Nursing in the Big Society:
Reconfiguring Care

New parameters for innovation through competition & choice

Department of Health

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What drives innovation?

Regulation? No. Regulators normally focus on driving-up efficiency, ensuring sufficient competition & regulating prices

Commissioners? Sometimes, but can be very important in setting the conditions to enable providers to innovate, e.g. outcome-focused (not over-specifying), enabling new entry, setting stretching goals & standards, experimenting with new funding models

Consumers? It depends - on control, information, comparative power in the system or market

Providers? Largely – but often not 'incumbents' (unless there's a shock to the market). Disruptive new entrants often lead.

Professionals? Often, but spread problematic. Empowerment & access to information, networks & resources key. Role of ownership/membership models?

Individuals? Yes – but need the right culture & opportunities

Competition? Certainly – but you need the right model + strong and aligned incentives

New parameters for innovation through competition & choice

Patient choice & control

Greater Choice and control

"We expect choice of treatment and provider to become the reality for patients in the vast majority of NHS-funded services by no later than 2013/14"

Liberating the NHS has set a radical agenda to roll-out greater choice & control:

•Everyone should have choice and control over their care and treatment, and choice of any willing provider wherever relevant

•The exception is where it might be inappropriate clinically or impracticable to expect people to make choices

•The choices that people exercise over their care may not always be the same

Any Willing Provider: the basic presumption

"We will create a presumption that all patients will have choice of any willing provider…."

- Choice of any organisation in England that meets the NHS quality standards and can deliver within NHS Prices includes independent and voluntary sector healthcare providers.

. Proposed that will reality for most healthcare by 2013/14 but choice of willing provider will be introduced in in some services before others.

- We have begun by looking at how to make sure people can choose any willing provide of healthcare delivered in the community.

- People who need some types of therapy, treatment or other healthcare will be able to choose any community service provider in England that offers a service that is clinically appropriate for them, meets NHS quality standards and can deliver those services within NHS prices

Choosing a healthcare provider when first referred for planned hospital care

"We will increase the current offer of choice of provider significantly……."

- Most people who are referred for their first outpatient appointment with a consultant led team already have the right to choose their healthcare provider.
- We want to make sure people that people are actually are offered this choice of any willing provider
- Making greater choice and control a reality will mean that many people will need to change their attitudes and behaviours.

Consultation questions

Choosing a named consultant- led team

"We will introduce choice of named consultant-led team by April 2011 where clinically appropriate."

- Currently can people can be referred to see a named consultant if it is clinically necessary. The Choose and Book system allows some people to choose a particular team of health professionals, led by a named consultant
- Everyone who needs to see a consultant should be able to make an appointment with a particular team headed by a named consultant if they want.
- This may mean that in doing this they wait longer to be seen. The choice is theirs.
- People with no preference can choose to be referred to a clinic, and it will be for the clinic to decide which consultant-led team they see
- We propose to amend the choice guidance for the contracts that providers to use their NHS funded services for 2011/12.

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Making choices about maternity services

"We will extend maternity choice and help make safe, informed choices throughout pregnancy and in childbirth a reality – recognising that not all choices will be appropriate or safe for all women – by developing new provider networks."

The choices offered could include:

▪***For preconception care***

- *Information so that women can make choices about their preconception care*
- *Choice of a new range of services to improve women's health before and during pregnancy*

•**For antenatal care**

- Choice of who provides antenatal care and where this takes place
- Opportunities to discuss and decide whether to access the scans and screening tests available to detect problems with the pregnancy or the foetus at an early stage
- Choice of where to receive antenatal education which may include workshops and classes
- Choice of where to plan to give birth
- Choice of where to access services for women who have additional needs

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Making choices about maternity services -contd

- **For labour and birth care**
  - Choice of where to give birth when in labour –
  - Choice of pain relief during labour.

- **For postnatal care**
  - Choice of where to receive postnatal care and who provides postnatal care
  - Choice from a range of appropriate additional services – for example breastfeeding support

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Making Choices about mental health services

"We will begin to introduce choice of treatment and provider in some mental health services from April 2011, and extend this wherever practicable."

- We want people to have:
  - –Choice of how they access mental health services
  - –Choice of the clinically appropriate healthcare professional or team that assesses them.
  - –Access to a range of clinically appropriate therapies and / or medication
  - •Choice of any willing provider to extend to mental health services
  - •Choice of a range of treatments and therapies of mild to moderate anxiety and depression. To be phased in from April 2011.
  - •Access to personalised care planning

Making choices about diagnostic testing

"We will begin to introduce choice for diagnostic testing….from 2011".

When patients are referred for tests or to have samples and measurements taken they should have a choice of where they are undertaken.

Raises difficult questions …

At what stages should people be offered choice :-

At their initial appointment – eg GP, dentist, optometrist or practice nurse?

Following an outpatient appointment with a hospital consultant?

Whilst in hospital receiving treatment?

After discharge from hospital but still under the care of consultant?

Are there any circumstances where choice of where to go for a diagnostic testing would not be appropriate, and if so what are they?

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Making choices after diagnosis

“We will begin to introduce……choice post diagnosis from 2011.”

- After referral diagnosis patients should have the option to change healthcare provider/specialist if they want to

- Any transfer between clinical teams must be managed effectively and safely.

Making choices as part of personalised care planning

"We will introduce choice in care for long term conditions as part of personalised care planning."

•We need to ensure that high quality personalised care planning is standardised across the country and that it is delivered proportionate to need.

•Around 70% of people with a long term condition have a care plan. To increase this, the Department of Health is rolling out a programme of support for all PCTs as part of the wider Quality, Innovation, Productivity and Prevention programme.

•PCTs taking part work in teams with their local partners in social care, the voluntary sector and patient representatives to ensure quality, planned, proactive and integrated care planning becomes standard practice across the NHS and social care.

Making choices at the end of life

"In end of life care, we will move towards a national choice offer to support people's preferences about how to have a good death, and we will work with providers, including hospices, to ensure that people have the support they need."

- A national choice offer for those people who choose to die at home (including a care home) to receive the support they need.

- A review will be undertaken in 2013 to decide when this national offer could be introduced.

- Health and social care professionals will need to undertake good care and advance care planning with patients and their families to capture people's preferences about their end of life care, enabling services to be tailored around them.

- We want to encourage more organisations and new partnerships to provide end of life care so that a more personalised integrated service is provided.

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Choice of treatment

"We will consult on choice of treatment later this year….."

- People should be offered a choice of treatment as a matter of course.

- Healthcare professionals should include their patients and service users, with their families and carers, as equal partners in decisions about whether to have treatment and which treatment to have.

- People should be able to choose the treatment that is right for them, supported by information about the treatments, risks and any side-effects.

- Choice of treatment will not be possible in emergency healthcare situations.

- Decision aids can support choice of treatment,

Information to support choice

- Everyone should have easy access to reliable, user-friendly information on their health, and what choices they can make and when.
- A range of different people and organisations will be encouraged to provide the information needed to support choice.
- Information is already available, but there are opportunities to build upon this to ensure people can access information at the right time.
- We will encourage a range of different people and organisations to provide the information needed to support choice, which is a key aspect of the ‘Information Revolution’.
- Producers of information will be encouraged to use ‘The Information Standard’ when sharing information, as it helps people recognise it is from a trustworthy source.

A healthcare partnership

- **Many healthcare professionals already working with patients and service users to change the traditional 'doctor-patient' relationship**

- **Some people may:**
  - **Want to take a less active role in making decisions about their care**
  - **Prefer the clinician to make decisions for them**
  - **Need additional support to make informed decisions**
  - **Find it useful to have time to think things through**

- **People can decide in advance whether they would wish to refuse treatment if it were offered to them at a time in the future when they were unable to make this decision. They can change this decision at any time**

- **Healthcare professionals need to gauge how much involvement their patient is comfortable with and how they can be supported to make informed decisions.**

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Choice & control consultation – an advert.

- We want to hear your views on the sorts of choices that you want to make, when you want to make them and how we make this happen - as well as the challenges which you think may exist.

- The full Greater choice and control consultation document and support materials are available at www.dh.gov.uk/liberatingtheNHS

- Responses to the consultation are sought by 14 January 2011

- Online via http://consultations.dh.gov.uk/choice/choice

  - By email to choiceconsultation@dh.gsi.gov.uk

  - By post to:The Choice Team

    11th floor New King's Beam House

    22 Upper Ground

    London SE1 9BW

- After the consultation closes we will publish our response. This will set out an overview of your answers and emerging policy options, and will ask further questions about some of the detail of implementation

New parameters for innovation through competition & choice

Empowerment – freedom from central control

Freedom from central control – FTs

FT's potential to innovate & compete has been restricted. New freedoms:

- Monitor to cease as a regulator of FTs, and become an economic regulator
- Monitor would ultimately lose its intervention powers in FTs
- Removal of private patient cap
- Greater freedoms to invest & manage risk & resources to innovate

Balanced by …

- Greater responsibility
- Strengthened governance
- Failure regime, with essential services protected by 'new Monitor'

Freedom from central control – leadership & ownership

FTs:

- *Liberating the NHS* proposed **a staff membership only model**

Social enterprise – Right to Request

- 3 waves for community staff - **64 schemes covering 25,000+ staff**
- Big range in scale (4 to 3,500 staff; £40,000 to £86m)
- Single 'niche' services to whole of PCT's community services

Roll-out beyond community?

New parameters for innovation through competition & choice

Competition – creating the environment for innovation

Competition - “Any willing provider”

•Will be rolled-out to most health services (consultation) by 2013/14

•The NHS pays standard prices (the national tariff) for some healthcare.

•Not all services have national standard pricing. Currencies will need to be developed for these. In the meantime, prices will need to be agreed locally within an appropriate national framework.

• Subject to consultation all providers of NHS-funded services will have a joint licence that covers the quality of their care and their corporate structure.

•The joint licensing regime will be operated by the Care Quality Commission (CQC) and the economic regulator (subject to consultation)

•Signing an NHS standard contract means that providers agree to deliver healthcare to NHS standards and NHS standard price.

• Commissioners free to commission services from any licensed willing provider A central directory of these providers is being considered, as this will help commissioners use licensed providers.

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Competition - Personal health budgets

"The Department will encourage further [personal health budget] pilots to come forward and explore the potential for introducing a right to a personal health budget in discrete areas such as NHS continuing care."

- Personal health budgets allow people to have more choice, flexibility and control over the health services and care they receive.

- The Personal health budget must be based on an agreed care plan that meets the person's health needs.

- Personal health budgets are being tested in a number of 'pilot' sites.

- The evaluation will inform the roll out of personal health budgets.

- Linking personal health budgets and personal budgets for social care is being considered, so that services are more joined-up and seamless.

Competition – a ‘fair playing field’

Our goal is that patients can receive the best possible care from the best providers *– regardless of who owns or runs them*

To achieve this, **all providers must be able to compete fairly**. This means…

- A single licensing & regulatory regime which applies equally to all providers
- No type of provider should have an unfair advantage/disadvantage
  - Access to affordable pension schemes
  - Access to facilities
  - Cost of capital & borrowing
  - Commissioners should be ‘blind’ to the type of provider
  - Contracts & contract terms & regulation should be proportionate
  - Simple, national ‘AWP’ scheme
- Patients & clinicians decide

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