

Choose and Book – Learning lessons from local experience

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Dear BMA Member

Choose and Book – Learning lessons from local experience

With over 13 million Choose and Book referrals to date, for many the system has become an integral part of the referral process. The British Medical Association (BMA) receives mixed feedback about Choose and Book with some clinicians praising the system for improving processes and others finding it completely unworkable. The BMA has produced detailed guidance on the system but felt that there could be value in exploring local use and possible reasons for these variances in opinion. This has involved interviews with clinicians and staff at the PCT and Trust in one locality and we would like to thank those involved for their time and for sharing their views.

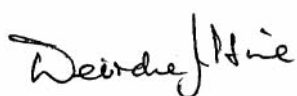
BMA policy has reflected clinicians' concerns about Choose and Book but our Representative Body has recognised that an electronic system can offer benefits and, despite difficulties, has refrained from voting for its abandonment. The majority of those interviewed as part of this project felt that Choose and Book offers potential and the paper based system it has replaced is far from ideal. Potential benefits identified include the ability to provide patients with an appointment on the spot, control over their appointment and an indication of waiting times. Other benefits include the ability to track referrals on the system and allow the confidential exchange of information between clinicians. The Directory of Services also offers the potential for consultants to define their clinics and can offer GPs the opportunity to be confident that they are referring to the correct clinic.

Despite these benefits, this report highlights the problems local clinicians are experiencing. These problems are certainly not specific to this area. Many of the issues relate to the implementation of other national and local policies and local IT support rather than the functionality of the system itself. National 18 Week Wait and Choice policies have impacted directly on Choose and Book and have presented challenges for local implementation. These challenges have been identified in the report together with recommendations for moving forward.

During the six months of working on this report progress has been made in the local area the BMA decided to focus on. Key to this progress was establishing robust communications between the PCT, Trusts and clinicians and working constructively to consider solutions. There was agreement at director level to look into capacity issues after listening to frustrated GPs who could not find appointments at their local hospital on the system. Where there is a commitment to make Choose and Book work we believe that solutions can be found.

The BMA will be taking up a number of the issues identified in the report with NHS Connecting for Health and the Department of Health. We hope that in parallel you can use the report as a tool to start local discussions and use the recommendations to improve the use of Choose and Book in your local area.

Yours sincerely



Dame Deirdre Hine
Chair, BMA's Working Party on NHS IT

0 Introduction

Doctors have mixed views on the Choose and Book system; some doctors are very positive and would be unhappy to revert to paper based referrals whilst others find the system completely unworkable. The British Medical Association decided to investigate the disparities in experiences by focusing on one locality looking at high and low users of Choose and Book, the different processes in place and how barriers identified by some have been overcome by others. By undertaking this project we have identified some suggestions of good practice and hope that you can learn from these findings.

1 Methodology

The BMA met with GPs, consultants, administrative staff and managers at six GP practices and the local Trust. A total of 16 interviews were conducted covering use of the system, processes in place, what is going well, barriers to using the system and how these are overcome.

An action group was set up involving the BMA, Department of Health, NHS Connecting for Health, the Primary Care Trust (PCT), the Trust and local clinicians. The action group met on 2nd September 2008 to explore and resolve some of the local issues. The group subsequently met on 12th January 2009 to consider progress.

2 Findings

The findings are based on the views of the clinicians and staff interviewed as part of this project. Solutions to problems were explored in the Action Group meeting and have been presented in the report as recommendations.

The GP view, on the whole, was that when Choose and Book works it improves the referral process but when it goes wrong it is extremely frustrating to the extent that some find it not worth using. The main benefit for GPs was the ability to provide patients with an appointment on the spot or give them control of their appointment. GPs liked to give patients an idea of waiting times and felt it removed the uncertainty for patients of when their appointments would be. Administrators tended to prefer the system compared to paper based referrals as they felt they had more control and could track how referrals had progressed. Even the most enthusiastic GP users struggled with system reliability, inability to find clinics on the system and absence of named consultants to ensure continuity of care.

The local trust specialises in a number of fields and receives referrals from a wide catchment area. A large number of referrals are not simply from the local GP to the consultant. There are a high number of tertiary referrals, complex patient pathways and networks of care. Consultants feel that existing processes have been put in place for a reason and work well to accommodate the nature of the referrals received by the Trust. Choose and Book has been implemented at the Trust as an add-on to these existing processes and has added an additional administrative layer.

For the vast majority of consultants Choose and Book has had very little impact on working practices; letters are printed off by the central booking office and sent to consultants for review. This is typical of many Trusts and therefore it was helpful to explore reasons behind the decision to use Choose and Book in this way. Potential benefits including letters not going missing, a clear audit trail, confidential exchange of information directly between clinicians and a reduction in administration are largely lost when the letters are printed out and sent back and forward between the booking office and consultant. The minority of consultants who are using Choose and Book to review appointments are struggling. The infrastructure is not in place to support them and therefore the system offers no improvement on existing working practices.

Setting up an action group, involving senior managers at the PCT and Trust, was extremely helpful for considering how to address local problems. Having a joint meeting enabled an understanding of the different barriers and pressures faced by those involved and enabled constructive consideration of the issues without blaming others. Progress had been made in a four month period between meetings. The PCT reported that the Trust had worked hard to address the capacity issues, which had been identified by frustrated GPs at the first meeting. This had been helped by a commitment at director level to take action. A good dialogue had been established between the PCT and Trust and solutions were being explored. It was recognised that this was the first step and similar relationships and dialogues would need to be established with other local Trusts. It does, however, highlight the importance of local communications.

A number of clear themes emerged during interviews and at the action group meeting and these are described in detail in the next section. Each section begins with a number of recommendations to improve local use of Choose and Book.

3 Key themes and recommendations

3.1 Smart Cards

- There must be efficient mechanisms in place for promptly allocating or replacing smartcards. There must be a named contact for dealing with smart card related issues.
- Trusts should ensure that terminals across the Trust are smart card enabled for consultants to review referrals at different locations during their working day.

All the clinicians who were interviewed had been provided with smart cards. One consultant reported that his smart card had stopped working and so he had stopped using the system. It should be clear to staff who they should contact about smart card issues if the system is to be used regularly.

Consultants emphasised that if Choose and Book was to be successful all terminals across the Trust needed to be smart card and Choose and Book enabled. Consultants can only review referrals in their offices but would find it extremely helpful if they could log onto the system during their clinics or in theatre.

3.2 Dealing with system reliability issues

- System reliability varied quite significantly in the same locality. If you are experiencing regular crashes you should make a log and seek the support of your PCT/Trust as it is likely to be a problem with the local system rather than a national Choose and Book problem. These problems should be logged with the local help desk, which should be able to deal with them or escalate them to the National Choose and Book team.
- Systems will fail to function well if they are not properly maintained. Trusts and PCTs are responsible for ensuring that systems work efficiently. If your system is not being properly maintained you should raise this formally with your PCT/Trust. For GPs your Local Medical Committee and the General Practitioners Committee of the BMA will also be able to offer assistance if the PCT does not provide an appropriate response. For consultants, Trusts should have a clinical IT lead who you should contact in the first instance. You could contact your Local Negotiating Committee for further support.
- Take the time to report problems, even if they are sporadic, as this is likely to save you time in the long term. If you report problems, rather than relying on others to do so, it can provide PCTs/Trusts with more of an idea of the problem.
- Managers must ensure that there is appropriate support for Choose and Book users. There should be a named contact at the PCT and Trust so that users can seek help when experiencing problems. Problems should be dealt with within an agreed response time.
- A number of checks can be taken to pinpoint the cause of system problems to save you time unnecessarily rebooting. The web-based version of Choose and Book can be used as a backup if the integrated version fails.

Choose and Book national availability statistics for the past four months average at 99.3% but system reliability is reported as a significant barrier to use of the system. Trusts and PCTs cannot expect clinicians to be enthusiastic about a system if it is unreliable or slow and must ensure that local systems are fit for purpose and properly maintained if widespread use is expected.

Consultants found the system was slow although rarely crashed. System reliability was more of a problem for GP practices. Whilst GPs acknowledged that system reliability has improved, they still experienced problems with speed and systems crashing. The extent to which this was a problem seemed to vary. One practice reported that the system rarely crashed although there were slow patches whereas another reported that the system crashed for 50% of referrals. Local systems are not always maintained properly by the PCT/Trust and this often causes the crashing.

As system reliability issues are largely sporadic users tend not to report problems and just log on another time. The users who are having more success with the system, are those that have reported problems and have used the support of the local IT department so that they know how to resolve similar problems if they reoccur. PCTs and Trusts must ensure that they have sufficient support in place to help both in terms of availability and knowledge.

Part of the frustration is the difficulty in pinpointing the cause of the problem i.e. whether it is a local or national problem and whether to spend the time rebooting the system. One practice commented that it can take up to 30 minutes to reboot all the different machines and servers. Due to the set up of many GP systems there can be multiple points of failure resulting in a crash or the system being slow.

There are a number of checks you can do to help identify whether it is a local or national problem. Bulletins provide details of when the national system is down and GP practices in particular found these helpful. A splash screen will appear informing users that the system is down if there is a national outage. If the web-based version of Choose and Book is working this means that there is not an outage of the national system. A link to current system status is available on the Choose and Book homepage¹ and via the alerts link on the live service homepage. The web-based version of Choose and Book can be used as a back up if your integrated system fails. Choose and Book troubleshooters can assist local areas with technical related problems.

Downtime is dealt with in different ways. Some persevered and made the electronic booking or reviewed referrals another time. Others reverted to paper referrals because they did not have the time or patience to persist, particularly for GPs when the patient is sitting in the practice. One GP asked patients to return to the practice so that the booking could be made but this is clearly not a good use of time for either party. Whilst system reliability and speed have improved there was a clear message that if Choose and Book is to be used by all referrers these system reliability and speed issues need to be sorted very quickly.

1 <http://www.connectingforhealth.nhs.uk/servicemanagement/status/> N3 Connection required

3.3 Understanding how to use the system

- Training on using the system is important and should be provided to all users.
- GP practices should also be offered locally tailored training on the referral process for example on care pathways, which may be affected by local commissioning decisions.
- Refresh training is helpful but not always possible in a busy working environment. It is important that the national Choose and Book development team ensures that the system is intuitive as possible, based on user feedback, to minimise the need for refresh training.
- Each locality should ensure that they have appropriate resources in place to provide continued support both in terms of availability and expertise. This support role should involve building good working relationships with both GP practices and Trusts and understanding about information governance and policy issues so that problems can be properly investigated and resolved.
- There should be a named Choose and Book lead in the PCT and Trust who should communicate key messages and respond to user feedback.
- Signing up for Choose and Book communiqués will provide information about any forthcoming changes to the system. Practices can elect one person for example an administrator to sign up.

Most clinicians found the one to one training, provided by the PCT/Trust on how to use the Choose and Book system was helpful and sufficient. Questions arose, for example on functions which are used less often, once the trainer had left and therefore continued support is important.

Whilst dedicated trainers are available for continued support, it was difficult for clinicians to allocate time and resources for training. This was particularly the case in smaller GP practices. It is important that the system becomes as intuitive as possible to minimise the need for training. This is a key objective of the Choose and Book Development Team who modify the system based on user feedback. The National Design Steering Group provides direction on future releases and meets every six weeks to review user requests for additional functionality or services.

A number of GP practices mentioned that a member of the IT helpdesk at the PCT had been invaluable in supporting practices. This member of staff had been proactive in sorting and finding solutions and had used his relationship with both GP practices and Trusts to investigate and broker solutions to local problems. Practices felt unsupported when this individual was unavailable. It was suggested by local clinicians that training for GPs on local pathways of care would be helpful as these have become increasingly complex. This could take into account the complexity of community and hospital-based services, which GPs can refer to.

There were mixed views about the usability of the system. Those who used it regularly, on the whole, found it user friendly whereas those who used it infrequently were more negative. GPs generally felt that the system had become more user friendly but that it could be made more intuitive. Consultants had not noticed any changes. One suggestion was using balloons which appear when hovering over buttons to explain for example whether a back button would clear the whole referral or just take you back to the previous page. Other comments included:

- The patient's Unique Booking Reference Number (UBRN) and password should be on the same page. Patients are phoning the practice asking for their password as they have lost or not seen the second page. NHS Connecting for Health has clarified that the UBRN and password are separated to comply with government security standards.
- Cancelling, rebooking, redirecting referrals was found particularly problematic. Following the action group meeting, NHS Connecting for Health has agreed to look into the wording for the cancellation of referrals to see if the process can be made more user friendly so users are clear what has been cancelled.

Glitches were reported by both GPs and consultants, for example, passwords not printing out for patients or the system crashing when opening attachments. There was also a problem with the Trust not being able to open or view the attached referral letter. Practices were being asked to fax the booking and letter. This is very frustrating for both the Trust and GP practices. The PCT and Trust agreed to work collaboratively to monitor whether this problem is specific to one GP practice, speciality or system. The outcome was that it became apparent that this was not a technical problem but related to information governance. A Trust can only view the referral letter once the booking has been made by the patient thus establishing a legitimate relationship between the patient and the consultant. If there are no appointments available at the patient's chosen hospital, (as described in more detail in section 3.7) the hospital will need to contact the patient but will not be able to see the referral letter until the appointment has been booked. A reduction in slot availability issues should address this issue. A future version of Choose and Book will release the letter in advance. This will only be in cases where one service has been shortlisted as this provider will inevitably be the one the patient attends and therefore can be assumed to have a legitimate relationship with the patient. Where there is more than one provider short listed, the providers do not have a legitimate relationship and therefore will not have access to the referral letter until the booking is made.

Staff felt unaware and unprepared for changes to the system and although they coped it took time to adapt to changes. Most did not recall receiving any information about changes. GPs commented that they already suffered with email overload. Staff could nominate one person, for example the practice administrator, to sign up for Choose and Book communiqués² to ensure that the practice is aware of changes. These communiqués² are infrequent but provide helpful information about any forthcoming changes to the system.

2 (<http://www.chooseandbook.nhs.uk/staff/implementation/toolkit/deployment/communiqués>
N3 Connection required)

3.4 Setting up processes

- Whilst booking the appointment in the practice may improve the patient experience it will extend consultation times and cause frustrations for both GP and patient if the system fails.
- Administrative staff, both in GP practices and at Trusts, can play a huge role in supporting processes and the highest GP users and those experiencing the least problems relied heavily on their administrative staff.
- A popular process at GP practices in this area, particularly amongst high users of the system was to rely totally on administrative staff to initiate the referral. The BMA has concerns about administrative staff, who are not clinically trained, selecting appropriate clinics. Consultants are reporting inappropriate referrals, which take time to redirect and argue that this is because GPs are not reading entries on the Directory of Services or are using administrative staff to select clinics. If using this method the GP should suggest clinics in the referral letter, following a discussion with a patient, and the administrator should check with the GP if unsure. Practices using this method should monitor closely the number of rejected or redirected referrals.
- Trusts should review working practices across the Trust and consider how Choose and Book could be used to streamline processes rather than adding an additional administrative layer. Clinicians must be integral to this review.
- Case studies of Trusts that have used Choose and Book to improve processes, in consultation with clinicians, can be a helpful resource³.
- A patchy adoption of Choose and Book with a few consultants using the system brings few benefits for either clinicians or the Trust and even enthusiastic clinicians are likely to lose interest.
- All consultants in a department need to be onboard with Choose and Book and willing to look at existing processes and review referrals electronically to make it work.
- Reviewing referrals electronically should not significantly extend the review time if systems are working properly and support processes are in place. Those using Choose and Book regularly became faster at reviewing referrals electronically. Administrators can be used to provide support, for example, for redirections on the system. If it is taking significantly longer this should be explored with the Trust.
- Clinicians will need additional time and support when first using Choose and Book to review referrals and Trusts should ensure that this is factored into implementation plans.

³ <http://www.chooseandbook.nhs.uk/staff/commsmaterials/case-studies>

The BMA has received feedback from clinicians that using the system is time consuming and not always possible during a busy clinic. The working processes set up in GP practices and Trust departments were explored to see if it made an impact on the experience of the Choose and Book system.

At GP practices the processes varied from the GP completing the entire booking to the GP having no involvement.

(i) GP books the appointment with the patient

In a minority of the practices visited, the choice discussion and appointment booking took place in the consultation. The GPs liked the patients to leave the practice with the assurance that the booking had been made and patients were positive about leaving with an appointment. One GP commented that 'when the system is working well it is amazing. Templates are auto-populated and the referral letter and appointment is made while the patient is sitting there. However, this only works in limited scenarios and when it goes wrong it is a nightmare and significantly extends the consultation time'. Smaller practices often do not have the resources to allocate an administrator like other practices have chosen to do so.

(ii) The GP requests the referral and the booking is made by the patient by booking online or calling the telephone appointments line

This has been the BMA's recommended booking process. This process was used by two practices – one used the system regularly and at the other practice only half of the referrals were booked via Choose and Book due to the time it takes and problems with the system crashing. The GP also found it easier to do more complex referrals manually. In both practices, once the booking had been requested an administrator would be responsible for attaching the referrals and dealing with queries from Trusts or patients as required.

(iii) GPs do not use Choose and Book at all and the whole process is completed by a nominated practice administrator.

This process was a popular way of conducting the bookings, particular with high users of Choose and Book. When a patient needs a referral the GP dictates the referral letter and within the letter suggests a number of clinics. Once the administrator receives the referral letter he/she will initiate a referral on the Choose and Book system. The UBRN and password is then posted to the patient who can either book it themselves or return to the GP practice and book it with the help of the administrator. In one practice a large number of patients opt for the latter and the administrator spends 90% of her time on Choose and Book related work.

The BMA has some concerns about administrators selecting the clinics. Consultants are reporting a high number of referrals to the wrong clinic, which take time to re-direct. The practices using this method reported very few rejections or re-referrals although consultants rarely redirected referrals via the system so practices are not necessarily aware. Administrative staff can play an important role in supporting practices including chasing referral letters, monitoring bookings, supporting patients in making bookings, dealing with queries and reporting system problems.

Consultants

Two sites at the Trust were visited and both operated a central booking office, which receives referrals for the majority of specialities. A booking centre team processes the referrals and arranges the appointments. For the majority of specialities the booking centre team log on to Choose and Book as a clinician, accept the referrals, print out the referral and the paper versions are physically taken to the consultant team who review them along with the paper referrals. The paper copies are then sent back to the central booking office team who book the appointments onto the Patient Administration

System (PAS) and scan the paper versions back into the system to capture any annotations on the letter for auditing reasons. For the majority of consultants at the Trust, Choose and Book has had very little impact on working processes but involves a huge administrative process. Using Choose and Book in this way fits in with existing working practices but has not streamlined processes.

The BMA has concerns about administrators accepting referrals prior to the consultant reading the referral letter. A referral letter may contain clinical information, which the GP would expect another clinician to read and have understood prior to accepting the referral. The consultant should read the referral letter and then accept/reject the referral on the system or authorise the administrative team to accept/reject the referral on their behalf.

The 18 Week Wait (18WW) clock starts from the moment a patient books their appointment or from the moment the Telephone Appointments Line (TAL) sends electronic notification that a patient has been unable to book due to slot availability problems so this process is likely to cause delay in the 18WW timeline. At the Royal Berkshire NHS Foundation Trust working practices have been reviewed rather than slotting Choose and Book into existing processes. Consultants are reviewing referrals online and they have reported a 75% reduction in turnaround times for reviewing referrals as the referral letter does not need to go back and forward between the central booking office and consultants. Whilst the situation with the Trust in this project is more complex, due to a wider catchment area and a higher number of specialist referrals, lessons could be learnt and applied. The barriers to reviewing online, which results in this administrative workaround were explored.

Reviewing electronically

A tiny proportion of consultants (an estimated six at one site and 20 at another site) logged onto the Choose and Book system to review referrals electronically. One department had insisted on named referrals as a condition of use and could select their individual referrals from the referrals for review list. Another consultant in a different speciality was the only one dealing with spine associated referrals so selected these from the referrals for review. One consultant had started using Choose and Book to review referrals, which were directed to a general clinic but his colleagues had not been interested in using the system, which resulted in him looking at three times the number of referrals; understandably he had given up.

The other difficulty is that between 30- 40% of referrals are via Choose and Book and the majority are received on paper/fax. This dual process makes the system harder to manage and most consultants think that if the majority are coming in as paper they might as well have the Choose and Book referrals printed off and review both paper and Choose and Book referrals in one go. If a Trust wishes to increase use of Choose and Book there needs to be discussions with the PCT to consider ways of working with GPs to increase use. If use of Choose and Book increases the Trust are less likely to hold back so many slots for paper referrals improving the experience for GPs.

Overworked consultants are concerned about taking on a task they view as time consuming. It takes 5-10 seconds to review a paper referral but time to log onto the system and consultants reported that there are often a number of attachments, which take time to open and scan for the relevant information. Consultants also reported that they were unable to include comments for the secretary like they could on paper. There is a workaround which enables administrative staff to view comments but this point will be raised by the BMA with NHS Connecting for Health. Often the delays were caused due to the system being slow, as mentioned previously and those who used it regularly found that they had become faster with time. Some consultants in other areas of the country have reported that after the initial learning curve reviewing online takes no longer than reviewing paper referrals and speeds up the overall process.

The point was made that it is a waste of time reviewing referrals in some specialities for example rheumatology. It was rare for this speciality to get inappropriate referrals and with joint pain it is difficult to predict urgency so the consultant relies on the professionalism of GPs to refer appropriately. This is a wider question not just applicable to Choose and Book.

Consultants found it very difficult to redirect referrals. This was due to them being unsure how to redirect on the system and the absence of named consultants so it was not possible to redirect to a consultant who is a specialist in a particular area. Instead some consultants using Choose and Book were physically taking the referrals round to the appropriate consultant. Choose and Book includes functionality to redirect on the system including the ability to ask the secretary to rebook and include comments. Only one consultant used his secretary to provide support. The central booking team coordinated the majority of redirections.

3.5 Referral letters

- GPs should make every effort to ensure that referral letters are sent promptly within one working day for cancer or urgent referrals and within three working days for routine referrals, unless there are exceptional circumstances
- At the time of the referral it is helpful if the GP practice checks demographic details on Personal Demographics Service (PDS) so that the Trust can contact the patient if the appointment needs to be changed.
- Trusts should recognise the effort required by the GP when making a referral and should try to re-direct referrals, where appropriate, providing a reason why this is the case.
- There should be discussions locally to define what should be included in the referral letter.
- Patients should be made aware by their GP that attending different Trusts for different episodes of care may affect the quality of their care. If a patient has started treatment elsewhere and chooses to attend a different Trust, consultants need to be provided with details of previous care.

Some consultants felt that referral letters were of poorer quality on Choose and Book. Letters were often found to be brief but with a lengthy past medical history attached so the priority was not always clear. Some consultants reported that they rejected referrals on the system if insufficient information was included. The Trust also reported that a lot of referral letters are not attached in time so they need to spend time chasing GP practices.

Most of these points are not specific to Choose and Book and have been voiced previously in relation to paper referrals. Part of the problem is that different specialities have different views on what should be contained in referral letters and therefore it is not straightforward to resolve this nationally by producing a template. In fact, one of the local criticisms of Choose and Book was that it had made the referral process impersonal and the professional interaction between GP and consultant had been removed. We recommend local discussion between clinicians to help resolve this. Understanding what is required in a referral letter helps consultants review referrals, improves patient care and avoids situations where referrals are rejected because of insufficient information. The quality of referral letters can also depend on the quality of data within GP systems when templates are auto-populated.

Choice has resulted in consultants receiving referrals from out of the immediate area. Patients receive treatment for different conditions at different Trusts creating complex patient pathways and networks of care. Consultants were concerned that these patients had started treatment at other Trusts but would arrive without scans or previous notes making it impossible for consultants to care for them or result in the duplication of investigations and effort.

3.6 Directory of Services

Finding Services

- If a GP practice cannot find a service on the system, which they know exists, they should contact their PCT, who is responsible for ensuring there is sufficient choice, and ask for the reasons to be investigated and fed back.
- Keyword searches can assist in finding services quickly.
- Trusts must ensure that the Directory of Services is up to date to avoid situations where patients turn up for appointments and cannot be seen.

Selecting Services

- A recent national survey of consultants found that a third were experiencing high levels of inappropriate referrals for example to the general clinic rather than the sub-speciality. When selecting an appropriate service GPs should use the Directory of Services to check service specific guidance rather than relying solely on existing knowledge. Non-clinicians are unlikely to be able to take full advantage of the Directory of Services.
- The Directory of Services has the potential to be a valuable resource but only if the data is consistent and of a high quality so that referrers rely on it for all referrals. Trusts should regularly review the quality of entries.
- A Trust wide ban on named consultants is a barrier to the adoption of Choose and Book. Both GPs and consultants find the inability to refer to a named consultant very frustrating and disruptive to patient care.
- There should be local discussions with individual departments to define where it is appropriate to include general clinics, speciality clinics and named consultants on the Directory of Services to suit local needs.
- Patients should have the ability to choose to wait to see a particular consultant for example if they have seen him/her previously to ensure continuity of care.
- Trusts should ensure that they have sufficient resources in place to manage the Choose and Book process for example managing the Directory of Services and dealing with queries from GPs about the Directory of Services. This will save time and potentially resources in the long run as it should help minimise inappropriate referrals.

The Directory of Services allows referrers to search for services. When you click on the name of the clinic it will display specific guidance to help referrers ensure that the service is clinically appropriate, for example, it will specify the conditions treated and exclusions. Key words can also be entered by service definers to help referrers find their service.

Finding Services

When searching for services GP practices found it very frustrating when they could not find certain clinics, which they knew existed. There seemed to be two reasons; (i) inconsistencies or changes to locations of clinics and (ii) clinics not being available on the system. (This second point is covered under section 3.5 availability of services).

Those who used the system regularly and particularly administrators had fewer problems finding clinics as they became more accustomed to where clinics can be found. Those who were more negative towards the system stated that they did not have time to search and needed to find clinics very quickly.

Choose and Book currently allows referrers to search for services using text-based key words, which should help referrers find services. The PCT IT Department reported that when they had shown GP practices how to use the keyword searches it had resolved some of their difficulties finding services. Release 4.2 replaces text-based keywords with coded keywords based on SNOMED Clinical Terms, which describe both presenting conditions and procedures. This will help to standardise terminology.

Selecting Services

GPs admitted that they relied on existing knowledge when selecting services and did not use the guidance provided by service providers. Most did not seem aware that this guidance existed, which is opened by clicking on the service name. They were surprised when this was demonstrated. Some stated that they would not have time in a busy consultation to look through the guidance as the entries were too long. The direct impact was visible in secondary care; consultants reported that they took time to ensure that their Directory of Services entries were accurate but continued to receive inappropriate referrals. Examples included the DOS clearly stating that referrals for spine deformities were excluded but referrals continued to be received. In orthopaedics the DOS specified that patients should have six weeks of physiotherapy before a back pain referral and this rarely happens. The GP administrators who were involved in requesting the referral relied much more heavily on the guidance and found it essential in helping select clinics. It was difficult to judge whether Choose and Book had impacted upon inappropriate referrals at this Trust.

There were mixed views on the quality of the Directory of Services. An example was provided of a GP referring to a named consultant on the system but when the patient turned up for the appointment, the patient was informed that the consultant had retired and therefore could not be seen. Ensuring the DOS accurately reflects referral criteria is also important because some GPs will be referring from outside the area and therefore will not be familiar with the available services. When practices attempted to liaise with Trusts about the quality of the entries on the DOS, they found that Trusts did not respond most likely due to insufficient resources at Trusts. Trusts need processes in place for updating the Directory of Services. This will help minimise the need to reject and redirect referrals and reduce administration. There had been an effort when it was first launched but there was concern that processes were not in place to keep it updated. It was recognised that this was a huge task and resourcing this process at a national level should be considered. Involving primary care would improve the quality of the DOS. These points were raised at the action group and one site at the Trust is completing a review of the DOS involving clinicians. Another site is focusing on clinics, which regularly receive a high number of inappropriate referrals.

It is not just accuracy that needs to be considered but the clinics that appear on the DOS. Specialist clinics can be included on the DOS for referrers to book into to ensure that a patient sees the most appropriate consultant for their care. The Trust and consultants had adopted a simple approach to the implementation of Choose and Book by including general clinics but this was not meeting the specialist needs of the Trust.

The challenges were exemplified by one consultant who described how the vascular surgery department had increased capacity prior to Choose and Book by offering a 'one-stop shop' whereby patients are seen by the consultant and then scanned on the same day. Once the consultant has viewed the referral letter the patient would be booked into the appropriate appointment, which may vary in length depending on the type of scan required. The way Choose and Book is currently set up means that patients are referred into a general clinic and have to come in for a second appointment once they have seen the consultant. Choose and Book patients are therefore offered a less efficient service. The consultant felt that Choose and Book could work but it would require an internal review of the clinics to ensure correct mapping of services and confidence that GPs would refer into the correct appointment slot otherwise it would be a step backwards for the department. Trust managers are now working with consultants to review the use of Choose and Book in this department.

Referring to named Consultants

GPs and Consultants were in agreement that it is important there is an option to refer to a named consultant to ensure continuity of care for patients. This is technically possible on the Choose and Book system but is not encouraged by the Trust and was only possible on one site where consultants had insisted. There was an understanding amongst consultants of why the Trust had adopted this policy. There is pressure on Trusts to meet 18WW targets and it was acknowledged that it was not ideal to have one consultant with a long waiting list and another less known consultant with spaces. There was agreement that referring to named consultants should not necessarily be routine but it was important that a patient could re-visit a consultant to ensure continuity of care. GPs and consultants also wanted to have the ability to refer/redirect to a named consultant if he/she was a known specialist in a particular area. One consultant commented that he had a particular interest in lupus but did not often see these patients as they were referred into the general clinic. The inability to refer to a named clinician was raised at the action group and the Trust is piloting the use of named consultants in one speciality.

There was a strong view from clinicians that patients should have the ability to 'choose' to wait to see a consultant and if this was the choice of the patient it should not affect achievement of Trust targets. A patient may choose to delay their appointment for reasons of personal convenience, for example, a parent may decide to avoid the school holidays. There is a 5% tolerance within the 18WW minimum operational standards to cater for these scenarios. Local clinicians also felt that patients should be able to turn down earlier appointments to wait to see a particular consultant who they have seen in the past and the BMA is supportive of this view. This will ensure continuity of care and still reflects a patient's choice. The Department of Health agree that patients should be able to make this kind of choice. However, this is not included in the tolerance because the Department of Health believe that all patients should be treated within 18WW irrespective of which consultant service they are referred to.

Due to the limited tolerance allowed, if a patient 'chooses' to wait you could consider advising the patient to book when they are ready, subject to their clinical needs. In these cases, patients will need to factor in that after waiting to make the booking they are unlikely to get an immediate appointment.

It should be noted that the 18WW clock starts from the time the appointment is booked by the patient, or the GP practice on behalf of the patient. If the patient cancels this appointment and does not rebook the 18WW clock continues. This is recognised as disadvantageous to Trusts. The

Department of Health has stated that this anomaly is factored into the 18WW tolerance (referred to in the previous paragraph) and the 18WW clock will continue.

If you have concerns about the application of this rule locally then please contact the BMA (info.nhs-IT@bma.org.uk).

3.7 Availability of clinics

- Capacity issues are a major barrier to system use and the Department of Health should recognise that balancing 'choice' and 18WW policies has presented significant challenges in some areas.
- Trusts must ensure there are sufficient and appropriate appointment slots on the system. Trusts need to work with PCTs to conduct ongoing demand/capacity analysis.
- Trusts are obliged to accept clinically appropriate referrals.
- It is important that there are clear lines of communication between the Trust and PCT so that GPs know who to contact if a patient has difficulty booking their appointment after being referred via the TAL slot availability process.
- Operating a dual system for paper and electronic referrals is difficult to manage. Where Choose and Book has been used more successfully has been where all appointment slots are released on the system. Slots released on Choose and Book can be clawed back when referrals are received via other routes. It is possible to adjust timings for example by bringing forward appointments using Choose and Book.
- Collaboration between the PCT and Trust, involving clinicians is essential.
- NHS Connecting for Health has produced guidance on dealing with slot availability issues⁴ for example having different polling lengths for different clinics. A toolkit is being developed to support organisations with Patient Choice and 18WW policies.

Problems

Practices reported that clinics, which are known to exist, are not visible on the system or appointment slots were appearing on the system but when you reach the end of the booking the appointment is not available. This seems to affect particular clinics, for example, in this locality orthopaedics was one clinic where this happened regularly. The higher users of Choose and Book persevere or select a clinic at another hospital although this takes time and is undertaken by the administrator at the GP practice. Others give up and revert to a paper referral instead. This is understandably frustrating and needs to be sorted.

Some practices thought that booked appointments appeared available as the system only refreshed once every 24 hours at midnight. NHS Connecting for Health has confirmed that the system works in real time and appointments should be removed immediately once booked. Occasionally two referrers may select an appointment at the same time but this is unlikely.

4 <http://www.chooseandbook.nhs.uk/staff/implementation/guides/ASI-Guidance-v3.pdf>

The reason GPs are experiencing these problems is due to capacity issues and this is a major barrier. This is a national problem and not specific to this locality. Appointments are not appearing on the system because:

- Trusts need to meet 18WW targets, so for example, set targets to ensure that the first outpatient appointment takes place within four weeks allowing six weeks for diagnostics and eight weeks as an inpatient. Appointments which would result in Trusts breaching these targets are not included on Choose and Book. This results in a limited number of appointments appearing on the system for GPs to book.
- Within this restricted timeframe there is insufficient capacity limiting the number of appointments available. Short-term fixes are not helping. There are often capacity issues at other local Trusts so as soon as extra clinics are put on, in more popular specialities, they are booked up very quickly, including by GPs from outside the immediate area. Although the majority of referrals are from the immediate area, consultants have noticed changes in referral patterns with referrals from counties 40 miles away. One consultant reported that his clinic had 'exploded' since the introduction of Choose and Book and even with additional staff and clinics capacity remained an issue. Another example was a new clinic being put on the system and being completely booked within 24 hours.
- It takes time for Trusts to build in additional long term capacity into the system for example recruiting staff, changing contracts and finding consultation rooms.
- All appointments are not being placed on the system. Consultants do not want all their appointments booked with routine appointments and want to be able to prioritise referrals. Appointments are also held back from the system for tertiary referrals. As the Trust deals with a high number of specialist cases consultants receive a lot of tertiary referrals of a complex nature directly from colleagues. The Trust also continues to receive paper referrals so holds back appointments from Choose and Book so that these can be booked manually.
- Appointments are being booked by patients from out of the area meaning that it is harder for patients to visit their local hospital. Consultants reported that patients were choosing to receive different aspects of their care from different Trusts. This is resulting in complex care pathways, a duplication of test results and absence of patient notes all affecting the quality of care.

The outcome is insufficient appointment slots available on Choose and Book to meet demand resulting in frustration for GPs and a poor service for patients. A huge number of patients across England are being booked manually involving extra work for all involved.

There is concern that the 18WW and choice policies are incompatible. There is insufficient capacity to offer choice. Most patients 'chose' to attend their local hospital but slots are often not available.

Solutions

NHS Connecting for Health has produced guidance to ensure patients can visit their chosen Trust when there are slot availability issues⁵. This involves the Telephone Appointments Line (TAL) submitting a report to the Trust of all patients who have been unable to book an appointment at their chosen Trust. Recent national reports suggest a decrease in slot availability issues however it remains a problem. There was local concern that when patients ring the TAL they do not hear back so contact

5 <http://www.chooseandbook.nhs.uk/staff/implementation/guides/ASI-Guidance-v3.pdf>

their GP. It is important that there are clear lines of communication between the Trust and PCT so that GPs know who to contact at the Trust if a patient reports that they have not heard from a hospital.

At one site, the Trust has employed a Choose and Book support worker who is responsible for dealing with Choose and Book related problems. This includes dealing with appointments listed on the TAL report which cannot be booked due to capacity problems, assisting patients whose appointments are redirected, liaising with secretaries and consultants to redirect or fit in urgent appointments, assisting GPs who cannot find clinics on the system. The role was initially temporary but is now permanent and extremely busy. GPs did not seem aware that this role existed.

Trusts need to examine capacity issues with a view to finding long term solutions rather than adopting a reactive approach with short term fixes such as ad hoc extra clinics. Local health communities have successfully managed slot availability on Choose and Book. This requires careful demand/capacity analysis on a day to day basis. It also requires robust communications between the PCT and Trust. Trusts are likely to be cautious about employing additional staff in order to put on extra clinics if there is a risk that that funding will be reduced in the subsequent year. It should be recognised that factors such as the Choice policy, the Quality and Outcomes Framework (QOF), Practice Based Commissioning and local policies have created a period of instability and demand/capacity analysis will need to be an ongoing process. At the action group meeting the Trust recognised that capacity was an issue and agreed to take a long term strategic look.

The Department of Health has developed the 18 weeks and Choose and Book toolkit to help providers who are experiencing difficulties meeting the requirements of Patient Choice and 18WW policies. It contains a number of capacity and demand management tools, a self assessment tool and three checklists (with links to best practice documents), which focus on Choose and Book utilisation, slot availability and 18 weeks sustainability.

Trusts can introduce different polling times for different specialities. For medical specialities such as dermatology the first outpatient appointment is likely to result in treatment therefore Trusts can increase the number of appointments on the system for example to 11 weeks without breaching targets. For surgical specialities where the first outpatient appointment is unlikely to result in treatment the polling times can remain shorter.

If a patient chooses to attend a particular hospital and appointments are not available on the system the patient will need to be booked manually. Withholding appointments from the system does not help and it may be better for Trusts to consider releasing more appointments onto the system but clawing them back for referrals received via other routes. It is possible to change the priority of referrals on the system for example to bring forward appointments. If there are more appointments available on the system this should increase local use and reduce the number of paper referrals.

Trusts should not only look at the numbers of appointments available to referrers but also the types of appointments i.e. general access clinics as well as specialist clinics. This requires careful service mapping and consideration of the clinics a Trust wishes to offer to suit local requirements.

A consultant neurosurgeon was positive about Choose and Book because it had enabled him to significantly increase capacity in his clinics. The ability to review referral letters on the system in advance of clinics meant that he could ask patients, which he felt appropriate, to have a scan prior to their first outpatient appointment. A number of slots in the radiology department were allocated for this purpose following discussion with that team. This had significantly reduced the number of appointments because previously the patient would often need to return to discuss the scan after the

initial appointment. The number of MRI scans has not changed, as a result of this change in process, as the investigation criteria remain the same.

Choose and Book has the potential to help capacity issues by reducing the number of DNAs. The Booking Centre manager at one site showed that the average DNA for the Trust is 14% however the average for Choose and Book referrals is 8-9%. This does not take into account variances such as when patients, from out of the area, turn up to A&E and are asked to attend a fracture clinic but decide to go locally however it does represent a significant reduction.

3.8 Telephone Appointments Line

- Feedback on the TAL can be submitted via a webform on the Choose and Book website
- Problems with the TAL should be raised with the PCT/Trust and escalated to the SHA where appropriate.

Practices reported problems with the efficiency of the TAL. Patients who ring the TAL were experiencing long waits and returning to the GP practice. One of the ways the NHS measures the service provided by the TAL is via Key Performance Indicators (KPIs). These include the percentage of calls answered within 30 seconds and the percentage of engaged calls. The BMA raised these problems with the Department of Health. There were temporary problems with the TAL in this locality during the early stage of this project however the KPIs have been consistently met since October 2008. If patients are reporting problems you should encourage them to submit feedback. If poor service continues you should raise this with your PCT/Trust who can escalate it to the SHA who are responsible for providing the service. Feedback on the TAL can be submitted online at: <http://www.chooseandbook.nhs.uk/staff/implementation/staff/hpf>

3.9 Financial considerations

In the near future Practice Based Commissioning may have an impact on referrals. With private providers bidding to provide services in the area, local GPs are grouping together to provide services and will be looking at the savings which can be made by setting up services locally rather than immediately referring to Trusts. This may create tension between primary and secondary care policies.

4 Conclusion

The implementation of Choose and Book goes far beyond installing systems. Even the most enthusiastic GPs and consultants in this local area were struggling to make the system work as intended. This is not due to the functionality of the system but due to broader issues such as national and local policies, processes in place and capacity issues. The Trust typifies many areas where Choose and Book has been added onto existing processes.

The clinicians interviewed felt that Choose and Book could potentially bring benefits and that a paper chase of referrals letters between GPs and around the hospital is not best practice.

Widespread use of Choose and Book requires collaboration between primary care and secondary care as the GP experience is intrinsically linked to the Trust/consultant actions and vice-versa. An example is a barrier to GPs using the system is the lack of available appointments so GPs revert to paper referrals but Trusts are reluctant to release appointments onto the system because they will need to claw them back for referrals received via the paper route.

A Trust wide implementation of Choose and Book would require a review of existing processes involving clinicians. Consideration of how clinics appear on the Directory of Service (DOS) would need to be central to this review, particularly in light of the specialist nature of the Trust. This would need to include the introduction of named consultant referrals. The consultant interviews highlighted how each clinic is set up differently for good reasons. Clinicians must therefore be integral to any decision to increase the use of Choose and Book to ensure that existing processes are improved and streamlined and any administrative burden is minimised.

The BMA has made a number of recommendations in this report. Whilst we recognise that every area is different, we hope that these will be helpful for localities that wish to review the use of Choose and Book.

