Building on the best: choice, responsiveness and equity in the NHS

The Government’s white paper, *Building on the best: choice, responsiveness and equity in the NHS*, follows from the Department of Health’s national consultation on how to extend choice to create more personalised healthcare while also promoting equity.

The paper explains how NHS services will be made more responsive to patients by offering more choice. It outlines how ideas raised by the consultation can be achieved over time and within existing spending plans.

This *Briefing* summarises the actions to be taken in connection with each of the main themes of the paper.

Themes for action

Building on the consultation, the Government has set priorities for action. These are set out under six main themes:

• give people a bigger say in how they are treated

• increase choice of access to a wider range of services in primary care

• increase choice of where, when and how to get medicines

• enable people to book appointments at a time that suits them, at a choice of hospitals

• widen the choice of treatment and care, starting with maternity and end-of-life services

• ensure people have the right information, at the right time, with the support they need to use it.

The paper also covers the issues of equity and the importance of making sure that patient choice is a reality for everyone.

Context

*Building on the best* states that at the heart of the challenge for modern public services is the provision of a high-quality service which meets the individual needs of an increasingly diverse population, while also being underpinned by the values of fairness and equity. The service should feel personal to individuals within a
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framework of equity and good use of public money.

The white paper notes that, along with the increased investment that is being made in the NHS and the reforms that are taking place, a culture change is needed so that services are more responsive to people’s needs.

Results of the consultation

Common themes emerged from the consultation.

- Everyone wants the opportunity to share in decisions about their health and healthcare, and to make choices where appropriate.
- People want the right information, at the right time, as well suited to personal needs as possible.
- Health needs are personal and services should be shaped around our needs.
- The NHS should carry on building capacity, particularly making sure that people with long-term conditions can be confident of getting access to a good quality service that meets their needs.
- The NHS should continue the process of reform of healthcare delivery.
- The NHS should work at ensuring that choices and services reach everyone.

- The NHS should listen to patients and the public and act on what they say.

More choice about how we are treated

HealthSpace

The paper addresses complaints from patients about giving the same information to different healthcare professionals, and their preferences on a range of issues often not being considered. From 2004 all patients will be able to annotate their own personal health records, setting out their own preferences. This will be through a new service called HealthSpace, a secure online personal health organiser at www.nhs.uk/healthspace. Over time, people will be able to record more personal information and preferences in HealthSpace and make decisions on sharing that information with the professionals who organise their care.

Letters to patients

The DoH has accepted the principle that writing letters direct to patients is effective. It will discuss this with professionals and encourage local services to take this forward locally. Writing to children and their families is seen as the top priority.

Freeing up access to primary care

Primary care must become even more flexible to reflect people’s different needs.

Action in relation to primary care involves:

- continuing to expand capacity, with a particular focus on the areas where people have most trouble accessing primary care
- developing a wider range of primary care providers, offering a wider range of services
- exploring easier options for people to obtain the care they need when away from home, including the scope to relax practice registration requirements
- promoting easier access to diagnostic services, and better support for patients with long-term conditions, in a primary care setting.

Expanding capacity and creating choice

Capacity is expanding and spending on primary care will increase by 33 per cent from 2002/03 to 2005/06. The local improvement finance trust (LIFT) programme and new contracts for GPs, dentists and pharmacists are creating more scope for services to meet local needs. Primary care trusts (PCTs) will have a key role in ensuring that communities which have lost out in the past begin to benefit from the new arrangements.

PCTs will also be expected to test new ways to encourage new entrants to primary care delivery. These entrants might provide services in various forms, for example providers offering the full range of GP services and specialist services, or selected aspects of GP services. These could be delivered by a number of providers including nurse-led clinics, PCTs or private providers.

The paper explains that the move towards local commissioning will
enable PCTs to target additional funds to tackle local dental priorities.

**More flexible access for all**
Some patients have practical difficulties over access to general practice. The white paper states that for these people the choice of service available must become far wider.

There is an increasing number of alternative ways in which people can access care, such as NHS Direct and walk-in centres, but these options still do not meet the needs of some people. In particular, people have asked about having access to a general practice close to work. There are a number of ways in which this need might be met. For example, PCTs can ensure that walk-in centres have a GP on site to respond to the needs of commuters.

The separation of responsibility for a daytime and night-time/weekend contract increases the flexibility around who provides care; new out-of-hours providers will emerge, many with a centre that patients can visit.

The DoH will look at changing the rules that restrict where patients can register with a GP. It intends to open up registration areas for GP practices. The aim would be to ensure continuity of care and access for local patients, but also to allow commuters to register close to work, while their home PCT remained responsible for them at evenings and weekends.

There will also be consultation on amending the regulations to ensure that patients can register with their preferred surgery, unless the patient list is full.

**More services closer to home**
People are keen to have the convenience of access to more services close to home. The white paper says that PCTs will develop a range of services previously only available in hospitals by working with a variety of providers. Further developments in technology mean that an increasing number of diagnostic procedures and treatments will be possible in community settings. The independent sector will have a role in this.

Increased choice in primary care must be supported by better public information if people are to make informed decisions on the growing range of options on offer. More use will be made of electronic communication. Practice leaflets will continue to develop and alongside the existing PCT guides there will be an e-based directory with details of local providers, services and qualitative information.

**Improving access to medicines**
Easier access to medicines emerged as another priority during the consultation. Existing arrangements for repeat prescriptions for patients with long-term conditions frustrate patients and GPs. A start has been made on changing this. In 30 areas of the country, patients can already get their medicines from a pharmacist of their choice for up to a year before they go back to their GP. Fourteen more areas will be included in these arrangements and with the implementation of the new community pharmacy contractual framework from 2004, this choice will be available to patients across the country. By December 2007, the new national IT programme will mean patients using this service will be able to pick up their medicines from any pharmacy in England.

The paper states that the DoH intends to make it easier for new pharmacies to locate in areas where consumers already go, such as large shopping developments, and to make it easier for new pharmacies to set up if they intend to be open for more than 100 hours a week. It will be made easier for mail order pharmacies to deliver medicines to people’s homes.

The range of medicines which pharmacies can supply over the counter without a prescription is being extended and the DoH is looking to expand the range of treatments available over the counter.

Pharmacist-led minor ailment schemes are to be encouraged. All PCTs will be expected to consider targeted schemes that would meet the needs of patients who would otherwise go to their doctor for a prescription.
Many nurses are already able to prescribe for patients and the range of professionals who can prescribe will be extended.

**Effective choice of time and place for planned operations**

The DoH sees choice for elective surgery as a powerful tool for increasing responsiveness and the consistency of high-quality care, and for promoting equity. An extension of the existing choices has already been announced. From August 2004 people waiting more than six months for surgery will be offered faster treatment at an alternative hospital. By December 2005, patients who may require surgery will be offered the choice of four to five hospitals at the point where their GP refers them to hospital. Patients will also be able to book their appointments at a time that suits them, using the electronic links between GP practices and hospitals that will be in place by 2005.

**Extending choice in treatment and care**

**Shared decision-making**

Engaging and informing patients is at the heart of good clinical practice. Involving patients also improves outcomes. There is evidence to show that shared decision-making leads to patients being more likely to see the treatment through. The DoH is working with others to promote shared decision-making.

**Care plans**

Personalised care plans are part of some national service frameworks and many of the responses to the consultation highlighted the importance of care plans to ensure that there is a proper partnership between clinicians, patients and their families.

**Expert Patient programme**

The consultation has highlighted the need to extend the Expert Patient programme across the NHS so that it can give all kinds of patients the skills and knowledge to make the best of their health. The programme will become an integral part of supporting patient choice in every PCT, focusing on patients who are most disadvantaged.

**Expanding treatment choices at the beginning and end of life**

The consultation identified some areas for early action to increase treatment choices in maternity services and end-of-life care:

**Maternity care** – the forthcoming National Service Framework for children includes a ten-year strategy for improving maternity services, but action can be taken forward now on direct access to midwives, promoting birth plans, midwife recruitment and retention, and local maternity guides.

**End-of-life care** – work is in hand to develop specialist palliative care services for cancer, as well as training programmes for district nurses. The aim is to offer all adult patients nearing the end of life the same access to high-quality palliative care so that they can choose to die at home.

**Better information for patients**

Information is fundamental to choice. Ensuring that the public and patients have the information they need and that the NHS has the information about them that it needs must become core business for the NHS. The paper claims that the NHS needs an ‘information revolution’. A number of steps illustrate the new approach.

**New information channels which fit the way people live**

In summer 2004 a national NHS Direct digital TV service will be launched and in April 2005 a new guide produced in partnership between NHS Direct, the DoH and Thomson Local will be distributed to 19 million homes in England.

**Helping people find the right information about treatment**

The DoH will work with the British Medical Journal to make available information about the best treatments for a range of conditions.

The NHS is aiming to work with other providers of health information, including the voluntary sector. One idea is to apply the NHS ‘brand’ to high-quality health information resources as a kind of ‘kitemark’ that will reassure people of the integrity of the information.

**Creating more localised information on NHS services, healthy living and treatment**

Action to provide a framework for health information includes:

- **Your life** – a localised NHS-led magazine produced in partnership
Providing information is one part of the picture, but many patients also want to discuss what it means for them and how it might affect their choices. The white paper says that organisations should learn from existing models of how this kind of support is offered to patients and the NHS needs to identify roles and competencies that matter most to patients, and how clinical teams and others can build on these.

Choice, responsiveness and equity

The Government is determined that widening choice should underpin and promote equity. The approach should be aimed at:

- good-quality services directed toward the needs of disadvantaged groups
- tackling the specific issues about choice that these groups have raised
- rolling out wider health and healthcare initiatives in ways which enable all to benefit.

It will be important to ensure that arrangements for supporting choice, including information and support for shared decision-making, respond to the full diversity of community needs. All groups should be helped to articulate their preferences and needs.

The Social Exclusion Unit has recommended that aspects of transport in relation to health services need to be improved to help tackle exclusion. Work has begun on the possibility of integrating existing patient transport services and statutory hospital travel costs schemes into a framework that the local NHS will be able to use in developing its patient transport services.

It will be important to recognise and foster the capacity of communities, patient groups, faith groups and others to reach out to vulnerable groups.

The key conditions that need to be met to ensure disadvantaged groups share the benefits of wider health and healthcare developments are:

- dismantling communications barriers
- ensuring that education and development equips the healthcare workforce to respond to the full diversity of patient and community needs
- ensuring NHS commissioning and procurement is sensitive to equity issues
- developing and using more rigorous frameworks for testing the impact of policy and action on equity.

Making choice happen

The white paper emphasises that real change will happen at the front line, with support from the centre, fuelled by the encouragement and expectation from patients and drawing on the experience of partner organisations and other experts. Change will need:

- a clear shared vision and values, owned by national and local leaders
- to be supported by continued investment and capacity growth
- to be delivered by empowered staff, with support from peers and experts
- to be backed up by high-quality information systems
- to be informed by a stronger patient voice
- to be underpinned by a coherent system of incentives, regulation and inspection.

Rolling out the changes

The first six months of 2004 will be a time of preparation and a time for NHS staff and organisations to identify the support they will need to move forward.

Locally, the NHS Live programme will provide a focus for identifying the challenges and opportunities in developing personalised care, sharing good practice and building momentum.

Nationally, choice and responsiveness will be built into the new planning framework for the NHS for 2005/06 to 2007/08, to be issued in July 2004.
‘Making choice a reality will require a revolution in the way the NHS works’

Confederation viewpoint

We believe that giving patients greater choice is a key priority for the NHS. It holds out the prospect of a more responsive NHS, where services are tailored around the individual and patients are genuine partners in decisions about their care.

We believe the white paper contains lots of practical ideas for expanding choice which will make a real difference to patients’ day-to-day experience of the NHS. We particularly welcome the focus on widening the choices already available to the 17.5 million people with long-term chronic conditions who often want not just a say in where and when they are treated, but the type of care they receive and how it is delivered.

These proposals are an important start, but, as the report recognises, there are real challenges ahead. Making choice a reality will require a revolution in the way the NHS works. Patients will need much better information to enable them to make informed decisions. A greater diversity of providers will need to be matched by more flexible ways of buying care for local communities.

Making patient choice a reality across the service will also require a fundamental culture change in the relationship between patients and professionals. We need to focus not just on neat policy interventions, but how we can work within the service to bring this culture change about.

For more information about the Confederation’s views on the choice consultation, contact Nigel Edwards, Policy Director, at nigel.edwards@nhsconfed.org or see our report Fair for all, personal to you: the NHS Confederation response to the choice consultation.

Further information

Building on the best: choice, responsiveness and equity in the NHS
www.doh.gov.uk/choiceconsultation/index.htm

Fair for all, personal to you: the NHS Confederation response to the choice consultation
www.nhsconfed.org/publications/reports/choice_report.asp

Community pharmacy www.nhsconfed.org/docs/briefing93.pdf
GMS contract (NHS Confederation website)
www.nhsconfed.org/gmscontract