

CAS/CATS & Choice

1. Introduction

The PCTs currently have different processes to handle clinical assessment and treatment services across Hertfordshire. This paper outlines a suggested process to review current arrangements and propose options for change to ensure the most effective processes. The process needs to be driven by the needs of Practice Based Commissioning Groups and ensure a high quality service to patients including robust clinical governance.

2. Background

The PCTs in E&N Herts established a clinical assessment service in 2005/6 initially to triage and direct musculo-skeletal (MSK) referrals. At the same time a service was set up in Watford & Dacorum PCT to also triage MSK referrals. The E&N Herts service has expanded to cover dental, gastro, skin health and ophthalmology services. Both teams are undertaking choose and book by proxy for the services that they cover. The West team are now proposing to take on Hertsmere CATS choose & book by proxy (previously provided by the reception team at Potters Bar Hospital). STARDOC provide choose and book services for the CATS services in the St Albans and Harpenden PBC area.

There have been a number of recent queries from practices to request both teams take on choose and book by proxy for all specialties.

The two teams have now been incorporated into the Primary Care and Service Redesign Directorate under the management of Moira McGrath, AD Service Redesign (Planned Care). Yvonne Goddard, E&N CAS Manager and Paula Simms, West Choice Manager co-operate closely and share experience and good practice. There are common job descriptions for the teams and they are working on developing common protocols.

3. Reviewing services provided

I suggest that a formal options appraisal of the CAS/CATS arrangements is undertaken internally. This needs to build on the evaluation work undertaken by Steve Laitner, Consultant in Public Health. This issue was discussed at PEC several months ago and it was agreed that options should be explored.

The proposed review will need to cover:-

- The role, scope and functions of the CAS/choice teams
- The staffing and resources
- Organisation and structure
- Clinical governance and audit arrangements

In particular, it will need to address a number of questions:

- Should a clinical assessment service cover all specialities or just those associated with secondary to primary care shifts?
- What is its role in relation to gathering information on referrals and trends in referrals and feeding this back to practices/PBC groups? PBC groups are already starting to progress work in gathering referrals and developing their own structures and support.
- To what extent should CAS/choice teams be undertaking choose & book by proxy and how should the teams work with practice choose & book processes?
- The services provided in E&N and West are different, reflecting the different structure and set up for CAS/CATs. Should we be have a common team across Herts even if the functions may be different?
- IT/software issues linked to hospitals and GP surgeries
- How do we create effective and simple referral processes to CAS/CATS for GP surgeries and patients that deliver the 18 week pathway?
- What audit/reporting is required?

4. Review process

The review will be led by a short term committee reporting to the PEC and PBC groups. Suggested membership:-

PBC group reps – representation from E&N and West reflecting a mix of practice managers & clinicians
AD Locality Commissioning (West or E&N)
AD Service redesign (Planned care)
CAS Service Manager
Choice Team Manager
Choose & Book Implementation Manager(s)
Public Health Service Redesign lead
Information team manager
PCT Acute Finance manager

The responsible manager for the review would be Moira McGrath and the responsible Director Andrew Parker.

The group will develop options for the future of the services and make recommendations to the PEC and PBC groups.

5. Timescales

I anticipate that the review process will take 3 months starting in October 2007. This allows time to convene the review group, gather views and information and review processes in other PCTs. Recommendations will be brought back to January PBC meetings

and February PEC.

6. **Staffing issues**

Both teams are experiencing increased volumes of work. In E&N Herts it is proposed to convert the current vacant supervisor post into 2 part time Patients Care Advisers AfC 4. Due to lack of capacity in the Potters Bar team, the West Herts choice team is taking on the administration of the Hertsmere CATs choose & book by proxy and requires another member of staff (AfC 4) to support this. This is funded through the overall cost of the CATs services and will be sub-contracted to the CATs providers. I have agreed with the team managers that these posts should be 6 month short term appointments pending the outcome of the review.

7. **Conclusion**

The Exec team is asked to approve the process of review and agree to the appointment to the short term vacancies pending the review.

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3 October 2007