South Tees Hospitals NHS Trust

Choose and Book implementation

Middlesbrough Scrutiny Panel briefing

Introduction

Choose and Book will now enable patients needing an outpatient appointment at a hospital to be able to view available dates and times across different hospitals and choose the most suitable one. This is more convenient than the previous method of waiting for a letter or telephone call from the hospital offering a date and time which may then have to be changed to accommodate the patient's needs or circumstances. The range of choices offered are governed by those that have been agreed by the local Primary Care Trust (PCT) and felt to be appropriate by the GP when discussed as options with the patient.

It requires major changes however in the way appointments are organised and managed within an acute Trust such as South Tees Hospitals. The Trust meets regularly with its local PCTs to ensure the effects of these changes are kept to a minimum however and ensure the process works as easily and efficiently as possible for the patients.

In some areas Choose and Book is not deemed suitable for making appointments as there are other factors such as results of diagnostic tests that need to be taken into account. In these cases appointments will be made in the old traditional way following a written referral from the GP and a phone call or letter from the Trust offering a date for appointment.

Background

GP practices in all PCTs in the NHS are required to book 90% of their first outpatient appointments to a secondary care consultant led service through the national Choose and Book (CaB) system by March 2007. South Tees Hospitals NHS Trust, along with all other Acute NHS Trusts within the Strategic Health Authority, agreed to make all their specialties available to be booked this way by December 2006.

Direct booking of the appointment through the CaB system allows the patient, GP or practice, or a GP designated proxy organisation such as the Choose and Book Appointments Line (TAL) to view available appointments directly through the Internet, and having chosen their preferred date and time, make the appointments there and then. The range of services and hospitals available to search will depend on the 'Choices' offered to the patient by their GP during the initial consultation.

The CaB system, nationally procured and supported, is built around a Directory of Services (DoS) in which each NHS provider Trust sets up and describes the clinical services available to be booked, in effect marketing itself to referring GPs. It includes a description of each one, the criteria for suitability of referrals and any other supporting information which will be useful to the GP and patient when exercising choice.

The booking process in CaB allows the appointment to be made prior to any receipt and assessment of the referral letter by the receiving clinician, who can then accept, re-prioritise, reject or redirect the appointment to another clinician or clinic. This differs significantly from the previous process by which the referral was received first and clinically assessed before any appointment was offered. It therefore requires the GP to understand and acknowledge the criteria for appropriateness of the booking as described in the DoS, as well as redesign of the Trust processes to handle referrals. It is important to minimise changes to the provisional appointment, and the associated inconvenience to the patient.

Current status

The Trust has achieved its objective in making all specialties that receive direct GP referrals available on the CaB system. There are some exceptions where it is felt clinically inappropriate to

book directly into clinics e.g. for clinical reasons or where the nature of the specialty involves a complex pathway within which the appointment needs to be made, such as to the Haematuria clinic in Urology. Other areas of clinical care such as Obstetrics, and emergency clinics such as the Rapid Access Chest Pain are also excluded, as are those booked under the Cancer "Two Week Rule" which are exempt from Choice.

Many referrals are not received through CaB at present. In some specialties this amounts to a relatively high percentage. It has reduced during the year however as more GPs appear to be using the CaB system, and has fallen from 58% of referrals received manually in June 2006 to 46% in November.

Benefits and shortfalls

The immediate benefit to the Trust of implementing direct booking is that appointments staff spend less time arranging appointments over the phone with patients. However this benefit will not be fully achieved until manual referrals are significantly reduced..

If a booking is made through CaB to the wrong clinic the Trust has taken the view that it will redirect (rebook) it into the correct clinic if it is within the same specialty. This will minimise the disruption to GPs and patients as rejected referrals require the patient to contact their GP again to re-initiate the referral. Redirection of the referral still impacts on the patient however as it means having to re-book their appointment. It also means more work for appointments staff thereby reducing the predicted savings in staff time and effort.

Perceived benefits in terms of reduced 'Did Not Attends' and improved quality of referrals has not been demonstrated because the system is still relatively new, and also because the assumed compliance with the requirements of the DoS by GPs has not been widely observed or acknowledged. During the period September through November 2006, 6450 referrals received through the CaB system were deemed acceptable and the initial appointment honoured. 180 (or 2.5%) were rejected outright, 170 (2.3%) changed as the initial priority was deemed incorrect, and 325 (4.5%) redirected for reasons outlined above..

Many Trust clinicians have expressed concern that CaB reduces their ability to maximise the efficiency of their clinics, in terms of capacity management and case mix. There are many examples of quite sophisticated processes having been developed over time, which allow clinicians to make best use of their clinics by assessment of priority, referring condition, available staff and a desire to get a clinical outcome in the shortest time available without undue disruption to the patient. Some clinics also require pre-diagnostic tests or investigations before the formal consultation, and prior to CaB these were booked before the patient's outpatient appointment was made, often coordinated on the same day to ensure the patient visited the hospital only once. CaB is not designed to support this type of 'one stop' facility as booking of diagnostic appointments is not possible through the system, and in these cases processes have had to be designed to arrange the diagnostic appointments retrospectively. If possible attempts will be made to organise diagnostics on the same day as the appointment but this is often not possible without having to contact the patient to re-arrange the whole series. This will become more significant as the requirements of booking the whole pathway of care to meet the 2008 '18 week' target comes into force.

Many GPs and clinicians have for many years made and received referrals to a specific named clinician, either because of previous care, patient or GP preference. This is not possible when using the CaB system at present. There are technical reasons, but it is also a requirement of the Trust to refer 'generically' as without it waiting lists cannot be managed effectively and equalised across all the clinicians. A proposed compromise was to ask the GP to include in the body of the referral letter any specific requirements regarding who should see the patient, and why, whilst still addressing it to 'dear doctor', but some GPs are unwilling to comply with this and continue to refer as before. This causes frustration to the staff and patients who invariably have to re-book the initial appointment, and to the Trust clinicians who are often reluctant or unwilling to accept a referral if it has been booked to a colleague's clinic.

Business implications

Implementation of the CaB system has highlighted some key business pressures in the Trust, in particular the management of outpatient capacity against demand. Clinic slots are required for follow up and tertiary referrals as well as new GP referrals, the latter only accounting for about 50% of the total demand, so specialties need to hold back some of their capacity to cater for this.

When referrals were received manually, the demand was immediately visible, and if extra capacity was needed it was easier to quantify and set up. With CaB, however, the situation is reversed as the current capacity is made available to be booked but on the occasion when this is fully taken, as in some high demand specialties, the patient is frustrated as they cannot make their appointment as expected. The Trust is also unaware of how much additional demand may be expected so cannot accurately predict the extra capacity needed to meet it.

Additionally, CaB is open to all its commissioned PCTs and GPs so the Trust is unable within CaB to prioritise capacity for its local population, as bookings are available on a 'first come first served' basis.

Development requirements and opportunities for the Trust

The Trust is working with the PCTs to develop a satisfactory way to manage capacity and demand always seeking to ensure it meets its requirements to provide appointments to patients when required. It is proposing to agree a date after which the current arrangement for dealing with a mix of manual and CaB based appointments is changed to only accept referrals made through the CaB system. This will mean rejecting all those received manually unless agreed otherwise as an exception. It will help the PCTs to ensure their GPs meet their national target for March 2007 whilst from the Trust's point of view reducing the overhead of supporting two booking processes. It will also require a more proactive role in managing demand by the PCTs.

However, a recent instruction from the Dept of Health requires all Trusts to honour requests for appointments made though the Choose and Book Appointments Line (TAL) to the patient's chosen hospital regardless of whether there is capacity available to be booked through the CaB system. At present the system is set up to show free clinics slots up to 13 weeks ahead but if this capacity is taken up and no slots are available the Trust will now receive a daily email from TAL informing them which specialties it has occurred in. The Trust is then required to arrange additional capacity and contact the patient to agree an appointment. This will impact on the Trust for some of its high demand specialties such as Orthopaedics and Neurosurgery, and will heighten as the Trust reduces its maximum waiting times for an appointment from 13 weeks to 11 weeks by March 2007.

From a business perspective and in recognition of the growing market-driven NHS, the Trust recognises that the DoS is vital in describing it's clinical services and very much a 'front window' for attracting referrals that may otherwise go elsewhere. This is especially true as the Independent Sector gain more of a role in NHS care provision using CaB, and shorter waiting times are a key influence on the GPs and PCTs who seek to provide the best 'choice' for their patients. Equally, when Choice is extended across the NHS as a whole, not just the local area, prior knowledge of the provider Trusts will become less of a factor, and they will have to compete on a more objective basis with the DoS providing the information to inform Choice.

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