

**Subject:** "The Patient Revolution": NHS Consultation  
**Date of Meeting:** 08 December 2010  
**Report of:** The Strategic Director, Resources  
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**Wards Affected:** All

### FOR GENERAL RELEASE

#### 1. SUMMARY AND POLICY CONTEXT:

- 1.1 The Department of Health has recently published two new consultation papers providing details of initiatives outlined in the "Equity and Excellence" White Paper.
- 1.2 The papers are: "Liberating the NHS: Greater Choice and Control", which proposes ways to give patients greater input into their care and treatment; and "Liberating the NHS: An Information Revolution", which addresses the issue of how to provide information about health and social care which enables individuals to make informed care choices. Together, these initiatives have been termed "the patient revolution".
- 1.3 The Department of Health and the South East Coast Strategic Health Authority are both actively encouraging stakeholders to comment on these consultation papers. A brief synopsis of each paper is provided below, as is a link to the full consultation documents (see **parts 3 & 4** of this report).
- 1.4 Given the size and complexity of these documents, it is recommended that, rather than making comments for a submission at the committee meeting, HOSC members, should they choose to respond to these consultations (and they are by no means bound to do so), should authorise a working group of members to agree a response on behalf of the HOSC. The consultation closes in January 14 2011, so it would not be possible for a working group to report back to HOSC prior to submitting its comments, but there would be time for comments to be circulated amongst and agreed by members before their submission.

## **2. RECOMMENDATIONS:**

2.1 That members:

- (1) Decide whether to submit a formal response to the Department of Health consultation papers “Liberating the NHS: Greater Choice and Control” and “Liberating the NHS: An Information Revolution”.

And, if it is agreed that a response should be submitted:

- (2) Agree to authorise a working group of HOSC members to formulate a response to the consultation papers (subject to approval by all committee members);
- (3) Nominate members to take part in the working group.

## **3. BACKGROUND INFORMATION: “Liberating the NHS: Greater Choice and Control”**

3.1 This consultation paper focuses on improving patient choice – of provider, of types of treatment, and of where and when to be treated.

3.2 Specific initiatives outlined in the consultation paper include:

- Patients to be able to choose ‘any willing provider’ of the treatments they require (including non-NHS providers)
- Patients to be able to choose a named consultant or consultant-led team to provide their treatment (but with the caveat that they may have to wait much longer to see the most popular doctors)
- Greater choice in maternity services (although the detail of what this actually means is currently lacking)
- Greater choice in mental health services, including better personal care planning (which might include choosing a preferred provider for future acute admissions)
- Greater choice in diagnostics (particularly around where to be tested)

- Better care planning for people with long term conditions, including the piloting of personal health budgets
- Greater choice for end of life care (and greater encouragement for more providers to enter this market)
- Ability to register with any GP who has an open list (e.g. GPs will no longer be able to reject patients from outside a 'catchment' area)
- Development of a national 24/7 urgent care service (for out of hours GP care and in-hours GP care for people unable to access their registered GP)
- Roll-out of '111' phone number for non-emergency health matters
- Patients to be able to choose any 'clinically appropriate' treatment, including (but not necessarily limited to) all NICE approved treatments
- Improving health professionals' training (especially GPs) in terms of offering and explaining choices to patients
- Working with patients to increase their involvement in their own care (particularly for people with long term conditions)
- Making more readily accessible/comprehensible information on comparative success rates etc. available to patients
- Extending the NHS tariff to cover community services and end of life care
- Providers to be licensed as 'NHS approved' – e.g. willing to work at tariff rates and able to deliver the required quality. A central national directory of licensed providers to be established – patients may then choose any clinically appropriate licensed provider

3.3 Some of the proposals outlined in this consultation paper might have a quite profound impact upon NHS commissioning and provision, perhaps particularly the initiatives which will seemingly allow patients to choose 'any willing provider' and any clinically appropriate treatment. However, this is a consultation document, and it is not yet apparent how these ideas will develop.

#### **4. BACKGROUND INFORMATION: “Liberating the NHS: An Information Revolution”**

4.1 This consultation paper focuses on improving NHS record keeping, improving data collection and communication within the NHS, involving patients more in aspects of their own care, and moving towards a data collection system based around measuring outcomes rather than processes.

4.2 Specific initiatives outlined in the consultation paper include:

- Plans to give patients much greater access to and control over their medical records, with patients able to specify the degree of involvement they want (this is particularly aimed at people with long term conditions)
- Encouraging healthcare providers to make it easier for the public to contact them and to access information about them (with a particular focus on communication via email and the web)
- Involving carers more in people’s healthcare and (appropriately) sharing information with them
- Increasing the use of telecare and encouraging people to become ‘expert’ at managing their own conditions
- Publishing much more information on the success rates of different hospitals/services/teams/consultants etc.
- Publishing more comparative information on hospital ‘healthcare associated infection’ rates, cleanliness, estates quality etc.
- Encouraging the broader use of (anonymised) patient information in healthcare research and planning
- Creating a central evidence resource for health researchers
- Shifting the focus of public health, with targeted interventions (utilising patient records) rather than broad based publicity campaigns
- Standardisation of data recording, Quality Accounts, care records and clinical terminology across NHS
- Encouraging innovative data technologies (e.g. use of digital imaging in diagnostics)

- Reviewing health and social care requirements to collect data (simplifying what has to be collected at a local level)
- Extending the PROM (Patient Recorded Outcomes Measures) programme and ensuring that patient feedback is actually used to improve services
- Underpinning the central role of Local Authorities and the Joint Strategic Needs Assessment (JSNA) in driving health improvement across local areas.
- Working to make separate IT systems compatible with one another (rather than seeking to roll a single IT system out across the whole NHS)

4.3 Although these consultation documents contain a number of potentially important ideas, the initiatives they outline do not directly relate to the work of the HOSC in quite the same way that the initiatives outlined in the “Improving Democratic Legitimacy in Health” paper did (debated at 29 September 2010 HOSC). Members, therefore, should certainly be aware of these consultation papers, but may not necessarily wish to contribute, as a committee, to the consultations. If members do wish to submit material to the consultations, a model for making a submission is suggested in the recommendations section of this report.

4.4 The full consultation papers may be found at <http://www.dh.gov.uk/en/Consultations/Liveconsultations/index.htm>

## 5. CONSULTATION

5.1 None has been undertaken in compiling this report.

## 5. FINANCIAL & OTHER IMPLICATIONS:

### Financial Implications:

5.1 None to this report for information

### Legal Implications:

5.2 There are no direct legal implications arising from this report  
*Lawyer Consulted: Elizabeth Culbert; Date: 24.11.10*

### Equalities Implications:

- 5.3 None to this report for information. Full Equality Impact assessments for these consultation papers can be found on the Department of Health website

Sustainability Implications:

- 5.4 None to this report for information

Crime & Disorder Implications:

- 5.5 None to this report for information

Risk and Opportunity Management Implications:

- 5.6 None to this report for information

Corporate / Citywide Implications:

- 5.7 None to this report for information

## **SUPPORTING DOCUMENTATION**

### **Appendices:**

None

### **Documents in Members' Rooms:**

None

### **Background Documents:**

1. "Liberating the NHS: Greater Choice and Control"
2. "Liberating the NHS: An Information Revolution"
3. "Equity and Excellence": Health White Paper