



Public Services Reform Seminars 2004-05

Seminar 3 – Choice & Personalisation

21st July 2004

Introduction

The seminar was chaired by Sir Nigel Crisp, Permanent Secretary, Department of Health.

Chair's opening comments

The drive to increase choice is already well underway in the NHS. There is international evidence that this is an increasingly important priority as waiting lists fall. People want to choose not only between hospitals but also want to be listened to, to have more information and control, highlighting the relationship between choice and personalisation.

This requires a radical shift of power towards the patient. New questions are arising – such as how to extend choice without reducing equity, and the best way to manage customers and citizens within the same system.

Presentation: Delivery and Reform

Wendy Thomson, OPSR

Departmental five year plans stress that services must be driven by the users, not the providers. Recent sustained investment needs to be supported by the next phase of reform which increases choice and personalisation of services.

Delivery skills must continue to improve and resources will be released to the front line to support this.

Public services will continue to be driven by core values such as fairness, equity and diversity. People will be enabled to make informed choices, with encouragement to take responsibility for their own choices.

Presentation: Choice and Personalisation

Julian Le Grand

Choice takes many forms – of provider, what service to access, when to access and through which channels.



Extending choice could improve services by creating incentives for a more efficient and responsive service. It can also lead to greater equity by extending options to those unable to move to 'good' areas.

All of this requires good system design. Alternatives have to be available for choice to be a reality. Information is crucial, especially for the disadvantaged, with help to navigate the system where necessary.

Transaction costs need to be low, and there should be measures to prevent popular providers selecting only 'desirable' customers.

Most people want choice, and providing it in London for health has cut waiting times.

Personalisation and choice are not the same. Views differ on whether a tailored service was best designed by the provider, the user, or by both together (co-production). The best balance probably depends on the service.

Discussion

Direct payments in social care have transformed patient's lives. Case studies of this provide useful lessons – including the need to provide support for people exercising choice.

Choice can also drive up standards, especially when money follows choice.

Choice needs to be understood not as an abstract concept but in context, and can encourage improvement beyond what public service workers think possible. Each sector is different.

Overcapacity is required to make choice possible, especially in popular schools. There can be a tension between choice and efficiency.

A way is needed to manage failed institutions – perhaps by transferring staff to successful ones.

Inequities have persisted despite increasing satisfaction levels with GP services. It is vital that any choice system properly addresses the equity issues given the inevitable colonisation of desirable services by the middle classes.

There is an issue about whether the state is willing to invest in systems to provide mechanisms to overcome barriers to choice.

Choice in its own will not lead to improvement in public services. The whole system needs to be addressed and performance management is important.

Elected members also have a role in improving organisational responsiveness. .

Extending choice can disrupt local communities – eg causing children to travel further to school. Many people rely on rural schools so this is an important issue.

The balance between choice and localism also arises for the police, where building strong local communities is a priority. The Government must ensure that choice sits alongside strong and diverse communities.



An analogy for personalisation – the freedom to buy one's own clothes. Clothes bought by someone else are unlikely to match an individual's identity and needs. Some degree of co-production is necessary in most health services. Consumer demand has to be balanced against what the provider can provide. Co-production can avoid unnecessary confrontation between the professional and the patient. Involving people who have restricted choice in service design is particularly important.

Choice has to be extended in a well designed overall system.

Finding the right bottom up incentives in the system is crucial.

Summary

It is clear that choice can drive up standards. The effect of direct payments in social care is striking. Where the public is free to choose between providers, it is relatively easy to identify failing institutions. New providers have to be encouraged to enter the market.

Most people support the choice agenda subject to certain provisos. Maintaining equity is crucial. It is also important to use other levers to improve services. Ultimately power needs to be shifted away from the provider towards the consumer.

