

Liberating the NHS:

# Greater Choice and Control

Your response to the consultation questions

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Greater Choice and Control	
1. How should people have greater choice and control over their care? How can we make this as personalised as possible?	Choices of where people receive treatment, who carries out that treatment plus how and when, will enable people to make personal choices that suit them, their beliefs and their lifestyle.
2. Which healthcare services should be our priorities for introducing choice of any willing provider?	Treatment of long term conditions can often be met more effectively by local community groups providing that any criteria for clinical expertise is met.
3. How can we offer greater choice of provider in unplanned care?	By enabling community services to develop.
4. What would help more people to have more choice over where they are referred?	The provision of information on the choices available and the successful outcomes achieved
5. Which choices would you like to see in maternity services and which are the most important?	Options of where and when prenatal, birth and postnatal care can be delivered.
6. Are these the right choices for users of mental health services, and if not why not?	Broadly speaking yes, however safeguarding responsibilities must be fully taken into account
7. When people are referred for healthcare, there are a number of stages when they might be offered a choice of where they want to go to have their diagnostic tests, measurements or samples taken. At the following stages, and provided it is clinically appropriate, should people be given a choice about where to go to have their tests or their measurements	It should be possible at all stages of this process for people to make a choice about where they go to undergo testing or treatment.

<p>and samples taken:</p> <ul style="list-style-type: none"> <li>- At their initial appointment - for example, with a GP, dentist, optometrist or practice nurse?</li> <li>- Following an outpatient appointment with a hospital consultant?</li> <li>- Whilst in hospital receiving treatment?</li> <li>- After being discharged from hospital but whilst still under the care of a hospital consultant?</li> </ul>	
<p><b>8.</b> Are there any circumstances where choice of where to go for diagnostic testing would not be appropriate, and if so what are they?</p>	<p>If someone was in need of urgent care or if their capacity to understand the implications of their decision was deminished in any way.</p>
<p><b>9.</b> Would you like the opportunity to choose your healthcare provider and named consultant-led team after you have been diagnosed with an illness or other condition?</p>	<p>Most people have said yes</p>
<p><b>10.</b> What information and/or support would help you to make your choice in this situation and are there any barriers or obstacles that would need to be overcome to make this happen?</p>	<p>Information on success rates and patient satisfaction would support choice. Barriers can include the presentation of information and the issue of trust between the decision maker and the information provider.</p>
<p><b>11.</b> Is there anything that might discourage you from changing your healthcare provider or named consultant-led team - for example, if you had to repeat tests, wait longer or travel further?</p>	<p>Yes, people would sometimes be willing to change their choice of provider if other factors such as waiting times and distance to receive treatment where to be very different.</p>
<p><b>12.</b> What else needs to happen so that personalised care planning can best help people living with long term conditions have more choice and control over their healthcare?</p>	<p>Education on condition specific issues for patients and a willingness on the part of clinicians to listen properly to patient opinion.</p>
<p><b>13.</b> What choices are most important to people as they approach the end of their lives? What would best help to meet these?</p>	<p>Preferred place to die, a pain free death and an opportunity to be cared for in a loving way. This needs a flexibility in the delivery of support services for the patient and their family carers as well as investment in staff support supervision and training.</p>
<p><b>14.</b> We need to strengthen and widen the range of end of life care services</p>	<p>Bt involving patients and carers fully in planning for this time, and listening to what they need</p>

from. Which patients and carers can choose how can we best enable this?	rather than presenting what is available.
<b>15.</b> Carers may sometimes feel that they themselves have no choice when the person they care for chooses to die at home. How should the respective needs and wishes of patients and carers be balanced?	Most people have told us that the person who is facing death should have the opportunity to die at home if this is their choice. However, carers who live with them and feel they are being asked to provide care that they do not wish to provide need to be given the choice to withdraw from that role.
<b>16.</b> What sort of choices would you like to see about the NHS treatment that you have? Treatment could mean therapy, support for self-management, medication or a procedure like surgery.	Type of treatment and place and time for treatment to be delivered should be choices that patients are offered.
<b>17.</b> How can we encourage people to take more responsibility for their health and treatment choices?	By sharing decision making and providing meaningful information and flexibility of services to suit individual circumstances.

Shared Healthcare Decisions	
<b>18.</b> How do we make sure that everyone can have a say in their healthcare?	In order to enable everyone to make choices, information and support needs to be available. Information will need to be provided in a number of formats and some individuals will need a more personal way to have this information delivered and an advocacy service to enable them to fully participate.
<b>19.</b> How can we make sure that people's choices can reflect their different backgrounds - whether ethnic, religious or any other background that could affect their healthcare preferences?	Active engagement with minority groups is essential to understand their needs.
<b>20.</b> How can we make sure that carers and the families of patients and service users can have a say in decisions about the healthcare of the people they support, where appropriate?	People delivering services should have an obligation to consult with a person's main carer after receiving the person's permission to do so. In many instances the carer may hold enduring power of attorney, but staff delivering services may have a limited understanding of what this means in regard to someone's health care if they have not received training in this area.

<p><b>21.</b> How can we support the changing relationship between healthcare professionals and patients, service users, their families and carers?</p>	<p>Those delivering the care must committ to joint decision making.</p>
<p><b>22.</b> What needs to be done to ensure that shared decision making becomes the norm? What should we do first?</p>	<p>It should be an obligation of all health care staff to ensure they engage patients in a meaningful way.</p>
<p><b>23.</b> Should healthcare professionals support the choices their patients make, even if they disagree with them?</p>	<p>This will depend on the circumstances. If the health consequences of a decision werre life threatening then a process of peer review may be needed.</p>
<p><b>24.</b> What sort of advice and information would help healthcare professionals to make sure that everyone can make choices about their healthcare?</p>	<p>Access to information in a variety of formats and access to advocacy for patients who need it.</p>
<p><b>25.</b> How can we encourage more people to engage in advance care planning about their preferences for the care and support they receive - for example, when they are approaching the end of their life?</p>	<p>This will need a cultural shift of patients and staff. Talking openly about death as part of a diagnosis is the first step.</p>
<p><b>26.</b> Would you welcome a chance to engage in advance care planning before you become ill – for example, when you go for your mid-life Health Check – rather than after a diagnosis of a life-threatening condition?</p>	<p>Yes, the options can be more fully explored and considered if a person has time to plan and think through various scenarios.</p>
<p><b>27.</b> How could training and education make choice and shared decision-making a part of healthcare professionals' working practices?</p>	<p>Initial training of healthcare prfoessionals should be patient centred and service provision driven. Respect for individuality is a key element of this approach and is often in conflict with how services are delivered from large providers.</p>
<p><b>28.</b> How can we help people to learn more about how to manage their health?</p>	<p>Information, education, support and advocacy.</p>

<p><b>29.</b> What help should be available to make sure that everyone is able to have a say in their healthcare?</p>	<p>Information, education, support and advocacy</p>
<p><b>30.</b> Who would you like to go to for help with understanding information and making decisions and choices about your healthcare, or that of someone you support?</p>	<p>Local people with similar experiences.</p>
<p><b>31.</b> How can we make sure that carers' views are taken into account when the person they support makes a healthcare choice?</p>	<p>People delivering services should have an obligation to consult with a persons main carer after receiving the persons permission to do so. In many instances the carer may hold enduring power of attorney, but staff delivering services may have a limited understanding of what this means in regard to someones health care if they have not received training in this area.</p>
<p><b>32.</b> What information and support do carers, parents, guardians and those with powers of attorney or deputyship need to help others to make choices or to make choices on others' behalf?</p>	<p>Understanding and support of those delivering the service.</p>
<p><b>33.</b> What information and support do voluntary sector and patient-led support groups need so that they can continue to help people to make choices about their healthcare?</p>	<p>Commitment to resource such services locally.</p>
<p><b>34.</b> How can people be encouraged to be more involved in decisions about their healthcare?</p>	<p>Sharing real life examples of the benefits of this approach</p>
<p><b>35.</b> Would decision aids be a useful tool for healthcare professionals and their patients and service users? Are there any barriers to their use?</p>	<p>Yes, but they introduce the possibility that the process could become too prescriptive and individuality and a person centred approach is lost.</p>

<h3>Making it Happen</h3>	
<p><b>36.</b> How should people be told about relevant research and how should their preferences be recorded?</p>	<p>Examples that are meaningful and that people can relate to their own circumstances. For example 'two out of ten were successful' rather than a report with statistical evidence.</p>

<p><b>37.</b> How can we encourage more healthcare professionals to use Choose and Book when they make a referral?</p>	<p>Consider a 'choose and book' lead for each department who will monitor its use and promote the benefits to patients and staff.</p>
<p><b>38.</b> How can we encourage more healthcare providers to list their services on Choose and Book?</p>	<p>They may need support to resource access and training on the system to make this possible.</p>
<p><b>39.</b> How else can we make sure that Choose and Book supports the choice commitments in chapter 2?</p>	<p>Access to PCs and the internet in health centres and GP surgeries for patients to encourage use of choose and book could be considered. Support for those who do not have their own computer could also be considered in health outlets such as pharmacies or through the library service or schools.</p>
<p><b>40.</b> Do you agree with the proposed approach to implementing choice of named consultant-led team? What else would you suggest needs to be done?</p>	<p>Yes, but information on the options available needs to be readily accessible and easily understood.</p>
<p><b>41.</b> Do you agree with the proposed approach to establishing a provider's fitness to provide NHS services? What other criteria would you suggest?</p>	<p>Yes</p>
<p><b>42.</b> Should this approach apply uniformly to all providers, no matter what size, sector and healthcare services that they provide? For example, should a small charity providing only one healthcare service to a very localised group of patients be subject to the same degree of rigour as a large acute hospital that delivers a range of services to a regional catchment of patients?</p>	<p>No. There will need to be different levels of criteria to avoid only large organisations being able to meet the standards, which may be unnecessary depending on the type of service to be delivered.</p>
<p><b>43.</b> Do you agree that an "any willing provider" directory should be established to make it easier for commissioners to identify providers that are licensed and have agreed to the NHS standard contract terms and conditions?</p>	<p>Yes</p>

<p><b>44.</b> The White Paper indicates that the Government will explore the potential for introducing a right to a personal health budget in discrete areas. Which conditions or services should be included in this right?</p>	<p>Introducing a personal health budget for continuing care is likely to result in a funding short fall for the individual that would need to be made up by them personally or their family. This has happened in the care home sector with top up funding requested by care homes providers from the individual or their family. Those eligible for continuing care are usually near the end of their lives and ver unwell, and to introduce this suestem at this stage would be unneccessarily stressful.</p>
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<b>Safe and Sustainable Choices</b>	
<p><b>45.</b> How can we make sure that any limits on choice are fair, and do not have an unequal effect on some groups or communities?</p>	<p>Consistent engagement with communities to monitor the effects of the new system will help assess equality.</p>
<p><b>46.</b> What do you consider to be the main challenges to ensuring that people receive joined-up services whatever choices they make, and how should we tackle these challenges?</p>	<p>Service commissioners will need to ensure that all providers work in a collaborative manner and are not solely competition driven.</p>
<p><b>47.</b> What do you consider to be the main risks to the affordability of choice and how should we mitigate these risks?</p>	<p>Financial limits and safety regulations should be firmly in place to ensure services meet standards to keep their registration.</p>
<p><b>48.</b> How far should we extend entitlements to choice in legislation and hold organisations to account against these?</p>	<p>There will need to be limits the option to set lilitis on financial commitments, safely issues and the appropriatness of services.</p>
<p><b>49.</b> Where no specific right to choice applies, how can the Board best encourage GP consortia to maintain and extend the choice offer?</p>	<p>GPs could agree to a contract which held them responsible for justifying their commissioning decisions by considering individual needs against the back drop of the broader needs of their communities.</p>
<p><b>50.</b> What is the right mix of measures to encourage GP consortia to offer appropriate choices to their populations?</p>	<p>GPs need to be able to have information on the whole community not just their regular patients. They need to be required to consult with the community they serve and engage actively across all groups, either through HealthWatch or other local mechanisims of community involvement.</p>
<p><b>51.</b> What is the best way to gather patient feedback about the extent to which commissioners have put in place</p>	<p>Through PPGs and Health Watch</p>

choices?	
<p><b>52.</b> Are the responsibilities of organisations as outlined enough to:</p> <ul style="list-style-type: none"> <li>- ensure that choices are offered to all patients and service users where choices are safe, appropriate and affordable?</li> <li>- ensure that no-one is disadvantaged by the way choice is offered or by the choices they make?</li> </ul>	No, there should be contractual or legal obligations which organisations should be obliged to provide evidence of.
<p><b>53.</b> If you do not get a choice you are entitled to, what should you be able to do about it?</p>	To receive support to appeal and have the situation considered a regulating body who would have the statutory power to bring about a change.
<p><b>54.</b> What are the main risks associated with choice and how should we best mitigate these risks?</p>	Financial risks and risks for the patients safety are the main risks, which will need to be mitigated through setting limits and criteria, which must be met and rigorously monitoring these areas.

Please send your responses via email to:

[ChoiceConsultation@dh.gsi.gov.uk](mailto:ChoiceConsultation@dh.gsi.gov.uk)

or via post to:

**Consultation Responses  
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**Comments should be received by 14 January 2011.**

A summary of the response to this consultation will be made available before or alongside any further action, such as laying legislation before Parliament, and will be placed on the Department of Health consultations website at:

<http://www.dh.gov.uk/en/Consultations/Responsestoconsultations/index.htm>

+ Options for Organisation type

- GP
- Nurses
- Health Visitors
- Clinicians
- Managers
- Commissioners
- SHA
- PCT
- Regulatory Body
- Academic/Professional Institution
- Employer representative
- Employee representative
- Trade Union
- Local Authority
- Social Care Provider
- General Public
- Patients
- Carers
- Service Users