Choice of GP practice – Patient Choice Scheme
17 JULY 2012

Introduction

The Patient Choice Scheme looks at the practical issues of providing greater choice for patients. People who are away from their homes during the day, eg commuters, are most likely to use it 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. The scheme began on 30 April 2012 and will run for one year.

This briefing identifies key points from the two latest guidance documents issued by the Department of Health (DH):

- **Choice of GP practice: Guidance for all PCTs**¹
  This document advises on issues around choice of GP practice that affect all primary care trusts (PCTs). It supersedes earlier guidance published on the Department of Health’s website on 26 January – Gateway reference 17109.
  
  The guidance covers:
  - Legislative changes implementing practice outer boundary areas
  - New list closure procedures
  - Aspects of the Patient Choice Scheme that could affect PCTs in those areas not participating in the piloting arrangements.

- **Choice of GP practice: Patient Choice Scheme**²
  Provides detailed guidance on how the Patient Choice Scheme will operate to participating primary care trusts and contractors. It supports the new legislative framework for the agreed changes to the GMS contract for 2012/13 (and PMS/APMS equivalents) choice of GP practice.

New arrangements

The scheme introduces two new arrangements for patients wishing to access GP services from participating GP practices 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 while the patient is outside the practice’s area.

- **Out-of-area unregistered patients (day patients)**
  These are people who are present in the practice’s area for less than 24 hours but don’t live in it (such as commuters who travel into and out of the area each day) and 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.

  Day patients usually differ from patients seeking immediately necessary treatment owing to an accident or emergency because they will largely be making booked appointments relating to conditions that do not require immediately necessary treatment.

**GP practices taking part in the Patient Choice Scheme**

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

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 at any time while the scheme is operating. To be eligible, contractors must have an open list and be willing to participate in the independent evaluation commissioned by the DH.

Participating PCTs may refuse to accept a contractor on to the scheme only in exceptional circumstances. Contactors must give at least 28 days notice to their respective PCT to withdraw from the scheme.

**Commissioning issues**

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.

For the pilot year, there will not be any adjustments to unified allocations to reflect the secondary care costs arising from the Patient Choice Scheme. The pilots are not expected to have a significant effect on secondary care costs during the pilot period. PCTs (and emerging CCGs) should 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.

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**

GP practices who register patients living out of their practice area will not be responsible for providing 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.

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 contractors 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.

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.

**Securing the arrangements**

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.

**Implications for CCGs**

As noted above, while the impact of the pilot arrangements are not anticipated to have significant effect on secondary care costs during the pilot period, CCGs should ensure they are aware of the scale of these costs.

Similarly, as CCGs pick up the responsibility and the budgets for urgent care and out-of-hours services, they should establish that their local PCT has sufficient arrangements in place to provide urgent and local care to patients living within their boundary but who are registered with pilot practices. Where possible, CCGs are advised to monitor any urgent care activity from patients of pilot practices to ensure these patients are accessing the appropriate services.

**Informing the patient**

It is 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.

Although the 111 service is not fully rolled out, participating PCTs should pass details of all participating GP practices in their area to the DH for inclusion in the 111 directory of services.
Community-based services

When an out-of-area patient requires community-based services, such as district nursing or physiotherapy, 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. The practice should contact the PCT covering the area where the patient lives and ask for details of the relevant community services provider in that area.

The GP practice where the out-of-area patient is registered is unlikely to have knowledge of the community services arrangements in the area where the patient lives, so all PCTs should ensure their range of information is readily available and up-to-date information for remote GP practices to use. Participating practices may wish to determine the relevant PCT contact for community services at the point when the out-of-area patient registers.

Services available to out-of-area patients at participating practices

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.

For day patients, it is expected that appointments will be offered in the same way as for other patients. Consultations are likely to 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 believe the patient would be more appropriately treated by the registered GP practice.

Screening services

There are some implications for practices providing screening services if patients choose to register with a GP practice away from home. It is crucial that screening programmes are able to track the progress of patients throughout the pathway to ensure they are not missed from the programme or lost in the process and that there is effective follow-up treatment where necessary. Patients choosing to register with a practice away from home should be clearly informed of the implications this may have on their choice of screening programme where relevant.

The guidance gives more detailed information regarding antenatal and newborn screening, adult non-cancer screening, and implications for screening where patients resident in other UK countries register as an out-of-area patient with a participating practice.

National cross-border issues

It is possible that some patients who are resident in other UK countries may wish to register with a participating practice or access care as a non-registered patient. When the PCT is notified of a registration, the PCT should make it clear to the patient that they are responsible for contacting their home primary care organisation to find out what arrangements are in place if they need primary medical care at home. The health secretary for England cannot direct primary care organisations in 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 made clear to patients when making their choice.
Information flows

The Patient Choice Scheme introduces new requirements for information flows. These are slightly different for out-of-area registered patients and day patients. Full details including timelines can be obtained from the full guidance.

Financial arrangements

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 such as Quality and Outcomes Framework, directed enhanced service and local enhanced service payments, as it would for any other registered patient.

When a patient requests a consultation from a participating practice but does not wish to register, they 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. It is expected that PCTs will apply the same fee to PMS and APMS contractors in the scheme. Only face-to-face consultations will attract a fee.

Clinical governance

There may be cases where it would be clinically inappropriate for a patient to register with a practice far from their home, e.g., if the patient needs a package of community-based support. If a participating contractor has concerns about the clinical appropriateness of out-of-area registration, they should telephone the patient’s previous practice for more information.

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.

Communications

The guidance explains the different levels of communication by participating PCTs and GP practices that are expected to take place. For example, GP practices should work with PCTs to ensure that information on NHS Choices and practice websites is up to date.

Evaluation

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 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. Completion of the evaluation is expected in summer 2013.

Urgent and local care for patients not registered locally

GP practices who register patients living out of their practice area will not be responsible for providing primary medical services to those patients when they are away from their practice area or where it would be clinically inappropriate to treat them when they are away from home. 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 they can receive primary medical services.

Similarly, if an out-of-area registered patient is ill at home and needs a home visit, then the PCT covering the address should have arrangements in place.

All PCTs must be 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. 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 for in and out-of-hours care so they are clear about which services they can expect from whom.

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 and out-of-hours care services, including any home visits, they may need when at home.

It is 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.

PCTs should ensure that NHS Direct and NHS Choices have up-to-date information on the range of local urgent care services available to patients. As 111 is rolled out, patients who require urgent care, and who have registered away from home, will be able to contact 111 to ensure they access the most appropriate service.

**Practice boundaries**

The guidance outlines an expectation that practices and PCTs will have discussed and agreed variations to contracts or agreements to establish an outer boundary area by 1 July 2012. Any PCTs who have yet to do this should therefore be working with their GP practices to agree and establish these outer boundary areas so that patients who move home within them can stay registered with the practice if they wish, unless the practice believes it would not be in patients’ interests to do so.

When considering the outer boundary size, practices should ensure they remain available and accessible to their existing patients. When the outer boundary areas have been agreed, and contracts amended, practices will need to include these in their practice leaflet, and on their website, if they have one. This information should also be made available on the NHS Choices website.

Practices would continue to provide their full range of services when a patient moves from the existing practice area to the outer boundary area, including clinically necessary home visits.

PCTs may wish to work with GP practices to review any existing (inner) boundary areas to improve equity for patients and for practices. A variety of different IT systems and software, usually based on geographic information systems, are available to assist with this. More information from: [www.ic.nhs.uk/statistics-and-data-collections/population-and-geography/digital-mapping](http://www.ic.nhs.uk/statistics-and-data-collections/population-and-geography/digital-mapping).
PCTs should be working with their GP practices to create a transparent and rational system that can be used in future to agree both inner and outer practice boundaries.

**New list closure procedure**

The expression ‘open but full’ is not legally recognised within the contractual arrangements. Practices’ lists of NHS patients must be either open or closed to new registrations, and this will not change. However, there will be a new list closure procedure that will make it easier for practices and PCTs and more transparent for patients. The new list closure procedure begins with the practice making a written application to the PCT setting out a number of items. The PCT must acknowledge receipt of the application within seven days of receipt.

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 PCT must make a decision within 21 days from receipt of the application. Closure notices from PCTs must include the period of time the list will be closed, the date the list will close and the date the list will reopen. The closure period can be extended or reduced in certain circumstances.

There are no longer provisions allowing lists to re-open and close according to rises and falls in list sizes. The assessment panel no longer has a role in the list closure procedure. 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.

PCTs will need to ensure that patients are aware of the status of their GP practices’ list, eg on the NHS Choices website.

**Temporary residents**

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 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.

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