



Choice matters:

Increasing choice improves patients' experiences

choose and book



Patients, GPs and practice managers talk about their experiences of choice and Choose and Book



Progress on patient choice to date and plans for the future

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Foreword



**Andy
Burnham**
**Minister of
State for
Delivery and
Quality**

Patient choice is a vision which has been long pursued by the NHS to meet modern expectations.

The NHS Plan, launched in July 2000, set out a programme of sustained investment and reform to turn the NHS around and make it more responsive to patients' needs. Society is changing, and so are people's lifestyles. We commute more, live further from our families and work different hours. We want and expect convenient services that are tailored to the lives we live. We know that NHS staff want to provide services that meet people's needs too, but until now have been hampered by a centrally run health system that hasn't always let them put their patients first.

We want to see patients increasingly having the right to choose where to go if they need treatment or care – nobody should have to accept a 'get what you're given' culture. And we know that patients want and value choice: evidence from pilots, patient and public surveys and focus groups has shown this. Patients who have been able to choose have been highly satisfied, as this report illustrates.

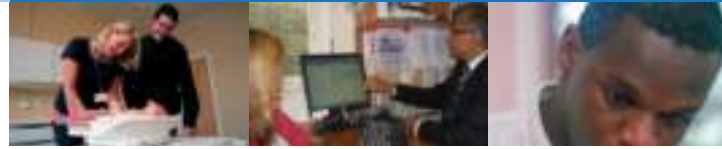
I passionately believe in the values of the NHS. And I recognise that if we are to command the confidence of the public and patients and meet their expectations in this changing society, we must demonstrate that our health service – free at the point of use and publicly funded – can achieve as high levels of patient satisfaction as any other service on offer.

I am very proud of the hard work and achievements of NHS staff. This report clearly shows how changes like choice at the point of referral and the Choose and Book service are creating a health service that puts patients in the driving seat; a health service that provides what is best for patients, rather than what is easiest to organise or provide. But there is more to do if the NHS is to make the long-lasting improvements that everyone wants and deserves. I look forward to this vision becoming a reality.

Andy Burnham
Minister of State for Delivery and Quality



Introduction



Harry Cayton
National
Director for
Patients and
the Public

Just five months after choice at the point of referral was introduced across the NHS in England, there is feedback that it is dramatically improving patients' experiences of treatment and care.

Patients are telling us that they value being able to choose where to go for their treatment, and the convenience of choosing the time and date of their appointment. GPs have commented on the benefits of both the improved discussion with patients that choice facilitates, and of the insight into and control of the patient care pathway that Choose and Book gives them, enabling them to offer a better service to patients.

Thanks to everyone's efforts, the NHS has now taken another important step along the path to increasing patient choice: in addition to having a choice of local hospitals, patients can now choose from a national menu of NHS foundation trusts. And before long, hospital choices will be extended even further, to include other NHS trusts as they are awarded foundation trust status, as well as NHS independent sector treatment centres. GP practices that are already using Choose and Book now have an updated version (Release 3.0), which allows them to offer people these additional options at the click of a button.

This report sets out the experiences of those who are involved in offering a choice of hospital: GPs, practice staff, hospitals and primary care trusts. And – most importantly – it gives a flavour of what patients around the country are saying about their achievements. It shares the learning from research into how patient choice is working in practice, and explains how together we are providing patients with relevant and timely information which will improve over time, enabling everyone to exercise their right to choose.

The report also outlines plans to work in constant consultation with staff, patients and the public to identify further opportunities to widen choice. The introduction of choice needs to go hand in hand with ensuring that everyone has a voice to shape improvements in provision and contribute to greater fairness in service use.

Offering a wide range of patient choice is just one of the ways in which the NHS is changing to ensure that the high quality services we provide are equally accessible to everyone. By 2008, we will also guarantee a maximum wait between referral and treatment of just 18 weeks, and over time, we will integrate the work of the NHS and social care and move healthcare closer to home through a range of new services.

The hard work of NHS staff and their commitment to ensuring that the patient always comes first is delivering huge leaps forward in increasing people's choices. We would like to take the opportunity to thank everyone for all that has been achieved so far, and we will continue to report on progress towards this vital goal.

Harry Cayton
National Director for Patients and the Public

Dr David Colin-Thomé
National Clinical Director for Primary Care and
National Clinical Adviser for the 18 Week
Programme



Dr David
Colin-Thomé
National
Clinical
Director for
Primary Care



Why choice matters

Giving people more choice and control over their treatment and services is one of our key priorities in the NHS – because people want it:

- In the national choice consultation in 2003, 76% of people said that the main healthcare priority should be to involve people more in decisions about their illness and treatment.¹
- The 2005 British Social Attitudes survey confirmed that 65% of people want to be able to choose their treatment, 63% their hospital and 53% the date and time of their appointment.²

Increasing choice will also lead to better quality services. Payment by results means that hospitals will be paid for the number of patients they treat, providing a powerful new incentive to develop services that are more responsive to patient needs.



New research carried out for the Department of Health by RAND Europe, the King's Fund and City University found that of the different aspects of provider performance, clinical quality would exert the largest influence if people were making a choice of hospital.³

We know that some people – particularly those who are better informed – have always been able to make choices about their healthcare by navigating the system. But we believe those same choices and benefits should be available to everyone, which is why we are explicitly introducing choice and putting in place information and support arrangements.



The British Social Attitudes survey showed that choice is popular across all social groups:

- 67% of people with semi-routine and routine occupations want choice, compared to 59% of people from managerial and professional backgrounds.
- 69% of people with no formal qualifications want choice, compared to 56% of people with higher educational qualifications.

1 *Choice, Responsiveness and Equity National Consultation*, Department of Health, October 2003

2 *Public Responses to NHS Reform*, Appleby and Alvarez, British Social Attitudes Survey 22nd Report, 2005

3 *Understanding Patients' Choices at the Point of Referral*, RAND Europe, the King's Fund and City University, 2006



Progress to date

We have introduced a choice of provider for people needing planned hospital care in stages, to allow us to learn what is most important to patients:

- 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.



In the London patient choice project, 67% of patients chose to go to another hospital for faster treatment, and 97% of those patients said they would recommend the scheme to another patient.⁴

- Since January 2006, most patients have had a choice of four or more 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.



“ I love having the opportunity to put the patient in control of managing their own appointments, and involving them more closely in any decisions made about their care. ”

Dr Peter Christian, GP, London



- Since May 2006, these choices have been widened: in addition to the local options, people can choose from a national menu of NHS foundation trusts, and this will quickly expand to include other NHS trusts as they are awarded foundation trust status, as well as NHS independent sector treatment centres. This is another step towards our commitment to giving people who need planned hospital care a choice of any healthcare provider which meets NHS standards at NHS cost by 2008.



A MORI survey published in October 2005 showed that three out of four people would be happy to go to either an NHS or a private provider for their treatment.⁵

4 *London Patient Choice Project Patients' Experience of Choosing Where to Undergo Surgical Treatment*, Picker Institute, 2005

5 *What Will People Choose When Choice Goes Live*, MORI poll for the Department of Health, 2005



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.



“In the past I've had to wait a couple of weeks for an appointment date, which can be a bit of a worry. This time it was good because I knew my appointment date and time straight away. My friends and family were surprised that I got my appointment details so quickly – they didn't expect that I'd be able to find out on the spot.”

Andrea, patient, Middlesbrough

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.



“It's great! When a patient calls to arrange an appointment we have all the information we need at the click of a button: the referral, the clinic details and waiting list times.”

Elaine Taft, Choose and Book Project Assistant, Yorkshire

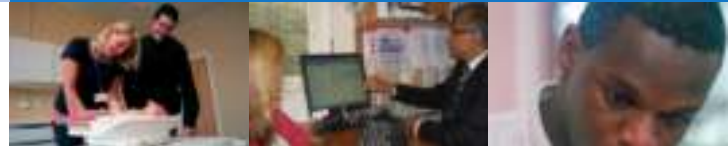
Choice in other areas of healthcare

We have also been giving people more choice in how they access primary care. For example, we are providing a wider range of services, such as NHS Direct and NHS Walk-in Centres, so that people can choose faster and more convenient care, nearer to their homes.



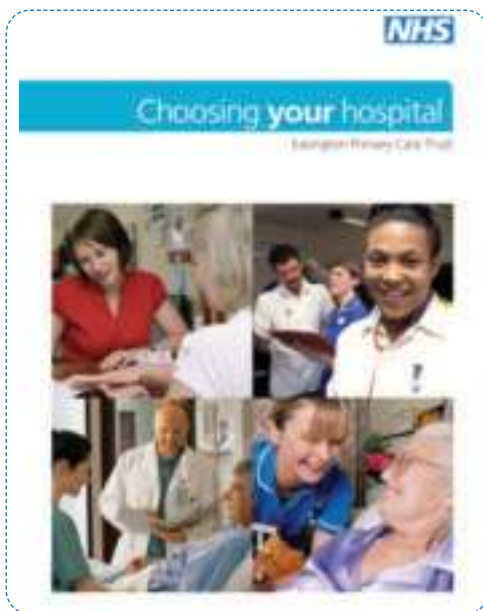
NHS Walk-in Centres provide fast and convenient primary care access, including a service at evenings and weekends. On average, each centre sees around 115 patients each day; since 2000, some 7 million people have been seen. During 2006/07, another 16 Walk-in Centres will open, bringing the total number to 89, including seven centres which are being procured from the independent sector specifically to meet the needs of commuters.

Since April 2005, we have been making it easier for new pharmacies to locate in new areas and for mail order and internet pharmacies to set up, to give people more choice and easier access to medicines. And when it is fully implemented by the end of 2007, the electronic prescription service will enable patients to choose between pharmacies in England for their repeatable prescriptions.



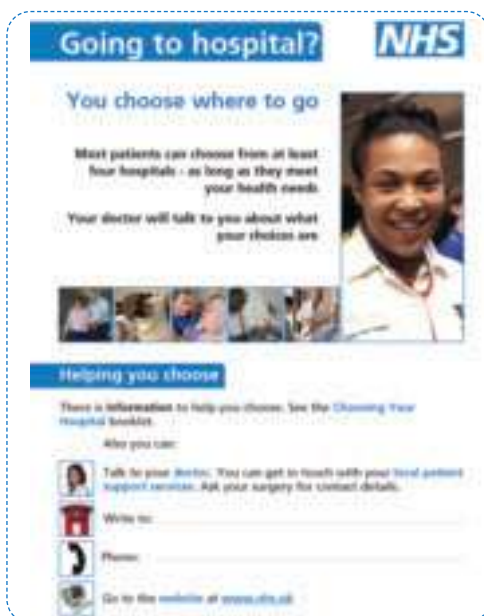
Information to help people choose

People need easy access to the right information at the right time to help them make choices about their healthcare. When choosing a hospital, they want to know where it is, how to get there, what the waiting time will be, the quality of care and what other people thought of the care they received.



Pilot work has shown that patients and referring clinicians value having a hard copy of information to help them make choices and referrals. Therefore, we have produced booklets to give people easy access to information about the hospitals available in their local area. The first versions of these local *Choosing your hospital* booklets appeared in January 2006.

Since then, primary care trusts have distributed millions of copies to their GP practices and local support services, including libraries and the voluntary and community sector. A generic version of the booklets is available in 18 different languages, large print, braille, audio (cassette and CD) and British Sign Language (DVD and video). There is also an easy read poster version.





The booklets explain choice, suggest things for patients to think about when choosing their hospital and answer some frequently asked questions. They also include a short pen portrait of each hospital, plus a set of Healthcare Commission performance indicators for NHS providers, to help people compare between the hospitals available to them.



People's views on the patient information booklets

We have evaluated the *Choosing your hospital* booklets 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

We plan to publish a supplement to the local *Choosing your hospital* booklets, to give people information about the NHS foundation trusts and NHS independent sector treatment centres that will be available as part of the national choice menu.



In addition, we will produce new versions of the local booklets in the autumn, including updated performance indicators to give people comparative information across both NHS and independent sector providers.

The booklets are also available through the www.nhs.uk website, which contains regularly updated information about the choices people can make about their healthcare. People can also use the site to compare a number of providers using the

Healthcare Commission performance information, and get information about hospital facilities and local services such as Patient Advice and Liaison Services (PALS).

The www.HealthSpace.nhs.uk website is the companion site to the www.nhs.uk site. It allows people to record and save their personal health information and details of their healthcare providers, and to securely access the Choose and Book application to book or change their first outpatient appointment.



Another new website, www.patientopinion.org.uk⁶, gives people the opportunity to directly share their experiences and generate user ratings of the services they have received. Feedback from users is very positive, and more and more NHS trusts are signing up to receive data feeds from the website to understand what people are saying, so that they can respond by improving their services.

Primary care trusts are also providing additional information and support for patients locally, including through libraries, voluntary and community organisations and specialist patient care advisers.

6 Patient Opinion is a social enterprise and is independent of both the NHS and the Department of Health.



Fast, convenient appointments

One of the first patients to benefit from patient choice was Denis Gray, a retired economist who lives in Dulwich with his wife Inger.

“This new way of doing things is so much, much better. Choose and Book is making a big difference for patients – allowing them to choose a hospital and book an appointment at a time that suits them.”



Denis Gray and Dr Stephen Miller

Denis is a patient at the Paxton Green Group Practice in southeast London and has had two referrals using Choose and Book. He was impressed how easy Choose and Book was to use and how it allowed him to choose a hospital which best suited his needs.

“My first referral using Choose and Book was a few months ago. Dr Stephen Miller wanted me to see a consultant neurologist after diagnosing me with restless leg syndrome. He explained that I could now choose my appointment from one of several local hospitals including Guy’s, King’s,

Lewisham and Mayday. I immediately decided that I would like to go to King’s College Hospital as I have attended other appointments there. It was far less daunting to choose an appointment at a familiar hospital that is within walking distance from my home. As a retiree, the ease of access to King’s is of paramount importance to me. Dr Miller then gave me an explanatory form which included a contact phone number for King’s and my appointment reference number. On getting home I consulted my diary and my wife and then phoned King’s and chose an appointment at a date and time convenient to me. It was that simple!”

Since his first Choose and Book referral, Denis has also been referred to another specialist for a separate medical condition. Denis liked the speed of booking an appointment through the Choose and Book service.

“Yet again my appointment was booked within five minutes and I received a letter of confirmation from the hospital two days later.”

Denis says he would not hesitate to recommend the service to others. He also believes that offering patients a choice will bring wider benefits to the NHS.

“Hopefully Choose and Book will encourage hospitals to improve standards as they become more focused on providing services that patients choose and prefer.”



Phone bookings provide peace of mind

Margaret Lawrence is one of many patients from Sturry Surgery in Kent who are now choosing and booking their first hospital appointment.



“Dr Molony, my family GP, recommended referring me to a consultant. He

introduced me to the Choose and Book service, which gives the option of either booking an appointment there and then in the surgery or later in the comfort of my own home. In my case, we decided that I would complete the booking at home. This also gave me the chance to check my diary and think about the choice of five hospitals presented to me by Dr Molony.”

Margaret’s GP printed off an appointment request letter which listed a choice of five local hospitals and gave her details of both the Choose and Book Appointments Line and the online booking service at www.nhs.uk/healthspace. Margaret ended up choosing a different hospital to the one that Dr Molony had originally suggested and believes that the new Choose and Book service provides her with some exciting new benefits.

“I love the idea of being offered a choice – Choose and Book makes this happen and is a big plus over the old system.”

In order to complete her booking, Margaret was also provided with a password which was automatically generated by the Choose and Book system. Margaret booked her

appointment by calling the Choose and Book Appointments Line.

“The telephone service was very accessible. I really benefited from being able to consult my diary and think about which hospital and date would be most convenient for me. Bearing in mind that I rely on public transport to get around, I decided that I would prefer to attend the Queen Victoria Memorial Hospital in Herne Bay, which I knew was on a good bus route. The staff on the ‘phone were extremely helpful. I was delighted and relieved to be offered an appointment within one month.”

Margaret remembers that being referred to a consultant used to be a more troublesome process.

“Choose and Book is new and exciting because it provides patients with a quicker and more efficient way to book their appointments. Under the previous paper-based booking system I had been referred for an MRI scan, and despite a wait of several weeks I was unable to speak to someone to ascertain whether my referral had got lost in the system. Many of my friends have also said that this wait can cause them a great deal of anxiety. With Choose and Book I was able to talk to somebody immediately and know my referral was progressing.”

“I would certainly recommend Choose and Book to my friends and family. The real advantage with this system is that you know you have an appointment straight away.”



Choosing to be treated more quickly

When Elsie Green, aged 70, needed a knee operation, she thought she might have to wait several months before her operation. Previous experience of having a hip operation had taught her that she might have to wait a while, perhaps even a year. However, upon talking to her GP at Greenwich Avenue Surgery in Kingston Upon Hull, Elsie found out that she now had a choice of hospital for her operation.

“My GP explained that I had a choice of two hospitals for my knee operation; these were Castle Hill Hospital, approximately four miles from where I live, or Goole and District Hospital, approximately 20 miles away. I was also told that if I decided to go to Goole and District Hospital I might not have to wait as long. My GP explained that I could take time to think about it and that a patient care advisor would be contacting me to discuss this further.”



“After a lengthy discussion with both my patient care advisor and my husband, I decided to choose Goole and District Hospital, as the waiting time for this operation was shorter. Two months later, I went for an outpatient appointment, to have an X-ray on my knee and an assessment before my operation. A couple of weeks later I had my operation; this was only around five months after my initial referral.”

“I’ve had a very positive experience of the NHS this time, and I liked the idea of being able to choose which hospital I wanted to visit. I also felt that my GP and patient care advisor offered me advice and support when I needed it.”



Streamlining practice management

Introducing a system that gives patients unprecedented choice in booking their appointments might have been enough to give her sleepless nights – but Helen Price from Normanby's Manor House Surgery has found the Choose and Book service a great success, with excellent feedback from patients.

Helen and her team had approached the idea of introducing choice and Choose and Book with a good deal of caution. "The GPs were concerned that the new processes would eat into the time available for spending with patients in consultations," Helen explains. While for the practice's medical secretaries, the bigger concern was that it promised to cut out direct patient contact. However, they all recognised that offering patients a choice was a goal they should be pursuing.



Helen, Dr David Royal and the secretaries, Tracy Dowson and Barbara Reames, all got involved in planning the

introduction of the Choose and Book service, attending meetings and training with Middlesbrough Primary Care Trust to get a full understanding of how the service worked. They then devised a process that would suit them.

"If the GP decides during his or her consultation that a patient requires referral to secondary care, they explain the choices

available to the patient and complete a form to help us make the booking. We devised the form ourselves, and it includes information about patient demographics, and the speciality and clinic type that the GP has selected," Helen says. "The patient is then asked to hand the form in at the reception desk, and either Tracy or Barbara takes them through to a private room which is specifically set aside for booking appointments through Choose and Book."

The service went live on 11 December 2005 and has been working well. If the patient has all the information, including their Unique Booking Reference Number (UBRN) and automatically generated password, they can often book the appointment online there and then. They then get a print out with the details of their appointment.

Alternatively, patients or the medical secretaries can call the relevant department to book an appointment.

And the feedback from patients? "They are extremely pleased that they can leave the practice with either an appointment to attend secondary care or a telephone number to call at their convenience."

Overall, then, the introduction has been relatively painless – much to Helen's undoubted relief. "As a practice we are still 'learning' the system," she concludes, "but, having made a few changes to our secretaries' patterns of working, the introduction of choice using Choose and Book seems to be a great success so far."



GPs find choice gives them a new perspective

Choice does not just offer benefits for patients. It's also something that is making a significant difference to the way local surgeries operate – and as Dr Dilip Acquilla's experience shows, that difference is a hugely positive one. Patient satisfaction is increasing and doctors are finding they have more time, rather than less.

Dr Acquilla has been a GP for the last 28 years and runs a busy practice in Middlesbrough. There are four doctors in the practice and it has a dispensing facility attached. His surgery went live with Choose and Book in February this year. When the GPs make referrals to specialists now, they give the patients the choice, wherever appropriate, of where and when they would like an appointment.



Dr Acquilla

This has led to something of a changed perspective for Dr Acquilla, as he explains. "Offering patients a choice of where and when they go for treatment has made me

think about my own pattern of referrals, and how I see the patient pathway. From a business point of view, it used to be very one-sided. Now, for the first time in 28 years, I've thought about what the patient's aspiration is, and this has led me to make changes in the way I run my consultations."

There are a number of factors that patients might want to take into account when they choose their appointment, from how far they have to travel to the hospital or clinic environment. "Having a choice has made a difference to some," Dr Acquilla acknowledges. "People are making choices for different reasons: the nearest hospital, the quickest to get to, the one with the nicest environment, the one close to where their daughter lives... I have not yet had a situation where a patient has specifically wanted a male or a female specialist, but the option remains there." But in reality, he is finding that the majority of people are still going to the local hospital, which has a good reputation.

Even though for many of Dr Acquilla's patients the Choose and Book system might not make a huge difference to their choice of hospital, it is clearly something they relish. "My patients like to look at the screen with me when I am in the Choose and Book system, and discuss it with me," Dr Acquilla says. "They think the system is great."

Though these kind of benefits were never in doubt, many surgeries are understandably concerned about the impact choice might



Case studies



have on their workload, leading to appointments over-running. Dr Acquilla is quick to dispel these concerns. "We built ten-minute gaps into our appointment template, which allow for any extra time. But in reality, we're just as likely to need that on any appointment, not just the referrals. Some patients will always need longer than others do."



More significantly, Dr Acquilla has found that the Choose and Book service has been beneficial in broader terms. "Since implementing it, we have made practice working more user-friendly: all doctors now have more flexibility in their day to catch up with work. We also believe that the number

of people that don't turn up to appointments will go down simply because people are able to select the right time and place for them."

Looking beyond their immediate workload, the surgery also stands to benefit from the additional data they will be able to generate about referrals. For example, they will quickly see if there are high referrals from certain demographic groups or to a particular specialism. This data can be interrogated, enabling Dr Acquilla and his team to identify potential causes and plan their resources more effectively. "We can do much better advance business and financial planning," he confirms, "especially as we move towards practice-based commissioning."

Overall, despite the inevitable teething problems adapting to the new ways of working, Dr Acquilla is delighted. "Purely from a pounds, shilling and pence, value for money perspective, I know that every referral is costing the NHS money. And I know that if I use this money in the best possible way, we can treat more patients, more effectively."



Smart implementation helps to reap the benefits

Like any primary care trust, Richmond and Twickenham PCT is accustomed to the challenges of implementing new systems and ways of working whilst continuing to deliver high quality service.

That's why, as early as autumn 2004, the PCT was keen to begin implementing choice and Choose and Book – some months ahead of the date that it became a national requirement to offer patients choice at referral. With the CEO at the forefront of the implementation programme, the PCT was determined to make the process as effective as possible, delivering maximum benefit to the patients and staff, with minimum disruption.



Joan Mager

"We recognised immediately that this wasn't just a case of adding a new computer package," states Joan Mager, CEO. "Instead, we felt we needed to approach implementation as a complete re-design of the existing processes in General Practice."

With that in mind, the PCT sought to engage practice managers from the start. By integrating the implementation of Choose and Book into their programme of work with practices in the better use of their computer systems, the implementation had a corporate approach.

But it wasn't just practice managers that needed to be convinced. There was also an extensive programme of communication with GPs and other surgery staff, promoting Choose and Book as the preferred method of offering choice at the point of referral. There was also a need to work with secondary care providers to have as many services available on Choose and Book as possible.

At the same time as implementing its strategy to engage local clinicians and booking staff, the PCT undertook a programme of work to ensure that the local IT infrastructure was technically ready to adopt Choose and Book. In doing so they also laid the foundation for future work by registering staff with smartcards and implementing connections ahead of the roll-out of other programmes, such as the electronic transmission of prescriptions.

"It was a challenging programme," Joan recalls, "but with the clinical systems suppliers working closely with the practices and our programme managers, they achieved the target end date which we had agreed locally as part of our roll-out plans."



Case studies



With the systems and new processes in place and staff fully up to speed, it was time to put choice into action. And though it has been a challenge organisationally, culturally and technically, with careful planning and good people, the project as a whole has been highly successful.

“One of the most obvious benefits we’re seeing is a reduction in patient uncertainty,” Joan says. “The patients feel they have direct input into their care arrangements and the choice of time and place – and they can give this input whilst they are discussing their treatment with their GP.” What’s more, the information available on the system gives the GP the ability to refer their patient to the correct specialist. For example, instead of a general orthopaedic surgeon, the GP can send to an orthopaedic surgeon who specialises in knees or hips depending on the patient’s needs.”

“But using the Choose and Book service is paying real dividends for GPs too. For example, if patients need to change an appointment, they can do it directly, without having to go back to their GP. At the same time, GPs and practice staff can track the progress of a patient’s referral through Choose and Book rather than creating their own paper trail.”

“What we’re seeing is a reduction in the amount of time GPs have to spend on the paper chase and bureaucracy associated with existing referral processes,” Joan confirms. “It’s part of an overall modernisation programme for our PCT that is putting patients, their needs and experiences, at the heart of everything we do.”



Helping hospitals work more efficiently

The Queen Elizabeth's Hospital (QEH), a general acute hospital in King's Lynn, reports that the biggest immediate impact of choice and Choose and Book has been to increase their understanding of and focus on outpatient demand and capacity management.



Ruth May

Ruth May, Chief Executive, emphasises the patient care benefits of delivering choice using Choose and Book: "We can provide patients with an improved service now we can track their journey through the system better, and this will ultimately help us deliver the 18 week pathway."

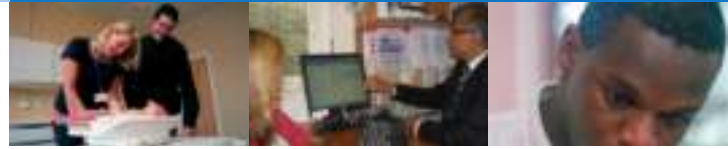
While there are still some local technical issues to address, Ruth also comments: "We've seen improvements in working practices now that consultants can review

their referrals online. From my perspective, the single biggest improvement is having a robust system to capture referrals. As no-one can now get 'lost in the system', this means more income for the trust."

"Using Choose and Book has become business as usual in many areas of QEH's work. The majority of our high volume specialties have services that are directly bookable through Choose and Book, and we've got plans for the lower volume specialties to go live once we've completed work on the priority areas."

Although QEH is the only acute provider in a 35-mile radius, Ruth and her team recognise the importance of maintaining their reputation for high quality care among patients and GPs – particularly in light of increasing choice and the competition from foundation trusts and NHS independent sector treatment centres.

"We're keeping a close eye on what patients are saying about their experiences at QEH, using a wide range of feedback methods. And we're also making sure we provide good quality, accurate info about our services to the public and referrers, particularly within existing information channels like www.nhs.uk and the Choose and Book Directory of Services."



Bringing more patient choice to the NHS

Society is changing and so are people's expectations. We commute more, live further away from our families and work different hours. People want services that are tailored to their needs and lifestyles. Giving people more choice and control over the treatment and services they receive will therefore remain a key priority as we continue to develop health and social care services that put the patient first.

We also know that, in terms of health, one of most people's main priorities is to be more involved in decisions about their condition or illness and about their treatment. And there is growing evidence to show that patients experience better health outcomes when they are more involved in such decisions. We therefore plan to continue improving and expanding patient choice.

More choice in more areas

In autumn 2006, the Department of Health will publish a framework document outlining our plans to extend choice further and deeper. Some of our future commitments include:

- By 2008, we will give people needing planned hospital care the right to choose any healthcare provider that meets the Healthcare Commission's standards and can provide care within the price the NHS will pay. This will be a significant milestone in shaping the NHS around patient needs and priorities.
- By 2009, all women will have choice over where and how they have their baby and what pain relief to use.
- The *Our Health, Our Care, Our Say* White Paper published in January 2006 outlined our ideas to give people more flexibility in choosing GPs.

The framework document on choice will identify what we think are the priority areas for increasing choice for patients further, and set out the direction for choice policy across **all** services. We are also proposing to develop a set of high-level principles to set out the choice offer for patients and the public when accessing NHS services.

To help us develop this thinking, we will shortly be establishing a reference group of clinicians, patient representatives and other experts to advise us. The group will be co-chaired by Dr Mayur Lakhani, Chairman of Council, Royal College of General Practitioners, and David Pink, Chief Executive of the Long-term Medical Conditions Alliance. And over the next few months we will be consulting widely with patients and the public, clinicians and other staff providing services to NHS patients to agree and develop the national priorities.



Better information to facilitate choice

Choice is only meaningful if it is supported by timely, relevant and accessible information. We have made important progress in this area, as outlined earlier in this document. But we know that people want better information on clinical outcomes and quality to help them weigh up their options, and we expect this demand to grow as people become more familiar with their right to choose. For example, recent research shows that of the different aspects of provider performance, clinical quality would exert the largest influence if people were making a choice of hospital.⁷

We will therefore shortly be establishing an Information Taskforce to guide a short- and long-term programme of work to deliver better comparative information on clinical outcomes for patients and clinicians. The Taskforce will be chaired by Professor Sir Bruce Keogh, President of the Society for Cardiothoracic Surgery and Professor of Cardiothoracic Surgery at University College London Hospitals NHS Foundation Trust. It will bring together a range of influential experts in this field, including patient advocates, relevant academics, clinicians, and NHS managers.

Listening to patients' priorities

Patient choice is just one of the ways the NHS is changing to become more responsive to patient needs and wants. Both patients and GPs believe that offering patients a choice of hospital will help to drive up standards for all within the NHS and, with payment by results, choice should provide a powerful incentive for providers to improve their performance. In addition, patients will have greater confidence that their treatment will be of good quality.

Building a patient-centred NHS is about listening to patient priorities; it is not about creating unnecessary choices where it is not clinically appropriate. Therefore, in our work to ensure that choice is an everyday part of the patient experience, we will be listening carefully to patients, NHS staff and other expert groups. If you agree with the vision, we need your help to make it reality.

7 *Understanding Patients' Choices at the Point of Referral*, RAND Europe, the King's Fund and City University, 2006



Where to get more information

GP practices and other interested parties can request copies of the *Choosing your hospital* booklets from their local primary care trust. Primary care trusts can order the booklets in a range of formats and languages by contacting cyh@prolog.uk.com.

Choice at referral: Guidance framework for 2006/7 (available at www.dh.gov.uk)

Guidance for commissioners and providers on how the extensions to choice at referral in 2006/07 will operate.

www.chooseandbook.nhs.uk

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

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.nhs.uk

Includes information for the public about their local hospital choices, plus details of other NHS services.

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.

www.patientopinion.org.uk

For more information, please contact info@patientopinion.org.uk.



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