

'Choice of Hospital'/DES payment survey: briefing and Q&A

Background

- The purpose of the survey is to generate data to inform payment of the Choice component of the Choice and Choose and Book Directed Enhanced Service (DES).
- NHS Employers reached agreement with the BMA on changes to the GMS contract from 1 April 2006, which include reward, through a Directed Enhanced Service, 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 choice component will be made as an aspiration payment to those GP practices that make a written commitment to ensure that choice is offered to eligible patients. The remaining half will be paid to the practice if at least 60% of patients agree that they were offered a choice of provider based on the results of this new survey of patient experience.
- A number of options were considered when developing the survey. The possibility of building the necessary choice questions into the 'Access' survey is not an option this year, but work is underway to ensure that this will be possible for a 2007/08 survey.
- Ipsos MORI advised on the Choice survey design working within the parameters set by DH.
- GP practices are being asked to hand the questionnaire to eligible patients between 16th January and 30th March 2007.
- At the end of the DES period, if practices fail to achieve the minimum (60%) level, PCTs should arrange for repayment of the aspirational funding or for a balancing mechanism, which offsets the repayment against other income due to the practice.
- PCTs have been allocated £50m to fund this DES

Q&A

Q: Should all patients referred to secondary care receive a copy of the survey?

GPs are being asked to give the survey to all **eligible** patients, ie patients referred to secondary care where the choice policy applies. Choice of hospital may not be appropriate for all patients. There may be clinical reasons for limiting the number of choices, for example, a patient may need access to intensive care services. Patients are not expected to be offered a choice where speed of access to diagnosis and treatment are particularly important, for example patients attending cancer services under the two week maximum waiting time, or for maternity or mental health services.

The survey will be undertaken over a lengthy 10-week period to provide a large enough sample for us to be confident of the results. We are able to estimate the number of referrals that will be made in this period (and likely response rate), and so can compare the number of returns against the estimate to ensure that the survey has been widely distributed.

Q: Who has agreed the wording?

Ipsos MORI advised on the Choice survey design working within the parameters set by DH. The wording of the question was agreed between NHS employers and the BMA

Q: How does this survey fit with the 'National Patient Choice Survey'?

The bi-monthly National Patient Choice Survey provides data to measure whether or not a PCT is ensuring that its patients are offered choice at referral. By repeating the survey bi-monthly performance can be monitored and action taken where necessary to secure improvement. As the sample is taken over a two-week period the sample size is too small to inform the DES payments at practice level.

Consideration was given to incorporating the choice survey in the 'Access' survey. This is not an option this year as it is not possible to identify those patients to whom the survey should be sent using the Access survey methodology. Work is underway to ensure that this will be possible for a 2007/08 survey. The Jan-Mar 07 choice survey is an interim solution to ensure all qualifying practices receive their DES payment.

Q: How many practices do you expect to earn the choice DES?

We hope that all practices will achieve the target, and there is funding available to cover this eventually. However, we recognise these are new policies with specific challenges, and some practices may need longer to implement them fully.

GP CONTRACT – DIRECTED ENHANCED SERVICE FOR CHOICE AND BOOKING

NHS Employers reached agreement with the BMA on changes to the GMS contract from 1 April 2006, which include reward, through a Directed Enhanced Service (DES), for utilisation of the Choose and Book service and for delivering choice to patients.

The DES Directions came into force on 1 July 2006.

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 choice component will be made as an aspiration payment to those GP practices that make a written commitment to ensure that choice is offered to relevant patients. The remaining half, will be paid based on the results of a new survey of patient experience

Half of the Choose and Book component, will be made 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 UBRNs) through Choose and Book reach 50 per cent in the period 1 September 2006 to 28 February 2007.

At the end of the DES period, if practices fail to achieve the minimum level, PCTs should arrange for repayment of the aspirational funding or for a balancing mechanism which offsets the repayment against other income due to the practice.

PCTs have been allocated £50m to fund this DES

Q Have these incentives been publicised?

The Choice and Booking DES was announced by the NHS Employers Organisation, as part of the announcement about the changes to the nGMS contract from 1 April. David Colin Thome, National Clinical Director for Primary Care, has written to all GPs twice to alert them to the DES, and to remind them of the requirements that they need to meet to achieve payment.