Equitable Choices for Health

by Joe Farrington-Douglas and Jessica Allen

executive summary

Progressive vision of equitable choices

Choice is at the heart of the government's public service reform agenda. In healthcare, patients will be offered new choices, not only in choosing a hospital but also, increasingly in primary care. This report argues for a progressive vision of choice in healthcare, where disadvantaged patients are empowered to make choices throughout their care, to reduce healthcare inequities and tackle health inequalities. Choice should aim to do more than create a market. The primary goal of choice should be to improve outcomes and reduce inequalities.

At present, government policy on patient choice risks worsening inequities in healthcare. However, removing choice would also sustain current inequities whereby middle class, educated patients have better access due to their ability to use voice to negotiate better services, and better health literacy to seek appropriate care. Choice has the potential to promote equity and contribute to reducing health inequalities if it is developed and implemented with the most disadvantaged in mind. Choice should also be developed in primary care and in care for people with long-term conditions, where choice has greater potential to empower patients, improve outcomes and reduce inequalities.

This report sets out a framework for progressive choice to ensure that disadvantaged patients are included and supported in choice policies. The framework also links choice to wider policies to engage people in their health and contribute to tackling health inequalities.

This framework has five themes:

- Building choice throughout the healthcare system, so that patients can be meaningfully involved in decisions about providers, treatments and services.
- Improving information, support and transport, empowering disadvantaged groups to make healthcare and health choices.
- Harnessing patient groups and other community and voluntary organisations to support disadvantaged groups and amplify their 'voice' to influence healthcare commissioners and providers.
- Developing choice in primary care so that more specialised services are available, tailored to needs, so that more care can be delivered outside hospital.
- Providing choice throughout care pathways relating to long-term conditions, empowering all patients to self manage their health.

Patient choice has many meanings and the debate has become confused. Choice emerged from rights movements that challenged paternalism and emphasised citizen empowerment. The rise of consumerism and the introduction of markets have created additional drivers for choice, based on creating contestability between providers to respond to individual preferences. We argue that, whilst consumerism and markets have roles as tools for improvement, the aim of choice should be to empower patients, improve outcomes and contribute to reducing inequity.

There are deep inequalities in health in England, compounded by inequities in access to healthcare in the NHS, including primary care. Our progressive vision for patient choice emphasises the potential benefits for disadvantaged groups by empowering patients and ensuring that the NHS meets their needs. Choice should be developed with goals of empowerment and improved outcomes wider than just focusing on markets.

Equitable access to choice - and equitable access to healthcare - matter for moral reasons. Equity is also key to ensuring that the extra resources in health prove effective. Sustained inequalities in health threaten the achievement of Wanless's scenario of full engagement of the public in their health

(Wanless, 2004), and will end up increasing costs. However, our vision of progressive and equitable choices would contribute to tackling inequalities and engaging people in their health, by providing them with information and support on wider choices and in self-care.

Equity and choosing

Patients in the NHS are currently unequally involved in making decisions about their health and healthcare. This is due to a range of factors, including health literacy, language, education, disabilities, and digital exclusion. These inequalities are likely to become even more important to health as choice policy develops.

Choice has been piloted in several areas and specialties. The London project had positive equity findings, with disadvantaged groups participating in choice as much as other groups. However, the pilots have limited applicability to the choice policies that are being rolled out, and choice at referral has not been evaluated for equity. Whilst choice pilots have successfully delivered more equitable 'choosability' using Patient Care Advisers (PCAs) and support for transport as well as incentives for providers, these lessons have not been implemented in the roll-out of choice, when PCAs and support for transport will not be available nationally.

- Patients need to have access to accurate, relevant information in order to make choices. This information needs to be accessible, and measure health-related quality of life outcomes and wider factors of patient experience so that patients can make choices based on their particular needs and preferences.

- Independent sector providers should be subject to the same information requirements as NHS providers so that patients can have comparable information in order to make choices.

- Disadvantaged groups in particular require support and advocacy to make decisions and participate in choice. Support and advocacy should be commissioned from a range of sources, particularly from voluntary and community organisations that have good relationships with disadvantaged groups.

- Patients should be able to choose their source of information and support, and GPs could provide 'support prescriptions' for patients who might need targeted advice or advocacy.

- The provision of advice should be commissioned and regulated to ensure that high standards are maintained and disadvantaged groups are included. Primary care trusts (PCTs) will need to balance their spending priorities so that enough resources are available to commission effective information support and advocacy.

People without access to a car, who are often disadvantaged and with greater health needs, are currently disadvantaged in access to the NHS. Choice could reduce the effects of transport inequality if patients can choose a time and place to suit them, particularly if they can choose care outside hospital. However, choice pilots showed that transport could act as a barrier to accessing choice.

- Provision of transport, assistance with organising transport or subsidy of the cost should be introduced so that less mobile people are not excluded from choice.

Equity, contestability and choice

Choice has been introduced in order to create contestability between providers, with the aim of improving quality and responsiveness. This has potential risks for equity, particularly if competition leads to polarisation, for example through service closures leaving areas under-served.

- Market management by commissioners and effective regulation must ensure that the operation of this market does not reduce choice, and does not create sink services for patients who are less able to move.

- Market entry and exit should be managed and regulated according to principles to protect equity and ensure fair competition.

- Providers that are losing patients need to be supported where necessary to ensure that essential services are maintained and that they can improve their services to meet patients' needs and preferences.

- Voluntary and community organisations that are providing information, support and advice for disadvantaged groups should gather intelligence on people's reasons for choosing, and on their experiences of providers. This information should be fed back to providers and commissioners so that services reflect patient requirements.

- Providers and commissioners will need to engage with communities more effectively to ensure their needs and preferences are being met.

- Voluntary and community organisations, as well as good quality market research, will therefore provide information which ensures services respond to patients' voices, particularly the most disadvantaged.

This progressive vision would create a more patient-led NHS, with powerful collective voice backed up by the financial force of choice and Payment by Results.

Choice in primary care

At present government policy has concentrated on developing choice in secondary care. This could challenge the aim of shifting care from secondary to primary and preventative care.

It is not presently clear what choice means in primary care. From an equity point-of-view, lack of access to primary care can create barriers for patients, particularly those living in areas with closed GP lists or with GPs whose opening hours are difficult for people with unstable work or caring commitments. Patient transport is not provided for access to primary care. Quality of primary care can also be variable, and disadvantaged patients do not receive equitable treatments or referrals according to need.

- Greater choice of GP should be introduced. People with commitments that take them outside their home area should be allowed to register at a secondary practice near their place of work, or near to relatives. However, a greater benefit from increasing choice of GP would be to encourage greater specialisation, either by a particular health need or demographic group.

- This vision of primary care could also improve the range of services available outside hospital, with networks of commissioning practices collaborating to provide a wider range of traditionally secondary services in the community.

Many of the mechanisms already exist to facilitate this transition. However, the current system for funding GPs is a barrier. At present most GPs are paid a salary or are funded according to historical patterns, rather than on the basis of the health needs of their population.

- A review of GP funding should look more broadly at paying GPs according to the needs of the patients they serve.

- There needs to be an 'Information revolution' in primary care to match the government's aim to increase information for choice in secondary care. Information needs to be backed up with support and advocacy for disadvantaged groups.

- Voluntary and community organisations should be commissioned to provide information and support and feed back to primary care the needs and preferences of local people.

People with long-term conditions would be the group most able to benefit from our vision of progressive choice based on empowerment and improving health. However, the current emphasis on choice of hospital does not serve this group's needs.

- Choice in long-term conditions needs to be developed throughout the pathway of care.

- A wider range of more specialist commissioners and providers in primary care would improve services for people with long-term conditions, including choice of pathway and choice of disease or case management organisation.

- Choice could enable and incentivise patients to do more self management.

- As well as individual choice, the NHS, in partnership with voluntary and community organisations, should facilitate communities of patients who could support each other and participate in collective choices, strengthening the voice of disadvantaged groups and reversing historic inequities in the NHS.

The government has devoted significant resources to extending capacity and infrastructure to enable choice in secondary care. In order to ensure that choice works for disadvantaged gropus, the government will have to commit the necessary resources in information, support and advocacy. Extending choice in primary care, and for people with long-term conditions, will also require increased capacity to ensure that choices are available and that everyone will benefit.

Conclusion

Patient choice has the potential to reduce healthcare inequities and contribute to engagement of the public in their health. However, current choice policies risk increasing healthcare inequities and the wider potential benefits of patient empowerment will not be realised. This report sets out a vision for equitable, progressive choice in healthcare, providing patients with meaningful involvement, well supported in the community to ensure that disadvantaged groups are included.

The government needs to develop equitable choice policies in primary care as well as secondary care, and for the disadvantaged and those with long-term conditions as well as for the middle classes.

The full report, Equitable Choices for Health, was published on Wednesday 16 November. It can be purchased for £9.95 by calling Central Books on 0845 4589910.

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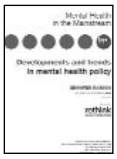

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