Middlesbrough Council

Middlesbrough moving forward

AGENDA ITEM: 5

HEALTH SCRUTINY PANEL

8 FEBRUARY 2007

CHOOSE & BOOK
DRAFT FINAL REPORT

PURPOSE OF THE REPORT

1. To present the findings of the Health Scrutiny Panel, following its review into Choose and Book.

RECOMMENDATIONS

2. That the Panel reviews the evidence it has gathered, considers the conclusions it has reached and whether it would like to make any recommendations.

INTRODUCTION

3. The concept of patient choice and treating the patient as a consumer of services is currently one of the biggest policy strands in today's NHS. Whilst such a policy direction can be set, the systems and processes are required to be in place to facilitate the delivery of such a service.

4. It is often the systems and processes that patients have to negotiate their way through, that can cause the most interest and, at times, be the subject of most debate.

5. Choose and Book is exactly that, it is a systematic tool aimed at faciltating patient choice in today's NHS. Since summer 2004, Choose and Book has been introduced across England. It will eventually be available to all patients. From 1 January 2006, when patients and their GP agreed that an appointment with a specialist was required, the patient is able to choose from at least four hospitals or clinics. The patient will also be able to choose the date and time of appointment.[1] This represents a significant shift in the role of the patient, how specialist advice is accessed and the influence the patient exerts over their care.

[1] Please see www.chooseandbook.nhs.uk

6. It is with this in mind that the Panel wanted to consider in detail Choose and Book's implications for the NHS and particularly the impact it could have on Middlesbrough residents and their access to the services they require.

PANEL MEMBERSHIP

7. Councillor Eddie Dryden (Chair), Councillor Harris (Vice-Chair), Councillors Biswas, Ferrier, Lancaster, Mawston, Rooney

REMIT OF THE PANEL

8. To investigate how Choose and Book is impacting upon Middlesbrough residents and their access to the services they require.

METHODS OF INVESTIGATION

9. In advance of the formal evidence gathering/review process, the Health Scrutiny Panel hosted a seminar in November 2006, which considered where Choose and Book came from, how it fitted into the wider Patient Choice agenda and what the rollout of Choose and Book across the Tees Valley was looking like.

10. That event was attended by a number of different agencies and Elected Members from the Tees Valley authorities. The seminar served the Panel very well in acting as a 'curtain raiser' for the review and providing the forum for a debate, both of which enhanced the ability of the Panel to direct its study of the topic.

11. With the above in mind, the Panel held a meeting on 11 January 2007 to gather evidence on Choose and Book and specifically its impact on Middlesbrough residents and the services they require access to.

12. The meeting was attended by representatives of Middlesbrough Primary Care Trust (MPCT), the South Tees Hospitals NHS Trust (South Tees), Cleveland Local Medical Committee (CLMC) and the Cleveland Nuffield Hospital.

13. Each witness prepared and submitted a briefing paper for the Panel to consider in advance of the meeting, which answered a series of initial questions put to the witnesses. Witnesses spoke to their briefing paper for around ten minutes. The bulk of the meeting was taken up by a roundtable debate. A detailed record of the meeting is available via the Commis system.

EVIDENCE FROM THE CLEVELAND LOCAL MEDICAL COMMITTEE

14. In its evidence, the CLMC stated that that General Practitioners are firmly committed to choice, but have "considerable reservations" about the implementation of the government's Patient Choice agenda. The Panel heard that at the 2006 Annual Conference of Representatives of Local Medical Committees passed the following resolutions:

14.1 That conference supports choice but believes that the current system limits rather than increases it owing to the:

14.2 Introduction of long term block contracts with independent sector treatment centres

14.3 Redirection of clinical referrals by referral management centres to providers other than those initially agreed between the GP and patient

14.4 Use of Choose & Book software that fails to include a comprehensive directory of services and are limited to those commissioned by the local PCT

14.5 Limited success of PCTs in developing primary care in developing primary care based clinical services and shifting care from secondary to primary care

14.6 Restrictions implicit in the practice based commissioning initiative

14.7 That conference in considering the Choose & Book project:

14.8 Believes that in its present form it is deeply flawed and not fit for purpose

14.9 Opposes PCT attempts to coerce practices to accept Choose & Book and 'Manual Choice without suitable published measurement of, and funding for the additional practice workload created

15. Believes that combined with other initiatives it can destabilise local secondary care.

16. The CLMC drew the Panel's attention to a document published by the Department of Health's Service Delivery & Organisation Research and Development Programme on Choice. The Panel noted that originally the document had been published on the Department of Health's website, but was then removed from the public domain.

17. The Paper discusses the concept of patient choice and who will benefit most from the roll out of patient choice. The Panel was interested to read that in the view of the paper's author(s), "wealthy and educated populations will be the main beneficiaries of a policy of extending patient choice, unless specific measures are introduced to help disadvanted groups interpret and make use of information about health care (e.g. league tables)"

18. The paper goes on to state that "there is a question mark over claims that the policy will improve equity of access to healthcare".

19. On this point, there was debate around the table. The Panel accepted that there had always being inequalities in the system and those who were willing/able to play the system could gain advantages in care and access to services. Whilst that was the reality, the Panel saw no reason to accept the inevitability of this situation and expressed the hope that the Paper's warning would be heeded.

Accordingly it was hoped that government and the local NHS would expressly endeavour to make up some the inequality through the implementation of Choose & Book and see it as an opportunity to do so.

20. Turning specifically to Choose & Book, the CLMC expressed views over the IT system and associated software required to be used. The Annual Conference was referenced, where the national consequence was set that the current system is deeply flawed and not fit for purpose.

21. The Panel heard that this national perspective was supported by local research. The CLMC in October 2006, surveyed all practices in its area of influence. Whilst it is not possible to dis-aggregate the responses from across the four Tees PCTs, it would appear that local responses reflect the national view outlined above.

22. The Panel heard that a number of themes have emerged. Practices have fed back that the process for arranging an appointment is very time consuming, for either the GP handling the consultation or for practice staff involved in the process. The Panel heard that a typical response would be " It is almost impossible to load and run in a time limited consultation; we are therefore using staff to operate it and this takes away valuable resources from the reception desk".

23. The obvious impact of this delay would be a reduction in the availability of slots with GPs and therefore access to medical advice. It is worth noting, however, that the Panel was advised that some surgeries have not reported an impact on access, which is a difference that cannot be explained.

24. The above point may tie in to another message the Panel heard, which was one of a lack of consistency. The Panel heard that not all services are available on Choose & Book. Given the very nature of medical practice, some referrals may be to quite low frequency services, so it is very difficult for GPs to remember what is available on the Choose & Book system.

25. In conclusion to the CLMC's briefing, it was felt that the Choose & Book system, with associated software is not user friendly and not adapted to GPs specific needs, which are fundamentally concerned with medical care and not learning IT skills.

26. Following consideration of the CLMC's briefing paper, the Panel encouraged a debate on the topics raised.

27. As previously stated, the CLMC's area of concern was around the implementation and the equipment provided and certainly not the concept of patient choice. For instance, the Panel heard that the software is "clunky", with slow Internet connection speeds being quite common.

28. The point was made that whilst these elementary problems persist, it makes the system all the more difficult to sell to sceptical clinicians and does nothing to

encourage people to change. It also runs the risk of 'turning people off' a very noble cause, which is to provide more choice and control for patients.

29. Concern was also expressed by the CLMC that under the current system, it is impossible to choose a specific consultant. It was questioned as to whether such a development was about meeting access targets, as it was rather ironic that in a system called Choose & Book, a patient was not able to choose a specific clinician. Debate ensued on this point. It was felt that often people 'recommend' a particular consultant to family and friends and people can often want to see certain people as a result. The clinical merits of this are, of course, slightly less tangible although it was acknowledged that people can often feel better when seeing someone they 'know' to be successful. It was stated that a lot of patients suffering from chronic conditions would be in close contact with the same consultant.

30. Debate ensued on the point of choice of clinician. The Panel heard that in the view of the South Tees Trust, what is most important is the best possible technical intervention. Whilst personalities can sometimes make people feel better, the fist consideration should always be clinical necessity. On this point, the CLMC felt that whilst clinical matters were of course, paramount, GPs knowing personalities could be of use in referring certain personalities to certain personalities.

31. It was confirmed that under Choose & Book, there are a pool of referrals and they are dealt with on a 'cab rank' basis, so long as clinical expertise requirements were met. The point was made that clinical matters are always paramount and the fact that within the South Tees Trust a lot of inter-department referrals were made supported that. The Panel heard that as the concept of pooled referrals was being moved towards anyway, it was important to note that Choose & Book did not 'create' pooled referrals.

32. Further to this point, it was stated that sometimes if a clinician is particularly charismatic, a lot of patients would want to deal with them. This can be without any real knowledge of their clinical outcomes. As a result, one person may have substantial backlogs and other suitably qualified professionals may have surplus capacity. The Panel accepted that this isn't in the best interests of the NHS' efficiency and saw how Choose & Book may be able to address that.

33. On this point, when it comes to patients exercising choice it was stated that quality of care was taken for granted and the biggest single determining factor for patient making a decision was length of wait. The Panel could, therefore, see why an acute trust could not afford to have clinical expertise being 'underused'.

34. As a concluding point to its initial evidence, the CLMC also expressed doubts over how relevant 'choice' was to disadvantaged groups, when they do not feel sufficiently empowered to use it, knowledgeable about it, or are not in a position to travel and therefore 'make it count'. Again, it was emphasised that inequality was in the system before Choose & Book, although it should be seen as a appropriate juncture to try to tackle the inequity in access to services.

EVIDENCE FROM MIDDLESBROUGH PCT

35. The Panel moved onto to consider MPCT's initial evidential submission. The Panel heard that the majority of Secondary Care Elective services are included in Choose & Book. 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).

36. It was stated that certain 'tertiary' services are excluded from Choose & Book as there is 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 Choose & Book option e.g. laser ablation.

37. It was confirmed to the Panel that dental and ophthalmic procedures are also a part of Choose and Book, where they can be accessed via Choose & Book, although dental and ophthalmic based in primary care are currently not on the Choose & Book directory of services. In theory, dentists and opticians can refer to secondary care, although at present the IT systems/kit is not available in practices.

38. The Panel enquired as to what services and with whom the PCT commissioned under Choose & Book. The Panel was presented with a Commissioning Matrix which outlined 49 service areas and 15 service providers. Whilst not all services were provided by all providers, the Panel was quite impressed with the range of choice, with high average choice across the range of services.

39. The Panel enquired as to whether people of Middlesbrough were actually showing any appetite for choosing alternative providers. The Panel discovered that there is a sizeable (and seemingly increasing) number of patients prepared to travel further to access treatment, as opposed to waiting for James Cook University Hospital as their natural destination. It was felt by MPCT that the reasons for this were lower waiting times, free parking and low/no MRSA rates. In terms of numbers, the Panel found that in January 2006, 1.78% of MPCT patients chose a provider other than the South Tees Trust. By November 2006, that had risen 14.06%, with the biggest beneficiaries being Woodlands, Cleveland Nuffield and North Tees & Hartlepool NHS Trust. The Panel found these figures very interesting and wondered what impact it would have on the financial viability of the South Tees Trust, especially if such a trend continued. It was acknowledged however that South Tees Trust will take patient from 'other patches' too. The Panel also felt it was worth noting that in terms of footfall, the two most popular destinations for MPCT patients were the Independent sector, namely Woodlands and Nuffield.

40. The Panel heard that MPCT has received feedback from various sources. Where GPs involve patients in the Choice process during the consultation, the GPs are very enthusiastic about the use of Choose and Book. General Practice also reports that patients like the ability and certainty that Choose & Book brings to the appointments booking process, when compared to the previous

"go home and wait for an appointment letter". The Panel heard that MPCT was due to circulate a patient survey during January 2007, the results of which would interest the Panel greatly.

41. In terms of feedback from the acute sector, the Panel heard that the implementation of Choose & Book had brought about many challenges in terms of business systems, business processes, technology, and organisational culture and change management.

42. The Panel heard that co-operation has occurred at all levels, both formally and informally. It was stated that the implementation of Choose & Book has been co-ordinated by a Tees wide project board that all PCTs and providers are represented on.

43. Whilst the Panel was encouraged to hear of such good working links, it was also interested in hearing about what the PCT felt had gone well and not so well thus far.

44. It was noted that Choose & Book is an example of a policy being imposed on PCTs by the Department of Health, without any real clinical 'buy-in' at a national level. MPCT was then expected to implement Choose & Book with 30 GP practices, which are independent business units.

45. The Panel heard that the PCT used the Middlesbrough Access and Referral Service (MARS), to work with GP practices and their individual business processes in working towards full operational use of Choose & Book through a staged process. Reference was made to a non-mandatory target for PCTs to have 90% of GP referrals going through Choose & Book by March 2007.

46. In the view of MPCT, the most disappointing aspect has been the roll out of the inadequate hardware and software, together with the unreliability of the system as a whole.

47. The Panel heard that the Choose & Book system was effectively an IT booking system, similar to those used by airlines or rail providers. It does not pay sufficient regard to how it would be used pragmatically in day-to-day operation to support the underpinning choice policy. Whilst Choice is the policy, Choose & Book is the vehicle, which to date has been substandard. The Panel noted that Choice has been offered by the PCT before, although Choose & Book is a new vehicle. Whilst a lot of people just want good quality, timely care it was accepted that when people are in pain, they will go elsewhere if needs be.

48. Examples of the technical problems experienced are slow Internet connections affecting the speed at which the system works, the funding for hardware is still a bone of contention, the system can fall over and/or be unavailable after updates and the location of system problems can be unclear "Its not our end, its at your end". The Panel heard that when the system is operational, it is very good, although significant investment/effort is still needed to get it to the level it should be at.

49. It was stated that GPs have an absolutely key role in empowering patients and providing the advice required for patients to exercise their right to choose. MPCT stated that it has been to every practice and left leaflets on choice, although it can only do so much to educate/empower patients (which is a duty MPCT accepts) and the role of General Practice cannot be understated. It was also stated that whilst PCTs can advise General Practice, it cannot compel them to act as they are independent ventures.

EVIDENCE FROM SOUTH TEES HOSPITALS NHS TRUST

50. The Panel moved onto to receiving evidence from the South Tees Trust and considered its briefing paper.

51. The Panel was advised that the Choose & Book system required major changes to the way the South Tees Trust organised and managed appointments. Regular meetings with MPCT have ensured that the impacts of these changes to patients have been kept to a minimum.

52. In reference to the PCT target referenced at 45, the South Tees Trust agreed (along with the other acute trusts in the SHA area) to make all specialities available to be booked via Choose & Book by December 2006. There are a few service areas where it is not felt appropriate to open up to Choose & Book entirely, such as where a complex pathway is required to best serve the patient.

53. The Panel heard that the Choose & Book is a system nationally procured and supported, built around a Directory of Services, which describes the services available to be booked, in effect marketing itself to referring GPs. It also provides a range of other information which would be useful to the GP and a patient exercising choice.

54. The Panel was advised that, the booking process in Choose & Book 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. The Panel was advised it therefore requires the GP to understand and acknowledge the criteria for appropriateness of the booking as described in the Directory of Services, as well as the redesign of the Trust processes to handle referrals. The Panel accepted that it is very important to minimise changes to the provisional appointment and the associated inconvenience to the patient.

55. The Panel noted that many referrals are not received through Choose & Book at present and in some specialities this amounts to relatively high percentages. It is worth noting, however, that this has reduced during the year as more GPs appear to be using the Choose & book system. To confirm this, in June 2006 58% of referrals were received manually and it had fallen to 46% in November 2006.

56. In terms of benefits, the South Tees Trust stated that a direct benefit is that staff spend less time arranging appointments over the telephone with patients. This benefit will only be maximised, however, when the rate of manual referrals falls significantly further.

57. The Panel was advised that benefits from reduced 'Did Not Attends' and improved quality of referrals has not been demonstrated because the system is still quite new and also the assumed compliance with the requirements of the Directory of Services by General Practice has not been widely observed. During the period of September to November 2006, 6450 referrals received through the Choose and Book System were deemed acceptable and honoured. 180 (2.5%) were rejected outright, 170 (2.3%) changed as the initial priority was deemed incorrect and 325 (4.5%) were redirected within the Trust.

58. The Panel heard that many Trust clinicians have expressed concern that Choose and Book 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.

59. It was noted by the Panel that some clinics also require pre-diagnostic tests or investigations before the formal consultation, and prior to Choose and Book these were booked before the patient's outpatient appointment was made, often co-ordinated on the same day to ensure the patient visited the hospital only once. Choose and Book 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.

60. As an extension to a debate referenced earlier in this paper, the Panel considered that 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.

61. This is not possible when using the Choose and Book 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. The Trust told the Panel about 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.

62. The Panel heard that 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.

63. The Panel was interested to learn of the business implications for the Trust. It was said that Implementation of the Choose and Book 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 specialities need to hold back some of their capacity to cater for this.

64. The Panel was interested to learn that when referrals were received manually, the demand was immediately visible, and if extra capacity was needed it was easier to quantify and set up. Under Choose and Book, 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 specialities, 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.

65. The Panel also heard that additionally, Choose and Book is open to all its commissioned PCTs and GPs, so the Trust is unable within Choose and Book to prioritise capacity for its local population, as bookings are available on a 'first come first served' basis. The Panel felt this was slightly troubling as James Cook University Hospital is the town's District General Hospital, although accepted that it is a natural consequence of NHS policy that encourages the market environment.

66. The Panel asked the Trust questions around the theme of where next for the Trust in relation to Choose & Book. The Panel heard that 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 Choose and Book based appointments is changed to only accept referrals made through the Choose and Book system. The Panel noted that this would 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. The Panel heard that it will also require a more proactive role in managing demand by the PCTs.

67. The Panel was aware that a recent instruction from the Department 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 Choose and Book 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 specialities it has occurred in. The Trust is then required to arrange additional capacity and contact the patient to agree an appointment.

68. It occurred to the Panel that this will impact on the Trust for some of its high demand specialities 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.

69. The Panel heard that from a business perspective and in recognition of the growing market-driven NHS, the Trust recognises that the Directory of Services 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 so as the Independent Sector gain more of a role in NHS care provision using Choose and Book, 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 Directory of Services providing the information to inform Choice. As has been stated previously, the Panel re-iterated that such information and its quality is vital if the concept of patient choice will mean anything.

70. Following consideration of the South Tees Trust's written evidence, a roundtable debate ensued on the points raised. It was noted that clinical bodies are not always the fastest in accepting organisational change, especially in the example of Choose & Book where an entire system for managing referrals has been turned on its head.

71. Mention was made that whilst the low number of rejections hinted at a system developing well, it was felt that Directory of Services information had to be improved for GPs, without swamping them. The Panel also heard that whilst technological problems have been significant and entirely unhelpful, there is also a massive cultural change currently ongoing in the NHS, following the introduction of Choose & Book.

72. It was noted that in the secondary care based clinical perspective, the philosophy of Choose & Book was entirely laudable, although it needed highlighting that patients were only choosing time and place, not person. The view expressed to the Panel, however, was that choice over the person may come in time.

73. The Panel heard that within the South Tees Trust, there had been very good clinical engagement over the matter. Whilst some clinicians certainly didn't like the change, they could not say that it had caught them by surprise.

74. The Panel heard that sections of the clinical community in secondary care were finding it very difficult to 'scrap' ways if working they had developed over years of practice, for a systems which in their eyes wasn't working as well. The Panel enquired as to whether this was an example of professional concern, or feeling

dictated to. On balance, it was felt to be more professional concern. This was especially so when one considers that some referrals can be quite complex and other consultants, never mind patients and GPs, would not be able to say which was the most appropriate path of referral.

75. The Panel heard that the nationally imposed model employed for Choose & Book grossly over simplified the processes involved in accessing secondary care and dismantled a system that worked quite well. When one couples a revolution to processes and failing technology, it is very difficult to persuade stakeholders that it is the way forward. Ultimately, the Panel heard when considering a specific case, patients and/or GPs do not know how long an appointment with a consultant would need to be. Inevitably, therefore, it is very difficult to get the best out of a consultant clinic.

76. Moving toward a conclusion to South Tees evidence, the Panel was advised that if you were going to develop an IT system for this purpose, the Department of Health couldn't have got it more wrong. The approach should have focussed on considering the businesses processes and building a system to suit those. The system used meant that those processes needed to change to suit the computer system.

77. The Panel noted that there had been very little clinical engagement through the national roll out, which was rushed and seemed designed to suit political imperatives as opposed to the needs of the service. As an example of this, the Panel heard that clinicians were not involved in the preparation of service headings in the Directory of Services.

78. The consensus of the debate was that Choose & Book is no more or less safe than previous systems, although as the Panel heard is in need of improvement. One area of concern on behalf of secondary care clinicians was where referral managers as opposed to clinically trained professionals manage referrals, in order to meet access targets.

EVIDENCE FROM THE CLEVELAND NUFFIELD HOSPITAL

79. The Panel then moved on to considering the written evidence received from the Cleveland Nuffield Hospital.

80. The Panel heard that intrinsic to the idea of patient choice in the NHS is the involvement of the Independent Sector as a choice. It was stated that it is important for the Independent Sector to be involved in the provision of NHS work, as there are changes in the traditional market for organisations such as Nuffield. There is a predicted decrease in the amount of people with private medical insurance. People's lifestyle choices and lower waiting times in the NHS drive this. To support this changing of scene, it should be noted that in 2005/6, around 32% of Cleveland Nuffield activity was NHS business.

81. The Panel heard that the Nuffield also believes that a mixed NHS market is a healthy way to conduct business and it can drive innovation and change. It was

said that the Independent sector feel they have a lot of offer and in some cases have spare capacity to be used.

82. The Panel made enquiries as to what sort of feedback the Cleveland Nuffield had received on how Choose & Book is operating.

83. The Panel heard that internal mechanisms chaired by clinicians, which sign off the services, offered under Choose & Book. This Committee also provides a mechanism for the giving and receiving of feedback from any source. The Panel also heard about a survey being done in partnership with a PCT to gain an insight into patient experience, the results of which are awaited.

84. The Panel heard that the Cleveland Nuffield is increasingly able to identify referral patterns and prepare breakdowns by GP Practice. Overall, the Panel heard that the patient feedback would indicate that patients like the fast access, low infection rates and parking availability.

85. From the management's perspective, this was welcomed although the Panel heard that there is a slight concern from the Cleveland Nuffield over a (mis) perception that people cannot choose the Nuffield. The Panel heard that meetings with commissioners have being arranged to address this matter.

86. As an extension of this point, the Panel was told that high quality information was absolutely critical in facilitating choice, which should bear in mind the likely readers needs. Nonetheless, it was pointed out that a lot of patients seem to be electing to choose Cleveland Nuffield on word of mouth.

87. The Panel made enquiries around how the Cleveland Nuffield seeks to market itself to commissioners and then patients. It was said that there are good, honest relationships with commissioners and that it was felt it had a track record of delivery what it said it would deliver. In terms of patients, it was acknowledged that as part of a national charity, there is a national, centrally operated marketing campaign that it no doubt benefits from.

88. In respect of referrals, it was confirmed to the Panel that the Cleveland Nuffield does not consider any referral inappropriate as such, although there are times when a patient is referred for a service that the Cleveland Nuffield cannot deliver. The Cleveland Nuffield has a clinical triage team that either accepts or rejects referrals.

89. The Panel was interested to hear where the Cleveland Nuffield saw Choose & Book developing. It was felt that there was a strong need for education to a wider audience and ensuring that practices are aware of the fact that patients can be treated at Nuffield Hospital. It was also said that the Cleveland Nuffield was looking to offer Gynaecology and possibly General Surgery in the future.

90. The Panel also heard that at present, Nuffield operates an indirect booking system, whereby the patient chooses Cleveland Nuffield and telephones a call centre to book an appointment. In the near future, it will be moved onto a £50m

direct booking system, where the GP can see the slots online and book them directly and accordingly.

91. Following the Panel's consideration of the Cleveland Nuffield's briefing paper, the meeting opened up into more of a debate of what it had heard.

92. The Panel explored the reasons for Independent Sector providers like Nuffield getting involved in Choose & Book. Firstly, it should be noted that it is worth a lot of money and creates a very sizeable potential income stream, especially given the decline of Nuffield's traditional core business groups. The Panel heard that organisations such as Nuffield probably saw the Choose & Book agenda coming and were able to adjust business systems and plan accordingly, more so than the NHS were able to.

93. The Panel enquired further around the topic of accepting and rejecting of referrals. It was confirmed that a number of referrals are rejected, although that was on the basis of clinical risks.

94. The question was asked around whether the rejections always were on a clinical basis or whether the independent sector 'cherry picked' patients at times. That assertion was rejected and it was stressed that it was about clinical matters. If a patient is judged as high risk or may need to call on services which the Nuffield does not provide (such as Intensive Treatment Unit), it would be negligent to accept those patients. The Panel heard that the same rationale is employed for private patients who are entering the Cleveland Nuffield through a more traditional route.

95. It was also confirmed that the services provided by Cleveland Nuffield via Choose & Book are selected for a reason. It is not cost effective to run some services, as costs could be too high, Nuffield does not have the purchasing power of the NHS, there are consultant fees and it is required to turn in a profit.

96. The Panel moved the debate onto the subject of competition in the provision of medical services, which can be a highly charged one. It was stated that it is now a bare and simple fact that the NHS and Independent sector are now in direct competition with each other for a finite amount of business.

97. It was stressed, however, that this could work both ways. This means that there is nothing to stop the NHS going after the core business of the Independent Sector and accepting fee paying patients. It all depends on whether the NHS organisation in question has the spare capacity to do so, over and above meeting its NHS commitments. The Panel was advised that this practice was quite common in the South East of England.

98. In the case of James Cook University Hospital, it was said at the moment there is excess demand, although once it is over that 'hump' of demand it would be able to do so.

99. Having made that point, it was stressed to the Panel that the numbers 'properly private' patients were shrinking, so it was not necessarily a particularly wise

NHS business move to concentrate on this market. Further to this point, the Panel understood that as the 18 week target for treatment gets closer, there is an argument to support that there would not be much worth on going private and people spending the money on other things. That could be interpreted as a success story for the NHS, although it was felt crucial to bear in mind that the plurality of providers is very much here to stay.

100. On the subject of choice and making referrals, it was brought to the Panel's attention that patients should be aware what services they are being referred to and whether they are consultant-led in secondary care, or services that may be led by PCTs and not led by consultants. It was felt that patients are not always aware of the difference and therefore whom they are seeing. The Panel felt that better information on the Directory of Services would enhance this, although accepted that it is something which requires attention.

101. This point was felt increasingly critical as the political drive seems to be focussed on getting more services out into the community and provided by GPs with special interests, who would be mentored by a consultant. Nonetheless, consultants are a finite body who are specially trained and registered as such. If a patient is being referred to someone who is not a consultant, they should be told.

102. The Panel also heard concern around the concept of non-clinical referral managers playing a part in triaging referrals and considering who is appropriate for a secondary referral. The Panel heard that such moves are about cost management and managing the access to secondary care. The Panel considered that whilst costs should be watched in any organisation with a finite budget, it was concerned at the concept of non-clinicians establishing whether someone required access to secondary care.

103. Nonetheless, it was felt that GPs should look to improve their knowledge on what is and isn't a secondary referral, as part of their role in assessing clinical need. On this point however, the Panel's overriding view was the rationale for access to secondary care should be clinical need and not cost containment.

104. As a point of summary, it was felt that all aspects of the health economy were required to collaborate together in the Patient Choice environment, although it is important to remember that in the scale of the healthcare activity in this country, the Independent Sector is a small player.

105. There was a question, the answer to which is unknown presently, around whether the independent sector would 'get full' and matters level out, although there could be no doubt that it is providing much needed capacity at the moment. The view was expressed by the CLMC that it is important that the Independent Sector is welcomed as a useful tool and used as such, although should not become dominant over the NHS.

106. As the debate moved toward a conclusion, final views were sought from the witnesses present on Choose & Book and how it will affect Middlesbrough residents.

107. It was the unanimous view that the philosophy was very good and could be very beneficial for all if it was harnessed correctly. It was felt that there should be measures implemented to ensure that disadvantaged groups were also able to use their choices. It was also felt around the table that the technology and associated software had not been well procured at a national level and was in need of substantial upgrading for it to be fit for purpose.

Conclusions

108. The Panel is invited to consider the conclusions it would like to make, having considered the evidence gathered.

Recommendations

109. The Panel is asked to consider whether it wishes to make any recommendations in the light of the evidence considered.

BACKGROUND PAPERS

Please see www.nhs.uk
Please see www.chooseandbook.nhs.uk

Briefing Papers from Middlesbrough Primary Care Trust
Briefing Papers from Cleveland Nuffield Hospital
Briefing Papers from South Tees Hospitals NHS Trust
Briefing Papers from Cleveland Local Medical Committee

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