

Delivering a choice of four providers: A practical implementation guide for PCTs

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For Recipients' Use	

1 Introduction

By 1 January 2006 all patients who need a referral to first outpatient appointments can expect to be offered a choice of at least four providers, with information available locally to support their choice.

Choice at referral by 1 January 2006 applies equally whether GP practices (or other referrers) are

- offering choice through the full Choose and Book electronic service;
- using Choose and Book as a look-up (but not as yet a means of supporting booking); or
- using information sources other than Choose and Book (a temporary solution known as 'manual choice').

PCTs are responsible for ensuring that choice of provider is available and the necessary systems and processes are in place to offer and support this choice.

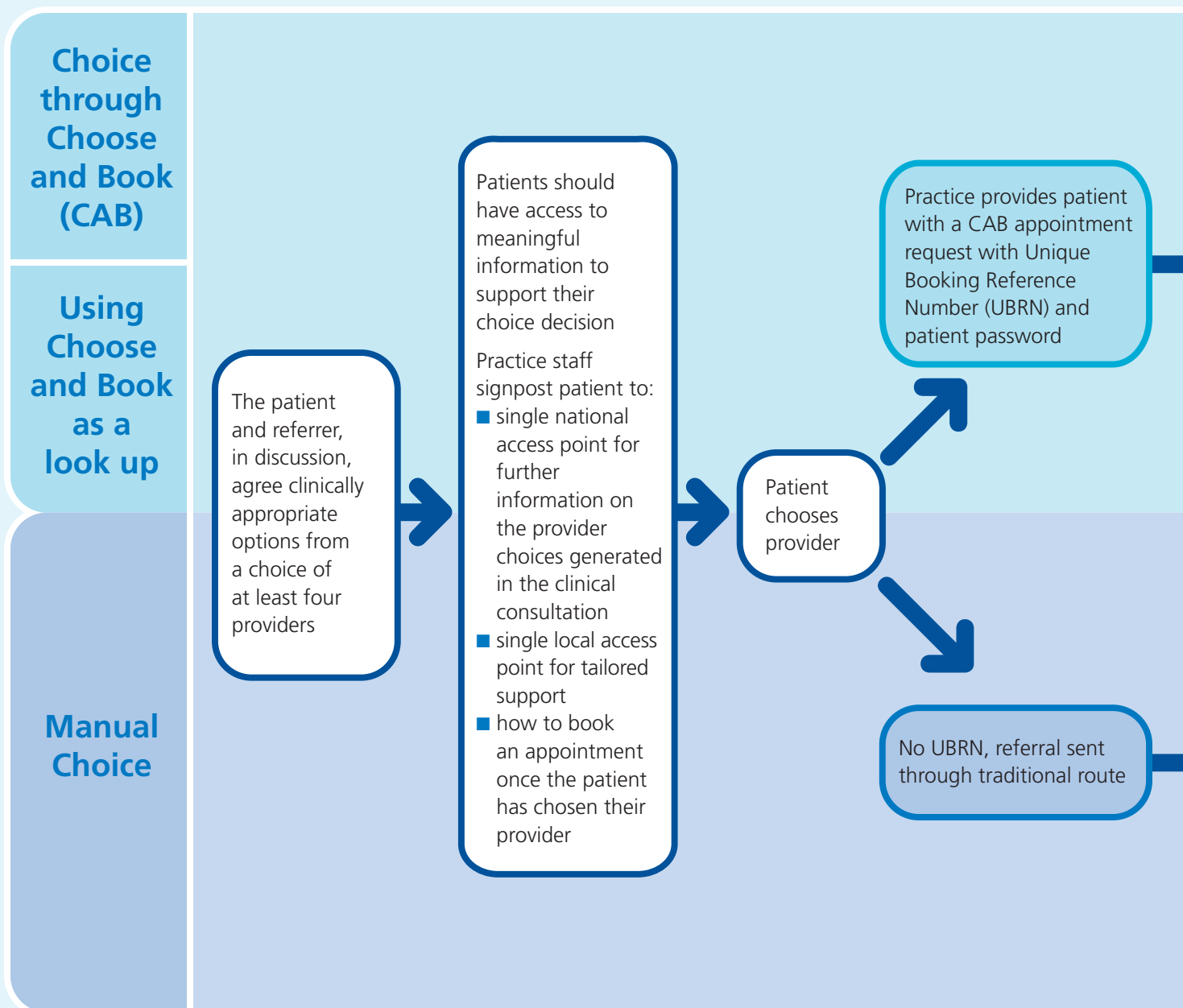
This document provides practical implementation guidance for PCTs. It should be read alongside *'Choose & Book – patient's choice of hospital and booked appointment; policy framework for choice and booking at point of referral'*, available at www.chooseandbook.nhs.uk.

The seven-step checklist for implementing choice of provider draws on the experience of the national choice pilot schemes that ran between 2001 and 2005. The checklist focuses on practical steps PCTs can take to improve the effectiveness of implementation.

2 The process of offering patients a choice of four providers

The following diagram outlines how the process of offering choice of provider works, in the circumstances where the Choose and Book service is fully functioning; used purely as an information source; or where manual booking is still in place.

Choice of provider at the point of referral



Choice of time and date

Booking through the Choose and Book service

Appointment booked via Fully Integrated CAB service:

- patient calls the Appoint. Line
- patient uses the Internet
- patient books through the practice

Appointment booked via CAB Indirectly Bookable Services:

- patient calls their chosen provider to arrange an appointment through the Choose and Book Indirectly Bookable Service

Referral request sent via CAB service

Chosen provider accepts referral and booking

Confirmation letter sent to patient by provider

Booking as now

Patient confirms choice to referrer and referral letter sent to chosen provider

Chosen provider accepts referral

Chosen provider contacts patient to book a mutually convenient appointment

Confirmation letter sent to patient by provider

3 The seven-step checklist

Step 1



Prioritise the implementation of choice of provider

- Be clear on what choice of provider means.
- Provide a lead director for choice of provider in the PCT.
- Create a dedicated team to implement choice of provider, aligning to the CAB service.
- Have an integrated approach for implementation of choice of provider, booking, and utilising the CAB service.
- Trial the choice process with one GP and then roll out.

Step 2



Commission for choice of provider

- Establish governance arrangements for commissioning.
- Ensure at least four choices of provider for each speciality are commissioned.
- Understand patient preferences.
- Ensure the Choose and Book Directory of Services has been activated.
- Track demand and capacity.

Step 3



Prepare practices

- Communicate to practices what choice of provider is and its benefits, and address the myths.
- Meet with practice managers individually and agree implementation arrangements.
- Directly engage GPs so they are aware of their role in ensuring clinically appropriate choices.
- Process map the current and new process with practices.
- Identify roles in the choice process and address training needs.

Step 4



Provide referrer information and support

- Ensure providers have loaded required information onto www.nhs.uk
- If the Choose and Book software is not yet operational, provide practices with 'At A Glance' posters showing provider options.

Step 5



Provide patient information and support

- Identify information and support needs of the local population.
- Engage PALs, libraries and existing patient support and information agencies.
- Consider commissioning further patient support if needed.
- Ensure patient leaflets are available in all practices from December 2005.
- Provide signposting to further support and information.

Step 6



Raise staff and public awareness

- Plan your communications to align the implementation of choice of provider and the other elements of Choose and Book.
- Be clear on the key messages.
- Identify audiences and target communication using existing materials, guidance and communication channels.
- Meet quality standards in communicating.

Step 7



Assure choice of provider and quality assure the process

- Ensure information in the monthly SHA return is accurate.
- Keep up to date on national assurance of choice of provider.
- Quality assure the process from the patient perspective.
- Ensure minimum service criteria are met.

Step 1

Prioritise the implementation of choice of provider

Be clear on what choice of provider means

By 1 January 2006, patients who need a referral to first outpatient appointments can expect to be offered a choice of at least four providers, along with information to inform their choice. This applies equally whether referrers are generating choice options through the Choose and Book service or 'manual choice'. The only exceptions to this requirement are for agreed policy exclusions or where the SHA has agreed a reduced menu in line with the policy framework for choice at referral.

All patients must have a mutually agreed date and time for outpatient appointments.

Provide a lead director for choice of provider in the PCT

In order to achieve the 1 January 2006 target priority should be given to implementing choice of provider. This priority should be identified by the local PCT Board and included as a key task in the local Choose and Book rollout plan.

Although offering patients a choice is not new, the next few years will build on existing good practice and require focus at both a strategic and operational level.

Leadership is needed to:

- clearly communicate what choice means and the delivery priority
- identify and ensure benefits and opportunities at a local level are realised
- provide direction and support to those working with referrers and support staff to change practice and ensure choice becomes part of business as usual
- ensure changes in patient flows are clearly communicated to providers

Create a dedicated team to implement choice of provider, aligned to the Choose and Book service

Implementation of choice of provider should be part of the remit of the local Choose and Book implementation team.

Although the process of offering choice of provider for elective care in the practice is easy to describe and introduce, the choice pilots have shown that effective implementation is likely to require a dedicated team that have the following characteristics:

- **credibility with practice managers and GPs**, so that they are listened to and trusted
- **understanding of how practices work**, so that they know how to align the choice of provider process to the operational processes in the practice

- **clarity on their objectives**, so that the team know what is expected of them and what they can expect of each other. The key objective is to ensure that by 1 January 2006 all patients who need a referral to first outpatient appointment have a choice of at least four providers and information locally to inform their choice, whether referrers generate choice options through Choose and Book, or 'manual choice'.
- **proactive in identifying threats to success**, so that these are dealt with promptly
- **open and honest with practices**, because implementation of choice of provider relies on establishing a good working relationship with practices built on trust
- **energy to make things happen**, so that there is a drive to achieving the objectives and a determination and persistence to overcome problems
- **process mapping skills**, so that the choice of provider process can be aligned to the current practice processes. This also provides an opportunity for the practice to look at how to make processes more efficient
- **links to the information analysis and commissioning team within the PCT** so that in/outpatient waiting time information can be provided to referrers, patient flows are monitored, and changes communicated clearly and timely to providers
- **clinical advisors to support the team** in the sometimes difficult job of adapting clinical practice

Have an integrated approach for implementation of choice of provider, booking, and utilising the Choose and Book service

The choice of provider components for implementation should include:

- roll out timetables for choice of provider implementation to cover all practices by November 2005
- information distribution arrangements
- training
- staff and public communications

Trial the choice process with one GP and then roll out

Pilots found that offering choice at the point of referral for elective care provider can be easily trialled by one supportive GP in each practice for a couple of referrals, so that the process can be improved. Once the process has been trialled, sign-off the process across the practice and implement fully.

Step 2

Commission for choice of provider

Establish governance arrangements for commissioning

This should include:

- a transparent process for agreeing and communicating local exclusions of certain specialities, aligned to the advice from Margaret Edwards sent to SHA and PCT Chief Executives on 5 July 2005 (Gateway ref. 5108)
- a process for making changes to commissioned services and an audit trail for key amendments and decisions
- regular reporting on implementation of choice, key issues for decision, and the demand and capacity of commissioned providers
- engaging practices in the commissioning process by providing linked practice level financial and activity information, and ideally public health information, to enable practices to judge what is working, understand opportunities, discuss differences, and commission providers to meet the needs of the local population
- consultation with patients
- agreed sign-off processes

Ensure at least four choices of provider for each specialty are commissioned

By 1 January 2006, patients who need a referral to first outpatient appointments can expect to be offered a choice of at least four providers and information locally to inform their choice. The only exceptions to this requirement are for agreed policy exclusions or where the SHA has agreed a reduced menu in line with the policy framework for choice at referral.

Understand patient preferences

A PCT needs to understand patient preferences if it is to commission care that meets the needs of its population. This requires consultation with patient groups as well as collection of information about individual preferences and how patients use the local NHS. The local GP community also have a good idea of patient preferences.

Ensure the Choose and Book Directory of Services has been activated

PCTs will need to ensure that all providers in their area have loaded the necessary information onto the Choose and Book Directory of Services (DOS) and that it has been activated before December. The description of commissioned services should be agreed between primary and secondary care clinical teams. Guidance on how to do this is on the Choose and Book website.

The DOS must be activated whether referrers will be offering a choice of provider via the Choose and Book software or manually. The manual approach is purely an interim solution and the DOS needs to be available when practices move to offering choice using Choose and Book. PCTs with practices offering choice manually will need to have access to the DOS to answer referrer queries on clinical appropriateness.

Track demand and capacity

Validate baseline demand and capacity for each provider using historic data, so that the four providers that have been commissioned reflect likely outpatient flows. A useful information source is the QM08 returns.

Having accurate and timely information on all patient referrals will be crucial for maintaining responsiveness of commissioning. Capacity and demand of commissioned providers should be reviewed regularly, so that referrers and providers are fully informed on patient flows and projected under- or over- capacity. Tracking demand and capacity also ensures choices are maintained and improved in a dynamic way.

Step 3

Prepare practices

Communicate to practices what choice of provider is and its benefits, and address myths

Resistance to providing a choice of providers will significantly slow down the speed of implementation and assurance. Choice pilots found that actively setting a positive image early on reduced the likelihood of resistance. This entailed communicating what choice of provider is, explaining the benefits and opportunities and addressing myths (see www.chooseandbook.nhs.uk). If you are unable to answer the myths locally, feed them up through the SHA or Department of Health.

Meet with practice managers individually and agree implementation plans

Choice pilots found that the practice manager is key to determining the ability of the practice to support referrers offering patients a choice of provider. Experience shows that the most effective way of getting practice managers on board is by meeting with them individually to talk through the process and identifying how it can be supported within the current patient referral and booking process in the practice. Equally, some practices will require some changes.

The PCT should support the practice manager in planning how the choice of provider process will be implemented in the practice. The practice manager should then sign up to the implementation timetable and report progress against milestones to the PCT.

Directly engage GPs so they are aware of their role in ensuring clinically appropriate choices

Most clinicians already discuss different treatment options with patients, and patients already exercise choice of where they receive urgent care and health advice. Choice pilots have found that by directly engaging GPs, communicating what choice of provider will mean to them and addressing myths increases the speed of implementation.

Process map the current and new process with practices

How patients are offered a choice of provider and supported in making their decision is not closely prescribed, but there are a number of principles that make implementation simple, which are outlined in the choice process section. Practice managers should take time early on to understand and review existing processes and consider where obstacles and frustrations might be so that these can be addressed in the final design.

Identify roles in the choice process and address training needs

A clinician, normally the patient's GP, should explain the choice of providers, and discuss the clinical aspects of choice with the patient. This is a fundamental part of the referrer-patient dialogue and builds on existing good practice of ensuring patients understand treatment options and are informed about and involved in decisions about their care.

The PCT and practices should decide locally how best to support patients in discussing the non-clinical aspects of offering a choice of provider, so that it becomes part of the practice processes. Some choice pilots trained the practice staff to provide direct patient information and support, including signposting to targeted support and information.

Practices will need to work differently to ensure that patients have the support they need to make their choice and to book their appointment. Understanding the role of the referrer and the contribution practice staff make in delivering this key change programme is imperative to successful implementation. Process mapping the current and new process in the practice may highlight training needs that PCTs will need to address.

PCTs should ensure that staff (and volunteers) who are providing information and support to patients are equipped to do so. Providing information and support to patients is not new, which means that there should be existing induction and training courses that could be developed to incorporate choice.

Step 4

Provide the referrer with information and support

Information is fundamental to making choice of provider work. Referrers need information to generate clinically appropriate choice options and to discuss these with patients. Patients need information and support to help them decide which provider to choose. Evidence suggests information is required on waiting times, location and convenience of the hospital, patient experience and clinical quality.

Ensure providers have loaded accurate information onto www.nhs.uk

Whether referrers compare providers through the Choose and Book software or manually in the initial stages, the information on www.nhs.uk must be accurate.

This is because the site provides information to the Choose and Book Appointments Line, which all patients will be able to call if they require further information. Some PCTs will want to print off pages to support 'manual choice' as the site provides referrers and patients with the ability to compare validated data, including:

- waiting times: minimum and maximum outpatient waiting times at site level
- location and convenience: service description, site address, site telephone number, local directions (road, rail, and bus), car parking, disabled car parking, local transport website link, visiting hours, shops on site, canteen for visitors, phone for patients, translation services (verbal and text), induction loop in place, signing service in place, PALs contact details
- patient experience: Healthcare Commission performance ratings
- clinical quality: Healthcare Commission performance ratings

Significant progress has been made in pulling information sources together on the site. However, public disclosure of information is an evolutionary process and will develop over time as providers will be compared and so have strong incentives to improve the quality of their information.

If the Choose and Book software is not yet operational, provide practices with 'At A Glance' posters showing provider options

A template poster displaying commissioned providers has been developed to support the generation of choice options where referrers do not yet have access to the full or web-based Choose and Book service.

The screenshot shows a template for a 'Choice At A Glance' poster. At the top, it says 'choose and book' and 'choice of provider' with the NHS logo. Below that is the title 'Choice At A Glance'. There is a 'PCT Name' field and a 'Providers' dropdown menu set to 10. The main part of the poster is a table with 15 columns for specialities and 7 columns for provider names. The specialities listed are Cardiology, Dermatology, ENT, Gastroenterology, General medicine, General surgery, Gynaecology, Neurology, Obstetrics, Oral & maxillo facial surgery, Ophthalmology, Paediatrics, Rheumatology, Trauma & orthopaedics, and Urology. Below the table are fields for 'Name' and 'Telephone' for clinical queries, and a 'Date Updated' field.

This is available on the Choose and Book website (www.chooseandbook.nhs.uk/implementation/choice).

The template is easy for the PCT to populate with their commissioned providers for the top 15-referral specialities, which cover 90% of referrals. The poster should be updated regularly, or as required.

PCTs should also consider distributing further information to support the temporary manual process, such as:

- waiting times on a monthly basis using the data on www.nhs.uk or calculated from the QM08 returns (consider providing average waits as well as minimum – maximum waits)
- a summary of exclusions, particularly in the independent sector
- print-outs of www.nhs.uk
- hard copies of the Choose and Book Service Specific Booking Guidance and Service Selection Guidance on the DOS, as this provides the clinical information required to support choice

PCTs should also provide referrers using the temporary manual approach with a named contact to field queries on whether a proposed choice is clinically appropriate. This contact should use the DOS as a reference in the first instance and then contacting the provider, so that referrals are clinically appropriate. It is important to feed back queries to the provider so that the quality of the DOS improves.

Step 5

Provide patient information and support

Identify information and support needs of the local population

The majority of patients are expected to be able to make their choice with some support and advice from the referrer. Information is also available on www.nhs.uk for patients using the full Choose and Book service who have a reference number and password to log onto the Choose and Book website. The Choose and Book Appointments Line (telephone 0845 6088888, open 7am – 10pm every day) is also available to provide information.

However, some patients may require additional support and PCTs need to understand the needs of their local population to ensure that there is targeted support available for patients who are likely to need additional help in making choices. For example, through Patient Care Advisers, community advocacy groups or voluntary sector organisations.

Engage the Patient Advice and Liaison Service, libraries and existing patient support and information agencies

Evidence suggests that the most effective way of providing information to patients is through existing channels, and this is particularly true for groups at risk of social exclusion. Identify what information and support is currently available, and build on existing good practice. For example; the Patient Advice and Liaison Service (PALS) have extensive knowledge, experience and skills in supporting patients and have established links to the voluntary sector. In addition, libraries are skilled in directing and providing the public with information and have targets to deliver health information, so work with them to provide access to patient information.

Consider commissioning further patient support if needed

If needed, consider additional investment through the voluntary sector, which already plays a key role in providing information and support to patients. Ensure that patients and community groups who will ultimately utilise the support are consulted on any commissioned support, so that their specific need is met.

Patient information leaflets will be available from December 2005

Patients should have access to meaningful information to support their choice of provider. Patient information will be available by December 2005 including guidance on:

- what choice of provider is and key questions to ask the referrer
- locally commissioned providers
- where to access information and support
- how to book an appointment if the patient is being referred through the Choose and Book service

Provide signposting to further support and information

This could include:

- voluntary sector agencies
- Choose and Book Appointments Line
- Patient Advice and Liaison Service
- Patient Care Advisers
- libraries

Step 6

Staff and public awareness

Have a communications plan that aligns the implementation of choice of provider and the other elements of Choose and Book

The plan for rollout of choice of provider should be linked to the plan for implementing the other elements of the Choose and Book service. Key elements should include:

- roles and responsibilities
- resources and budgets
- objectives
- key messages
- target audiences
- timings and key dates
- risks and mitigating actions

Material to help you communicate is available on the Choose and Book website (<http://www.chooseandbook.nhs.uk/materials.asp>)

Further materials and guidance for patient/public-facing communications about the introduction of choice of provider will be available in coming months. Please ask your communications lead to check <http://www.nhscommslink.nhs.uk> regularly for updates. (NHS Comms Link is a secure 'one-stop-shop' enabling NHS communicators to access and share news, resources, ideas and experiences.)

Be clear on the key messages

Build confidence in choice of provider by clearly and honestly communicating the benefits, managing expectations and ensuring consistency of message.

Identify audiences and target communication using existing communication channels

The local project team needs to communicate effectively with several main groups of stakeholders, including:

- Clinicians (GPs / consultants / dentists / nurses / allied healthcare professionals)
- NHS staff (practice managers / practice support staff)
- Patients and carers

This needs to include communication between organisations to ensure consistency across sectors and boundaries. There will be some messages that must be tailored to these individual groups, while some must be relevant and appropriately communicated to mixed groups.

Using existing channels to key audiences is a low resource way of distributing message. This could include:

- meetings or events
- newsletters and leaflets
- local newspapers
- website and intranet email newsletter
- Patient Advice and Liaison Service
- libraries

Meet quality standards in communicating

This needs to include the following:

- use plain English (when written)
- available in different media (audio-visual etc.) where appropriate
- available in community languages
- reviewed against Health Equality criteria
- accessible venues for meetings

Staff messages

1. Choice of provider is not new

Choice is not new. Most clinicians already discuss different treatment options with patients, and patients already exercise choice of where they receive urgent care and health advice. Recent increases in capacity have also resulted in more choice in elective care.

In July 2002 a national pilot programme for patients, experiencing long waits was started; 50% of patients chose to go elsewhere for faster heart surgery and in London 70% of people chose to go elsewhere for faster cataract surgery. This has meant thousands of people have already been provided with a choice of provider. Offering all patients a choice of at least four providers builds on this existing good practice.

2. Patients value having a choice of provider

A recent study by the University of Nottingham and Dr Foster found that patients value being able to exercise choice over where they are treated. They become more involved in decision making when they are offered choices and want to use the opportunity to access better quality care. Anecdotal evidence suggests people who are more involved in their treatment, who understand the options available to them and who have taken responsibility and control of their health care have better long-term health outcomes.

The London choice pilot, which involved more than 40,000 patients being offered choice, found that patients responded positively to the possibility of receiving their treatment at an alternative to their local hospital.

In a College of Health telephone survey, 71% of the public thought it was important for them to be able to choose which hospital to go to. Six pilot schemes running in Greater Manchester, West Yorkshire, Trent, Surrey and Sussex, Berkshire and Dorset and Somerset have seen uptake of choice between 57% and 90%.

Booking the appointment at the time of the referral or soon after, if the patient prefers, removes the anxiety of waiting to be offered an appointment time.

3. Offering choice of provider is an opportunity to improve the care pathway

If we can get the care pathway started on the right footing then the rest of the pathway will run better. Referrers value the ability to choose between alternative secondary care providers. In discussion with the patient, they can select the provider most suited to their clinical and social needs.

4. More referrers are coming on board every day

By 1 January 2006, all patients who need a referral to first outpatient appointments can expect to be offered a choice of at least four providers and information locally to inform their choice. This applies equally whether referrers are generating options through the Choose and Book software, or manually.

Step 7

Assure choice of provider and quality assure the process

Ensure information in the monthly SHA return is accurate

SHAs complete a monthly performance management return to the Department to ensure the NHS is on track to deliver both choice of at least four providers and implementation of the broader Choose and Book service. Ensure information returned is accurate.

Keep up-to-date on national assurance of choice of provider

The Department of Health Choice Implementation Team is currently developing proposals to measure patient experience of choice; these will be communicated to the service shortly.

Quality assure the process from the patient perspective

Choice pilots found that patient focus groups to 'test' the choice process provided a valuable mechanism to assure the quality of the process.

The process should also be quality assured once up and running; patient, referrer and support staff feedback provides valuable sources of information to identify how to improve the patient experience and operational processes that support it.

Ensure minimum service criteria are met

There are minimum service criteria for the Choose and Book service, to ensure patients receive the same quality service across England. Ensure the choice of provider process and the broader Choose and Book service meets the required criteria.

Minimum service criteria for delivery of choice and booking PSA targets

The Public Service Agreement requires that, by the end of 2005, all eligible patients referred by a GP for specialist advice will be offered a choice of at least four providers and will be able to book an appointment without delay. The minimum service criteria for delivering the PSA target are as follows:

Minimum service criteria for primary care

PCTs must ensure that:

- a clinician, normally the patient's GP, should initiate the choice offer and discuss the clinical aspects of choice with the patient;

- how the NHS decides locally to support patients in discussing the non-clinical aspects of choice is in the best interests of patients;
- the patient should leave the surgery with an appointment with their chosen provider or written information about what they do next to complete their choice and make a booking;
- where the Choose and Book service is available the patient should leave with a Choose and Book generated appointment request and a patient password;
- the patient should have access to meaningful information to support their choice decision;
- the patient must be enabled to book a mutually agreed date and time for their appointment; and
- if an appointment is cancelled the patient should be given an explanation and the opportunity to rebook to a mutually agreed time and date.

Minimum service criteria for secondary care

Providers must ensure that:

- GPs' requests for advice and clinical opinions are dealt with promptly;
- first outpatient appointments in all commissioned services are available through Choose and Book;
- all information on www.nhs.uk is up to date; and
- if a patient is booked into the wrong service, they have an explanation and the opportunity to change their provider.

4 Useful sources

- Choose & Book – Patient's Choice of Hospital and Booked Appointment; Policy Framework for Choice and Booking at the Point of referral
- Myth busting – choice of provider
- Learning from choice pilots: case studies
- Update Department of Health letters on Choice and Choose and Book
 - 22 December 2004
 - 24 January 2005
 - 23 May 2005
 - 5 July 2005
 - 14 September 2005

www.chooseandbook.nhs.uk/implementation

Other Choice Policy references are available on the Department of Health website
<http://www.dh.gov.uk/PolicyAndGuidance/PatientChoice>

Full background and implementation advice on Choose and Book is available for viewing, download or ordering at www.chooseandbook.nhs.uk

If you require further copies of this publication please contact
NHS Connecting for Health, quoting reference number 2147:
Website: <http://www.information.connectingforhealth.nhs.uk>
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choose and book

Contact us

Queries about the implementation of Choose and Book
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