Health Service Circular



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NATIONAL BOOKED ADMISSIONS PROGRAMME: 2000/01

Health Authorities (England) - Chief Executives	
NHS Trusts - Chief Executives	
PCGs/PCTs – Chief Executives	
Health Authorities (England) - Chairmen	
NHS Trusts - Chairmen	
Social Services Directors - England	
Chairs of Primary Care Groups	

Further details from:

For policy questions: Alison Bailey Head of Waiting Lists and Times Team Tel: 0113 254 5199

For advice on developing proposals:

Regional Office Booked A	Admission Leads:	
South East:	Alan Gurney	0207 725 2506
South and West:	Cathy Green	0117 984 1931
West Midlands:	Steve Barker	0121 224 4776
Northern and Yorkshire:	Tony Baldesera	0191 301 1445
Trent:	Noreen Dowd	0114 282 0371
Eastern:	David Davies	01908 844 414
London:	David Radbourne	0207 725 5615
North West:	Chris Linward	01925 704 202

Additional copies of this document can be obtained from:

Department of Health PO Box 777 London SE1 6XH

Fax 01623 724524

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NATIONAL BOOKED ADMISSIONS PROGRAMME: 2000/2001

Summary

- 1. The NHS of the future will provide fast and convenient services, and enable patients to pre-book appointments for all stages of their care. In order to accelerate the spread of booking throughout the NHS, the National Booked Admissions Programme will be extended significantly during 2000/2001 through investment totalling £40 million. Every health community can benefit from this investment.
- 2. There will be three strands to the extension of the National Booked Admissions Programme. Each strand will receive pilot funding for 18 months:
 - Spreading Booking. This is the biggest strand. It seeks to maximise the number of patients benefiting from booked appointments and admissions, with the aim of ensuring that all acute NHS Trusts have started booking at least daycases, for at least two whole specialties or two high-volume procedures, by March 2001.
 - Continuous Improvement of Booked Admissions (CIBA). The second strand will develop the scope of booking systems within a small number of communities that already operate them.
 - CHD Partnership programme. The third strand seeks to support the CHD NSF by improving the systems of care delivery for patients with suspected or diagnosed coronary heart disease; by predicting patient needs in advance; and pre-planning and scheduling care.

Action

- 3. Proposals for the Spreading Booking strand are now invited. Regional Offices will shortly send out details of the work programme, minimum requirements, timetable and the timing process for developing proposals. Health Authorities, NHS Trusts and Primary Care Groups (PCGs) should submit joint initial proposals to their Regional Office Booked Admission Lead by 31 May 2000. These can then be worked up in more detail in time for the projects to begin in September.
- 4. Regional Offices will also send out details of the **CHD Partnership programme** shortly.
- 5. First and second-wave (rapid replication) pilots will be sent details of **CIBA** later in the year.

Backgound & Other Information

- 6. Booking systems enable a patient's admission or appointment date to be agreed at the time the need for the procedure or consultation is identified. The National Booked Admissions Programme began to pilot this approach in November 1998. The first-wave of 24 pilots demonstrated that booking systems provide a range of benefits over a traditional waiting list system:
 - patients are able to choose a convenient date and have plenty of time to arrange childcare, cover at work etc;
 - patients have certainty about when they will be treated;
 - reduced numbers of DNAs;
 - reduced numbers of both hospital and patient-initiated cancellations.
- 7. The second wave of the Programme began in October 1999 (HSC 1999/102). 42% of acute NHS Trusts have started booking as part of the first and second waves. Now is the time to extend this to all remaining acute NHS Trusts, in line with the Government's modernisation agenda and the National Priorities Guidance for 2000/01 – 2002/03, which identifies giving patients the opportunity to choose a convenient appointment/admission date as a priority.

National Booked Admission Programme 2000/2001

- 8. The objectives of the third wave of the National Booked Admissions Programme are therefore to:
 - ensure every acute NHS Trust has started booking patients by March 2001 (at least daycases, in at least two specialties or two high-volume procedures, in each NHS Trust);
 - maximise the number of patients benefiting from a booked date;
 - use the introduction of booking systems as a catalyst for wider improvements to the responsiveness and convenience of services;
 - spread and expand booking systems that have been shown to work;
 - take booking systems into more challenging areas (e.g. ones with high levels of emergencies or complex care pathways) and work towards booking across whole health communities.
- 9. There are therefore three strands of work:
 - Spreading Booking
 - Continuous Improvement of Booked Admissions (CIBA)
 - CHD Partnership programme

- 10. The funding available for each is set out in the annex. A total of £40 million is being made available to support the extension of the Programme during 2000/2001 and fund the existing pilots. These monies are over and above that which has been allocated to Health Authorities in their unified allocations.
- 11.For the **Spreading Booking** strand, proposals are required from all health communities with acute NHS Trusts that are not yet involved in the programme. This must set out how they will meet the minimum requirement for March 2001 and how they will build on this over the following year. It should focus on daycases in specialties where routine waiting times are less than 6 months or can easily be reduced to 6 months. Evidence from the first two waves of pilots suggests that booking systems work optimally when waits are less than 6 months.
- 12. Applications for funding are also welcome from health communities with first or second wave (rapid replication) pilots that wish to move towards inpatient booking or GP direct booking (of consultant, nurse or PAM–led clinics, diagnostic tests or day surgery).
- 13. The first and second wave sites have learnt many lessons about introducing systems for booking appointments or admission dates. Organisations that are not yet involved in the programme should draw on their experience and particularly that of the 9 Booked Admissions Beacons (http://www.nhsbeacons.org.uk).
- 14. The Health Services Management Centre at the University of Birmingham is evaluating the programme. Their early observations are published in their first report (<u>http://www.doh.gov.uk/bookedadmissions.htm</u>)

This circular has been issued by:

COLIN L REEVES DIRECTOR OF FINANCE AND PERFORMANCE

ANNEX

Breakdown of Funding

	£m
Continuation of second wave	£15 million
New programme	
Spreading Booking	21
CHD Partnership programme	3
CIBA (new projects)	1.3
New Programme sub total	£25 million
Total	£40 million