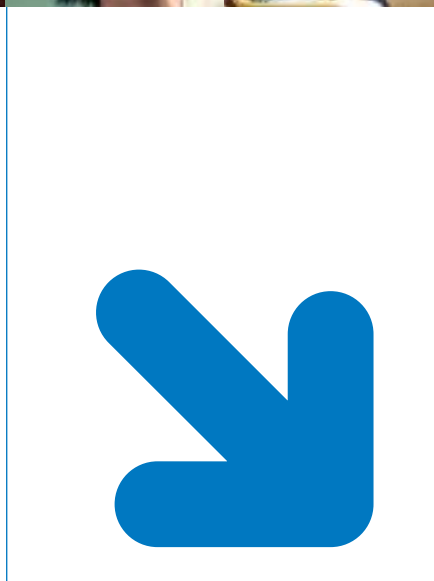




# Choice at Referral – Guidance Framework for 2006/7



**DH INFORMATION READER BOX**

<b>Policy</b> HR/Workforce Management Planning Clinical	Estates Performance IM & T Finance Partnership Working
<b>Document purpose</b>	Best Practice
<b>Gateway ref:</b>	6406
<b>Title</b>	Choice at Referral – Guidance Framework for 2006/7
<b>Author</b>	DH
<b>Publication date</b>	27 April 2006
<b>Target audience</b>	PCT CEs, NHS Trust CEs, SHA CEs, Care Trust CEs, Foundation Trust CEs, Special HA CEs, Directors of Finance, Communications Leads, SHA Choice Leads, IS Providers
<b>Circulation list</b>	
<b>Description</b>	This document provides guidance for commissioners and providers on how the extensions to choice at referral in 2006/7 will operate
<b>Cross ref</b>	The NHS in England: The operating framework for 2006/7 Choose and Book – Patient's Choice of Hospital and Booked Appointment
<b>Superseded docs</b>	N/A
<b>Action required</b>	N/A
<b>Timing</b>	N/A
<b>Contact details</b>	Diana Cowles Choice Implementation Lead Department of Health New Kings Beam House London SE1 9BW Tel: 020 7633 4097
<b>For recipient's use</b>	



# Choice at Referral – Guidance Framework for 2006/7



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## Introduction

1. As part of the health reform programme, choice at referral to hospital was introduced on 1 January 2006. The vast majority of PCTs are now offering patients a choice of at least four providers for the top 14 specialties.
2. We know from pilots and surveys that patients value good local services and the ability to choose other services if they wish. Choice also encourages providers to be more responsive, increases competition and improves standards.
3. The Operating Framework for 2006/7<sup>1</sup> gave a commitment to extending choice so that patients can choose to be referred to any NHS Foundation Trust, nationally procured independent sector treatment centre (ISTC) or other nationally approved independent sector (IS) provider, where clinically appropriate.
4. This document supplements existing guidance on choice at referral policy<sup>2</sup> and implementation<sup>3</sup> by setting out a framework to govern the extension of choice in 2006/7.

## Extending choice at referral

5. In addition to locally PCT commissioned choice options, patients may now choose from a 'national menu' of services provided by the 'extended choice network' (ECN) of providers made up of NHS Foundation Trusts, Wave 1 ISTCs and other nationally appointed IS providers. In 2006/7, all ECN provisions will be paid at NHS Tariff adjusted for Market Forces Factor for the provider's geographical location. Patients are entitled to choose clinically appropriate options from the national menu, and to get the support and information they need to do so. In this way, patients may access lower waiting times, better quality, or have their treatment closer to family and friends.
6. While many patients may be content to choose from local PCT-commissioned services, GP practices will be expected to tell patients that the new national menu also exists and to discuss clinically appropriate options available. Release 3.0 of Choose and Book facilitates this by enabling electronic access to national menu options, after consideration of local menu options.



Choice is not alien, but an intrinsic part of the discussions that GPs have with patients to find the most appropriate care.

1 The NHS in England: The operating framework for 2006/7 (see [www.dh.gov.uk](http://www.dh.gov.uk))

2 <http://www.dh.gov.uk/assetRoot/04/08/83/52/04088352.pdf>

3 [http://www.chooseandbook.nhs.uk/documents/implementation/roles/nhs\\_0548\\_bro\\_a4.pdf](http://www.chooseandbook.nhs.uk/documents/implementation/roles/nhs_0548_bro_a4.pdf)



7. From the patient perspective, the process remains closely aligned to the current offer of choice at referral. PCTs will continue to commission a choice of at least four local providers and it will be for the referring clinician (normally the GP) to supplement this by guiding the patient through the national menu options as appropriate. This is in line with the minimum service criteria for choice and as agreed for the 'DES' payment in the new GP contract, also linked to the 'DES', patients increasingly will expect the booking of their outpatients appointment to be made directly through Choose and Book.



### Information to support patients

8. Patients can access information to support them in making their choice of provider. Details of services on the national menu will be available via a supplement to the 'Choosing your Hospital' booklet and on [www.nhs.uk](http://www.nhs.uk).

9. Some patients may require additional support to help them choose. The provision and targeting of support is a matter for locally communities, led by PCTs. The range of additional support could include:

- Support from practice staff
- Use of specialist Patient Care Advisors
- Advice about the Choose and Book Appointments Line service
- Support from Patient Advice and Liaison Services (PALS)
- Use of voluntary sector organisations and advocacy groups
- Information in local libraries
- Patient opinion website, [www.patientopinion.org.uk](http://www.patientopinion.org.uk)

### Providers under extended choice

10. All providers will receive an agreed payment for the care given to each person they treat. This gives them an incentive to attract patients. Because payment amounts are set nationally, providers will be able to compete only by improving services.

11. To facilitate this, we want as far as possible to create conditions of fairness between providers on the extended choice network. The following principles will therefore apply to all providers on the national menu.

- *Choose and Book compliance* – All services advertised on the national menu must be bookable through Choose and Book. Providers must also have the capacity to deal with manual referrals.
- *Use of the Choose and Book Directory of Services (DoS)* – Providers are responsible for loading their services onto the national menu via the DoS. In doing so, providers must adhere to the naming convention and include as far as possible the information that referrers need to make appropriate referrals. Guidance is available at [www.chooseandbook.nhs.uk/staff/dos](http://www.chooseandbook.nhs.uk/staff/dos).



A report will be generated centrally to show which providers have published which services on the menu.

- *Accept referrals from any PCT* – Providers may not turn down referrals on the grounds of location of the PCT.
- *Priority to local contracts* – Providers must give priority to meeting the conditions of any local contracts and commissioning agreements in preference to national menu activity.
- *National standards and targets* – Providers must deliver national standards and targets, e.g. waiting times.
- *Appointments within 13 weeks* – If the patient chooses, providers may allow outpatient bookings outside 13 weeks (11 weeks from 1 April 2007) provided they have auditable evidence that the patient was offered at least two dates, each with at least three weeks notice, and that the patient turned these down.

standard. The provider may not “return the patient” to the PCT without the agreement of the PCT. Patients may only be referred to another provider once their options have been properly explained to them and they have given their explicit consent. The position in relation to manual, non-booked referrals may be different.

- *Services must be approved* – In the first instance, providers may load onto the national menu only those services that are already commissioned by at least one PCT or approved through the Extended Choice procurement.
- *Provide the whole patient pathway* – Patients should be able to choose a single provider for their whole elective care episode (excepting aftercare) if they wish. Alternative arrangements – e.g. where a NHS Trust provides outpatients and a local Wave 1 ISTC provides the rest – are acceptable provided a) each of the service providers is in agreement, b) the arrangement is already commissioned locally, and c) the major partner in the arrangement qualifies for the extended choice network.
- *No spot purchasing* – It is intended that the extension of choice should obviate the need for spot purchasing of the more common elective procedures as prices will be set at Tariff.
- *No subcontracting* – Providers will be expected to avoid subcontracting work to other providers except where the nature of an individual’s pathway demands it, and, in the case of approved IS providers, where it is agreed in the contract.
- *Authority to treat* – GP referral will constitute authority to treat on behalf of the relevant PCT.



- *Responsibility of providers* – Once a patient has been added to a provider’s waiting list or booked, the provider accepts the responsibility to treat that patient within the waiting time



- *Choice exclusions* – The current nationally agreed guidance on exclusions<sup>4</sup> (certain patient groups and specialties) will continue to apply. The patient is entitled to choose from any provider offering a given type of service, but is not necessarily entitled to unrestricted levels of service beyond what is fundable under practice-based commissioning. The GP should make it clear to the patient where any restrictions lie before a choice is made.
- *Commercial risk* – No new revenue guarantees will be offered and each provider must take the commercial risk on referral levels.
- *Tariff* – National menu prices in 2006/7 will be at NHS Tariff adjusted for Market Forces Factor for the provider's geographical location. Tariff includes an allowance for average patient transport costs. Commissioners and providers operating Extended Choice must comply with the principles set out in the Code of Conduct for Payment by Results.<sup>5</sup>



- *Payment mechanism* – Providers should invoice the patient's PCT for payment of completed activity, monthly in arrears.
- *Marketing* – Providers are expected to comply with the Marketing & Advertising guidance in the Operating Framework for 2006/7 and any subsequent revisions.
- *Rules to govern removal of services from the national menu* – A set of rules will be agreed to govern both the removal of services from the national menu and the removal of providers from the extended choice network.

*"Purely from a pounds, shillings and pence, value-for-money perspective, I know every referral is costing the NHS money. I know if I use this money in the best possible way, we can treat more patients, more effectively."*

Dr Aquilla GP

### Provider-specific principles

**12.** Subject to the common principles set out above:

- All NHS Foundation Trusts will be offered the opportunity to add acute services onto the national menu immediately. New NHS Foundation Trusts will automatically join the extended choice network of providers and will be able to load acute services onto the national menu.
- All Wave 1 ISTCs should appear on the national menu for activity underpinned by their current contracts with PCTs. They will be invited to load services onto the national menu once a

4 <http://www.dh.gov.uk/assetRoot/04/08/83/52/04088352.pdf>

5 <http://www.dh.gov.uk/assetRoot/04/12/72/29/04127229.pdf>



re-charging model has been agreed to enable non-signatory PCTs to refer patients to them.

- IS providers who wish to offer services on the national menu that are not covered by existing ISTC contracts must be approved to do so through the Extended Choice procurement, due for completion in summer 2006. PCTs will be strongly encouraged to add local approved IS providers to their local menus in a fair, transparent and non-discriminatory manner.

**13.** A list of current NHS Foundation Trusts and Wave 1 ISTCs is at Appendix A.

### Schedule of further guidance

**14.** This document has set out a guidance framework. Technical notes will be published once lessons have been drawn from the experience of extended choice in practice. Workshops will be held with Strategic Health Authorities, PCTs, NHS Foundation Trusts and



ISTCs during April/May 2006 prior to finalising a more technical level of guidance covering the detail of many of the operating principles set out above. Guidance needs to deal, for example, with appropriate mechanisms for monitoring and managing providers on the national menu. A schedule of forthcoming guidance is provided in the table:

Further guidance	Expected date
Detailed supplement for NHS Foundation Trusts	June 2006
Detailed supplement for Wave 1 ISTCs	June 2006
Principals to govern removal of services from the national menu	June 2006
Detailed supplement for approved IS providers	Summer 2006
Subcontracting	Sept 2006
Spot purchasing	Sept 2006
Marketing	Autumn 2006



*“Colleagues just need to dip their toe in and offer Choice once – that is all it takes to be convinced of the value to patients.”*

Dr Ian Wilkinson GP



## Appendix A: NHS Foundation Trusts and Wave 1 ISTCs

'Monitor' website [http://www.monitor-nhsft.gov.uk/register\\_nhsft.php](http://www.monitor-nhsft.gov.uk/register_nhsft.php)

NHS Foundation Trusts are defined in law as NHS bodies but possess three key characteristics that distinguish them from NHS Trusts:

- Freedom to decide locally how to meet their obligations
- Accountable to local people, who can become members and Governors
- Authorised and monitored by Monitor – the Independent Regulator of NHS Foundation Trusts.

There are currently 32 NHS Foundation Trusts:

1. Barnsley Hospital NHS Foundation Trust
2. Basildon and Thurrock University Hospitals NHS Foundation Trust
3. Bradford Teaching Hospitals NHS Foundation Trust
4. Cambridge University Hospitals NHS Foundation Trust
5. Chesterfield Royal Hospital NHS Foundation Trust
6. City Hospitals Sunderland NHS Foundation Trust
7. Countess of Chester Hospital NHS Foundation Trust
8. Derby Hospitals NHS Foundation Trust
9. Doncaster and Bassetlaw Hospitals NHS Foundation Trust
10. Frimley Park Hospital NHS Foundation Trust
11. Gateshead Health NHS Foundation Trust
12. Gloucestershire Hospitals NHS Foundation Trust
13. Guy's and St. Thomas' NHS Foundation Trust
14. Harrogate and District NHS Foundation Trust
15. Heart of England NHS Foundation Trust
16. Homerton University Hospital NHS Foundation Trust
17. Lancashire Teaching Hospitals NHS Foundation Trust
18. Liverpool Women's NHS Foundation Trust
19. Moorfields Eye Hospital NHS Foundation Trust
20. Papworth Hospital NHS Foundation Trust
21. Peterborough and Stamford Hospitals NHS Foundation Trust
22. Queen Victoria Hospital NHS Foundation Trust
23. Royal Devon and Exeter NHS Foundation Trust
24. Sheffield Teaching Hospitals NHS Foundation Trust
25. South Tyneside NHS Foundation Trust
26. Stockport NHS Foundation Trust
27. The Rotherham NHS Foundation Trust
28. The Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust
29. The Royal Marsden NHS Foundation Trust
30. The Royal National Hospital for Rheumatic Diseases NHS Foundation Trust
31. University College London NHS Foundation Trust
32. University Hospital Birmingham NHS Foundation Trust

Note: Further NHS Foundation Trusts will be approved in due course.



## Wave 1 ISTCs

15 ISTC schemes are now open:

### National Spine (GC4)

1. Capiro Healthcare, Bodmin NHS Treatment Centre (GC4EC)
2. Capiro Boston Hospital NHS Treatment Centre (GC4WL)
3. Capiro Gainsborough Treatment Centre (John Coupland Hospital) (GC4EL)
4. Capiro Clifton NHS Treatment Centre (GC4)
5. Capiro Healthcare, Capiro New Hall Hospital (GC4StH)
6. Capiro Healthcare, Cobalt NHS Treatment Centre (GC4NTW)
7. Capiro Healthcare, Capiro Reading Hospital (GC4TVR)

### Chain Schemes

8. Interhealth Care Services, Kidderminster NHS Treatment Centre (GC5WK)
9. Mercury Healthcare, Will Adams NHS Treatment centre (GC8M)
10. Mercury Health, St. Mary's NHS Treatment Centre (GC8P)

### Local Schemes

11. Nations Healthcare, Eccleshill NHS Treatment Centre (LP2)
12. Partnership Health Group, Barlborough NHS Treatment Centre (LP4)
13. Shepton Mallet Treatment Centre (LP7)
14. Netcare Healthcare, Greater Manchester Surgical Centre (LP8)
15. Peninsula NHS Treatment Centre (LP9)

Note: Further centres are due to open during 2006/7.



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273854 1p Apr06

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