

<b>Committee:</b> Health and Social Care Scrutiny Committee	<b>Date:</b> 26 February 2020
<b>Subject:</b> Identifying choice and considering potential boundaries for City workers to access outpatient services nearer to workplace	<b>Public</b>
<b>Report of:</b> Simon Cribbens – Assistant Director Commissioning & Partnerships	<b>For Information</b>
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## Summary

This report is in response to a request from Health & Social Care Scrutiny Committee to explore the potential of promoting patient choice for City workers, in utilising outpatient services nearer to their workplace. The report outlines:

- the commitments from the NHS Choice Framework in offering choice in provision of treatment and the options available
- the process of referring to outpatient services through a GP
- the local status on referral to treatment in meeting target for 18-weeks
- the commissioning and financial arrangements for outpatient services
- the impact of promoting more locally accessible outpatient services to City workers

## Recommendation

Members are asked to:

- note the report.

## Main Report

### Background

1. Since January 2006, patients requiring a referral to a specialist have been entitled to a choice of four or five providers. In April 2008 that choice was extended to any eligible NHS or independent sector provider in England.
2. The [NHS Choice Framework](#) sets out the legal rights of patients to choose where they get NHS treatment from. It outlines choice in attending outpatient care from point of initial referral and allows choice in:
  - the NHS organisation to receive care from as an outpatient
  - the clinical team who will oversee that care within an organisation
3. Referrals are made through a patient's registered GP. The GP will search on the E-Referral System (ERS) for relevant clinic for patient needs. The search will present several outpatient services which tend to be within the local health care system. The choice offered is for secondary care providers commissioned, directly with or under an agreed arrangement, with the local Clinical Commissioning Group (CCG). An exception to this will be if a referral is being made for tertiary care with specialist hospitals for cancer, cardiology or neurology.

4. Under the [NHS Constitution](#) patients have the right to access NHS commissioned service within maximum waiting times. The constitution sets out that patients should wait no longer than 18 weeks from GP [Referral to Treatment](#) (RTT). GPs tend to offer choice to patients dependent on wait times with a provider.
5. A patient does not have to choose a hospital that is identified on the local GP ERS system and can make a direct request for a hospital of their own choice.
6. Outpatient activities are recorded by a secondary care provider on a treatment function code (TFC) within the Payment by Results (PBR) system. In addition to the tariff price an additional market force factor (MFF) is added. The MFF is an estimate of unavoidable costs differences between healthcare providers based on their geographical location. Each NHS organisation has an individual MFF value the local City provider's rate is set at 20% of treatment cost. Tariff pricing is based on:
  - First attendance that include some of the costs of follow up attendances to disincentivise unnecessary follow ups
  - Single-professional and multi-professional or multi-disciplinary attendances that recognise the benefit to the patient in seeing two or more healthcare professionals at the same time.
7. Outpatient activities are reported to each CCG where a referral has come through from a GP within their domain. Payments are made on these activities.
8. From April 2020 this commissioning arrangement will change to a block contract payment arrangement with a lead commissioned secondary care provider. A threshold will be agreed on activity that exceeds the block activity plan. Activities exceeding the threshold will be paid on an agreed blended tariff. The contract will support referrals from local GP practices within the CCG boundary. An agreed activity planned will also be included to account for referrals from GPs outside of the commissioned boundary area.

### **Outpatient referral activities and performance for local secondary care provider**

9. For the purposes of this report information was sought from the nearest secondary care hospital which is The Royal London Hospital. Information is provided on:
  - Referrals to Royal London Hospital (RLH) treatment clinics by CCG
  - Barts Health NHS Trust referral to treatment performance
10. Table 1 below, shows the referrals for first appointments to RLH by CCG for quarter 3 2019. Those CCGs who had referrals of fewer than 100 first outpatient appointments have been defined as 'Other CCGs'\*.

*Table 1: First outpatient appointments at Royal London Hospital by CCG*

CCG	First outpatient appointments at the Royal London Hospital	% of total first outpatient appointments
NHS TOWER HAMLETS CCG	19,917	44.97%
NHS NEWHAM CCG	7,872	17.77%
NHS WALTHAM FOREST CCG	3,109	7.02%
NHS REDBRIDGE CCG	2,529	5.71%
NHS CITY AND HACKNEY CCG	2,455	5.54%

Other CCGs*	1,864	4.21%
NHS BARKING AND DAGENHAM CCG	1,366	3.08%
Not applicable (Overseas, unregistered, etc)	998	2.25%
NHS HAVERING CCG	754	1.70%
NHS WEST ESSEX CCG	490	1.11%
NHS ISLINGTON CCG	451	1.02%
NHS ENFIELD CCG	369	0.83%
NHS HARINGEY CCG	352	0.79%
NHS HAMMERSMITH AND FULHAM CCG	316	0.71%
NHS BASILDON AND BRENTWOOD CCG	248	0.56%
NHS THURROCK CCG	229	0.52%
NHS SOUTHWARK CCG	183	0.41%
NHS GREENWICH CCG	183	0.41%
NHS CAMDEN CCG	166	0.37%
NHS MID ESSEX CCG	164	0.37%
NHS BARNET CCG	163	0.37%
NHS EAST AND NORTH HERTFORDSHIRE CCG	111	0.25%
<b>TOTAL</b>	<b>44,289</b>	<b>100%</b>

11. The highest proportion of referrals are made through the lead commissioning CCG in Tower Hamlets. City and Hackney have the 5<sup>th</sup> highest numbers of referrals. This data also indicates that a small proportion of 0.62% are referrals received from outside London namely Mid Essex and East & North Hertfordshire.
12. It is important to note that the identified referrals include those made to tertiary centre services and so account for the larger geographical catchment.
13. This data does not just include referrals from GPs but also those made through inter-trust referrals and referrals from screening programmes, dentists, opticians, and so on.
14. It is hard to determine from this information the influence of a patient's choice in a referral being made.
15. Table 2 (in appendix 1) illustrates the activity on referrals to treatment (RTTs) for the Barts NHS Health Trust across all their medical and surgical clinics. The activity identified is for those referred who were admitted (planned elective procedure) and non-admitted (outpatient / diagnostic) within 18 weeks against a set 92% target.
16. The Barts NHS Health Trust is significantly underperforming with a year to date total of 80.65% of patients being referred and treated within the 18 weeks. There has been a decrease in performance over the past year from Q3 2018 (84.78%) through to last full quarter reporting in Q2 2019 (82.86%). This is showing a -5.47% change from Nov 18 to last reporting month of Nov 19.
17. This performance reporting indicates an increase in waiting times for their outpatient and planned elective procedure clinics.

## Promoting choice of outpatient services to City Workers – Understanding the Impacts

18. When considering, the promotion of choice of access for City workers to local outpatient services the following identified impacts should be scoped in. These include:

*a) Increased activity within local health care system – demand and capacity*

- increased referral activity to local City outpatient services could increase wait times for local outpatient services. Local providers are already experiencing increased wait times and not meeting the target of 92% for RTT in 18 weeks.
- Increased activity and wait times would impact on newly referred patients, particularly for those referrals on behalf of City of London residents.
- Impact on clinical time in terms of increased referrals and therefore more referrals to triage through to service. This in turn might see the demand for additional administrative and clinical support for the clinic to process and triage increased referrals.

*b) Patient impact*

- The consultants treating patients referred from areas outside of North East London (NEL) CCG catchment will not have access to their primary care records. GPs within NEL use the East London Patient Record system. This is the electronic record system RLH clinicians use. Patients from out of area will not be on this electronic system.
- There are similar issues with electronic access to diagnostic results, for both those obtained in primary care and those conducted at other secondary care providers. If the patient has not been referred from within the NEL area these diagnostic test results will not be available to consultants through the East London electronic system.
- There may be potential disruption or delay to the patient pathway if further treatments are recommended beyond initial referral. Patients may choose to be referred on to a local hospital closer to home due to care support issues. This may cause a delay in referring to another provider to be handled within their current waiting times. There may also be the chance that the referral will need to go back to registered GP and therefore start from the beginning in the referral to treatment pathway.

*c) Financial impact for local health economy*

- Any increase in activity would see increase payments within the current Payment by Results (PbR) system together with the percentage cost of Market Force Factors (MFF) for London based providers.
- With the move to a block contract payment for outpatients this might not be as significant in terms of financial increase. However, any increased activity over the agreed planned activity would push payment beyond the threshold and activate a blended tariff price for additional activity.
- An increase in referrals to City located providers might potentially see a decrease in activity within the local health economy of the City worker. This could lead to under performance in activity within the newly developed block contract arrangements.

*d) Quantifying impact*

To consider further the promotion of advising City workers of access through choice to local outpatient services, based nearer to work base, consideration should be given to:

- How many City workers might want to take up choice of an outpatient appointment nearer to work? How many of those City workers may have access to private healthcare, and therefore would not be using NHS services?

- Waiting times at other locally based providers such as University College London NHS Trust (UCLH)

## Conclusion

19. Every City worker has the right to opt for outpatient care at a hospital accessible to the City. Any increase in referrals to outpatient services would impact on current wait times. This in turn would impact on local City residents waiting for treatment following their referral to a local provider. Increased activity would have financial implications to both local City health economy and the home health economy of the referred City worker.
20. Patients may experience disruption in pathway of care and additional delays if they choose to change their provision of care from initial referral for follow up treatment care. This may require a re-referral back from home GP and need to start the clock on 18 weeks referral to treatment pathway with another provider.
21. It is difficult to measure current activity on referral to determine if City workers are already taking up outpatient services nearer to place of work. Data reporting only indicates referral trends to specific provider and does not reflect a patient's decision in choosing the service.

## References

- The [NHS Choice Framework; What choices are available to me in the NHS?](https://www.gov.uk/government/publications/the-nhs-choice-framework/the-nhs-choice-framework-what-choices-are-available-to-me-in-the-nhs); <https://www.gov.uk/government/publications/the-nhs-choice-framework/the-nhs-choice-framework-what-choices-are-available-to-me-in-the-nhs>, The Department of Health and Social Care; Updated January 2020
- Guide to NHS waiting times in England: <https://www.nhs.uk/using-the-nhs/nhs-services/hospitals/guide-to-nhs-waiting-times-in-england/>; NHS website, Updated December 2019
- Referral to Treatment, <https://www.england.nhs.uk/rtt/>, NHS website

## Appendices

**Appendix 1** - Table 2: Referral to treatment performance for admitted and non-admitted clinics at Barts NHS Health Trust

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