



Tower Hamlets
Clinical Commissioning Group

Referral Management and Planned Care – NIS 2019/20

Referral and Diagnostics Management

- The 19/20 NIS will continue the referrals work from 18/19. Aiming to better understand and reduce variation in referrals.
- Practices will be provided with quarterly benchmarked data on referrals, diagnostics, advice & guidance
- Practices are asked to:
 - Code referrals in line with guidance
 - Embed a process of clinical peer review and discussion (guided by local priorities) – these discussions should be coded
 - Use the data to identify priority areas for QI projects (undertake a minimum of 2 across the year)
 - Document progress, reflect on the impact of their projects and share learning. This should be done on Life QI where possible, or through templates provided by the CCG.

Dermatology

- The 19/20 NIS aims to increase the use of Advice and Guidance with a photo for Dermatology patients. This will provide quicker and closer to home care for patients.
- Two practices have been piloting Advice and Guidance with a photo with the Barts Health Dermatology service. Based on the learning from the pilot, guidance will be developed and a target will be set.

Timelines for Dermatology Advice and Guidance:

- **Q1-** Learning from the pilot and guidance on efficient methods of taking and sending photos will be shared with practices and a target will be agreed. Practices are encouraged to test out various methods of taking and sending photos of skin conditions to the community service, DMC, before the Barts Dermatology Advice and Guidance is open to all practices from 1st July.
- **Q2-** Practices will be expected to send a certain percent of all Dermatology referrals via Advice and Guidance with a photo (rather than making an automatic referral into secondary care Dermatology). Practices will receive support from the CCG as well as quarterly, benchmarked data on their performance.

Anticoagulation

- The anticoagulation NIS has been updated for 19/20 and now includes NOACs initiation and revised monitoring metrics for both Warfarin and NOAC patients.
- The aim is to improve the reporting measures to make them more meaningful and improve care for patients receiving anticoagulation therapy in primary care.

Practices can choose if they would like to provide any or all of the following three services:

1. Provide monitoring services for all patients requiring anticoagulation with Warfarin for your practice based patients only (plus inter-practice referrals if an agreement is in place).
 2. Initiate NOACs for newly diagnosed (low risk) patients with AF and monitor these patients in your practice and provide follow up care for existing NOAC patients in the practice.
 3. Provide both services listed above.
- Practices will be offered support and training from the Barts Health Anticoagulation Service.
 - The Service will be providing training on NOACs initiation and monitoring, Warfarin monitoring and will be running one MDT session where complex cases are discussed between primary care staff and consultants.