



Choose and Book – ‘Myth Busting’ for Referring Clinicians – January 2012

Over the years a number of misunderstandings have arisen about Choose and Book (CAB). This document aims to identify and dispel some of the myths and to provide information, guidance and advice for referring GPs and their staff.

Contents:

1. My patients want to go to their local hospital; they aren't interested in choice, so I'm not using CAB.

CAB fully supports patient choice, but there is so much more to Choice than simply being able to select a provider. Using CAB, even those patients who choose to go to their local hospital or clinic can be offered a choice of date and time for their appointment – providing greater certainty of when they will be seen by a specialist and reducing their anxiety. They will also have a choice as to how they book their appointment (i.e. in the referring practice, over the telephone or via the internet). Sending referrals electronically using CAB is safer, faster and more secure than using paper. It enables staff to easily track a patient's progress and eliminates the possibility of referral letters and appointment confirmations being lost in the post.

2. I can't refer to a named clinician, so it's no use to me

The ability to support referrals to individual, named clinicians has always been possible in CAB and this functionality should be made available, wherever possible, to support good clinical practice. 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, is available at <http://www.chooseandbook.nhs.uk/staff/communications/fact/namedclinician.pdf>

3. It is not the best use of a GP's time to be doing administrative work like booking appointment; so I am not using it.

CAB is essentially a clinical referral tool. Whilst there is some impact on a GP's workload, it is not significant if the user has been adequately trained and referral processes have been optimised. Although some GPs prefer to help the patient select the date, time and place of their appointment during the consultation, the minimum they need to do is to have a choice conversation with the patient and generate an appointment request for the agreed (and clinically appropriate) options. The booking process itself can take place after the consultation has finished, although many consider it easier and more effective to complete the process. CAB is flexible and is designed to allow appointments to be booked by staff in the referring practice or by the patient themselves; using either the telephone or the internet. Generating appointment requests and booking appointments using CAB is an intuitive process, and feedback from users indicates that, when used regularly, the referral and booking process can be completed quickly and easily.

4. I'm too busy in surgery to make a referral – it just takes too long

It only takes a few minutes to log onto CAB, have a simple choice discussion with the patient during the surgery consultation and, where appropriate, shortlist suitable services. It is important to consider the benefits which include:



- Greater patient and professional certainty and convenience
- Fewer appointment-chasing enquiries
- More efficient use of practice staffing

You can also request training for you clinicians by contact the Primary Care team by contacting Laura Irwin 01274 237398 LauraJayne.Irwin@bradford.nhs.uk

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

Local benchmarking and national monitoring shows that CAB has good performance and availability. Patient experience of CAB 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.

CAB is consistently available for over 99.5% of the time during core hours (99.7% outside core hours). The national CAB team continually looks at opportunities to improve the speed of the system.

6. I sometimes find that no appointments are available, so I just give up.

This is not normally a technical fault with CAB. Individual hospitals are responsible for making their appointments available through CAB so that sufficient slots exist.

If a patient attempts to book an appointment and no appointment slot is available for their chosen service(s), or a technical issue prevents booking, the request can be 'deferred' to the provider, who has a responsibility to contact the patient directly to arrange an appointment.

If you wish to choose more than one provider and no slots are available, you may also make a 'request' so the patients can contact the Telephone Appointments Line (TAL) and book an appointment with their chosen provider or access the online booking system and book an appointment this way.

7. It's difficult to find the services I'm looking for on the Directory of Services, as they are all described in different ways

When set up correctly, the Directory of Services (DoS) provides a 'shop window' of provider services, which can easily be accessed by referrers to find and shortlist clinically appropriate services for their patients. A successful DoS is dependent on provider organisations working with GPs to ensure that their services are described in such a way as to be clear and easy to understand. Providers need to ensure that each service on the DoS follows the service naming convention and contains accurate and up to date information.

In order to find services effectively, referrers can search the Directory of Services using SNOMED Clinical Terms, 'Specialty' and 'Clinic Type' filters or the names of appropriate clinicians.

8. There isn't enough information to let patients choose.

The CAB application shows available appointment dates and times, (as well as an indicative waiting time for each service) alongside an estimation of how far the patient might be expected to travel for their appointment. In addition, the patient and professional applications contain links to the NHS Choices website, which provides more in-depth information on provider organisations, including treatments offered and facilities provided. The website also includes quality scorecards to support patients in deciding where and when they receive treatment. The NHS Choices website is available at: www.nhs.uk

9. We can't use CAB for urgent priorities, such as patients needing to be treated within two weeks



CAB fully supports both urgent and two week wait (2WW) referrals and many local health communities successfully use CAB in this way. NHS Bradford and Airedale are working closely with BTHFT and ANHST to publish 2WW cancer referrals on the system. From February, all breast referrals can be made using CAB, with the ability to directly book appointments whilst your patient is in the surgery, and it is anticipated that other specialities will follow thereafter.

10. Patient confidentiality is not protected by CAB

Patient confidentiality is taken very seriously. CAB 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 CAB. 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.

11. GPs are not involved in the on-going design of CAB

The design of CAB has always been very much with end users in mind. NHS Airedale, Bradford and Leeds and the Clinical Commissioning Groups are working together to develop the system to support the principle of clinical referral. Primary and secondary care clinicians will be undertaking reviews of the Directory of Services over the next 6 months.

12. The GP needs to attach the referral letter within 24 hours; I don't have time to do it this quickly.

Clinical referral information needs to be attached sufficiently in advance of an appointment so that the provider clinician has an opportunity to review the details and decide if the appointment has been assigned appropriately. It is in the patient's best interests to have their referral details reviewed at the earliest possible opportunity, especially if the appointment proves to be inappropriate and needs changing. Best practice suggests that:

- **2WW** referral letters should be attached on the **same day**
- **Urgent** referral letters should be attached within **one working day**, and
- **Routine** referral letters should be attached within **three working days**.

There may be occasions when these timeframes are exceeded, but these should be in exceptional cases only.

13. Choose and Book involves emailing referrals.

CAB does not use any form of email. Instead, referral information is *attached* to the booking request. Currently there are two ways in which a booking and referral document can be created and linked:

Firstly, using an integrated clinical referral system, patient demographics are automatically passed to CAB which is launched with the patient loaded. If a referral letter needs to be created, this is done within the CAB application. Clinical data from the referrer's system is sent automatically to CAB, using previously agreed rules. This information is then held in CAB where it can be reviewed or printed.

The second way is to use CAB as a standalone web application, with no direct links being made to the referrer's clinical system. No information is therefore passed directly from one system to the other and,



in this case, the referral 'letter' is generated by the referrer or practice staff (e.g. in Word or another document format), and is then *attached* to a referral request within CAB .

Neither of these routes uses email, because it does not match the safety and security provided by the CAB service.

14. I won't know what's happened to my patient once I have referred them

Using CAB, GPs and practice staff will always be able to see what service the patient has chosen, the date/time of the appointment, whether the referral has been accepted or not, and whether the patient has booked, changed or cancelled their appointment. In the same way as they would remain responsible for other parts of patient care, referrers have a duty to monitor and track the progress of an appointment on the activity list until the provider organisation has reviewed and accepted the referral.

15. CAB does not support referrals into diagnostic services

CAB supports referrals into many types of services, including diagnostic services. A number of diagnostic specialties and clinic types are available, to which services can be mapped. In addition, referrals to Nurse-led services, Allied Health Professionals, GPs with specialist interests and Clinical Assessment Services are all available using Choose and Book.