

Responsibilities and operational requirements for the correct use of Choose and Book

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Action Required To ensure patient experience continues to improve in areas where Choose and Book is in use

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For Recipients Use

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Foreword

Initiated in 2004, Choose and Book is now in use in every Primary Care Trust (PCT) and provider organisation across the National Health Service (NHS) in England, including many independent sector provider organisations (who deliver services to the NHS under a standard, national contract). When properly implemented, Choose and Book can provide significant benefits not only for patients, but also for referrers, providers and for the wider NHS, by delivering choice, certainty, security and reliability. However, widespread variation currently exists in the local implementation of Choose and Book, which in some cases creates very poor experiences for patients.

Throughout its development, the Choose and Book application has been adapted to fit different ways of working within local health communities. Where implementation has been most successful, collaboration between all areas of the local health community has proved to be the driving force for innovative business process redesign and subsequent high utilisation of Choose and Book.

During the roll-out of Choose and Book, however, some local processes have been developed which are not always in line with the way in which the system was designed or intended to be used. These 'work-a-rounds' often do not support improved patient or professional experiences of electronic referral/booking systems and may sometimes lead to active refusal (on the part of some professionals) to use the system.



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Foreword *(continued)*

In January 2009, the British Medical Association (BMA) published a review of Choose and Book in one local health community ***Choose and Book – learning lessons from local experiences*** in which they concluded that *'the implementation of Choose and Book goes far beyond installing systems'*. They went on to describe how problems were often *'not due to the functionality of the system, but due to broader issues such as national and local policies, processes in place and capacity issues'*.

As set out in the Operating Framework for 2009/10, the long term transformation of the NHS requires a move away from top-down methods to an enabling role for the centre, with more power and responsibility residing with patients and clinicians. However, the Department of Health and NHS Connecting for Health continue to receive feedback from patient groups, professionals and their representatives (including the BMA) asking for clearer direction on how Choose and Book should be implemented, an end to some of the less acceptable local practices that have been developed (often associated with misinterpretation of policy) and some well-defined standards that should be followed nationally.

This guidance has therefore been prepared to help organisations understand the importance of using Choose and Book correctly. Standards and requirements described here should be recognised and implemented in all organisations using Choose and Book and providing services to NHS patients so that all patients wherever they are in England experience the same high quality access to NHS care.



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1. Clinicians using the system themselves

Using Choose and Book, referring clinicians should aim to offer choice and initiate a referral with the patient in the consultation. The patient should then book their appointment and clinicians in provider organisations should use Choose and Book to accept, reject or re-direct the booking themselves.

Whilst aiming to be flexible and support many different models of referral, Choose and Book was designed, and is still intended, to be used by *clinical* staff to initiate and accept a referral, with non-clinicians fulfilling some of the purely administrative functions associated with the process.

The 'Gold Standard' for the correct use of Choose and Book is, therefore, for a referrer to have a choice discussion with the patient and subsequently to initiate the referral, with the patient still in the consultation.

The referrer may then decide to book the appointment themselves (this should be the normal process for 'two week wait and 'urgent' referrals), or to give the patient an appointment request and password to allow them to make the booking at their convenience (either on the telephone, via the internet or facilitated by a member of the practice staff).

The referrer should then ensure that the referral 'letter' is attached within an acceptable time (three working days for routine referrals, the same day for 'two week waits' or within one day for 'urgent' referrals). Referrer administrative staff will often be the ones who attach the referral information and/or help the patient to book an appointment.

Within a provider organisation, the 'Gold Standard' is for a clinician to review their own referrals online, accepting, re-directing and rejecting referrals themselves using Choose and Book, and for provider administration staff to do any re-booking, letter-issuing or other administrative tasks, as required.

2. Free Choice

PCTs and provider organisations must ensure that patients are offered choice in line with the 'Free Choice' policy of April 2008, and with legal directions which came into force on 1 April 2009.

The full roll out of the 'Free Choice' policy in April 2008 means that the majority of patients being referred to secondary care can choose where they wish to be treated. Where clinically appropriate, they may choose from all NHS Foundation Trusts, NHS Acute hospitals and a large number of Independent Sector provider organisations and their hospitals.

Additionally, the NHS Constitution, published on 22 January 2009, sets out a right to choice and information to support that choice. Legal Directions on PCTs, which came into force on 1 April 2009, put a duty on them to ensure that patients who need an elective referral are offered a choice of any clinically appropriate provider. They also have a duty to ensure that, where a patient has not been offered such choice and notifies the PCT to that effect, they are subsequently enabled to choose any clinically appropriate secondary care provider organisation.

Effective delivery of choice of provider organisation relies on sound clinical judgement, based on a clear understanding of the reason for the referral and the potential services available. The most efficient way to provide patients with a meaningful list of suitable services from which to choose is for the referring clinician to shortlist services from the Directory of Services (DoS) within the Choose and Book application. Referrers can use a variety of search methods to display an up to date list of all appropriate services for their patient, both locally and nationally.

Referrers should always initiate a choice discussion with their patient whilst in their consultation – even if the referral is not immediately initiated in the Choose and Book application.

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2. Free Choice *(continued)*

Provider-organisations, delivering services under the terms of a standard NHS contract and subject to 'Free Choice', may not refuse referrals based on the source of the referral, the location of the patient or the availability of appointments. A Choose and Book referral should be seen by providers as the authority to treat and any prior approval arrangements in place need to be conveyed by the PCT to the referrer (GP), whose responsibility it is to abide by these arrangements.

Guidance on 'Free Choice' and Choose and Book is available at:

www.chooseandbook.nhs.uk/staff/overview/patient-choice

Further Department of Health guidance and frequently asked questions are available at:

www.dh.gov.uk/en/Healthcare/PatientChoice/Index.htm

3. Promoting (not mandating) the use of Choose and Book

PCTs should encourage referrers and provider organisations to use Choose and Book wherever possible, by actively demonstrating its benefits rather than by mandating its use.

Choose and Book is by far the safest and most reliable way to make patient referrals. In a choice environment, where patients have the option of going to a wide range of provider organisations, it is simply not practical to rely on the old, paper-referral method. PCTs should therefore work with local referrers to help them understand all the benefits of Choose and Book (for both themselves and their patients), helping them to overcome real or perceived barriers that are in the way of effective implementation and proactively encourage usage of the system.

Use of Choose and Book should not, however, be made mandatory. The way in which Choose and Book is used by each hospital trust should be in accordance with their locally developed policies and procedures, but a provider organisation may only refuse to accept any referral on clinical grounds.

4. Acting on behalf of Referring Clinicians

Clinicians (e.g. GPs) should be aware of their responsibilities when referring patients, especially when delegating these responsibilities to non-clinicians (e.g. PCT-based referral management centres) to act on their behalf.

As described above, Choose and Book was designed to be used by clinicians (e.g. GPs) initiating referrals in discussion with their patients and using the application themselves. Information governance rules, strongly enforced by the Registration Authority (RA), are very clear in requiring a referring organisation (e.g. GP practice) to complete a standard form (i.e. RA02) granting referring rights to any staff member, either within their own organisation or another (e.g. a PCT).

When deciding that an onward referral is indicated, a clinician accepts the clinical responsibility for that referral, and for the actions of any staff acting on their behalf.

Although not always ideal, parts of the referral process may sometimes be delegated (with caution) to named and adequately trained administrative staff working within the same referring organisation, usually where direct contractual and supervisory arrangements are in place. If referrers delegate the short-listing of services in this way then, in keeping with General Medical Council recommendations on delegating responsibilities, they are responsible for ensuring that staff to whom they delegate **are adequately trained and have sufficient clinical knowledge of the patient and their condition** to make the referral and/or short list appropriate services.

4. Acting on behalf of Referring Clinicians *(continued)*

If, however, an external organisation manages referrals on behalf of clinicians (e.g. if PCTs create Referral Management Centres or add 'referring clinician administration' roles to the Smartcard profiles of their administrative staff), then the following points should be noted:

- The external staff member becomes a 'proxy' for the referring clinician.
- The proxy-referrer, who is unlikely to have been involved in the clinical management of the patient, may not fully understand the reasons for the referral, which may lead to incorrect services being short-listed and/or patients not being offered appropriate choices.
- A proxy-referrer may not have a justifiably legitimate relationship with the patient, which could result in inappropriate care and/or potential complaints arising under data protection legislation.
- Referring clinicians are unlikely to have a direct contractual relationship with the proxy-referrer and therefore may have little opportunity for redress against that person, if inappropriate or incorrect actions are undertaken on their behalf.

For this reason, if referring roles **are** delegated to staff outside a referrer's own organisation, it is recommended that, in addition to the RA02 form (which the practice RA sponsor must complete), a written agreement is also in place between the referring organisation and the named external proxy-referrer. This agreement should clearly outline:

- The circumstances under which the proxy acts on behalf of referrers within the referring organisation.
- The training and qualifications which the proxy-referrer has to enable them to fulfil this role.
- Who is responsible for any errors or complaints that may arise out of this proxy relationship.

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4. Acting on behalf of Referring Clinicians *(continued)*

Since this process also involves the transfer of patient identifiable information, it is recommended that relevant Caldicott Guardians, in both the referring and proxy organisations, approve this written agreement.

Referrers (e.g. GPs) may wish to consider using a Clinical Assessment Service (CAS), if one exists, if referral pathways are complex **and** if this will provide **additional clinical benefit** for patients. CAS functionality is supported by Choose and Book, but should not be used as a disguise for purely administrative referral management centres.

In deciding whether to use a local assessment service, referrers should:

- Assure themselves that this pathway really does provide added clinical benefit for patients.
- Ensure that patient pathways are recorded in accordance with the 18 week treatment rules.
- Ensure that patient care is not compromised or delayed.

PCTs should take responsibility for these CAS services, ensuring that they are set up with the support of local referrers and that administration staff do not assume clinical responsibilities, unless expressly authorised (as above) to do so.

Guidance on establishing and using a CAS is available at:

www.chooseandbook.nhs.uk/staff/communications/fact/CAS.pdf

Guidance on clinical responsibilities when delegating actions in Choose and Book is available at:

www.chooseandbook.nhs.uk/staff/communications/fact/clar.pdf

5. Technical support

PCTs and provider organisations should ensure that computer hardware and software (and its configuration) meet the required specifications for optimal Choose and Book usage and that appropriate Information Technology (IT) skills and infrastructure are in place to support this.

IT problems are often cited as a reason for not using Choose and Book; problems such as speed of access, Smartcard activation or integration problems with existing clinical or patient administration systems cause great frustration amongst clinicians and their administrative staff. Many of these issues can be easily identified and resolved using existing IT guidance and resources.

IT departments in both PCT and provider organisations, should therefore work proactively with their dependent organisations and/or end-users to ensure that mechanisms are in place to:

- Proactively assess and optimise existing equipment and resources.
- Issue and renew Smartcards.
- Monitor and update software, such as the Identity Agent (Gem Authenticate).
- Notify users of local IT technical support that is available to them and how it can be accessed.
- Respond in a timely way to individual IT problems on a day to day basis.

Where professional users are experiencing technical issues related to Choose and Book, these should be dealt with as a matter of priority by IT support staff. If they are unable to resolve specific technical issues themselves, then they should seek further support (e.g. via their SHAs).

Guidance on resolving local technical issues is available at:

www.chooseandbook.nhs.uk/staff/started/deployment

6. Referrals to Named Clinicians

If a provider organisation accepts paper referrals to named clinicians then they should do the same via Choose and Book.

The ability to support referrals to named clinicians has always been a part of Choose and Book functionality. Wherever possible, provider organisations should make this functionality available to referrers to support good clinical practice. This is especially so if the provider organisation is currently receiving paper referrals addressed to named clinicians. This does not prevent 'pooled' services from being set up, but does enable more appropriate referrals to be made where there is a genuine clinical reason that these are to a named clinician. It also ensures that referrers use only one standard method for making all referrals and that patients experience all the recognised benefits of Choose and Book (e.g. certainty, security and choice of date and time)

Named Clinician functionality must, however, ***be used responsibly*** and should not be invoked routinely by referrers. This is because it may make it harder for provider organisations to manage appointment capacity and can, therefore, potentially increase the number of appointment slot issues and ultimately inconvenience both referrers and their patients.

Guidance on making Named Clinician referrals in Choose and Book is available at:
www.chooseandbook.nhs.uk/staff/communications/fact/nc.pdf

7. Clinicians reviewing referrals Online

Provider organisations should ensure that all clinicians (e.g. consultants or Allied Health Professionals) providing services on Choose and Book are issued with Smart Cards and that they manage their referrals online within the Choose and Book application – rather than administrative staff doing so on their behalf.

Clinicians in provider organisations who review and manage their own referrals online within the Choose and Book application find that this can be done quickly, easily, securely, and at times and locations to suit them. Provider organisations should support this good practice by issuing clinicians with a Smartcard and enabling computer terminals throughout the organisation to be optimised for Choose and Book usage.

By accepting, rejecting and re-directing referrals themselves within the Choose and Book application, clinicians can ensure that administrative staff are left to manage clinic lists and administer outpatient services more effectively.

Evidence of where provider organisations have realised benefits in having clinicians review referrals online is available at:

www.chooseandbook.nhs.uk/staff/communications/studies/index.html#secondary

8. Training

PCTs and provider organisations should ensure that all relevant staff (for whom they are responsible) receive regular and appropriate training on Choose and Book, especially when new functionality becomes available.

Consultation with users indicates that many referrer and provider clinicians lack sufficient knowledge and understanding of Choose and Book to use the system effectively, and hence do not maximise the benefits it may bring to themselves or to their patients. Better understanding of current Choose and Book functionality, along with refresher training when new upgrades become available, makes for a much ***improved professional and patient experience.***

PCTs and provider organisations should therefore ensure that their Choose and Book users are appropriately trained and supported by ongoing training.

Guidance on training, including resources and materials is available at:
www.chooseandbook.nhs.uk/staff/training/overview

9. Availability of Appointment Slots on Choose and Book

Where services are provided under a standard NHS contract, appointments for these services must be made available on Choose and Book. It is a contractual responsibility for provider organisations to ensure that they have sufficient appointment slots available to meet patient demand and PCTs should ensure that these contractual obligations are met.

Patients must expect to be able to book an appointment at their chosen provider organisation using Choose and Book. Lack of available appointment slots prevents patients, referrers and The Appointments Line (TAL) from booking appointments. This creates additional work for provider and referrer organisations, and **a very poor patient experience**. It also undermines one of the key objectives of Choose and Book, which is to provide patients with greater certainty about their appointment, at a very uncertain time in their lives.

Shortages in available appointment slots usually occur because provider organisations are unable to meet demand and/or have actively reduced their appointment slot polling, perhaps in an attempt to meet 18 Weeks Referral To Treatment targets, but have done so without increasing capacity.

To ensure that they manage appointments effectively and reduce appointment slot issues within Choose and Book, provider organisations should:

- Actively monitor and manage their capacity to ensure they always have sufficient appointment slots to cope with demand (i.e. do not reduce appointment slot polling times without increasing capacity).
- Make every available appointment in their service available via Choose and Book, so that all patients have equal opportunity to book into these appointment slots.

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9. Availability of Appointment Slots on Choose and Book *(continued)*

- Know that they are required to accept all clinically appropriate referrals made to them – refusing patients on the grounds of being unable to meet the 18 Week Referral To Treatment target contravenes the NHS Operating Framework 2009/10 and the Standard NHS Acute Services Contract (which sets out the obligations of provider organisations delivering NHS hospital services).
- Follow the national process for appointment slot issues, by dealing with emails sent by TAL and ensuring that patients receive an appointment within the nationally agreed standard timeframe (four days from the patient's first attempt to book via TAL).

PCTs must take ownership of local appointment slot and capacity management issues in their area and proactively monitor and manage their local provider organisations in line with their existing contracts.

Guidance on capacity management and Choose and Book is available at:

www.directory-of-services.info/toolkit.htm

Guidance on managing appointment slot issues is available at:

www.chooseandbook.nhs.uk/staff/communications/fact/asiguideance.pdf

10. Directory of Services (DoS)

Provider organisations should list all services offered at that organisation on the DoS, and maintain the accuracy of their service descriptions and information.

The DoS is often described as the 'heart' of the Choose and Book application, because it holds information that describes the services that organisations offer and enables referring clinicians to search for appropriate services for their patients. For provider organisations, the DoS provides a 'window' through which they can display and 'advertise' their services.

In order to enable referrers to shortlist effectively and refer to the most appropriate service using one standard method of referral, provider organisations should ensure that all services provided by that organisation, including diagnostics, 'Two Week Wait' and Allied Health Professional (AHP) services, are listed on their DoS. Additionally, they should ensure that each service:

- Follows the national naming convention, to ensure consistency.
- Lists the conditions treated, procedures performed and the main exclusions for that service.
- Includes suggestions on possible investigations needed before the patient is seen.
- Is mapped to the correct Specialty and Clinic Type.
- Has the appropriate SNOMED Clinical Terms associated with it.
- Is regularly reviewed and signed off by the lead clinician.

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10. Directory of Services (DoS) *(continued)*

By following this guidance, referrers should know which patients are most appropriate for a service, provider organisations should receive appropriate referrals and patients should be given appropriate and helpful instructions prior to attending their appointment.

Guidance on the DoS can be found at:

www.chooseandbook.nhs.uk/staff/communications/fact/dos.pdf

Guidance on the implementation of Finding Services Effectively can be found at:

www.chooseandbook.nhs.uk/staff/communications/fact/fse.pdf

Summary of Responsibilities

Responsibilities of Referring Clinicians (e.g. GPs)

Referring clinicians should:

- Undergo adequate and regular training on the Choose and Book application.
- Offer patients choice of provider, in line with national Choice Policy.
- Shortlist appropriate services for patients, preferably within the consultation.
- Ensure referral information is added in a timely manner.
- Ensure that any staff acting on their behalf are adequately trained, qualified for the roles they are undertaking and are authorised to act in this way.
- Ensure that worklists are checked regularly and that processes are in place for dealing with rejected referrals and Advice & Guidance responses.
- Ensure that business continuity processes are in place, in the event of access to Choose and Book becoming temporarily unavailable.

Responsibilities of PCTs

PCTs should:

- Ensure that the necessary and up to date hardware and software is made available to all referrers.
- Ensure that Smartcards are issued appropriately to all relevant staff and are updated in a timely way.
- Ensure that clinicians are trained and supported to make referrals themselves using Choose and Book.
- Ensure that patients are offered a choice of provider, in line with national Choice policy.
- Ensure that IT support is available to resolve technical issues and that response times are appropriate and adequate to meet the needs of the referrers.
- Ensure that any Clinical Assessment Services used locally provide real added clinical benefit to patients.

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Summary of Responsibilities *(continued)*

- Ensure that providers are managed in line with their contractual obligations to make enough appointments available on Choose and Book.

Responsibilities of Provider Clinicians (e.g. Consultants/AHPs)

Provider Clinicians should:

- Undergo adequate and regular training on the Choose and Book application.
- Use the Choose and Book application themselves to review, accept, reject or re-direct referrals.
- Take part in regular, clinical review of their services, ensuring that the Directory of Services is accurate and up to date.
- Ensure that any staff acting on their behalf are fully trained and qualified for the roles they are undertaking.

Responsibilities of Provider Organisations

Provider organisations should:

- Ensure that the necessary and up to date hardware and software is made available to all provider clinicians.
- Ensure that Smartcards are issued appropriately to all relevant staff and are updated in a timely way.
- Ensure that staff within their organisation receive regular training on Choose and Book functionality and how it should be used locally.
- Ensure that the Directory of Services adequately and accurately describes the services that are provided.
- Ensure that enough appointment slots are available on Choose and Book for patients to be able to book appointments at their first attempt.
- Ensure that business continuity processes are in place, in the event of Choose and Book becoming temporarily unavailable

Conclusion

Where Choose and Book works best, it does so when local health communities get together, identifying the needs of professionals and patients and implement effective and efficient working practices. Whilst a flexible approach to local implementation is recommended, this should always be within the context of nationally defined principles of best practice. It is therefore hoped that by noting and adhering to these operational responsibilities and standards, the full benefits of Choose and Book will be realised by all professionals and patients using the system.



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