

Guidance note on Choose and Book

This is an initial guidance note on Choose and Book and is intended to provide an overview of Choose and Book, information on how it works and highlights important issues for LMCs and practices to consider. The GPC recommends that practices read this guidance carefully and should consider the issues outlined below before engaging in Choose and Book. Choose and Book is not part of GPs' contractual obligations and therefore practices can decline to be involved. The GPC is keen to enter into discussions with the Department of Health on this issue and we will keep you informed of any outcome to these discussions.

What is Choose and Book?

Choose and Book will allow the electronic booking of hospital appointments offering patients in England the opportunity to choose the location and time of appointments. It is a central part of the Government's plans for modernising the NHS and brings together the key policy areas of patient choice, access, reducing waiting lists and IT investment.

Choose and Book is a deliverable of the NHS National Programme for IT (NPfIT) - a multi billion pound programme of investment in IT across the NHS. The key deliverables are:

- NHS Care Record Service – which will enable the sharing of consenting patient records across the NHS
- Choose and Book – electronic booking of hospital appointments
- Electronic Transfer of Prescriptions – which will allow prescriptions to be electronically sent from GPs to pharmacists and the Prescription Pricing Authority (PPA)
- A network infrastructure to support these developments

How is it proposed that practices should be involved in Choose and Book?

The current proposals suggest that, at the point of deciding to refer a patient, the GP should offer the patient a choice of four or five alternative clinics. At least one of these options should include a private provider, and other options may include GPs with a special interest. Patients should be allowed to book their first out-patient appointment electronically, normally during their consultation with the referring GP. If they want to consider the referral they can choose to return later or to ring a call centre at a later date to arrange the appointment.

How will it work?

Choose and Book is a national solution for all parts of England so the computer screens are intended to be the same in each practice. To access Choose and Book you must have an NHS ID smart card and be able to log on using a smart card reading keyboard or a separate smart card reader. If you don't, you won't be able to use it. Practices that sign up to Choose and Book are likely to be offered hardware upgrades, PCs, dual printers, up-rated networks etc and will also need to be connected to the new improved NHS net - N3.

In all cases a GP must initiate the process and reach at least the point of requesting the booking. For the purposes of this guidance, these are described as the 'common to all' actions. After this there are 3 distinct paths that can be taken:

- (i) The GP finalises the booking with the patient there and then
- (ii) The GP requests the booking but the patient finalises the booking outside the practice using the Booking Management Service (BMS).

- (iii) The GP requests the booking but the patient finalise the booking with the help of the GP's staff

A step by step guide

The following steps outline the process for booking a hospital appointment using the Choose and Book system:

1. The GP will have to be logged on to his/her workstation with an NHS ID smartcard.
2. The GP agrees with the patient that a referral to hospital is required.
3. The GP should click the Choose and Book icon at the bottom of the screen to load up the Choose and Book system.
4. The patient's demographic data will automatically be copied from the GP's clinical system into the Choose and Book system.
5. The first screen will offer the option of searching for a clinic by speciality, named lead clinician or a keyword e.g. a symptom or diagnosis i.e. rheumatoid or anorexia.
6. At this stage the GP can also specify the priority (i.e. urgent or routine) and whether the patient is requesting to be seen by a female or male practitioner.
7. The Choose and Book system will return a list of the clinics available. These are by default listed in geographical order, those closest to the patient at the top. They will only include a list of those services that your PCT has commissioned. Although in theory it will be possible to view any service available anyway in the UK, you can only proceed to actually request a booking for a service commissioned by your PCT.
8. You will then have the option of clicking on the name of the clinic which will bring up a window with clinic specific information. This may assist in deciding which clinic to send the patient to. This may list investigations required prior to the booking.
9. The GP should then select the preferred clinic from the list of available commissioned services and set what dates to search between. The GP will now be at step 9, which represent the 'common to all' actions that the GP must do for every Choose and Book no matter how it then proceeds. After step 9, there are 3 different options:
 - (iv) The GP finalises the booking with the patient there and then
 - (v) The GP requests the booking but the patient finalises the booking outside the practice using the Booking Management Service (BMS).
 - (vi) The GP request the booking but the patient finalise the booking with the help of the GP's staff

These 3 options are dealt with below as scenarios 1, 2 and 3.

Scenario 1: If the GP completes the Booking request:

10. To finalise the booking with the patient there and then, the GP should click on suggested appointments. Choose and Book will then display a list of available appointments and dates for the selected clinics between the selected dates. The GP should select the chosen appointment and then click on book. The details will be displayed prior to submitting the request. On submission the Choose and Book system sends a booking request to the chosen hospital.

11. At this stage the appointment has not been booked, it has only been reserved but it will be removed from the list of available appointments to avoid duplicate booking by another GP. The system will then display information for the patient on the screen which can be printed off and given to them on paper. It will have their unique booking reference number (UBRN). At the bottom of the printout is the phone number of the booking management service (BMS) which may be run by NHS Direct. The patient is supposed to ring BMS to discuss changes or cancellations.
12. However the booking request is not completed until an electronic referral has been sent in. The electronic referral can be composed and sent at a later date. The practice cannot fax or post the referral letter, it has to be sent electronically via the Choose and Book system. The GP can dictate a letter and have his staff update the e-referral. Each clinic has a deadline before which the referral must be received. We have been informed that the system is supposed to automatically extract data from the patients GP computer record. **The GPC is extremely concerned about this as outlined in the issues section below.**
13. Once the referral has been sent in the booking request is considered to be complete. Please note that at this stage all that has been achieved is a ***completed request to book an appointment***. The hospital is not obliged to accept the booking request. The Hospital can accept or reject a booking request. It is expected that completed booking requests will be “opened” and considered within 24 hours of receipt. If the request is to be rejected it must be rejected within the following 24 hours. If they reject the request they will send it back to the GP and they must provide a reason why it has been rejected (see issues section below).
14. Once the request to book the appointment has been accepted it is allocated to the patient and the appointment cannot then be given to another. After the appointment has been confirmed and allocated to the patient, if for any reason it has to be changed, it is up to the hospital to manage the changes and contact the patient directly. The GP is not involved in this. The GP can see a list of their Choose and Book activity which shows; booking requests awaiting referrals, completed booking requests and rejected referrals.

Scenario 2: If the GP requests the booking but the patient finalises the details themselves:

15. This is the “GP does the minimum” scenario. As with all Choose and Book scenarios the process has to be initiated by a GP therefore action steps 1-9 listed above will need to be completed. However, in scenario 2, at step 10, the GP clicks on the “Request” button rather than the “suggest appointments” button.
16. The Choose and Book system will display the services selected from those available for checking. The GP will then confirm the choices available to the patient and can select how long it is before the BMS will chase the patient. After clicking ‘submit’ the system will print out an advice slip to be given to the patient which lists the clinics available to them. The patient is now expected to contact the BMS to choose an appointment from one of the listed services. The Choose and Book system will display these in the GPs’ activity lists so that they can see whether or not the patient has completed the booking. The BMS will contact the patient to chase up the finalising of the appointment. As in Scenario 1 the request to book the appointment is not completed until the GP sends in an electronic referral.

Scenario 3: If the GP requests the booking but the surgery staff finalise the details

17. As with all Choose and Book scenarios the process has to be initiated by a GP. Like scenario 2 the GP supplies the patient with the request for an appointment slip but instead of contacting the BMS the patient then finalises the booking with a member of the practice staff. Therefore scenario 3 for the GP is the same as scenario 2. The patient then takes their appointment

request slip with its UBRN to the practice staff member. What follows is in addition to scenario 2.

18. The member of staff must be logged in the same way as the GP was logged on, using their NHS ID card, but obviously with different access levels. They click on the Choose and Book icon and the Choose and Book system opens. It will display all the Choose and Book activity for the whole of the practice. The staff member selects the part completed booking using the UBRN. Choose and Book will then display the page listing the clinics available to the patient as at step 8 in scenario 1. From then on the process mirrors scenario 1.

Service Selection Assistant

19. Finally there is an additional service to assist GPs in their referring. GPs should use this if they are not sure where or with what priority they should refer the patient. After logging on to Choose and Book the GP clicks on the “Access Service Selection” button.
20. The “Service selection tool” opens. This has a series of questions answered by selecting from drop down lists. Once answered it will then suggest a list of clinics that the patient could be referred to, and will take the GP to step 7 of the “common actions”. From then on it’s back to the GP. The tool will advise on a booking priority but the GP can override this if he feels it necessary. If he does override the priority assessment he will have to record his justification by choosing from a list of override reasons. It is proposed that override reasons will be agreed nationally.

Issues for LMCs and Practices to consider:

Some practices are currently being invited to be involved in Choose and Book pilots. Before agreeing to be involved the GPC strongly suggests that LMCs and practices consider the following:

Workload

- The GPC are very concerned about the workload implications of Choose and Book. The GPC has worked to find ways of reducing the workload of GPs. Choose and Book is in danger of counteracting these efforts and will place a further burden on practices.

Time Constraints

- It will be difficult for GPs to complete a Choose and Book appointment within the confines of a ten minute consultation, and we are concerned about the consequent effect on the quality of those and subsequent consultations.

Additional Resources

- Choose and Book is not a requirement of the new GMS contract and therefore resources are not included in present funding flows to enable GPs to take on this additional work. The GPC will be working with the Department of Health to address this issue but until an agreement is reached, practices should be aware that legitimate additional resources are unlikely to be made available to them.
- All hospital trusts invest a significant amount in managing referrals and booking appointments. Choose and Book moves a lot of current activity in to primary care without an equivalent shift in resources.

Confidentiality

- The GPC are concerned that the Choose and Book procedure cannot be completed until the GP has sent an electronic referral. The GPC has not yet been shown how this will work. We understand that the system is supposed to automatically extract data from the patient's GP computer record. This is an area of enormous complexity and will require close examination. The automatic extraction of data from GP computer records is fraught with all sorts of difficulties. This process may have to be overseen by the referring GP because no other clinician will know what information needs to be sent. It is also possible that this process may result in relevant (and or irrelevant) patient data being passed to the "spine" of the NHS Care Record Service and therefore raises all the issues and anxieties reflected in the 2004 LMC and ARM motions on the Care Records Service. These motions advised that GPs should not, at the moment, allow patient identifiable data to be sent to the spine. GPs that use Choose and Book and have sent e-referrals should be aware of LMC Conference policy. The GPC will be raising this as a matter of urgency with the Department of Health.

Security

- The GPC has not seen the technical specifications for Choose and Book and cannot vouch for its security. We are unaware of any technological provisions to protect privacy and confidentiality. We are also raising this with the Department of Health.

Limitations when referring

- When using Choose and Book, practices can only request a booking for a service commissioned by the local PCT. The PCT will determine the list a GP can choose from.

Rejections of bookings

- The hospital can accept or reject a booking request. We understand that the hospital's response to the booking request is not subject to any nationally applicable targets. Apparently best practice is to be agreed locally. It is not clear what is expected of a GP if a request to book is rejected.

Performance of PCTs

- The PCT's performance indicator is only whether or not the system is 'available' to GPs. There is no performance measure made of the PCT based on actual usage.

Summary of the GPC's position

The GPC welcomes any development which improves patient care and the working practices of GPs. We would also welcome the opportunity for patients to be more involved in deciding where they are referred to and when they will be seen. However, we are extremely concerned that there are a number of unresolved issues relating to Choose and Book which could jeopardise the confidentiality and security of patient records. We are also concerned about the workload and resource implications of Choose and Book. The GPC are willing to work with the Department of Health and the National Programme for IT to resolve these issues. Until then, we suggest that practices carefully consider the implications of being involved in Choose and Book. Choose and Book is not part of a GP's contractual obligations and therefore practices can decline to be involved.

Further Information

Further information on Choose and Book is available at www.chooseandbook.nhs.uk
Screenshots of how the Choose and Book system will look can be downloaded over NHSnet from the Choose and Book website www.chooseandbook.nhs.uk

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