MEETING:	**CAMBRIDGE SYSTEM JOINT TRANSFORMATION BOARD**
AGENDA ITEM:	
DATE:	**6TH FEBRUARY 2014**
TITLE:	**COMMUNITY ENT SERVICE – A PROPOSAL TO INCREASE THE CURRENT SERVICE**
FROM:	**ANNA CRISPE, LCGM, & NICK HALL, PROJECT MANAGER, CAM HEALTH**
FOR:	**DISCUSSION AND RECOMMENDATION**

1. SUMMARY

Demand for ENT services is significant and increasing. The specialty was therefore included in the Referral Support Service established across the Cambridge system in December 2013 to try and improve the consistency of GP referrals. The success of the RSS is under review as we get more data. However, the findings from a recent Cam Health audit and from the RSS triaging indicate that there is scope for more suitable referrals (500+ per annum in Cam Health alone) to go to the community ENT service, rather than into secondary care.

The current community ENT service, provided by Virgin Care and using local GPSIs, is well used and well regarded by GPs and patients. The service could be used to safely further reduce outpatient ENT referrals into secondary care. However, the current clinic is running at capacity and its contract is capped. Virgin Care's waiting list should be up to 6 weeks, compared to CUHFT of up to 8 weeks.

The community clinic has a first to follow up ratio of 1:08 (8%) compared to a CUH follow up rate of 1:1.6 (160%), albeit with a different case-mix. For the procedures listed below, which can be managed by the ENT community service, the CUHFT ratio is 1:0.4 (40%). Virgin Care also offers a lower tariff for both procedures and appointments:

2. TARIFF COMPARISON

Procedures	CUHFT Tariff	Virgin Care Tariff
Microsuction	[redacted]	
Ear/Hearing/Dizziness		
Nose & Throat		
Other		
1st Appointment		
Follow Up		

3. ACTIVITY REVIEW

There is sufficient volume within current referrals and procedures carried out within acute services to support an expansion of the community service for the conditions and procedures it currently manages, increasing convenience and speed of treatment for patients, and resulting in reduced costs. The targeted procedures would be ear wax removal, pure tone audiometry and diagnostic endoscopic exam of nasopharynx.

CUH data to Month 9 2013/14

opcs_code_desc2	Total	TOTAL FYE
Removal of wax from external auditory canal NEC	1818	2424
Pure tone audiometry	1256	1675
Diagnostic endoscopic examination of nasopharynx NEC	1528	2037
Other	380	507
Grand Total	**4982**	**6643**

It is therefore suggested that the community clinic capacity could **increase from the current one clinic per week to three clinics per week**, in the first instance. On a 44 week per year basis, this would provide the following capacity, and generate the following savings in addition to the savings already being achieved by running one clinic per week.

The savings are generated in two ways – savings from reduced tariffs, and savings from lower follow up ratios.

Savings made due to reduced tariffs

Procedure	Activity	CUHFT Tariff	Virgin	CUHFT Cost	Virgin Cost	Saving
Removal of wax (Microsuction)	750	[redacted]				
Pure Tone Audiometry (Ear/Hearing/Dizziness)	970					
Diagnostic endoscopic nasopharynx NEC (Nose & Throat)	1210					
Other	170					
Total	3100					

In addition to the savings resulting from the reduced tariff, savings would also result from the reduction in new to follow up ratio and associated tariff:

Savings made due to reduced 1st to F/Up ratio

Provider	1st/Proc	Ratio	no. F/Up	Tariff	Cost
CUHFT Follow up	3100	38%	1178	[redacted]	
Virgin Care Follow up	3100	8%	248		
Saving					

The total savings from both the tariff, and new to follow up effects, for the capacity described above, are as therefore as follows (full year effect):

Procedure Tariff Savings	[redacted]

Appointment ratio and Tariff savings	[redacted]
TOTAL SAVING	

An additional 2 clinics per week, 44 weeks per year, focusing on the 3 procedures above, would save the system [redacted] per annum.

4. PROVIDER CAPACITY

Virgin Care has now employed additional clinical resource and now has the capacity for additional clinics. The new clinician will be used initially to reduce waiting times for patients through additional clinics under the current contract – waiting times have increased recently because referrals have increased but the service is currently capped. This cap and the revised tariffs are being renegotiated, and the next meeting is 6th February 2014.

5. CLINIC LOCATION

It is felt that an additional location for the clinics would offer more patient choice and potential sites are being looked at (including Woodlands Surgery, Newnham Walk Surgery and the Newnham Walk Surgery rooms at Boots). Holding a clinic on a Saturday is also a possibility as this will also offer the patients additional choice.

6. CONCLUSION

The Joint Transformation Board is asked to note this report and make a recommendation for consideration by the LCG Boards.

Next steps:

• LCG Boards to consider recommendation from JTB	**13th Feb**
• Ongoing contract negotiations to remove cap on contract and agree reduce tariff	**6th Feb**
• Confirm new location/s	**End Feb**
• Develop robust referral protocol & share with GPs	**End Feb**
• CCG Contracting Team agree new activity with CUHFT	**End Feb**