

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 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.

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