

Report to: **East Sussex Health Overview and Scrutiny Committee (HOSC)**

Date: **20th March 2008**

By: **Director of Law and Personnel**

Title of report: **Choose and Book update**

Purpose of report: **To update HOSC on the performance of the Choose and Book service in East Sussex.**

RECOMMENDATIONS

HOSC is recommended to:

- 1. Consider the latest position on Choose and Book from the PCTs' representatives.**
 - 2. Question whether there has been satisfactory progress.**
 - 3. Identify how HOSC will monitor future developments.**
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1. Background

1.1 'Choose and Book' is a national service that combines electronic booking and a choice of place, date and time for first outpatient appointments. This forms part of the Government's policy that patients will be offered a choice of treatment at any NHS Trust, Foundation Trust or independent sector provider which can provide the service at nationally agreed costs and standards.

1.2 The development of the service has been on the HOSC agenda since the system's launch in March 2005, when HOSC held an introductory seminar. At the HOSC meeting on 1st December 2005 the Committee agreed to maintain a watching brief on Choose and Book to address particular concerns that appeared to be hindering full and effective implementation.

2. Performance to date

2.1 In August 2006 the Committee noted that progress in East Sussex had been particularly poor. Nationally, the number of referrals via Choose and Book was increasing and averaged at 21% of referrals being made using the system. The South East Coast Strategic Health Authority (SHA) area was achieving an average of 11%. East Sussex scored approximately 5% against a planned 35%. Within Surrey and Sussex, East Sussex was the worst performing area.

2.2 In September 2006 HOSC was critical of the 'disappointing' roll out of Choose and Book across the county. The poor performance was blamed on technical problems and on the fact that important data had yet to be uploaded to the system by the acute trust.

2.3 In November 2006, HOSC noted an improvement in the performance of Choose and Book. Nationally, the average number of GP to consultant referrals made through Choose and Book in October 2006 was 28%. The South East Coast SHA average was 20% during this period. Performance within East Sussex had improved significantly and the average performance for October was 24%. Referrals were running at 600 a week across East Sussex, compared with 89/90 a week in September 2006. It should be noted that not all referrals are eligible for the Choose and Book system and that the remaining referrals continue to be made using the traditional referral letter format.

2.4 HOSC expressed concern that, in December 2006, East Sussex Hospitals NHS Trust (the main provider of choice of acute services) went 'off menu' in seven key specialities, including

orthopaedics. This meant that the Trust refused to accept GP referrals and did not appear as a choice for patients requiring that service. HOSC noted that the Choose and Book team was liaising with GPs and trying to improve capacity in order to ensure the full range of choice was available to patients.

3. Issues arising

3.1 John Vesely, Head of Primary Care and Mark Lavender, Choose and Book Programme Manager*, East Sussex PCTs will update HOSC on Choose and Book progress since November 2006. Mr Vesely's report is attached as appendix 1 and covers the following issues raised by HOSC.

- Impact of East Sussex Hospitals going 'off menu'. Status of the data from the acute trusts and whether there are any specialities not on the system
- Current status of Choose and Book system
- Current status of referrals
- Equality of access across the county
- Feedback from GPs on the improvements realised
- Rate of take-up by GPs, whether any practices not using the system and why
- Outstanding technology issues
- Financial implications

3.2 HOSC may wish to question the PCT representatives on the above areas in order to determine whether satisfactory progress is being made.

*Mark Lavender is standing in for Marena Williams, Choose and Book Lead Manager who is on holiday. Mr Lavender succeeded Terri Agnew as Choose and Book Programme Manager in March 2007. Ms Agnew attended HOSC in November 2006, September 2006 and December 2005 as well as the HOSC Choose and Book seminar in March 2005.

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Choice and Booking

Briefing note for East Sussex Health Overview and Scrutiny Committee on the implementation of the national service that allows patients to electronically book an appointment with a provider of their choice during or after consultation with their GP

1. Background

The last report to the Committee in November 2006 recorded that, after a slow initial take up the levels of usage of what was then termed the Choose and Book system in East Sussex, the performance of both PCTs was showing continued improvement in the period September to November 2006. In October 2006 the East Sussex number of GP referrals for first outpatient appointments being made through the system as a proportion to the total number of referrals was 24%. It should be understood that not all referrals are eligible for the Choose and Book system and that the remaining referrals continue to be made using the traditional referral letter format.

However, in December 2006 the East Sussex Hospitals Trust (the main provider of choice of acute services) went 'off menu' in seven key specialties and refused to accept GP referrals. This had a dual impact on the uptake of the Choose and Book system:

- GPs use of the system fell away as they were unable to book appointments in a number of the high volume specialties (Orthopaedics, ENT, Ophthalmology, Gastroenterology, Neurology)
- The alternative providers offered by the PCTs (Horder Centre, Esperance Hospital, Nuffield and BUPA hospitals etc.) were not able to offer appointments made via the Choose & Book system

By the time the contracting issues were resolved and all the ESHT specialties were back on menu (April 2007) the usage of the Choose and Book system had halved and the implementation programme had stalled. Many of the Practices involved were recording negligible usage of the system and the PCTs were forced to scale down the payments made under the Directed Enhanced Service (DES) incentive scheme - worth a maximum of £0.96 per registered patient – to all but a few practices.

2. Restoring Momentum

The same DES scheme was again made available to all practices in 2007/08 but such was the level of disillusionment with the functionality of the system that 12 practices (6 in each PCT) declined to take up the DES, leaving nearly eighty practices participating in the initiative that currently covers some 85% of the County's registered population. However the levels of usage failed to recover and in July the PCTs conducted a root cause analysis to identify the reasons inhibiting performance. This exercise revealed four areas that required specific improvement before GPs could be encouraged to use the system with a reasonable probability of being able to book an appointment in a realistic time frame:

- The Directory of Services (DOS) which is the directory of all the services offered by all the providers was difficult to use, contained many inaccuracies (the fault of the providers) and it was very difficult for GPs and their patient to access a particular consultant. **Solution:** the

PCTs have worked with the main providers to refine the DOS and provide a way of accessing particular consultants. This work was completed in January 2008.

- The operational functionality of the system was on occasions erratic and slow, some of this matters could be remedied by a better bespoke local IT support service but others are attributes of the national system. **Solution:** The PCTs have secured dedicated support for the system from the Sussex Health Information Service and have introduced a more responsive technical help and support service. Some of the PCTs own staff are now able to give immediate support on common, minor problems (e.g. smart cards not working).
- The skills and knowledge amongst GPs and practice staff had decayed and refresher training and a higher level of direct support was needed. **Solution:** All practices are being offered refresher training by specialist trainers on their own premises and are being given skilled support on request. The PCT has appointed as its Lead on Choice and Booking (the new name for the initiative) an officer with a very successful track record of introducing the system in London. She took up her post in January 2008 and she is reshaping the PCT support team to provide skilled support to providers and practices to help them develop their own skills and processes. To cover the interim, in September 2007, the Hastings and Rother PCT recruited a dedicated project manager who began the implementation of the solutions and formed a panel of GPs who advised on and tested the proposed remedies
- The number of 'bookable routine appointment slots' at ESHT was very limited (in part due to the Trust accelerating appointments for patients to achieve the 18 week waiting time target. **Solution:** The PCTs have bought sufficient capacity as part of the 2007/08 Service Level Agreement (SLA) to achieve the target and maintain the required service levels but the Trust is underperforming on its contracted activity levels and does not seem to have the capacity to deliver the necessary volumes of first outpatient appointment activity. **Solution:** The PCTs are negotiating a resolution to the contract performance issues in preparation for the agreement of a 2008/09 SLA. In the meantime the PCTs have brought on line a number of alternative providers whose services can be accessed locally. However, for the majority of practices and their patients ESHT remains the provider of choice – although increasing levels of activity going to the Horder Centre suggest that this position is changing.

The PCT will also offer, for 2008/09 only, a Local Enhanced Services scheme worth more than the previous national scheme. The precise details can only be agreed when the outcome of national negotiations on the extended opening initiative (which may subsume the original DES monies) are concluded.

3. Current Status of referrals

In February 2008 from a total of 8,530 referrals some 2,382 were made electronically which equates to 27.9% for the month.

4. Equality of access across the County

Rates are similar for both East Sussex PCTs. It is hoped that the improved functionality of the system coupled with a more attractive incentive scheme and greater support will encourage the practices that are not participating to join in the scheme.

5. Rate of GP take up

There is considerable variance between practices, with many barely reaching double figures while one practice in Hastings and Rother achieved 81% in January 2008 and several more consistently achieve around 50% - the processes adopted by these practices are being recommended to all other practices. The PCTs and GPs are against any referral management system that erodes the intention that the exercising of choice and booking should be determined in the main by a dialogue between the patient and his/her GP.

6. Outstanding technology issues

The PCTs have resolved most of the local technology issues but the (slow) speed of response of the national system remains a constant irritation to users and there have been complete system failures that have further impaired user's perception of the system.

7. Acute Trust data

The quality of the data from both the Brighton and East Sussex acute trust has improved significantly. After undertaking a purge of the current directory information in September to remove all inaccuracies ESHT then revised the whole structure of its Directory of Services to improve accuracy and ease of use. Wherever possible the Trust has added clinicians' names into clinic titles to allow the selection of particular consultants.

8. Feedback from GPs

Two practices have concerns about the safety and confidentiality of the system and refuse to use it but the main impediments to its use reported by GPs are the slowness of system and the absence of a Named Clinician Referral feature. The current ESHT Patient Administration System cannot accommodate this feature and the Trust is reluctant to offer it even if it was available because of fears that it would lead to unbalanced consultant workloads.

9. Financial Implications

The PCTs have invested considerable resources to support the implementation of the system. The proposed incentive scheme is likely to cost an additional £300,000 if practices achieve the target trajectories which require a 50% usage to be achieved by May and a 70% usage to be reached by July and the national target of 90% achieved by September.

John Vesely

Head of Primary Care

East Sussex Downs and Weald / Hastings & Rother PCTs