

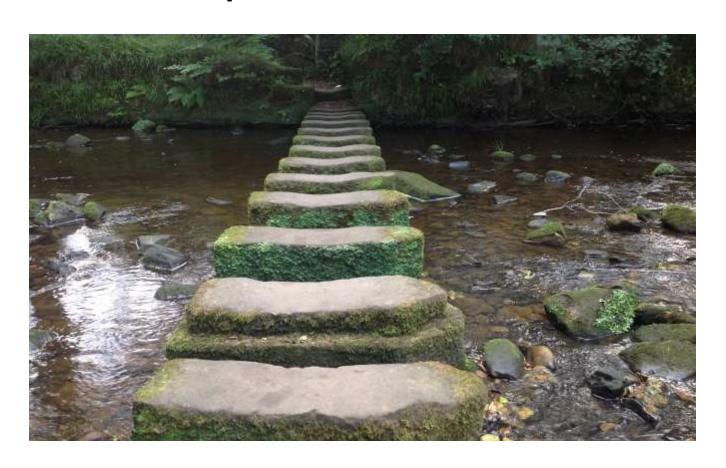
## Gastroenterology Room for improvement

Dr. George Campbell
Planned Care Clinical Lead – HRW CCG





#### What was the problem and how did we solve it?



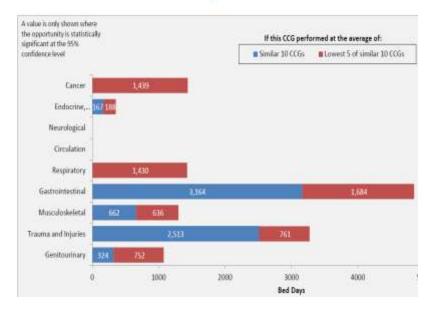
By taking small steps



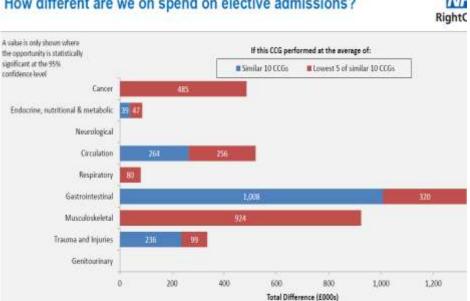
## In the beginning

Rightcare Gastroenterology data-packs informed HRW CCG that there was potentially several areas where the CCG stood as national outliers in terms of bed days and elective admissions.

#### How different are we on bed days?









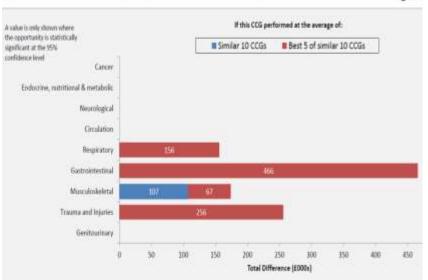


## In the beginning

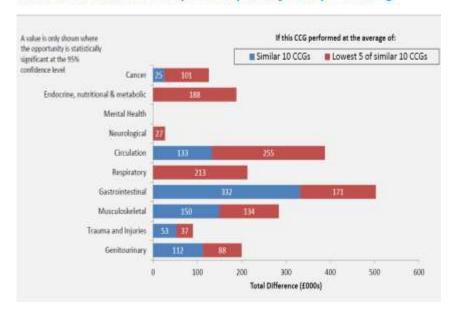
There was also the potential for improvements to be made in respect of spend on nonelective admissions and primary care prescribing.





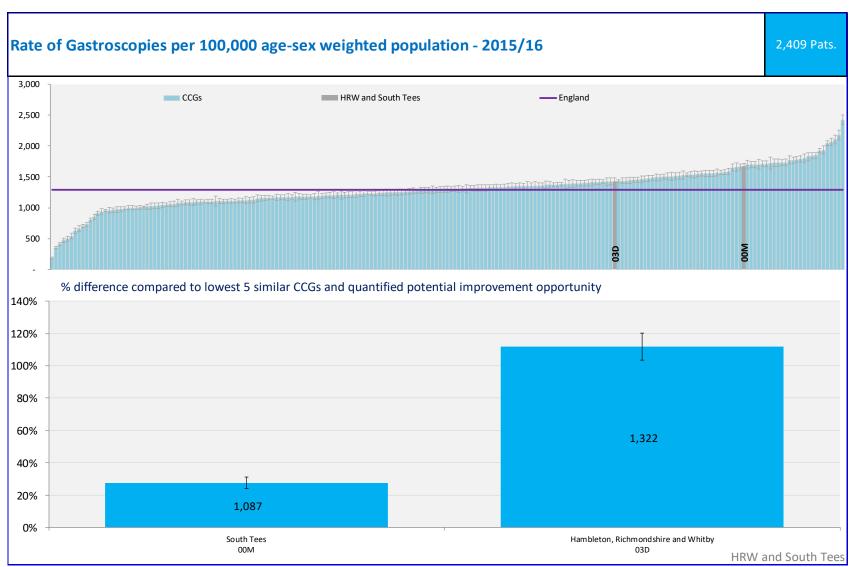


#### How different are we on spend on primary care prescribing?





Clinical Commissioning Group



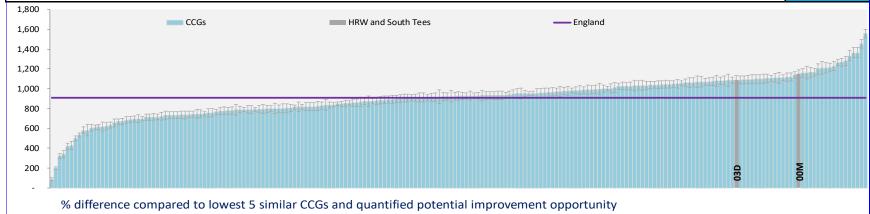


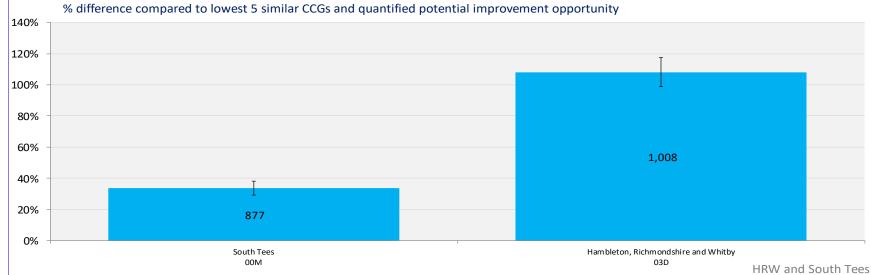
## Hambleton, Richmondshire and Whitby

Clinical Commissioning Group



1,885 Pats.





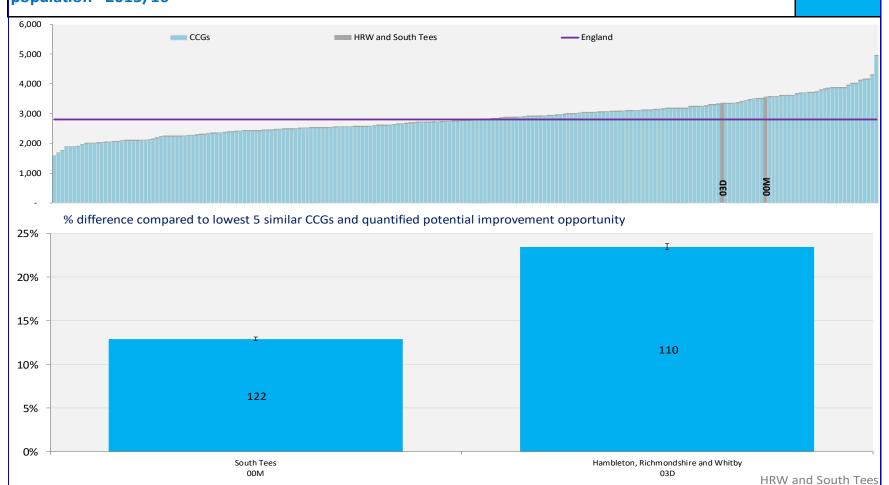


## Hambleton, Richmondshire and Whitby

Clinical Commissioning Group



£232k





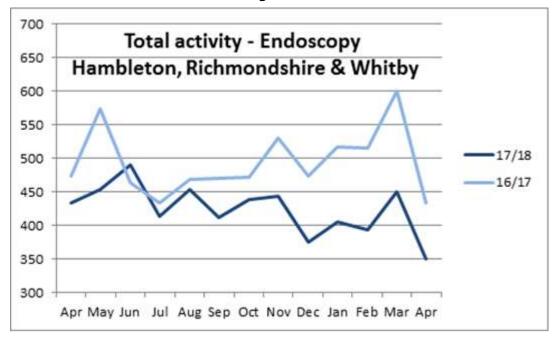
### So what did we do?

- Held a range of clinical work-shops with Gastroenterology colleagues in secondary care
- Introduced and embedded the use of faecal calprotectin testing within primary care.
- Engaged and liaised closely with RightCare colleagues
- Held a series of clinical work-shops with primary care colleagues across the CCG localities
- Reviewed and re-issued upper GI guidelines for use in primary care.
- Encouraged primary care to test for H.pylori before starting a PPI. Appropriate Ix of anaemia. 2WW direct to test referrals.
- Encouraged primary care colleagues to include a series of simple bowel questions as part of their new patient check with a view to increasing the early detection of cancers



### And where are we now?

- FCP testing embedded within all GP practices
- Significant decrease in endoscopic procedures
  - so far we have seen just over 25% reduction





# Thank you

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