

Changing clinical behaviour

Clinical interface managers helped Cumbria GPs to reduce non-urgent referrals. By *Helen Northall*

GPs in Cumbria have worked with the local PCT on a scheme to redesign care pathways that has reduced inappropriate referrals and improved clinical engagement in primary and secondary care.

GP lead Dr Chris Corrigan explains: 'This is all about making sure GPs have the information they need to make appropriate referrals.'

Two years on, 87 of the 91 practices in Cumbria have signed up to the referral support and pathway enhancement scheme, which has reduced referrals for elective, non-urgent procedures and unscheduled admissions, and freed up money for reinvestment.

Dr Corrigan attributes the scheme's success to the creation of a local enhanced service (LES) for developing local clinical leadership and using practice-based clinical inter-



Dr Chris Corrigan: informing GPs

face managers (CIMs) to help kickstart it. Both were backed by the PCT.

Rachel Chapman, change manager at NHS Cumbria, says: 'The CIMs have to quickly embed the new way of working.'

Their role was to help practices make improvements on their own by acting as conduits for information and catalysts for change, by following up the case histories of patients post-

REFERRAL SUPPORT AND PATHWAY ENHANCEMENT SCHEME

- Systematic and consistent use of evidence in referrals.
- Better care pathway design based on good practice and more effective information sharing.
- Better use of community services and GPSIs.
- Standard referral document for a range of procedures.
- Standard template for practice-level referral data.
- 40 per cent reduction in endoscopy for patients under 55 years with dyspepsia.
- Collaboration between GPs, secondary care and the PCT.
- Clinical interface managers appointed to work with practices.
- LES used to fund GP champions.
- Strong engagement with GPs through practice-based commissioning arrangements.
- Initial focus on elective care and outpatient referrals widened to include low priority procedures.

referral and to challenge traditional behaviour.

The Cumbria model has improved the evidence base and procedures for referrals. Practices now collect data about referrals in a standard spreadsheet

format. They have also adopted a template letter for referrals, which includes additional clinical content, for example functionality classification scores for particular conditions.

'The letter has improved the

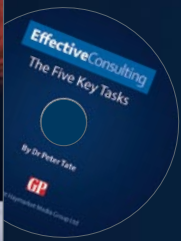
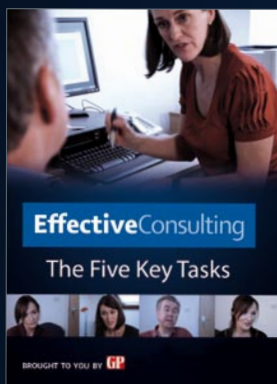
quality of information at the point of referral, but has also encouraged secondary care clinicians to make reciprocal changes in improving discharge information,' says Ms Chapman.

Dr Corriagn says: 'According to the statistics, it can take 10 years to change clinical behaviour. This scheme has helped us to change behaviour and improve outcomes for patients in a fraction of that time.'

● *Helen Northall is chief executive of Primary Care Commissioning CIC*

● *This case study is from the Primary Care Commissioning Good Practice series. www.pcc.nhs.uk*

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