

# Care Pathway Management in Primary Care

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# What difference can Primary Care Make?

## Achievements in 2010/11

- Practice Based Commissioning LES
- Referral Reflection
- Pathway reviews
- 1% Reduction in GP referrals
- Movement towards achieving 'Fair Shares' Commissioning Budget



**NHS**

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# Quality and Outcome Framework 2011/12

## Quality and productivity (QP) indicator 8

The practice engages with the development of and follows three agreed care pathways for improving the management of patients in the primary care setting (unless in individual cases they justify clinical reasons for not doing this) to avoid inappropriate referrals and produces a report of the action taken to the Primary Care Organisation (PCO) no later than 31 March 2012.



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## Quality and productivity 8.1 Practice guidance

PCOs will lead the development of care pathways

- GPs in the practice must actively respond to the care pathway development This may, for example, involve attending meetings with other health professionals concerned with the care pathway or commenting to the pathway group electronically.
- Where possible, the focus of the care pathways should be on long term conditions.
- Practices must then follow the agreed care pathways in the treatment of their patients, unless in individual cases they can justify clinical reasons for not doing this.



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## Quality and productivity 8.2 - Reporting and verification

- The practice produces a report summarising the action taken, information about which care pathways were followed and changes in the patterns of referral that have resulted.
- This report should be submitted to the PCO by 31 March 2012.
- Achievement will be awarded on the basis that practices have both engaged in the development of care pathways and delivered care along the agreed care pathways.
- It is expected that a practice will follow the agreed care pathways for all patients. However, it is recognised that it may not be clinically appropriate for every patient, for example not all patients may be able to tolerate certain drugs. In these circumstances the report should show that the practice has considered following the care pathway in treating these patients and has documented reasons why it is not clinically appropriate in those individual circumstances.



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# Quality and productivity (QP) indicator 9

## Quality and productivity 9.1 Practice guidance

- The PCO must provide practices with data on emergency admissions which the practice reasonably requires to conduct the review. Practices should discuss with their PCO what data are required for the practice meeting and when.
- Clinicians in the practice will meet at least once during the year to carry out the internal review. This meeting should involve the range of clinicians working within the practice.
- Emergency admissions are defined as admissions that are unpredictable and at short notice because of clinical need.
- Practices should explore the reasons for emergency admissions with reference to available pathways in order to identify areas where improvement might be made.
- The output of this review must be made available to the group of practices taking part in the external peer review.



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# Quality and productivity 9.2

## Reporting and verification

The practice produces a report summarising the discussions that have taken place at the meeting. This report should be submitted to the PCO no later than 31 March 2012.



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# Pathway Implementation

## MSK Pathways

1. Shoulder Pathway
2. Hip and Knee pathways
3. Pain Management

