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Choice of GP practice

The Patient Choice Scheme

Choice of GP practice

DH INFORMATION READER BOX

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Timing	Establish Patient Choice Scheme Arrangements from 30th April 2012.		
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Choice of GP practice

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Contents

Contents.....	4
1. Introduction	6
2. The Patient Choice Scheme	7
Out-of-area registered patients.	7
Out-of-area unregistered patients	7
3. Making it happen.....	9
Which GP practices can take part in the Patient Choice Scheme?	9
Commissioning Issues	10
Urgent and Local Care for Patients not Registered Locally.....	11
Securing the arrangements.....	12
Informing the patient	13
Community Based Services	14
Services Available to Out-of-Area Patients at Participating Practices	14
Screening services.....	15
Antenatal and newborn screening.....	15
Adult non-cancer screening.....	15
Information to patients.....	16
National cross-border issues.....	16
Screening.....	16
Information flows.....	17
Out-of-area registered patient	17
Day Patients.....	18
Financial Arrangements	18
Clinical Governance	20
Protecting patients/people in vulnerable conditions from abuse and neglect	21
Exit arrangements	21
Communications	21
Evaluation	23
ANNEX A – Categories of patient	25
ANNEX B – LES Specification	27
ANNEX C – Out-of-area Patients: Template for PCTs	31
ANNEX D – Day Patient Application Form.....	32

Choice of GP practice

ANNEX E – Model of communication for GP Practices.....	35
ANNEX E – Model of communication for GP Practices (continued).....	37

1. Introduction

- 1.1. This document provides primary care trusts and contractors participating in the Patient Choice Scheme with more detailed guidance about how it will operate. It supports the new legislative framework for the agreed changes to the GMS contract for 2012/13 (and PMS/APMS equivalents) in respect of choice of GP practice. The Scheme will operate as a pilot during 2012/13.
- 1.2. The Patient Choice Scheme will operate in three areas of central London (City and Hackney Teaching PCT, Tower Hamlets PCT and Westminster PCT), Nottingham City PCT, Manchester Teaching and Salford PCTs. GP practices in these areas will be able to join the pilot on a voluntary basis, and patients who live outside the practice area will be able to register with the practice, or have a consultation as an unregistered out-of-area patient (or 'day patient') for which the practice will receive payment.
- 1.3. All PCTs will need to ensure that patients who choose to register out-of-area with a participating practice in one of the pilot areas continue to have appropriate access to local services such as urgent and out-of-hours care services (including any necessary home visits), should they subsequently become ill and in need of such immediate treatment when at home and it is not possible for them to attend the practice with which they have registered.
- 1.4. This document has been produced in discussion and with the involvement of the General Practitioners Committee (GPC) of the British Medical Association, NHS Employers, and a Steering Group comprised of representatives from general practice, PCTs, SHAs and the Department of Health.
- 1.5. This document should be read in conjunction with separate guidance for all PCTs on out-of-area patients and other issues relating to the Department's policy on choice of GP (outer practice boundaries and open and closed lists, which will be issued under a separate Gateway reference).

2. The Patient Choice Scheme

- 2.1 The Patient Choice Scheme (“the Scheme”) will pilot new ways for people to access primary medical services when they live outside a GP practice’s boundary area. In the pilot areas, these patients will have the choice of registering with a participating practice, or of having a routine consultation with a participating practice whilst staying registered with their own local practice (referred to in this guidance as “day patient” arrangements).
- 2.2 The Scheme has been set up to look at the practical issues of providing greater choice for patients. It is likely that it will largely be used by people who are away from their area of residence during the day, such as commuters, but it could in principle be used by any person who lives outside the boundary area of a GP practice whose services they would like to use.
- 2.3 The Scheme will begin on the 30 April 2012 and is intended to run for one year. We will be discussing with the GPC suitable arrangements beyond then.
- 2.4 The introduction of this scheme does not change the existing arrangements for temporary resident patients and the provision of immediately necessary treatment owing to an accident or emergency. The new category of day patient set out below differs from the existing arrangements for temporary residents in that day patients will be people who are away from home for less than 24 hours.
- 2.5 This Scheme introduces two new arrangements for access to primary medical services from participating GP practices for patients wishing to access GP services away from where they live.

Out-of-area registered patients. These are people, living outside the practice’s area, accepted as registered NHS patients by practices participating in the Patient Choice Scheme. Such patients are able to access all primary medical services provided by the practice, except home visits and immediately necessary treatment owing to an accident or emergency needed whilst the patient is outside the practice’s area.

Out-of-area unregistered patients (referred to as ‘day patients’ in this guidance). These are people, living outside the practice area who are present in the practice’s area for less than 24 hours (such as commuters who travel into and out of the area each day) to whom the practice provides treatment. These patients will not be registered with the participating practice, and details of any treatment provided must be passed back to their registered practice. Participating practices will receive a separate fee for this type of consultation.

Choice of GP practice

- 2.6 Day patients usually differ from patients seeking immediately necessary treatment owing to an accident or emergency because they will (in a way akin to registered patients) largely be making booked appointments relating to conditions which do not require immediately necessary treatment. Annex A contains a fuller explanation of the different categories of patient.

3. Making it happen

Which GP practices can take part in the Patient Choice Scheme?

3.1 The PCTs participating in the Patient Choice Scheme are

- City and Hackney Teaching PCT
- Tower Hamlets PCT
- Westminster PCT
- Manchester Teaching PCT
- Salford PCT
- Nottingham City PCT

3.2 Any primary medical services contractor who holds a General Medical Services Contract, Primary Medical Services Agreement or an Alternative Provider Medical Services Contract for the provision of primary medical services with any of these PCTs may apply to their PCT to participate in the Scheme.

3.3 So long as the primary medical services contractor wishing to participate in the scheme has an open patient list to enable new patient registration, it is eligible to participate in the pilot scheme. It will also need to be willing to participate in the independent evaluation that has been commissioned by the Department of Health.

3.4 Participating PCTs must consider entering into the Scheme with the primary medical services contractors in their area. In exceptional circumstances, participating PCTs may refuse to accept a contractor on to the scheme because, for example they do not consider a GP practice is able to meet its obligations under the Scheme, or the practice does not have the necessary capacity, facilities, equipment with properly trained and qualified clinicians or other staff to take on the additional work associated with being in the Patient Choice Scheme.

3.5 Primary medical services contractors may apply to join the Scheme at any time while it is operating. Similarly, they may withdraw from the Scheme at any time but must give a minimum of 28 days notice to their respective PCT so that alternative arrangements for patients can be made.

Commissioning Issues

- 3.6 Where a patient registers with a practice in the scheme, the PCT covering the area in which the patient has registered will become the responsible commissioner of healthcare services for that patient. The PCT covering the area in which the patient lives will continue to be responsible for securing any necessary primary medical services for when the out-of-area registered patient is at home.
- 3.7 Under the NHS allocations system, changes in the distribution of patient registrations are taken into account in calculating target allocations for PCTs (or, in future, CCGs) for future years, but do not result in any in-year changes to allocations. For the pilot year, 2012/13, there will not, therefore, be any adjustments to unified allocations to reflect the secondary care costs arising from Patient Choice Scheme.
- 3.8 The pilots are not expected to have a significant effect on secondary care costs during the pilot period. Analysis suggests that those people most likely to register as 'out-of-area' patients will be aged 18-35 without long term conditions. The average cost of secondary care for these patients is relatively low – around 20-30% of national average costs. The number of out-of-area registrations will depend on the number of practices participating in the pilots and their degree of capacity to take on new patients, but is not expected to exceed 150,000 over the full year across the three pilot areas, and could be lower. This is in the context of an average re-registration of c10% of the population in any one year, and which is often significantly higher in urban conurbations such as the pilot areas.
- 3.9 PCTs are already the responsible commissioners for a number of patients who live outside the PCT area but register with GP practices inside the area (there are already some 2.6 million patients who cross PCT boundaries in this way). The pilot arrangements are likely to increase at the margins these cross-border flows, but do not alter the principles of the existing 'responsible commissioner' guidance.
- 3.10 PCTs (and emerging CCGs) should, nonetheless, seek to monitor the secondary care costs associated with out-of-area registrations, and PCTs will manage the financial impact through their planning and financial management arrangements.
- 3.11 The prescribing and treatment costs associated with 'day patient' consultations will be the responsibility of the PCT holding the contract with the primary medical services contractor with whom the patient has consulted. If the patient is to receive repeat prescriptions following the day case consultation, then the associated costs should be the responsibility of the patient's registered practice. Any commissioning costs will continue to fall to the PCT where the patient is registered.

Urgent and Local Care for Patients not Registered Locally

- 3.12 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.
- 3.13 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 place 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.
- 3.14 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.
- 3.15 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.
- 3.16 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 arrangements both for in and out of hours care so they are clear about which services they can expect from whom.
- 3.17 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.
- 3.18 We anticipate that patients who may choose to register further away from home – typically younger or working people without complex health problems – are very 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.
- 3.19 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

Choice of GP practice

unable to provide a service that meets their on-going needs (see the Clinical Governance section below).

Securing the arrangements

- 3.20 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.
- 3.21 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.
- 3.22 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.
- 3.23 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
 - 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

Choice of GP practice

- 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).

3.24 An illustrative local enhanced service specification for GP practices to provide both in-hours urgent care and home visits is set out at Annex B. Any PCT considering adopting this arrangement should ensure that it is a coherent part of the provision of urgent care locally.

Informing the patient

3.25 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.

3.26 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.

3.27 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.

3.28 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.

3.29 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.

Choice of GP practice

3.30 An example of a template that PCTs may wish to use is at Annex C.

Community Based Services

- 3.31 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.
- 3.32 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.
- 3.33 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.
- 3.34 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.
- 3.35 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.
- 3.36 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.

Services Available to Out-of-Area Patients at Participating Practices

- 3.37 Patients registering with a pilot GP practice must receive the full range of primary medical services (essential services, additional and enhanced services) in the same manner as other patients on the registered list unless the services are required urgently, involve a home visit or for some other reason the provision of the service would also be clinically or practically inappropriate.

Choice of GP practice

- 3.38 For day patients, it is expected that appointments will be offered in the same way as for other patients. It is expected that consultations will be undertaken for less complex health needs that can be delivered safely away from the patient's registered GP practice, as practices will not normally have access to the individual patient's clinical records. Primary care clinicians may not be aware of the complexity of the health need until the point at which the patient presents for a first day patient consultation. Clinicians seeing the patient may use their discretion if they are of the opinion that the patient would be more appropriately treated by the registered GP practice.

Screening services

- 3.39 There are some implications for screening services if patients choose to register with a GP practice away from home where the practice will be providing screening services. Screening has important ethical differences from clinical practice. Inviting apparently healthy people to undergo screening creates an extra obligation to minimise the potential for harm.
- 3.40 It is crucial that screening programmes are able to track the progress of patients throughout the pathway to ensure that patients are not missed from the screening programme or lost in the process and that there is effective follow up treatment where it is needed - for example, with the cervical screening test, whoever takes the sample has the ultimate responsibility for ensuring the woman is properly informed, gets her result and is appropriately followed up
- 3.41 Some screening programmes have national IT systems that ensure patients are tracked throughout the system and are not lost in follow up. This includes NHS Cancer Screening Programmes. However, IT systems for non-cancer screening programmes are less well developed and with the exception of Newborn Hearing screening there is no national cohort system.

Antenatal and newborn screening

- 3.42 Antenatal and newborn screening is an integral part of the maternity and newborn care pathway. Where a woman chooses to register with a practice away from where she lives but then chooses to move back to her resident area for delivery and community care, the PCT covering the resident area will be responsible for ensuring follow up care and access to newborn screening provided by health visitors. Care should be taken to ensure that the eligible population is invited for screening and there is effective follow up. Practices will need to ensure there is proper handover of care in these circumstances.

Adult non-cancer screening

- 3.43 If a patient chooses to register with a practice away from where they live they are identified for screening by that practice and will be called to a screening service out of

Choice of GP practice

their resident area. If they need subsequent diagnosis and treatment services they will be referred by their registered practice onto linked diagnostic and treatment services. This will ensure that everybody invited to screening gets a test, everybody who gets a test gets a result, and that they get appropriate referrals and treatment.

- 3.44 If a patient chooses to visit a practice as a 'day patient' without registering with this practice then they will be called to the screening service in their local area of residence, via their registered practice.

Information to patients

- 3.45 Patients choosing to register with a practice away from where they live should be clearly informed of the implications this may have on their choice of screening programme where relevant.

National cross-border issues

- 3.46 The Patient Choice Scheme has been set up in the NHS in England, but there is the possibility that some patients who are resident in other countries of the UK may choose to avail themselves of the pilot arrangements if, for example, they commute into the PCT areas covered by the pilots.
- 3.47 In this situation patients should be offered the choice of registering with the practice or accessing care as a non-registered patient. When the PCT is notified of a registration, the PCT should make it clear to these patients that they are responsible for contacting their home primary care organisation to find out what arrangements are in place should they need primary medical care at home.
- 3.48 The Health Secretary for England cannot direct primary care organisations in the other UK countries to have specific arrangements in place for home visits/urgent care for patients registering out-of-area in England. This must be brought to the attention of patients when making their choice, and is reflected in the suggested text for practices to use in leaflets or letters to patients about the Patient Choice Scheme attached at Annex E.

Screening

- 3.49 Choice of GP practice will have implications for screening where patients are resident in Scotland, Wales or Northern Ireland. Should a patient who is resident in another UK country register as an out-of-area patient with a participating practice then the PCT of registration should seek advice from their home primary care organisation on the implications this will have for screening arrangements

Choice of GP practice

Information flows

3.50 The Patient Choice Scheme introduces new requirements for information flows to ensure GP practices, PCTs and patients understand exactly what is offered through the piloting arrangements so there can be proper co-ordination between service providers. The information flows are slightly different for out-of-area registered patients and day patients.

Out-of-area registered patient

3.51 Registration will operate on the National Health Application and Infrastructure System (NHAIS) in exactly the same way as any new patient registration. Therefore, when a patient registers with a participating practice, the registration department in the relevant PCT will record the registration and retrieve their medical record from the previous practice in the normal way.

3.52 There are currently eighty two NHAIS systems in England holding patient registration details. These systems will be re-aligned to hold details of registered practice populations as opposed to the current method of resident populations. Since February 2012, all new patient registrations are sent from practices' GP systems to the single NHAIS system where the practice details are held.

3.53 Enhancements to GP systems will be considered when the pilot arrangements are underway and participating GP practices are able to identify and feedback their IT requirements for handling the registration and management of out-of-area patients.

3.54 When a patient approaches a participating practice to register, the practice must ensure the patient understands that:

- the Patient Choice Scheme is a time limited pilot;
- the registering practice will not provide home visits or any other form of care outside of the practice area;
- the responsibility for urgent care/home visits when the patient is away from the practice area will go to the PCT covering that area;
- exceptionally, the reasons why the GP practice believes it is not clinically or practically appropriate to provide services to the patient.

3.55 If the patient wishes to proceed with registration at the practice, then:

- the patient completes the GMS1 (or equivalent) registration form;
- the practice enters details of the patient registration onto their GP system as normal and also includes a manual note on the registration system stating "Patient Choice Scheme - Out-of-area registration" prior to sending via the LINKS

Choice of GP practice

software. This is crucial as it will act as a prompt for PCT/payment agency to take appropriate action;

- the PCT (or payment agency) receives details of the registration, processes as normal and requests the transfer of the patient's medical record. However, this will clearly be without a change of the patient's address;
- the PCT (or payment agency), prompted by the "Patient Choice Scheme - Out-of-area registration" note should contact (preferably by email) the Director of Primary Care at the patient's home PCT to notify them that they have an out-of-area patient;
- on receipt of the notification from the new PCT (or payment agency) the Director of Primary Care at the patient's home PCT will write to the patient within seven days advising them of the urgent care arrangements in their home area.

Day Patients

- 3.56 When a patient approaches a participating practice requesting a consultation but wishes to remain registered with their existing practice, the participating practice must explain to the patient that clinical information about the consultation will be passed to the patient's registered practice and added to their medical record .
- 3.57 If the patient wishes to proceed as a 'day patient' then they will complete a Day Patient Application (Attached at Annex D) giving details of their home practice.
- 3.58 Following the consultation, the practice must:
- send the clinical information entered onto the day patient application to the home practice within 24 hours of the consultation;
 - send the tear-off section (or electronic equivalent) to their PCT to claim the day patient fee (see financial arrangements section);
 - enter whatever data are required by the pilot study for future analysis prior to returning them to the pilot analysis site.

Financial Arrangements

- 3.59 Financial arrangements are in place for the two new groups of patients in the participating practices:

Out-of-area patient registration

- 3.60 When a participating practice accepts a patient who lives outside its practice area onto its registered list then it will receive the same global sum funding, and other payments

Choice of GP practice

such as Quality and Outcomes Framework, Directed Enhanced Services and Local Enhanced Services payments, as it would for any other registered patient.

Day patients

- 3.61 When a patient requests a consultation from a participating practice but does not wish to register, then the patient may be seen as a day patient, for which a fee is payable by the PCT holding the contract with the practice. Day patient fees are set out in the GMS Statement of Financial Entitlements. We expect PCTs to apply the same fee to PMS and APMS contractors in the Scheme. While the PMS and APMS contracting arrangements provide PCTs with flexibility in commissioning services, PCTs need to be able to demonstrate that funding decisions between all primary medical care contractors are fair, equitable and represent value for money.
- 3.62 Fees will not be payable in respect of day patient consultations by GP health centres or NHS walk-in centres where they are already paid for consultations to patients on a walk-in basis under their existing contract.
- 3.63 For the financial year 2012-13 the fee will be set at £12.93 for each day patient consultation subject to a maximum of five payments per patient per year, equating to a full year's global sum funding. Day patients should have the choice to register with the participating practice at any time during the pilot period.
- 3.64 GP practices undertaking day patient consultations should be eligible for any associated enhanced service payments from their PCT where the enhanced service does not relate to patients on the practice's registered list.

Payment mechanism for day patient fees

- 3.65 To be eligible for payment of day patient fee, the participating practice must have conducted a face-to-face consultation on the practice premises (telephone consultations do not attract a fee as the patient would be expected to request a telephone consultation with their registered practice). The participating practice should also despatch details of the consultation back to the patient's registered practice within 24 hours (see section on information flows) so the patient's clinical record can be maintained.

Action by participating practice

- 3.66 Following the day patient consultation, the participating practice should submit a copy of the completed day patient application to their PCT as early as possible so that the PCT may arrange payment in the following quarter.

Action by Primary Care Trust

- 3.67 On receipt of the claim for day patient activity the PCT should arrange for payment to the respective participating practices through the NHAIS system in the next available update. At the end of each quarter, PCTs should email a request to the Department of Health Patient Choice Scheme policy team to patientchoicescheme@dh.gov.uk for reimbursement of those costs. The request from the PCT to DH should include a summarised and anonymised version of the claims supplied by the participating practice for financial management purposes and details for analysis by the pilot study team.

Action by Department of Health Choice Policy Team

- 3.68 Participating PCTs will be reimbursed in full for payments they make to practices for day patient activity during the duration of the Patient Choice Scheme. DH will arrange for PCTs to receive a quarterly Resource Limit Adjustment (RLA) from the GP choice central budget allocation to reimburse them for the payments made to participating practices for day patient activity.
- 3.69 Further instructions will be sent to participating PCTs in Quarter 3 of 2012-13 setting out year-end financial arrangements.

Practice splits and mergers

- 3.70 The arrangements for dealing with splits and mergers for contractors participating in the Patient Choice Scheme are set out in the Statement of Financial entitlements. .

Clinical Governance

- 3.71 There may be cases where it would be clinically inappropriate for a patient to register with a practice far from their home, for instance because the patient needs a package of home-based or community-based support (eg. for complex long-term conditions of for end-of-life care) that it would not be feasible for a remote practice to coordinate. Similarly, a patient's condition may change from the time they register, so that it becomes inappropriate for remote registration to continue.
- 3.72 Any contractor taking part in the Scheme that is concerned about the clinical appropriateness of out-of-area registration should telephone the patient's previous practice for background information.
- 3.73 In some cases, when a patient presents to a practice requesting out-of-area registration, it will not be possible to determine whether there are factors that might make out-of-area registration clinically appropriate. Participating practices will retain discretion to remove patients from the list where in their clinical judgement the patient's health needs are such that they cannot be properly met through out-of-area registration. This possibility should be explained to patients when they enquire about The Patient Choice Scheme. Draft text for practices to use in this situation is included in Annex E.

Choice of GP practice

- 3.74 In the event that a patient is no longer deemed to be suitable for out-of area registration, the pilot PCT must ensure the patient has continuous access to primary medical services until they are successfully re-registered with a local GP practice.
- 3.75 It would not be appropriate for patients under a Violent Patients Scheme to be either registered as out of area patients or treated as day patients under the Patient Choice Scheme. Consultations with this group of patients necessitate a stable environment.

Protecting patients/people in vulnerable conditions from abuse and neglect

- 3.76 Protecting patients/people in vulnerable conditions (including children, older people and those with learning disabilities or mental/physical disabilities) is a crucial consideration in designing services around the patient. GPs are an important link in the safeguarding chain, working and sharing information with other agencies in the health and social care system.
- 3.77 It is essential that practices participating in the Patient Choice Scheme take action if they have concerns about patients either registering out-of-area or seeking day patient consultations. Access to patient records and local knowledge will be important in these cases, so practices should urgently discuss with the patient's home GP practice when they have concerns, and inform the local authority when appropriate.
- 3.78 The provisions of paragraph 3.72 above apply to cases involving patients/people in vulnerable conditions when the participating practice concludes that the health needs of the patient cannot appropriately be met through out-of-area registration.

Exit arrangements

- 3.79 If a participating practice wishes to withdraw from the Patient Choice Scheme, then the PCT should, where possible, arrange for out-of-area registered patients from that practice to be offered registration with another participating practice in the area if the patient wishes.
- 3.80 Where the patient no longer wishes to be registered away from the area where they live, they will need to register with a practice in their home area and should seek support from their home PCT if they need help with finding a practice with which to register.
- 3.81 As part of on-going discussions, the Department of Health will be discussing with the GPC the most appropriate arrangements beyond 31 March 2013 for patients who have registered out-of-area in each of the three pilot areas.

Communications

- 3.82 Communications on all aspects of the Patient Choice Scheme will take place at national, PCT and participating GP practice levels.

National communications

3.83 The Department of Health, with input from its stakeholders will:

- Produce source material as required by the pilot PCT communications leads.
- Raise awareness of the pilots among the NHS workforce via the Department of Health's communications channels.
- Produce text for a patient information sheet that can be tailored and branded locally (attached at Annex E). It will be given to out-of-area patients on registration with the new GP practice. The information leaflet will cover:
 - what the Patient Choice Scheme is
 - what services patients who have registered with a practice away from their home can expect to receive
 - what patients registered out of their practice area should do if they require out of hours care or a home visit
 - where patients can go for further information, such as their local PCT website or NHS Choices
- Produce technical information for pilot GPs and their practices, including:
 - Financial arrangements and the payment mechanism
 - Specific actions GP practices need to take to ensure payment
 - Clinical governance

Participating PCTs

3.84 PCTs will know and understand their local audiences and will:

- Undertake targeted communications activity (including media) to raise awareness of the Patient Choice Scheme among the local population and commuters into the pilot areas
- Oversee, maintain and update an online information source for those patients interested in or actually registered with a GP practice in the scheme
- Ensure pilot GP practices have access to a locally branded patient information sheet

Choice of GP practice

- Keep all GP practices within the PCT Cluster area informed about the launch and progress of the pilot, and share best practice and early lessons learned as appropriate
- Engage with local stakeholders to keep them informed about the launch, progress and impact of the pilot schemes
- Evaluate the impact of communications aimed at patients, and use the intelligence generated to refine ongoing communications.

Participating GP practices

- 3.85 It is crucial that patients have access to a wide range of reliable and user-friendly information about the services on offer in general practice so that they are empowered to make the choice that is right for them, including:
- explanations of what choices they can make and when
 - the range of services available at different GP practices so that they make an informed decision about where to register, and
 - the potential benefits of the choices they make
- 3.86 The NHS Choices website allows people to compare, and to rate and comment on, the services provided by GP practices. But this information is not always updated by practices and not all have complete profiles on the main NHS Choices website.
- 3.87 To help people make the right decision about their choice of GP practice it will be important that patients can readily access details such as:
- opening times
 - how far the practice's boundary extends
 - whether the practice is accepting new patient registrations
 - details of staff and any additional services or clinics that the practice provides
- 3.88 GP practices are encouraged to work with PCTs to ensure that this information, which is currently available through NHS Choices and on some GP practice websites is up to date.

Evaluation

- 3.89 There will be a full independent evaluation of the Patient Choice Scheme conducted by the Policy Innovation Research Unit at the London School of Hygiene and Tropical Medicine. Participating practices, PCTs, Local Medical Committees (LMCs) and

Choice of GP practice

patients will have a crucial role in furnishing the researchers with information for the evaluation by having up to two interviews (either telephone or in person) and questionnaires issued by the researchers.

- 3.90 There will be an information event during May 2012 for the researchers to meet with participating practices, PCTs and LMCs to discuss roles and responsibilities relating to the evaluation for the pilot period.
- 3.91 The evaluation is expected to be completed in the summer of 2013.

ANNEX A – Categories of patient

Registered NHS patients of the practice. These are people on GP practices' lists of NHS patients – as prepared and kept up to date by PCTs – living within the practice's area (including those that have moved from there to the outer boundary – see separate guidance) who are entitled to the full range of services provided by their practice, including home visits where clinically necessary. Their clinical records are held by the practice.

Temporary residents. These are people who are in an area for more than 24 hours, but less than three months, who a practice, with an open list, accepts and treats on a temporary basis. They are able to access the full range of services provided by the practice, but their medical records remain with their registered practice, and details of treatment at their temporary practice should be passed back.

People requesting immediately necessary treatment. A practice is obliged to provide such treatment, during core hours, to people who:

- (i) have been refused registration and are not registered with another practice in the PCT area
- (ii) have been refused acceptance as a temporary resident; or
- (iii) who are present in the practice's area for less than 24 hours.

This obligation continues for 14 days beginning on the date the person's application to register or for acceptance as a temporary resident was refused, and ending when they are so accepted by another practice if sooner in the case of (i) and (ii), or up to 24 hours in the case of (iii) so long as the person remains within the practice's area.

People requesting immediately necessary treatment owing to an accident or emergency. The practice is obliged to provide this during core hours where the accident or emergency takes place anywhere in the practice's area.

***NEW* Out-of-area registered patients.** These are people, living outside the practice's area, accepted as registered NHS patients by practices participating in the Choice of GP Scheme. Such patients are able to access all services provided by the practice, except home visits, immediately necessary and emergency treatment needed whilst they are outside the practice's area. Patients who, for example, live in London for part of the week will be able to register under this arrangement or as a temporary resident patient.

***NEW* Day Patients.** These are people, living outside the practice's area of a practice participating in the Choice of GP Scheme, who are present in the practice's area for less than 24 hours, to whom the practice provides treatment. These patients will not be registered with the participating practice, and details of their treatment should be passed back to their registered practice. Participating practices will receive a fee – up to 5 per patient per annum –

Choice of GP practice

for seeing and treating out-of-area day patients. (n.b. the fee will not be applicable for practices that are already contracted to provide “walk-in” services – e.g. GP health centres procured under the Equitable Access to Primary Care Programme.).

ANNEX B – 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.

Choice of GP practice

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.

Choice of GP practice

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.

ANNEX C – 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

ANNEX D – Day Patient Application Form

Application to seek treatment at a GP Practice as an Out of Area Non-registered Patient (Day Patient)

You can use this form:

- to apply to a GP practice participating in the Patient Choice Scheme to be treated as an Out of Area Non-registered Patient (Day Patient) - if you are staying in an area for less than 24 hours and seeking routine treatment
- on behalf of someone else, if you are authorised to do so.

Please complete, in BLOCK CAPITALS, all the sections as fully as you can.

We record the information to help give you the care and treatment you need in the practice and in the wider NHS. When you complete this form and hand it to the practice they will give you a leaflet explaining their obligations and your rights under the Data Protection Act 1998 or you can visit www.informationcommissioner.gov.uk

Because this is a pilot scheme, we want to find out how it is working. You may be contacted by an independent researcher and asked for your views in confidence. You do not have to take part in this, but it would be very helpful if you agree to do so, to enable us to judge whether this is the right way to improve choice for patients.

- Please tick this box if you do not wish to be contacted by the independent researcher

If you are not clear or have any difficulties in filling in any parts of this form, then please ask for help from a member of staff at the practice.

It may also help your application if you provide any form of identification, which should give your address, when you submit this form. However, you do not have to do this.

Please start filling in this form by indicating below whether you are making this application for yourself or on behalf of another person:

- I am making this application for myself; or
- I am making this application on behalf of another person

Choice of GP practice

<p>Name, Address & Date of Birth , details of current GP practice and NHS number</p> <p><input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other - please state.....</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Surname or Family Name:</p> <p>First Name(s):</p> <p>Name you are known as (if different from above):.....</p> <p>Current Address:.....</p> <p>.....Postcode</p> <p>Date of Birth: __/__/____</p> <p>Are you currently registered with another GP practice in the UK?</p> <p><input type="checkbox"/> – Yes, please provide details: <table border="1" data-bbox="507 779 1085 1012"><tr><td>Practice's or Doctor's name</td></tr><tr><td>Their Address.....</td></tr><tr><td>.....</td></tr><tr><td>.....Postcode.....</td></tr></table></p> <p>or</p> <p><input type="checkbox"/> – No</p> <p>NHS number: _____ (if known)</p> <p>I declare that the information I have provided is true to the best of my knowledge. [DN: DHSL to advise on whether this is necessary, and, if so, the appropriate wording.</p> <table border="1" data-bbox="137 1196 1085 1330"><tr><td>Signature:.....PRINT:..... Date: __/__/____</td></tr></table> <p>or</p> <table border="1" data-bbox="137 1411 1085 1576"><tr><td>Signature on behalf of an applicant:.....</td></tr><tr><td>PRINT:.....Relationship to Applicant:..... Date: __/__/____</td></tr></table>	Practice's or Doctor's name	Their Address.....Postcode.....	Signature:.....PRINT:..... Date: __/__/____	Signature on behalf of an applicant:.....	PRINT:.....Relationship to Applicant:..... Date: __/__/____	<p>Guidance note</p> <p>The details we are requesting here are essential for an application to be processed. Please complete this section in full to the best of your ability, and sign as appropriate.</p> <p>If you are registered at another practice, details of your treatment received as an Out of Area Non-registered Patient (Day Patient will be passed on to them. This will only be possible where you have provided details of your current practice</p> <p>If you know it, please provide your /the applicant's NHS number, this will enable us to find any records the NHS may hold about you and will ensure that your records are kept up to date and that you can continue to receive the highest possible quality of care.</p>
Practice's or Doctor's name								
Their Address.....								
.....								
.....Postcode.....								
Signature:.....PRINT:..... Date: __/__/____								
Signature on behalf of an applicant:.....								
PRINT:.....Relationship to Applicant:..... Date: __/__/____								
<p>Your application is now complete and you may hand it in to the practice.</p>								

Choice of GP practice

Section 2 - For practice use

I am willing to accept the applicant whose details appear below as an Out of Area Non-registered Patient (Day Patient).

The 'patient information leaflet' has been given to the patient.

Authorised signature (on behalf of the practice)

Practice Stamp

.....

PRINT.....

Date: __/__/____

Practice Organisational Code:

Details of treatment provided to the patient

The patient provided documentary evidence in support of their application. Details are as follows:

.....

Guidance note

This form can be used by a practice participating in the Patient Choice Scheme to make a claim for treating a person as an Out of Area Non-registered Patient (Day Patient).

Where possible, please encourage the patient to provide as many details as possible when completing Section 1.

Details of the treatment given to the patient should be included in the box provided.

When complete please submit to your PCT to make a claim and to ensure that details of the patient's treatment is passed on to their registered practice. Please also retain one copy of this form for your own records

ANNEX E – Model of communication for GP Practices

Suggested text for participating practices to incorporate into leaflets and letters to patients setting out details of the Patient Choice Scheme:

THE PATIENT CHOICE SCHEME

The Government is running a pilot scheme to give people greater choice over where they can be seen by a GP practice. The pilot is called the Patient Choice Scheme. Patients will be able-

- (i) to register with practices taking part in the scheme in Tower Hamlets, Westminster and City and Hackney Primary Care Trusts (PCTS), in Nottingham City PCT, Manchester Teaching PCT and in Salford PCT even if they live outside the practice area;

or

- (ii) have a consultation at a practice in these PCTs taking part in the scheme without changing from their existing practice

You can find out which practices are taking part by looking at the NHS choices website, ringing NHS Direct or NHS 111 or asking the PCT.

WHAT YOU NEED TO KNOW

- If you choose to register with one of the GP practices taking part, you can attend the practice and receive the full range of services it provides at the surgery.
- However, a practice taking part may decide that it is not in your best interests or practical in particular circumstances to provide services to you. For example, a GP may not be able to visit you at home, or if urgent treatment is required you may need this from a service nearer to your home. The PCT that covers the area in which you live will remain responsible for ensuring that any care you may need whilst in their area will be available to you.
- Once you register with a practice taking part in the scheme, the PCT covering the area in which you live will let you know who you need to contact if you need GP services whilst at home.
- If you visit a practice taking part and request a consultation without registering at that practice, that practice may ring the practice you are registered with before or whilst seeing you. The practice has to send a clinical note of any consultation back to your own GP practice for inclusion with your medical records.

Choice of GP practice

- For some patients, changing practices in this way may not be in their best interests. The practice taking part in the scheme will tell you if it thinks this is the case when you ask to register, or when you have been registered for a while. If this is the case, the practice may refuse to register you with their practice or, if already registered with that practice, advise that you should be registered nearer to your home. The PCT where you live will be able to help with this.
- The scheme applies to the PCTs in England listed above and practices in these PCTs. Some people who live in Wales, Scotland or Northern Ireland and who spend time in one of these PCT areas may wish to register at one of the practices taking part. However, if this applies to you, it is your own responsibility to contact your own local primary care organisation to find out what arrangements there are to access GP services when you are at home.

HEARING YOUR VIEWS

Because this is a pilot scheme, we want to find out how it is working. You may be contacted by an independent researcher and asked for your views in confidence. You do not have to take part in this, but it would be very helpful if you agree to do so, to enable us to judge whether this is the right way to improve choice for patients.

FURTHER INFORMATION

This scheme will run until March 2013. We will look at the results of the research and talk with doctors and the medical profession about whether it should continue and, if so, what improvements, if any, could be made. At the end of the scheme, arrangements will be in place to ensure that you will continue to be able to be seen by a GP practice.

- For further information visit the NHS Choices website, telephone NHS Direct on xxx or ring NHS 111.
- To contact your local PCT visit [www.](#) or call Y

ANNEX E – Model of communication for GP Practices (continued)

Suggested text for participating practices to incorporate into letters to patients where it is no longer deemed appropriate for them to be registered out of area.

Dear patient

You will recall that when you registered with this GP practice on ____/____/____ we advised you that you were joining our list of patients as part of a pilot to look at new arrangements for patient registration. The pilot arrangements give patients the opportunity join the registered list of patients with GP practices when they live outside conventional catchment areas.

In considering this type of arrangement, it is very important that the individual health needs of patients can be safely provided by a GP practice that is away from the patient's home address. Since you registered with us under the pilot arrangements, we have come to the professional opinion that it would be more appropriate for your specific healthcare needs if you registered with a GP practice nearer to your home that can provide any home visits or urgent appointments more conveniently for you. This is because [practice to complete].

If you need help in finding a local GP practice or returning to your previous GP practice, you can access the NHS Choices website (www.nhs.uk) or telephone your local Primary Care Trust for advice.