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**For Recipient’s Use**
Foreword

Andy Burnham, Minister of State, Delivery and Reform.

In the first Choice Matters report, I described patient choice as a vision that the NHS was working to make a reality. This new report shows how far we have come in the last year:

- The majority of patients referred for planned treatment report a discussion about choice of hospitals and clinics with their GPs;
- “Free choice” – patients choosing any hospital or clinic that provides NHS standard care at NHS prices – will arrive in April 2008;
- The delivery of free choice in those specialties where waits remain the longest, has been fast tracked starting with orthopaedics from July; and
- We recently launched the innovative NHS Choices service to provide all patients and the wider public with information and tools to make choices about their lifestyle and healthcare provider.

We remain determined to give the NHS more and more freedom to design services around patients. We know that this is what patients want; and research has shown that this is particularly true for lower socio-economic groups. Choice empowers patients, incentivises efficient treatment and drives down waiting times.

I applaud the efforts of staff across the NHS in delivering so much so quickly. But providing an increased range of choices is not just about meeting the demands of modern living and the expectations of patients. It also about involving them more closely in their care and treatment, and so increasing their quality of life and dignity. Therefore, we will shortly begin a consultation to learn how best to introduce new choices in other areas of care, such as the support we provide for those with long-term conditions. There is much more we can and must do to make sure patient control and involvement is at the heart of all the NHS does.
Why choice matters

Choice matters because it is at the heart of the Government’s public service reform agenda to empower patients, reduce inequalities in access to healthcare and improve health outcomes for all patients.

The 2003 national consultation asked health professionals, patients and the public what they actually wanted from their NHS. Recurring themes in the responses were that everyone, not just the affluent, wanted more choice about their health care. They also wanted the right information to enable them to choose and they wanted services to be shaped around their needs.

People’s willingness and capacity to take part in decisions about health and social care have increased, and choice should be offered to everyone, not just those who are best able to demand it. We can promote social inclusion by ensuring choice for groups who tell us it is important to them but have sometimes been denied it for a variety of reasons, including a lack of information about what is available and how to access it.

“Patients are responding very positively; there is a difference between a referral being something done to you and being something in which you are actively involved. Some people are still quite surprised that they can have this choice. I always make sure I share the computer screen with patients during the consultation and talk them through the choice process.”

Dr Devlin, GP, Hove
Research studies and pilot studies\(^1\) informed us about how people would choose their healthcare services. This included what kind of services and support they needed, and how the NHS culture would need to change to deliver services for everyone that would be equitable and ensure that no groups of people would be inadvertently excluded.

Patient involvement and enhanced choice is improving healthcare outcomes for patients through:

- provision of up-to-date and accessible information on an increasing number of services from which patients can choose according to their clinical needs;
- changes in the way services are being delivered to enable a reduction of inequalities in access to healthcare;
- incentivising providers to improve the quality of their healthcare services; and
- incentivising commissioners to provide the services that patients actually want.

\(^{1}\) Supporting Patient Choices: Learning from Stakeholders, Greater Manchester Patient Choice Project, 2006

Supported Information for Choice – A partnership approach, Sandwell NHS Trust, 2006

British Social Attitudes Survey 22 Report, Public Responses to NHS Reform, Appleby and Alvarex, 2005

What will people choose when choice goes live?, MORI for Department of Health, 2005

Patients’ Experience of Choosing Where to Undergo Surgical Treatment, Evaluation of the London Patient Choice Project, Picker Institute Europe, 2005

Taking Soundings, Healthlink for the London Patient Choice Project, 2005
Towards free choice

From April 2008, patients referred by their GPs for most types of planned treatment will be able to choose from any hospital or clinic (i.e. any NHS trust, Foundation Trust, Independent Sector hospital or Independent Sector Treatment Centre) that can meet NHS prices and NHS standards. This will be a key milestone in a process that has taken six years, as patient choice has been tested and introduced in a measured way to allow the NHS to adjust to new ways of caring for patients.

The key milestones so far have been:

- The first pilot schemes in 2002 gave patients who would otherwise wait more than six months for surgery the choice to go to an alternative provider for faster treatment;
- Since January 2006, most patients have had a choice of at least four providers when they are referred for planned hospital care by their GP or primary care professional, where this is clinically appropriate. Primary care trusts are responsible for commissioning the menu of providers from which people can choose, in consultation with local patient groups;
In May 2006, these lists of choices were widened: in addition to the local options, patients could choose from a national menu of NHS Foundation Trusts and Independent Sector Treatment Centres;

In August 2006, there was a further expansion of the choices available, as eleven IS providers were approved to add their services to the national menu. They could eventually provide a total of 157 facilities; and

The pace of introduction of patient choice will quicken again in July 2007, when all NHS trusts in England who meet certain conditions will be able to add their orthopaedic services to the national menu. This means they will have exactly the same opportunities to publicise services as IS or FT providers in this specialty, and more specialties will be opened to free choice throughout the rest of 2007 and early 2008, culminating in free choice in all specialities from April 2008.
The Extended Choice Network

The Extended Choice Network (ECN) is the collective name for the diverse range of providers who can make appointment slots available through the national menu of the Choose and Book service, thereby facilitating the transition to free choice. It assists SHAs and PCTs in meeting the 18-week target, and gives patients a greater choice of where they receive their elective treatment.

The Extended Choice Network consists of four different types of providers:

1. NHS Foundation Trusts. Of the 67 Foundation Trusts (as of June 2007 in the Extended Choice Network), 40 have already listed on the national menu;

2. NHS Trusts. NHS Trusts who wish to, and who fulfil certain conditions, will have the opportunity to upload appointment slots to the national menu on a specialty-by-specialty basis. This process begins with orthopaedic surgery on 1st July 2007, with other specialties to be announced through the remainder of 2007–08;

3. Independent Sector Treatment Centres. There are now 16 ISTCs in the ECN with services published on the national menu; and

4. Independent Sector providers. At the end of May 2007 there were 71 facilities approved to deliver NHS services across the country with 44 listed in the national menu. More facilities will open across the year and in time there will be up to 157 facilities available.

The map opposite shows the facilities that are listed on the National Menu as at 4 June. There are already 100 facilities available, which will double by the end of the summer.
Extended Choice Network
Facilities with services listed on ECN as at 4 June 2007
Supported by Choose and Book

The Choose and Book service supports GPs in offering patient choice and enables patients to book an appointment at their convenience. The appointment can be booked there and then in the GP’s surgery, or later by telephone or over the internet.

For patients, the key benefits include improved access to hospitals and real choice about when and where their hospital appointment will be.

For clinicians and staff, tracking the progress of referrals is automated, with considerable potential saving in administrative time. Early evidence suggests that Do Not Attend (DNA) rates for outpatient appointments will also fall.

“The whole experience has been absolutely brilliant and the new booking system is wonderful. It is so much easier to book an appointment there and then in the doctor’s surgery than having to wait for an appointment through the post that may not be convenient.”

Enid Hogg, Patient, Rotherham
The Independent Sector programme

The Independent Sector (IS) programme provides the NHS with extra capacity and utilises the talents of some of the world’s leading independent healthcare companies to deliver care for NHS patients.

The aims of the treatment centre programme are to:

- Deliver a high quality clinical service;
- Help provide the capacity needed to deliver swift access to treatment for NHS patients;
- Support the implementation of patient choice; and
- Stimulate innovative models of service delivery and drive up productivity.

Independent Sector providers are delivering elective surgery, diagnostic testing and primary care services, and are extending into new areas to increase choice and innovation.

Under phase one of the programme there are 23 Independent Sector Treatment Centres (ISTCs), 16 of which are listed on the national menu; 6 Walk-in Centres; a mobile ophthalmology service; a mobile MRI scanning service; and a chlamydia screening service.

At the end of April 2007, more than 615,000 diagnostic assessments, procedures and episodes of primary care had been delivered through the Independent Sector programme.

Barlborough NHS treatment centre

The Barlborough NHS treatment centre, one of the phase one ISTCs, is a modern, purpose-built facility serving the populations of South Yorkshire, North Lincolnshire and North Nottinghamshire. Commissioned by the (then) Trent SHA, this Independent Sector Treatment Centre offers NHS patients faster access to orthopaedic services. Barlborough is an example of the NHS reducing waiting times and delivering value for money.
Robin Smith, when Chief Executive of Mendip PCT, said: “I see them [ISTCs] as a tool to delivering fast and appropriate patient care when we need to and at the time we need it. Cataracts in our area are no longer a problem. You were waiting 15 months two years ago. I am reducing the contract for cataracts and increasing the contract for plastic surgery. …There should, in my view, always be an opportunity to test the way we work and challenge the way we work such that we are getting best value all the way through and all the time. The best way to improve performance is to introduce a degree of challenge.”

There is a second phase of ISTC procurements underway. Phase 2 will deliver a range of diagnostic and elective services across England. The first diagnostic services commenced in April 2007 in London. The service is currently delivered through more than 25 sites, with plans to open additional sites soon. The first phase 2 elective scheme commenced in June 2007 in Cheshire and Merseyside and provides treatment to NHS patients in eight independent sector hospitals across the region. Further phase 2 elective and diagnostic schemes will be commencing service over the coming months.

The ISTC programme, in creating a more diverse provider base to support greater choice for patients, is a vital component of the NHS’ wider programme of health investment and reform.

Steve Phoenix, Chief Executive of West Kent PCT, says of the Mid Kent NHS Treatment Centre: “This new treatment centre has helped to increase capacity and drive down waiting times for some of West Kent’s patients who are in most urgent need of treatment.”
Better information, better choice

We aim to provide an information-rich culture where patients question, compare and choose.

People need easy access to the right information at the right time to help them make choices about their healthcare. When choosing their hospital, there are many things for them to consider. Some of the popular questions are:

- Where is it?
- What will the waiting time be?
- Quality of care, do they provide?
- How long will I be in hospital?
- How clean is it?
- Will I be listened to?
- How do I get there?
- Is it near my parents?
- What did other patients think of their hospital stay?

Up-to-date accessible information and the right support requires significant resources to meet patients’ requirements.

Here are four key ways in which we are providing easy and accessible information to help make informed choices.

1 NHS Choices – www.nhs.uk

NHS Choices, the new NHS health information service, was launched in June 2007. By harnessing the power of information technology, the new service will help the public to become active consumers of healthcare rather than passive recipients.

The objective of NHS Choices is to build an NHS public information service that is fit for the 21st century – a resource that unlocks the information resources of the NHS and enables people and their advocates to make better, more informed choices about their health and wellbeing. NHS Choices will symbolise the type of personalised healthcare that the NHS is moving towards.
NHS Choices is more than a website – it is a health information service for the entire community. The internet will deliver the service – but because not everyone has internet access at home. Intermediaries, such as GP practices, libraries, and care organisations, have a vital role in ensuring that the whole community has access to the information on NHS Choices.

Key features

- Authoritative information on common conditions and procedures in multiple formats and settings – eg. libraries and GP services, film and hard copy;
- Provider scorecards for the most common procedures, that enable patients to benchmark services and make an informed decision about where they go for treatment;
- Provider profiles: a space for hospitals to promote services;
• Your Thoughts: an opportunity for the public to comment on the quality of their hospital experience and for providers to reply; and
• Regularly changing healthcare information in a range of online magazines targeted at specific groups such as teenagers, parents and retired people.

NHS Choices service has a number of important benefits for consumers, providers and healthcare commissioners. Prospective patients will have access to the most comprehensive information ever, enabling them to make meaningful choices about where they receive treatment. Those for whom waiting time is a critical factor will be able to identify the most appropriate hospital with consistent time information fed from Choose and Book, while others who may wish to base their decision on travelling times, or incidence of MRSA, will have their preferences met.

The opportunity for patients to provide feedback on their treatment will provide a valuable additional source of helpful information for other patients when deciding when and where to have their treatment. Equally, providers will have a steady flow of high-quality feedback from the public on their service, which will be valuable for identifying areas in need of improvement.

NHS Choices will also enable hospitals to provide more information than is currently the case on nhs.uk. They will be able to promote themselves by highlighting specific services, facilities, hospital accommodation and initiatives such as their range of emergency services, and provision of faith-based and counselling services. In addition, specific data on outcomes and other statistical information will demonstrate the particular strengths of individual hospitals.

Commissioners will benefit from the enhanced awareness of comparative information. Richer data on waiting times, length of stay and number of patients treated will be readily available from provider hospitals in a specific area. Comparative information on readmission rates in different hospitals will also be freely available.

NHS Choices reflects the information age – a world in which expanding amounts of data are distributed with increasing speed. People expect information to make decisions about many aspects of daily life. NHS Choices helps fulfil that need.
2 Choosing your hospital booklets

Choosing your hospital booklets can be downloaded from the NHS Choices site.

The booklets explain choice, suggest things for patients to think about when choosing their hospital and answer some frequently asked questions as well as giving pen portraits of each hospital in their Primary Care Trust area.

Evaluation also has shown that patients and referring clinicians’ value having a hard copy of information to help make choices and referrals. Therefore, we have produced booklets to give people easy access to their local choices. The booklets are available in 18 different languages, large print, braille, audio (cassette and CD) and British sign language (DVD and Video).

There is also a national menu booklet giving you information on the choice of all the Foundation Trusts and accredited Independent Sector providers.

People’s views on the patient information booklets:

We evaluated the Choosing your hospital booklets in early 2006, through patient focus groups and interviews with GPs across the country. People reacted very positively both to the concept and to the content and presentation, finding the booklets user-friendly and easy to read.

“If this is the first thing you touch base with, I think there is quite a lot in here for you to make your decision.” Patient

“It informed me – it might broaden my referral behaviour.” GP

“It’s good to mention community services – good information.” GP

“Spot on and helpful.” GP
3 Partnership for Patients

“Patient choice is about people being in control.... To make this happen, we need to invest in facilities to help patients take control. Using public libraries and the internet is an ideal way to support patients, families and carers with information.”

Patricia Hewitt, Secretary of State for Health


The pilot aims to test whether the library service is able to support patients and members of the public to source information about their hospital choice enabling them to make an informed decision. Comparing such information as:

- Ease of Travel
- Quality of food offered
- Waiting times
- Treatment with respect
- Cleanliness
- Patients opinions of their stay in hospital.

“Customers are looking at the displays and asking us about Choice”

Librarian
From 15 March, 30 libraries in 10 pilot areas have been offering to help people choose their hospital, and where the local health economy is using the Choose and Book service, to book their appointment. The pilot is set to run until August 07. There are three libraries in each of Gloucestershire, Hackney, Waltham Forest, Southwark, Derbyshire, Haringey, Greenwich, Bromley, Suffolk and Newham PCT’s.

**How does the pilot programme work?**

- When the patient is referred by their GP or primary care professional for a first outpatient appointment to a hospital they can:
  - Choose their hospital and book their appointment in the surgery or
  - Take away a password and booking reference and book later when they have more information. If the patients do not want to make their choice there and then, the GP will refer them to their local library who will be able to answer their questions and point them to the right information to help them make their choice.

- Library Staff are briefed to support the patient in finding the site via the People’s Network (the public PC network in all libraries);

- The scheme has its own portal entry to the relevant websites to gather information, making it easily available with the minimum of effort, and providing a quality guarantee;

- Library staff offer a range of support, from answering queries on content to booking slots for patients who aren’t used to using computers, and helping them to find what they need, just as they do for a range of other enquiries; and

- Loughborough University have been commissioned to undertake an independent evaluation of the six month pilot.

“A practice manager came and introduced herself on our mobile library, telling us she would be referring patients for support”

Rural Librarian
4 Information for choice through the Voluntary Care Sector

Giving patients different routes into accessing information is as important as the information itself. Research shows that people access information about their health from many places, depending on their background, culture and need. We are working in partnership with Age Concern, the Princess Royal Trust for Carers, Arthritis Care and the Terrence Higgins Trust to share information on choice with their clients and subscribers.

This involves training their team leaders and outreach workers by explaining the choice policy and what choosing your hospital means to patients; showing them where the information can be found; giving them the means to signpost their clients to our information; and sharing the information on their websites and with their call centres. Building on what we are learning with the Library Pilot we will share this learning with the voluntary organisations so they too can access the libraries for help and information.

Lite Bites

In Waltham Forest library people with hearing impairment who could not use the telephone to make their appointment and did not have access to a computer had the help of the library staff and successfully booked their hospital appointment at a hospital of their choosing and a time and date which was convenient for them.

Wood Green library made their first bookings in March and have a steady stream of people questioning them on choice and asking for information.

Many GPs are saying this is a natural extension of their support network as they often do not have the time in the practice to talk through the non-clinical aspects of choice, such as parking and ease of access, which are important to patients.
Bernays and Whitehouse Medical Practice has been around for over 100 years and could be the oldest practice in England. It operates from two sites, two miles apart, one in Shirley and one in Grove Road in Birmingham, and looks after 18,500 patients.

Christiane Bates, the practice manager says: “There is no doubt that patient behaviour is changing as more information gives them food for thought in many areas of their lives, not just their health. Choice gives them greater control over how they deal with their need for treatment.”

The practice has a large elderly population and having a choice and being able to choose their time and date has been a hit. Dr Kotecha, one of the practice’s seven GPs says: “My patients have really appreciated having a choice, they will still ask me for advice but increasingly they want to make the decision for themselves. I have been impressed with how internet savvy a lot of my patients are and they have often surprised me with what they know about the NHS and their health options.”

All staff, including GPs, can use Choose and Book. Christiane says: “We really did have a paper palace before Choose and Book. Operating two sites and keeping up with the GPs, who are not always as on top of their paperwork as they should be, was a painful task. We used to spend a lot of time chasing up patient appointments because a lot of them would be impatient and come into the surgery to find out when they would be going to hospital.

Patients find it reassuring to leave the surgery with either their appointment or with their password and information for them to decide what to do next. The biggest benefit for the patient is they feel that something has been done. So often in the past, appointments got lost or took so long that some people forgot altogether and the “did not attend” rate was quite high. When it comes to choosing, the doctors give the patients all of the information available. Most patients tend to go on waiting times, MSRA rates and on opinions of GP and friends in that order. Some patients have chosen to go to a hospital further away based on this information. Our
patients feel much more in control, we have experienced a drop in calls for chasing up referrals, lost appointments and changing appointments. Therefore, we have an increase in our own efficiency as a result.”

Dr Kotecha concurs and also has a vision for the future of choice: “Patient choice puts the onus on the patient. It gives the patient ownership over their treatment too. They can change the first choice that’s made. They’re not stuck with it. When they look into the options they might find a hospital that can admit them quicker. Or an appointment that fits better around their personal commitments.

The choice element is challenging. What do you base your decision on? Previously, both GPs and patients relied on known consultants and hospitals. The danger is that choices are sometimes based on too little information. The way ahead is undoubtedly having more information so that patients can make an informed choice. Anecdotal evidence is invaluable.

Trust is so important. Patients often ask me “Who would you see yourself? Who would you send your wife to?” These are good questions. Traditionally all GPs have built up relationships with consultants and hospitals. Generic referrals, which choice is based on, need to be based on as much information as possible. That way it starts to equal the GPs own personal knowledge base. We’ve made a good start. But this is only the beginning of a process. To get to where we want and need to get to will require more resources, more investment. But it will drive performance up. With proper informed choice we could have a world class, world leading system in 5-8 years. Knowledge is power. The more informed the choice is the more we truly empower our patients. Empowered patients with a real sense of ownership over their own treatment. That’s my vision. Let’s all persist and we’ll get there.”
When the Department of Health stated that: “By December 2005 patients requiring an elective referral will be offered a choice of 4-5 hospitals, or suitable alternative providers, plus a choice of time and date for their booked appointment, at the time they are referred by their GP or PCP, the South Nottingham PCT’s took up the challenge with gusto.

Michelle Rhodes, Director of Commissioning and Performance from Nottingham City PCT, recalls: “Well, we had our own choice! GPs could implement choice options within their surgeries. We could create a Nottingham Referral Management Centre. We could appoint Patient Care Advisors (PCAs) for each practice. Or we could make a run for it!”

Heading for the door is not Michelle or her team’s style. Taking on challenges with a sense of humour is. “We looked at the pros and cons for each option,” continues Michelle. “The plus side for option 1 was, of course, direct consultation with the GP and the fact that the GP can steer and advise the patient at the point of referral. On the minus side, manual choice information is currently not easily available and it’s time consuming for the GP to talk through 4 to 5 providers. Option 2, the Referral Management Centre, had the advantage of lifting the workload from the GP and practice and the establishment of a central information resource. On the downside, it would be costly and would add additional steps to the choice process. The third option, placing PCAs in practices, would lift the workload from GPs and provide a close point of contact with patients. But set against this was cost, additional steps in the process and the difficulty in disseminating information. Option 4? It’s always good to have that one up your sleeve!”

The Referral Management Centre won. Sign up documentation was issued to all GP practices asking them for their preferred way of offering choice. There was 100% support for the centre and Nottingham Referral Management Centre (NRMC) was established in May 2003 with treatment for Ophthalmology, T&O, Dermatology and Cardiology being offered first. Choice at referral to hospital was introduced in Nottingham in November.
2005 for remaining outpatient specialities. “Not only that,” adds Michelle, “We achieved the national target for Choose and Book and received the incentive payment which helped with upgrades to computers and software across the service.”

To assist patient choice it was identified that patients would need access to basic information such as: accurate waiting times, star ratings, MRSA rates, maps and directions, public transport information, car parking information and language interpretation. “So we created a “Bible” and a Choice Matrix,” continues Michelle. “The bible’s great but doesn’t have all the answers. It doesn’t say which hospital makes the best cup of tea or which wards are the warmest! The matrix lists the 20 hospitals in the area along the top and specialities offered down the side. This way it’s quick and easy to see which hospital offers which speciality and what the waiting times are.”

Approximately 200 referrals are made through NRMC each day. In the last 17 months that’s added up to around 100,000 referrals. The busiest day so far was 9th February 2006 when 427 referrals were logged on the database.

In terms of impact, figures from Derby Hospitals NHS Foundation Trust are telling. Following patient choice there has been an 1116.7% increase in Ophthalmology referrals and a 63% increase in T&O referrals. There has been an overall increase in referrals across specialities of 97%.

The NRMC currently has 12 people working within it, offering patient choice and managing the Clinical Assessment Centre. As the use of Choose and Book increases the actual “referral centre” i.e. the part that offers Patients Choice, will get smaller. This is evidenced already as the numbers of PCAs have reduced from 20 to 12. It is envisaged that the Clinical Assessment Service will expand as GPs tackle the increase in elective referrals and as more locally based pathways are developed. Things move on. But Michelle still hasn’t headed for the door.
RAISING AWARENESS OF CHOICE IN A MULTI-CULTURAL COMMUNITY

People don’t necessarily associate the health system with choice. Historically the doctor patient relationship functioned on the basis of the doctor deciding on the treatment, the hospital, the consultant while the patient just waited for an appointment. So choice in this context is something of a novel concept. And in a community of diverse ethnicity, raising awareness of this shift in thinking poses an additional challenge.

Tower Hamlets is just such a community: in particular it has a large Bengali and Somali population. Realising that current patient and public awareness of choice is low, both nationally and locally, and that its own constituency’s awareness stands around 49%, Tower Hamlets PCT set itself an ambitious aim: for 80% of its target patients to recall that they been offered choice. With the close involvement of the Chief Executive, Alwen Williams, and Service Improvement Manager, Rhoda Iranloye, the PCT focused on February 2007 as Choice Awareness Month. A number of media and other promotional initiatives formed an intensive local awareness raising campaign.

Television was used to raise awareness of choice and Choose and Book, targeting the local Bengali population via Bangla TV and Channel S. “We organized a panel to attend the Bangla TV digital channel on the 19 of February 2007 on the Live for Life programme, a live talk show,” says Rhoda. “On the panel was a Bengali advocate, a GP, PCT choice lead, a PALS officer, and one of the Choose and Book project managers. The programme was presented in both English and Sylheti. In addition, a television advert on choosing your hospital and booking your appointment was recorded by one of the PALS officers. This was shown on Bangla TV throughout February and will also be used for the Channel S campaign.”

A choice poster was designed and displayed in GP practices as well as being used as a newspaper advert. The posters, in English, Bengali and Somali also went to libraries (Idea Stores), citizen’s advice bureaux, and health centres during the month of February. Also in February a choice location map appeared in Eastend Life giving the local population an idea of the local commissioned choices and how to get information on choosing a hospital.
“We also commissioned voluntary group Social Action for Health (SAfH) to lead a campaign on choice awareness aimed at the various ethnic minority and local community groups in Tower Hamlets,” adds Rhoda. “This was done to ensure that a consistent message on choice and Choose and Book is given to all, regardless of ethnic background. This involved using SAfH health guides to run stalls on choice at the East London Mosque, organise various events for different ethnic minority groups, and patient forums on choice and Choose and Book.”

The PCT Advocacy Service and PALS have advised that written literature on choice is not of help to the whole local population, due to illiteracy or learning needs. “It was suggested that spoken information on choice – on cassettes, CDs or videos – would be a suitable and effective alternative medium,” says Rhoda. “So we made a choice video/DVD to use in GP practices and other arenas. This was implemented in January 2007 and distributed to all GP practices. A copy of this has also been used on the screens in the Idea Stores within Tower Hamlets.”

She adds: “PCTs are required to put facilities in place to support choice. It is recognised that GP consultation is not sufficient to ensure the patient has full support and information to make an informed choice. Tower Hamlets PCT has a service agreement with the PALS and the Bilingual Advocacy Service to support patients in making an informed decision.”

Rhoda Iranloye has since moved into another work stream and Sarah Sexton has taken over and is now driving the initiative. “The PALS team have always been there to support choice,” says Sarah, “and they’re pleased to report that the number of calls about choice has risen since the campaign was launched.” The PCT are still active in the local press, trying as far as is possible to tie in awareness initiatives with the dates of surveys issued by Acute Trusts. Posters remain with GP practices and Idea Stores within the area. “We go to a lot of PCT/Local Authority events,” says Sarah, “and it's difficult to engage people until they themselves become part of the process. But the campaign continues and items like the Transport for London location maps are particularly effective in bringing home the range of choice on our doorsteps.”
When you’ve splashed out on a high definition TV you want top-notch eyesight to enjoy it with.

Luckily, Truro resident Norman Folland has had the cataracts removed from both his eyes over the past year, allowing the 80-year-old to enjoy the view in his living room as well as outside.

Norman’s optometrist had spotted the cataracts during a check-up and he advised a visit to the GP to see about getting them removed. After Norman had seen his doctor, a patient choice adviser called him to discuss where he’d like to go for his treatment. During that conversation Norman mulled over a number of local options and, unsurprisingly, chose the one which could see him first, a new treatment centre in Bodmin. The centre performs routine surgery on behalf of the health service.

“Bodmin isn’t that far away and they could see me more quickly than the local hospital so I said yes,” he recalls.

Norman is one of thousands of Cornwall residents to have chosen where to have their NHS treatment over the past year or so. Most patients referred by their GP to a specialist or for treatment at a hospital can now choose from four or five local facilities. Under the choice process, many hospitals from the independent sector are included in the options available to health service patients. Each meets NHS standards and the care is funded by the health service.

A booklet explaining the choice process and listing the hospitals available to Cornwall residents can be found at your GP surgery or online. As well as information on the specialties covered at each hospital, the booklet allows local hospitals to point out their strong points – such as a good cleanliness record or extensive parking and transport links. The booklet also reports the findings of independent inspectors and patient surveys.

Having chosen their hospital, patients are booking their appointment at the GP surgery or by ringing The Appointments Line whose number is in the booklet. Patients can also book their appointment online.
Of course, if you’d rather just leave the whole thing to your GP to sort out in the old way that is still an option.

Norman found that things moved quickly after he made his choice. "A couple of weeks after the choice people called I was invited to the Bodmin centre. Things got off to a good start because there was a lot of parking space and the receptionist was lovely. She put you completely at ease and the reception area was more like a small hotel than a hospital. The surgeon looked at my eyes and three or four weeks later I was back there for the operation on the first eye. The treatment began before I had even left home because they rang me on the day to make sure I had remembered. Once we got there it was all very impressive from beginning to end. Every nurse told me what she was doing and during the operation a nurse even stroked my hand the whole time."

After a restorative cuppa and biscuits Norman was led back to his wife for the journey home and the whole process was repeated a month later for the second eye. "Each time the centre rang me the next day to make sure I was OK," Norman says.

He reassured them he was fine – and looking forward to a clear view of that HD telly.

This advertorial was first published in the Cornish Guardian on 15 March 2007.
A hernia is not a barrel of laughs at the best of times but suffering from one while at sea – and a month away from home – is unfortunate to say the least.

That was the unpleasant situation South Shields merchant seaman Peter Coombe found himself in last Autumn.

Unsurprisingly, Peter was signed off sick as soon as his vessel returned to the Tyne from plying its trade around Europe. For the 57 year old engineer, facing weeks or months on limited sick pay, getting the problem sorted quickly was clearly important.

“I went straight to my GP who explained that I could now choose which hospital to go to. So I made my decision to go to a new treatment centre which had opened about a year before, as I could be seen more quickly.”

Following his visit to the GP, Peter was pleasantly surprised to be called for a pre-op assessment within a week. He was even more pleased to be offered a slot to have the hernia repaired just two days later. Before learning that he could choose to go to the treatment centre, Peter was contemplating a trip to London where the merchant navy maintains a private ward for its staff.

He is one of thousands of residents from across Northumberland and Tyne & Wear to have chosen where to have their NHS treatment over the last year or so. Most patients referred by their GP to a specialist or for treatment at a hospital can now choose from four or five local facilities.

Under the NHS choice initiative, many hospitals from the independent sector are included in the options available to health service patients. Each meets NHS standards and the care is funded by the health service. Independent health care company Capio provides outpatient appointments and treatment at the Cobalt NHS Treatment Centre in North Tyneside on behalf of the NHS.
Talking about his treatment, Peter said, “I stayed at the hospital for a few hours after the operation and there were always two nurses with just the two patients in the recovery area making sure everything was ok.”

As we said earlier, Peter’s experience of choosing where he was treated is open to most NHS patients. A booklet explaining the choice process and listing the hospitals available to South Tyneside residents can be found online or at your GP surgery. As well as information on the specialties covered at each hospital, the booklet allows local hospitals to point out their strong points – such as a good cleanliness record or extensive parking and transport links. The booklet also reports the verdicts of independent inspectors and patient surveys.

In many cases patients are either booking their hospital appointment at the GP surgery or by ringing the Choose and Book Appointments Line whose number can be found in the booklet. They can also book their appointment online. Of course, if you’d rather just leave the whole thing to your GP to sort out in the old way that is still your choice. Meanwhile, ten weeks after being signed off, Peter was given the all-clear to return to sea – although he is now on “light duties” to protect his body.

“I was an old man trying to do a young man’s job so I get a bit more help for the heavy stuff these days,” he says.

This advertorial was first published in the South Shields Gazette on 22 February 2007.
With caring responsibilities for both the younger generation (her children) and the older (her gran), Kelly Kirk has to make time to think about her own health and well-being. In the autumn, worried about a suspicious-looking mole on her back, East Ham resident Kelly went to her GP.

Her doctor thought the mole was probably innocent enough but thought she should get it seen at a hospital. It was at that point that Kelly, expecting her GP to say that Newham General would send her a letter with an appointment time, got something of a surprise.

“He gave me a booklet and said I could now choose from several local hospitals or clinics. He also gave me a password to give to the Choose and Book telephone line which he said I should call to pick an appointment time that would suit me.’’

She found that the booklet included details of each of the facilities which offer the appropriate expertise, each funded by the NHS.

It outlines the services available at 11 NHS trusts across London, nine of which provided dermatology. It includes a little blurb on each, in which the trust might highlight, for example, its good MRSA rates or excellent parking facilities. The booklet lists each trust’s performance in areas that you might like to think about when choosing a hospital – for example how many operations are cancelled at short notice. The key results of patient surveys are also listed, allowing you to see what other patients think of a trust’s quality of care and the general environment.

For some people factors such as these will be important in making a choice but for others it might be how quickly each hospital can see them. It is possible to find out the waiting time information for each procedure or clinic at each trust from the practice before making your choice. In some cases, GPs will discuss other facilities which the patient can choose from – some of these might be in the independent sector but all will reach minimum NHS standards and the care will be paid for by the health service.
Kelly opted to be seen in Newham but chose a health centre she had not previously heard of – the Appleby Health Centre in Canning Town.

She says: “I liked the fact that it was quite a small clinic, more personal than a big hospital”.

Having selected the facility she preferred, Kelly rang the Choose and Book number included in the booklet. “I gave them the password I had been given at the GP surgery. They had all my details and an appointment was available a month later, which I thought was pretty quick.”

Inevitably, she made the appointment working round her kids and gran, opting for a time when her mother was free to pick up the responsibilities. Kelly felt, however, that the new system allowed her to have a greater say in her health care. “I felt more involved through the whole process – normally you get told where you have to go and at what time.” Fortunately the doctor at the Appleby Centre concluded the mole was benign, after having a “good look”.

Kelly now knows, however, that if that mole starts to change in appearance she can choose where and when to get it looked at again.

This advertorial was first published in the Newham Recorder on 31 January 2007.
PATIENT CASE STUDY 4

It is good to have a hand in your health care, as Hunts Cross resident Bernie Hancox discovered recently.

A problem with his hand meant Bernie had lost mobility and he was finding it difficult to work.

“I made an appointment with my GP – Dr Webster at Woolton House Medical Centre – and he recommended I see an orthopaedic specialist.”

Bernie was worried that his busy work schedule might complicate things: “I’d just taken on some important contracts. Being self-employed, my business has to come first.” It soon became clear, however, that he was going to have more control over his treatment than he expected.

“I was surprised when the GP mentioned that I was now able to choose which hospital to be seen and treated at. I didn’t realise I had any choice in the matter. The GP printed off a list of hospitals available, including current waiting times, from his computer. The one that stood out was the Cheshire and Merseyside NHS Treatment Centre in Halton – I could have an appointment there within six days.”

Bernie is one of thousands of Merseyside residents to have chosen where to have their NHS treatment over the last year or so. Patients are usually given a booklet which explains the choice process and lists the hospitals available to Liverpool residents. It is available at your GP surgery or online. As well as information on the services provided at each hospital, the booklet highlights local hospitals’ strong points – such as a good cleanliness record or extensive parking and transport links. The booklet also reports the findings of independent inspectors and patient surveys.

Some hospitals from the independent sector are included in the options available to health service patients. Each meets NHS standards and the care is funded by the health service.
As well as being able to choose which hospital to attend, patients now have more say over their appointment times. In some cases your GP will book the appointment while you are still in the surgery but you can also do it by calling The Appointments Line (see booklet) or online when you get home. This gives you a chance to read through the booklet thoroughly and to discuss the best option with family or friends who you might be relying on for transport or those all-important hospital visits. Bernie, wanting time to think about how to juggle his operation around his customers, was given a telephone number and a password so he could book the appointment at his leisure. “When I got home, I went through my diary and found a day that suited me. I rang the number the GP had given me and booked the appointment with the hospital.”

Bernie telephoned the hospital because its computer systems are not yet linked to the national Choose and Book computer system. This will change over the next few months as new computer systems are installed. Many hospitals around Merseyside and the North West are already linked to Choose and Book, allowing patients to call one central number to make their appointment. If Bernie was surprised by the speed of his appointment – five days after seeing his GP – he was even more impressed by the quality of service at the Cheshire and Merseyside NHS Treatment Centre. “The staff there were fantastic. I can’t praise them highly enough. I saw the consultant who confirmed I’d need an operation, but that I would need some tests doing first. I was expecting to be told I’d have to come back a few weeks later, but all the tests were done there and then.”

This meant the operation could be carried out the following week. Three weeks later, Bernie was back at work. “It wasn’t a big operation, but the speed and efficiency with which it was handled, from start to finish, made all the difference. Being able to choose where and when I was seen meant I was more in control of things and that’s really reassuring.”

This advertorial was first published in the Liverpool Echo on 5 April 2007.
PATIENT CASE STUDY 5

LIVING WITH HIGH CHOLESTEROL

Gwen

Living with a high cholesterol level is nothing new to GWEN Highfield but in recent months she has seen it rise dramatically.

Understandably, when her GP said he wanted her to get it checked out by a specialist she wanted to see a consultant as soon as possible. Her experience of booking a hospital appointment for her latest visit was rather different to previous occasions.

“I was given a letter and booklet at the GP surgery and it was explained to me that I could now choose which hospital to go to,” Gwen says.

Living near New Cross Hospital, that was always going to be 54 year old Gwen’s first choice if an appointment was available quickly. Happily, she was able to see the consultant at New Cross within three weeks of the visit to the GP surgery. “I would have looked at the other options in the booklet if New Cross couldn’t have seen me so quickly.” Gwen says.

There is a family history of heart attacks and angina and when my cholesterol rate goes up like that it really is worrying and I naturally wanted to get it checked out as soon as possible.

The booklet Gwen was given at the surgery had information on the hospitals which would help her make her choice. As well as information on the specialties covered at each hospital, the booklet allows local hospitals to list their strong points – such as cleanliness records, extensive parking and good transport links. The booklet also reports the findings of independent inspectors and patient surveys.

The new system not only gives patients more say over where they are treated, it also allows patients to make the appointment for a day and time that suits them.
Sometimes, as in Gwen’s case, the appointment is booked while the patient is at their surgery but people are also free to take the booklet away to consider their options or to discuss matters with friends or relatives they will be relying on for transport or those all-important visits during a hospital stay. They can then call The Appointments line whose number can be found in the booklet, or book their appointment online.

Some hospitals from the independent sector are included in the options available but each meets NHS standards and the care is funded by the health service. If people want their GP to choose their hospital for them, that’s fine – it’s still their choice.

At the hospital, Gwen was told by the consultant that tests did confirm she needed to reduce her cholesterol level. He praised healthy lifestyle changes she has made over the last couple of years and said he would be contacting her GP about new medication to lower the cholesterol levels. “He told me it was probably partly hereditary and that now at least I was doing everything right.”

Gwen will be back at the hospital in April to see what difference the medication has made. Meanwhile she continues to do her bit to improve her health. “I gave up smoking two years ago after 34 years. My husband and I power-walk at least five times a week and now I eat really healthily.”

Just as Gwen has started to make choices over her lifestyle, patient choice means that she can now make important decisions about her healthcare.

This advertorial was first published in the Wolverhampton Chronicle on 6 April 2007.
BEING IN CONTROL OF YOUR HEALTH

Les and Pamela

It is good to feel in control of things – especially with something as important as your health. People in and around Stockport have found over recent months that changes to the NHS have given them a greater say in their health care.

Stockport businessman Les Hallworth was able to reflect on this as he set about repairing the damage the January storms wreaked on his garden. Having had two knee replacement operations in just over a year, Les was still able to undertake the unhappy task of cutting up a tree felled by the storm.

He had his second knee replaced last September, 12 months after the first. Having otherwise been a picture of health, Les was surprised at the control he had over his treatment on the NHS. He was able to choose the hospital where he was treated and agree a day and time for each operation. Having put up with some pain from his knees for around six years, nearly two years ago Les suddenly found he wanted things sorted quickly.

“I went to see my GP for a list of orthopaedic surgeons because I was going to take out a loan if necessary and pay to get it done. My GP explained there were other options available now and I could choose where and when to get it done on the NHS.”

His GP, Dr Abdul Ghafoor, guided Les through the choices available and put him in touch with the local patient choice adviser, Cath Comley.

“Cath was and always will be my guardian angel. She gave me a lot of useful extra information about this like waiting times and we decided that the Manchester Surgical Centre in Trafford would be the best option.” With the pain increasing, the top priority for Les in choosing a hospital was getting treatment quickly. A fortnight later, the centre invited Les for a pre-op assessment and within another few weeks he had his first new knee. “I talked to the surgery centre about the best time and day for me but the pain was so bad that I would have gone in at any time they wanted,” Les says.
Pamela

Timing was also important for Pamela Broadhurst, a former nurse who wrenched her hip while working on the farmland where she runs a business letting holiday cottages.

After long experimentation with anti-inflammatories and other medication, Pamela was referred by her GP for an MRI scan which revealed significant arthritis in her hip and spine.

When she went back to see her GP, Pamela learnt she could choose where to have the hip replacement recommended by the doctors after the MRI scan. “I was told I could choose between several including Chesterfield, Sheffield, Marlborough and the Stepping Hill Hospital in Stockport. It was early autumn – the big thing was having it done quickly and fitting it around my business and also my daughter in the United States having a baby.”

With her cottage business in the heart of the Peak District, Pamela felt that in mid-winter it would be easiest to get to Stepping Hill Hospital. “That was where I had my babies and I have heard from old nursing friends that it is a very good hospital these days so I was happy to go there. In fact I heard that the consultant I saw was the best in the North West for hips.”

She left her GP to work out the details and he rang a few days later to discuss an appointment at the hospital. Happily, the operation took place in February – weeks after Pamela returned from seeing her new grandchild in the US and early enough to ensure she is fighting fit when the tourism season kicks off again this month.

This advertorial was published in the Stockport Express on 4 April 2007.
Bringing more patient choice to the NHS

Choice has come a long way in the past year, and choice of elective care is now the norm in the NHS. But there are many other areas of care where patients could benefit from more and better choice.

We will shortly be launching a consultation on the extension of choice beyond elective care. People with long term conditions and mental health problems have a range of needs but the services provided to them have sometimes been “one-size-fits-all”. Giving people more choice and control over their care can help them maintain independence, benefiting their health and wellbeing, and increasing efficiency in the health service. The consultation will seek views on how best to support commissioners in ensuring that there are a range of options available for people with long term conditions and mental health problems to choose from.

We will also be seeking views on the kinds of information people need to empower them to be equal partners in their care, and how this information can be used to ensure equity of access to choice. We want to open up the debate on how to change cultures so that shared decision making between patients and clinicians becomes normal good practice.

Patient choice is for everyone – not just those who are best able to demand it. We want to hear everyone’s views so please get in touch. The consultation document has a number of questions that we would like your opinion on. It will be available on the Department of Health website and will include details of how you can respond – before the deadline please! You can send an e-mail or write a letter. All responses will be welcomed.

To register your interest please email: choice@dh.gsi.gov.uk
Where to get more information

**www.nhs.uk**

NHS Choices, the new NHS health information service launched this month. By harnessing the power of information technology, this service will help the public to become active consumers of healthcare rather than passive recipients.

**Choosing your Hospital Booklets**

GP practices and all interested parties can download the booklet from nhs.uk or obtain hard copies from their local Primary Care Trust. Booklets are also available in a range of formats and languages email cyh@prolog.uk.com

These booklets are also available through your local library.

**www.Healthspace.nhs.uk**

Allows people to record and save their personal health information, and to securely access the Choose and Book application to book or change their first outpatient appointment.

*Choice at Referral: Guidance Framework for 2007/8* available at www.dh.gov.uk. This is guidance for commissioners and providers on how the extensions to choice at referral in 2007/8 will operate.

**www.18weeks.nhs.uk**

Includes information to help the NHS plan and implement the changes needed to deliver an 18 week patient pathway from GP referral to the start of treatment by the end of 2008.

**www.chooseandbook.nhs.uk**

Includes guidance on implementing Choose and Book, plus a wide range of communications materials for staff and patients.