THE NATIONAL BOOKING PROGRAMME: ACCESS, BOOKING AND CHOICE

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INTRODUCTION

The national booking programme was launched in 1998 as the National Booked Admissions Programme, part of the government's strategy for modernising the NHS. At first it was part of the National Patients Access Team, known as NPAT, then became part of the NHS Modernisation Agency when the agency was formed in April 2001.

The National Booking Programme now sits within the Service Improvement section of the NHS Modernisation Agency. It is also within the Department of Health's Waiting, Booking and Choice programme whose role is to bring about the reforms needed to ensure that NHS patients get fast and convenient access to services.

The programme began with Wave One, 24 pilot projects which ran from 1998 until 2000 and acted as a test bed for learning.

In Wave Two (1999-2001), 60 further sites tried booking schemes, while Wave Three (2000-2002) involved 197 sites.

In October 2001 Wave Four rolled the programme out across the country to 122 health communities (groups of trusts working together).

GOALS

The NHS Plan laid down specific goals for booked admissions. From March 2001 every acute trust was to book at least two specialities or high volume procedures. By the end of January 2002 every acute hospital in England was booking in at least two specialities or high volume conditions.

By the end of January 2002 every healthcare community was working together to redesign healthcare processes incorporating booking. By March 2002 five million patients had benefited from the National Booking Programme and by September 2002 this figure had risen to more than nine million.

The ultimate target is that by the end of 2005 waiting lists for hospital appointments and admission will be abolished and replaced with booking systems giving all patients a choice of a convenient time within a guaranteed maximum waiting time.

The aim of the National Booking Programme is to let patients choose and pre-book the date of their appointment or admission. It involves appointments for outpatient treatment as well as actual admission to hospital. It is part of the wider aim of making the NHS more accessible and convenient, and

supports local NHS organisations in the development of processes and systems which allow patients to have certainty and choice.

DEFINITIONS

The NHS requires a standard definition of what constitutes a booking for appointments to health and social care services. The definition has been revised twice since 1998, based on feedback and evidence of improvements from teams within health and social care and from developing policy.

The Public Service Agreement (PSA) definitions are as follows:

Outpatient appointment:

Patients seen for their first outpatient appointment following written referral by GP.

Elective inpatient admission:

Patients admitted to hospital for treatment from the elective waiting list. This covers both ordinary and day case admissions.

There are two types of booking: full booking or partial booking. Our objective is to redesign services to support full booking. This is where the patients have the opportunity to agree a date for a booked appointment and/or admission within one working day of the decision to refer/admit being made. Patients can choose to confirm or book their appointment when initially offered or defer their decision until later. In the latter case the appointment is still classed as fully booked.

Partial booking is a step towards full booking. In this scenario at the time of consultation the patient is advised of the total indicative waiting time for access to a service and arrangements are agreed for contact to be made at a reasonable time before that date. Patient should be told the point at which they can book their appointment at the outset.

The definition of a fully booked appointment or admission is:

The patient is given a choice of when to attend. The patient is given the opportunity to agree a date at the time of, or within one working day of, the referral or decision to treat.

The definition of a partially booked appointment or admission is:

The patient is given a choice of when to attend. The patient is advised of the total indicative waiting time during the consultation. The patient is able to choose and confirm the appointment or admission approximately four to six weeks in advance of the appointment or admission date.

TARGETS

As with all initiatives Access, Booking and Choice also comes with its own targets.

- Two thirds of all new outpatient appointments and inpatient elective admissions to be pre-booked by the end of March 2004 (NHS Plan)
- 100% of day cases to be pre-booked by March 2004 (National Planning and Priorities Framework)
- Every patient with diagnosed cancer to have pre-planned and pre-booked care by December 2004
- All outpatient appointments and inpatient elective admissions to be pre-booked by the end of 2005 (NHS Plan)
- Electronic booking by the end of December 2005

LOCAL POSITION

At the end of June 2003 the position in Morecambe Bay was:

- 51% of outpatients were pre-booked
- 81% of inpatients were pre-booked
- 94% of day cases were pre booked

OTHER PROGRAMMES

The lessons from the booking programme are being applied in a number of other specific modernisation programmes. One of the government's aims is to improve healthcare in areas of high demand such as coronary heart disease and cancer. In these areas, redesigning the patient's journey incorporating booking has helped to revolutionise patient care.

When a booking project begins, the team members often try to follow a typical patient's journey to see how it can be improved. In many places they discover that letters and pieces of paper are delayed unnecessarily within different offices. They also often find that patients have to give the same pieces of information about themselves to several different members of staff. They are able to change the system, saving time and making the process better for the patient. Another benefit from booking patients is that waiting lists can be reduced because of the time saved by using clinics to capacity, instead of wasting time when patients do not turn up.

The booking programme follows 'plan, do, study, act' principles. Booking schemes try various methods to streamline their procedures, and use the ones that work best. This information is then fed back to the national team, until there is now a huge body of data available to show how well schemes work.

ELECTRONIC BOOKING

Within the pilot programmes a variety of systems have been used, but many trusts are now looking at electronic booking systems, which allow GP surgeries to book directly into hospital systems. Alternatively, people can ring call centres to find out availability and then book through these. A number of health communities are trying these systems and more information will be available as they develop. Already, many trusts have found that when they gave patients choice about

appointment times there were other benefits. 'Did not attend' rates have dropped significantly, and administrators need to spend far less time chasing up absentee patients. GPs and hospital clinicians have also worked together to agree protocols, which ensure that patients are always referred to the most appropriate person.

Morecambe Bay Health Care purchased an electronic booking solution in 2001, called REVIVE. This is a web-based guideline driven system that allows flexibility in use, either to book direct from surgeries with the patient present or to allow the referral to be directed to the hospital for the patient to contact the hospital for an appointment at a mutually convenient time. If an appointment is not deemed suitable the system also offers instant access advice and guidance.

There are 59 electronic guidelines available for use within in Morecambe Bay, referring or booking into some of the following services.

- Clinical diagnostic unit
- ENT
- Gynaecology
- Malignant disease
- Musculoskeletal
- Oral surgery
- Physiotherapy services

A full list is available by accessing the Morecambe Bay PCT web site on either <http://ipct/gp/ReferralProtocols> or the via the NHS web on <http://www.mbpct.nhs.uk/gp/ReferralProtocols>.

METHODOLOGY

There are five simple rules which guide all our modernising efforts:

1. see things through patients' eyes
2. find a better way of doing things
3. look at the whole picture
4. give front line staff the time and the tools to tackle the problems
5. take small steps as well as big leaps.

Irrespective of the area of the work the high level methodology is the same. The detail of depth varies, depending on the complexity and issues of the speciality being studied.

- demand - understanding the true demand on the service
- process mapping – understanding the current position for the whole of the service
- current capacity – understanding the current capacity available to the service
- linking demand and capacity to identify the 'gap'
- identifying areas to redesign the service to increase capacity for both simple steps and more fundamental steps (eg wholesale adoption of a distinctive pre-operative service)
- revisit demand and capacity dynamics to ensure the service is in equilibrium

- identify and implement additional short-term initiatives where there is an obvious need to reduce numbers on the waiting list to ensure demand and capacity is in equilibrium in future
- overlay a booking template, which models the date allocations for patients on the waiting lists and identifies the first available date for a booked appointment for a new patient. All of this ensures that there is no breach of the prime access targets
- agree and implement the introduction of mechanisms for the booking process ie e-booking, partial booking, role changes for staff, booking office, consultant diaries in clinic.
- template production for the service to show timescales for and effects of the redesign work on the service

BENEFITS

With booking in place there are many benefits to all involved:

Patients – They are able to choose a date convenient to them and one that fits in with their other commitments.

The redesigned service may offer fewer visits to hospital and shorter waits whilst at the hospital.

Certainty around appointment date or length of wait.

Ultimate reduction waiting times

Staff – Today's work is done today which reduces any backlogs that may create bottlenecks in the service and increase waiting times

More empowerment for staff whilst managing services

Staff gain a wider understanding of the whole of the patient pathway and what effect their work has on the system as a whole.

Staff are better able to pre plan work.

Trust – Because the patient is negotiating the date the DNA rate will be reduced.

The redesign ensures better utilisation of resources

Better cross-bay utilisation of services

Acts as a catalyst for further redesign in the trust

Forward planning for annual leave and study leave ensures clinics/theatre sessions are not cancelled at short notice.

Better-designed services embracing modernisation will reduce waiting times and thus help the trust meet the NHS Plan access times.

CONSTRAINTS

Constraints to the success of the booking programme are identified as follows: -

- Limited 'buy in' by key stakeholders eg clinicians, GPs
- Complexity of the work involved
- Complexity of the existing services being redesigned
- The requirement for role changes in certain staff groups and the involvement of Human Resources
- The accessibility of valuable information about existing services
- Conflict between achieving the fundamental objectives of the trust ie financial and major Primary Access targets versus the introduction of booking.
- Resistance to change

CONCLUSION

The aim of the National Booking Programme is to let patients choose and pre-book the date of their appointment or admission to hospital.

It is part of the wider aim of making the NHS more accessible and convenient, and supports local NHS organisations in the development of processes and systems which allow patients to have certainty and choice. The Access Booking and Choice team are working with individuals and specialities towards a number of targets laid down in the governments' NHS Plan, as well as improving working practices for staff and increasing the choice and certainty for patients.

In order to encourage the sharing of best practice a resource pack called "Ready, steady book is available, full of case studies and practical guidance. To obtain a copy contact either the local booking team or the website www.modern.nhs

FURTHER READING

www.doh.gov.uk/waitingbookingchoice

www.nhs.uk/nhsplan