

## **Focus on... Choice & Booking DES**

### Introduction

This guidance note has been produced by the General Practitioners Committee (GPC) to help GPs and Local Medical Committees undertaking the Choice and Booking Directed Enhanced Service (DES) under the GMS contract. We would advise all GPs to read the contract guidance 'Revisions to the GMS contract 2006/07 – Delivering Investment in General Practice', available on the BMA website at [www.bma.org.uk](http://www.bma.org.uk).

### Background

This DES is for one year and is available in England only. Total investment in this DES is worth £50million. It is designed to provide incentives to GPs to offer choice and utilise the electronic National Choose and Book system. It will be reviewed for 2007/08. The DES specification is available on the BMA website here: <http://www.bma.org.uk/ap.nsf/Content/revisionnGMSFeb20062~annex5choicebook> Systems to support Choice and Booking, through Choose and Book, are current already in operation in many parts of the UK. This DES is designed to ensure that practices are supported and resourced for engaging in such initiatives. As with all DESs, whether a practice decides to participate is entirely their own decision.

### Key points

- There are a variety of ways to use the Choose and Book system, and all are equally valid to take part in the DES.
- The DES is split into two parts: delivering choice (component 1) and implementing and using the Choose & Book system (component 2).
- For each component, half the payment is for aspiration, the other half based on achievement.
- Component 1 will be measured in part by a patient questionnaire regarding choice.
- Components 1 and 2 are not dependent on one another.

### Payment

Payments for components 1 and 2 are separate and are not dependent upon one another. Each component is worth 50% (£0.48) of the DES. Within each component, 50% (£0.24) of the payment will be for aspiration and 50% (£0.24) according to how well the practice does.

Payments for aspiration will be made immediately after receipt of the written statements (see below), while payments for achievement will be paid at the end of the DES period. If practices fail to achieve the minimum level in either component 1, 2 or both, PCTs can look to reclaim the relevant aspiration payments.

### **Component 1 – Choice**

This is designed to incentivise and reward the offer of choice to patients when referring them for a first consultant outpatient appointment. PCOs will provide information for practices to supply to patients to aid their decision:

- Step 1 – GP provides a list of clinically appropriate providers for the patient when referred to secondary care OP consultant appointment.
- Step 2 – GP initiates choice offer and discusses the clinical aspects of the choice of providers.
- Step 3 – Patient consults information supplied to practices by PCTs, for example, patient information booklets, patient choice advisors and 'At a Glance' posters for GPs.

### Reward

To achieve the aspiration payment (first 50%) practices will need to provide their PCT with a written statement that demonstrates their commitment to offering clinically-appropriate choice to patients. The other 50% will be triggered if 60% of patients surveyed recall a conversation about choice with their GP in the patient choice questionnaire.

### **Component 2 – Choose and Book**

This is designed to utilise the Choose and Book system for referring patients to first consultant outpatient appointments. It is measured via converted Unique Booking Reference Numbers (UBRNs) made using the following mechanisms; in the GP surgery, by the appointments line, through the internet, by local booking services or via Indirectly Bookable Services (IBS):

- Step 1 – GP uses Choose and Book to generate an appointment request (URBN) and a password for the patient. If the patient has yet to make a choice of provider, the GP provides the patient with information about the clinically appropriate choices and what they do once they have made their choice.
- Step 2 – GP generates and attaches a referral letter to an appointment request or auto-generates a referral letter via an integrated system. This must be done within 1 working day for cancer or urgent referrals and within 3 working days for routine referrals, unless there are exceptional circumstances (for example, delays for inclusion of any test or diagnostic results or where information cannot be forwarded subsequently). i.e. for an urgent referral it would be expected that the referral would be made by the end of the day, one working day later. Working days do not include weekends or bank holidays.

#### Reward

To achieve the aspiration payment practices will need to provide their PCT with a written statement that demonstrates their commitment to utilising the Choose and Book system. They will retain this award if at least 25% of all bookings in the month of June (2006) are done via Choose and Book. The other 50% of component 2 will be dependent on the percentage of Choose and Book referrals made between the beginning of September (2006) and the end of February (2007) – it will work by Connecting for Health measuring the number of UBRN's converted and prompting PCTs to pay practices. Payments will be made regardless of how the booking is made (e.g via the internet, appointments line etc.)

<b>Percentage of referrals as a percentage of total</b>	<b>Proportions of component 2 paid</b>
50% (minimum threshold)	60%
60%	70%
70%	80%
80%	90%
90% (maximum threshold)	100%

#### How the choice questionnaire will work

The national patient experience survey will be conducted at practice level, designed to measure the level of choice patients receive when being referred to a secondary care provider. The survey will be managed remotely from the practice. It will include questions regarding access (stemming from the Access DES in England), with one covering choice. This will ask patients if they recall a choice conversation with their GP.

There will be no cross-over effect with patients answering the access questions (many of whom may not have experienced a referral), as only those who have been referred directly from the GP to NHS consultant secondary care will be counted.

When a statistically valid sample cannot be achieved – due to a very small number of referrals taking place or practices failing to use the system due to circumstances beyond their control – a default position will be established that will not disadvantage the practice. This is currently being negotiated by the GPC and the NHS Employers organisation.

#### What will happen if problems arise in either component

If by the end of 2006/07 a practice cannot implement a programme due to circumstances outside its control (for example regional or national difficulties), practices would be guaranteed a pro-rata payment for the work they had completed on one of, or both parts of, the DES. This will include national system failure or the inability to access the system due to national problems.

If a practice splits, merges, closes down or starts up during the year of the DES, the PCT should discuss with the practice and LMC as appropriate, what payment will be made for work completed on the DES.

What can LMCs do?

- This DES will be implemented from April 2006. LMCs should ensure that PCTs offer all practices the chance to participate prior to this date
- Discuss locally with the PCT any potential problems with implementation, i.e. regional differences with the system used, and how these will be accounted for.