What we know so far…

Choice and any qualified provider – Summary

November 2011

This paper is part of a series of BMA briefings that set out what we know so far on a range of key topics related to the Government's health reforms in England and where questions remain unanswered. The theme of this paper is choice and any qualified provider.

Patient choice has been a priority for successive governments since the 1970s. Building on initial steps to make services more responsive to patient needs, the last Labour Government introduced 'free choice' whereby patients could choose to be treated in any eligible NHS or independent sector provider in England. The Coalition Government has maintained the emphasis on choice and has set out plans to do more to increase the numbers of patients being offered choice and to extend the focus beyond choice of provider.

It is impossible, when talking about patient choice in the NHS, to ignore competition. Since the 1980s, choice has been seen not only as a way to improve the patient experience but also as a lever for competition. The theory is that patients choose the best services, encouraging poorer quality services to improve in order to compete for patients and funding, thereby driving up standards across the NHS. In today's NHS, competition and choice are inextricably linked.

Any qualified provider

The Government's main area of focus for extending choice is the any qualified provider (AQP) policy:

- When patients are referred for a particular service they should be able to choose from a list of qualified providers who meet NHS service quality requirements, prices and normal contractual obligations.
- The phased introduction of AQP is scheduled to begin in April 2012. The Department of Health (DH) has set out the eight service areas identified as priorities for AQP implementation[1]. By the end of October 2011, PCT clusters were required to have identified a minimum of three services in which to implement AQP from April 2012.

- Lead PCT clusters have been asked to develop an implementation pack for each of the eight service areas. These should be completed by the end of November 2011.
- All providers in an area will be paid a fixed price for an AQP service - either the national tariff or the price set by local commissioners. Commissioners will need to identify the price that should be paid for a specific AQP service in their area.
- Providers will have to qualify and register to provide services via an assurance process that will test their fitness to offer NHS-funded services. Guidance on the qualification of providers will be published before the end of 2011, along with a directory of providers.
- The DH is developing a list of further services to consider for AQP implementation in 2013-14[2]. A national list of AQP services will be published in April 2013.

Further extension of patient choice

The Government is committed to increasing patient choice in other ways:

- Clinical commissioning groups must "act with a view to enabling patients to make choices with respect to aspects of health services provided to them".
- The Secretary of State will issue a 'choice mandate' to the NHS Commissioning Board. This will establish the parameters for choice and competition in all parts of the NHS.
- Choice of referral to a named consultant-led team will be offered to patients for their first outpatient appointment from April 2012.
- The Government has also committed to introducing choice in:
  - Diagnostic testing and post-diagnosis:
  - Care for long-term conditions and end of life care; and
  - Treatment.
- The Government will be looking into the feasibility of creating a 'Right to challenge' for users of NHS services, to enable them to challenge poor quality services and lack of choice.
- The Government has committed to rolling-out personal health budgets once the three year pilot programme comes to an end in 2012. The longer-term ambition is to introduce a right to a personal health budget for all patients who would benefit.

What we don't know

- How the NHS Commissioning Board will translate the 'choice mandate' into guidance for commissioners.
- If the 'choice mandate' will be part of the overall mandate issued to the NHS Commissioning Board.
- The potential scope of choice in the coming years.
- How the promotion of choice might affect the other essential duties required of commissioners or how the different duties will work alongside each other.
- The timescale for the potential introduction of a 'Right to challenge' in the NHS.
- How choice and personal health budgets will work together.

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1 These are musculo-skeletal services for back and neck pain; adult hearing aid services in the community; continence services; diagnostic tests closer to home; wheelchair services for children; podiatry services; venous leg ulcer and wound healing; primary care psychological therapies for adults.

2 These may include maternity; speech and language therapy; long-term conditions self management support; community chemotherapy; primary care psychological services (CAMHS); wheelchair services for adults.