

The Newcastle Upon Tyne Hospitals NHS Foundation Trust

Choose and Book Policy

Effective: September 2011

Review: September 2013

1. Introduction

This policy is of relevance to all staff responsible for clinical and administrative Choose and Book (CaB) functionality for new referrals from General Practitioners (GPs) to the provider Newcastle Upon Tyne Hospitals (NUTH) using the national Choose and Book application as supported by the DoH Clinical Informatics Directorate.

2. Policy Aim

To formalise and raise awareness within NUTH of the correct processes to manage all CaB new referrals; namely to:

- Print
- Review
- Accept
- Rebook
- Change priority
- Redirect
- Cancel
- Reject
- Management of Appointment Slot Issues (ASI) deferred to provider by GPs/patients.

3. Scope

- 3.1. The policy applies to all locations within NUTH (including outreach centres).
- 3.2. It applies to all employees, all contractors, all students and trainees and anyone responsible for the handling of Choose and Book functionality.
- 3.3. Directorate Managers (DM), Medical Records Manager and individual outpatient managers are responsible for ensuring the policy is followed by all members of staff.
- 3.4. All members of staff within their directorate are responsible for ensuring due diligence in adhering to the policy.

4. Management of Choose and Book

All NUTH employees must be compliant with the Choose and Book processes and standards as defined in the training documentation at:

www.chooseandbook.nhs.uk/staff/communications/fact

The head of the Directorate/Department/Function must decide whose responsibility it is to monitor and action the following choose and book management functions (with the exceptions specified below for sections 4.3, 4.4 and 5.0):

4.1. Referrals for Review Worklist (See suggested working practices Appendix 1)

- 4.1.1. Accepting a Booking
- 4.1.2. Cancel Appointment Rebook Later/Retain appointment, Rebook later
- 4.1.3. Change Priority, Keep Appointment / Change Due by Date, Keep Appointment
- 4.1.4. Redirecting a referral to a different service

4.2. Appointment for Booking Worklist (See suggested working practices Appendix 1)

4.3. Removing Choose and Book Slots

The removal of choose and book slots can only be authorised by the Directorate Manager

4.4. Adding a new service definition

The addition of a new service definition can be requested by a clinician with the authorisation of the Directorate Manager and forwarded to the choose and book team

4.5. Appointment Slot Issues (ASI) (See suggested working practices Appendix 1)

4.6. Missing Referral Correspondence (See suggested working practices Appendix 1)

4.7. Displaced Appointments(See suggested working practices Appendix 1)

5. Monitoring and Review

The Choose and Book team will monitor the worklists; appointment slot issues and advise action/training where required. Performance figures are reported in the Trust Monthly Report and reviewed on a weekly basis with the Head of Clinical Informatics and Choose & Book Clinical Lead. The Choose & Book Manager is responsible for ensuring all actions are completed.

The Choose and Book reports must be used by the Directorate/Department managers to monitor compliance and to identify any members of staff who are not complying fully with the policy.

Author: Choose and Book Service Manager

Suggested Working Practices – Choose and Book

1. Referrals for Review Worklist

All referrals appearing on this worklist must be processed and accepted within no less than 10 working days prior to the date of the appointment for routine referrals and within 24 hours of receipt of referrals for urgent / 2WW referrals.

- The worklist should be opened at the beginning of each working day by the administrator
- It is important that the authorised administrator opens and prints the referral and all attachments and give these to the clinician the same day.
- The clinician will review routine referrals and return these to the Administrator within 10 working days of receipt of referrals no less than 10 working days prior to the appointment - **whichever is soonest**.
- To ensure compliance with the above timescales the Directorate will ensure a process is implemented to monitor the progress of referrals i.e.
 - a) Chase up >10 days outstanding from date of print out
 - b) Chase up referrals within 10 days of appointment date
- The clinician will review and return all urgent / 2WW referrals on the day of receipt.
- The clinician will return the referral to the administrator to action accordingly where appropriate (please refer to Patient Access Policy)

2. Referrals for Review – Accepting a Booking

The referral should be accepted in C&B by the administrator on the day of receipt from the clinician

3. Referrals for Review – Cancel Appointment Rebook Later/Retain appointment, Rebook later

- The referral should be cancelled in C&B by the administrator on the day of receipt from the clinician
- The reason for the cancellation must be selected from a drop down menu
- Detailed text must also be added to the Instructions to Administrator box. This is displayed when the appointment is then automatically transferred to the 'Appointments for Booking' worklist and will assist if someone else will be rebooking the appointment

4. Referrals for review – Change Priority, Keep Appointment / Change Due by Date, Keep Appointment

- The referral should be changed by the administrator on the day of receipt from the clinician
- Once you have changed the priority/date you will have accepted the referral at this point
- If you are rebooking a patient's appointment, you will need to contact the patient to consult them on the new date and time during the rebooking process

5. Appointment for Booking Worklist

The 'Appointments for Booking' worklist contains referrals where the initial appointment was booked to your service and has been subsequently cancelled or requires rebooking from a workflow such as 'cancel appointment and rebook later', DNA, Cancelled by Provider, Cancelled by patient. In all cases the duty of care is our responsibility and the patient will continue to show on the GP system until we take appropriate actions as follows:

- a) The worklist should be opened at the beginning of each working day by the administrator
- b) The appointment needs to be actioned immediately and you must ensure the patient gets an appointment booked, rebooked, redirected or cancelled

6. Appointment Slot Issues (ASI)

The Appointment Slot Issues worklist contains referrals where the referrer/patient was unable to book an appointment into the service as there were no slots available

- The Choose and Book Team will open the worklist on a daily basis, copy the previous day's slot issues into a spreadsheet, make appointments where possible and send acknowledgement correspondence to the patient within 4 working days of receipt of the slot issue.
- The person(s) designated by the Directorate Manager with the BMS proxy role will need to review the ASI worklist on a daily basis and where possible book an appointment within choose and book within 77 days from the date the patient was originally referred to NUTH.
- The employee responsible for looking after the ASI worklist must ensure the appointment slot issues are resolved within 10 working days from the date of deferral.
- If you are unable to use choose and book to make an appointment the referring GP will need to be called to obtain a copy of the referral correspondence. The contact should be noted in choose and book to enable the person covering your role to take over without any administrative obstruction. The appointment will need to be made outside choose and book and the request only cancelled when you are able to provide the exact date/time from the patient administration system (eRecord)
- Any slot problems need to be discussed with your Directorate Manager and a 9 week implementation programme integrated into your outpatient system.

7. Displaced Appointments

This is the responsibility of all choose and book administrators. In their absence/until training has been completed, the Choose and Book team monitor and call GP's on a daily basis to ensure the referral correspondence is attached prior to the patient attending the appointment. Any anomalies are fed back to the PCT/practice manager.

**THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST
IMPACT ASSESSMENT – SCREENING FORM A**

This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

Policy Title:	Choose & Book Policy	Policy Author:	Andrew Pike, Choose & Book Service Manager
		Yes/No?	You must provide evidence to support your response:
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of the following: (* denotes protected characteristics under the Equality Act 2010)		
	<ul style="list-style-type: none"> • Race * 	No	Policy is a standardisation of working practice relating to Choose & Book administration and has no impact relating to any specific group of staff
	<ul style="list-style-type: none"> • Ethnic origins (including gypsies and travellers) 	No	As Above
	<ul style="list-style-type: none"> • Nationality 	No	As Above
	<ul style="list-style-type: none"> • Gender * 	No	As Above
	<ul style="list-style-type: none"> • Culture 	No	As Above
	<ul style="list-style-type: none"> • Religion or belief * 	No	As Above
	<ul style="list-style-type: none"> • Sexual orientation including lesbian, gay and bisexual people * 	No	As Above
	<ul style="list-style-type: none"> • Age * 	No	As Above
	<ul style="list-style-type: none"> • Disability – learning difficulties, physical disability, sensory impairment and mental health problems * 	No	As Above
	<ul style="list-style-type: none"> • Gender reassignment * 	No	As Above
	<ul style="list-style-type: none"> • Marriage and civil partnership * 	No	As Above
2.	Is there any evidence that some groups are affected differently?	No	As Above
3.	If you have identified potential discrimination which can include associative discrimination i.e. direct discrimination against someone because they associate with another person who possesses a protected characteristic, are any exceptions valid, legal and/or justifiable?	NA	
4(a).	Is the impact of the policy/guidance likely to be negative? <i>(If "yes", please answer sections 4(b) to 4(d)).</i>	No	Only positive impact by standardising practices and introducing best practice
4(b).	If so can the impact be avoided?	NA	
4(c).	What alternatives are there to achieving the policy/guidance without the impact?	NA	
4(d)	Can we reduce the impact by taking different action?	No	Only a Trust policy will establish clear best practice procedures across the Trust

Comments:	Action Plan due (or Not Applicable): N/A
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Name and Designation of Person responsible for completion of this form: Andrew Pike Date: 02.09.11
Names & Designations of those involved in the impact assessment screening process: Andrew Pike, Choose & Book Service Manager

(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified on this form, please refer to the Policy Author identified above, together with any suggestions for the actions required to avoid/reduce this impact.)

For advice on answering the above questions please contact Frances Blackburn, Head of Nursing, Freeman/Walkergate, or, Christine Holland, Senior HR Manager. On completion this form must be forwarded electronically to Steven Stoker, Clinical Effectiveness Manager, (Ext. 24963) steven.stoker@nuth.nhs.uk together with the procedural document. If you have identified a potential discriminatory impact of this procedural document, please ensure that you arrange for a full consultation, with relevant stakeholders, to complete a Full Impact Assessment (Form B) and to develop an Action Plan to avoid/reduce this impact; both Form B and the Action Plan should also be sent electronically to Steven Stoker within six weeks of the completion of this form.