

**GP SIP 2017/18 - Demand Management Implementation Plan**

1. **Introduction**

*‘Performance measures should promote change and help to check the performance of an organisation’s key performance drivers and indicate where remedial action or further investigation is necessary.’*

This paper outlines how ELR GP Federation will work with its member practices to support the Demand Management stream of the GP SIP; dovetailing with the CCG plan (key elements below) to maximise the opportunity to improve practice.

**CCG Demand management plan**

* GPSIP activity plan
* GPSIP baseline
* PRISM improvements
* Advice & Guidance improvements
* Consultant Connect improvements
* Practice Priorities
* UHL internal referral management
* Diagnostic referrals
* New : follow-up ratio

We will establish a data set and systematic peer review process to review performance in a consistent and ongoing way that supports practices in utilising the most appropriate pathways for patients and a consequently achieving a tangible and sustained reduction in the demand placed on secondary care services.

Reviewing the information at a locality / Federation level will also enable us to identify areas where new ways of working and/or developing local services and commissioning arrangements could improve both performance and patient experience. This could include developing hub working and/or inter-practice referrals for identified patient groups / procedures to reduce the need for referral into hospital. For example, NW Leics Federation did this when they introduced inter-practice referrals for joint injections to reduce MSK referrals.

This process will be overseen by **Dr Rysz Bietzk** and will be supported by James Watkins. We will collaborate with Dr Hilary Fox and Michelle Christie-Smith at the CCG to ensure a coordinated approach.

By focussing attention on a range of key indicators, we will;

* Stimulate utilisation of the best pathway option for patients and consequently reduce the number of inappropriate referrals, A&E attendances and emergency admissions.
* Promote GP led, integrated team working between primary care providers towards improvements in health outcomes.
* Drive innovation and identify areas for further investigation and/or joint working.
* Facilitate true federated working that brings positive debate and challenge between practices and the sharing of solutions, skills and best practice to enhance services for patients in ELR.
1. **Action Pan**

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| --- | --- | --- | --- |
| **Id** | **Action** | **Who**  | **When** |
| 1 | * Review the existing data sets available
 | RB, JW, MCS | 09/17 |
| 2 | * Practices complete a Self-Assessment & Action Plan Template
 | MCS | 09/17 |
| 3 | * Develop valid, accurate, timely and reliable performance monitoring reports on a consistent and ongoing basis.
* These reports will include the activity assurance areas outlined in the GP SIP criteria;
	+ Utilisation of PRISM
	+ Utilisation of consultant connect
	+ Utilisation of Advice and Guidance
	+ Participation in Peer Review Process across localities
	+ Patient level data validation exercises for EM or OP related specialties.
* The reports will also focus on agreed priority areas / specialties thereby adopting an incremental and manageable approach.
* The reports will include commentary and suggestions on where performance could be improved to allow practices to consider where changes could be trialled and any key areas of ‘best practice’ that could be shared with peers.
 | RB, JW, MCS (data analysis provider) | 10/17 |
| 4 | * Compare the practice information to identify;
	+ Key themes
	+ Significant areas of variance between practices
 | RB / JW | 10/17 |
| 5 | * Determine which key areas to focus on and where further analysis would be beneficial. This may include asking practices to conduct audits and identify key themes for further consideration.
 | RB / JW | 10/17 |
| 6 | * Utilise Locality Meetings on a quarterly basis for an open and informed discussion of these performance reports and areas where practice could be changed to stimulate improved performance.
 | RB / JW | 11/17 |

1. **Resources**

We need to agree the principles for resourcing this scheme. Whilst there are six months remaining of the current year, we hope that the scheme will continue into FY18/19.

* Data Analyst – options for the Federation to employ or utilise CCG resource.
* Funding options;
	+ 5-10% of the scheme value (@ c.£325K)
	+ Performance element linked to a share of savings from reduced admissions etc?
	+ Other?