

Myth busting for Provider Clinicians

Over the years since its introduction, a number of misunderstandings have arisen about Choose and Book. This document aims to identify and dispel some of the myths and to set the record straight by providing information, guidance and advice for provider clinicians (e.g. hospital consultants and Allied Health Professionals) and their staff.

I can't control who I see anymore – I've lost control over my clinic.

With Choose and Book, service provider clinicians are still able to review referral letters before seeing a patient, and to re-direct or reject a referral if they consider it is inappropriate for their service. The option to re-prioritise referrals from 'Routine' to 'Two Week Wait' or 'Urgent' priority is also available to clinical users of the system. Ensuring that the Directory of Services is clinically owned and clinically reviewed within each department, so that services are correctly described and 'advertised' to referrers, is key to ensuring that referrers send patients to the right clinic.

My clinics don't match the system's 'Clinic Types' – so Choose and Book doesn't work in my hospital.

Each service on Choose and Book is mapped to a Specialty and one or more relevant Clinic Types to help referring clinicians easily identify appropriate services. The main purpose of a Clinic Type is to act as a filter to find the right service, rather than to describe exactly what the clinic does. If the service is very specific, then the service name should help to make this clear to referrers. The Specialty and Clinic Type list is defined nationally (to give consistency), but the service name is assigned by the local provider organisation for both Choose and Book and paper referrals. It should follow the nationally agreed naming convention.

It is possible to map several services to one Clinic Type and vice versa, thereby enabling all provider organisations to describe their services accurately (e.g. a service called "soft tissue knee injury" could include the clinic types "Knee" and "Sports injury", within the orthopaedic Specialty.)

The correct mapping of Choose and Book services to provider clinics (for example on a hospital Patient Administration System) will ensure that patients are booked into the correct clinic.

Help on '*Getting the best out of your Directory of Services (DoS)*', including a current list of Specialty and Clinic Types, along with a description of the Choose and Book service naming convention, is available at www.chooseandbook.nhs.uk/staff/gettingmore/dosoptimize

I can't arrange the investigations I need before seeing a patient.

In some instances, a patient may need diagnostic tests before their initial appointment, and occasionally a linked series of interventions may be required. Choose and Book supports this in several ways:

1. By ensuring that appointments are scheduled with a sufficient lead period, provider clinicians and their support staff should be able to arrange the correct investigations after the appointment has been accepted and before the patient is seen. This is no different to booking investigations in response to a written referral.

2. By providing instructions in the Service Details, provider clinicians are able to inform referrers of pre-requisite tests they need to arrange *before* the appointment is ever booked. Sometimes these diagnostic tests can be booked directly using Choose and Book.
3. If referral pathways are complex or results of specialist investigations are required in order to determine the correct appointment pathway, then it may be better to introduce an intermediate service to assess the patient and/or the referral details. Choose and Book supports this through Clinical Assessment Services (CAS); guidance on setting these up is available at: www.chooseandbook.nhs.uk/staff/communications/fact/cas.pdf

My clinic will overrun with appointments.

The opposite is true. Once an appointment slot is booked, it is filled. Choose and Book therefore removes the possibility of double booking slots and over-booking clinics.

Now I can't take unplanned leave.

Unplanned leave or sickness will occasionally happen and situations will continue to arise when patients will need to be cancelled and rebooked. Choose and Book does not change this.

It takes longer to review my referrals than it did with letters.

Whilst it is acknowledged that there may be a 'learning curve' involved in using the system, after a short period of time it should only take a few seconds longer to review referrals electronically, compared to viewing written referral letters.

Benefits of reviewing referrals electronically include being able to access them in any clinical setting where a computer, with access to Choose and Book, is available. This is helpful if a clinician works across more than one site, as it prevents the need to transport letters from one place to another and risk them becoming lost. It allows referral information to be viewed in batches and at a time and place that is convenient for the clinician.

I cannot review the referral letter before seeing the patient

Consultants or other health care providers must *always* be able to review referral information before seeing the patient - Choose and Book supports this. Once a patient has booked an appointment with a suitable provider, and the referrer has attached the referral information, the clinician can immediately see the letter on the system. This will allow them to review and confirm the appropriateness of the referral, or amend it accordingly.

I won't be able to triage referrals, change their priority or re-direct inappropriate ones.

All these functions are supported by Choose and Book. It enables a patient to book an appointment *before* the referral is viewed by the specialist, but ensures that the provider clinician retains overall responsibility for ensuring that the booked appointment is correct for the patient's needs, based on the clinical information that is subsequently provided. If necessary, a provider clinician has the ability to redirect the patient to a more appropriate service, change the appointment (e.g. bring it forward) or reject it completely. Administrative support staff should be able to support the process, by contacting the patient to agree and arrange alternative appointments.

Referrals should only be rejected for clinical reasons. If a referral is rejected, the appointment is cancelled and the referral is returned to the referrer, together with the reason for the rejection. This helps to educate and inform the referring clinician and should help improve the appropriateness of future referrals. It is the responsibility of the referring practice to contact the patient and refer them to a more suitable clinic, or take other action based on the rejection feedback.

Clinicians will have to triage all their referrals online.

Although it is quicker and more cost-effective for provider clinicians to process referrals themselves, the option is still available for clerical support staff to print referrals from within Choose and Book and arrange for clinical review of these referrals. The outcome of the referral review process should subsequently be entered into Choose and Book.

My pile of referral letters shows me what I need to do — I won't know where I am with Choose and Book.

The worklists, that form part of the user display within Choose and Book, make it easy for provider clinicians to monitor and review all their referrals in one place, compared to the former paper-based processes still in use in many locations, which can be both cumbersome and inefficient.

This is done using the clinician or service homepage, which will have worklists showing referrals awaiting review, outbound referrals and appointments waiting re-booking. The system also shows pending Advice and Guidance requests. This online reviewing process helps maintain direct links and communication channels between referrer and provider clinicians.

I won't be able to 'squeeze' in extra patients when I get a phone call.

This is incorrect. It is possible to do this with Choose and Book, in the same way that it is done now. 'Force booking' or 'overbooking' is a local decision that will always be available within local Patient Administration Systems (PAS). Choose and Book cannot 'force book'; so, if additional time slots are necessary and agreed for a clinic, these can be added to the service. If provider organisations are frequently adding further appointment slots to their services, they should formally assess their demand and capacity, and make adjustments to planned service provision.

The Department of Health has issued guidance on the process for managing appointment slot issues. A capacity management toolkit is also available to provider organisations to help them proactively manage their capacity and increase use of Choose and Book, whilst meeting the 18 Week Referral To Treatment (RTT) target. Guidance on resolving appointment slot issues is available at: www.chooseandbook.nhs.uk/staff/communications/fact/manageasi.pdf

Clinicians and their staff will not be able to book patients into other clinics.

Choose and Book supports the process of 're-direction', thereby enabling patients, where appropriate, to be booked into other more suitable clinics. If the initial referral is considered to be inappropriate, the patient should be contacted and alternative arrangements discussed. The referral may need to be redirected to a different clinician within the same service, or another more appropriate service that the provider organisation offers.

Where patients have already made choices regarding their appointments, it is vital that they are involved in any rearrangement of appointments and given the opportunity to make alternative choices, should that be necessary. In some cases, this may mean that the only alternative is to reject the referral and ask the patient to contact their original referrer.

Providers can do nothing to prevent patients going to the wrong clinic.

Provider clinicians have an important role to play in ensuring that patients are seen in the correct clinic. They should:

1. Ensure that the service details listed in the Directory of Services are accurate and up-to-date, with clinical terms and service information clearly reflecting what the service does and how it operates. Information on age ranges, conditions managed and exclusions for each service must be reviewed regularly by clinicians to ensure that information for referrers is comprehensive and up to date.

Guidance on describing services effectively is available at:

www.chooseandbook.nhs.uk/staff/commsmaterials/fact-sheets/dos.pdf

2. Review the clinical referral information, and redirect or reject referrals where the booked appointment is inappropriate.

Referrers can't identify my specialist interests.

Specialist skills and experience should be obvious from the service names listed in the Directory of Services. The service details, which are readily available to the referrer by clicking on the hyperlink of the service name, outline the particular features of a clinic and should include information about conditions or diagnoses which are treated or excluded, along with tests or investigations that are required before a patient is seen.

Where very specialist clinics are provided, provider clinicians should be extra vigilant in ensuring that appropriate SNOMED clinical terms have been assigned that cover their specialist interest (or rare conditions treated) and that these terms have been removed from more general services within their organisation. Communication with local referrers should aim at suggesting use of specific SNOMED terms to find the specialist services.

Patients can't refer to me personally.

The ability to support referrals to individual, named clinicians has always been possible within Choose and Book. From April 2012, patients should be given the opportunity to choose to be referred to a named consultant-led team, if this is clinically appropriate. Full guidance on use of named clinician functionality, including how to set up named clinicians on Choose and Book to support referrals to named consultant-led teams is available at:

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

The system is too slow and unreliable for me to use.

Local benchmarking and national monitoring shows that Choose and Book has good performance and availability. End-user experience of Choose and Book is, like all web applications, dependent on local IT set-up and maintenance. If the system appears slow, then a support call should be raised with the local IT help desk, asking them to review the equipment and the way it has been configured.

Choose and Book is consistently available for over 99.5% of the time during core hours (99.7% outside core hours). The national Choose and Book team continually looks at opportunities to improve the speed and end-user experience of the system.

Patients don't like Choose and Book

A patient benefit survey was conducted by the Department of Health early in 2010. A total of 1,017 patients responded to the survey with 89% of patients stating that Choose and Book was 'Good' or 'Excellent'.

Patient confidentiality is not protected by Choose and Book

Patient confidentiality is taken very seriously. Choose and Book incorporates several different methods of protecting a patient's data to ensure confidentiality and safety. These include data encryption for sending and receiving information, Smartcard access and the need for a password. The Smartcard contains a digital certificate, which is checked against the NHS staff database, and authenticates the user. Only then can a user gain access to Choose and Book.

Other security measures include restricting access to information so that only those with a genuine (legitimate) care relationship with the patient will be able to view the information they need, based on their role. NHS staff are bound by a duty of confidentiality, both in Common Law and by the Data Protection Act (1998).

Patients are only able to book/change appointments using a unique booking reference number and a password.

Best practice guidance for information security within Choose and Book is available at: www.chooseandbook.nhs.uk/staff/communications/fact/isg.pdf