Electronic booking – an initial guide to implementation

During 2004 the first patients will begin to benefit from the speed, ease and convenience of having their hospital appointments booked electronically. When the National Electronic Booking Service for healthcare is implemented in England by December 2005, it will be the first such service in the world and will enable patients to choose the time and place of their appointment.

In September 2003, IT supplier Atos Origin, formerly SchlumbergerSema, won the national contract to lead a consortium to develop the electronic booking service. The transition to electronic booking is already underway and health communities need to engage with it fully and understand its potential to transform the patient experience by 2005.

This Briefing sets out the background to electronic booking and how it will be implemented.

Background and progress

Electronic booking is the first of four major programmes being taken forward by the National Programme for Information Technology (NPfIT). The other developments include underpinning IT infrastructure with sufficient connectivity and broadband capacity to meet future NHS needs; electronic transmission of prescriptions; and an electronic national care records service.

Backed by a £2.3 billion investment over the next three years, the role...
of the NPfIT is to realign NHS information systems with the needs of patients and service users. (See NHS Confederation Briefing 88: The national strategy for IT in the NHS, August 2003.)

The NPfIT’s electronic booking programme is part of a wider move to introduce booked appointments (not necessarily electronic) that began in 1998 under the National Patients’ Access Team, and later the NHS Modernisation Agency.

Specific work to introduce electronic booking began in 2002. During the initial phases a number of pilots were set up to try out the principle of electronic booking and to run early pilot systems. These pilots have shown that patients welcome the opportunity to book electronically. Valuable learning from the pilots about redesigning booking systems and the best ways of working are being used to inform national implementation.

The benefits of electronic booking

For patients, key benefits include:

• improved access to hospitals and real choice about when and where their hospital appointments will be
• certainty over the next steps in their treatment at a time when lengthy referral processes could add to their overall wait and increase their anxieties
• the ability to choose convenient appointments that fit in with their other commitments, at home and at work
• the ability for older people to choose appointments that fit with their carers’ schedules
• speed and the option to leave the GP’s surgery with a preferred hospital appointment time in their hand
• the option to book later via a booking management service (BMS) or the internet if they wish to consult with family or colleagues before making their appointment.

For clinicians and staff, the benefits include:

• better use of their time by ending the inefficiencies and mix-ups of the current system
• a likely reduction in ‘did not attend’ (DNA) rates:
  – in one pilot scheme, the outpatients manager reported that none of the patients who had been electronically booked had failed to turn up for their appointment
  – in another pilot, cardiology DNAs dropped to ten per cent for electronically booked appointments, compared to 30 per cent for traditionally booked appointments
• the opportunity for GPs to discuss cases electronically with consultants in hospitals, helping ensure patients are booked into the correct clinic
• a reduction in the need for follow-up appointments where patients chase progress on their referrals
• the flexibility for others in the primary care team to share the booking process – allowing the GP to concentrate on patient care.

The contract

The five-year contract to deliver the National Electronic Booking Service was awarded to IT supplier Atos Origin, formerly SchlumbergerSema, at the end of September 2003. The procurement attracted 47 expressions of interest and was the first contract to be awarded by the NPfIT.

Atos Origin has provided consulting, systems integration and managed operations to the public sector for over 20 years, and has participated in IT programmes within health services around the world.
The contract consists of core services to support electronic booking and the potential for further additional services in the future, including booking into primary care.

Atos Origin, in partnership with Cerner Corporation, a supplier of clinical and management information and knowledge systems, will be responsible for programme management, development, operation and support of the application service. Implementation will be the responsibility of the NHS Information Authority, supported by the NHS Modernisation Agency and Atos Origin.

Programme management

Implementation will be undertaken through five geographical ‘clusters’ of strategic health authorities (SHAs), taking account of interdependencies with other programmes. The stages are:

- preparation
- organisational readiness
- design and building
- testing
- integration and training
- phased roll-out
- service support.

There will be early adopters in each cluster.

Local implementation and support will be carried out by local service providers (LSPs). These have now been appointed and are as follows:

- **London cluster** – BT
- **North East cluster** – Accenture
- **Eastern cluster** – Accenture
- **North West and West Midlands cluster** – CSC
- **Southern cluster** – Fujitsu Alliance

NPfIT and the NHS Modernisation Agency’s National Booking Team will work with Atos Origin as they develop the software, and will work with each cluster with regard to central matters. The LSPs will work on the detail required to ensure that the local applications dovetail with the national software, and are introduced as smoothly as possible.

The cluster programme board will be responsible for ensuring that electronic booking delivers its targets within costs and timescales.

Implementation

The implementation strategy for electronic booking has now been published and is available at [www.electronicbooking.nhs.uk/implementationstrategy](http://www.electronicbooking.nhs.uk/implementationstrategy). The remainder of this Briefing summarises the key action points required from the NHS over the next few months.

Each cluster has a regional implementation director. The London and North East clusters have been chosen for the first wave of implementation. Eastern, Southern and North West and West Midlands will follow soon afterwards. The London and North East clusters are expected to be well advanced with the first phase of their preparation already.

The key activities to introduce electronic booking within each cluster are detailed in sections eight and nine of the implementation strategy lists, but in summary the following will need to be undertaken:

- the cluster lead chief executive will set up a cluster programme board. This will consist of the chief executives of the strategic health authorities making up the cluster,
chief information officers, stakeholders from different parts of the cluster and members of the National Programme team

- setting up of SHA- and trust-level project management structures as a subset of the cluster board
- develop cluster-, SHA- and trust-level implementation plans and ensure that booking, choice, electronic booking and other NPfIT dependencies are brought together
- conduct system and infrastructure readiness and determine changes required to end-user systems
- build clinical, administrative and patient ownership, including the redesign and reorganisation elements of this work
- review commissioning rules, including data gathering for the Directory of Services
- agree booking guidance, if applicable
- continue the process redesign and implementation initiated by the NHS Modernisation Agency’s National Booking Team
- review and develop local information governance arrangements, including confidentiality, data quality and security arrangements
- define staff roles for system authorisation purposes

- collect baseline data to evaluate the benefits the new system brings
- prepare for and participate in readiness assessments
- begin model communities
- conduct other locally-defined tasks.

Clusters and SHAs also have specific tasks regarding the development of the booking management service (BMS):

- analyse BMS options available
- liaise with other SHAs in the cluster to develop a strategy for booking management service provision
- commission or develop relevant service, for example NHS Direct
- have assurance of SHA approach to booking management.

Each cluster or strategic health authority will take a different view on the timing of these activities and the implicit milestones based around the detailed cluster implementation plans (including interdependencies between programmes). The key activities should be interpreted in relation to those SHA or cluster implementation plans.

**Early adopters**

A particular area where preparations are important is in the choice, within each cluster, of early adopters of electronic booking. A list of criteria for early adopters has been compiled and clusters will work with their local trusts to identify those groups that will have this role. It is likely that there will be two or three early adopters within each cluster.

The assessment against the criteria will be conducted by the SHA booking/electronic booking lead, or deputy, in conjunction with PCT and trust staff. Each PCT or trust will be assessed against each sub-criterion.

**Criteria by which early adopters are chosen**

- system readiness
- infrastructure readiness
- stakeholder engagement and cultural change
- process redesign and training
- extent of electronic booking in the community
- other booking
- ability to offer choice of hospital or other suitable place of treatment
- booking management service
- change management.
on a scale of one to five. A spreadsheet is available from the National Booking Team (electronicbooking@npfit.nhs.uk).

The London and North East clusters’ early adopters will be identified early in 2004 and data will then be collected from them on a regular basis. Shortly after these early adopters begin work, those from the remaining three clusters will be identified and will begin their work.

It is hoped that early adopters, being the first to go live with the new service, will identify any initial difficulties, which can then be dealt with before the service is rolled out to the rest of the cluster.

Confederation viewpoint

The NHS Confederation believes that giving patients greater choice is a key priority for the NHS, not just choice of when and where they receive treatment but what treatment they receive.

Electronic booking is a key component to enable the waiting, booking and choice agenda to move forward. It holds out the prospect of a more responsive NHS, where services are tailored around

### Implementation timeline

**September 2003**
- draft *Electronic booking implementation* strategy published
- national application service provider contract awarded to Atos Origin.

**October–December 2003**
- further implementation guidance published
- national care records system contract awarded
- LSP contracts for four clusters awarded
- local implementation plans finalised with LSPs of clusters one and two.

**January–March 2004**
- LSP contract for final cluster awarded
- local implementation plans finalised with LSPs of clusters three to five
- electronic booking service application developed and built; five clusters will participate in technical workshops.

**April–December 2004**
- testing, integration and training in early adopter sites – first electronic booking service transaction in an early adopter
- begin roll-out of electronic booking service across all five clusters from late summer onwards
- early adopters start to offer choice at GP referral.

**January–December 2005**
- continue phased roll-out of electronic booking and choice at referral across the five clusters.

**December 2005**
- all patients to be offered the choice of four or five providers at the point the GP agrees they need a referral to secondary care
- every hospital appointment booked for the convenience of the patient.

‘Giving patients greater choice is a key priority for the NHS’
the individual and patients are genuine partners in decisions about their care.

While broadly supporting the concept of electronic booking we are keen to ensure that its implementation enables a more sophisticated model of choice to emerge – a model that enables choice at the point of referral, with flexibility to enable the service to re-bundle care packages and avoid locking patients into traditional models of referral. In particular the system will need to be able to accommodate choice at the point of referral taking place in referral centres and other alternatives to the usual system. The system needs to reflect the fact that at the point of referral the patient’s eventual pathway or route through the system may not be sufficiently clear to allow a definitive choice.

Further information
For further information on the Confederation’s work in this area, please contact gary.fereday@nhsconfed.org

Further reading
To contact the electronic booking team, e-mail:

electronicbooking@npfit.nhs.uk

The NHS Modernisation Agency’s National Booking Team’s website, with extensive information about electronic booking, is at:

www.modern.nhs.uk/booking

More information on the Department of Health’s Waiting, Booking and Choice Programme is at www.doh.gov.uk/waitingbookingchoice

Details about the National Programme for Information Technology (NPfIT) are at www.doh.gov.uk/ipu/programme/index.htm

Implementation guidance for choice at six months, and more information on elective choice can be found at www.doh.gov.uk/choice

Further copies can be obtained from:

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