

**GMS CONTRACT DIRECTED ENHANCED SERVICE FOR CHOICE AND BOOKING:
BOOKING COMPONENT**

Background

Revisions to the general medical service (GMS) contract from 1 April 2006 include a reward for general practitioner (GP) practices, through a directed enhanced service (DES), for utilisation of the Choose and Book service and for delivering choice to patients.

The full value of DES is 96 pence per registered patient and comprises two equal components, one for choice (48 pence) and one for Choose and Book (48 pence).

Half of the Choose and Book component is available as an aspiration payment to those GP practices who make a written commitment to utilising the Choose and Book system. The other half will be payable on a sliding scale if referrals (converted Unique Booking Reference Numbers (UBRNs)) through Choose and Book reach at least 50 per cent in the period 1 September 2006 to 28 February 2007.

The Choice and Booking DES was announced by the NHS Employers Organisation, as part of the announcement about the changes to the GMS contract from 1 April. David Colin Thome, National Clinical Director for Primary Care, wrote to all GPs on 27 February 2006 and 25 August 2006 to alert them to the DES, and to remind them of the requirements that they need to meet to achieve payment.

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GP CONTRACT DES PAYMENT FOR CHOICE AND BOOKING

Q1: How do GP practices achieve payment of the Booking component of the GP contract Directed Enhanced Service for Choice and Booking?

A: Half of the booking component of this DES (24p per registered patient) will be paid as an aspiration payment when the practice makes a written commitment to utilising Choose and Book.

The other half (24p per registered patient) will be paid on a sliding scale based on the percentage of first consultant outpatient referrals made using the Choose and Book system by the practice in the period 1 September 2006 to 28 February 2007 i.e. Unique Booking Reference Numbers (UBRNs) converted.

The full value of the booking component is only payable if a practice achieves 90% or more (see table 1).

The aspiration payment would be recoverable (at the PCT's discretion) should a practice not make at least 50% of its referrals (converted UBRNs) through Choose and Book over the period 1 September 2006 to 28 February 2007.

Table 1

Referrals (converted UBRNs) through Choose and Book as % of total referrals in period 1 September 2006 to 28 February 2007	Proportion of booking component (24p per registered patient) payable
50%	60%
60%	70%
70%	80%
80%	90%
90%	100%

Q2: Will awards to GP practices be calculated and made centrally?

A: No. PCTs are responsible for assessing and making payments to practices.

Q3: How will the percentage of first consultant outpatient referrals made using Choose and Book by a GP practice be measured?

A: The denominator for this measure is the *total* number of GP written referrals to first consultant outpatient appointments, whether they are made using Choose and Book or not. This is essentially all converted UBRNs plus all non-Choose and Book GP referrals. The numerator is converted UBRNs.

PCTs require data at GP practice level in order to assess achievement. These are available from a new Choose and Book report and extract (the numerator), and a new practice level PCT data collection (the denominator).

Denominator

The total referrals by practice, i.e. the utilisation denominator, is the data in a new PCT-level data collection for completion monthly from July to March 2007. The information is definitionally the same as that provided for the QM08R return (excluding General Dental Practitioners (GDPs)), broken down to GP practice level. PCTs were alerted to this collection via Gateway references 6674 and 6968. Although PCTs will be responsible for assessing and making payments to practices, this central collection will give DH and PCTs an early indication of whether practices are on track to achieve the DES minimum levels and provide support where necessary.

Numerator

Since the end of September 2006, a new report and a new extract have been available in Choose and Book to support calculation of DES payments (providing the numerator). The report, "ROR12 – First Consultant Outpatient Summary", is available to GP practices and allows them to ascertain the number of Choose and Book referrals made by each GP within the practice that meet the criteria to be counted against DES achievement levels. The extract, "EBSX07 – First Outpatient Extract" is available to Information Analysts at PCTs, Care Trusts and SHAs and summarises the pertinent CAB activity at each practice within the organisation.

It is possible that EBSX07 may include test bookings, if a test booking has been made other than into a test service. In this case the PCT may wish to consider making any necessary adjustments to the volumes contained in the Choose and Book reports, to take into account test bookings that have been made by practices during the period being measured.

ROR12 reports for September and October were not generated correctly if the report contained fewer than 7 bookings. The volumes for these practices were generated correctly in EBSX07. This was fixed in Release 3.3 and the missing reports are now available.

Q4: What counts as a referral for the PCT level data collection (denominator)?

A: The referrals required to measure the Choose and Book DES, at GP practice level, should be the same as those defined as “GP written referrals made” in existing waiting list returns (ref. QM08R), with the exception of omitting GDP referrals.

Referrals made by nurses or other practitioners within the practice should not be included.

Referrals by GPs to out patient appointments that are not consultant-run should not be included, therefore the following attendances or contacts should not be counted:

- nurse clinic appointment/attendance;
- face to face contacts with other health professionals;
- contact with community nurses
- GPSI assessments.

Q5: Will a GP practice 'lose out' if it creates a UBRN which is then not converted?

A: The numerator only counts converted UBRNs. The denominator should also only count converted UBRNs. If, as for most PCTs, the referrals data is obtained from provider Trusts, no Trust will receive the referral until it is converted, so unconverted UBRNs will not appear in the count of referrals made to Trusts by GP Practices. **However**, if data is obtained from GP Practices the problem could arise of unconverted UBRNs being in the denominator but not the numerator and a local adjustment might be necessary.

Q6: What counts as a referral for the Choose and Book report and extract (numerator)?

A: The report identifies UBRNs whose initial booking action (known as “converting” the UBRN), resulting from an appointment request, was made into first outpatient services during the period for which the report is run. This will include 2 week wait first outpatient bookings, urgent and routine first outpatient bookings. Referrals made into services with an appointment type of “Assessment Service” will not be counted, except where an onward referral to a first outpatient service is generated within 7 days of the initial appointment date (otherwise it may be deemed to come from the Clinical Assessment Service and not the GP practice).

Where GP practices are requested to cancel appointment requests (UBRNs) under the slot availability arrangements set out in Gateway no 7413 these appointments will be identified through a retrospective extract from the national

Choose and Book system and will still contribute to GP practice Choose and Book utilisation.

To qualify, the UBRN must have been initiated by (or on behalf of) a user in the reported GP practice with at least one of the following qualifying Job Roles:

- General Medical Practitioner (R0260)
- Salaried General Practitioner (R0270)
- GP Registrar (R6200)
- Sessional GP (R6300)
- Associate Practitioner – General Practitioner (R1547)
- EBS GP (Referrer) (R9001)

Referrals made by non-GP users in the practice (e.g. Nurse Practitioners) will not be counted.

Q7: Should referrals made by nurses or other practitioners within the GP Practice be counted?

A: Referrals made by Practice nurses or other non-GP practitioners are classified as “other referrals made” rather than “GP written referrals” in existing waiting list returns (QM08R). They are outside the scope of the Choose and Book DES. Conversely, referrals by locum GPs are included against the practice in the usual way. This means that referrals made by nurses or other practitioners within the practice should not be included in either the numerator or the denominator

Q8: Should the PCT-level data collection report the number of patients seen for first outpatient attendance where the source of referral is GP, or, GP written referral requests received?

A: The data should be the definitionally the same as the information in the QM08R (excluding GDPs) for referrals made to first consultant outpatient appointments, regardless of whether they lead to an actual outpatient appointment because (a) the referral was rejected (b) it was cancelled for some other reason (c) it was a DNA. This is consistent with the Choose and Book report for the numerator, which will count all bookings into first consultant outpatient appointments initiated by GPs within the practice, even if they are subsequently cancelled, redirected, or rejected.

Q9: For the PCT Data Collection, should a GP referral via an intermediary service be recorded?

A: There may be intermediary services between the referring GP and an outpatient appointment, e.g. Referrals Management Services, GPs with Special Interest and Clinical Assessment Services. Where these refer patients directly

into Consultant outpatient appointments, the referrals count as “GP referrals” in waiting list returns and attribute to the originating GP referrer. Where they offer treatment for patients who might later require a Consultant outpatient appointment, these count as “other referrals” and attribute to the referrer in the intermediary organisation. These, together with cases treated or managed without referral to Consultant outpatient appointments, are outside the scope of the Choose and Book utilisation measurement. Should such an organisation also provide Consultant outpatient services, the referral from the GP is included in the normal way.

Q10: What about data for General Dental Practitioner (GDP) organisations?

A: Neither the PCT level data collection nor the Choose and Book report should include data for GDP Organisations.

Q11: Can Choose and Book support Cancer and two week wait (2ww) referrals?

A: A pilot established that the 2ww referral pathway can be integrated into Choose and Book safely and effectively. Guidance to support implementation of 2ww referrals through Choose and Book was published in October 2006 and is available at www.chooseandbook.nhs.uk.

Q12: PCTs do not currently collect practice level data on referrals. Where should they obtain the data?

A: We appreciate that some PCTs will find it easier to pull this data together than others. PCTs in different areas of the country seem to have very different approaches to gathering the data; this is why we are leaving it to PCTs for them to make decisions on how best to collect it, based on the systems that they are running in their area. However, as the information is basically that collected for the QM08R return (excluding GDPs) it should be available to PCTs.

Q13: Why can the Department not obtain the denominator data from the CDS or other data source?

A: Centrally compiled CDS data provides information on patients seen in outpatient services, by the referring GP practice. However, the scope is not sufficient, and the data not timely or complete enough, to cover all referrals made into first outpatient services over the period. It is important that the referrals data for the denominator of the DES payment relates to the same

scope as the numerator (i.e. referrals made) and also the same time period, as doing otherwise would be unfair. It is inappropriate to use past data, whether from the CDS or QM08, as referrals trends are changing in many areas (eg with increased use of primary care service options) and organisations themselves may change over time.

Q14: Why does the Department need these data when PCTs will assess and make the payments?

A: PCTs remain responsible for assessing and making payments to practices. However, with the payment thresholds starting at 50% and the full value of the booking component only payable if a practice achieves 90% or more, any practice hoping to achieve the maximum payment needs to start using Choose and Book as soon as possible. The data will give the Department, SHAs and PCTs an early indication of whether practices are on track to achieve the DES minimum levels and allow for targeted support where necessary. Since PCTs will require access to such data in order to calculate and make the DES payment, the benefit of undertaking the additional task of reporting it to DH should incur minimal cost.

Q15: Will the numerator - i.e. converted UBRNs - include referrals where a booking is subsequently cancelled?

A: All bookings initiated by GPs within the practice into first consultant outpatient services (and into CASs where this results in an onward referral into a first outpatient appointment within 7 days) will be counted, even if they are subsequently cancelled, redirected, or rejected. Rebookings will be excluded from the calculation.

Q16: Will bookings made via the Internet, using the Appointments Line or by phoning the Trust (in the case of providers with Indirectly Bookable Services) be counted in the total number of converted UBRNs?

A: Yes. the booking (converted UBRN) will be counted regardless of the how it is actually made.

Q17: Will referrals made via a Clinical Assessment Service be recorded in the Choose and Book report?

A: Bookings made to a service other than a first consultant outpatient appointment will not be counted. However, assessment service bookings made to a CAS which are converted into an onward referral to a first outpatient service will be counted for the originating GP practice, provided the onward

referral to the first outpatient service occurs within 7 days¹ of the original appointment date. (Note, these will be counted in the month the booking occurs for the onward referral). Manual referrals into a CAS that result in an onward referral via Choose and Book will not be counted.)

Onward referrals from all other appointment types converted to a booking into a first consultant outpatient service will be excluded.

Q18: What if the Choose and Book system falls down?

A: If, by the end of 2006/07, a practice has not been able to implement Choose and Book due to circumstances beyond its control (e.g. due to national or regional difficulties), the commitment to award payment to practices will still hold and the practice should receive a pro-rata payment for the work that they have completed. This payment is to be decided by the PCT.

¹ Including weekends. Referrals made after 7 days may be deemed to come from the Clinical Assessment Service and not the GP Practice.