

**CLINICAL ASSESSMENT AND PEER REVIEW (CASPeR)**

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**SUMMARY REPORT**

**Purpose of the Report**

1. This report is to provide Members with an update in relation to the implementation of a Pilot scheme across the Clinical Commissioning Group in relation to managing demand and reducing variation.

**Summary**

2. The Clinical Commissioning Group (CCG) is committed to improving the quality of care across all services and recognises that there is variation in referrals to secondary care. It is also recognised that the NHS is dealing with very high levels of demand and one of the reasons for this is that more and more people are being referred to hospital. The CCG believe that through the introduction of Clinical Assessment and Peer Review (CASPeR) system this will reduce variation across practices, support education and training and in turn improve the quality of care being delivered across the locality areas.
3. It is recognised many referrals can be safely and effectively treated by a range of NHS services and do not always need a referral to a consultant in hospital. The CASPeR scheme aims to ensure that patients have had all appropriate investigations and management in primary care enabling them to see the right person first time should they require a referral to a consultant led service. It is expected that this approach will reduce demand in secondary care, freeing up appointments to ensure those patients who do require a consultant opinion can be seen as quickly as possible when there is a need for them to access care in a hospital setting.

**Recommendations**

4. It is recommended that Health and Partnership Scrutiny Committee note the work taking place to support GP practices and the community.

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**Background Papers**

N/A

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## MAIN REPORT

### Information

5. The provider of the service will have access to referral information sent to them by the patient's GP, in the same way secondary care would have access to a referral letter when a patient is referred to them. The provider has the ability to call and speak to the referrer should further discussion need to take place to support ensuring the patient being seen in the right place, first time.
6. The system focus is on eight specialty areas only, phasing 4 specialty areas August and the following 4 in September:
  - (a) Gynaecology;
  - (b) Rheumatology;
  - (c) ENT;
  - (d) Dermatology;
  - (e) Urology;
  - (f) Cardiology;
  - (g) Ophthalmology; and
  - (h) Gastroenterology
7. The system will ensure that all patients are assessed and receive the same level of high quality care. CASPeR will support local GPs by offering further relevant advice, guidance and clinical triage and ensure that all patients are offered the same treatment options within an appropriate setting. The process offers access to a range of clinical pathways based on best practice guidance to support decision making and aims to improve the overall quality of care delivered within a primary care setting.
8. Work has been undertaken in Darlington utilising the Clinical Support and Information(CSI) pathways that were already in place, further developing these with local clinicians in each specialty area based on up to date, relevant guidance, such as NICE guidance which clinicians should be working to already.
9. The system should reduce patients being referred to secondary care where there isn't a need for them to access care in this setting so there is an expected cost benefit to implementation but this is not the only reason why the CCG is implementing the pilot. The process will increase the overall level of quality of care delivered to patients, ensuring everyone is treated to the same high standards of care regardless of which practice they are registered with or who they see. From a patient perspective it will also reduce wasted appointments to secondary care and support them being treated closer to home where this is possible.
10. Referrals through the scheme are reviewed by local clinicians employed by the provider of the service within two working days. The CCG has agreed to a service delivery model with the CASPeR provider that encompasses a number of service elements, not just limited to clinical triage (referral management) at each stage of referral. The model takes into consideration proactive and reactive peer review, clinical triage and onward referral booking requirements including ongoing education for our local GPs.

11. The supportive proactive and reactive peer review processes that will be implemented by the provider alongside the clinical triage element aim to support GPs as much as possible with regards to education and training and to embed the pathways within clinical practice, this is a key element to service delivery recognising the pressures on general practice and supporting the changing workforce.
12. The CCG consulted with GPs through various events held over the past few months on development of the system, including protected learning time events, specific drop in sessions and a number of mobilisation sessions delivered directly by the provider.
13. Referrals for urgent treatments do not go through this system – they are made directly to hospital with a maximum two-week wait.

### **Next Steps**

14. The pilot will be monitored on a regular basis through its twelve months and benchmarked in comparison to other schemes utilised elsewhere across the region and Members will be kept updated.