

BMA Choose and Book Guidance

This note is part of a series of guidance documents on the National Programme for IT (NPFIT). It has been produced by the British Medical Association (BMA) and relates to England. NPFIT will significantly impact upon your working practices and therefore it is important that you are fully aware of what it aims to deliver. This guidance represents the current position and will be updated to reflect future changes.

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1. Overview

1.1 What is Choose and Book?

Choose and Book is a national service, introduced in 2004, that combines electronic booking and a choice of place, date and time for first outpatient appointments. Its aim is that patients are able to choose their initial hospital appointment, and book it either on the spot in the surgery (in the consultation or with practice staff), later on the phone via the national appointment line (or in certain circumstances, by phoning the hospital), or via the internet at a time that is convenient to them. It is intended to help support the government's patient choice policy of offering a choice of providers to patients requiring a first outpatient appointment. From April 2008, it is intended that patients will be able to choose from any hospital that meets NHS standards.

The staff section of the Choose and Book website has more detailed information on most aspects of Choose and Book: <http://www.chooseandbook.nhs.uk/staff>

Whilst we know that many clinicians will already be very familiar with Choose and Book, we hope that this guidance will be used as a signpost to find out more.

1.2 Where we are now

Since the initial introduction of Choose and Book there have been several releases. At the time of publication the latest was Release 3.5 which went live on 25 June 2007. This included the following new functionality:

- Slot Enquiry to support Two Week Wait (2WW) bookings
- Changes to Support Telephone Assessment Services
- Transferring Services facility
- Advice and Guidance Changes
- Changes to Cancellation Reasons
- Changes to the Patient Printouts
- Patient Web Application Improvements
- Passwords for All Patients
- Improved caching behaviour

This is due to be followed by release 3.6 in November and release 4.0 in 2008. The BMA has contributed with suggestions and comments on these future releases. You can read about the changes in each release and those proposed in future releases here:

<http://www.chooseandbook.nhs.uk/staff/future>

1.3 Funding

Directed Enhanced Service (DES)

In 2006 the BMA's General Practitioners Committee (GPC) and NHS Employers negotiated a one year Directed Enhanced Service (DES) for England with a total investment worth £50million. It was designed with two components to provide incentives to GPs to offer choice and utilise the electronic national Choose and Book system. This DES expired at the end of March 2007. The future of the Choice and Booking DES was unclear for GPs but it was announced in May that it will be rolled over for the 2007/08 year.

By March only 38% of referrals were made through Choose and Book and the Department of Health were no longer able to hit its 90% target for referrals made through Choose and Book by the end of March. The target remains but there will be no penalties for PCTs not meeting this target.

You can see the original BMA focus note on the Choose and Book DES here:

<http://www.bma.org.uk/ap.nsf/Content/focusCandB>

And the DH has a set of FAQs on the Choose and Book DES available here:

http://www.dh.gov.uk/en/Policyandguidance/PatientChoice/Choice/DH_063510

Programmed Activities

There is currently no additional funding for extra Programmed Activities (PAs) for consultants using Choose and Book as, once fully developed, its use should not have a detrimental effect on workload. The BMA has urged NHS Connecting for Health (NHS CfH) to increase system performance time and it appears that Release 3.5 has gone some way towards this. Electronic referrals should take the same or less time to process than paper referrals. The BMA is aware that there is an issue with system time particularly for specialities with high referral numbers per consultant. It may be that funding needs to be put into consultants' job plans for the extra time taken to process referrals but we hope that increased experience by users and improved system times will address this problem. (See also 4.2 Request for Advice and Guidance as with greater use this additional facility may require additional funding. The BMA will be keeping a watching brief on any additional workload).

1.4 BMA overview

Choose and Book has had a mixed picture of success. Some areas have found it helpful but there have also been many problems. Figures provided by NHS CfH show that since it started there have been over 3.5 million referrals and more than 4.7 million bookings through Choose and Book. Figures for July 2007 demonstrate that 87% of GP practices have made at least one referral through Choose and Book and 40% of referrals are made using Choose and Book. 98% of GP practices and 100% of acute providers are set up to use Choose and Book, if they wish, with 77% of acute providers able to offer direct booking.

At the June GP Local Medical Committee's conference and BMA Annual Representative Meeting, representatives passed a motion stating that 'Choose and Book is currently unfit for purpose'. However, they rejected a motion calling for its suspension and speakers suggested that despite early problems and political interference, it has the potential to be a useful tool.

Although there has been talk in the press of diminishing users and campaigns to end Choose and Book, the Choose and Book team have confirmed that they intend to continue towards their targets. Choose and Book, or some form of electronic booking, seems likely to stay so the BMA and individual clinicians need to understand it, work with it and inform its development as quickly as possible. The national Choose and Book team are looking to expand the number of services that are bookable through Choose and Book.

You can see the BMAs original position paper on Choose and Book (from January 2005) here: <http://www.bma.org.uk/ap.nsf/Content/chooseandbook>

A short briefing paper on Choose and Book is available here:

<http://www.bma.org.uk/ap.nsf/Content/GPChooseandbook>

2. Background and Implementation

2.1 Smartcards

Registering

To use Choose and Book as a clinician, you need to be registered and have an NHS Smartcard. The BMA recommends that if your trust has not offered you a card yet, you request one. You can see more about the registration process and how to register at: http://www.chooseandbook.nhs.uk/staff/implementation/toolkit/deployment/readiness/registration/index_html#registration

Smartcard security

It is important that clinicians look after their smartcards as they are part of your security identification, and are part of the complex access controls in place to protect confidentiality and promote public confidence in the NHS Care Records Service and NHS record keeping.

Smartcard Issues

The BMA has expressed concerns that the initial logon is too time consuming but we have been assured that NHS CfH is working on shortening this. New technology is also being developed that will cut down the logon time for staff that are frequently sharing terminals. The BMA does not support the sharing of smartcards by NHS staff accessing computerised patient records. Sharing access not only puts at risk the security of the system but also disrupts the audit trail which tracks who has accessed parts of the record.

2.2 Options – Signing up to Choose and Book

Primary Care

Practices that choose to sign up to Choose and Book will need to be connected to the N3 NHS network. During the initial implementation period many practices were offered hardware upgrades, PCs, dual printers, up-rated networks etc but you will need to discuss any need for these with your PCT.

Any locums will need to be registered for the practice where they are working. Usually the Referring Clinical Admin role would be advisable as this allows the locum to specify the GP they are referring 'on behalf of'. Depending on how your Registration Authority (RA) process is set up in your local health community this may mean they would need to contact the RA Sponsor in another PCT to gain access to GP practices in that PCT.

A toolkit has been developed by the national Choose and Book team to aid implementation of Choose and Book:

<http://www.chooseandbook.nhs.uk/staff/implementation/toolkit>

Secondary Care

Providers have more options, depending on the compatibility of their Patient Administration System (PAS). However, if their system is compatible with Choose and Book, the provider can offer a directly bookable service which is recommended (77% are able to offer direct bookings).

2.3 Training

The Choose and Book website hosts a wealth of training information and updates: <http://www.chooseandbook.nhs.uk/staff/training>. This includes CAB unplugged, desktop demonstrations, presentations and guidance.

According to the Choose and Book National Training Strategy training should be available for new users, new starters and staff needing refresher courses. However, local trusts/PCTs have responsibility for training the end users and reports received by the BMA suggest that training seems to have been poor and insubstantial at many sites. NHS CfH seems to be moving towards encouraging e-learning but this will not be appropriate for all users. Your local trust/ PCT should offer trainers and regular training sessions. If you feel that you have had insufficient training on Choose and Book you should contact your local C&B Manager.

3. Booking Process

3.1 When to use Choose and Book

Ideally, all patients referred from primary care for a specialist opinion should be offered the option of going through Choose and Book. This should include those patients referred to new specialist providers such as GPs with a special interest (as long as they have a suitable appointment scheduling system). Doctors should be open about what is available and what is being offered. For some clinicians working in multi-disciplinary teams based geographically, to enable a coordinated care response, true patient 'Choice' will be minimal and this should be explained to the patient (e.g. in community based services and oncology).

3.2 Making a booking

There are three options available in making a booking:

- The GP can provide the patient with information and make the booking in the consultation.
- The GP can request the booking and the patient can make the booking outside the practice by calling the Telephone Appointments Line to obtain information and make a booking or visiting the NHS Choices website to obtain information about the choice of providers and making a booking using the Healthspace website.
- The GP can request the booking and the practice staff can provide the patient with information and assist in the booking process.

(When using Indirectly Bookable Services patients must call their chosen hospital directly to make the booking).

Where possible the direct booking option would be recommended and the BMA would advise that best practice for GPs seems to point to encouraging the patient to book using the Telephone Appointments Line (TAL) or website once their Unique Booking Reference Number (UBRN) has been printed out. This should benefit lengths of consultations and is a better use of GPs time. Practice staff could also be trained to assist those patients that are less computer literate and where the practice is large enough to support this. Choose and Book statistics show that currently 10% of appointments are actually booked by GPs and 15% by administrative staff.

We are aware that in some areas, Medical Secretaries initiate the Choose and Book process once the GP has decided that a referral is necessary and discussed options with the patient.

The GP dictates the referral letter and using this and a choice proforma the Medical Secretary can initiate the Choose and Book process and print out the appointment request and password form to give to the patient or in some circumstances post to the patient with a standard covering letter.

Support for booking appointments and the non-clinical choice discussions is being piloted in libraries in ten areas across the country. This will allow trained librarians to assist patients in making bookings. If this is in your area it is another option to consider although GPC has expressed some concerns at the use of librarians who will obviously not be clinically trained. We await results of the pilots to see what the take-up of this service is. We predict it to be low.

A sample (recommended) detailed procedure for using Choose and Book to make a referral is available at appendix 1. The GPC has also drafted guidance for practices and LMCs which includes a step by step guide to making a booking (under each scenario) and is available here (you will need to be logged in to the BMA site to access):

<http://www.bma.org.uk/ap.nsf/Content/chooseandbook1104>

In each scenario, the patient will receive a printed page with their UBRN and a password on a separate piece of paper. The password would be automatically generated on the first episode, however this can still be changed through the 'Update Person' functionality. If the booking is made at the GP practice or on the internet, they will also receive an Appointment Confirmation printout.

3.3 Unavailability of appointment slots

If there are no appointment slots available at a patient's chosen hospital, the BMA recommends that practices should give patients a printed copy of their appointment request details and advise them to contact the Telephone Appointments Line (TAL).

TAL will forward appointment requests direct to hospitals where there are problems with slot availability on Choose and Book. If GP practice staff do not think it is appropriate to ask a particular patient to call the TAL, the staff may offer to call TAL on behalf of the patient with the patient present. A letter from the DH to strategic health authorities, which came into effect at the beginning of this year, states that "in the exceptional circumstance" a patient calls the TAL and no slot at the chosen hospital is available, TAL should forward the appointment request details to the hospital so that the hospital can liaise directly with the patient to arrange their appointment.

In some circumstances where it is still not possible to book an appointment, providers may contact the GP practice to ask that they forward the referral letter manually and cancel the appointment request on the Choose and Book system. This may occur where, for example, there is an ongoing technical issue affecting the interface between a provider PAS and the Choose and Book system.

It should be possible for Trusts to manage demand through effective use of Choose and Book clinics, but they should not use manipulation of Choose and Book to restrict demand. Wording has been inserted in Schedule 3B of the new NHS contract for hospital trusts¹ which came into effect in April 2007 to limit demand manipulation. Providers must ensure that 'sufficient appointment slots' are made available on the Choose and Book system.

¹ The new contract is available here:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_064142

The national Choose and Book team has produced a fact sheet on Capacity and Patient Choice which is available here:

<http://www.chooseandbook.nhs.uk/staff/commsmaterials/factsheet>

3.4 Monitoring a booking

In the same way as they would remain responsible for patient care with paper referrals, GPs have a duty of care to check and track the progress of an appointment on the Choose and Book Activity List until the provider has reviewed and accepted the referral. This is a simple process however, it may have workload implications. If your practice has the resources to allow a member of staff to take the role of a Choose and Book administrator, then this could be one of their duties, particularly with patients that you think will not book.

Currently reminder letters are sent automatically to patients that have not converted their UBRN. As the default, these are sent after 7 and after 14 working days following issue of the referral.

3.5 Referral Letters

Referral letters can be created using the functionality provided by GP clinical systems. However, referral letters may still be generated in the same way as for a paper-based system and then attached electronically to the booking. If using this method, the following tips may be helpful:

1. **Create a practice template** if you used to print on headed paper to give the provider your contact details.
2. **Attach the letter in the correct format.** Referral letters should ideally be attached as PDF files. (Although several other formats are supported so that other helpful documents that support the referral and add to the consultant's knowledge such as ECG, photo, blood results etc, can be attached). Do not use TIFF files for text as these often appear too small and cannot be properly read by the consultant. The Choose and Book limit on attachment size is 5 x 1MB files (not a single file attachment of 5MB).
3. **Attach the referral letter without delay** as the patient will be offered the next free appointment by the TAL, which may be within a few days of seeing you. This will allow the consultant time to review your referral. Please note – the hospital cannot see the booking until the referral letter has been attached. Therefore, regularly check your outstanding referral letters work list- a named person responsible for this function would be recommended.
4. **DES guidance states that all routine letters are attached within 3 working days, and that urgent and 2 week wait letters are attached within 1 working day.**
5. **Don't address referral letters to a particular consultant** as the appointment chosen by the patient may not be for that consultant's clinic or hospital. Letters should be addressed to "Dear Colleague" except where a specific clinician name appears in the service name or the named clinician functionality has been used to identify services when the consultant name can be entered if preferred.

There is no legal requirement for written or digital signatures for health service referrals. However the risk of legal liability if the source of a referral cannot be authenticated in an auditable manner remains and these should be used where possible.

3.6 Referring to a named clinician

In some instances GPs will need to refer to a named clinician. Named Clinicians can be assigned to individual Indirectly (IBS) and Directly Bookable Services (DBS). When necessary the PCT or trust should accept named clinician referrals. Referring to a named clinician is particularly beneficial where patients have established a relationship with a clinician and to assist referrers in finding services. There have been reports of some hospital trusts refusing to use this facility although it is available with the Choose and Book software and has been since launch in summer 2004, and improved further in May 2005 (Release 2.0). If you find that you are unable to refer to a named clinician you should get in touch with your Local Negotiating Committee (LNC) or Local Medical Committee (LMC). Some areas, where this has been an issue, have agreed a quota for named clinician referrals. This gives trusts the capacity to manage lists and GPs the option. The Department of Health and NHS CfH have been clear that they do not support restrictive approaches by PCTs.

The national Choose and Book team has produced a fact sheet on Named Clinician Referrals which is available here:

<http://www.chooseandbook.nhs.uk/staff/commsmaterials/factsheet>

3.7 Attaching further information

A GP can choose to add further information to a referral or to amend the original referral letter. Helpful attachments can be attached to C&B in several formats:

- MSWORD
- PDF (recommended for all written text)
- XML
- RTF
- Basic audio
- MPEG audio
- PNG image
- GIF image
- JPEG image
- TIFF image
- MPEG video
- MSWORD

However, once a referral has been accepted it is no longer displayed in the consultant's worklist. The consultant (or clerical staff) can use the Enquiry facility to view existing referrals, specifying the timeframe they wish to search. They will then be able to see the date/time when a referral was last amended and to view the updated information. Organisations can set a 'freeze' time for each service – i.e. an amount of time ahead of the appointment after which no further changes to the referral letter will be permitted. This is to give them time to prep the clinic for the consultant.

3.8 Prioritisation

GPs should prioritise their referrals as routine unless they think that it is urgent. It is not good practice to prioritise everything as urgent as this would have a detrimental effect on patient care. Choose and Book enables GPs to make the decision as to whether a case is urgent or a routine priority. Amending a priority may cause difficulties for the consultant and the patient. Consultants can upgrade routine Choose and Book appointments when it is felt necessary. In such cases, it is the responsibility of the hospital to contact the patient with an earlier appointment.

In dealing with suspected cancers, these can be sent using Choose and Book and should be referred with the two-week-wait (2WW) priority. Choose and Book has always been available to information analysts and service definers. However, since Release 3.5 this should be easier as the referrer can now filter services and can see the number of slots published as well as the number booked and un-booked with real time data for 2WW. More detailed Choose and Book Implementation Guidance for Urgent Referrals for Suspected Cancer – *Two Week Waits* – is available here:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4139279

3.9 Receiving a booking

For secondary care clinicians:

- For non-integrated hospital computer systems, receiving clinicians will have appointment slots booked as currently.
- The Patient Administration Systems (PASs) should be made booking compliant so that referral information and appointment updates are seamless between Choose and Book and the PAS.
- If you do not have a compliant PAS, you will still be able to access the Choose and Book service directly from your desktop computer via a web interface.

Where the acute provider is using a Patient Administration System (PAS) that is Choose and Book compliant, direct booking is possible. You can see a checklist on how to go about this here:

http://www.chooseandbook.nhs.uk/staff/reference/implguide/moving-to-direct-booking-a-checklist/at_download/file

The hospital can choose to accept, reject or redirect 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. However, booking requests should only be rejected if the referral is clinically inappropriate. Patient choice/wishes should be taken into account. Often patients are advised against the need for a referral by their GP but still request one. This should be taken into account before a referral is rejected. If this is happening too regularly, it may be worth setting up a meeting with local GPs (a local Choose and Book user group for example) to discuss this.

If an appointment is rejected, this will show in the GP's Rejected Referral Letter worklist, without the need for a query to be run. This should act as a prompt for the GP to take action (for example to select alternative services), and subsequently contact the patient to offer them choice and (where appropriate) ask them to re-book an appointment.

The other option that secondary care clinicians have is to redirect the referral instead of rejecting or accepting it. To complete a redirection, the service provider clinicians (or

appropriate service provider clinician Administrators) identifies a more appropriate service, and/or a more appropriate clinician and will detail the reason for the redirection.

3.10 Compulsory Choose and Book Use

We have been made aware of a number of instances where PCTs and providers have insisted that referrals will only be accepted through Choose and Book. However, it should be noted that it is not a contractual obligation for practices to take part in Choose and Book. The Choose and Book Team have also publicly frowned on compulsory use of Choose and Book particularly where it has been done unilaterally and without consultation with referrers. The BMA believes that it may even be unlawful for PCTs and hospitals to do so and we are taking further legal advice on the issue. No system is 100% foolproof and it's completely inappropriate to insist on Choose and Book as the only vehicle for making referrals for patient safety reasons more than anything else. **GPs should be allowed to continue to refer using paper referrals if they wish.**

4. Additional Facilities

4.1 Directory of Services

The Directory of Services (DoS) holds the information on which referring clinicians (e.g. GPs) should base their referral judgements. It holds information on the services offered by an organisation, enables referring clinicians to search for appropriate services and acts as the providers shop window for patients and GPs to see the services on offer. Service providers need to use the DoS functionality in Choose and Book to publish details of the services that they offer (including tests required, conditions treated, exclusions etc). This information (the 'service details') is accessed by clicking on the name of the service once the list of possible services has been returned.

A correct and well written DOS is key to a successful process. It must adequately describe the services available and reflect the referral patterns of local clinicians. Services are populated by Service Definers, using the service definition tool and commissioned by Commissioners using the commissioner build tool. Consultants need to ensure that the DoS accurately describes the services and clinic types available, and GPs need to help ensure that the descriptions and associated keywords enable them to find the appropriate choices for the patient. Best practice would be to form a user group to design the DoS. Consultants should understand what GPs will see on the screen.

If you feel that your clinic is not adequately described you should contact your Choose and Book Service Definer – every hospital provider has one, or your local Choose and Book manager.

A properly written DoS should stop inappropriate referrals which waste time for the provider, referrer and patient.

You can read more about the DoS and how to go about creating one on the Choose and Book website: <http://www.chooseandbook.nhs.uk/staff/dos>

There is also a guide to describing services available – http://www.chooseandbook.nhs.uk/staff/reference/implguide/a-guide-to-describing-services-in-a-provider-directory/at_download/file

4.2 Request for Advice and Guidance

Clinicians in primary care have the additional option with Choose and Book of asking for advice from a secondary care colleague. If you do this you must be precise in what you are asking and provide proper contact details. Contact details help the secondary care consultant to direct the answer more appropriately and contact the clinician to discuss if necessary. The success of this facility will be dependent on the local hospital trust making it work. However, after Release 3.5 it is likely that Advice and Guidance Requests will increase because the option to include attachments has been added. If the workload reaches an overwhelming proportion then secondary care clinicians may want to negotiate some payment for this work. Clinicians in secondary care should make every effort to provide advice where appropriate.

4.3 Content Sensitive flag

Choose and Book software has the option to mark a referral as content sensitive. This will currently restrict access to the initial referring GP and hospital clinic staff where the patient is booked. The implications of using this are that the GP must personally take responsibility for tracking the patient and completing the booking and attaching the referral letter (NB, these patients will not be able to book via the appointments line or internet and will not get reminder letters).

The BMA would recommend that this function is only used in exceptional cases as it will put greater responsibility on the GP and should not normally be necessary due to access controls. When necessary, it is recommended that it is made clear to the patient what it entails. If the matter is extremely sensitive it is normally easier to make a telephone booking rather than using Choose and Book. Guidance on the content sensitive flag is available here:

http://nww.chooseandbook.nhs.uk/staff/implementation/toolkit/deployment/communications/communicate_07-023 (N3 connection required). It is likely that in future releases this option will have a different functionality.

4.4 Clinical Assessment and Treatment Services

In some cases, local Integrated Clinical Assessment Services (CAS) and Integrated Clinical Assessment and Treatment Service (ICATS) can be a useful addition to the standard referral process when properly used and run.

ICATS

An Integrated Clinical Assessment and Treatment Service (ICATS) is a way of providing a broad range of services for local patients, from initial assessment through to diagnostics and treatment without the automatic requirement for hospital based care (including traditional long periods of waiting for outpatients and treatments). These services can be a useful addition to a care pathway but the decision on whether to use them should be a local clinical decision. The service should only be used when necessary and it is important that it does not add an extra, unnecessary step to the booking process. You can see guidance on how to set these up to run with Choose and Book here:

http://www.chooseandbook.nhs.uk/documents/technical/npfit-eps-org-ipl-0039_1-0.pdf

The BMA has written a briefing note on Clinical Assessment and Treatment Services as there are some concerns. These focus on the proposed role of the independent sector; the manner of the consultation with the public, patients and local medical professionals in respect of the proposals; and the potential impact the schemes may have on the

continuity of patient care, patient and professional choice, and the stability of local NHS organisations. Use of CATS should not be mandatory. You can see more about these concerns (including briefing papers and responses) here:

<http://www.bma.org.uk/ap.nsf/Content/CATSPage>

CAS

Local Clinical Assessment Services (CAS) are also being occasionally used to manage referrals and determine if the referral to a consultant is appropriate. These services generally require a telephone interview with the patient rather than a face-to-face assessment. The BMA have concerns that these services are sometimes being misused as a management tool. We have anecdotal evidence that assessment may be done on the basis of a telephone discussion between the patient and a non-medically qualified staff. There are concerns that this may be blocking patient choice in some areas. CAS may also have a role within some pathways but this should be decided by clinicians. The only proper use of a CAS is as an option for the GP to get a second opinion. Use of a CAS should not be mandatory.

Referral Management schemes

The BMA Central Consultants and Specialists Committee (CCSC) and General Practitioners Committee (GPC) have produced a joint document which aims to set out the key guiding principles of referral management schemes. These are available here:

<http://www.bma.org.uk/ap.nsf/Content/Referralmanagement>

4.5 Indicating Additional Requirements

** It should be noted that these facilities are an electronic 'request' to the provider only and the service is not booked simply because it is noted on Choose and Book. Providers should note that in a Directly Bookable Service, the additional services will need to be organised around that appointment and this may have implications for service availability and resource.*

Transport

Another Choose and Book facility open to referring clinicians is the ability to indicate hospital transport requirements through Choose and Book*. Patients who are currently eligible for free transport, either under the Hospital Travel Costs Scheme (for patients on low incomes) or through Patient Transport Services (for patients requiring transport on the basis of a medical assessment), will continue to be eligible for free transport to any of the hospitals on their PCT's choice menu. If not available, hospital trusts should be encouraged to implement this facility and publish it in their Directory of Services.

Interpreters and advocacy

As well as transport, referring clinicians also have the ability to indicate the need for interpreters and advocates where necessary*. The local processes for booking individual, additional requirements vary and the utility in Choose and Book should act as a prompt to review current practice in order to fully support these services.

5. Escalation

5.1 Escalation Process

If any part of the Choose and Book software doesn't appear to be working as intended, there is a simple process that you should follow to escalate the issue.

In the first instance of any problems users should log all issues and contact their local helpdesk who should attempt to provide local resolution. Some clinical suppliers provide this first level helpdesk function. When necessary, or when prompted to so by the first level support the National Service Desk can be contacted either by email at: servicedesk@servicedesk.cfh.nhs.uk or by phone on: 08444 068 606.

Log all business and technical issues, including their priority and impact weighting, in a consolidated Choose and Book 'snaglist'. Attempt to resolve local issues using current contracts and processes. It is usually the trust or PCT Director of Operations or Commissioning who is responsible for managing resolution of non-technical issues (this may vary locally). They will escalate non-technical issues to the SHA Choose and Book Lead (this may vary locally). If technical and non local, raise with National Service Desk.

NHS CfH has also produced a short guide to resolving basic technical issues for GP practices which is available here:

http://www.chooseandbook.nhs.uk/staff/reference/technical%20deployment/gp-practice-issue-resolution/at_download/file

5.2 What is the RFA process?

The Request for Assessment (RFA) process is your chance as a clinician to suggest improvements to the Choose and Book system. An enhanced Request for Assessment process was launched in June 2006. Requests are prioritised by SHA based User Groups before being presented to the National Choose and Book Design Steering Group (DSG) for consideration. Members of this group are made up from diverse clinical backgrounds including practicing primary and secondary care clinicians and includes a BMA representative. If the request is supported by this group it is passed to the NHS CfH Choose and Book Design Team, and subsequently to Atos Origin, for impact assessment before being incorporated into a future release. Once an RFA has been accepted, it may also be subjected to input from the National Clinical Reference Panel (NCRP). For more information on this process, see the Choose and Book Request for Assessment Process guidelines:

<http://www.chooseandbook.nhs.uk/documents/implementation/rfa.pdf>

(NHSNet connection required).

NHS staff can get further information about the RFA process (including a template and contact information) at: http://www.chooseandbook.nhs.uk/staff/future/making-a-request-for-additional-functionality-or-services-1/index_html (NHSNet connection required).

6. Clinical Engagement

There are five main forums for clinical engagement in Choose and Book. These are:

1. Design Steering Group (DSG)
2. National Clinical Reference Panel (NCRP)
3. National Specialty Reference Group (NSRG)
4. Choose and Book User Groups (CABUG)
5. Local Clinical Advocates network

6.1 National Groups

The BMA has representatives on the Design Steering Group (DSG) which assesses the Requests for Assessments and makes decisions on the technical design of the system as well as the National Clinical Reference Panel (NCRP) which meets bi-monthly and contributes to the design of Choose and Book, making sure that it is clinically safe and fit for purpose. The main purpose of the NCRP is to oversee the clinical content of the Choose and Book application, set priority areas for further development and make sure that any clinical matters are exposed to current, sensible clinical opinion.

You can see more information on the NCRP here:

<http://www.chooseandbook.nhs.uk/staff/national-clinical-reference-panel>

The National Specialty Reference Group (NSRG) is made up of representatives from the Royal Colleges and specialist associations, to work specifically with the Directory of Services (DoS) in Choose and Book. It meets quarterly to develop and monitor the national standard list for clinic specialties with definitions of clinic types and associated keywords, ensuring that these directories remain fit for purpose. The new modus operandi and contact details for the NSRG were published as a Choose and Book communiqué in January

http://nww.chooseandbook.nhs.uk/staff/implementation/toolkit/deployment/communiques/communique_07-006 and the contact address for comments and questions about national specialties, clinic types and keywords is: doscontent-bulletin@nhs.net.

6.2 Choose and Book User Groups (CABUG)

At present there are 9 active SHA based CABUGs across England. These are a portal for supporting local user groups and a filter for Request for Assessments (RFAs) before they are discussed by the National Design Steering Group.

You can see more at:

http://nww.chooseandbook.nhs.uk/staff/future/choose_and_book_user_groups-1/index_html (N3 connection required)

6.3 Local Clinical Advocates

NHS CfH has recently secured funding to support a network of Local Clinical Advocates for Choose and Book. The need is to build a network of 'local' clinical users and the BMA has put forward names from both primary and secondary care, to become members of this.

7. FAQs

To see the NHS CfH FAQs (NHS NET connection required) -
<http://nww.chooseandbook.nhs.uk/faqs/index.php>

8. Glossary

C&B	Choose and book
DoS	Directory of Services
UBRN	Unique Booking Reference Number
PAS	Patient Administration System
EBS	Electronic booking service
Provider	Hospital
RFA	Request for Assessment
TAL	Choose & Book Telephone Appointment Line
UBRN	Unique booking reference number

Also see the BMA glossary of NHS IT terms –
<http://www.bma.org.uk/ap.nsf/Content/ITglossary0407>

9. Helpful links and contacts

Bookings

Appointments Line (TAL) for staff (available 7am -10pm 7 days a week) – **0845 850 1150**

Appointments line for patients (available 7am -10pm 7 days a week) – **0845 608 8888**

The National Service Desk can be contacted either by email at:

servicedesk@servicedesk.cfh.nhs.uk or by phone on **08444 068 606**

Healthspace (for patient bookings) – <https://www.healthspace.nhs.uk/cbintroduction.aspx>

NHS Choices website (information on hospitals and choice) – www.nhs.uk

Training

CAB Training – <http://www.chooseandbook.nhs.uk/staff/training>. This includes CAB unplugged, short desktop demos, role specific guidance, end user manuals. You can also request a demo cd.

CAB Toolkit – <http://www.chooseandbook.nhs.uk/staff/implementation/toolkit>

An online resource for primary and secondary care is available which gives interactive screenshot demos. This is available here (N3 Connection required):

<https://nww.demo.ebs.ncrs.nhs.uk>

Two short films aimed at provider clinicians and non-clinicians in primary and secondary care respectively are available entitled “Making it work for you”. They demonstrate how Choose and Book is being used in both primary and secondary care. To order the films call the NHS CfH order line on **08453 700760** or order online by visiting <http://www.chooseandbook.nhs.uk/staff/commsmaterials> (Primary care film ref 2232 for DVD and 2233 for CD; secondary care film ref 3667 for DVD, and 3668 for CD).

Problems

You can see benchmark timings to assess the speed of your service at (N3 connection required):

http://nww.chooseandbook.nhs.uk/staff/system-performance/index_html#02

'YourView' (where available) explains why a system may be performing slower than expected by measuring the end to end performance. You can see more about this here: (N3 connection required)

http://nww.chooseandbook.nhs.uk/staff/system-performance/index_html#07

Guidance

Choose and Book Implementation Guidance for Urgent Referrals for Suspected Cancer – *Two Week Waits* –

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4139279

Choose and Book factsheets – These include factsheets on Named Clinician Referrals, Capacity and Patient Choice, Referral Management, 18 Weeks, A guide to resolving basic technical issues for GP practices and Clinical Responsibility when delegating actions in Choose and Book:

<http://www.chooseandbook.nhs.uk/staff/commsmaterials/factsheet>

BMA Position paper on Choose and Book:

<http://www.bma.org.uk/ap.nsf/Content/chooseandbook?OpenDocument&Highlight=2,choose,book>

BMA NHS IT Working Party (login to see full content) – <http://www.bma.org.uk/IT>

Choose and Book communiqués

Choose and Book Technical Deployment Team Communiqués are used to share important information on implementation related topics (they are a single page in length, with an average of 5 per month).

For example, giving information on news of updated implementation documents, or advice on project scope. Communiqués are currently distributed via Choose and Book Booking Implementation Managers, SHA Booking Leads or by subscribing directly. All communiqués that are distributed are also added to the main website and can be accessed here (N3 connection required):

<http://nww.chooseandbook.nhs.uk/staff/implementation/toolkit/deployment/communiques>

This page also enables you to subscribe to the automatic receipt of the communiqués.

Contacts

Email the BMA Working Party on NHS IT – info.nhs-it@bma.org.uk

You can email the Choose and Book Team via their web query form –

<http://www.chooseandbook.nhs.uk/contacts/choose-and-book-query-web-form>
Or at chooseandbook@nhs.net

Appendix 1

Sample (recommended) Detailed Procedure for using Choose and Book to make a referral

