



Source: Birmingham Post {The future business of healthcare}  
Edition:  
Country: UK  
Date: Thursday 30, June 2011  
Page: 8,9  
Area: 1226 sq. cm  
Circulation: ABC 11935 Weekly  
BRAD info: page rate £6,665.12, scc rate £29.00  
Phone: 0121 236 3366  
Keyword: Droitwich Spa Hospital

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# Helping to give patients a wider choice in healthcare

A key aim of modernising the NHS is to ensure patients get the treatment that they want and deserve, not just what is handed out to them. It's called the Patient Choice agenda, and while it might sound like a major step change in how NHS services are delivered, many patients are unaware that they already have the right to choice within the NHS. The NHS Future Forum, the independent advisory panel briefed by the Government to conduct a listening exercise to canvass opinion around the proposed modernisation plans for the NHS, raised concern that patients currently lack awareness of their existing rights as defined in the NHS Constitution. In response, one of the many recommendations the NHS Future Forum made to Government was that in future the NHS should have a legal obligation to make patients aware of their fundamental rights



# An experience of choice and relief in NHS

**L**an Oxley is well qualified to know about how best to look after patients in the NHS through his day job as a Patient Carer with Patient Transport Services for West Midlands Ambulance Service. He had suffered knee pain for over 20 years and a chance meeting with orthopaedic surgeon Mr Lehel Balint while working at Kidderminster Hospital made him realise he needed critical intervention.

Mr Oxley subsequently visited his GP to request a referral for a formal consultation with Mr Balint at his Interhealth clinic. Within weeks, Mr Oxley was scheduled for surgery for a total left knee replacement, followed by extensive physiotherapy to strengthen the left limb prior to a second procedure for a total right knee replacement.

Prior to this intervention, Mr Oxley had been taking painkillers and anti-inflammatory medication, work duties were becoming increasingly painful and life at home was tough and frustrating. Now Mr Oxley's life is transformed, with the ability to walk around normally, lift and drive with no pain whatsoever.

Mr Oxley comments: "The whole experience was fantastic; from start to finish I was kept informed as to what would be happening to me. The surgeon and anaesthetist were brilliant. The nursing staff were really dedicated, and communication was outstanding. Post-op services were just as good. I have nothing but praise for the whole system, it totally worked for me, and I only have praise for the people involved within it."

For some patients, greater choice in the future is about the idea that they may be able to gain access to treatment options that they are missing out on right now. Currently commissioning decisions made regionally can see patients in one area given access to treatment that are not available to those in a different location. It's an emotive issue when it's in relation to drugs that can help extend the lifespan of a terminal patient or for a couple seeking fertility treatment, as it translates to the NHS putting a price-tag on the value of life.

Patients with this concern may be interested to see how the Right to Challenge legislation which is currently in-

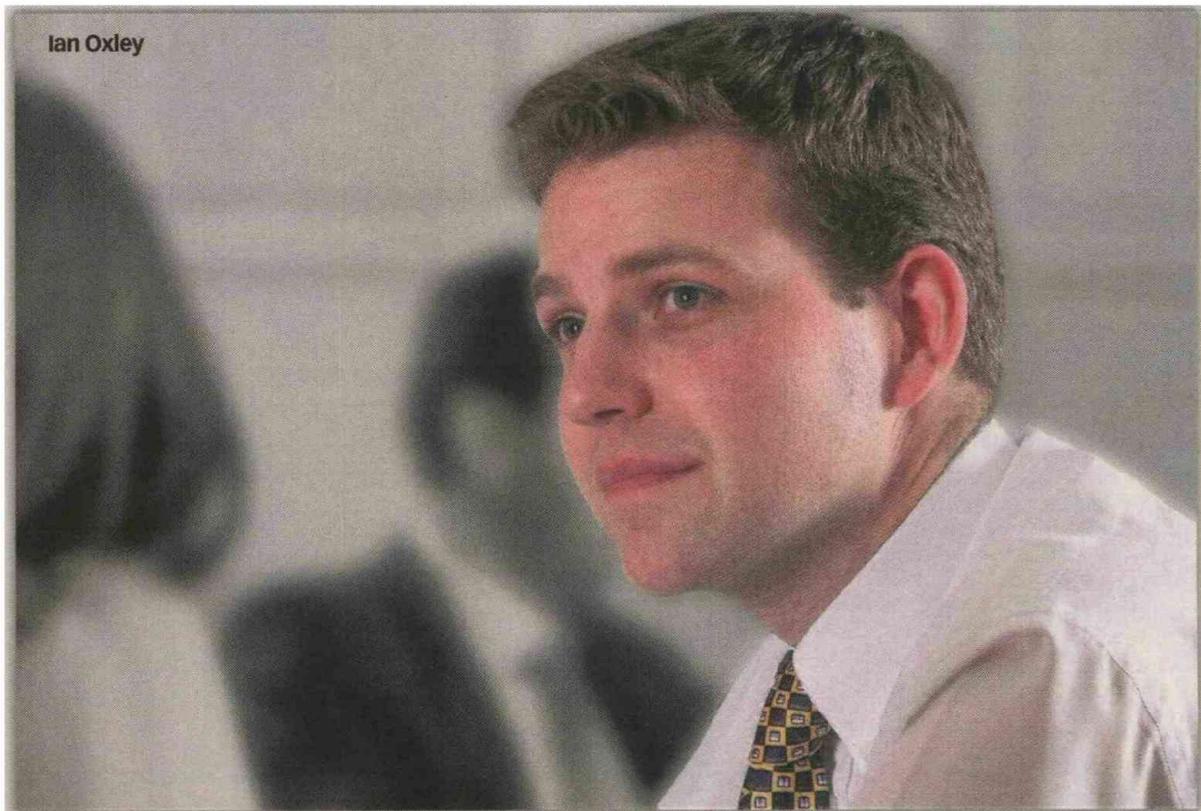
cluded within the Government's Localism Bill may play out within the context of NHS provision. The NHS Future Forum has recommended that the Right to Challenge should be also incorporated into the Health Bill to give patients the rights to challenge poor delivery and lack of choice, although there is no specific detail on how this will work in practice.

The legal sector is watching developments in this area with interest. Ben Troke, partner in the health sector team at Browne Jacobson comments: "We are already seeing an increase in legal challenges to access and funding decisions, across health and social care as a whole. The problem could be worse if patients are able to register with any GP, and can "shop around" commissioning consortia until they find one that will pay for the treatment that they want, making budget management almost impossible. GP leaders are fiercely resisting this part of the proposed reforms.

The government's response to the Future Forum's recommendations is to put more emphasis on patient choice, and the "rights" to treatment set out in the NHS Constitution. This can only increase expectations, and lead to more legal challenges when expectations are not met."

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**T**he NHS Constitution in relation to Patient Choice: "You have the right to make choices about your NHS care and to information to support these choices. The options will develop over time and depend on your individual need."

But many people are unclear what the promise of Patient Choice is, and for some the concept is highly contentious as they believe the NHS can't widen patient choice without bringing in external support. Cynics have suggested that the Patient Choice agenda is a ruse by Government to open the door to the private sector who would be commissioned to take over delivery of services where the NHS does not have the experience, capacity or infrastructure to expand its treatment capability.

There is concern that this will lead to privatisation of the NHS by the backdoor, or erosion of the NHS' own capability as it loses services to private sector operators.

Not so, say the NHS Future Forum, and the subsequent pledge by Government to rein in the scope of increased competition in their now revised Health and Social Care Bill.

The NHS Future Forum report made the distinction that extending Patient Choice won't be achieved purely by expanding the roster of NHS service providers. In his report, Sir Stephen Bubb, who led the Choice and Competition element of the NHS Future Forum consultation, commented: "Choice is much more than the ability to choose a different provider of elective surgery. It is also about the choice of care and treatment, the way care is provided and the ability to control budgets and self-manage conditions."

What this means for patients is that there will be greater choice in how treatment is delivered with an emphasis on a broader range of options, and consideration of individual needs and personal situation.

This future view of Patient Choice also echoes feedback from patients.

Insight from Patient Opinion which has captured over 1,700 patient accounts from across the country has found that patient's number one gripe is around a poor 'customer' experience as a result of negative staff attitudes, miscommunication and unresponsiveness. The good news for the NHS is that addressing this does not take major investment and infrastructure change, and overall Patient Opinion found that 79 per cent of the patient accounts they analysed reported a positive experience of NHS care sug-

gesting that it is not a systemic problem.

While all parties are committed to the concept, we're still not clear on exactly what Patient Choice will look like in the new NHS structure. The gauntlet will be thrown to the NHS Commissioning Board which is being created to provide national leadership of NHS delivery who's first job will be to create the 'Choice Mandate'. This charter will define the parameters for choice and competition as well as ensuring that patient choice is enabled across the scope of the NHS, including complex conditions and areas where there are health inequalities. Once the Choice Mandate is created, the NHS Commissioning Board will be required to devise a delivery strategy and indicate where new organisations need to be bought in to offer new services.

So in the near future patients should not expect to see widespread radical and rapid change, but the Government has already indicated that community services will be one of the first areas that is ready and needs greater patient choice to be offered.

So when the detail is further developed, who might be helping the NHS to provide a greater range of patient services? Much has been made of the concern that opening up the NHS to competition may see the private sector come in to cherry-pick lucrative services and contracts, but the NHS Future Forum has highlighted that it may be the charity and voluntary sector which will lead the way in supporting the NHS to deliver specialist services.

While recent commentary has focused on what choices will be made available to patients in the future, evidence of increased choice is already alive and kicking in today's NHS seems to have been overlooked.

Although Orthopaedic Consultant Surgeon Mr Lehel Balint works exclusively in private practice treating patients at the BMI Droitwich Spa Hospital, he regularly sees NHS patients referred to him through NHS schemes designed to speed up patients access to treatment.

He comments: "The names of schemes have changed over the years, with 'Free Choice Network', 'Direct Referral' and now 'Choose & Book' acting as the route for patients to determine their preference for secondary care and use private healthcare as a resource to meet patient demand, but all have helped liberalise the system and give patients access to greater choice."

Mr Balint cites another initiative

which is giving patients greater options is the introduction of specialist triaging.

For example, rather than referring a patient who has a knee injury automatically to a consultant, the GP refers the case to an orthopaedic triage team who assess the condition and offer the patient a range of options, such as a physiotherapy or acupuncture package before going straight for a surgical solution.

Mr Balint concludes: "As a surgeon who has experienced working within healthcare systems in other international markets I have seen at first hand different models for healthcare delivery so I strongly support moves to help UK patients to be able to choose treatments that their fellow citizens in other countries already have easy access to."

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