

Almost a decade after NHS patients were first granted free choice of all hospitals, patient awareness of the right to choose remains stubbornly stuck at around 50%. So what can independent sector providers do to educate patients and GPs about the right to choose? **Ann McGauran** reports

# Choice information



**NHS England's goal by 2020 is that all patients are aware of their choice of providers and have the information to make meaningful treatment decisions. Patients want good information to help them choose, so how should independent providers educate GPs about their referral options?**

According to research commissioned by the Association of Independent Healthcare Organisations (AIHO) there's a need for better support and guidance for patients faced with referral decisions.

The research by Demos for AIHO included a survey of 267 representative members of the public, a separate poll of people who had used independent hospitals and focus group work. It revealed that those who chose to be treated in an independent hospital – including NHS-funded patients – rated their experience very highly across nearly all aspects.

In contrast, patients gave low ratings to the information they received to enable their choice, and to the referral process itself.

Chief executive of AIHO Fiona Booth says the findings show some GPs 'could not offer patients very comprehensive information'. She adds: 'For us, given that GPs are often the first point of call and tend to be the main channel for patients seeking treatment in the independent

sector, whether that's NHS-funded, private medical insurance or actually self-pay, we need to help those GPs in doing that. We need to step back and ask ourselves how good are we at helping patients choose?'

Independent providers need to become more active partners in helping patients make educated and well informed decisions, she concludes.

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## Armed with information

Chief executive of the NHS Partners Network (NHSPN) David Hare emphasises

that with more information available to users about quality of services, patient outcomes, access and other factors, the ability for GPs to compress all of that into a short consultation will become more difficult. This means there will 'therefore be a need for the individual user to inform themselves about the capability of the local system'.

Referral management services are increasingly being used across England to streamline the referral process, but Hare thinks the 'jury is out' on whether or not they are adding considerable value.

'If they are slowing down the process, and restricting patient choice then all they are doing is simply adding cost,' he says.

'I think where they are clearly taking some of the burden off GPs in managing the administration and rationalising that system then clearly considerable value can be added. But my view is there is work to be done to understand the difference between good and bad referral management systems and ensuring that (we keep) only those that meet the criteria of good referral management systems.'

## Demand spread

One approach has been piloted in north-east London which makes it easier for patients to understand the consequences of their referral decisions.

NHSPN has been working with NHS England on a 'demand spread' project led by social purpose company The Behavioural Insights Team (BIT).

It is attempting to divert patients at the point of referral towards providers with the lower waiting times. The pilot has largely been evaluated, with the results due to be published shortly. The intention is to roll out the programme nationally.

The system prompts GPs to ask patients at the point of referral if they are aware of the comparative average waiting times of providers, then give them that information with the aim of diverting patients to those with the capacity to treat them sooner.

However, considerable hurdles in the way of equal access to patient choice remain. Hare says that 'only 50% of patients are aware of their right to choose and I wouldn't anticipate that's changed dramatically in the last few years'. He emphasises the importance of electronic referrals as a way of improving access to choice. The shift to 100% use of the NHS e-Referral service by next October – a commitment underlined in March in the *Next Steps on the Five Year Forward Plan* document – 'ought to support the ongoing expansion of patient choice', he concludes.

## Influencing patients

Jim Easton is chair of the NHS Partners Network Board and managing director of healthcare at Care UK – England's



largest independent provider of NHS services. He believes the drive to e-referrals will encourage both GPs and patients to engage with the choice agenda – 'you have to make a choice in that environment,' he says.

He adds: 'We've done a lot of work in making sure we optimise how we appear on the electronic choice system for patients, including clear descriptions of the clinic, making sure we present waiting times appropriately so that you can see there's a short wait, providing ready access to the latest quality information and making sure that's not out of date.'

Care UK 'do all the range of normal things with GPs, including regularly sending information and doing that in ways that are very quick and easy to digest, holding education events, inviting them to talk about clinical issues in our surgical centres, and building relationships between our doctors and GPs on clinical issues'.

But he concludes: 'To be honest I don't think any of those are game-changing in terms of really radically changing GP behaviour'.

For Care UK, the emphasis has shifted firmly towards influencing the patient.

According to Easton, the aim is to make sure the patient doesn't feel like a passive person with very little opportunity to influence discussion with the GP. 'They should be empowered with the information, so that when the GP says they need to talk about a hip replacement, the patient feels empowered to have a conversation with the GP about what their choices are and where that will be done,' he says.

Through its general, web-based and social media marketing, the company tries to make sure targeted populations in the communities around its surgical centres understand the choices available to them. Easton says social media, in particular, is a 'great tool' for helping relatives support older people's requests to doctors about where they should go for treatment. Care UK has also completely revamped its websites so they are more patient focused and more local.

Tom Fellows is head of NHS relations and NHS contracts manager for Nuffield Health. How does the charity engage with GPs to help them navigate



patients through their referral choices? 'Fundamentally it's about how we ensure that GPs are aware of what choice means, aware of the difference between different providers, aware of the fact that a referral to an independent sector provider actually costs the NHS the same as it does to refer into an NHS provider,' he says. 'We all sign up to the same NHS contract, terms and conditions and price. It should be a fair and level playing field and part of our relationship development with GPs is about ensuring they're aware of that.'

He says that, increasingly, Nuffield Health is discovering that GPs are interested in 'finding out about private referral pathways as an alternative choice as well... Private as a choice for patients would just as much help take the financial burden away from the NHS as well'.

However, according to Easton, a successful independent provider needs to be intervening at all levels - with patients, GPs and with the referral management centres that are increasingly acting as intermediaries - to help facilitate choice of providers.

While welcoming all attempts to try to improve GPs' education about independent providers, particularly as waiting times lengthen, he thinks one of the best ways to help GPs is to help their patients.

