

# **SHEFFIELD LOCAL MEDICAL COMMITTEE**

# **NEWSFLASH**

## **REFERRAL INFORMATION SERVICE (RIS)**

Sheffield PCT has commissioned a new Referral Information Service (RIS) from Provider Services Sheffield, to be implemented in April this year. The PCT has written to practices with the details of this new service. The LMC has raised a number of important concerns about the purpose, cost effectiveness and alternatives to this service over the last few months.

Given that the service had already been commissioned, we endeavoured to try to shape and clarify its role. Sheffield PCT has made it clear that they view this service as a data collection service and not a clinical triage service. They feel this is the only mechanism by which they can accurately collect referral information and challenge Secondary Care over the reported activity for GP referrals. The LMC supports the principle of accurate, timely and correctly costed referral activity from General Practice, to enable commissioning budgets and spend to be accurately represented. However, there are a variety of opinions about how this can be achieved, and we have made these points clearly on your behalf.

The final position is that we have agreed a review of the service after 6 months, which will be tripartite in nature, and include the LMC, the PCT and the Confederation. The efficiency and accuracy of the data and the service will be reviewed, and we will be a part of the process to determine whether the RIS will continue for the 18 months of its initial contract term. There is willingness from the PCT to manage the contract and to withdraw it if it does not meet its specification and outcomes.

We have highlighted the issues of patient confidentiality, data protection, clinical governance and patient choice in our debate with the PCT about this service. The PCT is mindful of their responsibility and the risk issues involved in the nature of this service.

At present, referral data can be collected quite easily for referrals that are made through Choose & Book (C&B), but this is more difficult for referrals that cannot be made via C&B and referrals that are not made via C&B through practice choice. To that end, the PCT has offered additional support to help practices who are not already actively using C&B, or have relatively low usage, to review their position and try to see whether this method of referral can be a practical option. There are certainly advantages to this approach, in that, the appointment management and referral is controlled at the practice level. We also hope to confirm a continuation of an incentive scheme for practices who participate in C&B.

The LMC will pay particular attention to the RIS, ensuring that it does not evolve into a clinical triage service without explicit agreement of GPs, and to also monitor that it is effective and produces reports that are useful to PBC groups and practices. In addition, we have an undertaking that future commissioning of citywide primary care services will involve consultation with the LMC.

The LMC will update practices regarding the review process and results.

We welcome any comments regarding the RIS via email to [administrator@sheffieldlmc.org.uk](mailto:administrator@sheffieldlmc.org.uk).

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