The ability to support referrals to individual, Named Clinicians has always been a requirement of Choose and Book, and this functionality should be made available to referrers and providers wherever possible to support good clinical practice.

Why should providers enable Named Clinician functionality?
Where written referrals to Named Clinicians are accepted by a provider, it makes sense and is more efficient to also accept them electronically, using Choose and Book. This also ensures that referrers use only one, standard method for making all referrals, and that patients benefit from all the advantages (e.g. certainty, security and choice of date and time) that are associated with Choose and Book.

Do patients have the right to choose a Named Consultant?
No. Free Choice policy does not give patients the right to see a Named Consultant and, even when enabled, Named Clinician functionality does not a guarantee an appointment with that specific Named Clinician (although should ensure that, wherever possible, the patient is seen by a member of his or her team).

Named Clinician referrals overview
• Providers can support Named Clinician and pooled clinics in the same service as illustrated below.

- Service description– Organisation name–NACS org code

Dr A
Dr B
Dr C

- Named Clinician referrals can be supported by trusts with both Directly and Indirectly Bookable Services.
- If a provider has not made Named Clinician referrals available, and referrers would like it, they should talk to their PCT.
When should Named Clinician referrals be used?
In most cases, appropriate services should be short-listed for patients to choose from based on Speciality and Clinic Types or using keyword searching. Occasionally, however, there may be genuine clinical reasons why a Named Clinician referral is indicated. These might include:

- referral to a consultant who is known to have a particular specialist interest
- previous contact between the patient and a Named Clinician
- close working relationship between the referrer and a Named Clinician (e.g. a consultant supervising a GP with specialist interest)
- as a follow up to an advice and guidance (A&G) request where it seems most appropriate for the patient to see the clinician who has provided the A&G response.

When should Named Clinician referrals NOT be used?
There needs to be a genuine clinical reason for making a Named Clinician referral and a patient's right to choice must always be taken into account when doing this. Named Clinician functionality should not be used routinely as it may make it harder for providers to manage appointment capacity and potentially can increase the number of Appointment Slot Issues.

Referrers should only address referral letters to a specific clinician if the Named Clinician functionality is used.

Won’t some clinicians be ‘swamped’ with referrals?
No, not if Named Clinician functionality is set up correctly by providers (ie NOT with consultant names included as part of the service name). When referrers use Named Clinician functionality responsibly and for genuine clinical reasons, then providers should not expect to receive more or inappropriate referrals to specific clinicians. This is because referrers do not simply choose an available consultant, but instead need to have already decided who they wish to refer the patient to and type this name in the Named Clinician search field.

Can Named Clinician slots be offered within a pooled service?
Yes, referrals to Named Clinicians who are part of pooled clinics can be offered alongside referrals to specific Named Clinician services. This means that all available appointment slots can be put to best use, as they are not ‘wasted’ if a specific Named Clinician referral isn’t made.

How should providers make Named Clinician referrals available?
In order to support Named Clinician referrals, those clinicians must be issued with Smartcards, and their names recorded as part of the relevant service definition. Specific appointment slots for those Named Clinicians should then be allocated within hospital Patient Administration Systems (PAS).

Should consultants’ names be included as part of the service name?
No. Placing a consultant’s name in brackets after the service name is incorrect use of the Named Clinician functionality and must be avoided wherever possible. This is because it makes it much more difficult for providers to manage their capacity (by preventing pooled clinics), and is confusing and unhelpful for patients and referrers (who may be presented with long lists of similar services at the same provider).

1 For those providers with a PAS that does not yet support Named Clinicians, putting the name in brackets may be a temporary solution for achieving Named Clinician referrals.
How do I make a Named Clinician referral?
To make a Named Clinician referral using Choose and Book, the name of the specific clinician required should be typed into the Named Clinician search field. It is necessary to select a priority, although not a Speciality or Clinic Type - although doing so will further refine the search if, for example, the consultant has more than one speciality associated with him/her. (see figure 1). The individual’s name can then be selected from the ‘picking’ list that appears (see figure 2).

If the clinician’s name does not appear in the list then he or she is not available for Named Clinician referrals.

How does a referrer make a Choose and Book referral to a Named Clinician?
When a GP needs to make a referral to a specific clinician they should type in the name of this clinician in the Named Clinician search field (it is best to leave the Specialty and Clinic Type blank in these instances).

Figure 1: Service Search Screen showing Named Clinician search field

Then pick the correct person from the list shown below.

Figure 2: Pick list produced when searching

Services returned from a search conducted in this way will ensure that the appointment slot given to the patient is with the clinician requested. If no services are returned, this means that the provider is not willing or able to support Named Clinicians referrals (see page 3).
Can Named Clinician referrals be used for indirectly bookable services?
Yes. Named Clinician referrals can be made using Choose and Book into both Directly Bookable Services (DBS) and Indirectly Bookable Services (IBS). With DBS the Named Clinician request will result in the booking of an appointment slot that has been registered to that particular Named Clinician. With an IBS referral, the Named Clinician selection will appear on the patient’s appointment request. This will then be visible to the booking manager when the patient phones to book their appointment.

Are Named Clinician referrals available from all providers?
Some providers may be cautious about enabling Named Clinician referrals via Choose and Book due to concerns that it will lead to imbalanced workloads and impact on their ability to achieve 18 week targets. This caution is largely unfounded, since if used responsibly by referrers, only a small minority of referrals will be made to Named Clinicians and then for genuine clinical reasons which otherwise would have been made on paper.

If a local provider has not enabled Named Clinician referrals and genuine clinical reasons exist as to why this is needed, then referrers are advised to seek the support of their PCT in requesting that this be changed. Browsing the Directory of Services will reveal the availability of this functionality.

It is important to note that there may be less appointment slots available for a Named Clinician referral, in comparison to the number of slots available when making a referral into a pooled clinic.

How do I amend Directory of Service entries to use Named Clinician functionality?
It is important to manage this transition in a controlled way in order to ensure that the right services are available.

1. Ensure that you have agreed the timescales for change with lead / associate PCTs.
   PCTs will need to make sure that GPs know how to use Named Clinician functionality, understand the change and reasons for it.
2. Register each clinician to be ‘named’ with a Smartcard.
3. For each Specialty, identify all similar services i.e. those with clinician’s names and mapped to the same Clinic Type(s) which are to be ‘retired’. Do not end date these services immediately as once the end date has passed, no booking actions can be performed on these services.
4. Create a new pooled service, attaching the Named Clinicians and map to the appropriate PAS templates.
5. Rename the services which are to be ‘retired’ in a way which signposts the new service clearly e.g. ‘RETIRED SERVICE – REFER TO ‘HIP SERVICE’ INSTEAD’ and remove all other information from the service name apart from Organisation Name and NACS code and some coded information in brackets which allows the service to be identified internally.
6. Enter an end-date within the service definition to all retiring services. We suggest that this is set to one month from the date that the new pooled service is published. Remove the retired services as soon as possible after the end date has passed.

Some Cerner Millenium deployments do not have the facility to enter more than one Service Id against each slot. Therefore, once the new pooled service is created there will be no slots polled for the retired services. If there is only one service on the shortlist, these patients will need to return to the practice in order to be shortlisted again.