Choose & Book
– a system to enable patient choice

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This evening’s presentation

- Introduction to Choose and Book (CAB) – its aims and objectives
- Consider Choose and Book (CAB) and its place in the National Programme for IT (NPFIT)
- Case Studies from NEYNL SHA
- Opportunities and Challenges in implementation
Brief Introduction

- My background
- My role in Choose and Book implementation
North and East Yorkshire and Northern Lincolnshire SHA

From the north sea to 18 miles from the Irish sea

In excess of 1000 referrals via CAB

1.64M people

4500 square miles

9 PCTs using CAB
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<th>National</th>
<th>Cluster</th>
<th>SHA</th>
<th>Trust &amp; PCT</th>
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<tbody>
<tr>
<td>Department of Health</td>
<td>Connecting for Health Accenture</td>
<td>NPfIT Programme Team: CIO &amp; Deputy Project Management, Technical Assurance, Communications, Clinical Engagement, Information Governance, Training, Accenture</td>
<td>IM&amp; T Programme Manager, Project Manager, Business Change Manager, Communications Manager, Clinicians, Administrators, Accenture</td>
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Programme structure for CAB

- NEYNL SHA CEOs
- Planned Care Board
- NPFT Programme Board
- CAB Subgroup
  - CHARD
  - Northern Lincs
  - Selby York
  - Hull & East Riding
  - Ham & Rich
  - Scarborough, Whitby Ryedale
Growing demands of a 24/7 society

choose and book

- 76% of patients want to be involved in decisions about their treatment.
- 42% want to choose their appointment time
- 31% want to choose their hospital or doctor
  (MORI survey, November 2003)
- Across all social types 66% of people want more choice in their healthcare.
  (YouGov poll, April 2004)

Bread queue in Bolton (1948)
From January 1st 2006........

- All patients should be offered the choice of at least 4 providers on referral by their GP/ GDP to a secondary care consultant for most conditions

- All patients should have the opportunity to pre book their appointment (outpatients and electives)
What is Choose and Book?

- The name for Choice at Referral and the Electronic Booking Service (EBS)
- Choice of convenient place, date and time for hospital appointments
- Increasing choice from 2006 onwards, culminating in ‘free choice’ by 2008
- Big step in giving patients greater involvement in the choices and decisions about their treatment
- If facilitated with Choose and Book software the first major step towards an NHS where everyone is connected electronically
Technical Architecture of CAB
The components commonly used to make a successful booking

Definitions:

Firewall: Firewalls are used to create security checkpoints, isolating different parts of a network. They inspect all communications passing between the two and either permit or deny the communication depending on how it matches the programmed policy rules.

Router: A router connects two or more networks together and acts as a prioritiser and director of information intended to be passed between the different networks. May include simple firewall functionality.

Local Area Network (LAN): A communications network usually within a single building that connects all of the IT equipment such as PCs, printers and servers.

Message Handling Service (MHS): A system or piece of software responsible for handling messages sent between applications. All systems that communicate via the Spine must have (or have access to) an MHS.

SERVICE PROVIDER (DIRECTLY BOOKABLE SERVICES)

SERVICE PROVIDER (INDIRECTLY BOOKABLE SERVICES)

N3 / NHSnet

* Requires end point registration

V1.0
Potential access routes

Create appointment request
Book appointment
Create referral letter
View booking status
Request advice & guidance

EBS

Referrer / Booker (via Primary Care System)

BMS

Create appointment request
Book appointment
Create referral letter
Request advice & guidance

EBS

Referrer / Booker (via New NHS wide webN3)

BMS

Book appointment
Change appointment

Internet

Patient via Internet & UBRN

BMS

Book appointment
Change appointment
The process for the patient

- Consults GP
- Patient and GP decide a referral is needed
- Choice of place offered – patient and GP choose using information provided by www.nhs.uk
- Option to book offered
- Patient either books straight away, or books later via telephone or internet
The administration for the patient

- Reference number
- Printed appointment slip
- Telephone number for the Choose and Book Appointment Line
- Web site address
- Password
- Healthspace
The advantages for the patient

- Research shows patients want more choice and control
- Certainty of having an appointment immediately rather than waiting for a letter
- Choice of a place, date and time that suits them, fitting in with childcare, carers, work and other responsibilities
- Minimises need for follow up visits to GP to check referral status
- Easy to change appointments
- Shorter referral process
The process for the GP

- GP and patient decide a referral is needed
- Opens Choose and Book software, accesses referral guidance and booking guidelines
- Discusses preferences with patient and agrees a service
- Patient chooses convenient date and time, GP or practice staff to book appointment on their behalf
- Enables patient to leave practice with appointment at chosen service or to book it later
- GP uses referral template or dictates referral for later
The advantages for the GP

- Fewer queries from patients chasing referrals
- Full directory of all the secondary care services available
- Decision support information for referral
- Advice and guidance facility
- Simple referral process
The process for admin staff

- Patient shows reference number
- Practice staff book the appointment
- Practice staff can complete referral letter and add it to the booking
- Receiving staff view referral with key information included and appointment already booked
- Receiving staff print out referral letter for consultant to review
- Receiving staff act on consultant’s behalf to accept, amend or reject the referral
The advantages for admin staff

- Able to give the patient an appointment straight away so more involved in the care process
- Simplifies administration
- Fewer patients making repeat appointments to find out progress of referral
- No lost referral letters
- Immediate information about progress of referral
The process for consultants

- Consultants can provide advice and guidance before the referral is made
- Consultants can reject referral if felt inappropriate and direct back to the GP
- Consultants can change the priority of the referral and have the appointment rebooked
The advantages for consultants

- Legible referrals using standardised referral template
- Advice and guidance facility may reduce face to face outpatient appointments
- Booking guidance should help ensure appropriate referrals
- Fewer DNAs
- More secure referral audit trail
Choose and Book is needed

- Choose and Book gives patients greater choice, certainty and influence in how they are treated
- Choose and Book will allow patients to choose a provider and appointment slot at a time and date that suits them
- The paper-based booking system is slower, inefficient, insecure and not patient-focused

Choose and Book works

- It is being used around NEYNL with very positive feedback from patients
Case Study 1
Craven Harrogate & Rural District
Craven Harrogate & Rural District PCT (CHARD)

Within North East Yorkshire and North Lincolnshire Strategic Health Authority

26 GP practices (20 Harrogate & RD: 6 Craven) – 23 EMIS

Main Providers:-
- Harrogate District NHS Foundation Trust
- Airedale NHS Trust
- Bradford NHS Trust

(LHC split between Craven & Harrogate & Rural)

Around 205,000 people are served by the PCT- Harrogate, Ripon and numerous villages.
How they made it happen

- Project management structure
- Clinical involvement
- Other providers
- Public Involvement
- Resources
Principles:-

- Strong project management supported by Accenture (Local Service Provider) & Board chaired by Trust Chief Executive
- Involved willing GP’s – 6 practices became pilots
- Focus on EMIS integrated system
- Enhanced IT package included pathology requesting & electronic letter transfer
- Develop close working relationships with practice managers and hospital administration staff
- Experienced trainers aware of business processes
- Identify Clinical Leads – Consultants & GP’s
Practical:-

- Concentrated on 2 lead GP’s
- Focused on booking into General Surgery
- Went “live” in February with EMIS/C&B
- Referral monitoring daily to ensure patient safety
- Informal liaison with key staff in Trust & PCT
- Continued joint project team approach
Impact on Primary Care

- Registration, visits and training arranged at practices’ convenience
- C&B implementation plan took account of GP’s reservations re time and resource implications
- Local BMS set up to support patients
- Viewed by some GP’s as admin task
- Practices influenced by negative media reports
- Enabled active discussion between primary and secondary care clinicians
Advantages of being the first

- Original strong project structure supported extended roll-out plans
- Go live based on knowledge and experience gained over time
- Alignment of C&B to business processes
- Close monitoring of referrals and early identification of problems
- Feedback to lead GP’s on the LHC issues
- Feedback from GP’s on theirs
- Early experience of Choice and its integration with C&B
Current Status

- 50% of Harrogate Practices now live
- Mixture of web based and EMIS
- 50% of Harrogate Foundation Trust specialties now directly bookable
- 717 referrals via C&B (Dec 1st 05)
- Practice admin staff now more supportive
- Booking Management Service developed to support wider Choice
- C&B project team now involved in Choice
What has gone well…

- Positive feedback from patients
- Positive feedback from admin staff and booking managers
  - “less time spent answering patients queries about appointments”
  - “satisfying to give the patient their appointment there and then”
- Most GPs using CAB are fairly positive
- System gives GP opportunity to work flexibly and in line with practice ways of working
- Referral behaviour more transparent and improved
- Consultants using system have taken active interest
What could have gone better?

- Planning initially
- Understanding of technical requirements and technology to deliver
- User expectation management
What we have learnt...

- Demonstrating how easy it is ...removes many of the misconceptions
- Ensuring the project team is confident ...increases take-up
- Encouraging local shaping of the solution...produces commitment
- Providing go-live support...prevents return to old ways of working
Case Study 2
Northern Lincolnshire Local Health Community
The Local Health Community

- North Lincolnshire PCT & North East Lincolnshire PCT
- Within North East Yorkshire and North Lincolnshire Strategic Health Authority
- 55 GP practices (22 NL PCT & 34 NEL PCT) using WBR
- Main Providers:
  - Northern Lincolnshire & Goole Hospitals NHS Trust
  - Hull and East Yorkshire
  - Doncaster and Bassetlaw Foundation Trust

Around 320,000 people are served by the PCT - Grimsby, Brigg, Scunthorpe and numerous villages.
How they made it happen

- Project management structure
- PCTs working together as a LHC
- All business change processes identified
- Diagnosis of technical infrastructure and associated challenges
  - acute trust immediate implementation
  - PCT technical infrastructure improvement
Technical Infrastructure Work stream

- PCT technical team
- Vendor support (Watchguard, MS, BT)
- Technical expertise from SHA
Diagnosis

- Network taking up to 30 minutes to log onto CAB
- Network medium being over driven
- Servers
What did they do?

- Restructured network entirely using and implementing N3
  - unifying technology
  - common platform for all
  - 2 PCTS actively working together
- MS Exchange 2003
  - increase speed of email
- Agreed a Single supplier (Watchguard), common platform and common hardware
What were the results?

- 30 minute log on is now 1min 30 for whole CAB process
- There has been significant performance improvement due to bandwidth
- Roll out of improvement to 3 sites each day meaning that CAB will be available to all GPs and patients across LHC by January 2006
- The LHC will have implemented the improvement in 120 sites in 6 weeks.
Who is benefiting?

- GPs, practices and patients
- Choose and Book roll out
- Acute provider – business change
- Other NPFIT applications eg Electronic Prescription Service
- Local IT department & PCT
Current Status – in Northern Lincolnshire

- By end of December up to 60% of referrals in Northern Lincolnshire could be using CAB
- By end of January 06 all GPs will have access to offer patients choice of provider, date and time of appointment.
- GPs will offer choice manually until CAB is available
Top tips

- Communication is vital
- Make sure systems are robust
- Involve clinicians at every step
- Don’t underestimate the task
- Expect the unexpected
“I’m sure in five years or so, we’ll look back and we won’t be able to imagine that we still looked at pieces of paper people had written on by hand, and we scribbled on them and sent them down to the office”

Celia Ingham Clark
Consultant Surgeon & Medical Director
Whittington Hospital
Key contacts

- [www.neynlha.nhs.uk](http://www.neynlha.nhs.uk)
- [www.chooseandbook.nhs.uk](http://www.chooseandbook.nhs.uk)
- Alex Morton-Roberts, Head of Service Improvement, NEYNL SHA
- Tony Newsom-Virr, (BSc, MBCS, WGCP) Technical Infrastructure Specialist
- Amanda Bloor, Choose and Booking Implementation Manager
- Jo Bland, Communications Manager
- Dave Lumley, Project Manager
- Lyndsay Rooney, National Communications Lead, CAB