

LIBERATING THE NHS – GREATER CHOICE AND CONTROL

ACADEMY OF MEDICAL ROYAL COLLEGES RESPONSE

The Academy of Medical Royal Colleges welcomes the opportunity to comment on the consultation paper “*Greater choice and control*”.

The Academy’s membership comprises Medical Royal Colleges and Faculties across the UK. Individual Colleges and Faculties have submitted their own responses to the White Paper and the accompanying consultation documents. This response does not seek to summarise or encompass all those submissions but rather concentrates on some key generic issues which are of interest and concern to members as a whole. As such this response does not directly address the specific questions in the consultation.

General

The Academy fully supports the principle of shared decision making between a patient and their clinician(s) ensuring there is “no decision about me without me”. Equally, the Academy fully supports the concept of choice. However the Academy believes that there are real risks that the untrammelled introduction of choice in all areas could have perverse consequences, destabilise the NHS and widen rather than reduce health inequalities. Accordingly real care must be taken in the introduction of significantly greater choice.

Any Willing Provider

The Academy recognises the rationale behind the concept of “any willing provider” and accepts that plurality of provision, which is a prerequisite of choice, can bring benefits. However, the Academy has fundamental concerns about the risks to coherent, equitable healthcare provision brought about the inexorable logic of the market approach of “any willing provider”.

The Academy’s three central concerns are around the stability of services, continuity of care and quality of care.

With care provided by any willing provider it is inevitable that some services in some organisations may not be financially viable. Removal of a service from a hospital without careful planning and adjustment destabilises the finances of the organisation and weaken the complete cross-speciality care that can be provided for patients with complex conditions. Organisational viability tends to be contingent on the interdependencies between services. Whilst patients may want choice, there is a stronger desire for high quality services to be automatically available locally.

Secondly, there is a danger that continuity of care will be damaged when patients pass in and out of the different local independent and NHS services. Having a multitude of providers delivering parts of a whole pathway of care will make continuity of care and joined-up provision more difficult.

Finally, the policy of any willing provider may encourage a multiplicity of independent bodies into the UK healthcare business. It is critical that these providers are effectively regulated and scrutinised in the same way as traditional NHS providers to ensure that they deliver high standards of clinical care. It is critical that they use appropriately trained staff with high skill levels including an understanding of the NHS and excellent ability to communicate with the local patients – a prerequisite for “no decision about me without me”.

The consultation paper recognises that *“there will be major challenges making sure that everyone can exercise choices that do not cause problems for them or for the NHS”* (para 5.1). The Academy is yet to be convinced that these challenges can be overcome and not cause problems for the NHS. The Academy would question whether the risks involved outweigh the possible benefits.

Choice and Quality

The Academy recognises that in some circumstances the application of patient choice can encourage providers to improve their services. It is important, however, to guard against the opposite effect with quality being squeezed to meet requirements of a choice agenda. Equally providing for choice can increase costs for providers and delay care.

It also has to be recognised that for certain services choice is inappropriate, practically unavailable or unlikely to drive improvements in quality. It is important that the NHS is clear when it is possible to provide choice and when it will be restricted or unavailable.

Choosing a named consultant team

The Academy supports the opportunity for choice of named consultant team *where clinically appropriate*. Clinical judgement remains essential in ensuring that the most appropriate care is given by the most appropriate clinicians. As the consultation recognises, choosing a particular named team may result in a patient having to wait longer to be seen. The implications of this decision have to be understood by all involved. It is also important that there are not adverse implications for “popular” teams, other teams or the provider organisation in there being longer waiting times.

Choices about maternity, mental health, diagnostic, long term conditions, end of life and GP services

Individual Royal Colleges or Faculties have commented in detail on issues relating to the application of choice in their specialty areas.

The Academy strongly endorses the point made by the Royal College of Paediatrics and Child Health that the consultation does not address the issue of choice and control in relation to children and young people.

Shared healthcare decisions

The Academy supports the principle of “shared decision making” and recognises the need for a healthcare partnership between patients and clinicians. It should be recognised that this is, in part, a cultural change which is not going to be fully adopted overnight or by setting out a new policy. Further education of clinicians at undergraduate and post-graduate level will be critical to the real embedding of a partnership approach. Medical Royal Colleges have already been working on ways to ensure that education and training curricula reflect what is required of doctors in a modern patient/clinician relationship.

Information

The Academy fully supports the view that high quality information for patients, clinicians and organisations has to underpin any meaningful application of a choice agenda. Misinformation or misinterpretation of information will cause real problems for patients. A

separate response is being submitted on the consultation paper “An Information Revolution” but the Academy stresses that it is vital that clinicians are centrally involved in the whole process for the collection and provision of information.

Licensing healthcare providers

The Academy is absolutely clear that if there is a system for any willing provider to enter the market there must be clear, effective and rigorous methods for both licensing entrants to ensure basic standards and for monitoring standards of care.

In response to question 42 the Academy is adamant that there has to be uniformity of approach for all providers in terms of the standards of care required. Whilst it is recognised there may be some issues where differentiation could be appropriate, the same degrees of rigour must be applied to standard of care whoever the provider. It is not acceptable that the standard of care a patient can expect and have the right to receive should differ according to who is providing that care.

Safe and sustainable care

Chapter 5 sets out the challenges in ensuring that everyone can exercise choices that do not cause problems for them or for the NHS. As stated earlier, the Academy believes there are real issues over equity, affordability and continuity of care. The Academy welcomes that the Government has recognised these challenges and has proposed a number of guarantees and mechanisms to manage the consequences. It does, however, strike the Academy as curious that one of the four core chapters of this consultation paper sets out the range of actions required to mitigate the effects of the very policy it promotes. This would seem to suggest that there are real flaws in the policy itself.

Conclusion

The Academy has serious concerns over the implications of the introduction of a full choice agenda – concerns that the consultation document itself acknowledges – and believes that there should be more in depth discussion before the full implementation of choice agenda.

The Academy is extremely willing to engage in constructive with dialogue with the Department of Health on how best to take forward proposals that will meet our joint agendas of genuinely benefiting patients and the NHS.

Academy of Medical Royal Colleges
January 2011