



# Building on the Best

Choice, Responsiveness  
and Equity in the NHS

A Summary

December 2003

Patients want a high quality service which meets the needs of every individual in a diverse population. A service which feels personal to each and every individual within a framework of equity and good use of public money. NHS staff want that too.

The NHS and the clinical skills of its staff are regarded very highly. But as public expectations move on and people look for more control and flexibility over the way they and their families are treated, the NHS needs to respond to that, too. And we need to find new ways of tackling the major inequalities in health that still exist.

The Government has begun the largest programme of investment in the history of the NHS and major reforms are underway. But there is more to do to make services more responsive to people's needs, to build an approach that treats the whole person rather than a collection of symptoms and that puts patients in control. Only then will the NHS deliver the best possible care to everyone. Central to this is the extension of patient information, power and choice.

The NHS has already begun offering choice to people awaiting some surgical procedures. That has been warmly welcomed and has encouraged all the hospitals involved to raise their game, benefiting all patients in the process. But elective surgery is just a small part of the business of the NHS and this culture of choice needs to be widened and deepened. People feel the service too often lacks the personal touch that is a key part of good care. And some still feel they lack a good service altogether.

We want to develop a patient-centred NHS that stays true to its founding principle of fairness to all. That is why we launched a national consultation with the simple aim of finding out what changes would do most to improve the experience of health care for patients, users and carers. We estimate over 110,000 people were reached by the consultation.

There were several recurring themes in consultation responses:

- All of us – not just some among the affluent middle classes – want the opportunity to share in decisions about our health and health care;
- We want the right information, at the right time, as well suited to our personal needs as possible;
- Our health needs are personal, and we would like services to be shaped around our needs.

The NHS needs to:

- carry on building capacity, in particular for people with long term conditions;
- continue the reform of healthcare delivery, including devolving more power to the frontline, strengthening local accountability, for example through NHS Foundation Trusts, and introducing new systems to underpin choice such as payment by results;

- work at ensuring choices and services genuinely reach everyone, including the most disadvantaged and marginalised groups;  
and above all;
- listen to what patients and the public are telling us and then act.

People understand that these changes will take time so we have given priority to the following actions:

- to give people a bigger say in **how they are treated** – from 2004, patients will be able to begin recording their own information securely on the internet in their own HealthSpace. In time this will link to their electronic medical record so they can make their preferences known to the clinical team;
- to increase choice of **access to a wider range of services in primary care**, encouraging innovative new providers, particularly in deprived areas where primary care has traditionally been weak, and extending more flexible ways for people to access care;
- to increase choice of **where, when and how to get medicines**, by making repeat prescribing simpler, freeing up restrictions on the location of new pharmacies, expanding the range of medicines pharmacies can provide without a prescription, promoting minor ailments schemes where pharmacies can help patients manage conditions like coughs, hay fever and stomach upsets without involving their GP and increasing the range of healthcare professionals who can prescribe;
- to enable people to **book appointments** at a time that suits them, from a **choice of hospitals**. From August 2004 people waiting more than 6 months for surgery will be offered faster treatment at an alternative hospital. By December 2005 patients requiring surgery will be offered a choice of 4-5 providers at the point of referral;
- to widen choice of treatment and care, starting with greater **choice in maternity services** and greater **choice over care at the end of life**. We will ask local services to promote direct access to midwives and we have commissioned local guides to maternity services. And, building on the strong tradition of end of life care in cancer and HIV/AIDS services, we will train staff to ensure that in time all people at the end of life will be given a choice of where they wish to die and how they wish to be treated;
- to ensure people have the right **information**, at the right time, with the support they need to use it so that this becomes central to how we care for people – no less than an information revolution. We will embrace new technology such as digital TV, develop a programme of “kitemarking” information from a variety of sources so that patients know what to rely on, and extend our range of local guides.

To achieve change on this scale will require:

- a clear vision and values, shared by local and national leaders;
- supported by continued investment and capacity growth;
- delivered by empowered staff, with support from peers and experts;
- backed up by high quality information systems;
- informed by a stronger patient voice; and
- underpinned by a coherent system of incentives, regulation and inspection.

The steps outlined here set out the beginning of a journey towards an NHS which is easy to get to and has a wide range of services provided locally, where patients can choose how, when and where they get treated, on the basis of good information and a partnership of respect between them and their clinician. Already some patients for some of the time receive their health service from an NHS like this. Our vision is that this should be a reality for all patients all of the time.

A full copy of the Command Paper, *Building on the Best*, is available at [www.doh.gov.uk/choiceconsultation](http://www.doh.gov.uk/choiceconsultation)



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