Contract implementation guidance

Choice of named consultant-led team

Department of Health

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Contract implementation guidance

Choice of named consultant-led team

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Contents

Introduction

1. In July 2010, the Government made a series of commitments around extending patient choice and ensuring the principle of shared decision making becomes the norm. The Department of Health subsequently consulted on the implementation of those commitments. This document provides guidance to providers and commissioners on implementation of the specific commitment to introduce choice of named consultant-led team for a first consultant led outpatient appointment for elective care where clinically appropriate. Guidance on other commitments will be issued in due course as the relevant consultation responses are published.

2. This guidance applies only to the NHS in England and supports commissioners and providers to meet their contracted commitments under the NHS standard contracts that place an obligation on them to act in accordance with Choice Guidance issued from time to time by the Department of Health (DH).

3. This guidance builds upon and extends the current choice of provider offer to allow the person being referred to also choose to be referred to a named consultant–led team, where this is deemed clinically appropriate. It is effective from the date of publication.

NHS standard contracts

4. The NHS standard contracts are used to commission NHS-funded services from all types of providers (NHS Trusts, Foundation Trusts, independent, charitable and voluntary sectors). The contracts include standard terms which cannot be amended and which record agreements reached by the commissioner and provider across a range of requirements relating to the services commissioned and associated quality and performance requirements. Some of the quality and performance requirements are nationally set and others may be agreed locally.

5. There are currently four core standard contracts (acute hospital services, mental health and learning disability services, community services and ambulance services).[1]

6. The contracts set out a general requirement for commissioners and providers and for 2011/12 include an explicit obligation relating to Choice, which requires providers to comply with Choice Guidance including both current guidance and any future guidance issued by DH (or the NHS Commissioning Board).

Our vision for choice of named consultant-led team

7. The commitment in '*Equity and excellence: Liberating the NHS*'[2] is to *"Introduce choice of named consultant-led team for elective care by April 2011 where clinically appropriate. We will look at ways of ensuring that Choose and Book usage is maximised, and we intend to amend the appropriate standard acute contract to ensure that providers list named consultants on Choose and Book"*. This guidance was originally intended for publication before April 2011 but was deferred because of the Government's Listening Exercise.

8. Providers of NHS services are required to:

- Accept all clinically appropriate referrals to a named consultant-led team, however they are received;
- list all named consultant teams against all their relevant services on Choose and Book in a way that allows users to book appointments with named consultant-led teams as well as with generic clinics;
- publish information about their services so that people can use this to make informed choices about their healthcare.

9. The Choose and Book electronic referral and booking system already supports named consultant-led team through the named clinician functionality. Since April 2011, bookings to services that have at least one named consultant listed against them have risen from 71% to 78% (latest figures August 2011)[3].

10. Patients who want to should be able to choose a particular named consultant-led team for their first consultant-led outpatient appointment where it is clinically appropriate. The right[4] to access services within maximum waiting times under the NHS Constitution[5] continues and applies to patients who choose to be referred to a named consultant-led team.

11. Shared decision making should become the norm. There should be a discussion between referrer and the patient on where and when the patient wants to be seen. This includes discussion of whether the patient wishes to be referred to a particular named consultant-led team.

12. A referrer may suggest going to a particular named consultant-led team where it is clinically appropriate, for example, when the patient has previously seen a particular consultant or his team for a specific condition which is re-presenting. Where patients do not have a preference about the named consultant-led team that they want to see, they should be referred to the generic service at the provider of their choice. The requirement applies whether the referral is made through Choose and Book or other means.

13. To make sure that all choices are safe and appropriate, it will be for the healthcare professional making the referral to decide what is clinically appropriate. The chosen consultant-led team must offer a health service that is clinically appropriate for the person making the choice. Providers are required to ensure that the Choose and Book Directory of Service accurately reflects the service being offered and to accept all clinically appropriate referrals. It is for the provider to assess whether the referral information provided meets their clinical acceptance criteria.

14. Choice of named consultant-led team applies only to referrals made to a first out patient appointment with a consultant-led team i.e. where free choice of provider of NHS care applies. There are a number of services and people excluded from the free choice offer as set out in the Primary Care Trusts (Choice of Secondary Care Provider) Directions 2009[6]. The same exclusions apply to choice of named consultant-led team. Services currently excluded are:

- Accident and emergency services
- Cancer services or services provided at rapid access chest pain clinics which are subject to the 2 week maximum waiting time
- Maternity services
- Mental health services
- Any other services where it is necessary to provide urgent care

15. These exclusions will be reviewed and amended as appropriate as the choice commitments in the Government White Paper '*Equity and excellence: Liberating the NHS*' are implemented.

16. However, where a service is excluded providers do still have discretion to list services by named consultant-led team if they wish to. Where this is the case, referrers are able to use their discretion to offer choice of named consultant-led team.

17. The definition of consultant as set out in the Primary Care Trusts (Choice of Secondary Care Provider) Directions 2009[3] is a person who has been appointed to a consultant post within a secondary care provider. A requirement for appointment as a consultant is that the person's name is included in the register of specialists maintained by the General Medical Council. A named consultant-led team is where a consultant retains overall clinical responsibility for the service, team or treatment. The consultant will not necessarily be physically present for each patient's appointment, but he/she takes overall clinical responsibility for patient care.

What does this mean for providers?

18. Providers of NHS services are required to:

- Accept all clinically appropriate referrals to a named consultant-led team, however they are received;
- list all named consultant teams against all their relevant services on Choose and Book in a way that allows users to book appointments with named consultant-led teams as well as with generic clinics;
- publish information about their services so that people can use this to make informed choices about their healthcare.

19. Implementation guidance to support providers in listing services by named consultant-led teams on Choose and Book is available at: www.chooseandbook.nhs.uk/staff/communications/fact/namedclinician.pdf

20. Accepting referrals to named consultant-led teams should not affect providers' ability to run generic services. As now, providers will need to manage capacity proactively. Feedback from providers already listing services by named consultant-led team shows that many are proactively managing capacity in a number of ways, including working with commissioners and referrers to ensure that referrals to named consultant-led teams are made only where it is the patient's choice and it is clinically appropriate. Discussion with providers has also highlighted that where capacity issues do arise, discussing alternative options with the patient and referrer can often result in patients moving to a service with a shorter waiting time. See the case studies at the end of this guidance.

What does this mean for commissioners?

21. Commissioners will need to work with their providers to ensure that their services enable patients to choose to be referred to a named consultant-led team of their choice and ensure that they have completed the actions described above.

22. Referrers will need to be made aware that providers should be listing services on Choose and Book by named consultant-led team and that they should refer to named consultant-led teams where the patient requests it and it is clinically appropriate.

23. Commissioners will support Choose and Book; ensure that referrers are able to access Choose and Book; and provide patients with information to enable them to make a choice of provider and a choice of named consultant-led team where requested and clinically appropriate.

24. Commissioners are expected to provide information and support for its use to patients. Children, those with learning disabilities and others who find it more difficult to make decisions may need additional support so that they can be more involved in decisions about their healthcare. People who help them with their decisions will also need to be involved.

25. Commissioners will wish to consider the way in which they implement choice of a named consultant-led team with how they take forward paragraph 3.26 of the 2011-12 NHS Operating Framework which states that:

'PCTs should develop and implement plans for shared decision-making ….. and should include these areas in contracts. PCTs should also publish, via Your Guide or similar mechanisms, an account of how they have delivered shared decision-making….'

Frequently Asked Questions to support implementation

1. Do referrers have to offer a patient a choice of named consultant-led team?

Yes, if patients want it. GMC guidance "Good medical practice–duties of a doctor"[7] includes a duty to work in partnership with the patient, respecting the right to reach decisions with the doctor about their treatment and care. In line with this, there should be a discussion between the referrer and the patient on where and when the patient wants to be seen. This includes discussion of whether the patient wishes to be referred to a particular named consultant-led team. A referrer may also suggest going to a particular consultant-led team where it is clinically appropriate, for example when the patient has seen a consultant for a specific condition which is re-presenting and the patient can take this into account when making their choice of where they want to be referred.

2. Does choice of named consultant-led team cover referral to all services?

Choice of named consultant-led team applies to referrals made to a first out patient appointment with a consultant-led team i.e. where free choice of provider of NHS care applies. As set out in the Primary Care Trusts (Choice of Secondary Care Provider) Directions 2009[3] there are a number of services and people excluded. These also apply to choice of named consultant led team. These exclusions will be reviewed and amended as appropriate as the choice commitments in the White Paper 'Equity and excellence: Liberating the NHS' are implemented.

Services currently excluded are:-

- Accident and emergency services
- Cancer services or services provided at rapid access chest pain clinics which are subject to the 2 week maximum waiting time
- Maternity services
- Mental health services
- Any other services where it is necessary to provide urgent care

However, where a service is excluded, providers do still have discretion to list services by named consultant-led team if they wish to and where this is the case referrers are able to use their discretion to offer choice of named consultant-led team.

3. What is meant by 'consultant', and if a patient is referred to a named consultant-led team, will they be seen by that named clinician?

The definition of consultant as set out in the Primary Care Trusts (Choice of Secondary Care Provider) Directions 2009. A consultant is a person who has been appointed to a consultant post within a secondary care provider. A requirement for appointment as a consultant is that the person's name is included in the register of specialists maintained by the General Medical Council. This covers consultants of a medical speciality only and does not cover nurse consultants, physiotherapy consultants or any others.

A named consultant-led team is where a consultant retains overall clinical responsibility for the service, team or treatment. The consultant will not necessarily be physically present for each patient's appointment, but he/she takes overall clinical responsibility for patient care.

4. Under what circumstances can a referral to a named consultant-led team be rejected?

Providers are required to accept all clinically appropriate referrals. The referring clinician makes the decision to refer based on clinical need. It is then for the provider to assess whether the referral information provided meets their acceptance criteria. There should be no difference for providers when rejecting a referral to a named consultant-led team or any other service.

It is important to note that if a referral is to be rejected on clinical grounds the referrer and patient should be informed. However, if the provider wishes to redirect the patient to another clinically appropriate service, they should involve the patient in a discussion about their options as well as informing the referrer.

5. How do providers manage the demand for particular named consultant-led teams?

Providers of services will need to monitor capacity and demand regularly across all of their consultant-led teams to ensure capacity is utilised efficiently. This will ensure that a rapid response to changes in demand can be managed to avoid capacity constraints. This is important because patients' rights to start treatment within maximum waiting times under the NHS Constitution continue. It is important to remember that the patient

is choosing to be seen by a named consultant-led team, not a particular consultant and therefore demand can be shared across the team, or the size of the team increased to meet a rise in demand.

6. If a patient chooses a particular named consultant-led team, and the consultant-led team has clinics on multiple sites for the same provider, should they also be able to choose which site they can go to?

Where a consultant has clinics at a number of different providers and sites, and these clinics are listed on Choose and Book, the patient can choose the clinic at which they would like to be seen.

7. Can a patient choose to wait longer to see a particular named consultant-led team or to be seen at a particular site or location?

Yes, patients can choose to wait to see a particular named consultant-led team. However they should also be given the opportunity to choose to be referred to another consultant-led team or provider with a shorter waiting list if they want to. They will need to be given the information to enable them to do this.

Clinical priority must be the main determinant for when a patient is treated. The waiting time for these patients should continue to be managed and reported in accordance with national guidance which can be found at: http://www.dh.gov.uk/en/Publicationsandstatistics/Statistics/Performancedataandstatistics/ReferraltoTreatmentstatistics/DH_089757

8. What is the right to be seen within maximum waiting times under the NHS Constitution?

The right “to access services within maximum waiting times, or for the NHS to take reasonable steps to offer a range of alternative providers if this is not possible” remains in the NHS Constitution. This means that the legal duty to commission services that meet maximum waiting time standards and to offer redress to patients who have waited longer if they request it continues.

9. Will this result in providers needing to make changes in the reporting arrangements for referral to treatment waiting times?

Regardless of the choice made by a patient, national Referral to Treatment waiting times rules, definitions and reporting requirements continue to apply. There should be no change in the reporting of referral to treatment waiting times. The relevant information can be found at: http://www.dh.gov.uk/en/Publicationsandstatistics/Statistics/Performancedataandstatistics/ReferraltoTreatmentstatistics/DH_089757

10. What information should be made available to patients to support their choice?

Commissioners and providers will need to decide what information they are required to provide and how this is made available to patients to support their choices. Currently Choose and Book shows the indicative wait time for the first outpatient appointment, but not the subsequent wait for treatment.

In addition, currently NHS Choices shows median waits for specialties at trusts but this is not at present broken down below this level, eg sub-specialty or service. Patients are able to compare this information across providers.

New consultant profiles have been launched on www.nhs.uk. These new profiles provide consultants with an opportunity to publish details about themselves and their areas of specialty.

11. Does the requirement to list all services by named consultant-led team mean there is a move away from offering pooled services/generic services?

No, providers can also continue to offer pooled clinics/generic services in addition to making services available by named consultant-led teams.

12. Where referrals go via a referral management centre or through a Clinical Assessment Service, at what point should choice be offered?

Choice should always be offered at the point of referral from primary care to secondary care.

Where responsibility for delegating a referral is passed to a third party, commissioners should ensure that patients are always involved in any decisions about their care and they continue to have the right to choose where they are referred, as well as to be referred to a named consultant-led team if this is what they want and this is clinically appropriate. To do this they will need to ensure that there is a robust protocol in place.

13. How do you ensure that new consultants are used and available to be referred to as a named consultant-led team?

As they do currently, providers will need to let referrers know of new consultant appointments both through local communications and also by including relevant information on NHS Choices. They will also need to ensure that all joining consultants are registered and added to Choose and Book as named clinicians.

14. If a referrer is unable to find services on Choose and Book listed by named consultant-led team, what should they do?

Initially so as not to disadvantage the patient, the referrer should make a referral to a generic service and include the name of the consultant-led team in the referral letter. They should also ask their commissioning lead to ensure that the provider in question lists their services on Choose and Book in this way.

15. If a provider has a Patient Administration System (PAS) which is not compliant with Choose and Book in terms of being able to support the full named clinician functionality, what should they do?

There is a very small minority of secondary care providers whose Patient Administration Systems (PAS) are currently unable to support the full named clinician functionality in Choose and Book. These trusts will be supported in finding alternative ways of managing referrals to consultant-led teams until such time as their systems are fully compliant. If support is required the Choose and Book Implementation team can be contacted at chooseandbook@nhs.net.

Information

Information about choice of named consultant-led team is available at:

http://www.dh.gov.uk/en/Healthcare/LiberatingtheNHS/Choice/DH_125411

Implementation guidance to support providers on how to list services by named consultant led teams on Choose and Book is available at:

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

Questions about choice of named consultant-led team should be addressed to:

- Choice@dh.gsi.gov.uk (policy)

- chooseandbook@nhs.net (Choose and Book)

Acute trust case studies for illustrative purposes

12 acute trusts were contacted and asked the same set of questions to understand what, if any, impact they had felt by offering named clinicians through the Choose and Book system. All 12 trusts agreed that they had not seen a negative impact and the fear that referrers would over-refer to specific services had not materialised. A couple of the providers expressed a slight concern that demand would rise as patients began to be aware that they could be referred to a named consultant-led team.

Trust A – London

Trust A lists 170 services on Choose and Book, 96% offer named clinician. They had no difficulty in managing capacity as the numbers referred to a named clinician were small, they were able to manage this through extending the polling range (how far into the future appointments are made available) to accommodate and then pulling this back afterwards. The most difficult specialties to manage were orthopaedics. They did not have a high number of slot issues as a result of listing services by named clinician.

Trust B – South West

77% of Trust B's services on Choose and Book offer named clinician. 3% of referrals through Choose and Book are to named consultant. They were able to manage capacity at a service level and this did not normally cause any problems. There were no higher slot issues for named consultant led team services than for generic pooled services.

" When we started listing services by named consultant led team there was some nervousness. This proved to be a fuss about nothing."

Trust C – Yorkshire and Humber

Trust C lists all services as pooled with the named consultant function available. The percentage of referrals to named consultant is very small. Managing capacity was not a major problem, although there were occasionally problems with services for example a person with a bunion referred to a named specialist Consultant when they only need to see a generalist. Where an issue did arise they contacted the GP and the patient to see if they were willing to move to another consultant. They were normally willing to do this. There had been a positive response from both GPs and consultants to the introduction of the use of named clinican functionality on Choose and Book. For the patient it allows the GP to ensure continuity of care if required.

[1] www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_124324
[2] www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_117353
[3] Derived from Choose and Book utilisation statistics (number of bookings to first outpatient in the month) combined with a Choose and Book extract listing services with named clinicians (at the end of August 2011).
[4] National Health Service, England – Primary Care Trusts and Strategic Health Authorities (Waiting Times) Directions 2010
[5] www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_113613
[6] www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsLegislation/DH_093004
[7] www.gmc-uk.org/guidance/good_medical_practice/duties_of_a_doctor.asp