

Gateway Ref: 07324

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**** By Email ****
CCG Accountable Officer
Clinical Leaders

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Dear Colleague,

As you will be aware, NHS England has been encouraging CCGs to implement two key initiatives to help manage the demand for elective care, namely triage of musculoskeletal referrals and clinical peer review of referrals.

Nationally GPs are doing an exceptional job of managing demand and they are working hard to ensure that patients who need care are being prioritised within constrained budgets. We are aware that clinical peer review has raised some concerns amongst the profession in relation to the workload implications and other issues. Further to our discussion with the British Medical Association and NHS Clinical Commissioners, we are writing to set out some background information and clarification to help you with communicating with colleagues.

Clinical peer review has been recommended because it offers the following benefits:

1. Helping GPs to direct patients to the right service; there are an increasing range of alternatives to a traditional outpatient appointment and peer review will help with increasing awareness of local pathways.
2. Reflective learning for doctors; the opinion of colleagues on when to refer can help inform practice.
3. Tackling well-documented variation in referral practice not otherwise explained by patients' clinical need.

Clinical peer review is one of a number of tools available to support CCGs to manage demand. To be clear, we are not expecting clinical peer review to apply to all practices or all referrals.

Firstly, there are a number of referrals that should bypass the clinical peer review process. These include 2WW cancer referrals, other urgent referrals, referrals going through an MSK Triage (or other commissioned specialist triage) and those following receipt of Advice & Guidance from a hospital consultant. CCGs can agree additional local exceptions.

Secondly, we must emphasise that we are not expecting clinical peer review to be implemented in every practice in every CCG. CCGs with a good track record of managing referrals may want to use some aspects of the guidance using a more

retrospective developmental approach to support practices, including the use of data on significant variations. We expect that CCGs where there are more challenges with referrals, particularly those with high rates of growth, should adhere more closely to the guidance. If external review shows that high referral rates are clinically justified, then a differential approach can be taken.

In order to underpin this intent, we will be clarifying our performance monitoring approach in relation to implementation of this guidance, asking our regional teams to support CCGs with specific challenges. We also include some FAQs to help you in communicating with colleagues about clinical peer review.

We hope this is helpful and please contact england.electivecare@nhs.net if you would like any further advice on this issue.

Yours sincerely,



Dr Arvind Madan

Director of Primary Care and Deputy Medical Director

Encl:

Frequently Asked Questions about Clinical Peer Review