



Newsletter for Patients

Riverside Surgery, Bovey Tracey
Tower House Surgery, Chudleigh

Spring 2018 Issue



Practice News

Doctors

After 38 years in the NHS, Dr Nicola Soffe will be retiring from General Practice at the end of May this year. Nicci would like to say thank you to her loyal patients and the team at Tower House Surgery for making her eight years working here so enjoyable.

Dr Emily Eracleous will be leaving the Tower House team at the end of May to return to Cyprus with her husband and three young daughters. Emily is sad to be leaving all her patients and the team but intends hopes to keep in touch with the practice.

We are delighted to be welcoming Dr Emma Williams to Tower House on a permanent basis from

mid-May and she will be working three days a week: Monday, Wednesday and Thursday. Emma is well known to our practice having covered maternity leave at Riverside Surgery for Dr Heather Midgley who returned at the beginning of March.

We are also looking to recruit another doctor for Tower House to work two days a week to increase capacity.

Nurses

We welcomed practice nurse Suzy in March and Healthcare Assistant Kay joins us on 1st May.

Bad Weather in March

We thank all our patients for their understanding and patience during the two significant episodes of snow which occurred during March. There was so much snow on the Thursday that we had to close the surgery that afternoon and all day on the Friday—for reasons of patient and staff safety.

When a second lot of snow arrived later in the month, we did manage to open but with fewer staff than usual.

Please accept our apologies for any inconvenience caused as a result of cancelled appointments etc.

Unexpected Closure

If ever you find that your surgery is closed due to unforeseen circumstances, please do check our website and Facebook page to keep you updated and informed about how to seek urgent medical attention should you need it.

Our Inspection by the Care Quality Commission

The practice recently had an inspection by the Care Quality Commission and, while we have not yet received the report, there were comments on our “very good staff development”, our “innovation” and

our “governance”. When the full report is finished, it will be published on our practice website and on the Care Quality Commission website:

<http://www.cqc.org.uk>

Health Information Videos

Health information for patients is now available as short videos on many different topics including blood pressure, children’s allergies, COPD, dementia, diabetes, inhaler technique, mental health, self care, stroke care, weaning.

These short videos are designed to be easy to understand, with very little text, and you can watch them whenever or wherever you need to. If you wish, you can save them to your device too.

You’ll find all of these short videos at:

<http://www.hcvideos.co.uk/>

Alternatively, go to our practice home page:

<https://www.towerhousesurgery.co.uk>

**Click on this link
on the home page:**



[Health and Care
Videos](#)

Free App About Local Urgent NHS Services

People across Devon and Cornwall can now download a free app which gives them information about waiting and travel times for their local urgent NHS services.

NHSquicker is a free app which provides live waiting and travel times for NHS services providing urgent care across Devon and Cornwall. **NHSquicker** provides information about the healthcare services available to you based on your location, helping you to choose the right service and spend less time waiting.

The estimates of travel and waiting times are combined to give you an idea of how long it will take you to be seen by each service. All emergency departments are busy, and for a minor injury, you could often be seen quicker elsewhere.

But do please remember to ring 999 if there's a life-threatening emergency.

You can also use **NHSquicker** to find information about minor injuries units, emergency departments,

pharmacies, dentists, opticians, sexual health and GP surgeries.

If you are not sure where to go, you can dial 111 and they will direct you to the most appropriate place for your needs.

The information feed for the app is provided by Northern Devon Healthcare NHS Trust (NDHT), Plymouth Hospitals NHS Trust, Royal Cornwall Hospitals NHS Trust (RCHT), Royal Devon & Exeter NHS Foundation Trust (RD&E), South Western Ambulance Service NHS Foundation Trust (SWASFT), Torbay and South Devon NHS Foundation Trust (TSDFT), and Claremont Medical Practice.

You can find further information about the app at:

<https://www.torbayandsouthdevon.nhs.uk/services/urgent-and-emergency-care/nhsquicker/>

You can also view the app in your browser at:

<http://www.nhsquicker.co.uk>

The Good Grief Trust

Are you recently bereaved? The Good Grief Trust offers practical help and tips to support you in the most difficult of times.

<http://www.thegoodgrieftrust.org/>

What's On Locally?

Want to find out what's on in Bovey Tracey or Chudleigh? Visit:

<http://www.boveytracey.gov.uk/>

<http://www.chudleigh-tc.gov.uk/>

Sharing Your Medical Record

Over 2,000 of our patients have now signed up to share their medical record.

Sharing information can improve both the quality and the safety of the care you receive and in some cases can be vital in making life-saving decisions about your treatment.

With your consent we can share key information from your GP medical notes with Out of Hours GP

Services, Hospital A&E Units, Community Hospitals, Community Nurses, all of whom may, at various times in your life, be looking after you.

For further information contact our reception team or follow this link:

<http://www.towerhousesurgery.co.uk/pages/Patient-Confidentiality--Shared-Records>


Reserved or 'embargoed' appointment slots

We continue to listen to patient feedback to help us review and improve our appointment system and we have recently introduced a small number of reserved or "embargoed" appointment slots. These appointments are released at either 2 days, 5 days,

7 days or 10 days in advance. This new system helps those patients whose clinical need does not call for a same-day appointment but who do need to be seen within the next few days. These appointments are also available to book online once they are released.

More than 95% of our patients let us know if they can't attend for their appointments—and we can then give the appointments to other patients.

You can cancel your appointment easily by phoning us on one of the numbers shown below or by going to our website <http://www.towerhousesurgery.co.uk> and

clicking on the button  or, if you've registered to use SystmOnline (see page 5), cancel your appointment after logging on as usual.

Riverside: 01626 832666

Tower House: 01626 852379

Fantastic Funding for Equipment for Our Practice

The Bovey Tracey Hospital League of Friends has recently agreed to fund some new equipment for our practice:

- ❖ two remote ECG recorders to enable a doctor to check the heart rhythm of housebound patients
- ❖ two examination lamps to upgrade existing equipment
- ❖ two digital cameras to improve monitoring of wound care
- ❖ a 'near patient' testing machine to increase our capacity for monitoring patients who are on warfarin
(see further down this page for an explanation of the term 'near patient')

- ❖ temperature alert monitors for our vaccine fridges to enhance patient safety and avoid waste

- ❖ four finger pulse oximeters.

The total cost of this new equipment is just under £10,000 and the practice is hugely grateful to the League of friends for this very generous donation which will help us to further improve patient care. Very many thanks to the League.

What is 'Near Patient' Monitoring and Testing?

Not too many years ago, medical diagnostic testing was for the most part carried out in medical laboratories. Specimens from patients, such as blood and urine, were sent away from the doctor's surgery to a separate laboratory which would often be located in the nearest large hospital. There could be quite a long wait for the test results and during that waiting period, the doctor would have to decide whether to start some sort of treatment or therapy without knowing exactly what was going on in his patient. The patient's condition might well change in the interval waiting for the test results.

Some patients needed other types of test which monitored what was going on within the patient on a real-time basis. These were tests such as recording the electrical activity of the heart—using an electrocardiogram machine to print out on a strip of paper tracings which would then be analysed by a consultant or other physician. Other tests could involve measuring the patient's blood glucose level. Some tests would require the patient to travel to a local centre or hospital where the staff and expensive equipment were available to carry out the specialised tests.

Today, there is now a continuing change of emphasis in diagnostic testing towards what is called "point of care testing", or POCT. Other terms for the new way of testing include "bedside testing" and "near-patient testing". The definition of the new-style testing is "testing which is carried out at the time and place of patient care so that results are obtained and interpreted immediately".

Much of the change in emphasis has resulted from the rapid development of increasingly small and relatively inexpensive electronic devices such as pulse finger oximeters which measure oxygen saturation quickly, simply, and non-invasively. These devices

can be used in the doctor's surgery or in the patient's home (and it's remarkable that pulse oximeters can often be bought for a few pounds in local supermarkets). Portable battery-operated machines for producing electrocardiograms are becoming commonplace as are portable devices for carrying out ultrasonic imaging. Much of the electronic equipment contains computing devices which can send data wirelessly to local or central data stores thus allowing patients' test results to be stored and viewed later as required, or transmitted to other places for specialist interpretation.

The idea behind near-patient testing is to move the testing direct to the patient, giving test results immediately to allow the doctor to make better clinical decisions and to start appropriate treatments from an accurate knowledge of the patient's condition.

Near-patient testing can now deal with many important tests including those for blood glucose, blood gas and electrolytes, blood coagulation, pregnancy, faecal occult blood, urine, haemoglobin characteristics, cholesterol, and some infectious diseases.

GPs are not the only ones taking up new in-surgery technology for the benefit of their patients. Dentists can now install small CTI scanners for checking and diagnosing their patients dentition using 3D pictures. Optometrists can now make clear photographic records of a patient's retina (the light sensitive area at the back of the eye) and they can also have scanners which produce a cross-section of the retina.

Near-patient testing for GPs, dentists and optometrists is now enabling these professions to carry out extensive tests which were once carried out solely in a hospital environment. No doubt we shall see further astonishing advances in testing as time goes on.

National Diabetes Audit

This practice is taking part in an important national project about people at risk of diabetes and diabetes care and treatment in the NHS.

The project is called the National Diabetes Audit (NDA). If you have diabetes, non-diabetic hyperglycaemia, impaired glucose tolerance or pre-diabetes, the practice will share information about your diabetes care and treatment with the NDA.

The type of information, and how it is shared, is controlled by law and enforced by strict rules of confidentiality and security. For more details about how your information is used, please see the NDA patient information leaflet on the following link:

http://content.digital.nhs.uk/media/15870/Leaflet--Information-for-People-With-Diabetes/pdf/PatinfoCoreAudit18_leaflet_v1.pdf/

The two-page PDF document is shown below but it will be easier to read if you download it from the link shown above.

Taking part in the NDA shows that this GP practice is committed to reducing diabetes and improving care for people with diabetes. National Diabetes

If you do not want your information to be used, please inform Reception, your GP or nurse. Opting out of the NDA will not affect your care.

National Diabetes Audit: how your information is used to help improve diabetes care

Your diabetes service is taking part in the National Diabetes Audit (NDA). The NDA checks whether people with diabetes are getting good care.

The NDA collects information about diabetes care from GP practices and hospitals. This information helps the NHS to improve care. The use of NDA information is controlled by law and strict rules of confidentiality.

The NDA is managed by NHS Digital (formerly known as the Health and Social Care Information Centre (HSCIC)), working with Diabetes UK and Public Health England.

Taking part in the NDA can help improve understanding of the quality of care for people with diabetes. But you can choose not to take part if you have concerns.

Please read this leaflet carefully.



What information about you is collected?

The NDA only uses information about your diabetes care that is already recorded. For example, type of diabetes, latest blood pressure result and results of HbA1c results. The NDA is not a research project. No extra blood tests, appointments or scans are needed.

The NDA collects information on:

- How many people with diabetes are registered at the GP practice or clinic
- Whether people with diabetes are receiving the annual healthcare checks
- Whether people with diabetes achieve the national targets for glucose control, blood pressure and cholesterol
- Whether people with diabetes with a learning disability receive the same level of care
- Whether people with diabetes who have a severe and enduring mental health problem receive the same level of care

Important Patient Information

NHS Digital

- How many people use an insulin pump, why they use a pump and how well it is working

Your NHS number (everyone has a unique number that is used by the NHS), date of birth and postcode are also collected. Your name and address are not collected. We explain below how this information is used.

The type of information used in the audit is listed on the NHS Digital website at <http://content.digital.nhs.uk/nda>

How is the information used?

To get a complete picture of diabetes care, we will also link this information to other health information.

NHS Digital will use your NHS number and date of birth to link information that is collected from your GP practice, or diabetes clinic, to other information recorded by the NHS and NHS Digital relating to your diabetes care.



Specifically, the information is linked to:

- The Hospital Episode Statistics database for England or Patient Episode Database if you live in Wales, which includes information on any outpatient appointments, visits to A&E and other hospital admissions. This will help us understand how many people with diabetes develop health problems, such as heart disease or stroke.
- A national register of deaths collected by the Office for National Statistics (ONS). This will give us information about those people who have died.
- Other diabetes audits, such as the National Paediatric Diabetes Audit, the National Pregnancy in Diabetes Audit, the National Diabetes Inpatient Audit and the National Diabetes Footcare Audit. This will help us provide a detailed picture of the care received by people with diabetes across different health services.

Once your information has been linked, your NHS number and date of birth are removed. So, all your information is then anonymised.

The information about you is studied along with the information from all other diabetes services in England and Wales. We produce national and local reports, including one for each GP practice and diabetes service. Reports never identify individuals.

All the reports are available on the NDA website. An easy read summary report is also available from Diabetes UK's website www.diabetes.org.uk/NDA-reports

How will your information be kept safe?

There are very strict rules about what happens to your information. NHS Digital has special legal permission to handle individual patient data for clinical audits. They must keep to very strict security and confidentiality standards and follow the laws on the protection of personal data.

Information about individuals is available only to a very small number of specially restricted staff at NHS Digital. They use a secure, password protected system to look at and analyse the information.

NDA data may be shared for research purposes. But only if this is allowed by law and meets the strict rules that are in place to protect your privacy.

Information that is collected by the NDA will never be passed on or sold onto organisations that could profit from it.

Saying 'no thanks'

If you do not want your information to be used, please inform the receptionist, your GP or nurse. They will make sure that this is noted on your medical records, so your information is not included. This will not affect your care in any way.

Further information

If you would like more information about the National Diabetes Audit, ask your doctor or nurse.

You can also contact NHS Digital:

Email: diabetes@nhs.net

Telephone: 0300 303 5678

Website: <http://content.digital.nhs.uk/nda>

Address: Clinical Audits & Registries Management Service
NHS Digital
1 Trevelyan Square
Boar Lane
Leeds LS1 6AE

THERE ARE VERY STRICT RULES ABOUT WHAT HAPPENS TO YOUR INFORMATION



Health Navigation—New Ways With Appointments

We launched *Health Navigation* on 25th April to help direct patients to the right service to meet their needs, making it easier for patients to receive the most appropriate consultation and treatment quickly.

All GP practices struggle with the number of patient requests for GP appointments, with demand outstripping the number available. There are a large number of patients who still see GPs for issues that could have been dealt with more effectively and quickly by other professionals and this makes it increasingly difficult to get a GP appointment for those who really do need to see a GP.

This has been recognised by NHS England which has invested money in sustainability and transformation programmes which allows practices to implement initiatives such as *Health Navigation*. The aim is to improve patients' access to health care professionals and other services ensuring that patients are seen by the professional who is best qualified to deal with their needs, which will then allow GPs to focus on the things only they can do.

Health Navigation involves using clinically designed protocols to ask patients a few questions to understand

the reasons for their request for a GP appointment. This enables the patient to be offered the most appropriate professional help for their problem, which might not necessarily be a GP appointment.

Our *Health Navigation* has been designed by a local GP surgery (with help from their patients) to make sure that it is safe, easy to use and well received by patients.

All of our reception team have received training to enable them to become *Health Navigators* and they adhere strictly to confidentiality rules at all times.

Health Navigation does not provide a clinical consultation and it does not make a diagnosis or treatment plan: it connects the patient with the most appropriate person or service.

We are introducing *Health Navigation* on a phased basis, starting with joint pain, so initially you may not notice any difference at all in your interactions with the practice. This phased approach allows us to monitor the impact of *Health Navigation* and react swiftly to patient and staff feedback as we implement the scheme further over the coming months.

Minor Ailments Service from Your Local Pharmacy

You can easily access self-care advice for the treatment of some specific ailments and, where appropriate, receive a prescription-only medicine from your local pharmacy rather than having to visit your GP, contact an out-of-hours provider or a hospital A&E department.

This is convenient for the patient, and frees up capacity in primary care and in urgent and emergency care services.

The ailments covered are:

- ❖ conjunctivitis
- ❖ urinary tract infection
- ❖ impetigo
- ❖ nappy rash

Get Access to Our On-line Service

Our on-line service *SystmOnline* allows you to order repeat medications, book GP appointments, keep your contact details up to date, and access your Summary Patient Record—which includes allergies & drug sensitivities. Access to coded medical information can also be applied for using SystmOnline. Due to the complexities of nurse appointments, these are not available to book on-line at present.

In order to register for this service, call into the surgery with some form of photographic identification

and a member of our Reception Team will then issue you with a printed copy of your unique login details.

If you would like to register on behalf of another person, written consent and their photo ID will be required along with a completed application form. For those under 13, any proof of identification such as a birth certificate will be accepted.

For full details of how to register for on-line access, go to: <http://www.towerhousesurgery.co.uk/pages/Online-Access>

Repeat prescriptions.

You can order your repeat medication up to two weeks in advance.

Why not sign up to do it on-line? See panel above for details.

Our Research Team

Our research team has had a fantastic few months, with relationships being forged with other practices in the area who are conducting active research projects. We've also received another award and there are lots of new studies on the horizon.

Dr Thomas was recently invited to be a keynote speaker at the South West Research Forum where he delivered a well received presentation illustrating his tips for research success. At the same forum, the practice team were also presented with another

award, commending us on our promotion of a strong team ethos.

We have had very positive responses from other practices in the area about promoting research links and working together in the future. You will also be hearing about several new studies which will be introduced in the practice in the coming months: one on urinary tract infections is starting soon, with a further respiratory study coming in the summer. There will be more studies to follow those.

Other Research News

The GARFIELD-AF study, with which a good number of patients from the practice had previously kindly been involved, has come to the stage where the results are beginning to be published. The first paper is available to read online at:

<http://bmjopen.bmj.com/content/8/1/e018905>

This recent paper highlights how anti-coagulation (blood thinning) treatment has become used more frequently in patients with atrial fibrillation (AF) over time from 2011 to 2016, showing greater adherence with NICE guidelines in clinical practice. It demonstrates how this has been helped by a slight reduction in the proportion of people on the traditional warfarin medication and an increase in those on the newer NOAC (novel oral anti-coagulant) medications.

This information helps guide clinical use and allocation of resources—for example, warfarin therapy requires frequent monitoring, which involves costs for staff and testing, whereas NOAC medication

is significantly more expensive but does not call for monitoring.

While patients with AF might be at significant risk of stroke, they might also be at risk from complications from their treatment. It is therefore hoped that future results from the study will include further insight into outcomes for patients with AF on these treatments, and for those patients who choose not to have any blood thinning treatment.

The benefit of this AF study over many others is that it is based on real world patients in real time, so includes people with multiple other diagnoses and medications. Most medication trials have quite restrictive inclusion criteria and shorter follow-up times. These research studies in the community add really valuable additional evidence to help doctors and nurses in the community provide the best possible care to their patients.

We sincerely thank all of our patients who have been involved in this research study.

Patient Participation Group (PPG)

Parking

At a recent core group meeting we discussed some feedback from a patient about the difficulties that had been experienced at the Riverside Surgery when trying to park in a space reserved for patients who need improved access. The spaces are clearly marked with a wheelchair logo in yellow.

So, at the risk of irritating the vast majority of patients and carers who park carefully with full, and sensitive regard for other users, some guidelines are given below for car park use at both Riverside and Chudleigh.

- ❖ Surgery car parks are for the use of patients, carers and staff when visiting the surgery.
- ❖ Please Park **ONLY** in the designated spaces, leaving clear those spaces which have been marked to give increased access for patients and their carers.

- ❖ If our car parks are full, at both Riverside and Chudleigh, public car parks are very close by.

Monitoring of the use of the surgery car parks at Tower House and Riverside have revealed that a very small minority of people are using the car parks for visits to local shops. Even if this is after a visit to the surgery, this denies the use of a space for a patient or carer who has come for an appointment.

Annual General Meeting

This took place in January and in accordance with our terms of reference. Our Chair, (Michael Benson), our Deputy Chair (Rod Wallace), and Secretary, (Amanda Coleridge) were appointed. You can find details of this and all our meetings on the practice website along with the supporting sets of minutes.

Improving Practice Questionnaire (IPQ)

We have been analysing the responses to the annual Improving Practice Questionnaire (IPQ) questionnaire and will be reporting on the outcomes in the next newsletter.

For those of you who have not encountered the IPQ during visits to the surgery, the questionnaire is one of the ways the practice can find out from patients and carers what is working well from their points of

view and what is not. Along with Friends and Family returns, feedback on the NHS Choices site and from our suggestions box, this information is extremely valuable.

All of this data is used to make sure that what is working well continues and is developed further and what is not working well is addressed. Look out for the next newsletter when there will be a full report.

Campaign 'Be Clear on Cancer'

This campaign ran from 22nd February until the end of March, the focus being on breast cancer symptoms in women over 70. The key message, promoted on TV, was "1 in 3 women who get breast cancer are over 70, so don't assume you're past it". A second message was "A lump isn't the only sign of breast cancer, and women over 70 should tell their doctor if they notice any changes to their breasts".

The TV promotion also reinforced the very important message that finding cancer at its early stages makes it more treatable.

Any woman worried about breast symptoms, whatever their age, should consult their GP.

The Centre—Contraception, Genito-Urinary Medicine, HIV

STIs (Sexually Transmitted Infections)

- ❖ Did you know that if you are 16–24, you're statistically more at risk of getting an STI
- ❖ You don't need to have sex with lots of people to get an STI
- ❖ Many STIs are symptomless and, if left untreated, can cause long-term health problems
- ❖ STIs like gonorrhoea are becoming harder to treat or may not be treatable at all
- ❖ 59% of people who got chlamydia or gonorrhoea in 2016 were aged 16–24

For more information visit

<https://www.nhs.uk/oneyou/protect-against-stis-use-a-condom/home>

CCard

For young people aged from 13–24 years, the CCard scheme allows access to free condoms, advice and information.

CCard registration points can be accessed through sexual health and contraception clinics, some educational venues and youth clubs.

For further information on CCard sites, contact the CCard office on 01392 284965 or visit:

<http://www.thecentresexualhealth.org/services/c-card>

A Report from Scotland

Writing in her annual report, Dr Catherine Calderwood, Scotland's Chief Medical Officer, said that people receiving NHS treatment should be prepared to ask five key questions of their doctors so they can take more control of their care.

The questions are:

- ❖ Is this test, treatment or procedure really needed?
- ❖ What are the potential benefits and risks?
- ❖ What are the possible side effects?

- ❖ Are there any simpler, safer or alternative treatment options?
- ❖ What would happen if I did nothing?

Dr Calderwood's report, "Practising Realistic Medicine", also cites a survey of NHS patients in Scotland in 2017. While 92% said they would be comfortable asking their doctor about their treatment options, only 67% had actually done so.

The report can be downloaded from:

<http://www.gov.scot/Publications/2017/02/3336>

Behavioural Insights Team (BIT)

The Behavioural Insights Team (BIT) is a social purpose company, jointly owned by the UK Government, Nesta (the innovation charity) and its employees.

BIT started life inside 10 Downing Street as the world's first government institution dedicated to the application of behavioural sciences. Their objectives remain the same as they have always been:

- ❖ making public services more cost-effective and easier for citizens to use;
- ❖ improving outcomes by introducing a more realistic model of human behaviour to policy; and wherever possible,
- ❖ enabling people to make 'better choices for themselves'.

They do this by redesigning public services and drawing on ideas from the behavioural science literature. They are also highly empirical: they test and trial these ideas before they are scaled up. This enables them to understand what works and (importantly) what does not work.

You can find more details about BIT at:

www.behaviouralinsights.co.uk/

A New BIT NHS Report

Michael Hallsworth and Hannah Burd of BIT have recently reported on an aspect of the NHS, as detailed below.

How to Help Patients into Shorter Queues

More than four million people are waiting for specialist care in the NHS. At worst, people can wait more than a year for treatment. In many cases people have the option to choose an alternative, nearby service with shorter waiting times—but do not do so.

Why is this? Sometimes people have a strong preference for where they want to go, regardless of waiting times. But patient choice surveys consistently show that shorter waiting times are a top concern for patients. Many would travel a little further for speedier treatment.

Comparing Options

After talking to doctors, BIT found that they often struggled to compare the available options quickly. For example, the national patient referrals system (the “e-Referrals System” or eRS), used by half of local doctors, automatically generates 99 clinic options for each search. In the face of this complexity, some doctors were just referring to their local hospital as standard, even if their patient would have to wait a very long time.

In response, BIT worked with NHS England and NHS Digital to redesign how information is presented in the nationwide patient referral system. We worked with an excellent team at NHS Digital to create two main changes:

- ❖ Adding a small red ‘Limited Capacity’ flag to clinics where waiting times were very long. If doctors shortlisted one of these services, a pop-up box appeared that prompted GPs to discuss with their patients the long waiting time (but did not stop them making this choice).
- ❖ Creating a green box, at the top of the screen, listing three local clinics that offered the same services – but had good capacity.

In 2016, BIT ran a randomised controlled trial in East London to test the impact of these changes in the real world. At the time, Barking, Havering & Redbridge University Hospitals Trust (BHRUT) was in “special measures”, partly due to waiting list mismanagement. One thousand patients had waited longer than a year for treatment; thousands more had waited longer than the national standard of 18 weeks. BHRUT also had a deficit of £32 million.

Target

NHS England set BIT a target of reducing new referrals to clinics with long waiting times by 5-10 per cent, whilst boosting informed patient choice. In fact, the changes resulted in a 38 per cent reduction in referrals to clinics with long waiting times. Green alerts seemed to increase referrals, but the result was not statistically significant. GPs told their commissioners that they appreciated the changes.

The following year, BIT rolled out the alert system to another area of London, and repeated the evaluation. This time, patients also saw the colour coding via a patient booking app created by NHS Digital.

In this evaluation, BIT confirmed the effect of the red limited-capacity alerts (this time, a 20% reduction in referrals), but also saw a 14% increase in referrals to services with green alerts.

National Introduction

This is not just a story about pilots: because the changes were embedded in a national digital system, they could instantly be scaled up nationally. This is exactly what NHS England is doing now: it is rolling out the alert system as a tool that NHS England regional teams can use to quickly address problems in their local health systems. If these alerts also reduce referrals by 20-38% when scaled nationwide, they could redirect up to 40,000 referrals a month to shorter waiting lists.

BIT think that this is a good example of how a simple, cheap nudge can have a widespread impact on issues that really matter to patients, professionals, and policy makers.