



Choice at Referral – Supporting Information for 2008/09



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What is Free Choice?

Free Choice means that the majority of patients being referred to hospital will be able to choose where they wish to be treated.

Choice is an important way of empowering individual patients and enabling them to help to drive improvements in services. By enabling new providers to enter, it should also encourage innovation. The information required to support Free Choice should also increase the transparency of service quality.

'Free choice' will be fully introduced from April 2008 for all patients who require an elective referral. They can choose to be treated by any provider that meets NHS eligibility criteria, and can book their first appointment on-line. (*Operating Framework published Dec 2007)

1. Introduction

This document supplements existing guidance on choice at referral policy and implementation by setting out a framework to govern the full roll out of Free Choice in 2008/09.

2. Background

Choice is fundamental to the delivery of a truly patient-centred NHS by empowering people to get the health and social care services they want and need – leading to improved health and well-being.

As part of the health reform programme, choice at referral to hospital was introduced on 1 January 2006 and most patients who require an elective referral are now offered a choice of hospitals and a choice of time and date for their booked appointment, at the time they are referred by their GP or primary care professional.

The Operating Framework for the NHS in England 2008-9, published on 13 December 2007, confirmed that 'free choice' will be fully introduced from April 2008 for all patients requiring an elective referral. Patients will be able to choose services from any hospital provider that meets NHS standards and costs.

NHS Choices and the Choose and Book application will be changing to support the roll out of Free Choice. (see later sections for further information)



Free Choice is not the only vehicle for extending choice, PCTs will also be working to ensure more choices for people with long term conditions, supported by the model of care for long-term conditions that was published with the Operating Framework.

Headlines

3. What does this mean for patients?

Patients referred for elective care will be able to choose to attend any secondary care provider across the country. i.e. Patients are able to choose hospitals, hospitals are not able to choose patients.

4. What does this mean for providers?

The range of eligible providers will include all NHS Foundation Trusts, NHS Acute Trusts and a large number of Independent Sector providers and their hospitals.

All participating providers will be on the Choose and Book System and will be able to offer directly bookable services unless explicit exemption from having a compliant patient administration system has been granted for valid technical or commercial reasons.

GPs will be able to refer to any clinically appropriate provider. By clinically appropriate we mean any referral to a specialty, which is appropriate for the patient's particular condition taking into account any co-morbidity or complex underlying conditions. PCT commissioning arrangements will not restrict where patients are offered a choice.

In a Free Choice environment, there will no longer be any local commissioning of elective care hospital-based services and provider income from elective care will be dependent on the providers' ability to attract patients. Providers may want to consider ways of making patients aware

of the services available in line with the Code of Practice for Promotion of NHS Funded Services.

5. What does this mean for referrers?

Free Choice means that a referral into secondary care can be made to any clinically appropriate provider (both NHS and Independent Sector) that meets NHS eligibility criteria (i.e. NHS standards and costs (as outlined in the OF 2008/09) and, in the case of the Independent Sector, has elected to participate). This will include all NHS Foundation Trusts, NHS Acute Trusts and a large number of Independent Sector providers and their hospitals.

PCTs will no longer have to select for patients a choice of at least 4 providers.

GP referral will continue to constitute authority to treat on behalf of the relevant PCT and providers are not able to turn down clinically appropriate referrals.

What the PCT is prepared to fund must be clear to all parties at the point of referral. e.g. a single round of IVF treatment, but PCT commissioning arrangements will not restrict where patients are offered a choice.

See later sections for details on changes to Choose & Book menus and Directory of Service listings.

6. Does this apply to all services?

As mentioned in section 4, there may be clinical reasons for limiting the range of choices that are available to patients. There are some services that fall outside the scope of the choice policy. Where speed of access is particularly important (for example, patients attending a rapid access chest pain clinic under the 2 week maximum waiting time or patients attending cancer services under the 2 week maximum waiting time), the policy



does not apply. Maternity and mental health services are also currently exempt.

Principles governing Free Choice

7. No local and national menu limitations

Patient Choice will no longer be limited to services on a locally commissioned menu.

The advent of Free Choice removes the requirement for local commissioning and removes any artificial barriers between local and national menus. All secondary care services from across the country that meet the search criteria will be listed alongside any primary care services commissioned by the PCT. In this way, the Choose and Book system will be easier to navigate for GPs and easier to understand for patients.

As patients are able to choose from a national menu of services provided by NHS and nationally appointed IS providers, PCTs cannot remove secondary care providers/services from the Choose and Book menu. The process for identifying and seeking to remedy performance problems and breaches of any contractual requirements is clearly defined in the standard NHS contract.

PCTs must ensure that choices are available and the necessary systems are in place to offer and support choice and to enable booked appointments to be made.

8. Patients will choose from any eligible provider at point of referral

Patients are able to choose from a national menu of services provided by NHS and nationally appointed IS providers. It will be for the referring clinician (normally the GP) to guide the patient through the clinical aspects of their options as appropriate.

9. GP referral constitutes authority to treat

GP referral will continue to constitute authority to treat on behalf of the relevant PCT.

PCTs may wish, in accordance with practice-based commissioning, to guide their GPs on the affordability of certain treatments that may be available in other parts of the country, and what the PCT is prepared to fund must be clear to all parties at the point of referral. e.g. a single round of IVF treatment. i.e. as a guiding principle, if the PCT is able to fund the referral within their own area, then the same would apply to referrals outside their area.

10. Payment for services offered under Free Choice will be at tariff

To avoid competition on price, all elective care activity offered under patient choice (as applicable) will be based on national tariff.

Pricing Payment by Results (PbR) Guidance applies the national tariff to activity commissioned by PCTs from eligible providers under Free Choice. Income for activity commissioned under Free Choice should be at the national tariff, adjusted for Market Forces Factor (MFF) as applicable to the provider's geographical location (ie tariff x MFF).

11. Providers will have to meet NHS clinical and financial standards

Patients can choose to be treated by any provider that meets NHS eligibility criteria, and can book their first appointment on-line (unless a provider has explicit exemption from having a compliant patient administration system for valid technical or commercial reasons).

From 2008/09, PCTs must use the standard NHS contract as the basis for all agreements with NHS acute trusts. Agreements with newly authorised



NHS foundation trusts (NHSFTs), and with those NHSFTs whose existing contracts have expired, must also be based on this contract. (extract from OF 2008/09)

Agreements between PCTs and independent sector (IS) Providers will initially continue to operate under the contractual arrangements of the Extended Choice Network and the Free Choice Network. Subject to legislation IS Providers are expected to come within the scope of the Clinical Negligence Scheme for Trusts later in 2008, which will make it possible to use the standard NHS contract. (extract from Guidance on the standard NHS contract Dec. 2007)

The standard NHS contract will enable patients to choose where they are referred for elective care, and Providers will be paid by PCTs according to PbR rules for the work they do. Providers will be expected to manage their capacity flexibly to accommodate the choice of Provider that patients make. (extract from Guidance on the standard NHS contract Dec. 2007)

Providers will have to comply with standard terms and conditions as outlined in the standard NHS contract i.e.

- are able to meet the 18 weeks milestones and targets
- are able to offer services that are directly bookable through Choose and Book
- define services on the Directory of Services in line with national standards
- be registered to offer healthcare services with the Healthcare Commission
- be able to meet NHS information requirements
- have appropriate liability cover in place

- comply with the Code of Conduct for Payment by Results (PbR) and with applicable Department of Health PbR Guidance.

12. Providers should accept referrals from any PCT

NHS providers must accept all clinically appropriate referrals made to them. Providers will be expected to manage their capacity flexibly to accommodate the choice of Provider that patients make.

In accordance with national guidelines, Providers will be required to accept referrals from any of the following sources:

- directly from referring clinicians in primary care (including general dental practitioners, GPs, GPs with special interests and optometrists);
- directly from secondary care, via a referral booking process;
- from either source above via an interim primary care service such as a referral management service; and
- from any other body (NHS or independent sector) that provides diagnostics and assessment centres for NHS patients.

Patients should be able to choose a single provider for their whole elective care episode (except aftercare) if they wish. Alternative arrangements (e.g. where an NHS trust provides outpatients and a local Phase 1 ISTC provides the rest) are acceptable provided that:

- the patient has been involved in the discussion and has given their consent
- each of the service providers is in agreement; and



- the major partner in the arrangement meets the standard terms and conditions as outlined in the standard NHS contract.

13. Patients can choose to wait longer than 18 weeks

By December 2008, no one should have to wait more than 18 weeks to start their treatment from the time their GP refers them, unless it is clinically appropriate or they choose to wait longer.

Throughout their 18-week pathway, the patient's experience of their elective care is paramount. It is unacceptable for the NHS to deliver 18 weeks by denying patients a choice of hospital (unless there are clinical reasons why this would not be appropriate) or by forcing the patient to move at a faster pace than they are comfortable with.

Managing the demand for services is a shared responsibility between commissioners and providers. Both need to work together to ensure that, where appropriate, patients are treated at their choice of provider.

Where patients choose to delay admission for treatment by turning down at least 2 reasonable offers for admission, then their 18-week clock will be paused from the date of the earliest reasonable offer to the date that the patient makes themselves available for admission again. 18-week clocks may not be paused for patients who choose to delay their care at any other stage of their pathway (e.g. outpatients or diagnostics).

The operational standards of 90% for admitted pathways and 95% of non-admitted pathways do, however, take into account the percentage of pathways where it is expected that patient initiated delays will mean that treatment for that patient could not reasonably be expected to start within 18 weeks as a result.

Delivering 18 weeks requires not only more and better use of elective capacity, but also a cultural shift in terms of service provision and patient expectations. To make 18 weeks sustainable, commissioners and referrers (in particular GPs) need to ensure that patients are aware of the speed in which the NHS can provide them with treatment and ensure that patients are as fit and ready as possible to start their treatment within a short timeframe, before making a referral.

14. PCTs will continue to fund transport in line with HTCS and PTS guidelines

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 (PTS) (for patients requiring transport on the basis of a medical assessment), will continue to be eligible for free transport to any listed provider.

PCTs are responsible for ensuring that there is provision of ambulance services (which could include PTS) to such extent as they consider necessary to meet all reasonable requirements.

It is for the local NHS to decide who provides PTS for eligible patients in their area. The guidance on eligibility for PTS and associated finance guidance is available via the DH website.

15. There should be no requirement under Free Choice for spot purchasing by PCTs

Free Choice should obviate the need for spot purchasing of the more common elective procedures, as prices for services available on the national menu will be set at tariff.

16. Patients can still be referred into Primary Care based services

Where local services have been set up, for example under Practice Based Commissioning, these will



still be available to patients at the point of referral using Choose and Book. Primary Care-based services will not normally be available nationally.

17. Patients can still choose to be referred to their local hospital

Patients may still choose to go to their local hospital and should feel under no obligation to be referred to an alternative provider,

18. Patients attending a Referral Management Service (RMS) or Clinical Assessment Service (CAS) should still be offered a choice if they are subsequently referred into secondary care

Referral management schemes (RMSs) and Clinical Assessment Services (CASs) have the potential to enhance care for patients when they are set up with clinical involvement and endorsement.

The use of an RMS/CAS must be developed and agreed with practice-based commissioners. The RMS/CAS should not, for example, prevent a practice-based commissioner from developing alternative schemes and the RMS/CAS should fit within the overall direction of health commissioning as envisioned by the PCT and practice-based commissioners.

Referrals to RMSs/CASs should happen only where this adds genuine clinical value for patients. In all other cases, the referring clinician should initiate the choice offer and discuss the clinical aspects of choice with the patient. If the appointment at the RMS/CAS identifies a clinical need for a patient to attend a secondary care service, then the patient must be offered a choice of provider at this stage.

Where patients attend an RMS/CAS and are subsequently referred for an outpatient consultation, then the 18 week RTT pathway will apply.

19. Providers will be required to comply with the Code of Practice for promotion of NHS services

The Principles and Rules for Co-operation and Competition (also published with the Operating Framework) contain a requirement to comply with the Code of Practice for promotion of NHS funded services. The ability to promote services will be crucial to the successful implementation of Free Choice of elective care, and in persuading independent sector providers to actively promote their services and help raise public awareness of choice.

The Code of Practice is intended to ensure that:

- the information patients receive is not misleading, inaccurate, unfair or offensive;
- the brand and reputation of the NHS is protected; and
- expenditure of public money on promotional activity is not excessive.

Raising Awareness of Choice

20. Patients need to know that they are entitled to choose

For patients to exercise choice they need to know that they are entitled to choose. PCTs are expected to encourage all GPs to offer choice to their patients and to ensure that their public and all patients are aware that they have a free choice.

Public awareness of Choice (Ipsos MORI Omnibus survey, Nov 2007) is at 54%. The Department of Health is working with the NHS to increase public awareness of choice.

e.g. A DH pilot in the North East showed that a short film broadcast on the Life Channel describing how choice works was successful in



raising awareness and understanding amongst patients. The Life Channel is a unique focussed channel, which broadcasts solely to a captive audience in GP surgeries throughout the UK. Endorsed by PCTs and GPs alike, the Life Channel offers direct access to large numbers of patients and presents an opportunity to promote health and well being values and programmes. More details on how to make use of this channel can be found here:

<http://www.thelifechannel.com/surgery.html>

Support for Patients

21. Patients need access to information to support them in choosing their hospital

In order to choose patients need to know what is available and how different providers compare. In this way, patients may access shorter waiting times, better quality, or have their treatment closer to family and friends.

PCTs should use NHS Choices and their own publications to provide information for patients, carers and clinicians with reference to NHS service listings, provider performance, patient feedback etc.

22. PCTs will provide support services for patients

The level and targeting of support needed within individual communities will need to be considered by PCTs as part of their local implementation planning.

PCTs are expected to provide a range of patient support services appropriate to their local communities. These may include:

- direct support from the GP or referring primary care professional;
- further support for patients in addition to the offer of choice in surgery consultations;

- support from other practice staff; and
- advice and support from the local Patient Advice and Liaison Service
- support from local public libraries

Sources of Information for Patients

Provider information will be available via

- NHS Choices (www.nhs.uk),
- Patient booklets,
- Local libraries,
- Voluntary Sector organisations

to help patients inform their decision about where they want to be referred.

23. NHS Choices (www.nhs.uk)

The NHS Choices website allows members of the public to access a range of information about NHS services through a single portal. It supports patients and clinicians in making choices about providers by displaying information about providers' performance, clinical quality and patients' views of services. NHS Choices features:

- a library of quality-assured clinical information, much of which was previously only available to clinicians;
- a free text feedback review facility for people to feedback on their experiences as an NHS patient and read comments left by others
- searchable directories of hospitals with detailed profiles of services available;
- topical campaigns and magazine content to encourage healthy lifestyles;
- self-assessment tools and information to help the well to stay fit, and those who are unwell to manage their conditions;



- multimedia guides to common elective procedures;
- quality scorecards to support people in deciding where and when they receive treatment;

In addition, the site will link to other relevant sources of information on conditions and treatments, such as NHS Direct online (www.nhsdirect.nhs.uk).

24. PCT patient booklets

'Patient Choice' booklets are available from every PCT and at: www.nhs.uk. PCTs are responsible for assuring the content of these booklets and for their continued printing and distribution.

PCTs will be able to work with NHS Choices to support patients in creating their own printing/paper based requirements.

25. Local libraries

PCTs are now able to work with local libraries to help support patients in making their choices.

Where this model of support has been adopted, GPs are able to redirect, to their local library, patients who may wish to research their choice options or make a more informed choice.

It involves librarians trained as information providers who can help and promote access to NHS Choices and Choose and Book through the established library computer network. Librarians are able to provide help to people unfamiliar with use of the internet, and libraries have facilities for disabled people to help them in the use of PCs.

The library network reaches into every community and according to Public Library Service Standards – 95% of the population in urban areas live within 1 mile of a library (100% within 2 miles).

Local libraries are staffed by information professionals (IAG), they all have high speed internet access – with mediated content and user support and are increasingly co-located with other public services – in this way they are very much developing a role as a 'community hub' – serving hard to reach and vulnerable groups.

A national roll out of the pilot work in 2007 will be led by PCTs at a local level. The roll out will be facilitated by provision of a standard set of PR materials, guidance documents and a CD based toolkit available from the Department of Health.

26. Providers will want to make their information available to patients

In a Free Choice environment, there will no longer be any local commissioning of hospital-based services and on this basis, provider income from elective care will be dependent on the providers' ability to attract patients.

Provider information is available to patients via NHS Choices (www.nhs.uk). The standard NHS contract requires that 'All providers of NHS commissioned services will be required to make appropriate information available for inclusion on the 'NHS Choices' website.'

Providers cannot subcontract to other providers for choice services without first stating their intention to do so, on NHS Choices, and without the expressed will of the patient (and prior approval of the PCT). All activity and prices for subcontracted work must be overseen by the provider's board.

Providers may want to consider other ways (beyond www.nhs.uk etc.) of making patients aware of the services available in line with the Code of Practice for Promotion of NHS Funded Services.



Choose & Book will continue to support the offer of Choice

The easiest way for referrers to find a list of secondary care providers will be to use Choose and Book.

27. Choose and Book will support Free Choice.

The Choose and Book application will be updated to list all secondary care services from across the country that meet the search criteria, alongside all primary care services, which are commissioned by the PCT. This change will happen automatically by assigning primary care services to a primary care menu and secondary care services to a secondary care menu.

Further information on changes to Choose & Book is available online at www.chooseandbook.nhs.uk

28. Providers must be able to offer services that are directly bookable through Choose and Book

All services offered to patients under Free Choice are required to be directly bookable through Choose and Book unless explicit exemption from having a compliant patient administration system has been granted for valid technical or commercial reasons.

Providers should define services on the Directory of Services in line with national standards and to include as far as possible the information that referrers need to make appropriate referrals.

Providers should take responsibility for loading their services onto the menu via the Directory of Services (DoS). The Directory of Services entry should include the information that referrers need to make appropriate referrals, as services will be visible to all referrers nationally. Guidance

and standards with reference to listings on the Directory of Services is available at:

www.chooseandbook.nhs.uk/staff/dos

29. Services on Choose & Book will be displayed (by default) in distance order from the patient's postcode.

By default, services will be displayed in distance order from the patient's postcode. It is however possible for referrers to change this display order and sort by indicative waiting times. It is also possible to change the postcode in order to look at services in another area if this is what the patient wants or needs.

30. Providers should make slots available to patients via Choose & Book

In accordance with national guidelines, Providers will be expected to manage their capacity flexibly to accommodate the choice of Provider that patients make. PCTs should work with local providers to ensure that there are slots available to patients as applicable.

Providers cannot turn patients away because they are not able to treat them within 18 weeks and there is now a national system in place with the Appointments Line (operated by NHS Direct) to send patient referrals directly to the provider of their choice. This is by forwarding the patients details directly to the chosen hospital who will contact the patient to arrange an appointment.

Individual hospitals are responsible for making their appointment slots for first outpatient appointments available through the Choose and Book system to ensure patients and GPs can book into them electronically.



31. The Appointments Line (TAL)

The NHS Appointments Line service complements the information available through the NHS Choices website.

The number for the Appointments Line is clearly displayed on the NHS Choices website (www.nhs.uk).

Patients will be able to continue using the Appointments Line as they do today, by dialling 0845 608 8888. As such, the facility will continue to support those who are unable to access the internet.

Exclusions applied to Free Choice in Elective care

32. Choice of hospital may not be appropriate for all services.

The services that will not be required to offer a choice of hospitals (or suitable alternative providers) to patients are:

- Services where speed of access to diagnosis and treatment are particularly important: i.e. emergency attendances/admissions, patients attending a Rapid Access Chest Pain Clinic under the 2 week maximum waiting time and patients attending cancer services under the 2 week maximum waiting time
- Services where other choices are more likely to improve the patient experience: i.e. maternity services, mental health
- Some limits on choice may also be appropriate for paediatric services where it may not be possible to offer choice for all referrals, particularly for referrals requiring more specialist interventions.

33. Clinically appropriate

The full range of choices may not be appropriate for all patients. There may be clinical reasons such as co-morbidity or complex conditions for limiting the range of choices that are available. Any clinical restrictions on the choices available should be explained to the patient by the referring clinician.

34. Choice and prisoners

Prisoners will continue to be excluded from choice due to safety and security issues.

35. Choice and military personnel

Military personnel will continue to be excluded from choice because of the need to maintain operational availability. Families of military personnel are still eligible to choose their hospital when being referred for a first outpatient appointment.

36. Secondary and tertiary referrals

Referrals from secondary and tertiary care providers will not be subject to offering patients free choice in elective provider. However, it is good practice for referring clinicians to set out what a patient's options are at the point of such referrals.

37. Choice and Northern Irish, Scottish and Welsh providers

There are differences between the policies that govern the English, Northern Irish, Scottish and Welsh healthcare systems. Choice is a Department of Health policy for England and does not apply to patients who are registered in Northern Ireland, Scotland or Wales.



38. Overseas treatment (within the EU)

Choice is defined as choice of NHS provider; the processes for dealing with patients who want to go abroad in order to be treated are therefore separate (and parallel) processes.

There are two ways in which patients may go abroad for treatment within the European Union

- either a commissioning body decides to commission care abroad for its patients,
- or a patient makes a request to go abroad for care.

Guidance for each option can be found at:

<http://www.dh.gov.uk/en/Healthcare/Entitlementsandcharges/OverseastreatmentguidanceforNHS/index.htm>

There is also separate guidance for commissioners on administering the E112 process.

39. Overseas treatment (outside the EU)

The Government is very clear that the NHS will not pay for health tourism. NHS patients have no right to treatment outside of the EU.

Primary Care Trusts are able to commission treatment in non-European Economic Area countries, but this is a decision taken locally at the discretion of the PCT. The Department of Health has no central system of funding for such referrals.

There are four key criteria for approval for treatment outside of the EEA and these are:

- the condition involved is of a serious nature;
- suitable treatment is not available within the UK or EEA;
- the treatment abroad is well-established, not merely experimental;
- there is a probability of significant benefit to the patient.

In addition, PCTs must take account of the overall cost of sending patients for treatment outside of the EEA in the light of local priorities and in order to ensure equity for all patients.



Links to Choice in other key policy documents

Paper:

Next Stage Review – interim

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/dh_079077

Operating Framework 2008/09

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081094

World Class Commissioning

<http://www.dh.gov.uk/en/Policyandguidance/Organisationpolicy/Commissioning/Worldclasscommissioning/index.htm>

PBC guidance

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081101

PbR guidance 2008/09

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081096

Patient Transport (PTS)

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_078373

Patient Transport (HTCS)

http://www.dh.gov.uk/en/Managingyourorganisation/Financeandplanning/DH_075759

Choose & Book release 4

<http://nww.chooseandbook.nhs.uk/staff/future/Release%204.0>

Standard NHS contract

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081100

Systems Management Competition principles

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081098

Systems Management Promotion code

<http://www.dh.gov.uk/en/Publicationsandstatistics/Publications>

Generic Choice Model for Long Term Conditions

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081105





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