

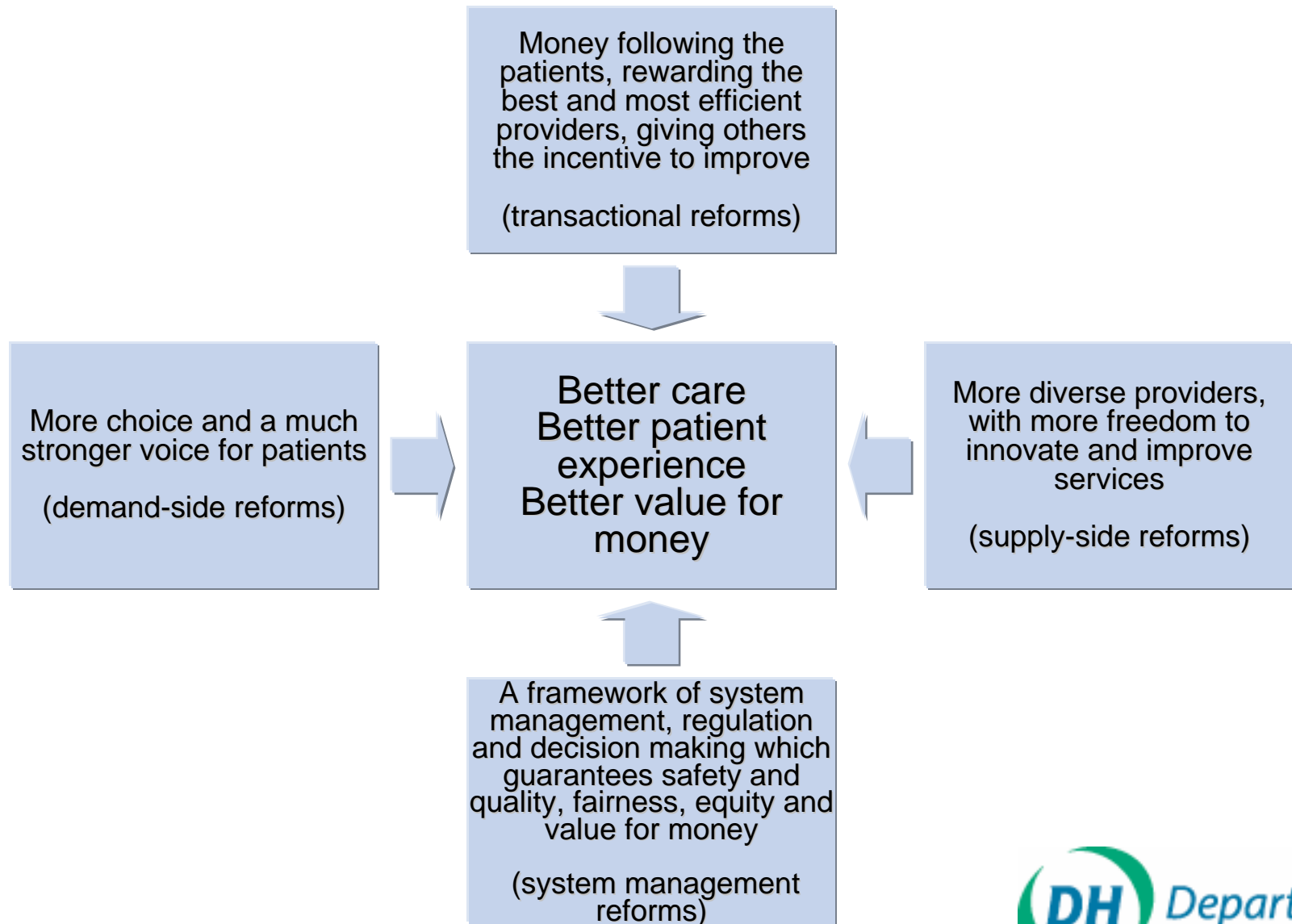
Choice

- Choice is key to reforming the NHS, but still limited
- Do patients want greater choice?
- What choices do they want?
- Will patients exercise choice?
- Where next for patient choice?

Why is greater Choice important?

- **Society & public expectations have changed** – taxpayers & patients expect more say in their care & services offered
- **Patients want more choices** – where & when & how they're treated
- **Strong link between patient empowerment & improved patient experience**, attitudes to shared care, compliance
- **Choice + PBR will create strong incentives to improve service quality & responsiveness**
- **Choice is integral to reforming health services**
- **Effective patient Choice is still very limited**

Choice & Health Reform



The NHS is changing, but is a long way from putting the public at the heart of service design

Recent Commonwealth Fund and Healthcare Commission surveys suggest patients do not feel at the centre of the NHS

- **Only 44%** of patients are satisfied with the choice of doctor
- **57%** of patients experienced problems contacting their general practice or local healthcare centre by telephone.
- **70%** of patients said that they were not sent copies of any letters between the hospital and their GP

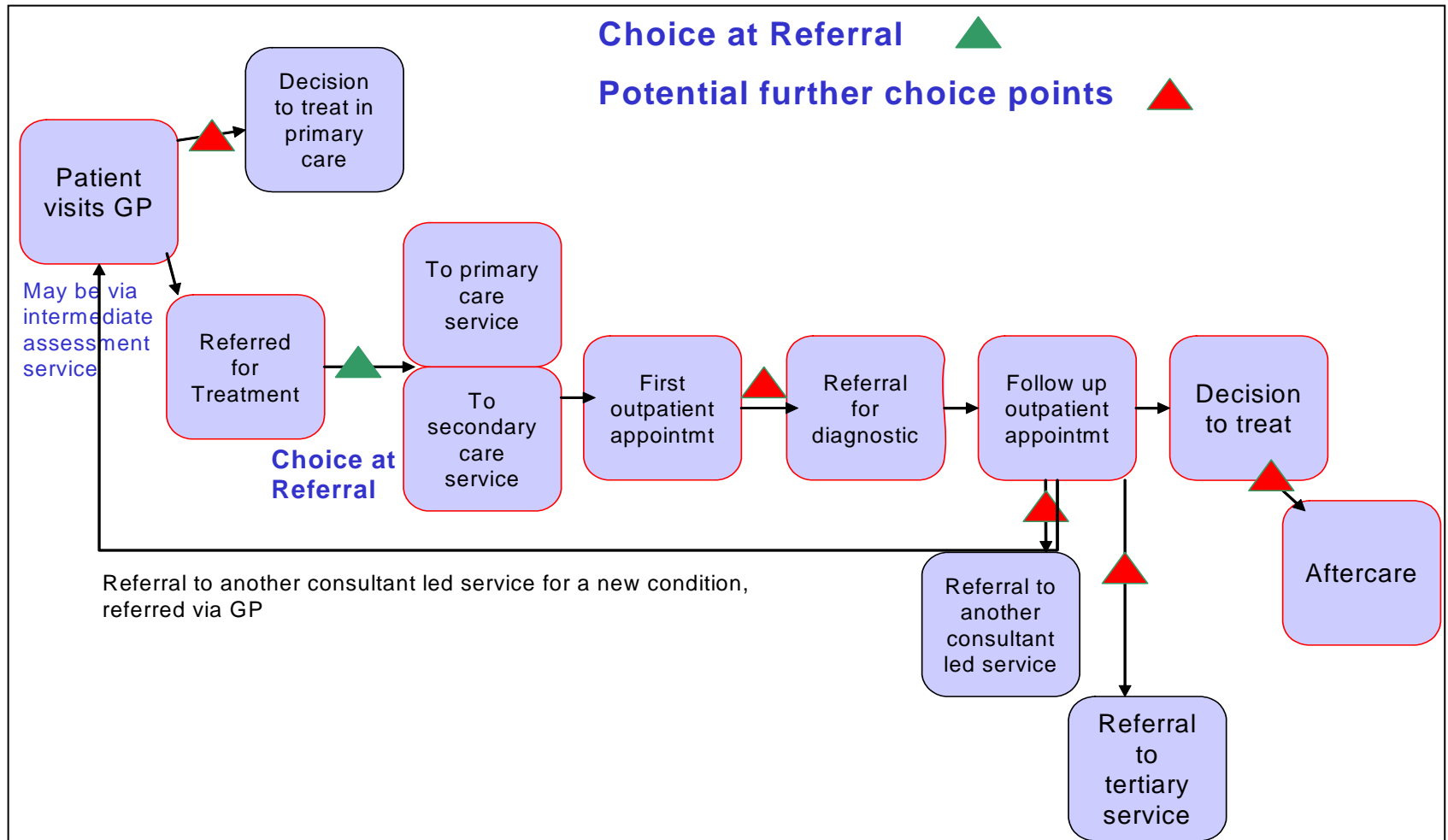
‘Your Health, Your Care, Your Say’ deliberative events showed there is plenty still to be done

Respondents said they wanted to be supported in making lifestyle choices

61% say that being given more information about their health conditions would make a big difference

63% say that being able to see a GP within 24 hours would be a big improvement

Despite controversy, choice remains very limited



- Also real choice of GP? Of treatment type and care pathway? At end of life?

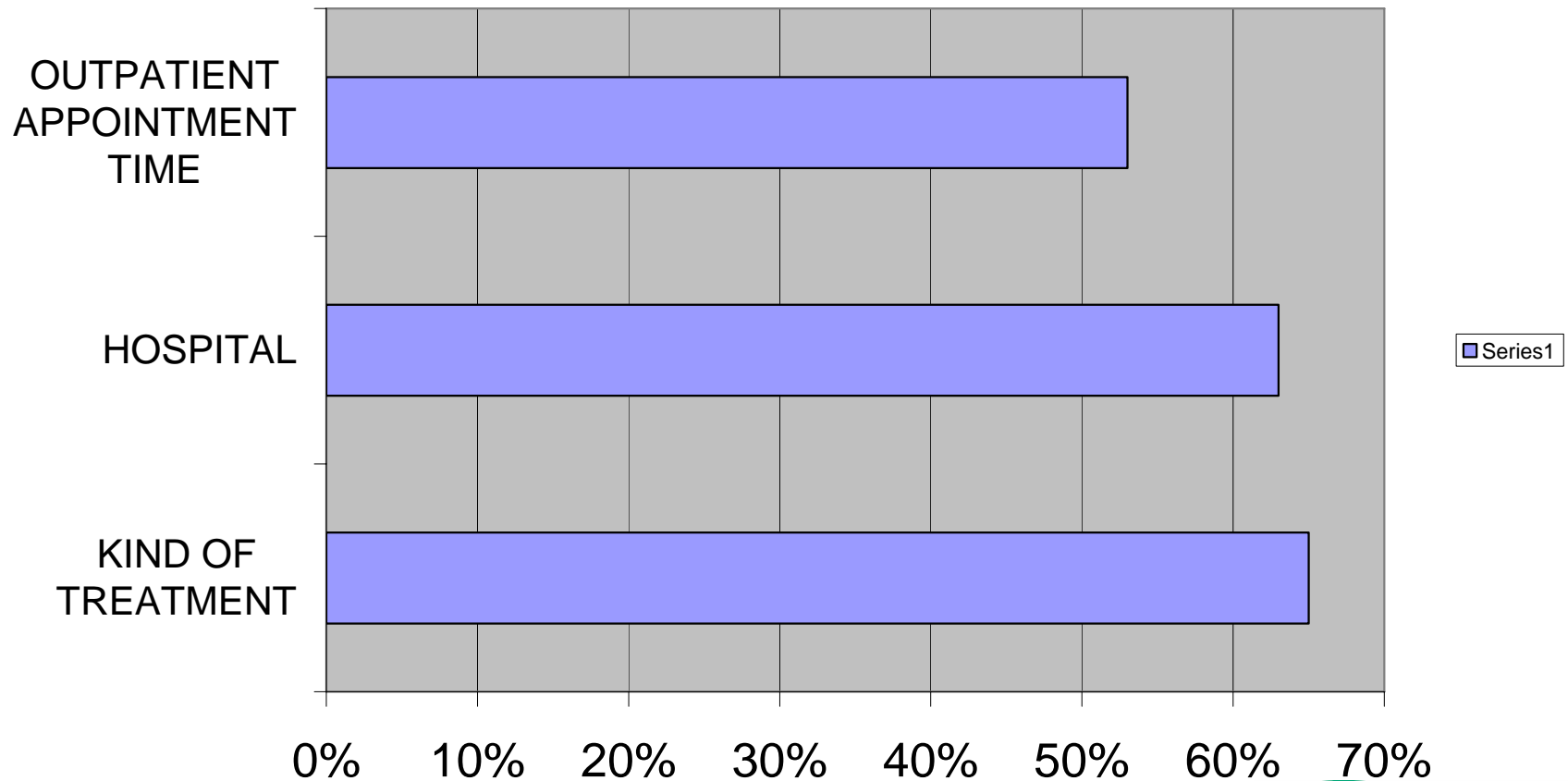
Choices that are taken for granted elsewhere should be taken for granted here too

- In most Scandinavian countries, greater patient choice in their care is regarded as one part of a “high tax, high investment, high say” public service
- In Holland, “Big Bang” reforms at the beginning of this year have rooted the health system in real choice of commissioner
- Equally these plans involve choice of hospital provider too, within commissioner plans
- In most other OECD countries, choice over primary and secondary practitioners is taken for granted

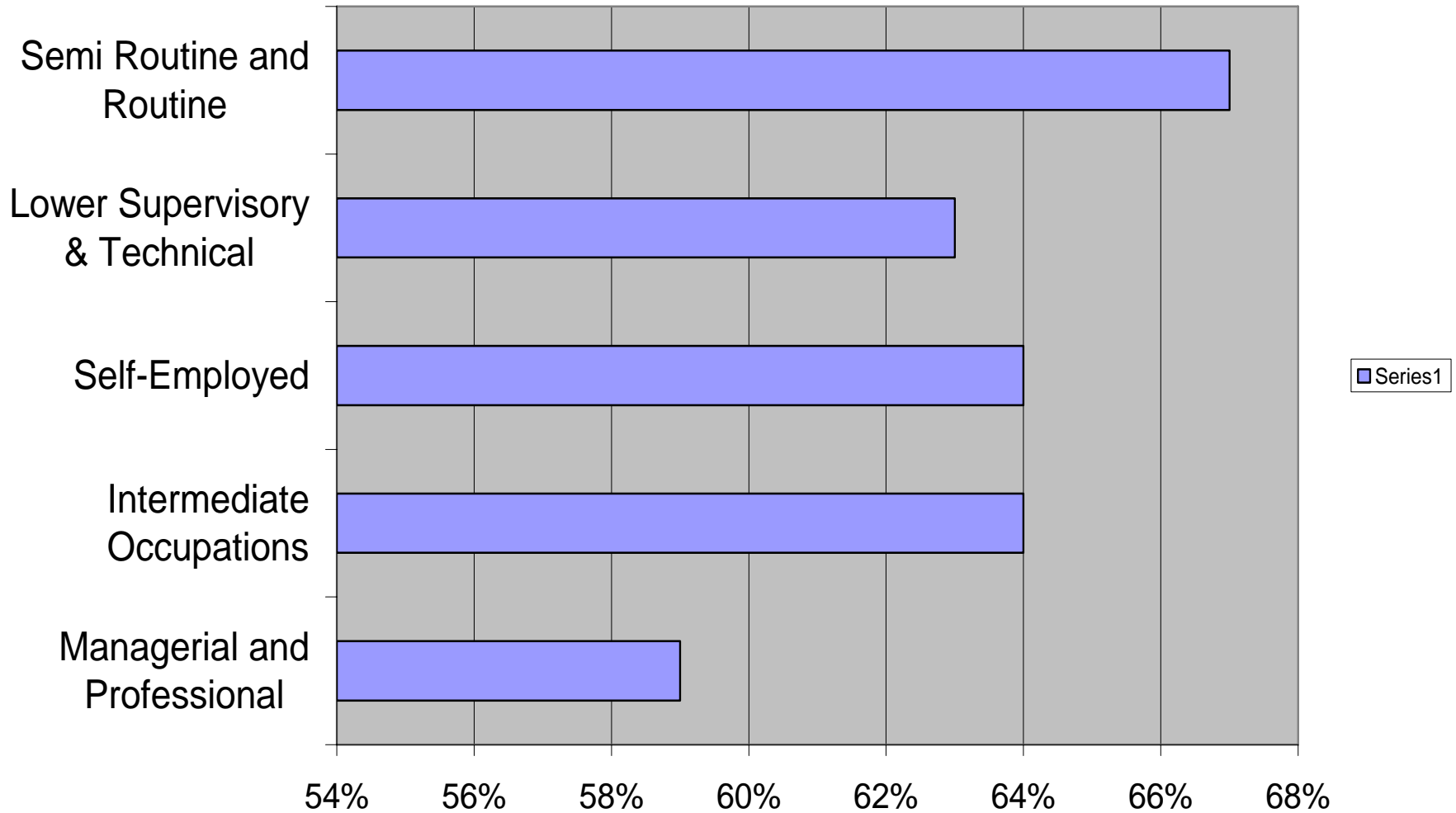
Why Choice?

Response to rising public expectations

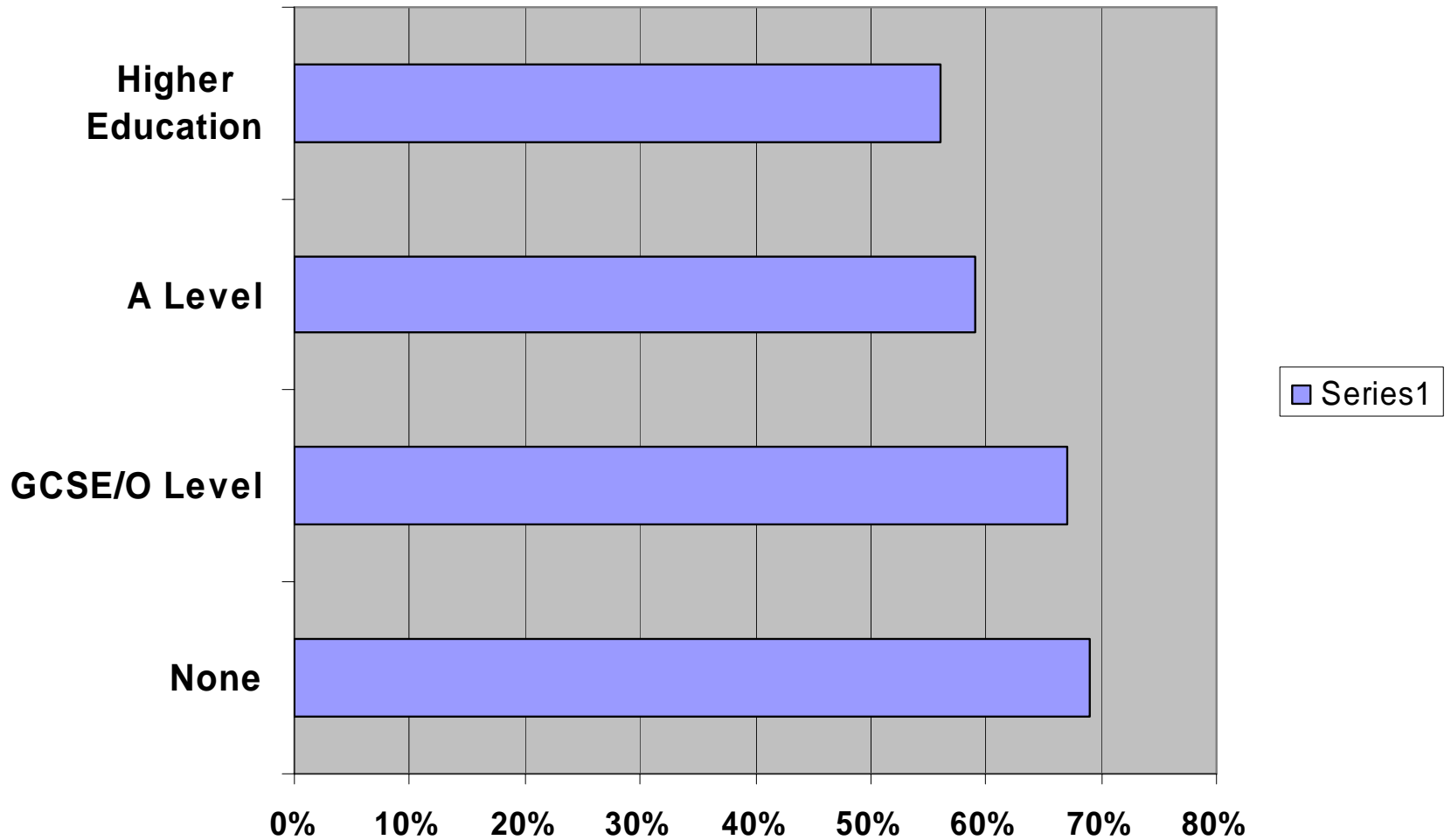
BRITISH SOCIAL ATTITUDES (2005)



WHO WANTS CHOICE: SOCIAL CLASS



WHO WANTS CHOICE: EDUCATIONAL ACHIEVEMENT



Will Patients exercise Choice?

Where we have introduced more choice, it is popular with patients:

- 86% of the patients taking part in **CHD choice pilot** from July 2002 would recommend it to another patient
- the **London Patient Choice scheme** offered choice to 18 427 patients with an overall take up rate of 66%
- Since opening in 2000 **NHS Walk in Centres** have seen over six and a half million people and annually are now seeing more than 2m people.
- **NHS Direct** now handles over half a million telephone calls and half a million internet visitor sessions every month.

The Future of Choice: Elective Care

➤ **Step One: Choice at Referral from Jan 2006**

Patients needing planned hospital care offered choice of 4 or more providers where clinically appropriate at the point of referral.

➤ **Step Two: Extending Choice - May 2006 >**

In addition to the 4 or more providers, patients able to choose from an extended choice of all participating NHS FTs, centrally accredited ISTCs and other centrally procured IS providers

➤ **Step Three: Free Choice from 2008**

'Free Choice' for patients of any healthcare provider meeting NHS standards at NHS cost

The Future: Widening Choice

- Establishing a set of high level principles to set out our expectations of the choice offer and help ensure a consistent approach across NHS care
- Reviewing the opportunities, costs and benefits of extending choice in the main service segments and prioritising accordingly
 - Maternity services?
 - Mental health?
 - Long term conditions, potentially asthma, diabetes, heart failure and COPD ?
 - Cancer services, including end of life care?
 - Increasingly, choice of treatment – not just when & where

Proposed Principles for Choice

- Everyone is entitled to choice about their healthcare and services
- Choices offered should reflect the individual's beliefs, values and chosen life style as well as clinical need.
- Choices should be offered at 'decision points' along the patient's care pathway where this improves the patient experience and is clinically safe
- The choices offered should be clinically appropriate and in accordance with professional guidelines
- Appropriate information and support should be available to empower people to make an informed choice
- Patients exercising informed choice should also take some responsibility for their choices
- Choices offered should be affordable
- People's choices should not prejudice the treatment they receive

Informing Choice

Context

- Produced other 8 million 'Choosing your Hospital' booklets and enhanced www.nhs.uk to support Choice at Referral
 - including a set of performance indicators at Trust level
- Changing expectations, choice and provider marketing will drive demand for more information
- As waiting times fall, the focus will switch to information on clinical outcomes - early findings from research suggests that clinical quality was, on average, the largest influence on respondents' choice of hospital
- For choice to drive the expected service improvement, we need to respond to this demand

Informing Choice

Context

- ‘Quality’ information is available at Trust or provider level, not sites/specialties/ teams/conditions
- Comparative information not always available across all providers of NHS care
- Clinical quality benchmarking and information is poorly developed
- GP recommendations based on informal network of “intelligence” – provider reputation among local clinicians, feedback from patients

Informing Choice

Proposed Approach

- Build a consensus (key national patient/advocacy, voluntary sector & clinical groups) on:
 - Overall approach & principles
 - Relevant, robust quality measures for a small number of common conditions/procedures
 - Use of Patient Recorded Outcome Measures
- Information Taskforce
- Wider national consultation on principles & provisional measures
- In parallel, develop direct patient feedback to providers & commissioners – ‘Patient Opinion’

Choice

Summary;

- Choice is central to patient empowerment & engagement
- Patients & the public want choice
- If offered greater choice most patients will exercise it
- Patients want choice of treatment, not just where & when
- Choice backed by right financial incentives can be a powerful lever for improvement for some services
- Choice has to be affordable + appropriate clinically > real dilemmas for commissioners
- **Choice is limited – we have a long way to go**