HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 11January 2007.

PRESENT: Councillor Dryden (Chair); Councillors Biswas, Ferrier and Lancaster.

OFFICIALS: J Bennington and J Ord.

** **PRESENT BY INVITATION:**

South Tees NHS Trust representatives:
J Moulton, Director of Planning; J Dewar, Director of Information; K Ryott, Choose & Book Project Manager; A Banerjee, ENT Consultant

Dr J T Canning, Medical Secretary of Cleveland Local Medical Committee
D Dobbs, General Manager, Cleveland Nuffield Hospital
M Hatton, Head of Performance Management and Business Planning, Middlesbrough Primary Care Trust.

**** APOLOGIES FOR ABSENCE** were submitted on behalf of Councillors Harris, Mawston and Rooney.

**** DECLARATIONS OF INTEREST**

No declarations of interest were made at this point of the meeting.

CHOOSE AND BOOK IN MIDDLESBROUGH – EVIDENCE COMPILATION

Further to the Choose & Book (C & B) seminar held on 15 November 2006 the Scrutiny Support Officer submitted an introductory report regarding the further evidence to be sought from a number of representatives focussing on the implications of C & B on Middlesbrough residents. In order to assist the Panel background information had been provided by each of the representative organisations.

Cleveland Local Medical Committee:

Local Medical Committees were independent statutory bodies, which played a vital role in administering the GMS contract and representing General Practitioners as a whole. Local Medical Committees were influential in representing the views of GPs to a number of bodies and inform the General Practice Council at the British Medical Association (BMA) of issues that arose locally so that they could be taken forward at national level.

The briefing paper from the BMA indicated that whilst they supported any development which improved patient care and working practices they were aware of a number of concerns. Such concerns were mainly in relation to: a lack of available of services or appointments; slow speed of the on-line booking system; services listed in the Directory of Services not being available; insufficient training; and IT support for those using C & B. In order to a gain a better understanding of the current situation a survey had been circulated in December 2006 the results from which were awaited.

As part of the background information details were given of the 2006 Annual Conference of Representatives of Local Medical Committees which although supported choice passed a number of resolutions relating to concerns about the current C & B system.

In his introduction Dr Canning, Medical Secretary of the Cleveland Local Medical Committee indicated the following: -

a) although the principle of C & B was welcomed in giving patients a voice in respect of their treatment, which was considered vital to modern healthcare there was considered to be a number of problems regarding implementation as follows:

b) the C & B software package was not user friendly; at times slow to access; not always compatible with modern computer programmes which it was felt in some cases may deter people from using the system and revert to traditional methods;

c) the current C & B scheme was considered to be time consuming both for the doctor operating the system and/or staff involved in the process which sometimes impinged on appointment and consultation times;

d) given that referrals to specialists may be made infrequently especially for those GPs not working full time it was sometimes time consuming in searching for the availability of the most appropriate service;

e) a number of other problems had been reported including referrals being rejected resulting in delays for patients;

f) it was suggested that a full range of services should be able to be accessed and the ability to refer to named consultants often requested by patients;

g) it was emphasised that specific measures were required to help disadvantaged groups for example where English was not the first language; persons with learning and mental health problems; other reasons where persons were not able to travel and help them to understand and make use of the system and information available.

Middlesbrough Primary Care Trust (MPCT):

MPCT had a vital part to play in the advancement of C & B given its commissioning role of health services on behalf of Middlesbrough residents.

Mick Hatton, Head of Performance Management and Business Planning, MPCT, highlighted the following points as outlined in the Appendix: -

a) with a roll-out of C & B in 2005 and an implementation period of less than 12 months there had been insufficient time to fully consult on the technical requirements and develop a most appropriate software package which was readily understood by all and allowed time for suitable training.

b) DoH directive required that all GP practices in PCTs were required to book 90% of their first outpatient appointments to a secondary care consultant led service through the national C &B system by March 2007;

c) one of the DoH drivers was the requirement to reduce waiting times;

d) the majority of secondary care elective services were included in C & B;

e) evidence had shown a significant shift of patients choosing to go to other providers on the grounds of shorter waiting times, low or no MRSA rate and free car parking but many patients had expressed a preference for a local hospital;

f) from the GPs feedback, patients had expressed support for the earlier certainty provided by the C & B appointment booking process in comparison with the previous system of waiting for an appointment letter;

g) MPCT had worked closely with the acute sector at JCUH as the implementation of C & B had provided many challenges and involved co-operation at all levels both formal and informal;

h) the most disappointing aspect had been the roll out of the software package and the speed and reliability of the system.

South Tees Hospitals NHS Trust (STHT):

The STHT also had a vital role to play in the development of C & B across Middlesbrough. As a local acute trust, it would continue one of the choices for patients using C & B and also managed Middlesbrough's District General Hospital and JCUH.

As part of the background information a briefing paper of Kevin Ryott, Choose & Book Project Manager had previously been circulated to Members.

Direct booking of an appointment through the C & B system allowed a patient, GP or practice to view appointments directly through the Internet. The range of services and hospitals available to search depended on the 'Choices' offered to the patient by their GP during the initial consultation.

The C & B system nationally procured was built around a Directory of Services in which each NHS provider Trust set up and described the clinical services available to be booked. Each entry included a description; criteria for suitability of referral and any other supporting information, which would be useful to the GP and patient when exercising choice. On receipt of a booking a clinician could accept, re-prioritise, reject or redirect the appointment to another clinician or clinic.

Joanne Dewar, Director of Information, STHT, outlined the following main observations:

a) it was acknowledged that C & B was a fundamental change as part of the national development and procurement system and not readily embraced by all clinicians at first;

b) it was recognised that given the magnitude of the system there had been little time in which to carry out appropriate consultation on implementation;

c) there was a need to maintain efficiency benefits in order to assist in meeting the Government targets to reduce waiting times;

d) the rate of rejected referrals was considered to be fairly successful at 2½% although efforts would continue for procedures to be in place to ensure correct referrals were made;

e) there was ongoing work to improve the technical difficulties, which would also help to ensure correct referrals and encourage further GPs to use the C & B system.

The following points were raised during the ensuing discussion: -

i) Mr A Banerjee, ENT Consultant confirmed that from a clinician's perspective the principles of the C & B system were supported;

ii) whilst a number of technical problems had to be resolved it was considered that the system would be workable;

iii) concern had been expressed that the C & B system reduced the ability of clinicians to maximise the efficiency of their clinics, in terms of capacity management and case mix.

iv) much progress had been made with 9 out of 10 referrals currently being accepted;

Cleveland Nuffield Hospital (CNH):

As previously identified the independent sector was becoming an increasingly important element of the diversity of providers in healthcare with the CNH being the most local example to Middlesbrough.

Debbie Dobbs, General Manager, CNH highlighted the main points outlined in a briefing paper on an Independent Sector perspective of the NHS C & B policy, a copy of which was circulated at the meeting.

a) since the inception and continuing development of the policy of increasing choice from August 2004 the CNH had been one of the choices offered to patients;

b) during 2005/06 approximately 32% of CNH activity had been NHS business;

c) CNH became involved in the policy in recognition of changes to the traditional market of changing lifestyle choices and lower waiting times and less patients opting for private medical insurance;

d) the CNH Management Team worked very closely with clinicians from both primary and secondary care;

e) increased referral patterns were being seen and in general the informal feedback of C & B was positive from a patient's perspective in terms of faster access, no MRSA and parking availability;

f) quality information was considered essential if patients were to make an informed choice;

g) as part of the Nuffield Hospital Group a corporate approach had been adopted to national marketing as well as a local marketing approach;

h) the CNH worked closely with the commissioners by using well-established networks;

i) referrals were carefully monitored and the CNH had a clinical triage team to either accept or reject the referrals;

j) the CNH fulfilled Health Care Commission criteria classified as stable 3 conditions and therefore it was recognised that some patients were unable to be treated at CNH owing to either patient condition or non availability of a specific service;

k) as part of the development of the C & B system it was considered that there was a need for further education to a wider audience;

l) although there was a level of competition it was not uncommon for the independent sector to work in collaboration to a degree with the NHS secondary care especially having regard to capacity issues.

Following the submissions from each representative the subsequent deliberations focussed on the following key issues: -

Overall System:

i) it was noted that prior to the DoH directive there had already been moves towards a C & B type system;

ii) from experience factors other than a clinical point of view influenced a person's decision to choose a hospital such as waiting times; low or no MRSA rate; and free car parking;

iii) patients feedback on the C & B system had indicated reduced waiting times and they had found it to be more convenient than the previous method of relying on letters of appointment which were often subsequently changed;

iv) MPCT had facilitated the delivery of C & B by means of the Middlesbrough Access and Referral Service working very closely with GP practices to help them to redesign internal processes to align to the C & B system;

v) there was recognition of competing demands given national initiatives for more community based health services with PCTs providing some care directly and commissioning services from others such as NHS acute trusts and private providers, but increasingly the decisions on providers were being informed by the choices which patients made themselves;

Referrals to a Named Person:

i) STHT had stated that currently it was generally not possible to make referrals to a specific named clinician and there was a requirement of the Trust to refer generically to ensure that waiting lists could be managed effectively and equalised across all the clinicians;

ii) from a PCT commissioning perspective it was stated that in terms of elected procedures at hospitals there should be no technical difference except where a very specialised service was required in which case the system would try and reflect this and direct a person to the right person for the speciality;

IT:

i) it was confirmed that despite the current IT problems patients were able to make their own appointments under the current system once a clinical choice had been given;

ii) although there was recognition of the current problems, the ongoing work to refine the system was acknowledged;

iii) the need for a more accessible and user friendly system was noted;

iv) it was considered important to ensure that there was sufficient information for an informed choice to be made;

Publicity

i) reference was made to the distribution by MPCT of the leaflet, 'Choosing your hospital' version 2;

ii) it was confirmed that the leaflets had been circulated to all GP practices;

iii) leaflet drops in specific ward areas had also been undertaken and advertisements placed in the local press.

AGREED that the representatives be thanked for the information provided which would be incorporated in the overall review.