

Report to: **East Sussex Health Overview and Scrutiny Committee (HOSC)**  
Date: **19th March 2009**  
By: **Director of Law and Personnel**  
Title of report: **Choice and Booking update**  
Purpose of report: **To update HOSC on the development of Choice and Booking in East Sussex.**

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## **RECOMMENDATIONS**

**HOSC is recommended to:**

- 1. Consider the latest position on Choice and Booking and question whether there has been satisfactory action taken to address performance issues.**
  - 2. Identify how HOSC will monitor future developments.**
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### **1. Background**

1.1 Choice and Booking is a national programme 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 programme has been on the HOSC agenda since the system's launch in March 2005. At the HOSC meeting on 1st December 2005 the Committee agreed to maintain a watching brief on Choice and Booking to address particular concerns that appeared to be hindering full and effective implementation.

### **2. Performance to date**

2.1 HOSC followed progress in 2005 and 2006 and considered the take up of Choice and Booking to be disappointing. However, towards the end of 2006 HOSC noted an improvement with an average of 24% of GP to consultant referrals being made through Choice and Booking in October 2006.

2.2 On revisiting Choice and Booking in March 2008, HOSC noted that uptake continued to be an issue with still only 20-30% of East Sussex GP referrals being handled through the system compared to a national target of 90%. Although there is some scepticism about whether the 90% target is appropriate, East Sussex Primary Care Trusts (PCTs) were hopeful that local rates would be beyond 50% by June 2008 as a number of improvements were beginning to be rolled out which were expected to increase the number of referrals made through the system.

2.3 In September 2008, HOSC noted that the planned improvements had not yielded the significant increase in referrals through Choice and Booking which had been anticipated.

Shortly after March there had been an initial improvement to 40% but this had gradually fallen back to 35% in Hastings and Rother and 32% in East Sussex Downs and Weald. HOSC noted that the Strategic Health Authority had set a very challenging target for PCTs to reach 75% by December 2008, thus sending a clear message that a big improvement was needed.

2.4 John Vesely, Head of Primary Care, East Sussex PCTs, explained that referral management systems are being used by other PCTs and are often responsible for the higher rates of referral by Choice and Booking seen in other areas. Such systems process referrals centrally through a specialist team, away from GP practices. There is pressure for PCTs to move to these systems if their Choice and Booking referral rates are low. Mr Vesely indicated that East Sussex PCTs had specifically rejected going down the route of using a referral management system which they believe is against the spirit of Choice and Booking as it detracts from the patient/GP relationship.

2.5 Mr Vesely stated that technical issues had been largely resolved, but that slot availability remained an issue for GPs using the system. The commitment of some GPs to Choice and Booking also remained an issue, but the PCTs had been able to identify those practices with higher and lower usage and planned to share good practice from high usage practices, and target low usage practices with special measures.

2.6 Mr Vesely outlined a range of strategies being used to improve take-up, including resolving slot availability issues, moving the Ear, Nose and Throat specialty to 'electronic-only' bookings, and providing information to patients which may encourage them to request choice and electronic booking. He indicated that, if these strategies failed, moving to a referral management system would be considered, although the PCTs see this as a backward step.

### **3. Issues arising**

3.1 John Vesely has supplied an update to HOSC on the latest position with Choice and Booking (attached at appendix 1). This details ongoing performance issues and a current referral rate of approximately 30% in Hastings and Rother and 35% in East Sussex Downs and Weald (February 2009), despite the implementation of the strategies outlined to HOSC in September 2008. The Committee may wish to pursue the following issues with Mr Vesely to determine whether everything possible is being done to improve uptake of Choice and Booking:

- What action was taken by the Strategic Health Authority in relation to PCTs which did not meet the 75% target by December 2008.
- The possible reasons why the East Sussex rates are below the national and South East Coast average rates.
- Whether a referral management system is now being considered and what the potential benefits and risks of this would be.
- The impact of the 'guaranteed availability' Ear, Nose and Throat initiative and plans to extend this.
- The content of the public awareness campaign and communication methods to be used.
- What work has been done with lower uptake GP practices.
- Financial implications of the extended period of poor performance.

ANDREW OGDEN

Director of Law and Personnel

Contact Officer: Claire Lee, Scrutiny Lead Officer, Tel No: 01273 481327

NHS East Sussex Downs and Weald/NHS Hastings & Rother

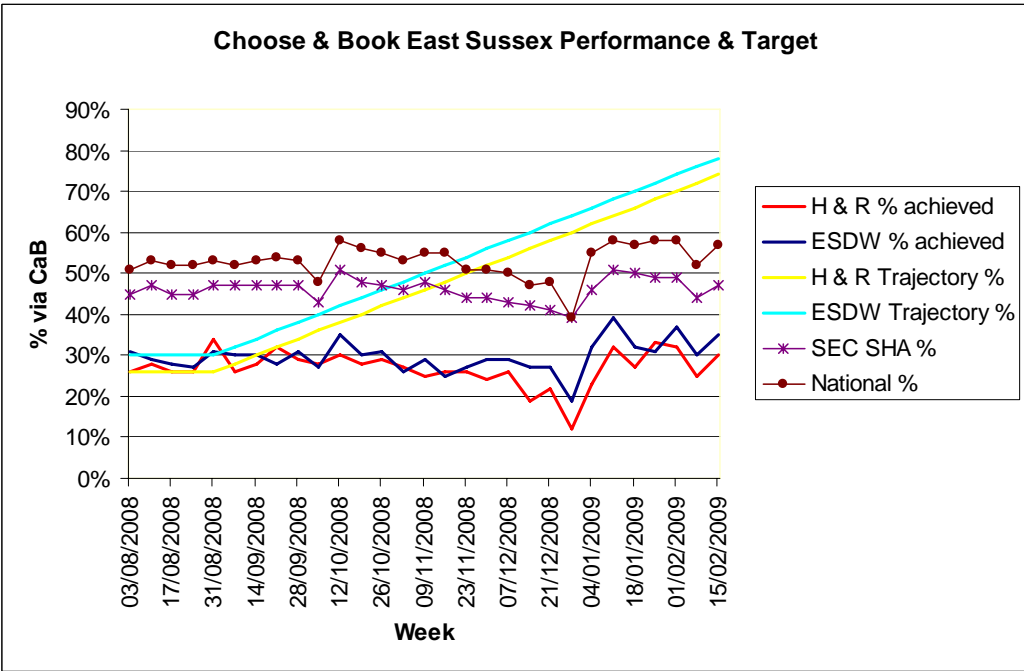
Progress Report on the Usage of the Choose and Book for First Outpatient appointments by East Sussex GP Practices

1. Purpose

This report provides a brief update for the Health Overview and Scrutiny Committee on current issues affecting the uptake of the Choose and Book service in East Sussex, and the measures being undertaken to improve user experience and system use.

2. Current Performance and Trends

The attached graph shows the local health economy performance together with that of the Strategic Health Authority (SHA) area and national overall trends



There was improvement in performance at the start of the year, although concern that this may be dropping once again. The improvement coincided with the commencement of a 'guaranteed' availability initiative in Ear, Nose and Throat (ENT) at East Sussex Hospitals NHS Trust, the

main acute service provider described. This initiative is described in more detail below.

The usage trends in both East Sussex PCTs closely mirror the trends observed both at SHA and national level, suggesting similar influences on all. Possible reasons for this 'same but lower' pattern are being investigated.

### **3. Issues Affecting Performance**

#### **3.1. Technical**

The PCT team responsible for supporting GPs in the use of the system continue to offer training and support directly to practices and are able to identify immediate local problems with the electronic booking system to report to the Sussex Health Information Service that provides IT support to the PCTs. Response times for technical support have improved, but interface issues remain a problem – e.g. where two interdependent parts of the system from different suppliers are not interacting correctly.

The national system spine has been unavailable on several occasions since the start of the year preventing any bookings being completed. This is beyond local control but is a disincentive for practices seeking to use the system as time is wasted attempting to use the system and there is no notification process to warn practices that it is not working or that it has been reinstated (the PCTs have instituted a local alert process) .

The local system has produced a new problem with the main hospital patient administration systems (PAS) reporting a fault which also prevents bookings being made, and has yet to be fully resolved. This has intermittently prevented bookings on several occasions since the start of the year. The cumulative effect of both these problems means that as many as 12 working days have been without a functional system.

#### **3.1. Operational**

Interpretation of the Choose and Book procedural guidance is variable and has resulted in a particular system of work at the main local acute provider that is inadvertently causing problems to patients and referrers. The problem is complex and relates to referrals received through the national booking line.

The PCTs have established links with another NHS acute trust using the same PAS system, within the SHA area, which have developed a process which mitigates the problems being experienced by the East Sussex Hospitals NHS Trust in the expectation that the solution can be applied locally.

### **4. Capacity**

The categorisation of clinic types prevents all slots being made available to the Choose and Book system. The PCTs are working with their acute providers to rectify this by bringing ad-hoc clinics into the mainstream.

Capacity which is not currently available to the system is being brought on line. This includes independent providers (Esperance, BUPA etc) as well as community Practice Based Commissioning schemes such as Eastbourne Orthopaedic Assessment Service which sees around 2,000 patients a year.

## **5. Engagement**

Overall referrer satisfaction with the system is improving, but is fragile, and easily damaged by any poor experience. The PCTs are endeavouring to secure engagement by removing obstacles and disincentives to system use, and at the same time providing a financial incentive scheme backed by dedicated support.

The PCTs have run an incentive scheme during 2008/9 which rewards GP practices for every appropriate referral made. In addition, the PCTs have offered of short term financial support to introduce 'back office' functions within practices. This support will continue to be available in 2009/10.

The PCTs and East Sussex Hospitals have agreed a programme to improve user experience by concentrating on specific clinical specialities where assurances can be made on slot availability. This has been piloted with ENT on the Eastbourne DGH site, and is being rolled out to the Conquest Hospital. General Surgery will be the next speciality to be subject to this initiative and will be instituted across both sites simultaneously.

Ongoing training, encouragement and support from the Choose and Book team is constantly available to practices on request, comparative user data is now being provided to all practices and is featured in performance reports to the PCT Senior Management Team and the Professional Executive Committees.

The number of practices using Choose and Book has increased.

## **6. Public Awareness**

The PCTs have secured funding to run a public awareness campaign which will begin in April 2009. The purpose will be to raise awareness of both the right to choose a provider, and the means to do so using the Choose and Book system.

## **7. Summary**

Performance remains a concern, but there is some confidence that the range of measures being undertaken will lead to a further improvement.