

**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**

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| --- | --- | --- | --- |
| **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 | 12/1712/1712/17 |
| 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*