

PUBLIC ADMINISTRATION SELECT COMMITTEE INQUIRY INTO CHOICE, VOICE AND PUBLIC SERVICES

Supplementary Evidence from Minister of State for Department of Health to Support Joint Memorandum from Minister of State for Department Of Health, Minister of State for Local and Regional Government and Minister of State for School Standards, 'The Case for User Choice in Public Services'

1. This paper provides supplementary evidence to the joint Government memorandum, 'The case for user choice in public services' submitted to the Public Administration Select Committee to inform its inquiry into choice, voice and the reform of public services. It sets out the Department of Health's policies and approach to delivering the Government's commitment to extend choice for users of public services.

Reforming the Health Service

2. This Government is committed to providing high quality health services for all patients and we have introduced unprecedented sustained investment in the NHS backed up by a ten-year programme of reform as set out in The NHS Plan and the NHS Improvement Plan.
3. By 2008 the health and social care system will be providing faster, higher quality services that deliver better health and tackle health inequalities, for example:
 - no one will wait longer than 18 weeks for treatment from GP referral and those with urgent conditions will be treated much more quickly.
 - patients will have access to a wider range of services in GP surgeries, pharmacies and other parts of primary care, including access to services nearer their workplace
 - people with complex long-term conditions such as diabetes, heart disease, asthma and psoriasis, will be supported locally by a new type of specialist – there will be 3,000 new community matrons
 - there will be further progress in tackling the biggest killer diseases so that, by 2010, there will be a 40 per cent fall in death rates from heart disease and stroke, and 20 per cent fall in death rates from cancer for those under 75 (from 1997 figures)
4. Giving patients more choice is at the heart of this programme of reform for the NHS. Extending patient choice will respond to the public's demand for more choice and control over their healthcare and services. It will also provide new and powerful incentives for providers to improve performance, leading to better local services for all across the whole country.

Patients want more choice

5. Evidence shows that the public want more choice and control over their public services and, more specifically, over their health care: in response to a MORI survey conducted for the Department of Health's national choice consultation 76% people said that the main priority in healthcare is involving patients in decisions about their condition/illness and treatment. There is also increasing evidence to suggest that greater patient involvement in decisions made about their healthcare leads to improved health outcomes for patients
6. In particular, people want to be able to choose where to be treated. This was confirmed by findings from a European survey in 2003 by Coulter and Magee in response to which 80% of people surveyed in the UK thought they should have a free choice of hospital.
7. Certainly, where we have already introduced choice in the NHS and in social care, the evidence shows that it is already proving popular. In elective surgery, pilots offering patients, who would otherwise wait six months for surgery, the choice of an alternative provider for faster treatment had high take up rates: 67% of patients participating in the London Patient Choice Project and 50% of those involved in the Patient Choice Initiative in Coronary Heart Disease. Since choice at six months has been rolled out across the NHS from April last year, some 30 000 patients have accepted a choice offer. The evaluation of the Patient Choice Initiative in Coronary Heart Disease also found that 86% of patients would recommend it to a friend. In social care, direct payments have proved highly successful and very popular with recipients: in 2003-04, 17 300 adults received direct payments during the year, increasing from 9 600 in 2002-03, a rise of 80%.

Patient Choice in the NHS

8. The command paper, *Building on the Best*, published in December 2003 following our national choice consultation, set out our proposals to give patients more choice over when, where and how they are treated and, increasingly, over what treatment they receive. It identified a number of priority work areas where we are already extending choice for patients:
 - giving patients a choice of hospital for their treatment- already the choice of faster treatment in another hospital is being offered to eligible patients facing long waits for surgery. By December 2005, patients will be offered a choice of 4-5 hospitals when they are referred by their GP and by 2008, patients will be able to choose any healthcare provider that meets the NHS standards and can provide care within the price the NHS is prepared to pay.
 - improving access to primary care- we are giving patients greater choice in primary care by introducing new services such as NHS Direct and Walk in Centres (including at many mainline stations) giving patients

faster, more convenient access to treatment. We are also introducing a wider range of services in primary care, for example those provided by practitioners with special interests, providing localised services in familiar surroundings, giving patients easier access to secondary care.

- improving access to medicines by increasing patients' choice of where, when and how they get medicines- for example, by easing the bureaucracy around repeat prescribing, freeing up restrictions on the location of new pharmacies, expanding the range of medicines pharmacies can provide without a prescription, and increasing the range of healthcare professionals who can prescribe.
- introducing more choice of treatment and care in maternity services and in palliative care:
 - in maternity services by giving pregnant woman more choice and control about the care provided during pregnancy, child-birth and the post-natal period
 - in palliative care by ensuring that all patients, irrespective of their diagnosis, have access to high quality palliative care and more choice in where they wish to live and die.
- giving people a bigger say in how they are treated – everyone will have their own Healthspace linked to their electronic patient record enabling people to make their preferences known to the clinical team and giving them access to their own NHS Care Record over the internet.
- Finally, we recognise that providing easy access to quality information about health and healthcare services is essential to enable people to make informed choices and decisions. Again, this was confirmed by the MORI survey for our national choice consultation which found that 88% of people wanted more information to help them make informed choices about their treatment and care. That is why we recently published a national strategy, '*Better information, better choices, better health*', setting out a range of national and local actions to help give people equitable access to the quality information then need to make informed choices.

User Choice in Social Care

9. Since 1997, users of social care services have been able to exercise more choice and control over the way the services they receive are delivered by taking up the offer of a direct payment, promoting independent living. Since April 2003, councils have been under a duty to make direct payments available to individuals who can consent to have them and to provide individuals with as much assistance as is available to support them to manage their direct payment.

Personalisation and Responsiveness

10. Giving patients more choice over their healthcare and services improves the individual patient experience by enabling patients to make their own choices about those services which best meet their personal needs and preferences.
11. Research conducted by Dr Foster and the University of Nottingham in March 2004 demonstrated that patients value being able to exercise choice over where they are treated. They become more involved in decision making when this is offered and want to use this opportunity to access better quality care.
12. The Dr Foster research also found that patients would be motivated by different factors when choosing a hospital for treatment: 68% would consider ease of access, 58%- the reputation of the hospital, 54%- the quality of care and 47%- waiting times. Detailed work by MORI found similar results.
13. Patient choice will also mean that providers are incentivised to develop services which are responsive to the needs of patients, resulting in more patient-centred services.

Choice as an incentive for providers to improve performance

14. Choice, with Payment by Results- the new financial framework for the NHS, provides both the incentive and the mechanism for driving up performance and standards across the NHS, delivering better local services for all patients.
15. Hospitals will be paid on the basis of the number of patients they treat. The number of patients attending a particular hospital will be determined by patient choice meaning that providers which prove popular will attract more referrals and hence greater resources. Poor performing hospitals will have to improve standards and responsiveness if they are to maintain the number of referrals they receive. This means that patient choice will have real implications for providers, giving them a powerful incentive to improve performance for the benefit of all patients.
16. Evidence from the choice pilots already demonstrates that choice is having a positive effect on a number of areas improving the ways services are delivered to patients, for example by driving down waiting times. Following the introduction of patient choice in London, average waiting times fell by a substantial 19.4% compared to a fall of 7.6% in the rest of England.
17. Patients also believe that choice will improve standards across the NHS: a BBC MORI poll in June 2004 supported this with 74% of respondents expecting that choice of hospital will drive up standards for all within the NHS.

18. Our use of the independent sector to supplement the expansion of the NHS will also increase choice for patients by introducing new providers for patients to choose from, for example to date 16 000 patients have already been treated by independent sector treatment centres. The innovation introduced by the independent sector will also provide further incentives to increase productivity and improve performance across the NHS.

Choice will increase equity

19. We know that the NHS has not always delivered equitable services. For example, a recent review of the NHS found substantial inequalities in key areas:

- 'affluent achievers' had 40% higher CABG and angioplasty rates than the 'have-notes', despite far higher mortality from CHD in the deprived group
- hip replacements were 20% lower among SEGs despite roughly 30% higher need
- a one point move down a seven point deprivation scale resulted in GPs spending 3.4% less time with the individual concerned.

20. Patients who are better informed may also have better access to choices about their healthcare. We believe these choices should be accessible to all; by explicitly introducing patient choice and providing the necessary information and support arrangements, these benefits will be made available to all patients. Targeted information and support may be provided by the voluntary and community sector or by Patient Care Advisors, guiding patients with the greatest need through the system and enabling them to make informed choices.

21. Again, evidence from the choice pilots demonstrates that choice is popular across all age and socio-economic groups, including those patients from black minority ethnic backgrounds, those on lower incomes and the unemployed. For example, the Picker Institute evaluation of the London Patient Choice Project found that 80.2% of patients on below average incomes would consider moving to another hospital for treatment compared to 94.3% of those on above average incomes, similarly 78.2% of unemployed respondents compared to 91.2% of employed and 83.1% of white respondents compared to 82.7% of non-white respondents.

22. There have also been concerns raised that transport will severely limit choice, however 92% of people have access to at least two or more acute NHS trusts within 60 minutes travel time by car, meaning that most patients will be able to benefit from some choice. As most NHS trusts offer services on more than one hospital site, patients will, in most cases, have even wider choice of location for their treatment. The independent sector is also introducing innovative solutions, such as mobile cataract units, to help patients in rural areas take up choice.

Role of Voice

23. 'Voice' also plays an important role in developing responsive and patient-focused services, designed by individual patients and users to meet their personal needs and preferences. That is why we have dramatically modernised and improved the mechanisms to strengthen patient and the public voice. We have introduced comprehensive changes to ensure greater patient and public involvement, so that many more voices than ever before are being heard and taken into account.

Voice in the Health Service

24. The NHS Plan set out a number of wide spread reforms to give patients and the public greater support, influence over and involvement in the NHS:

- all NHS organisations are now under a legal duty to involve and consult patients and the public- not just when major changes are being made but in the planning and development of services too.
- there are now 572 patient forums, one for every NHS trust and Primary Care Trust, these are independent, statutory, patient-led bodies with significant powers of inspection and with the ability to require information from the NHS. Being patient-led, they bring to the NHS locally the views and experiences of patients and carers.
- Patient Advice and Liaison Services (PALS) have now been established in every NHS trust and Primary Care Trust to provide information and on the spot help and advice for patients, their families and carers. They are a focal point of user feedback and a powerful lever for change and improvement in the NHS.
- We are committed to improving the way complaints are handled to help improve patients' experience of the health service and have given the Healthcare Commission responsibility for the independent review of complaints. We have also set up the Independent Complaints Advocacy Service to provide support to some of the most vulnerable members of the community, many of whom without advocacy support would have been unable to raise a complaint about the NHS.

25. NHS Foundation Trusts have introduced a new level of accountability into the NHS. They have been set up in law with a new bespoke form of public ownership as independent Public Benefit Corporations, meaning far greater local ownership and involvement of patients, the public and staff. Patients and the public make up the majority of members on the Board of Governors who elect patient/carer and public governors from amongst their membership. The Board of Governors also has a role in appointing the Board of Directors, working with them to ensure that the NHS Foundation Trust acts in a way that is consistent with its terms of authorisation giving patients and the public a direct role in its day-to-day running.

Conclusion

26. Greater public and patient involvement will be key to developing the high quality responsive health service we all want to see. The traditional “voice” mechanisms continue to have an important role to play in shaping the development of our health services. This is why we have reformed and strengthened these systems.
27. Patient choice introduces powerful new mechanisms for patients to express their preferences and to drive up standards of care. There are already more choices available to NHS patients. We will continue to expand these choices as we move towards a truly patient focused NHS.