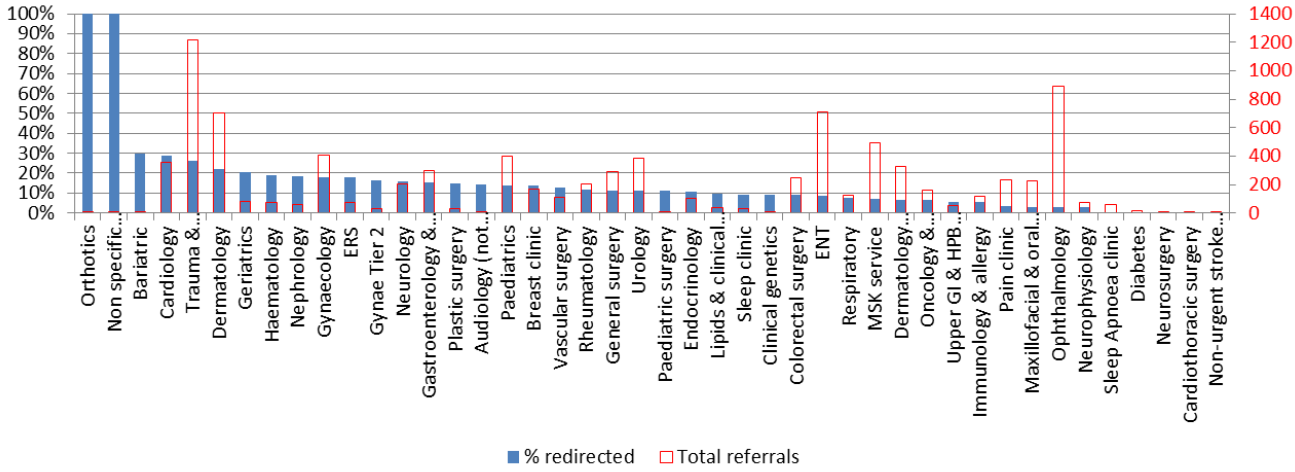
3.5 The service with the largest number of redirections is Trauma and Orthopaedics with 320 redirections from 1,216 referrals – this equates to 26% of all referrals for T&O. T&O was the specialty with the most referrals in the initial evaluation.

3.6 For services with a reasonable number of referrals (i.e. over 50 referrals), cardiology represents the highest proportion of re-directions per specialty at 29% of all referrals.

3.7 The specialties which have the greatest number of redirections remains broadly the same in comparison to the original evaluation. This suggests the work being done by the RMS has remained consistent.

Speciality	Total referrals	Number of redirections	% redirected	Former ranking
Trauma & Orthopaedics	1216	320	26%	1
Dermatology	700	153	22%	3
Cardiology	356	102	29%	7
Gynaecology	404	73	18%	5
ENT	713	60	8%	4
Paediatrics	400	56	14%	9
Gastroenterology & hepatology	296	46	16%	Not in top 10
Urology	386	43	11%	10
MSK service	490	35	7%	6
General surgery	290	33	11%	Not in top 10

3.8 The chart below compares the number of referrals and number of redirections for all specialities.

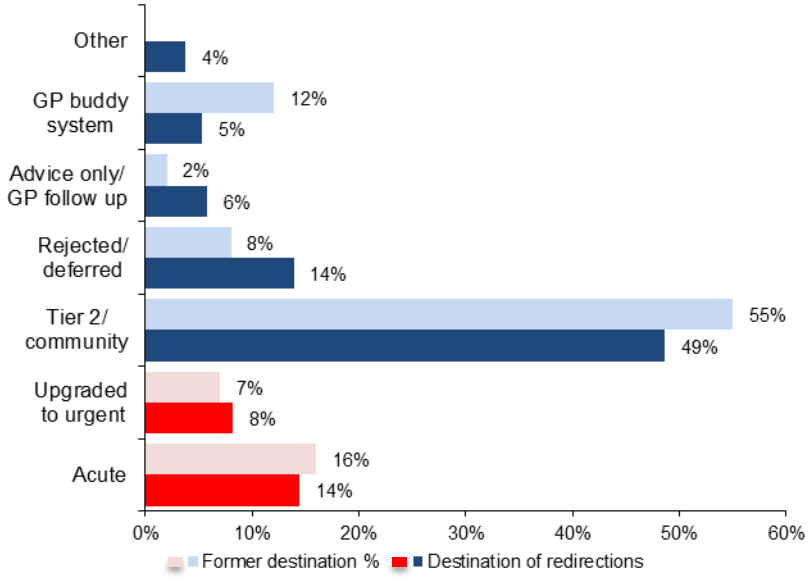


Outcome of redirected referrals

3.9 Of the 1,222 redirected referrals, 49% of referrals are redirected to Tier 2/ community services.

3.10 In comparison with the findings of the initial RMS evaluation, the way referrals are redirected remains similar. The key comparative points to note are:

- The proportion of referrals continuing to tier 2 or community services, and the acute sector remain comparable (49% now, versus 55%)
- A higher proportion of referrals are rejected for secondary care (14% now, versus 8%)
- Fewer referrals (5%) are referred to the GP buddy system (formerly 12%)



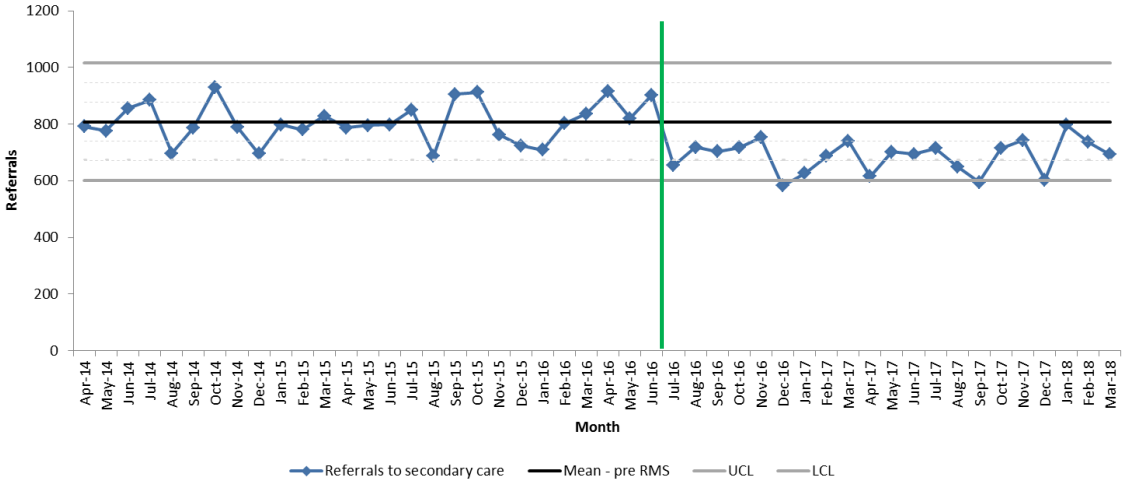
Impact on secondary care - Referrals to secondary care

3.11 Results in the initial evaluation suggested that number of referrals to secondary care from the Farnham locality is falling, and that trend in activity for the Farnham locality is different to that of the rest of the CCG. However, this conclusion could not be substantiated due to the limitation of only five months of data following RMS launch.

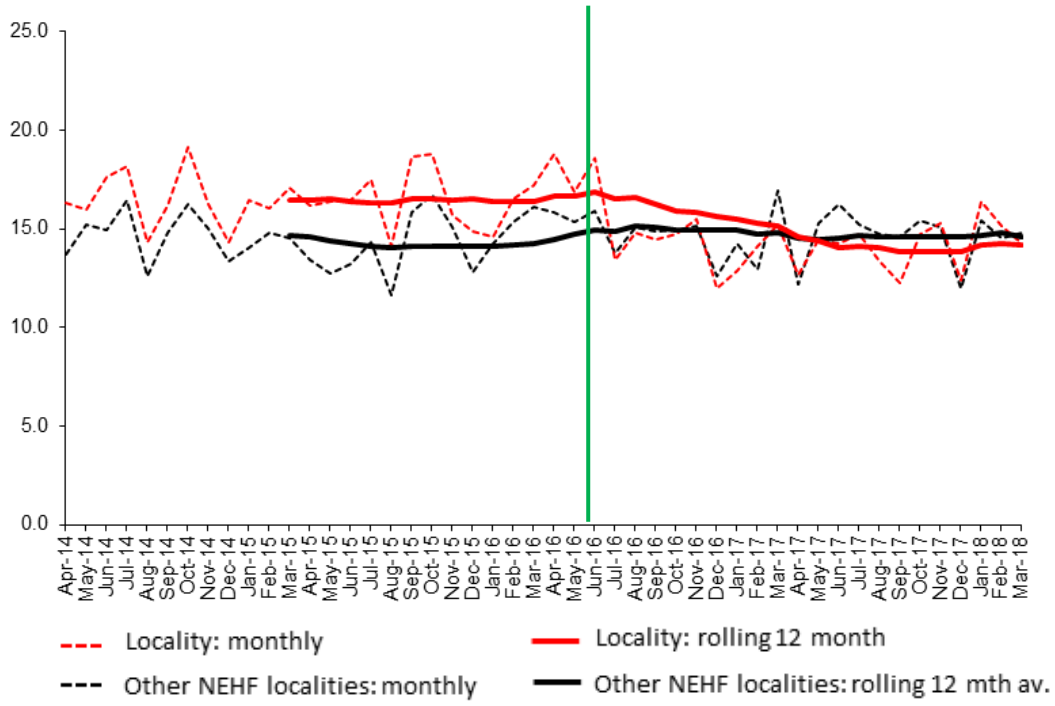
3.12 Core to the purpose of this evaluation re-visit is to understand the potential long term impact of the RMS on referrals to secondary care.

3.13 The chart below shows the (actual) number of referrals from the Farrnham locality to secondary care – there is clearly a stepped and sustained reduction after launch of the RMS, marked on the chart by the vertical green line.

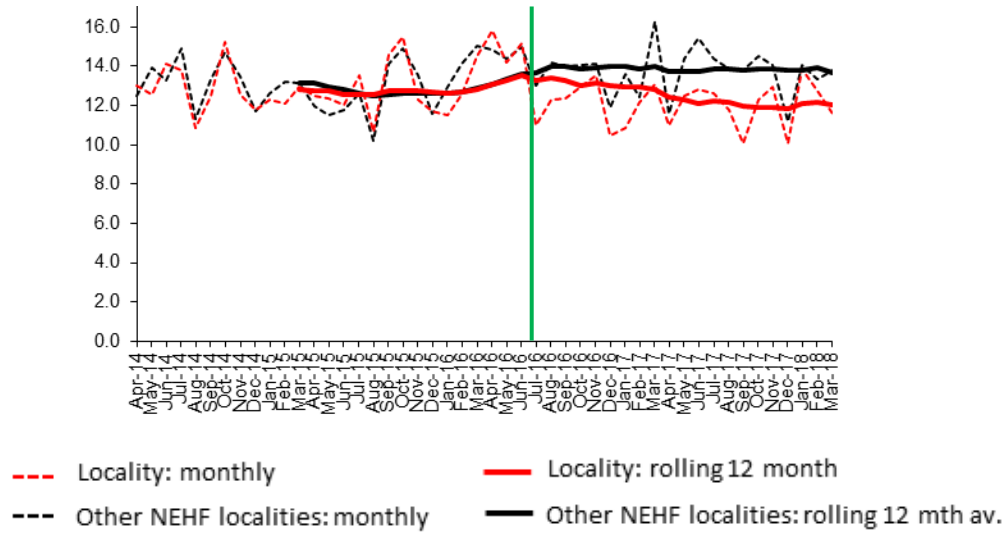
3.14 Comparing the 12 months before, and 12 months after launch, there is a 17% reduction in referrals (or 1,636 individual referrals).



3.15 The following chart illustrates the rate of referrals per 1,000 weight heads of population for the Farnham locality in comparison to the rest of NEHF. This demonstrates a fall in the referral rate for Farnham following launch of the RMS, and that the current referral rate per 1,000 head of population is lower than that of the other 4 localities within the CCG.



3.16 The main acute hospital in the local area is Frimley Park Hospital (FPH). Considering the same dataset solely for FPH, a similar trend exists whereby the number of referrals to this hospital has fallen for the Farnham locality.



4. Economic evaluation

4.1 This economic evaluation aims to quantify the financial benefit of the RMS and to compare this with the cost of providing the service in order to calculate a return on investment (RoI). Economic evaluation can be done in a number of ways, and a number of assumptions will be made to enable this evaluation – on this basis, a number of methods are presented below. Any assumptions made are clearly stated in this chapter.

4.2 A cost of £175 per first outpatient appointment was provided to the Evaluation Team during the initial service evaluation by the CCG. For comparative purposes, this value has been used again in this evaluation.

4.3 The CCG also indicated that the evaluation team should work on the assumption that the costs of a Tier 2 or community appointment is 50% of the costs of a first outpatient appointment, meaning a value of £87.50 is used. This value has again been brought forward to this evaluation for comparative purposes.

Costs of the service

4.4 The costs of running the RMS in both 2017/18 and 2018/19 are provided below. These figures have been supplied by NEHF CCG.

4.5 The higher costs in 2018/19 are due to greater administrative support for the service, and to fund a additional GP session. A review of on-costs were also undertaken, and the costs of the service have also risen in light of the on-costs being more accurately reflected in the revised expenditure (below).

	Expenditure 2017/18	Expenditure 2018/19
Total costs	£28,600	£59,920

Method 1: Value of redirected work

4.6 The first full financial year following launch of the RMS is April 17 to March 18. During this financial year, the RMS reviewed 5,356 referrals, and redirected 13.9% (n=745). This redirection rate is a comparable percentage to the long term percentage (13.5%).

4.7 Prior to the RMS, it is assumed that all 745 referrals would have resulted in a first outpatient appointment. At an average outpatient tariff, these appointments would have cost £130,375.

4.8 Distributing the 745 cases to the destinations evidenced by the service's data, the cost of providing care via the RMS is £61,189. It is important to note that costs of subsequent care under both the old and new care pathways have not been considered (e.g. 2nd or more outpatient appointment, surgery, rehab etc.).

4.9 This saving represents:

- **£69,186 savings** to the system in the 2017/18 FY through avoided first outpatient appointments
- A **RoI of 141%**
- A **return of £2.42 for every £1 spent**

Redirection destination	Percentage to destination	Cost of treatment	Number of cases	Cost
Acute	14%	£ 175.00	108	£ 18,844
Upgraded to urgent	8%	£ 175.00	61	£ 10,627
Tier 2/ community	49%	£ 87.50	362	£ 31,717
Rejected/ deferred	14%	£ -	103	£ -
Advice only/ GP follow up	6%	£ -	43	£ -
GP buddy system	5%	£ -	39	£ -
Other*	4%	£ - *	28	£ -
Total			**745**	**£ 61,189**

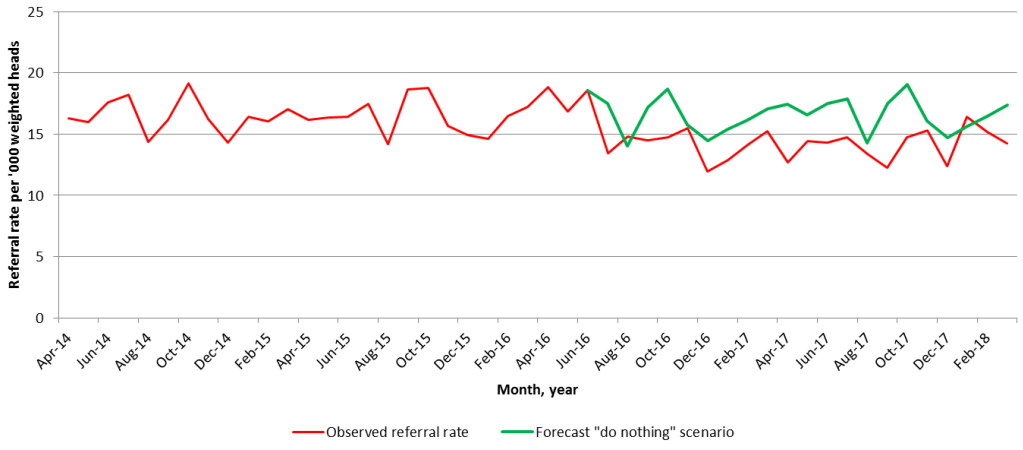
**- it not understood what the "other" destination comprises, and it has therefore been assumed it does not incur a cost*

Method 2: Savings to the CCG versus the counterfactural

4.10 Farnham is the only locality in the CCG to have implemented a RMS. Long term referral data (see section 3.15) shows how the Farnham locality referral rates have changed (reduced) both in comparison to historic Farnham trends and to other parts of the CCG.

4.11 The referral rates to acute services from other parts of the CCG have remained constant over the past three to four years. An assumption can therefore be made that the same would have occurred within Farnham if the RMS had not been implemented.

4.12 A forecast has been made[2] of what the referral rate to acute services from Farnham may have been without the RMS. The results of this are shown below.



4.13 The difference between the forecast and observed activity represents the potential commissioning value of the service to the CCG. This is calculated at £421,947 over the 21 months since RMS referral, or £259,821 in the 2017/18 financial year.

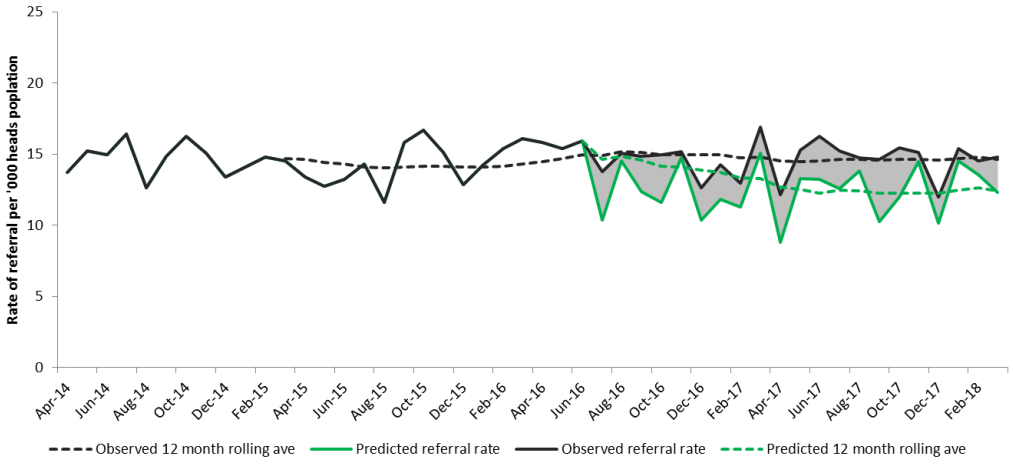
[2] Using MS Excel, using 24 months data, accounting for seasonality in the data

Spread potential

4.14 The RMS is only active in one NEHF locality. The declining trend in referrals to secondary care from the Farnham locality since RMS launch has been retrospectively applied to the referral rate of the other 4 NEHF localities with the intention of identifying what the saving may have been. This analysis has been completed from the same launch date as the Farnham RMS to allow comparison against the observed referral rate and on the assumption that the reductions in referral rates achieved by Farnham are directly replicable in the other 4 NEHF localities.

4.15 This analysis suggests a retrospective saving of £1,403,768 over the 21 months, or £837,519 in the first year following implementation.

4.16 Approximately half of referrals which do not proceed to secondary care will be picked up by other services. This analysis does not attempt to quantify the costs of care delivered such services across the other areas of NEHF, and such costs would be deductible from the commissioning value outlined in 4.15.



5. Conclusions

5.1 The Farnham RMS has now been active for 21 months, and this evaluation revisit has demonstrated that the Farnham RMS continues to operate in line with the performance identified from the first five months of service data.

5.2 The evidence presented in this evaluation revisit suggests that the service is achieving for first two service aims over the longer term. The third service aim (GP educational needs) has not been considered in this quantitative review.

Aim 1) More accurately determine the appropriate route for all non-urgent and routine medical and surgical referrals through a weekly systematic review

5.3 The redirection rate over the 21 months is 13.5% which is similar to the 12.3% identified over the first 5 months of the service. This means that since launch, the service has redirected 1,222 referrals to more appropriate destinations.

5.4 Data shows that the specialties receiving referrals from Farnham GPs and the specialties with the highest proportion of redirections remains broadly comparable, suggesting that the demands for health services in the locality remain similar.

5.5 Of those referrals which are redirected, 49% of referrals are to tier 2 /community services and the service is also escalating 8% of referrals to urgent referrals.

Aim 2) Reduce avoidable planned referrals

5.6 There is evidence that the number of GP referrals from Farnham to secondary care has reduced and a sustained step change in referral numbers is evident following RMS launch. A comparison of the referral numbers in the 12 months before launch of the RMS and the 12 months after shows a 17% reduction in referral numbers.

5.7 Referral rates from other areas of the CCG appear to be consistent and show little variation over the past four years while the step change in Farnham's referral rate correlates with the launch of the RMS. Farnham now has a lower referral rate per weighted population than the other CCG areas - it is important to also note that Farnham started with a higher rate.

5.8 Modelling the impact of the RMS over the 2017/18 financial year suggests a RoI of 141%, or a return of £2.42 for every £1 spent on the service.