

RIXG IT Advocates Survey

'Choose & Book'

Regions surveyed (August 2008):

East of England
East Midlands
North East

South Central
Yorkshire & Humber

No. of Units covered: 20

Main Themes:

Not fully electronic – the vast majority (approximately 70%) of Consultants deal with C&B referrals using paper whether dealing with the initial referral or when replying to the GPs. One unit did not know of the electronic response facility and of the six using it, several found it to be unsatisfactory.

Incomplete coverage – for the majority of units with outreach clinics C&B only applied to the clinics at the main centre.

Inappropriate prioritisation – more than two-thirds of units felt that C& B resulted in inappropriate prioritisation: e.g. (i) routine referrals occupying the first available slot thus blocking these slots for more urgent referrals; (ii) urgent referrals inappropriately being booked via C&B rather than by direct discussion with the unit.

Inappropriate booking – in approximately one-third of cases patients were booked into inappropriate clinics: e.g. the wrong Consultant's list or even the wrong hospital (outreach vs. main) (necessitating a longer journey) by virtue of being booked into the first available time slot.

Inadequate information – either missing from the content of the initial referral letter or missing attachments lost in the system.

Only about 25% felt that the system actually benefited the patient over and above paper referrals followed by Consultant prioritisation.

Suggestions for Improvement:

Many felt that attempts should be made to strengthen the electronic communication aspect of the system which would likely improve issues regarding: (i) inadequate information, (ii) inappropriate prioritisation; (iii) possibly also inappropriate booking.

Local solutions to some of the problems:

Some units have intentionally not allowed some of their more specialist clinics or even all of their general nephrology (or medicine) appointment slots to be made available to the C&B system. In this way they have retained a greater degree of control over the appropriate booking and prioritisation of patients into these appointment slots.

Outcome to date (May 2009):

Donal O' Donaghue (National Clinical Director for Kidney Services) is pursuing the problems regarding the loss of attached clinical information in the C&B system such that this information is not seen to be reaching the referral destination.

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East of England Advocate
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