

BRIEFING PAPER ON THE INTRODUCTION OF FREE CHOICE

1.0 Purpose

To update the Board on the introduction of Free Choice from 1st April 2008

2.0 Background

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 could be a provider anywhere in England.

3.0 Existing Arrangements

As part of the health reform programme, choice at referral to hospital was introduced on 1st January 2006. Most patients who require an elective referral are now offered a choice of at least four hospitals (or suitable alternative providers) and a choice of time and date for their booked appointment, at the time they are referred by their GP or primary care professional. The Operating Framework for 2006/07 gave a commitment to extending choice, so that patients can choose to be referred to any NHS Foundation Trust, nationally procured independent sector treatment centre (ISTC) or other nationally approved independent sector (IS) provider where clinically appropriate and where the services are listed on the national menu.

To ease the transition towards a free choice environment, during 2007/08, began the phased implementation of free choice. From 1st July 2007, any provider that met the eligibility criteria had the opportunity to add their Orthopaedic Services to the national menu. This included NHS Foundation Trusts, Phase 1 and 2 Independent Sector Treatment Centres and nationally appointed IS providers identified through the Extended Choice Network procurement. General Surgery, Gynaecology and Cardiology followed in December 2007. For all other specialties PCTs continued to commission a choice of at least four providers.

The key eligibility criteria are that:

- All providers on the national menu must be able to meet the 18 weeks milestones and targets

- Providers must be able to offer services that are directly bookable through Choose and Book
- Providers must be registered to offer healthcare services with the Healthcare Commission
- Providers must be able to meet NHS information requirements, i.e. commissioning data sets for all care activity, clinical data sets and data to support relevant Review of Central Returns (ROCR) approved collections
- Providers must have appropriate liability cover in place

4.0 Free Choice from 1st April 2008

By April 2008, the commitment to free choice in elective care means that all patients needing planned elective care will be able to choose to be treated by any provider that meets the eligibility criteria and NHS clinical and financial standards.

In addition to local Primary Care Trust commissioned choice options, patients are able to choose from a national menu of services provided by NHS and nationally appointed IS providers. It will be for the referring clinician to guide the patient through the local and national menu options as appropriate.

5.0 Choose and Book

Choose and Book Release Four, which is due on the 14th April 2008, will make free choice more accessible to referrers. This new release will see the introduction of two separate menus, replacing the current menus of PCT commissioned and Extended Choice Network. The new menus are:

- **Primary Care** - where commissioning rules in Choose and Book apply in the same way as they do now, managed by the local PCT
- **Secondary Care** - where there will be no requirement for commissioning rules in Choose and Book.

The referrer will have the option to select from either menu from their initial referral screen. As with previous versions of Choose and Book the services will be listed by distance from the patient's home. All PCT primary care services will be displayed on both menus.

6.0 Support for Patients

Patients will be entitled to choose clinically appropriate options from the national menu, and to get the support and information they need to do so. In this way, patients may access shorter waiting times, better quality care, or have their treatment closer to family and friends. The level and targeting of support needed within individual communities has been considered by the PCT, this will include a range of patient support services appropriate to the local communities.

NHS Choices is a 'live' resource, which will grow over time to broaden the range of information available to patients. The NHS Choices website will allow members of the public and clinicians to access a range of information about NHS services through a single portal. It will support people and clinicians to make choices about providers by displaying information about providers' performance, clinical quality and patients' views of services.

Patient choice is a Department of Health and NHS priority, and there is considerable activity underway to maximise the number of patients being offered choice. The communications objectives that support this are:

- To raise awareness and understanding, amongst patients and the public, of patient choice and the practical benefits to the patient
- To communicate what choice is not, so patients have realistic expectations

National public awareness campaign activities are planned from March 2008 onwards. To compliment this the PCT is drawing up its own communications plan, this is to include local radio adverts, advertising on buses, along with promoting 'Choice' in each of the localities. Along side these campaigns the PCT has produced a patient booklet that describes Choose and Book to the patient and gives information about all of the local hospitals. The booklets explain about choosing a hospital service, including a summary of local services, individual hospital portraits and how the hospital scores against a number of measures. It also contains details on where further information can be found if the patient requires it.

7.0 Issues for the PCT

The main issues for the PCT are around operating with new providers, transport and managing patient expectation.

The national menu is expected to be self-governing. It is expected that in normal circumstances a service listed on the national menu will

remain listed, for as long as it continues to meet the eligibility criteria. It is assumed that:

- Providers will add services to the national menu, in line with the guidance
- Strategic Health Authorities will provide local oversight of the impact of the national menu within their local economy
- The Department of Health will be the final arbiter in deciding whether or not a service remains eligible for inclusion on the national menu and can request removal via the SHA.

This could cause issues for the PCT if acute trusts list services that the PCT has previously not commissioned for clinical or financial reasons. These services would now be displayed to all referrers with the GP referral constituting an authority to treat on behalf of the PCT. The PCT, in accordance with practice-based commissioning, will have the opportunity to guide the GPs on the affordability of certain treatments that may be available on the national menu in other parts of the country.

Patients who are currently eligible for free transport, either under the Hospital Travel Costs Scheme or through Patient Transport Services (PTS), will continue to be eligible for free transport to any listed provider. The PCT is responsible for ensuring that there is provision of ambulance services to such extent it considers necessary to meet all reasonable requirements. The cost of PTS remains within the scope of Payment by Results as an integral part of the relevant tariffs. As free choice could see patients traveling further a field this is an area that Trusts may decline referrals due to the cost of transporting patients. The PCT and referrers must be made aware of this as and ensure that patient expectation is managed.

The full range of choices may not be appropriate for all patients. There may be clinical reasons for limiting the range of choices that are available. Any clinical restrictions on the choices available should be explained to the patient by the referring clinician at the point of referral so there is no confusion.

8.0 Summary

From April 2008, the full roll out of choice policy means that the majority of patients being referred to hospital will be able to choose where they wish to be treated. This will include all NHS Foundation Trusts, NHS Acute Trusts and a large number of Independent Sector providers and their hospitals.

GPs will be able to refer to any clinically appropriate provider, with PCT commissioning arrangements not being able to restrict where patients are offered a choice.

There may be clinical reasons for limiting the range of choices that are available to patients and there are some services that fall outside the scope of the choice policy. Where speed of access is particularly important, for example, rapid access under the two week maximum waiting time or patients attending cancer services), the policy does not apply. Maternity and mental health services are also currently exempt.

General Practitioners and practice staff will be able to provide patients with information to inform their decision on where they want to be referred. All information needs to be designed and delivered in such a way that it empowers patients to demand free choice, which in turn becomes a lever to increase awareness and change practice of NHS professionals. The desired message is personalised care and individual decision-making.

9.0 Recommendation

That the Trust Board note the report

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