

Locally Commissioned Service (funded by Oxford University Hospitals NHS Foundation Trust)

OCCG SERVICE SPECIFICATION (2020-21)

Time limited for COVID 19 cover April – September 2020

CLINICAL REVIEW AND HARM ASSESSMENT OF ROUTINE REFERRALS UNABLE TO BE REFERRED TO OUHFT

1. Background

This LCS has been developed in response to the circumstance that Oxford University Hospitals (OUH) has not been able to fully reopen all specialties to routine referral since the start of the COVID pandemic in March 2020. National guidance¹ signalled the opening of routine referrals from April but due to the long pre-COVID waiting lists, reduced activity due to infection precautions and the reduction in access to 14 main operating theatres (due to structural problems) OUH waiting lists have not reduced. There are a growing number of patients experiencing unacceptably long waits at the Trust. OUH needs to give priority to patients already on the lists, before accepting any new routine referrals and has therefore held back on opening the most challenged specialties to routine referrals and is asking GPs to direct patients elsewhere or hold the referral, where this is safe to do so.

To tackle these challenges, OUH is working closely with other NHS and independent sector providers across the system, where waits are shorter, to find solutions for people waiting for non-emergency treatment, as well as reviewing their own internal capacity. Routine referrals have been opening in the last few months as safe solutions can be identified.

Whilst work progresses to match capacity to demand it is recognised that Primary care clinicians in Oxfordshire have been holding the clinical responsibility of non-referred patients and managing any clinical risk.

2. Service outline

To achieve this LCS practices will have:

- Proactively reviewed any referral; it has not been possible to submit and taking necessary reasonable precautions to manage clinical risk.
- Where the practice feels the patient may come to clinical harm from continued delay to routine referral, they should consider escalation to urgent referral and/or discuss this with the patient.
- To ensure patients get the care they need in these exceptional times there may be a need to explain the reasons for extended waiting times at the OUH and the possibility that they will have to travel further for their treatment. This may impact

¹ <https://www.england.nhs.uk/coronavirus/publication/second-phase-of-nhs-response-to-covid-19-letter-from-simon-stevens-and-amanda-pritchard/>

on the practice who will need to have longer appointment times with patients to explain the complexities of the Oxfordshire situation

- Maintain oversight of those patients who remain held in primary care before referrals are opened at OUH
- Ensure that patients waiting for referral are offered advice and support to self care. Alternative available clinical interventions should be considered where appropriate to ensure patients are well prepared for secondary care.

3. Accreditation

Applies to Oxfordshire Practices who have been historically referring to OUH for their routine elective referrals

4. Audit

The practice will be required to be ready to provide evidence of appropriate actions undertaken to review patient risk

5. Payment

Single payment per Practice will be made in recognition of work undertaken due to OUHFT being unable to open to referrals as per national guidance. The pro-rata payment will be a one off sum calculated on basis of past number of routine referrals sent to OUH.

Methodology

1. Data on number of referrals by Oxon GPs to OUH for 5 main specialities April 2019– March 2020 (applies to Dermatology, ENT, gynae, ophthalmology, urology)
2. Average number of expected referrals by month by speciality calculated
3. Using data from NHS Digital, % of capacity for appointments in GP practice (using pre COVID levels as baseline)
4. % capacity applied to expected monthly referrals
5. Period of non-opening to routine referrals from April was used as a baseline
6. An estimate for March 20 was used recognising that referrals may have been impacted for the latter part of March 2020.
7. Actual referral data subtracted from expected referrals taking into account appointment capacity in General practice – giving a total of 7734 referrals held by general practice over 6 months
8. Each referral reviewed for 15mins over the 6 month period = 116013 minutes of GP review
9. Payment made to practices based on historical referrals (less the actual ones that were made). Calculations are based on a numeration of £75 an hour
10. Maximum countywide payment based on the above assumptions is £145,016

6. Monitoring

No specific motoring requirements other than access to information as per audit above if deemed necessary

7. Termination

This is a time limited in recognition that routine referrals are reopening

8. Contact

Clinical Lead: Dr Shelley Hayles, shelley.hayles@nhs.net

OCCG contact for queries: Sharon Barrington, Sharon.barrington1@ouh.nhs.uk