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To: All General Practitioners

Dear General Practitioner

AGREEMENT ON CHANGES TO THE GENERAL MEDICAL SERVICES CONTRACT

You will be aware that NHS Employers have reached agreement with the BMA on changes to the GMS contract from the 1st April this year. More details can be found at www.nhsemployers.org/primary/primary-632.cfm

(a) Choice, Choose and Book

I therefore thought it would be useful if I drew your attention to a few of the key components. Choice of providers/hospitals for all patients referred for first consultant outpatient appointments was launched last month; the changes to the contract will reward general practice, through a DES, for delivering choice to patients which I appreciate has been an emotive issue with a number of colleagues.

Whilst the vast majority of us already see a discussion about a patient's options as a natural part of our professional responsibilities in referring, the introduction of a DES provides an opportunity to formally acknowledge this is an intrinsic component of the referring consultation. GPs will continue to identify clinically appropriate options for patients at the time of referral and to provide them with help making that decision, including the provision of the 'Choosing your hospital' booklet. Further details of the support that practices will need to provide for patients to make an informed choice of hospital/provider are contained in Appendix 1.

Half of the DES award for choice will be made as an aspirational payment; the other half will be paid based on the results of a new survey of patient experience. Detailed information about the survey will be provided later this year, but it is not envisaged that GP practices will be involved in its administration.

You should also be aware that support for you to help patients make their choice of hospital/provider should be available from your PCT. This includes the provision of the 'Choosing your hospital' booklet for you to give to your patients as part of the choice discussion; the 'At A Glance' poster which illustrates where local services have been commissioned and details of where patients can access further information and local support.

Utilisation of the Choose and Book system is also included in the new DES and payment is based on using this system. Many GPs are now able to use Choose and Book and the number of bookings is increasing. Choose and Book provides an opportunity for patients to book their OP appointment at a date and time that suits them. Feedback from patients who have used the service has been extremely positive. It also provides a safe and secure means to electronically send the referral to a consultant. The new DES clearly sets out what needs to happen and clarifies that both the integrated and web based solutions can be used. Appointments can be booked while the patient is in the surgery (although this does not need to be by the GP), using the Choose and Book appointments line, over the internet or by calling the hospital.

More information is available from the Choose and Book website; www.chooseandbook.nhs.uk. We have also launched a new CD/DVD for GPs and practice staff who are introducing the Choose and Book service into their practices. It demonstrates the different ways Choose and Book can be used to suit different working processes, through the views of several GPs, practice staff and patients who are using the service.

This is available to order in either CD/DVD format from www.chooseandbook.nhs.uk/staff/commsmaterials.

(b) Practice Based Commissioning

There is also a DES to support practice based commissioning. This is payable as two components: the first to compensate practices for time invested to develop a practice based commissioning plan identifying services for redesign; and the second to reinvest in patient care on achievement of the objectives set out in the plan.

Practice based commissioning: early wins and top tips was published this month providing examples of how practice based commissioning is already making a difference. The booklet is intended to provide practical help, and engage and stimulate you on the road to practice based commissioning. The booklet is available at www.dh.gov.uk/practicebasedcommissioning

I hope that you have found this update letter helpful – as always, I am happy to take any feedback, please email me at dct.mailbox@dh.gsi.gov.uk

Kind regards,



David Colin-Thomé
National Clinical Director for Primary Care

Appendix 1

Choice Expectation

Practices will be required to provide the following support for patients to make an informed choice of hospital/provider:

- The patient's referrer, normally their GP, should generate a shortlist of clinically appropriate provider choices.
- The patient's referrer, normally their GP, should initiate the choice offer and discuss the relevant clinical aspects of choice with the patient.
- Practices should work with PCTs to support patients in discussing other aspects of choice.
- Patients should have access to meaningful information in the practice to support their choice decision, including:
 - the patient information booklet tailored to PCT commissioned choices
 - the "at a glance" poster of commissioned choices for the top 15 referrer specialities (this is for GPs rather than patient)
 - where patients can assess further information and local support, including advice from patient care advisors and an explanation of the process.
 - Out-patient waiting time information for each commissioned specialty which is updated monthly.
- Practices should work with PCTs to quality assure the choice process from the patient perspective.

Booking Expectation

Practices will be required to support the utilisation of Choose and Book in the following way:

- Patients should leave the practice with a Choose and Book generated appointment request (UBRN) and a patient password.
- Patients should leave the practice with an appointment with their chosen provider or written information about what they need to do next to complete their choice and make a booking.
- The practice should generate and attach a referral letter to an appointment request or auto generate a referral letter via a GP integrated system within agreed time limits. For cancer referrals (maximum 2 week wait) or urgent referrals this must be within 1 working day and for routine referrals normally 3 working days unless there are exceptional circumstances or when information cannot be forwarded subsequently.