Operational Guidance to the NHS

Extending Patient Choice of Provider

Department of Health

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Description	Liberating the NHS: Greater Choice and Control sought views on proposals for extending patient choice in the NHS. This document provides guidance to providers and commissioners on implementation of the Government commitment to extend patient choice of provider.
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1. Introduction

1.1. Since 2010, the Government has been committed to increased choice and personalisation in NHS-funded services. Choice for patients can be about the way care is provided, or the ability to control budgets and self-manage conditions. The government has specifically committed to extending patient choice of Any Qualified Provider for appropriate services.

1.2. By choice of Any Qualified Provider (AQP) we mean that when patients are referred (usually by their GP) for a particular service, they should be able to choose from a list of *qualified* providers which meet NHS service quality requirements, prices and normal contractual obligations. This approach is already in place for routine elective procedures.

1.3. Extending patient choice of provider is intended to empower patients and carers, improve their outcomes and experience, enable service innovation and free up clinicians to drive change and improve practice.

1.4. The Department of Health (DH) has engaged with clinicians, providers, commissioners, patient groups and voluntary organisations on how best to extend patient choice of provider. We have engaged these groups on what services should be subject to choice, what qualification criteria for providers should be employed, and how the mechanism for patient choice of Any Qualified Provider should operate.

1.5. The NHS Future Forum supported the concept of patient choice of Any Qualified Provider. In its response to the listening exercise, the Government stated that it would maintain its commitment to extending patients' choice of Any Qualified Provider, with phased implementation from April 2012, and focusing on the services where patients say they want more choice.

1.6. This guidance is intended for NHS commissioners and current and prospective providers of NHS-funded services in England. It sets out how patient choice of Any Qualified Provider will be extended over the period from now to April 2013, and the principles governing patient choice of Any Qualified Provider in the new system architecture. Specifically:

- **By October 2011, PCT clusters are expected to identify three or more community or mental health services in which to implement patient choice of Any Qualified Provider in 2012/13, based on the priorities of pathfinder clinical commissioning groups, and having engaged with local patients and professionals. Their selection of these services should be based on patients' priorities for improving quality of, and access to, NHS services.**

- **Between April and September 2012, PCT clusters should implement patient choice of Any Qualified Provider in those services agreed locally.**

2. Key principles of an Any Qualified Provider approach

2.1 The following principles govern an Any Qualified Provider approach to contracting for services:

- *Providers qualify and register* to provide services via an assurance process that tests providers' fitness to offer NHS-funded services.
- *Commissioners set local pathways and referral protocols* which providers must accept.
- *Referring clinicians offer patients a choice of qualified providers* for the service being referred to.
- *Competition is based on quality, not price.* Providers are paid a fixed price determined by a national or local tariff.

3. Implementation of patient choice of Any Qualified Provider to April 2013

3.1 We will undertake a phased implementation of patient choice of Any Qualified Provider, treating 2012/13 as a transitional year, starting with a limited set of community and mental health services. Based on discussions with national patient groups and an assessment of deliverability, DH has identified a list of potential services for priority implementation as follows:

- Musculo-skeletal services for back and neck pain
- Adult hearing aid services in the community
- Continence services (adults and children)
- Diagnostic tests closer to home such as some types of imaging, cardiac and respiratory investigations to support primary assessment of presenting symptoms
- Wheelchair services (children)
- Podiatry services
- Venous leg ulcer and wound healing
- Primary care psychological therapies (adults)

3.2 PCT clusters, supported by pathfinder clinical commissioning groups, should select three or more services for implementation in 2012/13 from the list set out above. Alternatively, **they may choose other services which are higher local priorities**, if

there is a clear case to do so based on the views of service users and potential gains in quality and access. As with other commissioning decisions, shadow health and wellbeing boards will be a key forum for discussing such priorities with strategic partners and people using services.[1]

3.3 To determine whether alternative services are appropriate for patient choice of Any Qualified Provider, commissioners should consider the characteristics of the service and the local healthcare system. DH will work with SHAs to support this assessment.

3.4 DH will establish a national qualification process, across all services, to minimise bureaucracy and reduce transaction costs for providers and commissioners.

3.5 As the Health and Social care Bill progresses, we will work with commissioners to ensure the alignment of patient choice of Any Qualified Provider implementation with the wider provider reforms.

Actions required of commissioners in 2012/13

3.6 We are seeking to support flexibility within the national framework to enable a commissioner-led process, relevant to local priorities, whilst maintaining consistency.

3.7 **By 31 July 2011,** SHAs will identify lead PCT clusters[2] to develop an implementation pack – consisting of service specifications, contract currencies (including safeguards against cherry picking), information models and tariffs - for each service on the national list. These will be complete **from November 2011.**

3.8 **By 30 September 2011,** all PCT clusters must have engaged patients, patient representatives, healthcare professionals and providers on local priorities for extending choice of provider.

3.9 **By 31 October 2011,** feedback from this engagement should have been used by clusters and clinical commissioning groups to identify three or more community or mental health services for implementation, drawing from the national list or local priorities. SHAs should have been notified of cluster/commissioning group priorities for 2012/13.

3.10 **By September 2012,** clusters should have implemented patient choice of Any Qualified Provider for those services, taking account of the NHS Operating Framework and standard contract. We would expect some Any Qualified Provider services to be available before this date.

[1] The Department of Health will be issuing guidance to commissioners to support their work on patient engagement.

[2] Lead PCT clusters/Clinical Commissioning Groups developing best practice standard service specifications will have regard to NICE quality standards or alternative accredited evidenced based practice

Actions required of SHAs

3.11 SHAs, and from later this year SHA clusters, will oversee the development of patient choice of Any Qualified Provider by PCT clusters and clinical commissioning groups.

3.12 Specifically, SHAs should co-ordinate the work of PCT clusters in their region to engage patients, professionals and providers. SHAs must also assess the suitability of alternative services to those on the national list where proposed by PCT clusters.

Qualification process

3.13 The qualification process will ensure that all providers offer safe, good quality care, taking account of the relevant professional standards in clinical services areas.

3.14 The governing principle of qualification is that a provider should be qualified if they:

- are registered with CQC and licensed by Monitor (from 2013) where required, or meet equivalent assurance requirements[3]
- will meet the Terms and Conditions of the NHS Standard Contract which includes a requirement to have regard to the NHS Constitution, relevant guidance and law
- accept NHS prices
- can provide assurances that they are capable of delivering the agreed service requirements and comply with referral protocols; and
- reach agreement with local commissioners on supporting schedules to the standard contract including any local referral thresholds or patient protocols

3.15 Details of how potential providers will be qualified will be published in the autumn.

3.16 Providers will be listed on a directory so that patients and GPs know who is providing what services where. Details of this will be published in the autumn.

3.17 PCT clusters must register qualified providers for payment purposes and will hold providers to account for monitoring quality via the NHS Standard Contract. They would have the option to make reasonable amendments to service specifications and additional contractual requirements on service quality and/or local referral protocols.

4. Next steps

4.1 Two actions are required immediately:

- **DH** will begin working with selected PCT clusters to develop implementation packs

[3] Other registering bodies would be applicable for services not covered by CQC registration. This will be identified by the body leading the qualification process for a given service. All providers would have to meet NHS quality requirements and appropriate professional standards

- **PCT clusters** must begin local engagement as set out in 3.8 above

4.2 DH is developing a further list of services to consider for patient choice of Any Qualified Provider implementation in 2013/14. This will be subject to further engagement with patients, professionals and providers but may include:

- Maternity – antenatal education and breastfeeding support
- Speech and language therapy
- Long term conditions self management support
- Community chemotherapy, including home chemotherapy
- Primary care psychological therapies (CAMHS)
- Wheelchair services (adults)

Choice of Any Qualified Provider from April 2013

4.3 Our goal is to enable patients to choose any qualified provider where this will result in better care. We will adopt a phased approach, introducing patient choice of Any Qualified Provider for services where there is a strong pull from patients. We will ensure lessons are learned from each stage of the rollout . To build momentum, we propose to introduce a national list of services for which all commissioners will be expected to offer choice of any qualified provider from April 2013. This will be informed by the outcome of local engagement (see paragraph 3.8) and further national engagement with patient groups and stakeholders. Subject to the outcome, we plan to announce these services in the autumn of 2011, to maximise the time for commissioners and providers to prepare.

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