

**BUPA's Response to the Department of
Health's consultation on
'Fair for all, personal to you. Choice,
responsiveness and equity in the NHS
and social care'**

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Executive Summary

- BUPA welcomes this consultation and can contribute its capacity and expertise to help achieve the Government's aim of widening choice for NHS patients
- BUPA Hospitals has the capacity to help provide more choice of hospital provider under the current 'Patient Choice' proposals, and looks forward to discussing with the Department of Health how this can be achieved
- However, limited choice of hospital provider is not the model of choice which patients want. BUPA research shows that patients want a far wider range of choices than just what hospital they attend for elective care; they want choices about what treatment they receive; where they receive it, and who provides it.
- Choice is restricted by capacity constraints - The Government should mobilise all the capacity which is available for acute care, intermediate and long-term care across the UK. Patients in all areas should have as wide a choice of accredited provider as is possible.
- People also want more information about how to stay healthy; on what treatments are available, and on the outcomes of providers.
- There should be more diversity and choice of providers and a 'level playing-field' of consistent quality standards.
- Choice and contestability should be introduced into NHS commissioning.
- Choice should also extend to employers and corporations - who should be empowered to take more responsibility for the health of their employees.

Introduction

BUPA welcomes the government's consultation on patient choice and making the NHS more responsive to individual needs. We have contributed to the process by providing a platform for Harry Cayton, Director for Patients and the Public, at the BUPA Health Debate on 2 September, and by contributing research on patient choice which we commissioned from MORI¹.

As the leading independent organisation in health and care in the UK, BUPA provides a choice of high quality services which are personal and responsive to customers. BUPA has the capacity to offer much more choice to NHS patients to help fulfil the government's objective of improving patient and user experience.

BUPA operates in an environment in which all our partners - patients, insured members and purchasers - already have a choice whether to use our services. This means the organisation has become expert in responding to demand, and offering the options which people want in health and social care. We are prepared to share this expertise in commissioning and providing care, in dialogue with the Department of Health and the NHS.

Specifically,

- BUPA Hospitals has the capacity to offer more choice in elective care and looks forward to being involved in the choice programme for hospital treatment;
- BUPA Membership, as the leading UK private medical insurer, has expertise in facilitating patient choice and quality through effective commissioning;
- BUPA Group provides evidence-based, accurate and reliable health information to underpin patient choice;
- And BUPA Care Services, as the largest provider of care homes in the UK, can contribute to providing a choice of intermediate and social care for older people.

¹ Patient Choice: research study conducted for BUPA Health Debate 2003: 'Trust me I'm a patient - can healthcare afford the informed consumer'. MORI August 2003
http://www.bupa.co.uk/about/docs/health_debate_MORI.doc

Background about BUPA

BUPA is a provident association. This means that any profit is reinvested in better schemes and services for the benefit of BUPA's customers.

BUPA is a broad-based health and care organisation with a growing international presence. It has operations in Ireland, Spain and Malta, Saudi Arabia, Thailand, Hong Kong, Singapore and Australia. It has more than seven million customers in 180 countries and approximately 40,000 employees.

Its main interests are health insurance, hospitals, care services, health assessments, workplace health and childcare services and recruitment services for healthcare professionals.

In the UK BUPA runs 34 hospitals, 246 care homes and the first privately operated Diagnostic and Treatment Centre as well as providing medical insurance to over a million people.

BUPA Care Services cares for over 17,000 residents, approximately 70 percent of whom receive some form of state support. It is also providing over 200 intermediate care beds to the NHS and would like to develop some further intermediate care "demonstration" sites in 2003/4.

BUPA is a leader in good employment practice; for example in March 2002 BUPA Care Services won the Large Employer Award at the New Deal Awards in recognition of its demonstrated commitment to diversity and equality.

BUPA makes a big investment in the training and education of its staff; particularly in management training and in post-graduate and post-registration courses for clinical and professional staff. For example, BUPA Hospitals delivered over 2,800 days of training to 1,600 staff, with courses ranging from management skills to return to practice programmes.

BUPA Membership, as a commissioner of clinical services, has a strong record of driving quality initiatives in the independent sector. It accredits breast and colon cancer units in both independent and NHS hospitals; it encourages appropriate delivery of care; and has co-funded BUPA's leading edge work on the measurement of clinical outcomes using patient survey tools. This work was also supported by BUPA Hospitals who implemented the survey across their network, having already introduced and implemented evidence-based care pathways with the support of their consultants. In common with other hospitals in the sector, they have also joined a common benchmarking scheme to measure clinical performance indicators across the sector in a consistent manner.

BUPA makes significant contributions to charities (over £1.5 million in 2002). It also gives in excess of £1.5 million a year to the BUPA Foundation, an independent charity which supports medical and NHS research.

BUPA Community Connections organises local charitable work in areas where BUPA is a significant local employer. BUPA is a member of the Business in the Community, Opportunity Now and Race for Opportunity programmes. It is also a funder and member of the Employers Forum on Disability and the Employers Forum on Age.

BUPA's response to 'Fair for all personal to you'

What changes would have the most impact on improving the experience of health and social care for patients, users and carers?

- What choices do patients/users/carers want?

Patients want to have choices about what treatment they receive; where they receive it, and who provides it.

The MORI research commissioned by BUPA showed that 45% of the general public would like to be involved in the choice of their medication or treatment. However, less than a quarter (24%) thought that NHS patients currently had that choice. BUPA's experience is that offering this choice is key to providing a responsive service, and so we suggest that the proposals for the NHS should expand patients' choice of treatment.

59% of the public would like to have a choice or be involved in the choice of hospital for their operation. While the government has limited proposals for providing some choice of hospital, these need to be expanded to meet the demand. The independent sector can help to provide this choice, and would welcome discussion with the Department of Health about how it can provide significant extra capacity to help fulfil this need.

BUPA's patients have a choice over who treats them. This contrasts with people's views of what choice NHS patients currently have. Three-quarters of the respondents feel either that NHS patients currently do not have any choices, or 'don't know' what choices they have. Only one in ten thinks they have a choice of surgeon. There is clearly a major gap between expectations about choice and what the system currently provides. Patients are looking for a much wider model of choice than that currently envisaged by the elective care 'Patient Choice' programme.

However, nearly a half of the general public thinks that the standard of patient care will improve, if more patient choice is introduced to the NHS. The general public welcomes more healthcare choices being given to NHS patients - especially for more choice of hospital, surgeon and type of treatment.

As well as the limited range of choices examined in the MORI research, patients should have options at each and every stage of care, including:

- The option to attain and maintain good health
- The option over who commissions health services
- Choice of GP or other primary care provider
- Choice of routes for diagnosis, and choice of treatment once diagnosed
- Choice of consultant for specialist care
- Choice of provider organisation
- Control over where, when and how treatment takes place

- What information and support would patients/users/carers need to exercise these choices?

Patients want more information about how to stay healthy; on what treatments are available, and on the outcomes of providers.

Three-quarters of the public feel that if patients had more choice on the NHS, many of them would still find it difficult to express their preferences. A key reason for this feeling could be the perception among the general public that there is so much conflicting information available, it makes it difficult to know what to believe. It is therefore vital to provide effective information, if people are to have more choice.

As the *fully engaged* scenario of the Wanless Report showed, engaging patients and the public in relation to their health is crucial to the future success of the health and social care system.² Information is key to marketing the benefits of healthier lifestyles.

BUPA offers evidence-based, clearly written information on diet, exercise, sleep health, stopping smoking etc on its website www.bupa.com.

BUPA is the first private healthcare company to achieve the Centre for Health Information Quality's 'kitemark' for the quality of its health information. It also offers factsheets on a wide range of diseases and conditions - the 'ABC of health'.

More and better-targeted information is needed on how to stay healthy, about the nature of diseases, and to give options when treatment is necessary. There is good evidence that information supporting shared decision-making leads to more satisfied patients, better outcomes and reduced utilisation. The independent and voluntary sectors could play a larger part in working with the NHS to make this information more widely available.

Over half of patients would like to be provided with more information about treatment. BUPA routinely provides information about its facilities and the consultants who work there. Patients and insurance subscribers are told what to expect before, during and after treatment. The NHS should also make clear the process and timescale for treatment, the nature of its facilities and the quality and regulatory standards which apply.

² 'Securing our Future Health; Taking a Long-Term View' HM Treasury April 2002

BUPA seeks patient and customer feedback as a matter of course and also collects some information on health outcomes, for example through giving patients the SF 36 health status questionnaire before and after their treatment. GPs currently have little information on which to base their referral decisions. More information on health gain and on outcomes should be made available to them so as to facilitate their role in helping patients choose which specialist and which hospital to go to.

- What changes in the system, or how people work, or communicate would be needed to create these choices and make health and social care more responsive?

There should be more diversity and choice of providers and a 'level playing-field' of consistent quality and regulatory standards. Choice should extend to commissioning, and to employers and corporations.

As David Blunkett has said: "We cannot fall back on standardised bureaucratic models of service delivery." The Department's consultation document also says: "Choice may be supported by a diversity of providers." Providing real choice of provider would accelerate competition and innovation in healthcare. The NHS should therefore commission its services from as wide a range of providers as possible. Contestability between providers is essential to providing choice and real responsiveness to patients as consumers.

Choice of hospital would be facilitated by an assurance that the quality and regulatory standards which apply to providers were consistent. In other countries, all hospitals have to be accredited as achieving minimum standards before they can contract to provide services. However, in the UK, different standards apply to NHS providers than those which apply to the independent sector. NHS hospitals and independent hospitals should be accredited to the same standards. This would assure the public that they could choose between providers, knowing that they all reached a set of consistent standards. The new Commission for Healthcare Audit and Inspection should be charged with establishing such a 'level playing-field' of standards as soon as possible.

BUPA treats about 230,000 people a year in its hospitals and has treated about 30,000 NHS-funded patients since the Concordat with the NHS was signed in 2000. However, the independent sector has the capacity to provide the choice of treatment for many more of the 900,000 people who are currently on NHS waiting lists. Effective commissioning of independent sector hospitals using longer term contracts - rather than the spot-purchasing which is the norm - would provide more choice and reduce waiting lists as well as being more cost-effective. If choice is to be the norm, then the funding system must change to open up contracting to the full range of voluntary and not-for-profit providers.

The Government should also consider injecting more choice and contestability in the commissioning of healthcare. Currently, people have no choice over who commissions their NHS care- this depends entirely on which PCT area they live in. The NHS is consequently open to accusations of a 'postcode lottery' in commissioning decisions. The ability of the NHS as a purchaser of care has been questioned, among others by the Health Select Committee. Independent sector organisations are in a position to tender for commissioning contracts and so to provide more choice and higher quality.

Choice should also extend to employers and corporations - who should be empowered to take more responsibility for the health of their employees. Currently, corporations have little choice but to wait for the NHS to rehabilitate their employees. BUPA research shows that with modest incentives, large employers could offer private medical insurance and occupational health services to a much wider range of employees- not just white-collar workers. This would take a great deal of the burden off the NHS, and help to tackle the £12 billion cost to the economy of sickness at work.

How could these choices be made fair for all?

The Government should mobilise all the capacity which is available for acute care, intermediate and long-term care across the UK. Patients in all areas should have as wide a choice of accredited provider as is possible.

Choice is restricted by capacity constraints. NHS inpatient episodes have been growing by only 1.7% a year over the past five years. The Government should utilise the existing capacity in the independent sector to help increase capacity and so facilitate greater patient choice. This would be assisted by longer-term contracts rather than by spot-purchasing.

The current position in which waiting lists for certain operations vary widely from place to place is unsustainable. Patients in all areas should have as wide a choice of accredited provider as is possible. BUPA Hospitals looks forward to being involved in discussions on how to implement the hospital 'Patient Choice' proposals to allow patients a choice of at least four providers by 2005. Opening up provision in this way will make the whole system fairer for all.

Similarly, many NHS patients are denied a choice of intermediate care but are inappropriately kept in acute beds, so denying the choice of acute treatment to others. The independent sector could also offer much wider choice in intermediate care and social care, to help alleviate the pressures on NHS acute beds.

Conclusions and next steps

BUPA looks forward to seeing the proposals which emerge from the patient choice consultation process. It will be important that any proposals respond to the full range of choices which people want, rather than tweaking the existing system to provide some limited choice. Supporting systems such as IT and financial regimes must support the overall policy if patient choice is to succeed.

In the short term, BUPA has the capability and capacity to help the NHS achieve a more responsive service by providing additional acute care capacity. In the longer term, more choice could be provided in intermediate and social care. Employers could also be mobilised to reduce ill-health in their employees, given appropriate incentives. Consideration should also be given to introducing contestability in commissioning.