Health and Social Care Board

Belfast Local Commissioning Group

Peer Review of Referrals from General Practices to Consultant Led Specialist Services

Local Enhanced Service Specification

Introduction

Peer review of referrals has the potential to contribute to GPs' continuing professional development through, for example, analysis of referral patterns and reflective practice. The aim of this initiative is to enable practices to commence the process of peer review in the practice with additional resources to enable cover for review meetings.

Aims

All primary care clinicians (including locums) will reflect upon their referrals and comparative referral data in a supportive and learning-based environment and record agreed actions, in order to maximise the appropriateness and quality of referrals and so improve the patient experience.

The Board aims to support this process by resourcing practices to meet and commence the peer review process.

Stage 1

Improving the quality of referral information

This will involve reviewing the referral process in the practice and implementing an improvement in the recording of all referrals including coding, enabling future accurate retrieval of referral information.

This will include -

- Implementing electronic recording and storage of all referrals initiated by the practice, ensuring that all referrals initiated by the practice are in type written format and electronically stored in the patient's record.
- Referrals to A&E which are handwritten due to lack of access to the clinical system (such as on a home visit) should be coded as an A&E referral and the handwritten copy scanned and entered in the clinical record.
- Every referral will be coded to ensure that referrals can be searched for electronically according to destination. Initially, the referrals detailed below will be coded.
- For practices which already have a system in place to enable this search facility there is no requirement to convert to codes listed below. However, all areas listed must be covered by the practice system.
- In addition to the referral destination (speciality) the practice should provide a second code where the referral is "urgent suspect cancer". This will enable the practice to audit their urgent suspect cancer referrals.

The codes to be used are detailed below.

Korner Speciality	**READ code**	**READ code description**
General Surgery	8H51.	General Surgical referral
Urology	8H5B.	Referred to Urologist
ENT	8H53.	ENT referral
Ophthalmology	8H52.	Ophthalmology referral
General Medicine	8H41.	General Medical referral
Cardiology	8H44.	Cardiological referral
Dermatology	8H43.	Dermatological referral
Rheumatology	8H4B.	Referred to Rheumatologist
Gynaecology	8H58.	Gynaecological referral
A& E	8HC1	Refer to A&E dept.

The practice may chose to implement coding in an appropriate manner reflecting the practice system.

Coding will facilitate searches from the practice system, enabling accurate referral information which can, if required, assist in the validation of referral data provided by Trust systems.

The practice will be required to submit a protocol regarding the recording/coding of referral information. The protocol will include the following:-

- Identification of a lead in the practice who is responsible for ensuring the implementation of the following protocol.

- Confirmation that all referrals submitted under this initiative by the practice are now type written. The protocol should describe the process for creating the referral.

- Detail of the codes used to identify referrals; these may be the suggested codes from the HSCB or codes currently in use by the practice.

- Details of codes used to identify red flags/urgent cancer referrals.

READ code	**READ code description**
8Hn0.	Fast track referral for suspected skin cancer
8Hn1.	Fast track referral for suspected gynaecological cancer
8Hn2.	Fast track referral for suspected breast cancer
8Hn3.	Fast track referral for suspected childrens tumour
8Hn4.	Fast track referral for suspected colorectal cancer
8Hn5.	Fast track referral for suspected urological cancer
8Hn6.	Fast track referral for suspected haematology malignancy
8Hn7.	Fast track referral for suspected lung cancer
8Hn8.	Fast track referral for suspected sarcoma
8Hn9.	Fast track referral for suspected upper GI cancer
8HnA.	Fast track referral for suspected brain tumour
8HnB.	Fast track referral for suspected head and neck cancer

- Description of how the practice ensures that all referrals are managed according to the protocol.

Stage 2

Peer Review Meeting specification:

- Practices will hold monthly peer review meetings. A total of 4 meetings will be held these will be held over the contracted period detailed below. If practices are unable to organise all 4 meetings payment will be made pro rata to the number of meetings achieved.

- At each meeting the referring clinicians will peer review all referrals made in a one week period nominated for each month. The purpose of the review is to:

    - Consider the clinical appropriateness of the referral against recommended guidelines, including the degree of urgency indicated on the referral
    - Consider alternative ways of managing the patient e.g. direct access investigation, alternative treatment
    - Identify any education or training needs of practice staff
    - Identify any education or training needs of staff outside the practice
    - Identify any referral/patient pathway issues which need to be resolved in discussion with Consultants in secondary care.

- Preparation for the meeting will include gathering all referrals to consultants in the nine specialities listed below and during the week nominated. These should be copied and retained for the meeting.

General Surgery
Upper GI/Lower GI
Urology
ENT
Ophthalmology
General Medicine
Cardiology
Dermatology
Rheumatology
Gynaecology

- The meeting will be attended by as many of the referrers as can be present to ensure effectiveness and administrative support to record the outcomes and complete the data collection.

- Single handed and small practices can meet together to ensure effective peer review. Practices should be located in the same area to ensure common access to services delivered by the local Trust. (Single handed practitioners/small practices wishing to meet together to provide peer review should contact the local Integrated Care Office if they require facilitation).

- The practice will consider the number of red flag (urgent cancer) referrals and their compliance with NICAN guidelines. The number of red flag (urgent cancer) should be recorded on the data collection along with the number fully compliant with the guidelines.

- The attached data collection form must be completed and returned after each meeting. Copies of these must be retained in the practice. Payment will not be made where the data collection is not complete.

- Payment: the payment per practice will be 45p per patient per annum per average practice list (pro rata to the contracted period). Payment will be weighted by a ratio of the practice weighted population at 1 October 2010 (as per global sum methodology) against the average Northern Ireland practice population (5423 as at 1 October 2010). Payment will be made for delivery of peer review and submission of the protocol for coding of referrals it will be made following submission of the attached forms 1 for each meeting arranged.

Contract duration

Commencement: 17 December 2010
End date: 31 March 2011

Subject to the availability of resources and evaluation, the HSCB will determine whether to extend into 2011/12.

Peer Review Outcomes

It is proposed that through successful collaboration between LCGs, general practices and key clinicians from secondary care, the following outcomes will be achieved through implementation of peer review:

- Improved referrer awareness of referral options and the criteria determining an appropriate referral.
- Improved communication and understanding between primary and secondary care clinicians
- Identification of training/education issues at an individual/practice level, for which practice level training can be implemented.
- Identification of training/education issues at LCG level for which LCG coordinated joint primary and secondary care clinical training programmes can be implemented
- Identification of the need for and development of specific referral guidelines, referral templates, patient pathways, jointly between primary and secondary care clinicians.

Data Return

Peer Review of Referrals LES

Attendees at Meeting (List);

1. 5.
2. 6.
3. 7.
4. 8.

Date of the meeting:

Referrals peer reviewed nominated week commencing: ……..

Number of referrals examined at meeting total: …….

Number of referrals by specialty:

Korner Speciality	**Referrals examined in meeting**	**Red Flag Urgent cancer Referrals.**
General Surgery		
Upper GI		
Lower GI		
Urology		
ENT		
Ophthalmology		
General Medicine		
Cardiology		
Dermatology		
Rheumatology		
Gynaecology		
A & E		

Primary reason for referral aggregated data:

	Numbers	Comment
Recommended by Guidelines.		
For diagnosis		
For treatment including operation		
Access investigation not available to GP *Please state which investigation in the comment box.*		
Advice on management		

	Numbers	Comment
Reassurance		
Possible cancer diagnosis		
Other. Please define in comment box. *(Direct request of patient or relative/second opinion/fear of litigation.)*		
Unable to establish reason for referral		

Number of red flag/urgent cancer referrals [	
Number compliant with guidelines	

Following peer review possible alternative to referral identified. Comments and suggestions below.	

I certify that the practice has implemented the coding of the referrals system as described above.

I certify that the above meeting took place on the date recorded and the information recorded on this form is correct. I understand that this service may be subject to post-payment verification checks.

Signed: _____ **Date:** _____

Practice Signatory

Please return completed forms to your Local Integrated Care office for payment.