

choose and book

Dartford & Gravesham NHS Trust – full booking beyond 6 weeks

“Everything is now in place for an easy transition to Choose and Book; the culture; process and GP referral guidelines. It has been a brilliant lead up to Choose and Book.”

**Leslieann Osborn, Project Lead for Improvement Partnerships for Hospitals,
Dartford and Gravesham NHS Trust**

The Choose and Book delivery framework set out a recommendation of 25% of all outpatient appointments to be fully booked by January 2005; some SHAs strongly recommended Trusts to achieve this target. A critical operational barrier in developing systems to deliver this milestone was the capability to book and honour appointments beyond 6 weeks.

The following case study outlines the full booking and booking beyond 6 weeks process at Dartford and Gravesham NHS Trust, their critical success factors to implementation and addresses some of the common myths surrounding booking beyond 6 weeks from their operational implementation experience. The case study also goes on to outline the next phase of implementation and the challenges ahead.

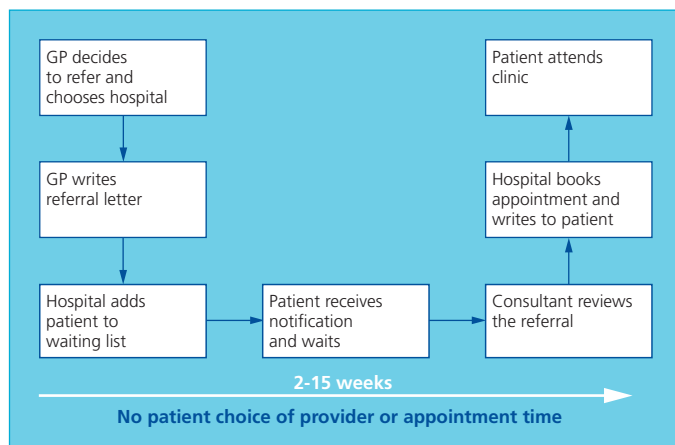
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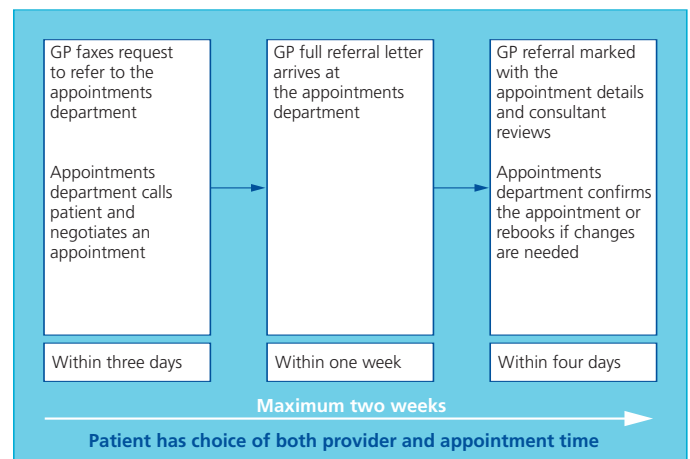
Process overview

The trust decided to implement a manual full booking process as an interim measure to hit the target and explore the development of an electronic system.

Before After the decision to refer had been made the GP would send a referral letter to the consultant, which could take up to 3 weeks to draft and arrive at the hospital. Once the letter arrived, it could take a few days or weeks for the consultant to mark it with a priority grade and clinic. The letter would then go to the appointments department and the clerks would contact the patient to arrange a clinic time 4 weeks before the patient was due to attend. Throughout the process, the patient would not know where their referral was in the system and would be anxiously waiting to hear when their appointment would be.



Now After the decision to refer has been made, the GP gives the patient a number on which to call the hospital appointments department on the next day to arrange an appointment at a time and date to suit them. At the end of the consultation, the GP will fax a request to refer proforma to the appointments department and less than 2 weeks later the full referral letter will arrive at the hospital for the consultant to review with the clinic allocation.



If there are any changes needed the appointments department contacts the patient, otherwise a confirmation letter is sent to the patient.

The trust are piloting the process with Urology and General Surgery to get the process right before rolling it out to all specialities. As at February 2004, 22% of all outpatient referrals are fully booked.

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Critical success factors

Executive level leadership

The acute trust had senior management support for implementing full booking beyond 6 weeks and had a clear vision and commitment to improving the old system and realising efficiency benefits. An experienced deputy director led the process design and oversaw implementation. One of the key roles the senior manager played was obtaining clinical support for the new process at the board of clinical directors. The experience of the senior manager also meant the process was robust, had organisational priority and had a high level of contingency planning. For example

- If the GP referral letter does not arrive within 2 weeks the practice is contacted and given 24 hours to fax the referral. If it is not received then a letter is sent to the patient and GP cancelling the appointment and explaining the reason why.
- If a consultant wants to make a change to a provisional appointment, they will only be accepted within 2 weeks of sending the referral to the consultant.

Thorough contingency planning meant some of the risk factors to implementation were pre-empted.

Clinical engagement

Before the process was implemented, approval was obtained from the board of clinical directors; who make all the key service development decisions within the Trust. Getting their agreement was vital as it gave the team a mandate to implement the required changes. Agreement was also obtained from the PCT medical director who sent a letter to all practices outlining the new full booking process.

Although the team would have liked to have consulted more widely with clinical colleagues, the target focussed them on driving out delivery immediately. The team are now in an evaluative process and engaging clinicians in contributing to improve the system.

The team have also benefited from a high level of clinical input into developing the GP guidelines for referral, which are essential to ensuring patients get to the right clinic at the right time.

"We had such a short time frame from agreeing the process at the board of directors to implementation that we had limited time to consult with support staff, consultants or GPs. Since then, there has been active participation as part of an evaluation to improve the process before roll-out to all specialities."

Leslieann Osborn, Project Lead for Improvement Partnerships for Hospitals, Dartford and Gravesham NHS Trust

Secondary and primary care relationships

"Acute staff liaised closely with the PCT and directly with GP practices to implement the process. This dialogue between primary and secondary care was critical to our success."

Kevin Nicholson, Deputy Director of Service Development, Dartford and Gravesham NHS Trust

The trust benefited from having a member of their team who had pre-established relationships with local GPs and who understood practice referral processes. This system knowledge meant the full booking process could be tailored to the practice processes to reduce the impact on the GP and practice staff.

The relationships and understanding between primary and secondary care clinicians and support staff has developed, which the team believes will be a benefit to the implementation of Choose and Book in the coming months.

An iterative process

The managers and clinicians involved in the implementation of full booking beyond 6 weeks saw it, and still see it, as an iterative process that is refined as a result of both positive and negative feedback. The appointment department clerks were pivotal in picking up feedback and issues, which they then passed on to the trust managers to diagnose and resolve. This system of issue identification and resolution meant the process was constantly refined and improved. The team also took the approach that negative feedback was an opportunity to engage that GP, consultant or manager in the system by helping them to improve it.

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Myth busting

Fully booking patients to outpatient clinics beyond 6 weeks

Myth 1: Leads to a high cancellation rate by the hospital

Experience: Leads to better clinic management

The trust accepts that by agreeing dates with the patient, it then has an obligation that these dates be honoured. The trust has put in place mechanisms that provide a high degree of assurance that no new appointments will be cancelled; these mechanisms have approval from the board of clinical directors.

The first is a mechanism for making all efforts to co-ordinate consultant leave and covering absences, providing a high degree of assurance that new appointments will not be cancelled. For example, where a consultant goes on leave for more than two weeks they are encouraged to arrange for colleagues to check provisional appointments in their absence.

The second is a mechanism to reduce the number of provisional appointments being cancelled and rebooked due to referrals being placed on inappropriate clinic lists or priority rating. Trust consultants are developing simple and effective referral guidelines to reduce cancellations. Also the board of clinical directors has agreed that if a patient needs to be rebooked the consultant must advise the appointments department within 2 weeks of receiving the full GP referral, after this time the appointment cannot be changed and the patient is seen in the original clinic.

“Before we implement full booking further we are developing the process in consultation with GPs and consultants to be more efficient by drawing up clinic guidelines; one page guidelines that will enable GPs and appointment department staff to place patients in the most appropriate clinic first time, reducing the number of time-consuming cancellations and rebooking.”

Leslieann Osborn, Project Lead for Improvement Partnerships for Hospitals, Dartford and Gravesham NHS Trust

Myth 2: Leads to a high cancellation rate by the patient

Experience: Leads to less patient DNAs and a better quality patient contact

The team believes there is likely to be fewer patient DNAs as the patient has negotiated the date and time. The new system also means that the patient has an improved communication channel with the hospital through the appointment centre. This contact may lead to reduced DNAs because the patient knows who to contact if they are unable to attend the appointment.

Myth 3: Is highly bureaucratic

Experience: Leads to a more efficient referral system with less bureaucracy, fewer delays and fewer lost referrals

Previously it could take anything up to three weeks for a GP referral letter to be received by the appointments department and then anything up to three weeks for the consultant to mark. These delays meant the referral was also more likely to be lost. The aim of the new process was to reduce the bureaucracy for everyone who has contact with the referral process.

In the new system, the patient has an appointment date within 24 hours of the decision to refer and the process of referral tracking is far more transparent. The GP referral is received within two weeks of the request to refer being sent and the consultant informs the appointments department of any changes to the provisional appointment within two weeks.

Prior to implementation, the team spent time designing the process and thought through how to make the new system as efficient as possible. For example, the trust controls the workload of the appointments department by initiating the telephone call to the patient in the first instant. This results in fewer patients calling at peak times. Another way in which the appointments department has controlled the workload is by aligning the full and partial booking system. If the full booking cannot be completed the system reverts to the partial booking system to reduce the level of work chasing information. The team are also continually evolving the process to cut out unnecessary steps.

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Myth busting

Although there has been an increase in the workload of the appointments department this is a result of developing the system and running two booking systems at the same time. When one global system of full booking is rolled out there will be more clarity and simplicity in the process. While based on a manual system full booking is likely to require additional administrative resource. The trust is also exploring the option of replacing the manual full booking system with an electronic version, which will be less labour intensive and paper heavy for both practices and the appointments department.

The trust has used existing management resource to support the implementation of the system. The deputy director of service development, outpatients services manager, Improvement Partnerships for Hospitals project lead, and acting e-Booking manager all contributed significant amounts of time. There were no additional management costs and the wider benefits to Choose and Book and developing primary and secondary care relationships are already visible.

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Patient experience and patient information

"It's a fantastic idea; if I was a patient I'd want to know when my appointment was rather than be waiting and worrying."

Terry Mills, Acting e-Booking Manager

With full booking beyond 6 weeks the patient no longer has to anxiously wait for their appointment time or chase the referral through the system, but knows their appointment date and time within 24 hours of seeing a GP.

The appointments department has a higher level of patient contact with the new system. This had led to a greater awareness of the patient's perspective. The clerks communicate with sensitivity and clarity to brief the patients on waiting list times, and clinic services.

Next phase of roll out

The team are engaging primary and secondary care clinicians to improve the process, particularly around developing clinical guidelines to ensure the patient gets to the right clinic first time. The trust aims to roll out full booking to all specialities during 2005. The team are also investigating electronic options for full booking linked to the roll out of Choose and Book.