

Choice of GP practice

Guidance for all PCTs – covering Outer Boundaries, Open and Closed Lists and Aspects of the Patient Choice Scheme

Choice of GP Practice: Guidance for all PCTs

| DH INFORMATION READER BOX | | |
|----------------------------------|--|---|
| Policy | Clinical Commissioner Development Provider Development Improvement and Efficiency | Estates IM & T Finance Social Care / Partnership Working |
| Document Purpose | Procedure - new | |
| Gateway Reference | 17486 | |
| Title | Choice of GP Practice: Guidance for all PCTs - covering Outer Boundaries, Open and Closed Lists and Aspects of the Patient Choice Scheme | |
| Author | Department of Health | |
| Publication Date | April 2012 | |
| Target Audience | PCT Cluster CEs, GPs | |
| Circulation List | SHA Cluster CEs, PCT Cluster Chairs | |
| Description | This document provides guidance to all PCTs on the wider aspects of the policy on widening patient choice of GP practices, including outer practice boundaries, the revised list closure procedure and aspects of the Patient Choice Scheme. | |
| Cross Ref | Choice of GP Practice: The Patient Choice Scheme | |
| Superseded Docs | Choice of GP Practice: Guidance for PCTs (Gateway Ref: 17109) | |
| Action Required | PCTs to discuss and agree outer practice boundaries with GP practices, to note the new list closure procedure and to notify patients living in their areas who are registered with practices participating in the Patient Choice Scheme of the arrangements they have in place for accessing primary medical services whilst they are at home. | |
| Timing | Outer practice areas should be agreed by 1st July 2012 | |
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Choice of GP practice

Guidance for all PCTs – covering Outer Boundaries, Open and Closed Lists and Aspects of the Patient Choice Scheme

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First published [Month Year]

Published to DH website, in electronic PDF format only.

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1. Introduction

- 1.1. This document provides more detailed guidance on issues around choice of GP practice that affect all primary care trusts (PCTs). Specifically, it covers the legislative changes implementing outer boundary areas and the new list closure procedures, as well as the aspects of the Patient Choice Scheme which could affect PCTs in those areas not participating in the piloting arrangements.
- 1.2. This document supersedes that which published on the Department of Health's website on 26th January – Gateway reference 17109. It should also be read alongside the document published on 4th April 2012 entitled Choice of GP practice: Further Guidance: The Patient Choice Scheme - Gateway reference 17487.
- 1.3. This document has been produced in discussion and with the involvement of the General Practitioners' Committee of the British Medical Association.

2. Practice Boundaries

- 2.1. Under the current arrangements, patients who move home a relatively short distance sometimes find that they have to re-register with a new practice when they would prefer to stay with their existing practice with whom they may have a well established relationship.
- 2.2. There are already instances of people who continue be registered with a practice, despite living outside its boundary area. Indeed, the current contractual arrangements do not prevent practices accepting people onto their lists of NHS patients, even if they live outside of a practice's area¹.
- 2.3. Part of the agreement reached between NHS Employers (on behalf of the Secretary of State for Health) and the General Practitioners' Committee of the British Medical Association through the negotiations on changes to the GMS contract for 2012/13 in respect of choice of GP practice was that:

“GP practices will agree with their PCT an outer practice boundary area where they will retain, where appropriate, existing patients who have moved house into the outer boundary area.”

- 2.4. The *Operating Framework for the NHS in England 2012/13* includes a requirement that PCT clusters should work collaboratively with GP practices to establish new outer areas to enable patients who move house locally to stay with their existing practice².
- 2.5. The legislative changes³ provide that a GMS contract or PMS agreement may specify an outer boundary area. APMS contracts may, where appropriate, specify a practice area⁴, and there is also flexibility for APMS contractors to agree outer boundary areas. It is expected that, by 1st July, practices and PCTs will have discussed and agreed variations to contracts or agreements which will establish an outer boundary area. All PCTs should therefore be working with their GP practices to agree and establish outer boundary areas so that patients who move home within these areas can stay registered with the practice if they wish, unless the practice believes it would not be in patients' interests to do so.

¹ Paragraph 15 of Schedule 6 to the NHS (General Medical Services Contracts) Regulations 2004 (SI No. 2004/291); and Paragraph 14 of Schedule 6 to the NHS (Primary Medical Services Agreements) Regulations 2004 (SI No. 2004/627)

² At paragraph 3.24

³ Amendments to Regulation 18 of the NHS (General Medical Services Contracts) Regulations 2004; and Regulation 11 of the NHS (Primary Medical Services Agreements) Regulations 2004

⁴ Direction 5(b) of the Alternative Provider Medical Services Directions 2010

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- 2.6. When deciding on the size of their outer boundary, practices should ensure that they will remain available and accessible to their existing patients.
- 2.7. Where a GP practice already has a large boundary area, it may not be appropriate for such a practice to establish an outer boundary area. However, we, and the BMA, expect that this will be the case in only exceptional circumstances.
- 2.8. PCTs should therefore work with GP practices to ensure that the arrangements are as fair and equitable as possible and that they serve patients' interests.
- 2.9. When outer boundary areas have been agreed, and contracts amended, practices will need to set these out in their practice leaflet⁵, and on their website⁶, if they have one. We expect that this information will also be made available on the NHS Choices website.
- 2.10. Where a patient moves from the existing practice area to the outer boundary area of a GP practice and remains registered, that practice would continue to provide their full range of services to that patient, including clinically necessary home visits. Where patients rely on frequent home visits from their GP practice, it would normally be in their interest to choose a practice within a reasonable travelling distance of where they live to ensure that it is able to provide these visits.
- 2.11. Whilst agreeing outer boundary areas, PCTs may wish to take the opportunity to work with GP practices to review any existing (inner) boundary areas with a view to improving equity for patients and for practices. In some areas, there is significant variation in the size of practice catchment areas, even allowing for differences in travel time.
- 2.12. PCTs have access to a variety of different IT systems and software, usually based on Geographic Information Systems that allow them to identify and map the location of practices and their surrounding catchment area. More information on this is available from the NHS Information Centre via the following link: www.ic.nhs.uk/statistics-and-data-collections/population-and-geography/digital-mapping.
- 2.13. Some PCTs have used maps that these software create to redefine their practices' boundaries so that patients across the PCT have a choice of at least three or four practices. This has enabled those patients that want to switch practice locally to do so whilst encouraging services to respond even better to patients' needs. , PCTs that have taken these steps will be enabling patients, in future, to choose from a much wider

⁵ As set out in the amended Schedules 10 to both the NHS (General Medical Services Contracts) Regulations 2004 and the NHS (Primary Medical Services Agreements) Regulations 2004

⁶ Under paragraph 76A of schedule 6 to the NHS (General Medical Services Contracts) Regulations 2004; and paragraph 72A of Schedule 5 to the NHS (Primary Medical Services Agreements) Regulations 2004

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range of practices that will provide greater flexibility and personal care, as well as offering a wider range of services .

- 2.14. PCTs should therefore be working with their practices to create a transparent and rational system that can be used in future to agree both inner and outer practice boundaries.

3. Open and closed lists

Background

- 3.1. Prior to the introduction of the new arrangements in 2004, contracts for the provision of primary medical services were with individual practitioners and there was a statutory limit applied to the number of patients they could have on their lists⁷. From April 2004, primary medical services contracts became practice based, and the limit on the numbers of patients was abolished. The Regulations which underpinned these new arrangements⁸ introduced the list closure procedure, which would enable practices who were struggling with capacity issues to close their lists to new registrations. This, however, had its difficulties, not least because a deterrent existed in that practices had to give up providing additional or enhanced services in order to close its list. This led to some practices declaring their list “open but full”, which is not legally recognised within the contractual arrangements, and is confusing for patients. **Practices’ lists of NHS patients must be either “open” or “closed” to new registrations, and this will not change.**
- 3.2. An “open” list means that a practice is able to accept applications to join its list. This is the default position and a practice with an open list can only refuse an application where it has reasonable non-discriminatory grounds for doing so.
- 3.3. A “closed” list means that a practice can refuse applications to join its list from anyone other than from immediate family members⁹ of its registered patients. In order to achieve this status, the practice will have successfully gained approval from its PCT to close its list.

⁷ Of 2,500 patients per GP, or 3,500 if a GP worked in partnership

⁸ The NHS (General Medical Services Contracts) Regulations 2004 (SI No. 2004/291); and the NHS (Primary Medical Services Agreements) Regulations 2004 (SI No. 2004/627)

⁹ Immediate family member is defined for these purposes as:

- (i) a spouse;
- (ii) a person (whether or not of the opposite sex) whose relationship with the registered patient has the characteristics of the relationship between husband and wife;
- (iii) a parent or step-parent
- (iv) a son;
- (v) a daughter
- (vi) a child of whom the registered patient is (a) the guardian or (b) the carer duly authorised by the local authority to whose care the child has been committed under the Children Act 1989; or
- (vii) a grandparent

New list closure procedure

3.4. The changes to the NHS (General Medical Services Contracts) Regulations 2004¹⁰ will make the list closure procedure easier for practices and PCTs, and more transparent for patients so that they are clear whether or not a list is open or closed to new registrations. For example, if a practice's list is closed, it will be clear how long this will last (the current provisions allow for a time period of up to 12 months, which is agreed between the practice and the PCT, with the default of 12 months in the absence of any such agreement).

Application for closure of list of patients

3.5. The new list closure procedure will start with a practice making an application in the form of a written submission¹¹ to its PCT setting out the following:

- any options the practice has considered, rejected or implemented to try to relieve the difficulties it has encountered in respect of its open list and, if any of these options were implemented, the level of success in reducing or eliminating these difficulties;
- any discussions between the practice and its patients and a summary of those discussions including whether in the opinion of those patients the list should or should not be closed;
- any discussions between the practice and other local practices, and a summary of their opinion as to whether the list should or should not be closed;
- the period of time during which the practice wishes its list to be closed, which must not be less than 3 months and not more than 12 months;
- any reasonable support from the PCT which the practice considers would enable its list to remain open or would enable the period of proposed closure to be minimised;
- during the proposed list closure period, any plans the practice may have to reduce or eliminate the difficulties mentioned in their application which would allow their list to reopen when this period elapses; and
- any other information which the practice considers necessary to bring to the attention of the PCT.

¹⁰ With the inclusion of paragraphs 29A to 29E into, and the removal of paragraphs 29 and 30 from, schedule 6 to the NHS (General Medical Services Contracts) Regulations 2004; and the insertion of paragraphs 28A to 28E to, and the removal of paragraphs 28 and 29 from Schedule 5 to the NHS (Primary Medical Services Agreements) Regulations 2004

¹¹ Please note that the Closure Notice at Schedule 8 to both the NHS (General Medical Services Contracts) Regulations 2004 and the NHS (Primary Medical Services Agreements) Regulations 2004 has now been removed

- 3.6. The PCT must acknowledge receipt of the application within 7 days of receiving it. It must consider the application and may request any information from the practice to enable it to do so.
- 3.7. The PCT must enter into discussions with the practice, about what support it can provide or any changes that can be made, with both doing everything possible to keep the list open. The LMC may be invited at any stage during these discussions to attend any meetings that have been arranged. Also, the PCT may consult anyone who might be affected by the closure of the list, and if so, must provide the practice with a summary of any views expressed. The PCT must give the practice the opportunity to comment on all the information relating to the application before they make their decision.
- 3.8. The practice may withdraw its application at any time before the PCT makes its decision. This must be made within 21 days from the date the PCT received the application (or within a longer period if both parties agree). The PCT's decision will be either to:
- Approve the application and set the dates of closure and reopening of the list; or
 - Reject the application.
- 3.9. A practice will not be able to make another application to close its list within 12 months of the date of this decision unless the application has been rejected (in which case different time limits apply – see below), or there has been a change in circumstances affecting the ability of the practice to deliver services under its contract.

Approval of an application for closure of list of patients

- 3.10. A decision by a PCT to approval an application to close a list of patients must be sent in writing to the practice as soon as possible. This should also be copied at the same time to others who were involved in this process – such as the LMC and/or anyone affected by the list closure who was consulted.
- 3.11. The closure notice must include:
- The period of time the list will be closed, which must be either the period stated in the practice's application, or a period agreed subsequently. In either case, this must be 3 months or over but not longer than 12 months;
 - The date the list will close; and
 - The date the list will reopen (which may change should the practice and the PCT agree that the closure period will be extended or the list will reopen sooner – see below).

Rejection of an application for closure of list of patients

- 3.12. A decision by a PCT to reject an application to close a list of patients must be sent in writing to the practice as soon as possible. This should also be copied at the same time to others who were involved in this process – such as the LMC and/or anyone who was consulted.
- 3.13. A practice will not be able to make another application to close its list within 3 months of the date of a PCT's decision to reject an application, or the date of any final determination in a dispute¹² on this matter, whichever is the later. This time limit will not apply where there has been a change in circumstances affecting the ability of the practice to deliver services under its contract

Application for an extension of a closure period

- 3.14. During a period of closure, a practice may apply to have this extended. The application must be made in writing at least 8 weeks in advance of the date the list will reopen.
- 3.15. The application to extend must include:
- any options the practice has considered, rejected or implemented to try to relieve the difficulties it has encountered during the closure period and, if any of these options were implemented, the level of success in reducing or eliminating these difficulties;
 - the period of time during which the practice wishes its list to remain closed, which must not be more than 12 months;
 - any reasonable support from the PCT which the practice considers would enable its list to reopen or would enable the period of proposed extension of closure to be minimised;
 - details of any plans the practice may have to reduce or eliminate the difficulties mentioned in their application to extend the closure which would allow their list to reopen when this period elapses; and
 - any other information which the practice considers necessary to bring to the attention of the PCT.
- 3.16. The PCT must acknowledge receipt of the application within 7 days of receiving it. It must consider the application and may request any information from the practice to enable it to do so.

¹² Under the NHS dispute resolution procedure or any court proceedings

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- 3.17. The PCT may enter into discussions with the practice, about what support it can provide or any changes that can be made, with both doing everything possible to enable the list to reopen.
- 3.18. Within 14 days of the receipt of the application to extend the closure period, the PCT must make a decision either to approve or reject it.
- 3.19. Where a PCT approves an application to extend the closure period, it must notify the practice in writing as soon as possible. A copy should be sent to others who were involved in discussions on the original list closure application – e.g. the LMC and/or anyone affected by the list closure who was consulted.
- 3.20. The extended closure notice must include:
- The period of time the list will be closed, which must be either the period stated in the practice's application to extend the closure period, or a period agreed in writing between the PCT and the practice subsequently. In either case, this must be 3 months or over but not longer than 12 months;
 - The date from when the closure period will be extended; and
 - The date the list will reopen.
- 3.21. Where a PCT rejects an application to extend the closure period, it must notify the practice in writing as soon as possible. This should also be copied at the same time to the LMC, where appropriate.
- 3.22. The list will remain closed during the PCT's determination of the application to extend the closure period, or the cessation of any dispute concerning this application, whichever is the later.

Reopening a list of patients

- 3.23. The PCT and the practice may agree that a closed list can reopen before the closure period has expired.

Other changes

- 3.24. There are no longer provisions which allow lists to re-open and close according to rises and falls in list sizes (the so-called "ping-pong").
- 3.25. The assessment panel no longer has a role in the list closure procedure.
- 3.26. The list closure procedure does not include, and will no longer affect, practices' delivery of additional and/or enhanced services to patients. Any proposal by PCTs or practices for withdrawal from such services will follow the relevant contractual rules.

- 3.27. PCTs will need to ensure that patients are aware of the status of their GP practices' lists – for example on the NHS Choices website.

4. Aspects of the Patient Choice Scheme which apply to all PCTs

Urgent and local care for patients not registered locally

- 4.1. A feature of the Patient Choice Scheme is that GP practices who register patients living out of their practice area will not be responsible for the provision of primary medical services to those patients when they are away from their practice area or where it would be clinically inappropriate to treat such patients when they are away from home.
- 4.2. Should an out-of-area patient need an urgent face-to-face GP appointment but cannot get to their registered practice, then the PCT covering the area where the patient lives should have arrangements in place¹³ to ensure the patient can receive primary medical services. Primary medical services contactors who currently provide out of hours services for their registered patients under the terms of their contract will not have to provide such services for out-of-area registered patients if those patients are not present in the practice's area.
- 4.3. Similarly, if an out-of-area registered patient is ill at home and needs a clinically necessary home visit, then the PCT covering the home address should have arrangements in place to provide such home visits to the patient.
- 4.4. All PCTs must have arrangements in place ready to deal with patients who register with primary medical care services contractors in the pilot PCT areas but may require occasional access or, if ill for a longer period of time, more regular access to primary medical services when they are away from their registered practice's area at home.
- 4.5. All PCTs must ensure that patients who live in their area and who register as out-of-area patients with a practice in one of the pilot areas are notified of these arrangements¹⁴ both for in and out of hours care so they are clear about which services they can expect from whom.
- 4.6. Where patients rely on frequent home visits from their GP practice, or have frequent periods of time at home during which time they would normally attend their GP practice, they clearly need to choose a practice within a reasonable travelling distance of where they live to ensure that their practice is able to provide these visits.
- 4.7. We anticipate that patients who may choose to register further away from home – typically younger or working people without complex health problems – are very

¹³ Direction 7 to The Primary Medical Services (Patient Choice Scheme) Directions 2012

¹⁴ Direction 6 of The Primary Medical Services (Patient Choice Scheme) Directions 2012

unlikely to require home visits. For this group of patients, the benefits of choosing a practice that they can conveniently access for routine care or advice may outweigh the fact that the same practice is unable to carry out a home visit. These are judgements that patients should make in discussion with the contractor.

- 4.8. If it is subsequently established that the illness or injury will require ongoing care, with a potential need for home visits or regular attendance at a GP surgery, such patients may look to register with a local practice near their home from which they are better able to receive the health care specific to their needs. Participating GP practices retain their discretion to request the removal of patients if it becomes obvious that the practice is unable to provide a service that meets their on-going needs (see the Clinical Governance section below).

Securing the arrangements

- 4.9. PCTs (working with local GP practices) need to establish arrangements with local health service providers so that from April 2012 people who choose to register with a practice away from home can continue to access urgent care services, including any home visits, they may need.
- 4.10. PCTs should already have separate arrangements for home visits and other urgent care during the period that GP practices are normally closed – during the out-of-hours period from 6:30pm to 8am Monday to Friday, bank holidays and at weekends. PCTs will need to consider how the requirements of this Scheme can be integrated into their overall urgent care strategy, especially in the period prior to implementation of a coherent 24/7 urgent care service, supported by NHS 111. Out-of-hours providers will need to know how they can communicate with participating practices when they see their out-of-area registered patients.
- 4.11. In many parts of the country there will already be a range of primary care and urgent care services that can deliver appropriate care to a patient requiring immediate or urgent care, including those who are not registered with a GP practice in that area. These services should be made available to out-of-area registered patients who are unable to travel to their own practice, for example, GP health centres, walk-in centres or minor injuries units.
- 4.12. It is unlikely that GP health centres, walk-in centres or minor injuries units will be able to provide a home visit to patients outside their existing contracted out of hours provision. Discussions with PCTs and other NHS stakeholders have suggested that contracting for these minimal home visiting needs can be achieved through a variety of ways, including:
- making arrangements with local GP practices, to provide primary medical services including necessary home visits under a Local Enhanced Service arrangement, or

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- making arrangements with GP health centres or NHS walk-in centres to carry out home visits under a local enhanced service, bearing in mind they will already be contracted to deliver primary medical services to unregistered patients at the practice premises, or
 - extending the local out-of-hours service to provide home visits during the daytime period, or
 - making arrangements with groups of GP practices (some areas have already established more co-operative home visiting arrangements, which have resulted in visits being handled more quickly and effectively).
- 4.13. An illustrative local enhanced service specification for GP practices to provide both in-hours urgent care and home visits is set out at **Annex A**. Any PCT considering adopting this arrangement should ensure that it is a coherent part of the provision of urgent care locally.

Informing the patient

- 4.14. It will be essential that patients who register with a practice away from home understand who is responsible for their care should they become ill at home, so that an appointment can be booked at a local urgent care service or a home visit can be swiftly arranged. They should also understand how to access out-of-hours care in their home area. PCTs should ensure that service providers understand their responsibilities towards patients who may present in these circumstances.
- 4.15. As 111 is rolled out, patients who require urgent care or on-going care for a longer illness – and who have registered away from home – will be able to contact 111 to ensure they access the most appropriate local service. Although the 111 service is not fully rolled out at this stage, participating PCTs should pass details of all participating GP practices in their area (full practice name and address) to the Department of Health (email to patientchoicescheme@dh.gov.uk) for inclusion in the 111 directory of services. This will enable any patient calling a 111 site to find out about practices in The Patient Choice Scheme.
- 4.16. In the interim, PCTs must ensure that patients have good information and advice about urgent care services in their areas before the 111 number and 24/7 urgent care service become fully operational.
- 4.17. NHS Direct and NHS Choices already play an important role in providing health advice and information about local services. PCTs will need to ensure that these information services have up to date information on the range of local urgent care services available to patients.

- 4.18. PCTs should not, however, rely solely on these sources. Patients must be made aware of the relevant information as soon as possible when they register 'out of .the area'. It will be particularly important that patients are easily able to identify:
- whom to contact if they need a home visit
 - where to go if they are unwell whilst at home and want to get urgent care, eg a GP health centre, walk-in centre, A&E Department or local GP practice
 - the arrangements for accessing urgent care during the out-of-hours period.
- 4.19. An example of a template that PCTs may wish to use is at **Annex B**.

Community based services

- 4.20. GP practices are the main coordinator of patient care and other services for patients, including appropriate referral to community and home based services such as district nursing, physiotherapy, midwifery etc.
- 4.21. Such community services are mainly used by people with continuing health needs, who are more likely to be registered with a GP practice near where they live. However, PCTs must be prepared for the possibility that some patients who register away from home may, on occasion, need to have these services provided when they are at home. For example, a patient registered away from home who is discharged from hospital following an operation may require a package of care at home.
- 4.22. This is likely to be more straightforward for some community services than for others. When patients register away from home and subsequently require access to such services, there will essentially be two options:
- to use the community health teams attached to the practice, or
 - to use community services teams in the area where the patient lives.
- 4.23. When an out-of-area patient requires community based services to be provided near home, the GP practice where they are registered remains responsible for discussing the options with the patient and agreeing a course of action.
- 4.24. It is likely that the GP practice where the out-of-area patient is registered will not have knowledge of the community services arrangements in the area where the patient lives, so all PCTs should ensure there is readily available up-to-date information about the range of community services in their areas that remote GP practices can access. Participating practices may wish to determine the relevant PCT contact for community services at the point when the out-of-area patient registers.

- 4.25. When provision of community services is required close to the out-of-area patient's home, the registered GP practice should contact the PCT covering the area where the patient lives to be signposted to the relevant community services provider in that area.

ANNEX A – LES Specification

Local Enhanced Service:

For patients registered with participating practices requiring access to primary care services near their home.

Service Specification

1. Summary

This document sets out a service specification for PCTs to use as part of a local enhanced service agreement for practices who commit to provide urgent appointments and home visits to patients who are resident within the local PCT area but are not registered with the practice.

These patients will be registered with practices operating within one of the GP Choice Pilot areas.

The duration of this local enhanced service is from ____/____/____ to ____/____/____. (Practices may join a local enhanced service at any time while the Patient Choice Scheme is operating).

2. Background

NHS Employers (on behalf of the Department of Health) and the BMA's General Practitioners' Committee have agreed that, during 2012/13, there will be a pilot programme to test and evaluate two different models for giving people greater choice of GP practice.

The Patient Choice Scheme will be implemented from the 30 April 2012. It has been set up to assist those people who are away from their local practice area during the day, such as commuters, and for any other person living outside of a participating practice's boundary area, who wishes to access GP services in the areas under the Scheme, either by registration or being seen and receiving treatment as an unregistered patient.

The Patient Choice Scheme is to be piloted in the following areas:

- Central London (City and Hackney Teaching PCT, Tower Hamlets PCT and Westminster PCT),
- Nottingham City PCT,
- Manchester Teaching PCT
- Salford PCT.

GP practices in these areas will be able to register patients who live outside of their practice area or provide a consultation with a patient as an unregistered out-of-area patient.

However, where a patient chooses to register as an out of area patient with a participating GP practice in one of the pilot areas, the practice will not be responsible for the provision of primary medical services to those patients when they are away from their practice area.

The PCT covering the area where the patient lives will need to ensure that patients who register with a practice in the pilot areas will have appropriate access to local urgent and out-of-hours care services, including any necessary home visits, when they are in their home area.

3. Aims

This local enhanced service specification aims to secure the delivery of GP care to patients who are registered with one of the GP practices participating in the Patient Choice Scheme but who require GP care when they are away from their registered practice's area i.e. at home.

The service will provide urgent and local care as follows:

- a. Access to GP services for patients who fall ill at home during the weekday daytime in hours period (8.00am to 6.30pm; Monday to Friday) or who are recovering at home after a period of hospitalisation; and
- b. Home visits (where deemed clinically necessary).

Practices choosing to participate in this local enhanced service will be required to ensure secure and robust processes are in place to communicate details of the care provided under this local enhanced service to the patient's registered practice. Practices may join the local enhanced service at any time while the patient choice scheme is operating.

4. Eligibility and exclusions

a. Patients

Patients who are eligible to access this service are only those that are currently registered with a participating practice under the pilot scheme, in one of the pilot areas defined in section 1 of this specification.

This service does not replace any existing temporary registration arrangements and patients wishing to access services, who are registered in areas outside of the pilot scheme, should be seen under existing temporary registration arrangements and would not be claimable under this local enhanced service.

b. Practices

Practices that are eligible to provide services under this specification are only those that are currently maintaining an open list status and who are accessible throughout core hours.

Existing GP health centres, walk-in centres or minor injuries units that already have unregistered patient services included in their current service contract are excluded from provision of those services under this specification.

5. Service Specification

- a. Practices who accept the terms of this specification must ensure that information about access to their services for patients who are registered with an out of area practice is clearly displayed in the waiting room, on the practice website, in the patient leaflet and on NHS Choices.
- b. The practice must ensure that they have mechanisms in place to provide services to patients who are resident in the PCT area but who are registered with an out of area practice under the pilot scheme:
 - i. Access for those who fall ill at home during the in hours period (8.00am to 6.30pm; Monday to Friday) or who are recovering at home after a period of hospitalisation
 - ii. Home visits (where clinically necessary)
- c. The practice must ensure that they have a robust system in place to transfer information securely, about any care given, to the patients registered practice within no more than 24 hours of the consultation.
- d. The practice must complete a claim form and submit to the PCT on a monthly basis.
- e. The practice must ensure that information regarding the practice's services, how patients can access home visits and urgent care during the in hours period, is made available to the PCT and on NHS Choices. This will allow the PCT to meet the requirement relay this information to those patients who register with pilot practices within 7 days of receiving the request to transfer the patient's medical records.

6. Protecting Patient Confidentiality

The practice must ensure patient confidentiality at all time having due regard to Caldicott Guardianship principles.

7. Acceptance of these terms and conditions

By signing this document the practice agrees to provide the local enhanced service according to the specification as outlined above.

ANNEX B – Out-of-area Patients: Template for PCTs

Draft text for ‘out-of-area’ patients

You have chosen to register with a practice whose catchment area you live outside of. You may on occasion, develop an illness or injury at home that means you find it difficult to travel to your GP practice. If you find yourself in a situation where you cannot attend your GP practice and need access to primary medical services locally, details of who to contact and where to go can be found below:

The following services provide urgent care locally:

[details of local walk-in centres, urgent care centres, GP health centre, A&E Department, minor injuries unit]

If you want to discuss whether a home visit would be appropriate, contact:

[details of arrangements put in place by the local PCT]

In the out-of-hours period – between 6:30pm and 8:30am weekdays and during weekends – your local out-of hours provider is:

Alternatively, a range of health information and advice, including details of local NHS services can be obtained by calling NHS Direct on 0845 4546 or by visiting NHS Choices at www.nhs.uk