

Gateway Reference number: 16392

19 July 2011

To: NHS and Social Care leaders

Dear Colleague,

Extending Choice of Provider

The NHS is facing a period of significant transition and financial challenge. But this is not a reason to delay action to address patient demands for greater choice and control, especially where there are clear improvements in outcomes to be gained.

We have listened to the Future Forum's suggestion that the pace of change should reflect the readiness of the NHS to implement change. We have also listened to feedback on the wider Choice and Control Consultation proposals to extend choice of any qualified provider. In developing the guidance we have taken account of responses to the consultation document, *Liberating the NHS: Greater choice and control*.

The Department has committed to working alongside the NHS to support the phased roll out of Any Qualified Provider (AQP) from April 2012. Today, the Department of Health publishes operational guidance to the NHS setting out plans to deliver the Government's commitment to extending patient choice of provider.

Please access the guidance and supporting documents here:

http://www.dh.gov.uk/en/Consultations/Responsestoconsultations/DH_125442

The guidance sets out key actions for implementation:

- **by 30 September 2011**, all PCT clusters, supported by pathfinder clinical commissioning groups, should have engaged patients, patient representatives, Health and Wellbeing Boards, healthcare professionals and providers on local priorities for extending choice of provider.
- **by 31 October 2011**, clusters and clinical commissioning groups should have used the feedback from this engagement to identify three or more community or mental health services for implementation, drawing from the national list or local priorities.
- SHAs should be notified of cluster/commissioning group priorities for 2012/13. This information will be shared with the Department to inform the next phase of the national choice offer.

In the meantime, to provide support to the NHS and gain the benefits of shared learning, we will work with volunteer PCT Clusters to produce 'Implementation Packs' for the priority services. Each region is, currently, confirming volunteer AQP commissioners (PCT clusters working with emerging Clinical Commissioning Groups) to co-produce packs with the Department. The implementation packs will

be available for the NHS to use **from November 2011**. This approach enables us to test implementation and secure the benefits of collaboration, for example, minimising the cost and bureaucracy to the system and creating effective but simple governance arrangements.

Why we are doing this?

Our goal is to enable patients to choose any qualified provider where this will result in better care. We expect choice of provider to drive up quality, empower patients and enable innovation. Importantly, extending choice of AQP provides a vehicle to improve access, address gaps and inequalities and improve quality of services where patients have identified variable quality in the past.

In developing this guidance, DH has engaged with clinicians, providers, commissioners, patient groups and voluntary organisations on how best to extend patient choice of provider. We have talked to these groups about which services should be subject to patient choice, how qualification criteria for providers can help to reduce bureaucracy and assure quality, and how the procurement process for extending choice of provider should operate. We have developed our approach to implementation in response to what we have heard.

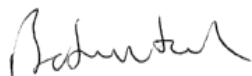
We are adopting a phased approach and we are asking commissioners to engage locally to determine where choice of any qualified provider best meets the demands of patients, and is expected to deliver quality improvements. We will work with the NHS to ensure lessons are learned from each stage of the rollout. Commissioners will continue to control both contracts and prices, and to challenge providers to deliver services of the highest quality.

Choice in elective care

In late July, we expect the Cooperation and Competition Panel to issue its final report on the operation of patient choice of hospital for elective care. PCTs and Trusts should continue to ensure compliance with the Principles and Rules of Co-operation and Competition which include requirements on the promotion of patient choice.

We are confident that in taking this work forward, together, we can use patient choice of provider as a lever to improve access to services, and offer the best quality services to meet individual patient needs.

Yours sincerely,



Barbara Hakin
Managing Director of Commissioning



Ian Dalton
Managing Director of Provider Development