

Choose and Book (C&B) briefing note for Middlesbrough Health Scrutiny Panel

Q1. What services in Middlesbrough are currently 'included' within Choose & Book?

- The majority of Secondary Care Elective services are included in C&B.
- Clinical Assessment Services (CAS) provided by Primary Care e.g. Minor Skin Surgery service
- Certain services are not currently available but will be very shortly e.g. Cancer two week wait referrals (for urgent referral where Cancer is suspected)
- Certain “Tertiary” services are excluded from C&B as no real Choice of provider exists due to the way the service is currently commissioned e.g. Bariatric (Obesity) Surgery
- Some very Specialist, low volume specialities may never be available as a C&B option e.g. Laser ablation

Q2. Whilst the Panel is aware that it only covers elective/planned care, does it cover every service under elective care?

- See above answer to Q1

Q3. Are Dental and ophthalmic procedures a part of Choose and Book as yet?

- Yes where these are elective secondary care procedures they can be accessed via C&B.
- Dental and Ophthalmology services based in Primary Care are not currently on the C&B Directory of Services
- Dentists/Opticians in theory can refer to Secondary care through the C&B system. However at present the IT systems/technology is not available in Dental/Optician practices

Q4. Who are the services providers which Middlesbrough PCT has contracted with to provide the choices?

- See attached Commissioning Matrix

Q5. Are Middlesbrough people showing any tendency to choose away from James Cook, which would be the traditional destination?

- See attached “activity by Provider” spreadsheet.
- MPCT has seen a significant & shift of patients choosing to go to other provider. The main reasons for this appear to be 1) Shorter waiting times 2) low/no MRSA rate 3) Free Parking

Q6. Does that differ from service to service?

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- See attached “activity by Provider” spreadsheet that shows a breakdown of the different Specialties that patients have chosen at providers other than James Cook

Q7. Is the PCT in receipt of any feedback on its workings from clinicians and/or patients?

- We receive feedback from a variety of sources
- Where GP’s involve patients in the Choice process during the consultation the GPs are very enthusiastic about the use of C&B. One of our local GPs was included in a National C&B PR leaflet
- GP practices report that patients like to ability and certainty that C&B brings to the appointment booking process when compared to the previous “go home and wait for an appointment letter”
- MPCT has developed a Patient Survey that is due to be circulated during January 07

Q8. Is the PCT in receipt of any feedback from the Acute sector?

- MPCT has worked closely with Acute sector colleagues in JCUH since the very beginning of C&B as the implementation of C&B provided many challenges in terms of
 - Business Systems
 - Business processes
 - Technology
 - Organisational Culture
 - Change Management
- Co-operation has happened at all levels and has been both formal and informal.
 - The implementation of C&B has been co-ordinated by a Tees wide Project Board that all PCTs and Providers are represented on.
 - MPCT and JCUH have met together frequently since the original inception of Choice at 6 months to work through the pragmatics of making Choice and then C&B functional
 - Individual colleagues in the two organisations informally discuss and resolve operational issues as they arise

Q9. What does the PCT feel has gone well/not so well so far?

C&B was a policy ‘imposed’ on PCTs from the DoH without any real clinical ‘buy in’ at national level. MPCT was then expected to implement C&B with what was 30 Independent Business Units i.e. GP practices

- MPCT took a very cautious evolutionary approach with GP colleagues in the introduction of C&B using the intermediary Middlesbrough Access and Referral Service (MARS)

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- The MARS team worked through issues with GP Practices individually taking account of business processes and moving towards use of the system via a staged approach
- This approach has worked very well although it has created an independence on the MARS team in some practices. Again each practice is being supported towards full operational use of C&B
- Probably the most disappointing aspect has been the role out of the Technology and software to support C&B and the subsequent reliability of the system as a whole
 - The C&B system itself was written as an IT driven booking system without sufficient regard for how it would be used pragmatically in day-to-day operation to support the underpinning “Choice” policy
 - Some GP Practices still experience slow N3 connections (the Broadband link into NHS net) that affect the speed of C&B operation.
 - While progress has been made whenever a technological problem arises it seems to get stuck in the “it’s your end - not ours” loop
 - Hardware upgrades for Practices are still a source of contention due to vacillation (and funding) at the centre
 - The C&B system still falls over and can be unavailable – especially after upgrades to the software. Down times are relatively minimal but need to be much better
 - Speed of change to the system has not been driven sufficiently to meet end-user needs. There is some evidence that this is improving

Q10. Where next for Choose & Book?

- Move towards sole use of DBS only services
- C&B software increases in functionality to make it easier for existing users/patients to manage their booking process
- Greater availability in Community settings e.g. Libraries
- Support for booking into Diagnostics services
- Support for wider Choice agenda when it becomes available e.g. Maternity services
- Roll out of C&B capability to other Primary Care referrers e.g. Dentists

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