



1 September 2009

Name  
Address 1  
Address 2  
Address 3

Dear GP / Practice Manager

Ed Macalister-Smith wrote to all GPs in Buckinghamshire on 18<sup>th</sup> August to set out the current challenge we are facing from growing demand on our local healthcare resources.

The collaboratives and the PCT have been working together to identify for each practice a fair allocation of the PCT's outpatient resources so that we can help identify opportunities for improving patient care by greater use of our locally designed pathways that deliver care in primary and community settings rather than requiring patients to access secondary care. We recognise that this is a difficult area to address but it is imperative that we address it with immediate effect.

Following on from the speciality education sessions regularly attended by the majority of our GPs, a group of local GPs and senior consultants from BHT are working to ensure the thresholds for referral to secondary care are clear and reflect the most up to date best practice guidance available. Building from the "Buckinghamshire Clinical Pathways and Referral Guidance Folder" recently sent to every GP, these thresholds will be sent out to all GPs and Practice Managers once they have been formally approved by the PCT's clinically led Commissioning Board in mid-September.

In the meantime, we are providing each practice with two indicative allocations of outpatient referrals for each of the coming four months on the attached table. The two allocations are built in different ways, to reflect the circumstances of different practices. Firstly, the recent actual outpatient resource usage has been used to apportion the remaining available referral resources across all the practices. Secondly, the Department of Health model based on the patient list characteristics for each practice has been used so that a fair share is given to each practice.

It is vital that practices work to manage healthcare resource demand to within the allocation and that patients receive the care that they need. The whole premise of this exercise is for practices to be working to local referral thresholds that have been agreed between local GPs and consultants. To support this each of the five main providers of secondary care for Buckinghamshire patients have committed to joining this initiative and providing regular information feedback on referral activity. This will be provided to practices monthly and supported by weekly referral activity data from BHT to support practices in identifying early on in each month whether they are likely to require more resources than their indicative allocation.

We understand that the very nature of clinical referrals means that there is a high degree of variability of resource requirement week by week and practice by practice. Overall, across the PbC groups and the coming months we need to reduce this variability on a cumulative basis.

Our longer term allocation goal is to match resources to clinical need and we would like practices currently using resources in excess of those levels to work towards them in the coming months. We are also keen to support additional improvement from current referral levels in practices where they are close to or better than the fair share allocation so that we have continuous improvement across the county.

To help ensure that the quality of the information supporting this approach is appropriately high, we ask that practices record the number of referrals made each week by provider, speciality and date of referral. Many practices already do this and a template is attached to help any practices where this is a new element of information monitoring.

What we are asking is that practices use the "Recent Usage" allocation to start with, in instances where, at the second week of the month, a practice is on track to require more than 5% 'excess' resource, we ask that the practice should review the referrals made by that stage and identify any that fall outside of the threshold guidelines highlighting how future patients may be directed differently. Where the trend is

for more than 10% 'excess' resource usage, the PbC group will support practices to review the referrals made to identify and contact such patients to enable them to access the more appropriate primary or community care pathways. This latter support will also be provided when a practice exceeds more than 5% 'excess' resource in any month.

Clearly, for practices already close to their "Fair Share" allocation, these practice level reviews are likely to identify fewer patients as being able to be more appropriately directed to primary or community care pathways.

To help direct support to where it is most needed and identify where additional support resource may be required, we would ask that practices send PbCs this information and a short summary note of the outcome of any reviews prompted by excess resource trends each week. It would be helpful if the summary note could set out at least the number of referrals reviewed and, by speciality, the number, if any, redirected to other primary or community care pathways. This will help us to develop the fair share approach and identify opportunities to commission additional local intermediate services to directly address the needs of patients.


The PCT will be supporting this approach by providing a monthly digest of resource usage including the opportunity for practices to compare performance with each other. An initial picture is attached.

This is only part of the action being taken by the PbC groups, the PCT, BHT and the other secondary care providers who are working closely together to make best use of our limited healthcare elective and urgent care resources in this time of growing demand. Other actions include working with BHT to turn back referrals where patients can more appropriately follow pathways in primary or community care and more detailed communication on this work, including the initial impact it is having, will be provided later in the month.

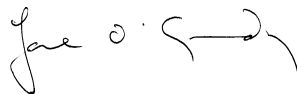
We know that every GP is committed to making the best use of our available finite resources so that patients follow the pathways most appropriate to their individual circumstances. The feedback from our secondary care colleagues is that there remains significant opportunity to make better use of our existing primary and community care resources. We would welcome further suggestions for how we can reduce referrals to secondary care and look forward to supporting practices in the challenge to remain within our allocated resources.

We continue to hold the view that success in achieving financial balance is dependent on greater devolution of responsibility and accountability to clinicians through PbC. The PCT and the collaboratives are currently engaged in facilitated discussion to progress this. If we can demonstrate as a local clinical community that we can align our clinical practice to the locally agreed referral thresholds we will be in a much stronger position.

Yours sincerely,



Dr Geoff Payne  
PEC Chair,  
Buckinghamshire PCT



Dr Jane O'Grady  
Director of Public  
Health,  
Buckinghamshire PCT



Dr Johnny Marshall  
Chair  
United Commissioning



Dr Annet Gamell  
Chair  
Buckinghamshire  
Primary Care  
Collaborative

Attachments:

1. Allocations by practice
2. Recent outpatient resource usage
3. Template for PbC data collection

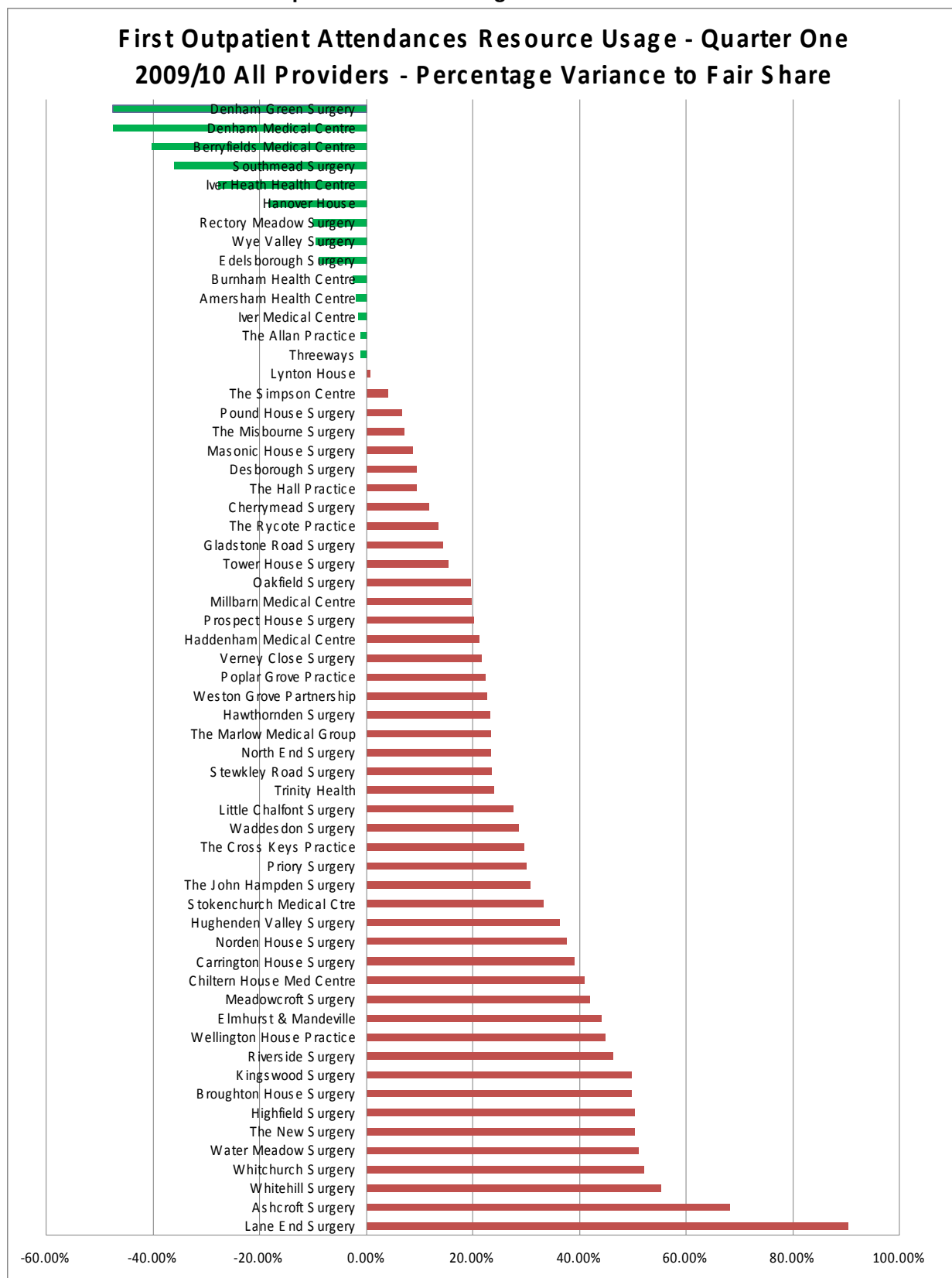
## Attachment One – Allocations by practice

The total level of outpatient resource remaining available to practices has been calculated by taking the planned capacity for Buckinghamshire patients at the main five secondary care providers (Buckinghamshire Hospitals NHS Trust, Heatherwood & Wexham Park NHS Foundation Trust, Oxford Radcliffe Hospitals NHS Trust, Milton Keynes Hospital NHS Foundation Trust and the Nuffield Orthopaedic Hospital NHS Foundation Trust), subtracting the resource already used this year and allocating the remainder by the most recent sources of referral at speciality level (for example GP or Consultant to Consultant) with a variance between each month for the number of working days.

Allocations per month	September		October		November		December	
Allocation model	Recent Usage	Fair Share	Recent Usage	Fair Share	Recent Usage	Fair Share	Recent Usage	Fair Share
AMERSHAM HEALTH CENTRE	132	128	132	128	126	122	126	122
BURNHAM HEALTH CENTRE	213	215	213	215	203	205	203	205
CARRINGTON HOUSE SURGERY	110	93	110	93	105	89	105	89
CHERRYMEAD SURGERY	120	114	120	114	115	108	115	108
CHILTERN HOUSE MED CENTRE	147	119	147	119	141	113	141	113
DENHAM GREEN SURGERY	16	30	16	30	16	29	16	29
DENHAM MEDICAL CENTRE	26	56	26	56	25	53	25	53
DESBOROUGH SURGERY	104	114	104	114	100	108	100	108
GLADSTONE ROAD SURGERY	68	62	68	62	65	59	65	59
HAWTHORNDEN SURGERY	78	78	78	78	74	75	74	75
HIGHFIELD SURGERY	81	65	81	65	77	62	77	62
HUGHENDEN VALLEY SURGERY	155	152	155	152	148	145	148	145
IVER HEATH HEALTH CENTRE	12	18	12	18	12	17	12	17
IVER MEDICAL CENTRE	110	101	110	101	105	97	105	97
KINGSWOOD SURGERY	126	97	126	97	120	93	120	93
LITTLE CHALFONT SURGERY	46	49	46	49	44	47	44	47
MILLBARN MEDICAL CENTRE	67	79	67	79	64	75	64	75
POUND HOUSE SURGERY	82	84	82	84	79	80	79	80
PRIORY SURGERY	148	148	148	148	141	141	141	141
RECTORY MEADOW SURGERY	85	104	85	104	81	99	81	99
RIVERSIDE SURGERY	148	124	148	124	141	118	141	118
SOUTHMEAD SURGERY	63	78	63	78	60	74	60	74
STOKENCHURCH MEDICAL CENTRE	67	76	67	76	64	73	64	73
THE ALLAN PRACTICE	90	102	90	102	85	97	85	97
THE HALL PRACTICE	94	95	94	95	89	91	89	91
THE JOHN HAMPDEN SURGERY	36	33	36	33	34	32	34	32
THE MARLOW MEDICAL GROUP	267	261	267	261	255	249	255	249
THE MISBOURNE SURGERY	126	143	126	143	121	136	121	136
THE NEW SURGERY	139	123	139	123	132	118	132	118
THE SIMPSON CENTRE	150	161	150	161	143	154	143	154
THREEWAYS	59	64	59	64	56	61	56	61
TOWER HOUSE SURGERY	101	96	101	96	96	92	96	92
WATER MEADOW SURGERY	148	134	148	134	142	128	142	128
WYE VALLEY SURGERY	103	126	103	126	98	121	98	121
<b>BPCC TOTAL</b>	<b>3,516</b>	<b>3,522</b>	<b>3,516</b>	<b>3,522</b>	<b>3,356</b>	<b>3,362</b>	<b>3,356</b>	<b>3,362</b>

Allocations per month	September		October		November		December	
Allocation model	Recent Usage	Fair Share	Recent Usage	Fair Share	Recent Usage	Fair Share	Recent Usage	Fair Share
ASHCROFT SURGERY	61	51	61	51	58	49	58	49
BROUGHTON HOUSE SURGERY	58	52	58	52	55	49	55	49
EDELSBOROUGH SURGERY	47	75	47	75	45	71	45	71
ELMHURST & MANDEVILLE SURGERY	202	203	202	203	193	194	193	194
HADDENHAM MEDICAL CENTRE	97	96	97	96	92	92	92	92
MASONIC HOUSE SURGERY	66	76	66	76	63	73	63	73
MEADOWCROFT SURGERY	136	143	136	143	130	136	130	136
NORDEN HOUSE SURGERY	112	107	112	107	107	102	107	102
NORTH END SURGERY	94	112	94	112	90	107	90	107
OAKFIELD SURGERY	58	64	58	64	55	61	55	61
POPLAR GROVE PRACTICE	136	159	136	159	130	152	130	152
STEWKLEY ROAD SURGERY	44	52	44	52	42	50	42	50
THE CROSS KEYS PRACTICE	198	175	198	175	189	167	189	167
THE RYCOTE PRACTICE	99	114	99	114	95	109	95	109
TRINITY HEALTH	116	113	116	113	111	107	111	107
VERNEY CLOSE SURGERY	80	95	80	95	76	90	76	90
WADDESDON SURGERY	63	60	63	60	60	57	60	57
WELLINGTON HOUSE SURGERY	110	105	110	105	105	100	105	100
WESTON GROVE PARTNERSHIP	289	261	289	261	276	250	276	250
WHITCHURCH SURGERY	56	50	56	50	53	48	53	48
WHITEHILL SURGERY	196	162	196	162	187	155	187	155
<b>UNITED COMMISSIONING TOTAL</b>	<b>2,318</b>	<b>2,325</b>	<b>2,318</b>	<b>2,325</b>	<b>2,212</b>	<b>2,219</b>	<b>2,212</b>	<b>2,219</b>
HANOVER HOUSE	15	20	15	20	14	19	14	19
LYNTON HOUSE	58	61	58	61	55	58	55	58
PROSPECT HOUSE SURGERY	31	33	31	33	30	31	30	31
<b>THE PRACTICE PLC TOTAL</b>	<b>104</b>	<b>114</b>	<b>104</b>	<b>114</b>	<b>99</b>	<b>109</b>	<b>99</b>	<b>109</b>
BERRYFIELDS	6	6	6	6	6	6	6	6
LANE END SURGERY	77	55	77	55	74	52	74	52
<b>OTHER TOTAL</b>	<b>84</b>	<b>61</b>	<b>84</b>	<b>61</b>	<b>80</b>	<b>58</b>	<b>80</b>	<b>58</b>
<b>BUCKINGHAMSHIRE TOTAL</b>	<b>6,022</b>	<b>6,022</b>	<b>6,022</b>	<b>6,022</b>	<b>5,748</b>	<b>5,748</b>	<b>5,748</b>	<b>5,748</b>

Attachment Two – Recent outpatient resource usage



The above graph shows the difference between the actual first outpatient attendances and the fair share allocation across Buckinghamshire Hospitals NHS Trust, Heatherwood & Wexham Hospitals NHS Foundation Trust, Oxford Radcliffe Hospitals NHS Trust, Milton Keynes Hospital NHS Foundation Trust and Nuffield Orthopaedic Centre NHS Trust for April to June 2009.



Numerical List			Alphabetical List		
Specialty Code	Specialty Name	One of the main specialties used for GP referrals?	Specialty Code	Specialty Name	One of the main specialties used for GP referrals?
100	<a href="#">General surgery</a>	Yes	180	<a href="#">Accident and emergency</a>	
101	<a href="#">Urology</a>	Yes	190	<a href="#">Anaesthetics</a>	Yes
110	<a href="#">Trauma &amp; Orthopaedics</a>	Yes	310	<a href="#">Audiological medicine</a>	Yes
120	<a href="#">ENT</a>	Yes	821	<a href="#">Blood transfusion</a>	
130	<a href="#">Ophthalmology</a>	Yes	320	<a href="#">Cardiology</a>	Yes
140	<a href="#">Oral surgery</a>	Yes	170	<a href="#">Cardiothoracic surgery</a>	
141	<a href="#">Restorative dentistry</a>		822	<a href="#">Chemical pathology</a>	
142	<a href="#">Paediatric dentistry</a>		711	<a href="#">Child &amp; Adolescent Psychiatry</a>	
143	<a href="#">Orthodontics</a>	Yes	312	<a href="#">Clinical Cyto/Molecular Genetics</a>	
145	<a href="#">Oral &amp; Maxillo Facial Surgery</a>		311	<a href="#">Clinical genetics</a>	Yes
146	<a href="#">Edontics</a>		313	<a href="#">Clinical Immunology &amp; Allergy</a>	Yes
147	<a href="#">Peridontics</a>		401	<a href="#">Clinical neuro-physiology</a>	
148	<a href="#">Prosthodontics</a>		800	<a href="#">Clinical oncology</a>	
149	<a href="#">Surgical dentistry</a>		305	<a href="#">Clinical pharmacology</a>	
150	<a href="#">Neurosurgery</a>		304	<a href="#">Clinical physiology</a>	
160	<a href="#">Plastic surgery</a>	Yes	900	<a href="#">Community medicine</a>	
170	<a href="#">Cardiothoracic surgery</a>		192	<a href="#">Critical Care medicine</a>	
171	<a href="#">Paediatric surgery</a>		450	<a href="#">Dental Medicine Specialties</a>	
180	<a href="#">Accident and emergency</a>		330	<a href="#">Dermatology</a>	Yes
190	<a href="#">Anaesthetics</a>	Yes	146	<a href="#">Edontics</a>	
192	<a href="#">Critical Care medicine</a>		302	<a href="#">Endocrinology</a>	Yes
300	<a href="#">General medicine</a>	Yes	120	<a href="#">ENT</a>	Yes
301	<a href="#">Gastroenterology</a>	Yes	712	<a href="#">Forensic psychiatry</a>	
302	<a href="#">Endocrinology</a>	Yes	301	<a href="#">Gastroenterology</a>	Yes
303	<a href="#">Haematology (clinical)</a>	Yes	300	<a href="#">General medicine</a>	Yes
304	<a href="#">Clinical physiology</a>		820	<a href="#">General pathology</a>	
305	<a href="#">Clinical pharmacology</a>		100	<a href="#">General surgery</a>	Yes
310	<a href="#">Audiological medicine</a>	Yes	360	<a href="#">Genito-urinary medicine</a>	Yes
311	<a href="#">Clinical genetics</a>	Yes	430	<a href="#">Geriatric medicine</a>	Yes
312	<a href="#">Clinical Cyto/Molecular Genetics</a>		502	<a href="#">Gynaecology</a>	Yes
313	<a href="#">Clinical Immunology &amp; Allergy</a>	Yes	823	<a href="#">Haematology</a>	
314	<a href="#">Rehabilitation</a>		303	<a href="#">Haematology (clinical)</a>	Yes
315	<a href="#">Palliative medicine</a>		824	<a href="#">Histopathology</a>	
320	<a href="#">Cardiology</a>	Yes	830	<a href="#">Immunopathology</a>	
321	<a href="#">Paediatric Cardiology</a>		350	<a href="#">Infectious diseases</a>	
330	<a href="#">Dermatology</a>	Yes	831	<a href="#">Medical microbiology</a>	
340	<a href="#">Thoracic medicine</a>		370	<a href="#">Medical oncology</a>	
350	<a href="#">Infectious diseases</a>		460	<a href="#">Medical ophthalmology</a>	Yes
352	<a href="#">Tropical Medicine</a>		700	<a href="#">Mental handicap</a>	Yes
360	<a href="#">Genito-urinary medicine</a>	Yes	710	<a href="#">Mental illness</a>	Yes
361	<a href="#">Nephrology</a>		361	<a href="#">Nephrology</a>	

Numerical List			Alphabetical List		
Specialty Code	Specialty Name	One of the main specialties used for GP referrals?	Specialty Code	Specialty Name	One of the main specialties used for GP referrals?
370	<a href="#">Medical oncology</a>		400	<a href="#">Neurology</a>	Yes
371	<a href="#">Nuclear medicine</a>		150	<a href="#">Neurosurgery</a>	
400	<a href="#">Neurology</a>	Yes	371	<a href="#">Nuclear medicine</a>	
401	<a href="#">Clinical neuro-physiology</a>		501	<a href="#">Obstetrics</a>	Yes
410	<a href="#">Rheumatology</a>	Yes	901	<a href="#">Occupational medicine</a>	
420	<a href="#">Paediatrics</a>	Yes	715	<a href="#">Old age psychiatry</a>	
421	<a href="#">Paediatric neurology</a>		130	<a href="#">Ophthalmology</a>	Yes
430	<a href="#">Geriatric medicine</a>	Yes	145	<a href="#">Oral &amp; Maxillo Facial Surgery</a>	
450	<a href="#">Dental Medicine Specialties</a>		140	<a href="#">Oral surgery</a>	Yes
460	<a href="#">Medical ophthalmology</a>	Yes	143	<a href="#">Orthodontics</a>	Yes
501	<a href="#">Obstetrics</a>	Yes	321	<a href="#">Paediatric Cardiology</a>	
502	<a href="#">Gynaecology</a>	Yes	142	<a href="#">Paediatric dentistry</a>	
700	<a href="#">Mental handicap</a>	Yes	421	<a href="#">Paediatric neurology</a>	
710	<a href="#">Mental illness</a>	Yes	171	<a href="#">Paediatric surgery</a>	
711	<a href="#">Child &amp; Adolescent Psychiatry</a>		420	<a href="#">Paediatrics</a>	Yes
712	<a href="#">Forensic psychiatry</a>		315	<a href="#">Palliative medicine</a>	
713	<a href="#">Psychotherapy</a>		147	<a href="#">Peridontics</a>	
715	<a href="#">Old age psychiatry</a>		160	<a href="#">Plastic surgery</a>	Yes
800	<a href="#">Clinical oncology</a>		148	<a href="#">Prosthodontics</a>	
810	<a href="#">Radiology</a>	Yes	713	<a href="#">Psychotherapy</a>	
820	<a href="#">General pathology</a>		810	<a href="#">Radiology</a>	Yes
821	<a href="#">Blood transfusion</a>		314	<a href="#">Rehabilitation</a>	
822	<a href="#">Chemical pathology</a>		141	<a href="#">Restorative dentistry</a>	
823	<a href="#">Haematology</a>		410	<a href="#">Rheumatology</a>	Yes
824	<a href="#">Histopathology</a>		149	<a href="#">Surgical dentistry</a>	
830	<a href="#">Immunopathology</a>		340	<a href="#">Thoracic medicine</a>	
831	<a href="#">Medical microbiology</a>		110	<a href="#">Trauma &amp; Orthopaedics</a>	Yes
900	<a href="#">Community medicine</a>		352	<a href="#">Tropical Medicine</a>	
901	<a href="#">Occupational medicine</a>		101	<a href="#">Urology</a>	Yes

#### Notes

Only use Allergy if referral is to Allergy specialist; if referral is to Dermatologist, put Dermatology

If referral goes via the musculo-skeletal (MSK) CAS, insert the expected Specialty (Orthopaedics, Rheumatology, Pain/Anaesthetics), and only show CAS if the referrer is unclear to which Specialty the referral should go.

Referrals to Radiology are for treatment not for simple X-rays or other diagnostic tests

Please use Mental Illness for Mental Health referrals of patients of all ages (children, adults,>65s)