

**Programme Title: Choose and Book**  
**OGC Gateway™ Number: OGC 097**  
**Privacy Marking: UNCLASSIFIED**

---

## **OGC Gateway™ Review 4 – Readiness for service**

**Version number: Final**

**Date of issue to SRO: 03.08.05**

**Department: Health**

**SRO: <Text Redacted>**

**OGC Gateway™ Review dates: 26.07.2005 to 29.07.2005**

**OGC Gateway™ Review Team Leader: <Text Redacted>**

**OGC Gateway™ Review Team Members:**  
<Text Redacted>



Office of Government Commerce

Version 2.1 (Issued)  
© Crown Copyright 2004.

This is a Value Added product, which is outside the scope of the HMSO core Licence

4<sup>th</sup> November 04

**Programme Title: Choose and Book**

**OGC Gateway™ Number: OGC 097**

**Privacy Marking: UNCLASSIFIED**

---

## **Background**

### **The aims of the project:**

Choose and Book is a component of the National Care Records Service (NRCS) and combines electronic booking and a choice of place, date and time for first outpatient and other appointments. It aims to be available, by end 2005, to all patients in England requiring elective care.

Key features of the service include.

- Patients able to choose a convenient place, date and time for their appointment.
- A choice of four or five hospitals (or other health care provider facilities) commissioned by their PCT.
- Information on these hospitals provided to NHS Staff and Patients to assist in making the choice.
- Patients can either book electronically immediately with the GP or Practice Staff or they can use a telephone booking service, or the internet.

### **The driving force for the project:**

The project is a key element in the Government's drive to enhance the patients' experience and an enabler of a wider system reform process across the NHS.

### **The procurement status:**

The project has satisfactorily completed Proof of Concept and commissioning and roll out of the system on a national scale is underway.

### **Current position regarding OGC Gateway™ Reviews:**

A gateway 4 review was carried out in May 2004, prior to going live with the Choose and Book system in the first pilot, early adopter areas.

## **Purposes and conduct of the OGC Gateway™ Review**

Purposes of this OGC Gateway™ Review

The primary purpose of this OGC Gateway Review 4 was to assess whether the NHS has the capability to successfully commission the Choose and Book business and IT solution across England, within the expected timescale.

Appendix A gives the full purposes statement for an OGC Gateway Review 4.

### **Conduct of the OGC Gateway™ Review**

This OGC Gateway Review 4 was carried out from 26.07.2005 to 29.07.2005 in London, Nottingham and Leeds. The team members are listed on the front cover.

The people interviewed are listed in Appendix B.

The Review Team would like to thank the Choose and Book Team, and everyone they met during the course of the review, for their time, help and openness, which contributed to the Review Team's understanding of the Project and the outcome of this review.

### **Conclusions**

The Review Team finds that:

There is widespread support for the Choose and Book concept. In addition to improving the patients' experience and care it is seen as a key enabler of a wider system reform process across the NHS. Many GPs however have still to be convinced that it will work in practice.

Choose and Book IT roll out is running well behind the original schedule and is not yet displaying the robustness and resilience that is required to support the acceleration of deployment that is currently planned and needed.

End to end IT issue management and resolution requires urgent attention.

The current incentive scheme has the potential to create perverse and low value for money drives that may delay the longer term roll out of the fully integrated Choose and Book system.

The December 2006 target of 90% deployment of a fully integrated Choose and Book system is still achievable providing current deployment issues are quickly resolved.

During discussions leading up to finalisation of our report it became clear that the Department of Health and Connecting for Health are acting on the issues identified.

A summary of recommendations can be found in Appendix C.

## **Status**

The overall status of the Project is **Red** - as defined below.

**Red – To achieve success the project should take action immediately.**

**Amber – The project should go forward with actions on recommendations to be carried out before the next OGC Gateway Review of the project or by an earlier specified date, if the time to OGC Gateway Review 5 is protracted.**

**Green – The project is on target to succeed but may benefit from the uptake of recommendations.**

The recommendations of the last Gateway Review, carried out in May 2004, have been actioned satisfactorily.

## **Findings and recommendations**

### **1: Business case and stakeholders**

The programme remains essential. It is a key enabler of Choice and provides the ability to meet the Department of Health's December 2005 PSA target. The programme continues to meet the business need – the Choose and Book (CAB) product completed a successful Proof of Concept stage and end-to-end tests. During our visits and interviews we encountered no one who did not support the underlying concepts, although it is clear there is little pull for the new system from GPs themselves at present.

There is a communications' strategy and plan and stakeholders talked about the benefits but these were mainly about the patient experience rather than hard-edged benefits for the business of the NHS. Those we met were very committed to the delivery of Choose and Book

The programme budget remains aligned to the figures set out in the approved business case, with the addition of Connecting for Health overhead costs for the programme management team.

Implementation costs for DH and the NHS were not included in the business case but there appears to be sufficient funds at present for provision of the system, development, connecting to GP systems and the Acute Trusts, the Appointments Line and for training and support. Provision has also been made for extra resources for development and support to early

**Programme Title: Choose and Book**

**OGC Gateway™ Number: OGC 097**

**Privacy Marking: UNCLASSIFIED**

---

adopters. For the future, there was a clear indication that, if necessary, functionality in later releases would be cut to ensure the project stays within the agreed budget.

Choice was brought into the project after contracts had been signed and has had a significant knock on effect on delivery plans for CAB. As implementation of the fully integrated IT system has been delayed the need to deliver Choice by end 2005 has resulted in the requirement for the Indirect Booking Service (IBS). Choice continues to provide the imperative despite somewhat ambiguous messages about the urgency – for example, the lack of clarity over the Choose and Book December 2005 milestone and the PSA target.

## **2: Review of current phase**

The first electronic booking was made within CAB on 2 July 2004 and since then the project has been deploying the system across England. To date it has made just over 2100 bookings with 109 GP practices now live and interfacing, either directly or indirectly, with 31 Acute Trust PAS systems.

Since the last Gateway review in May 2004 significant progress has been made to bring Choose and Book into the mainstream of NHS activity. The project delivered an upgraded product, release 2, to schedule in May 2005 giving substantially improved functionality, including the indirect booking capability, IBS. The management structure of the project has been revised to provide more service focus and to ease the take-up of the CAB product by the NHS. Proof of Concept was signed off in June 2005 and there is now wide acceptance that the system is capable of delivering an acceptable end-to-end service. An innovative incentive system successfully delivered targeted levels of both GP and Directory of Service (DoS) registration in June. Also national framework agreements have been concluded with all key legacy system providers.

The project now needs to substantially increase the pace of roll-out and has an incentivised milestone for 50% of first referrals to be delivered through CAB by the end of October 2005. The NHS has been asked to achieve 80% of referrals via Choose and Book by the end of December 2005. Senior Management within the project recognise that the 50% number is unlikely to be achieved by all but see the challenge as something that will encourage the NHS to deliver more referrals than would otherwise be the case.

Despite strong commitment to the concept and determination to pursue the aim we have found no one who feels this target can be achieved. We share this view.

Experienced IT professionals and NHS Managers have indicated that numbers of 10 – 25 % would represent a significant achievement since even 10% requires acceleration in monthly referrals from 700 to 100,000. Rather than motivating the organisation we have seen that the sheer magnitude of the challenge that has to be met to gain the incentive is in fact having the opposite effect. Energy is also being deflected from implementing an integrated CAB as people examine ways in which they might otherwise gain the incentive, such as by implementing IBS.

Some have gone so far as to express concern that driving for the October target will risk disenchanting GPs who will feel increasingly that roll-out is being done to them and not for them. We understand the appropriateness of maintaining the October target is under review but believe an early conclusion needs to be reached which weighs the concerns being expressed in the service and considers the risk of possible damage being done in the short term.

**We recommend**

**The Taskforce urgently considers the concerns that exist in the Service and decide whether the October incentive milestone remains appropriate.**

There are a number of reasons why this milestone and the acceleration it implies will not be met.

*Planning.*

It is clear that significant planning is undertaken both within the project and within the Clusters and SHAs. Unfortunately, despite appeals for realism, these plans are produced on paper to show that a target can be met rather than reflecting realistic assessments of what actually needs to be done and the time required. As a result the project suffers from deferrals and slippage against previously agreed dates.

EMIS deployment in London is some 4 – 6 weeks late and it is now expected the first pilot will deploy next week. With 1100 EMIS GP systems in London effective and rapid deployment of the new integrated solution is key to delivering increased booking volume in the capital. Even if the pilot is immediately successful the delayed start and EMIS's capability to deliver only 200 sites each month means that only half of the London practices could be live by October. Remaining practices will need to use the web based referrer. We are aware that a review of the SHA plans is ongoing and the first progress reports against these plans are awaited but these will be no better than the last set unless a more realistic view of capability is included.

**We recommend**

**The deployment plans are reviewed taking account of experience to date, current constraints and local capability.**

*Commissioning*

Although Proof of Concept successfully demonstrated CAB has an acceptable end-to-end functional capability, the application has to be implemented in a variety of complex and sometimes fragile local technical environments. The fragility, especially of the local environments, leads to a lack of resilience resulting in slow response times and intermittent outages. The willingness of GPs to accept current levels of performance is variable, as is the capability of local NHS IT resource to diagnose and resolve local issues.

We understand an additional deployment resource of two technical leads is to be embedded in each Cluster to support the accelerated programme. However, we believe an assessment of NHS IT capability in each PCT and Trust also needs to be made to identify those which do not have the expertise to diagnose and differentiate between local or national problems and to effectively resolve local issues under their control. Appropriate steps should then be taken to support and strengthen these weaker areas and respond promptly and effectively to issues escalated.

**We recommend**

**The project urgently undertakes an assessment of NHS IT capability in each PCT and Trust to determine those which do not have a capability to diagnose and resolve local system issues and takes appropriate steps to support or strengthen them.**

Notwithstanding this variability we judge that poor performance of the integrated system is currently a significant factor in limiting increased booking rates and take-up of CAB. There are clearly large practices in which only one GP uses CAB and there is limited enthusiasm for more deployments while concerns over reliability remain. There is no sense of a GP led demand.

Local users and project managers are concerned at the management of fault reports. Faults take too long to be analysed and resolved, visibility of progress is inadequate and the quality of the feedback, even when a problem is resolved, makes it difficult to give a well-reasoned explanation to users. This does little to allay fears of future failure and contributes significantly to lack of GP demand.

Performance of the National Service Help Desk has not been satisfactory for a number of reasons. In part they are inundated with help requests for local issues that they are not intended or equipped to handle and the mechanism for allocating problems to the correct person for resolution is taking too much

time. Local help desks, even if they exist, are not currently competent to differentiate between local and central Choose and Book problems.

There are a number of issue logs and snagging lists both at national and local level where the status and ownership is not clear and as a result timely and effective corrective action does not appear to be taken.

We are aware of current efforts to improve the performance of both National and local support desks and to implement a new issue management tool. However, we are not convinced that this work fully recognises the depth of concern amongst users or that it will fully address the problems.

**We recommend**

**Current efforts to improve issue management must focus entirely on application fault reporting and resolution and provide visibility of process and feedback to users.**

**We also recommend**

**Rationalisation of issues logs, bringing them all into a controlled system with proper escalation and cascade between local and national levels, with regular and frequent review.**

*Scalability.*

Recent performance problems, despite relatively low transaction volumes, leave users feeling that, notwithstanding sand-pit testing and proof of concept, the system will not be able to cope with either the acceleration in roll-out or high booking numbers. In the light of these concerns and the recent experiences during the DoS and commissioning rules upload, the project team should review its confidence in the scalability of the central applications.

**We recommend**

**The project should gain assurance that there are no high risks in the applications' scalability and produce a risk assessment with mitigating action defined.**

*Implementing the Business Process.*

Current roll-outs are doing little to embed the CAB business processes which deliver the benefits and, from a GP perspective, will be essential in the delivery of Choice.

Evidence we have seen suggests that few if any GPs with compliant systems are using them to either exercise Choice, as it is not yet a requirement, or make the referral booking. Equally because of the low level of activity Consultants are not accessing referrals electronically but are receiving paper copies which they are signing and accepting or modifying. We have also seen

**Programme Title: Choose and Book**

**OGC Gateway™ Number: OGC 097**

**Privacy Marking: UNCLASSIFIED**

---

evidence that Acute Trusts, because of concerns with inconsistencies in the reliability of the referral process, are manually checking every referral to ensure each is valid and complete before forwarding a paper copy to the Consultant.

Despite doubts about the October milestone it is generally felt that the aim of 90% electronically booked referrals by December 2006 remains achievable. However meeting this goal will depend not only on resolving the near-term constraints to accelerating deployment but a substantial change in the adoption of the business processes which underpin the CAB product, notably the delivery of Choice to the patient at the end of December 2005.

### **3: Risk management**

Risk has generally been satisfactorily managed with the focus on successful delivery of the IT. As the Choose and Book system is commissioned it will increasingly be affected by interfaces and actions not only from within the NHS but from the Department of Health and possibly wider government activities. The risks associated with this wider exposure are not currently addressed together with the IT risks in a cohesive way.

#### **We recommend**

**Integration of the Department of Health risks associated with Choose and Book with those for Choose and Book itself.**

### **4: Readiness for next phase – benefits evaluation**

The project is in the throes of an extended deployment and the current plans intend to accelerate the roll out of the solution. The project will, therefore, move progressively into service management and benefits realisation.

A few users are already live and the early elements of service management, performance management and release management are in place within CfH. The review team saw no reason to doubt that this would develop effectively as volumes increase. Currently the SHA, PCT and Service Supplier elements of the project are not core business and are being addressed by the project management teams rather than as a service management function. There will be a need, therefore, to address the management of the IT service from end to end.

#### **We recommend**

**Development of processes for measuring local performance of the service which will facilitate end-to-end assessment and management.**

Contracts and / or framework agreements are in place with the key suppliers. The ownership of the contracts is, however, fragmented across the centre and

**Programme Title: Choose and Book**

**OGC Gateway™ Number: OGC 097**

**Privacy Marking: UNCLASSIFIED**

---

the NHS and this is causing some difficulties. It is not anticipated that these will be significant once the main roll out has been accomplished.

Work has recently commenced on improving the identification, quantification and realisation of benefits. There is a danger that until this is effectively done the measurement of success will relate more to delivery of an IT solution than to the realisation of real end benefits. This is especially true given that the business processes are not currently being embedded.

**We recommend**

**Comprehensive benefits realisation plans should be created, implemented and performance managed.**

Project costs are being controlled by the project team within the approved central budget while NHS costs are being managed locally. However, there is no central assessment of NHS costs and, therefore, of value for money across the entire project.

**We recommend**

**The project should confirm that it is delivering value for money.**

It was not clear whether and when the project intends to conduct a post implementation review but the review team suggests that this should occur in early 2007 assuming successful achievement of the December 2006 target.

**The next OGC Gateway™ Review is recommended in 2<sup>nd</sup> Quarter 2006 to assess progress towards a fully integrated Choose and Book operation.**

## **APPENDIX A**

### **Purpose of OGC Gateway™ Review 4: Readiness for Service**

- Check that the current phase of the contract is properly completed and documentation completed.
- Ensure that the contractual arrangements are up-to-date.
- Check that the business case is still valid and unaffected by internal and external events or changes.
- Check that the original projected business benefit is likely to be achieved.
- Ensure that there are processes and procedures to ensure long-term success of the project.
- Confirm that all necessary testing is done (e.g. commissioning of buildings, business integration and user acceptance testing) to the client's satisfaction and that the client is ready to approve implementation.
- Check that there are feasible and tested contingency and reversion arrangements.
- Ensure that all ongoing risks and issues are being managed effectively and do not threaten implementation.
- Evaluate the risk of proceeding with the implementation where there are any unresolved issues.
- Confirm the business has the necessary resources and that it is ready to implement the services and the business change.
- Confirm that the client and supplier implementation plans are still achievable.
- Confirm that there are management and organisational controls to manage the project through implementation and operation.
- Confirm that all parties have agreed plans for training, communication, roll-out, production release and support as required.
- Confirm that all parties have agreed plans for managing risk.

**Programme Title: Choose and Book**

**OGC Gateway™ Number: OGC 097**

**Privacy Marking: UNCLASSIFIED**

---

- Confirm that there are client-side plans for managing the working relationship, with reporting arrangements at appropriate levels in the organisation, reciprocated on the supplier side.
- Confirm information assurance accreditation/certification.
- Check that lessons for future projects are identified and recorded.

**APPENDIX B**

**Interviewees**

<Text Redacted>

**APPENDIX C**

**Summary of recommendations**

Red – Take action immediately.

Amber – Take action by the next OGC Gateway Review.

Green – Take action as required.

		<b>Status</b>
<b>Ref. No.</b>	<b>Recommendation</b>	<b>R/A/G</b>
1.	<b>The Taskforce urgently considers the concerns that exist in the Service and decide whether the October incentive milestone remains appropriate.</b>	<b>Red</b>
2.	<b>The deployment plans are reviewed taking account of experience to date, current constraints and local capability.</b>	<b>Red</b>
3.	<b>The project urgently undertakes an assessment of NHS IT capability in each PCT and Trust to determine those which do not have a capability to diagnose and resolve local system issues and takes appropriate steps to support or strengthen them.</b>	<b>Red</b>
4.	<b>Current efforts to improve issue management must focus entirely on application fault reporting and resolution and provide visibility of process and feedback to users.</b>	<b>Red</b>
5.	<b>Rationalisation of issues logs, bringing them all into a controlled system with proper escalation and cascade between local and national levels, with regular and frequent review.</b>	<b>Red</b>
6.	<b>The project should gain assurance that there are no high risks in the applications' scalability and produce a risk assessment with mitigating action defined.</b>	<b>Red</b>
7.	<b>Integration of the Department of Health risks associated with Choose and Book with those for Choose and Book itself.</b>	<b>Amber</b>

**Programme Title: Choose and Book**

**OGC Gateway™ Number: OGC 097**

**Privacy Marking: UNCLASSIFIED**

8.	<b>Development of processes for measuring local performance of the service which will facilitate end-to-end assessment and management.</b>	<b>Amber</b>
9.	<b>Comprehensive benefits realisation plans should be created, implemented and performance managed.</b>	<b>Amber</b>
10.	<b>The project should confirm that it is delivering value for money.</b>	<b>Amber</b>

**NB: Full R/A/G definitions can be found in the status section.**