

Report to: **East Sussex Health Overview and Scrutiny Committee (HOSC)**
Date: **16th September 2008**
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.**

RECOMMENDATIONS

HOSC is recommended to:

- 1. Consider the latest position on Choice and Booking 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' (now re-branded by the Department of Health as 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, when HOSC held an introductory seminar. 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 In August 2006 the Committee noted that progress in East Sussex had been particularly poor. Nationally, the number of referrals via Choice and Booking 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 Choice and Booking 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 Choice and Booking. Nationally, the average number of GP to consultant referrals made through Choice and Booking 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 Choice and Booking 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 Choice and Booking team was liaising with GPs and trying to improve capacity in order to ensure the full range of choice was available to patients. The PCTs admitted that the system effectively stalled in December 2006.

2.5 In March 2008, HOSC noted that uptake of Choice and Booking continued to be an issue due to a number of factors including lack of robustness in the system's software and hardware, insufficient slots to satisfy some high demand specialities e.g. orthopaedics, geographical nature of East Sussex limiting choice, lack of compatibility with East Sussex Hospitals NHS Trust software, and inability of the system to identify individual consultants. As a result, the Choice and Booking system had lost momentum but a number of improvements were beginning to be rolled out which were expected to increase the number of referrals. These included:

- Working to resolve local technological problems
- Looking at high usage GPs to see if 'best practice' can be rolled out to other surgeries
- Targeting larger practices which have a high number of referrals but low usage of Choice and Booking
- Negotiations with East Sussex Hospitals NHS Trust to improve compatibility with Choice and Booking and enable the named clinician facility to become operational.

2.6 Peaks and troughs in performance in East Sussex mirror national patterns but East Sussex was in the country's bottom performing 15-20 PCTs. The Department of Health target is 90% referrals occurring via the Choice and Booking system but there is some scepticism about whether the target is appropriate as it assumes all referrals are eligible when in fact there may be clinical reasons why some referrals may never be handled in this way. The March level in East Sussex PCTs was 20% to 30% but the PCTs indicated that by June 2008 referrals would be beyond 50%, following the roll-out of the improvements outlined above.

3. Issues arising

3.1 John Vesely, Head of Primary Care, East Sussex PCTs will update HOSC on Choice and Booking progress since March 2008. Mr Vesely's report is attached as appendix 1 and covers the following issues raised by HOSC.

- Current status of Choice and Booking system
- Current level of referrals made through the system

- Equality of access across the county
- Feedback from GPs on the improvements realised
- Outstanding technology issues
- Financial implications

3.2 HOSC also requested comments on Choice and Booking from East Sussex Hospitals NHS Trust. The Trust's response is attached as appendix 2 and highlights the following issues:

- The Trust's software has now been upgraded which allows named clinician referrals to be made through the Choice and Booking system.
- Trust staff have been involved in work with GPs to improve uptake.
- The new software will also give the Trust more capacity to flex clinics to meet demand.

3.3 HOSC may wish to question Mr Vesely on the above areas in order to determine whether satisfactory progress is being made.

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East Sussex Downs and Weald & Hastings and Rother PCTs

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. The background

In March 2008 the PCTs reported to the Committee on the steps they were taking to increase the usage of the system that had been initially launched in 2006. The initial implementation plan had stalled in the winter of 2006/7 when the main acute provider had gone off menu in five key specialties for a period of five months during which time the system was largely unused. In preparing for the relaunch the PCTs investigations a number of factors that were contributing to the poor performance in both PCTs:

- Poor functionality of the DOS in use for the major acute providers
- Lack of consistent slot availability at key providers
- Slow, and often ineffective, support from the Sussex Health Informatics Service (HIS)
- GP practices prioritising other initiatives (especially the development of Practice Based Commissioning (PBC)) and finding the structure of the incentive scheme unattractive.

The overall strategy was to remedy these failings and to address other problems specific to individual PCTs with a view to reaching a point at which there was sufficient confidence in the functionality of the Choice and Booking systems to allow the initiative to be relaunched with a high degree of confidence that it could and would be used successfully by GPs. It should be noted that the PCTs reconfirmed their decision not to pursue the implementation of a referral management system as an alternative strategy.

Initially the relaunch that commenced in January 2008 was tailored to the specific circumstances that prevailed in each PCT but as time has run on the performance and problems of the two PCTs (given that they share a common major acute provider) have converged to the point where now a common set of actions are seen as being appropriate to both the PCTs.

To oversee the remedial work and the relaunch of the initiative the PCTs reconstituted the East Sussex Choice and Booking Board which continues to meet monthly (with strong clinical input). The PCT Senior Management Team and the Professional Executive Committees receive monthly reports, with the PCT Boards receiving reports at each meeting.

2. Current position

As can be seen from the graph at Annex A, the initial stages of the launch in February to April 2008 saw an improvement in performance. After a widespread system failure in April performance recovered in early May (East Sussex Downs and Weald PCT (ESDW) reaching a high of 38% and Hastings and Rother PCT (H&R) 35%) before beginning a steady decline to the current time (ESDW 28%, H&R 26%) making the PCTs the second worst performers in the Strategic Health Authority (SHA), which itself currently averages 45% compared with the national average of 52%.

Fixing the problems

The Action Plan that accompanies this report details the full set of actions that the PCTs are taking to increase the usage of the system. The key elements of this programme are:

DOS functionality: The PCTs benefited from the development undertaken by the local commissioners with Brighton and Sussex University Hospitals NHS Trust and concentrated their efforts on improving the East Sussex Hospitals NHS Trust Directory of Services. A team of PCT and East Sussex Hospitals NHS Trust (ESHT) officers with the help of local GPs have identified the impediments to quick and effective usage and resolved them (with subsequent testing of the changes). This programme of work was completed in early 2008 and GP / Practice bulletins have been issued to all practices and are now included in the training programmes. However the system needs to be maintained and updated and refinements communicated quickly and effectively to GPs.

Slot availability: working with ESHT the polling period for the system was increased in October before being reduced again as part of the 18 Week programme. This increased slot availability and encouraged usage. A daily monitoring system has been introduced which is reviewed with ESHT on a weekly basis. This analysis is being used to inform capacity and Service Level Agreement discussions with ESHT and the development of the PCTs Choice menus. However slot availability continues to be a problem and the PCTs have lodged a formal challenge with ESHT about the number of slots being published to the system which does not accord with the Service Level Agreement capacity that has been purchased.

The situation is compounded by the reduced polling windows necessitated by the 18 week pathways and the fact that many written referrals are still being made. Although the slot availability issue has yet to be resolved PCT and ESHT officers have jointly developed a proposal for a pilot that would see written referrals to the Trust's Ear Nose and Throat services ended in October after consultation with GPs – this specialty has been chosen because it has a relatively large volume of referrals while having relatively few slot availability problems. The Trust will however require funding to run a series of ad hoc clinics to accommodate the 600 referrals in the system so that it can publish all slots to the system for GPs to access on the appointed switchover date, the PCT awaits a costing for these clinics.

Once this pilot has been implemented successfully - to increase GP confidence - the intention is that a number of other specialties should follow in quick succession although a few specialties will remain too problematic to be encompassed until the Service Level

Agreement capacity issues are resolved. In the meantime the PCTs will continue to develop the number of alternative providers on the Choice menu.

Technical support: Health Informatics Service have taken several steps to increase the level of support to the Choice and Booking initiative including devoting dedicated capacity but complaints and reports of slow response times persist. The majority of the hardware problems experienced by practices have now been resolved with only one practice now being impeded by a technical deficiency to which a solution still has to be agreed. The PCTs have set up their own telephone support line manned by the Choice and Booking Administrator. The timely issuing and renewal of smartcards remains a problem in spite of Health Informatics Service attempts to improve the situation and the PCT will return to the proposal that appropriately qualified local officers should be given rights to clear such problems.

Securing GP Commitment: In April the PCT introduced a new and simplified Local Enhanced Service that pays each practice £5 per converted Unique Booking Reference Number. This scheme was well received and only 2 practices have declined involvement – although for various reasons several others have negligible usage rates (see Annex B which shows the usage rates of each practice averaged for the period April – June).

As the PCTs have improved the performance monitoring of individual practices a particular issue has been identified that is illustrated in Annex B and Annex C that relate to ESDW and H&R respectively. It is becoming apparent that only 75% Of the referrals being created using the Choice and Bookign system are actually being converted and registered on the system – the reasons for this failure rate are not fully understood and a number of audits with individual practices are being undertaken.

The best performing practices in the PCTs tend to be smaller practices who have developed strong ‘back office’ processes to support their GPs and the PCTs are seeking to replicate this approach in other practices, giving appropriate training and advice and supporting the change process when requested.

The PCTs’ Choice and Booking Team began a series of practice reviews in June but the CAB Lead has only recently been able to recruit the two support staff – one of whom has required training – and much of her capacity has been taken up with trouble shooting but she has responded to all requests for support and recently has begun to target low performers. The individual PCT tables in Annex D divide practices into those that need immediate support/retraining (red) who will receive a comprehensive review visit in September and a follow up visit not later than November provided they accept, those who need additional support on site to improve their processes and performance (amber) and will receive a further visit in October and those whose competency and performance is such that they are likely to exploit the further systems improvements detailed in the action plan and whose performance will be monitored and a revisit arranged if necessary or requested.

3. Required resources

In the main the action plan will be delivered by existing staff redirecting their efforts and changing their roles but, as has been noted, some additional resources will be required to allow the ending of written referrals and to secure the nomination and participation of 13 Champion Practices.

East Sussex Downs and Weald/Hastings and Rother Primary Care Trusts

Choose and Book Performance Improvement Plan: August 2008

DESCRIPTION OF PERFORMANCE ISSUE	DETAILED ACTION FOR IMPROVEMENT	TIMESCALE FOR COMPLETION OR MILESTONE ACHIEVEMENT	RESPONSIBLE OFFICER	ANTICIPATED IMPACT ON PERFORMANCE BY 31/12/08
1. Slot Capacity	Agree with main acute providers to publish all available slots to system and resolve Service Level Agreement capacity issues	Sept 08	P Finn	10%
	Agree timescale and protocols with ESHT for ending of written referrals (on a specialty by specialty basis)	Commence programme with ENT referrals. Oct 08	P Trevethick/J Black/ P Finn	
	<p>Provide PCT Liaison officer to work with ESHT resolving any day to day issues that arise and providing direct feedback to practices</p> <p>Weekly review of slot capacity with providers to identify capacity problems and imbalances between sites and to ensure 18 week pathway is maintained</p> <p>Examine support mechanisms and enforcement options to increase capacity where required. Explore reasons for high conversion failure rate (circa 25%) – aim for 50% reduction by end Oct 08</p>	<p>Sept 08</p> <p>Commenced July 08</p> <p>Fortnightly meetings with contract managers to identify and implement enforcement options</p>	<p>M Williams</p> <p>P Fitzgerald</p> <p>P Trevethick / L Brosson</p>	

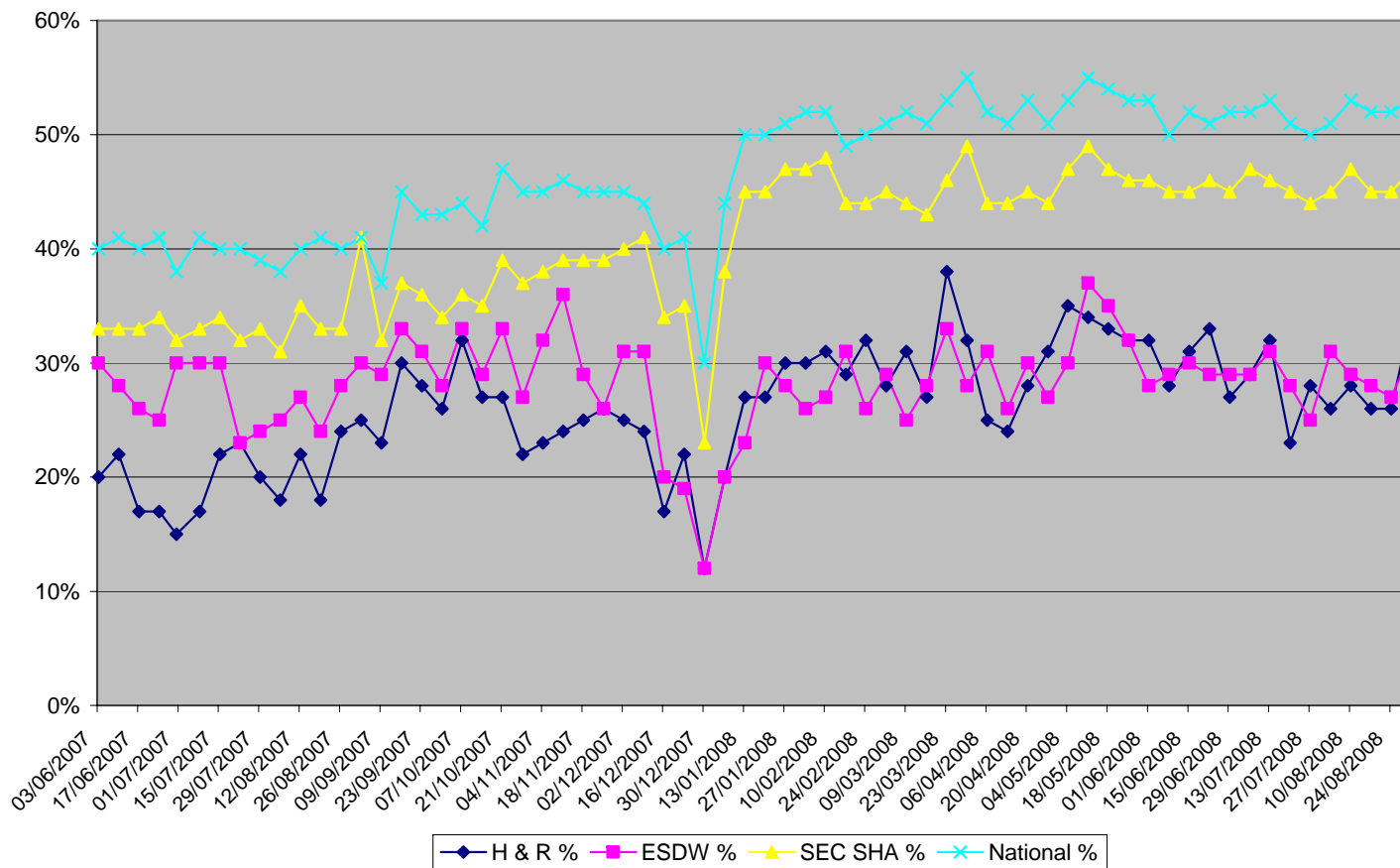
DESCRIPTION OF PERFORMANCE ISSUE	DETAILED ACTION FOR IMPROVEMENT	TIMESCALE FOR COMPLETION OR MILESTONE ACHIEVEMENT	RESPONSIBLE OFFICER	ANTICIPATED IMPACT ON PERFORMANCE BY 31/12/08
2. Improve Practice Performance	Undertake extended practice review visits (as per Review Programme) focussed on poorest performing practices initially (on request for other practices) to assess current processes and abilities and to offer guidance, training and support to introduce new best practices and working methods from successful practices	<p>Programme commenced in June 08 and will be complete by October when a programme of follow-up visits will commence.</p> <p>Additional team member expected in post to assist in acceleration of programme</p>	M Williams	10%
	Provide additional training as required for practice staff and provide regular update sessions for Champion Practices (see below)	Deliver initial training onsite but build update sessions into user group sessions. Ongoing	M Williams	
	Develop performance monitoring reports for all practices and train them in self-auditing facility available on system	<p>First performance reports in new format agreed by Choice and Booking (CAB) Board issued August 08</p> <p>Review operation of current Local Enhanced Service Oct 08 and ensure full awareness of the incentive scheme</p> <p>Invite Champion Practices to join CAB Board to increase awareness of overall context and provide opportunity to engage with providers and service users</p>	<p>M Williams/P Fitzgerald</p> <p>J Vesely</p> <p>J Vesely</p>	

DESCRIPTION OF PERFORMANCE ISSUE	DETAILED ACTION FOR IMPROVEMENT	TIMESCALE FOR COMPLETION OR MILESTONE ACHIEVEMENT	RESPONSIBLE OFFICER	ANTICIPATED IMPACT ON PERFORMANCE BY 31/12/08
	Smart card issuing and authorisation is managed by the Sussex HIS and there are repeated problems and delays to the issuing and reauthorisation of smart cards	The CAB Board will review current arrangements and make proposals for improvements where necessary. Sept 08	J Vesely/M Williams	
3. Improve ability to find specialties and clinics on CAB	ESHT to complete all keywords on system and maintain accuracy of DOS. Pilot changes with panel of GP volunteers	Initial task completed March 08 Invite GP Panel to conduct review of system Sep 08	K Horner	5%
	Inform GPs and provide regular update via GP Newsletter and Locality meetings/Forums	Ongoing since July 08	M Williams	
	Create User Group involving practices and providers that meets monthly to discuss problems and share experiences with a view to developing workaround solutions to issues that cannot be immediately addressed.	Monthly meetings starting in Sept 08	M Williams/J Black	
	Create and maintain site on extranet to assist referring clinicians	Provide information on general system and keep updated. Compile compendium of Frequently Asked Questions	S Gooch/J Hufford/P Fitzgerald	
	Main acute provider to implement checking mechanism on system functionality	Regular monthly review of reported problems to be undertaken – Champion Practices to assist in testing once established. Start Aug 08	J Black/ P Trevethick	

DESCRIPTION OF PERFORMANCE ISSUE	DETAILED ACTION FOR IMPROVEMENT	TIMESCALE FOR COMPLETION OR MILESTONE ACHIEVEMENT	RESPONSIBLE OFFICER	ANTICIPATED IMPACT ON PERFORMANCE BY 31/12/08
4. Create awareness of the benefits and instil confidence in the functionality of the system	Develop 'Champion Practices'	Seek one champion practice per cluster or locality – provide time for champion practice to develop skills and disseminate to adjacent practices Have Champions nominated and resources identified by mid Sept 08. Champion practices to be operational by end of Oct 08.	J Vesely	5%
	Establish a helpdesk to provide a central point of expertise for practices and a central contact point for all parties (providers, practices and patients). Note: this service will not subsume the IT helpdesk	Develop the role of the Patient Care Advisers Service to provide this service by Oct 08	M Williams	
	Each Practice to also be given details of a named manager (normally the locality manager) to contact with queries about the system, provider performance and training. This manager will build a personal expertise and contact list after initial training (where required)	Named managers in place Sept 08	P Young/P Trevethick	

DESCRIPTION OF PERFORMANCE ISSUE	DETAILED ACTION FOR IMPROVEMENT	TIMESCALE FOR COMPLETION OR MILESTONE ACHIEVEMENT	RESPONSIBLE OFFICER	ANTICIPATED IMPACT ON PERFORMANCE BY 31/12/08
	Identify a Commissioning Manager to be responsible for the maintenance and promulgation of the Commissioning Function of CAB	<p>Manager nominated Sept 08.</p> <p>Ensure that all clinics posted on the CAB Directory are up to date and that new services (ESOPS, Lewes Victoria) are published to the system as quickly as possible Provide monthly updates to GPs on all services/clinics commissioned.</p> <p>Identify bookable services that are not yet published to the system and make available as soon as possible</p>	<p>P Finn</p> <p>Nominated commissioner</p> <p>Nominated commissioner</p>	
5. Engagement of Hospital Consultants	Support provider trust management to promote benefits of CAB to consultant body	CAB Board members to attend Clinical Directorate /Operational Board meetings by invitation to promote Cab and discuss specific issues	CAB Board/Jayne Black	2%
6. General Public Awareness	<p>Promote CAB service directly with patients across East Sussex using targeted media campaign that extends to public buildings and practices</p> <p>Use established user forums to discuss experience share feedback to CAB Board and GPs</p>	Utilise forums in Sept/Oct 08 for initial discussions – review Dec 08	<p>J Britton/P Trevethick</p> <p>P Trevethick/J Vesely</p>	2%

CaB - % Weekly Utilisation



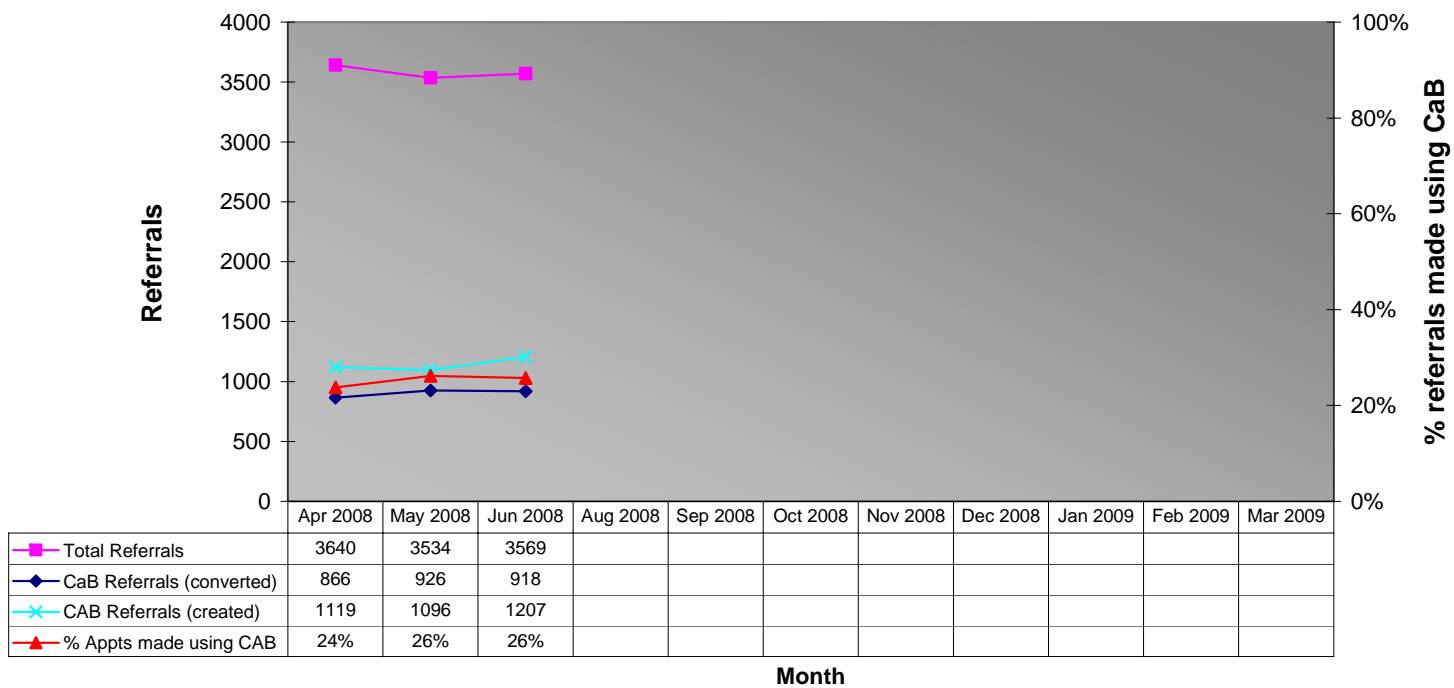
**East Sussex Downs and Weald Total
GP referrals made using CaB and % made using CaB**



	Apr-08	May-08	Jun-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Jan-09	Feb-09	Mar-09
—■— Total Referrals	7415	6835	7566								
—×— CAB referrals created	1861	2055	2151								
—◆— CAB referrals converted	1602	1756	1724								
—▲— % Appts made using CAB	22%	26%	23%								

Month

**Hastings and Rother PCT
GP referrals made using CaB and % made using CaB**



East Sussex Downs and Weald PCT Practice Review Programme

Practice	Average*	Sept Review	Oct Revisit	Nov Revisit	Dec - March Ongoing Review
Herstmonceux Surgery	62%				
Alfriston Surgery	54%				
Foxhill Medical Centre	47%				
Old School Surgery	47%				
Bethany House Surgery	46%				
The Central Surgery	45%				
The Lighthouse Medical Practice	45%				
Vicarage Field Surgery	44%				
Woodhill Surgery	44%				
Downlands Medical Centre	41%				
Buxted Surgery	40%				
Manor Oak Surgery	39%				
Stone Cross Medical Centre	38%				
Sovereign Practice	35%				
Arlington Road Surgery	33%				
Green Street Surgery	32%				
Newick Health Centre	31%				
Park Practice	31%				
Rowe Avenue Surgery	31%				
Manor Park Medical Centre	29%				
Belmont Surgery	27%				
Enys Road Surgery	27%				
Grove Road Surgery	22%				
Beacon Surgery	21%				
Seaside Medical Centre	21%				
Bird-In-Eye Surgery	20%				
Seaforth Farm Surgery	20%				
Quayside Medical Practice	17%				
Saxonbury House Surgery	17%				
Meridian Surgery	16%				
Quintin Medical Centre	16%				
Harbour Medical Practice	14%				
River Lodge Surgery	11%				
Rotherfield Surgery	11%				
Bridgeside Surgery	7%				
Chapel Street Surgery	7%				
Seaford Health Centre	7%				
Groombridge Surgery	5%				
St Andrews Surgery	2%				
Ashdown Forest Health Centre	0%				
Bolton Road Surgery	0%				
Heathfield Surgery	0%				
School Hill Medical Practice	0%				
The Meads Surgery	0%				

*figures based on average of UBRNs converted Apr-Jun 2008

Hastings and Rother PCT Practice Review Programme

Practice	Average*	Sept Review	Oct Revisit	Nov Revisit	Dec - March Ongoing Review
Shankhill Surgery	56%				
Ferry Road Health Centre	55%				
Priory Road Surgery	47%				
Essenden Road Surgery	44%				
Oldwood Surgery	44%				
Albert Road Surgery	42%				
Roebuck House Practice 1	41%				
Sea Road Surgery	40%				
Silver Springs Medical Practice	39%				
Collington Surgery	36%				
Fairfield Surgery	36%				
Roebuck House Practice 3	35%				
Roebuck House Practice 4	34%				
Roebuck House Practice 5	34%				
Churchwood Medical Practice	33%				
Lower Glen Surgery	29%				
Little Common Surgery	24%				
Harold Road Surgery	22%				
Beaconsfield Road Surgery	19%				
Rye Medical Practice	18%				
Sedlescombe House	12%				
Carisbrooke Surgery	11%				
Hollington Surgery	11%				
Wellington Square BMH	10%				
Warrior Square Surgery	8%				
Cornwallis Gardens Surgery	4%				
Wellington Square MCPS	4%				
Little Ridge Avenue Surgery	0%				
Martins Oak Surgery	0%				
Northiam Surgery	0%				
Sedlescombe Surgery	0%				
South Saxon House Surgery	0%				
Stone Street Surgery	0%				
Wellington Square HH	0%				

**figures based on average of UBRNs converted Apr-Jun 2008*

Appendix 2

Comment from East Sussex Hospitals Trust on progress with Choice and Booking – received 2nd September 2008

We implemented a named clinician referral system last year following work undertaken with Greg Wilcox on behalf of local GPs who were finding it difficult to book their appointment through Choose and Book. This was prior to the upgrade of Oasis that allows us to place Named Consultant Clinics on Choose and Book. Members of the Trust Booking and Management teams visited other GP surgeries and attended GP and GP Practice Manager Forums to work with them to improve the use of Choose and Book for booking appointments. A Choose and Book Users Group for the Trust and PCT has been set up to allow both Provider and Commissioners to work together maintain and improve the use of Choice and Booking.

Oasis has now been upgraded to allow Named Consultant referrals and we are currently working with the PAS Oasis team to move from our old system to the new one. The new upgrade will also allow us to have much greater flexibility in the way the clinic slots are allocated through the Choose and Book system. Previously we had to fix the number of slots allotted to each speciality and as such we did not have the capacity to flex our clinics to meet the demand coming from Choose and Book. The new system is much more reactive to demand and I am fully expectant that we will see decreasing issues with slot unavailability.

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