

Referrals to hospital – the new system (Michael Whitfield, August 2006)

2006 has seen the introduction of 'Choose and Book' one of the government's flagship developments in the new NHS. Patients are to be given the opportunity of choosing which hospital will undertake their consultation, procedure or operation at the time of their consultation with their general practitioner. Unfortunately this new initiative is running into problems, many of which result from introducing a major change without appropriate consultation or testing.

Traditionally a general practitioner would refer a patient to (one of) their local hospital (s) knowing that Mr X had a long waiting list for hernia operations, but he has a superb reputation for patient care and outcomes, whereas Mr Y has a shorter waiting list, has good results, but his bedside manner was a little brusque.

Since the beginning of the year general practices have been encouraged to sign up for Choose and Book. As the consultation with the patient comes to a close the GP consults his computer which identifies four or five hospitals that can deal with the referral, with an indication of waiting times for the referral. Patients are informed of this choice and are invited to choose which hospital and specialist appointment to accept.

This is where it begins to get complicated for how do you advise on the relative merits of five hospitals and specialists that may be as far away from Bristol as Birmingham, Gloucester and Taunton? Patients can be given information leaflets produced by the various hospital trusts and will be able to choose which referral to accept based on geographical availability, car parking provision, choice of food and so on. A further recent complication to the system is that when a hospital waiting list gets too long, that hospital name is 'greyed out' on the list of hospital choices, preventing referral to that hospital. This may seem sensible at first sight but if this is your local hospital, it means that you are inevitably being given limited choice and will be involved in travelling some distance for your 'chosen' site of care.

The new GP contract pays a fee of just under a pound per patient on the doctor's NHS list to general practitioners who tick a box on a form to say that he has given his patient choice of referral and helped them book their appointment. General practitioners have been told that patients will be asked to complete a questionnaire several months after the referral to determine whether their doctor gave them a choice of referral site and the full fee will only be paid if more than 50-60% of patients agree that this has taken place. In a very recent survey on this matter only 30% of patients surveyed remembered being offered a choice, so there is a long way to go!

It is not surprising that this multi-billion pound imposed initiative is making many GPs feel that their involvement in choice of specialist is deteriorating to that of a booking clerk – clinical matters being marginalised with the only information available on line being the hospital's MRSA infection rates. If on-line audit information about operation outcomes were available this would improve things a lot.

The internet site www.Doctors.net.uk is a useful site to learn of doctors' views on government initiatives and it is full of negative comments on 'choose and book'. These mostly centre on the view that the billions of pounds spent on this system

would have been much better spent on improving improved clinical care for patients. It is difficult to disagree with this view as most patients and doctors want improved clinical services rather than being forced to choose where the service will be provided. What do you think?

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