

**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.’*

The Federation will establish 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 process will be led by **Dr Rysz Bietzk** and will be supported by James Watkins. We will collaborate with the CCG to ensure a coordinated approach.

1. **Aims:**

* Federation role to emphasise that demand management has a place to understand intra and inter practice variations in referrals and management.
* Increase awareness of alternative opportunities to get advice and understand the difficulties / barriers to practices using them
* Provide practices with meaningful comparative data, taking into consideration referrals, use of alternative pathways, patients accessing urgent care and emergency services and recognising differences where they exist.
* Analyse the data to target meaningful variations for practices’ to achieve maximum gain, rather than chasing numbers for the sake of it.
* Provide reports with the data and actual costings to make the process real and meaningful- DNAs, different levels of A+E costings etc
* Use the data to compare whether use of particular processes really can make a difference to outcome
* Establish learning needs to support best practice
* Consider establishing locality based services, where appropriate, and sufficient need and demand is identified.

1. **Action plan**

|  |  |  |  |
| --- | --- | --- | --- |
| **Id** | **Action** | **Who** | **When** |
| 1 | * Review the existing data sets available | RB, JW | 11/17 |
| 2 | * Review practices Self-Assessment & Action Plans & summarise | RB | 11/17 |
| 3 | * Review and analyse practice data * Agree optimum data set - (to include pivot tables for all);   + Referral data and outcome   + Utilisation of PRISM   + Utilisation of consultant connect   + Utilisation of Advice and Guidance   + Participation in Peer Review Process across localities   + eReferral data   + ED admissions   + Emergency admissions   + DNA rates   + Out of hours usage * Develop a reporting template for the 6 localities that will be produced on a quarterly basis and inform an open debate at the locality meetings on a quarterly basis   + Standard data sets   + Commentary on performance   + Themes / ‘best practice’   + Significant areas of best practice   + Priority areas / specialties for focus & development   + Service development   + Learning needs | RB, JW,  RB, JW, CCG (data analysis provider)  RB / JW | 12/17  12/17  12/17 |
| 4 | * Survey practices to ascertain the issues / barriers with the demand management tools etc | RB / JW | 12/17 |
| 5 | * Initial report with comparison of data * Feedback to January 2018 locality meetings | RB / JW | 01/18 |

1. **Resources**

* Access to Data Analyst / admin support – options for the Federation to employ or utilise CCG resource.
* Financial support to enable ongoing development of assessment and reporting – assuming that this continues into next year – potentially based on % of the scheme value?

*Dr R Bietzk / J Watkins, November 2017*