

# Named Clinician Referrals

The National Choose and Book team recognises that referral to a named clinician is needed in a number of circumstances for either clinical or non-clinical reasons.

The functionality to enable hospitals to make available slots for named clinician referrals has been available in Choose and Book since Release 2.0 in the Spring of 2005, and the ability to support referrals to named clinicians was included in the original system specification.

Whether the service is directly or indirectly bookable, the ability to make named clinician slots available is a decision that is made locally by individual trusts.

There are a number of ways to make named clinician referrals (see opposite). The decision on how to use this functionality should be taken locally to reflect local needs and circumstances.

The National Team recommends that commissioners talk to all stakeholders to assess how the named clinician functionality should be used locally, and reminds the local health community that Choose and Book should not be used to constrain traditional GP referral practices.

## How does Choose and Book support named clinician referrals?

### Directly Bookable Services

- The most efficient method is for the GP to use the 'named clinician search field' that was delivered in May 2005, and which replaced 'lead professional' searches introduced in July 2004. This allows service providers the option to allocate multiple named clinicians to specific time slots within a particular generically named service. This enhancement is dependent on an upgrade to the hospitals Patient Administration System (PAS), and is easier to manage by service providers. 60% of all NHS Acute Trusts are currently live with this upgrade- a further 15% have this available to them now. This therefore covers 75% of all hospital PAS's and this figure is expected to increase over the next 3 months.

### Directly/Indirectly Bookable Services

- Trusts which don't have this PAS facility available yet can still publish services on a clinician by clinician basis, but this requires the services to be specifically named after the named clinician. This has been available since July 2004. These will need to be identified by a general search, possibly using keywords and not through the 'named clinician search field', and results in identification of a service which is specifically named after its lead consultant. Hospitals find this less easy to operate, because of the large number of specific services that need to be set-up. Acute Trusts are recommended to use the upgraded PAS where available, due to the efficiencies this method provides.
- If the hospital is using an Indirectly Bookable System then named clinician referrals can also be delivered by giving the patient the name of the consultant at the time an appointment request is generated.