

### Box 2: Site A - New outpatient referral pathways

GP Leaders at site A CCG were excited about the data available to them regarding the secondary referral rates for the population in their collective catchment. But in studying this data they came to realise that the local secondary referral rates were considerably higher than other regions, as were their associated costs in for elective procedures. Having strong central organisation and cohesion across the Board membership, they organised several working groups around selected specialist areas such as dermatology. Whilst the board members themselves did not sit on the working groups, their strong ties to the PCT enabled them to get engagement and support for all working groups from PCTs who in turn brought in representatives from community services and a number of provider representatives. The CCG board and pathway group members also identified several frontline GPs from across their catchment to contribute to group discussions. As highlighted by the CCG Chair:

*"we have had meetings, meetings, and meetings and there have been lots of problems; that's collaboration ....previously there was no engagement at all, they never spoke ... to one another actually".*

Communication and dialogue between specialists and GPs in some of the pathway groups led to educational initiatives where the hospital specialist came to GP practices to give a workshop on appropriate referrals. Hospital specialists were motivated to participate because their clinics were overcrowded making it difficult for them to hold optimal consultations. As explained by a board member:

*"If the consultant is there and says 'if the patient has this, don't bother referring, but if he's got that then I need to see him'. That's very reassuring for the GPs who spend their life taking risks".*