Report on extending patient choice
(Any qualified provider)

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1. The NHS Buckinghamshire and Oxfordshire Cluster

NHS Buckinghamshire and NHS Oxfordshire have now become joined or 'Clustered'.

NHS Clusters have been established by the Department of Health to ensure that the NHS maintains the business continuity of commissioning healthcare locally and to facilitate the change to the new structure of the NHS in 2013, including the move to Clinical Commissioning Groups (CCGs).

All NHS Clusters will have three principal functions:

- Delivery of the PCTs’ Operational Plans, driving clinical service change for 2011 to 2013 and ensuring financial stability for the handover to Clinical Commissioning Groups
- Ensuring and supporting development of Clinical Commissioning Groups and transferring of other current cluster functions to the new organisations yet to be established i.e. the National Commissioning Board, Public Health England, Health Education England, Health and Wellbeing Boards, public health to Local Authorities
- Creating the relevant commissioning support organisation for Clinical Commissioning Groups after PCT abolition.
2. Executive summary

2.1 Introduction
The Government made a commitment under the NHS reforms to extend the choices people have over their healthcare, as part of its vision of patients and the public being at the heart of the NHS. By extending the choice of provider they expect to drive up quality, empower patients and enable innovation. Extending choice from 'Any Qualified Provider (AQP)' is also a way to improve access, address gaps and inequalities and improve quality of services where patients have identified variable quality in the past.

2.2 The engagement process
There was engagement with clinicians, the Overview and Scrutiny Committees, the LINks, staff and the general public using a variety of methods. Methods used included newsletters, direct mailings, Talking Health (the Cluster on line engagement tool), presentations at meetings and paper questionnaires.

2.3 Key finding from the consultation
Key findings have been grouped under four main headings as follows:

Overall approval
Most respondents to the engagement indicated an overall approval of the introduction of AQP.

AQP concerns
Concerns about AQP were raised by a number of respondents and also by the Oxfordshire CCG.

Understanding of AQP
There is not a clear understanding of what AQP will mean.

Care closer to home and more choice
Both these are important to respondents and so any planning should consider whether these are actually delivered by the options chosen.

2.4 Next steps
- The report will be publicised to the general public and in particular to those who responded to the engagement.
- The report has been submitted to the SHA for information and inclusion in national feedback.
3. Background

3.1 Introduction
We talked to local people about enabling patients who are referred for a service to choose from a range of qualified providers and select the one that they feel best meets their needs.

The Government made a commitment under the NHS reforms to extend the choices people have over their healthcare, as part of its vision of patients and the public being at the heart of the NHS. By extending the choice of provider they expect to drive up quality, empower patients and enable innovation. Extending choice of any qualified provider (AQP) is a way to improve access, address gaps and inequalities and improve quality of services where patients have identified variable quality in the past.

Choice
When patients are referred for a particular service they can choose, where appropriate, from a range of qualified providers and select the one that best meets their needs.

For example, most forms of hearing loss do not involve illness or disease so do not need to be treated in hospital. Given a wider choice, many people with hearing problems may prefer to visit a provider located in the high street or a mobile clinic instead, because it is more convenient and doesn’t make them feel they are ‘ill’.

Increasingly, we expect that patients will seek information about the quality of care when choosing which provider to select. Extending their choice of provider will enable patients to access better quality services offered by a wider range of providers.

Any qualified provider
Any provider of NHS services will need to be qualified and registered to deliver a range of specified services within a community setting. This means they will have to meet certain standards for the quality of the care they offer. This will not be based on price – a single price for services will be paid to all qualified providers of that service.

3.2 Project Objectives
Nationally eight community and mental health services have been selected where the principles of ‘Any qualified provider’ might be applied and each area has to identify three of these for change to be in place by September 2012. Other services which are of higher local priority may be chosen, if there is a clear case based on the views of service users and potential gains in quality and access.

Based on what services patients have said might benefit from extended choice of provider, these eight services are:
- Musculoskeletal services for back and neck pain
- Adult hearing services in the community
- Continence services (adults and children)
- Direct access diagnostic tests
- Podiatry services
- Wheelchair services (children)
- Leg ulcer and wound healing
- Primary care psychological therapies (adults) ('talking therapies')

3.3 The local picture
Locally we have identified the following services as priorities:

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These services have been chosen because there is real potential to improve local access, these pathways are relatively simple, and the current contract commitments mean that change can be achieved within the timescales set by the government.
4. Engagement

4.1 Introduction

Clinicians
GPs: GPs received information on the proposals as follows: the engagement document was flagged up to all Oxfordshire GPs in the weekly Oxfordshire Clinical Commissioning update together with a link to the electronic clinical response questionnaire set up via Talking Health. The proposals were shared with the two Clinical Commissioning Groups in Buckinghamshire and Oxfordshire. A briefing paper was prepared and sent to both groups including links to the full engagement document and the on-line questionnaire.
Other clinicians: All those providing services affected by the engagement were notified of the engagement and the proposals.

Overview and Scrutiny Committees
The AQP proposals were shared with the two Overview and Scrutiny Committees (OSCs) in Buckinghamshire and Oxfordshire. The Director of Communications and Patient Information met with the chairs of both HOSCs and discussed this. It was agreed that it would be minuted in the formal HOSC minutes.

NHS Staff
Following the launch of the engagement period, information on the proposals was included in the staff newsletter (The Point) of the PCT Cluster. This included links to the engagement document and feedback questionnaire online.

Patients and the public
The two Local Involvement Networks (LINk) for Buckinghamshire and Oxfordshire were sent the engagement document. Information was also made available to the public at the Annual General Meeting of each PCT.

In Oxfordshire information about the engagement was sent out to key stakeholders via a mailing from the Oxfordshire Community and Voluntary Action which goes to over 600 voluntary organisations. In Buckinghamshire a similar number of organisations were contacted via a direct mailing. Offers were made to talk to groups in the information sent out.

The document was put on line via the Buckinghamshire and Oxfordshire Cluster Talking Health pages and those commenting on line were invited to respond against the document. Over 800 members of Talking Health were directly invited to take part in the consultation and a further 100 members of the Buckinghamshire panel were invited to join. Responses were invited electronically or on paper.

Responses
In all 70 people registered an interest in the consultation and 97 responded to the consultation questions (46 on paper and 51 on line). 56 of the
respondents indicated they were from Oxfordshire and 22 from Buckinghamshire, a further 19 did not respond to this question.

Just one group who had previously requested a presentation about an older consultation received a presentation – the Oxfordshire Trefoil Guild - 31 of them completed response forms.

4.2 Methodology

Supporting information and engagement questionnaire
Two supporting documents (Appendix 2&3) were developed to explain the engagement and a questionnaire (Appendix1) was made available on paper and on line.

4.3 Main findings from engagement

4.3.1 The Questionnaire

1) Eight services have been identified by the government as the ones PCTs should start to consider applying the Any Qualified Provider approach to. For each of these services please tell us whether you use or have direct experience (within the past year) of the service.
This shows that respondents had quite extensive experience of the services being considered except for Leg ulcer, Psychological Therapies and Continence services. Several respondents indicated that they had experience of more than one of the services. In particular respondents showed experience of adult hearing services and direct access diagnostics.

2) If you have responded ‘no’ to all of the services above please tell us more about your interest.

Of those who had not experienced the eight selected services most expressed an interest in NHS services. Twelve had had experience of services.

3) If you have answered: ‘I have used or have direct experience of another NHS service within the past year.’ Please tell us which service you have used.

Of those who responded to this question several indicated services that are included in the list above. Other services mentioned included cancer services.
and physiotherapy services but no services were mentioned more than a few times.

4) Considering the list of services the government has suggested for this programme do you think there are any other services which should be included?

Most considered there were no other services which should be included.

If you have answered yes please tell us which service(s) you would choose and why.

In the narrative responses to this there were several who did not specify services but indicated that they would like more options. Some also mentioned services that are part of the list here but clearly causing anxiety – in particular psychological therapies. There were several mentions of services for the elderly. These were not specified and may be recognition of a need for social care rather than health support for this group. On the same theme there was a mention of the need to provide some services of this type in peoples own homes (e.g. dental, eyesight and hearing).

5) Please tell us where you live.

In addition there were responses from 19 people who did not specify where they lived.
Oxfordshire Residents

6) Three services have been selected for Oxfordshire as priority for this approach. Please tell us your views on these choices.

**Adult hearing services in the community**

![Pie chart showing responses to the question about adult hearing services.]

**Direct Access Diagnostics**

![Pie chart showing responses to the question about direct access diagnostics.]

I agree that this service should be open to any qualified provider
I do not agree that this service should be open to any qualified provider
I am not sure
I do not know
There was significant agreement with adult hearing services and podiatry. However respondents were less certain about direct access diagnostics less than half approving the option and 27% disagreed with this option.

If you have answered that you do not agree or you are not sure to any of the services please tell us more about your views.

In the free narrative response to this question 25 people responded. Of these 13 expressed views that this approach should not be undertaken at all and were concerned about the future of the NHS. Some expressed concerns about the controls that would be in place and others that it would undermine the NHS.

“I am concerned that by opening these services up to any qualified provider the quality of service will decline and the NHS will become deskilled.”

“I feel each of these three services is integrated with overall health care provided by NHS and any change to provision by separate providers would dilute the end-to-end approach that NHS and GPs should be adopting.”
“I fail to understand why the use of such words as 'market' etc is at all relevant to the NHS. Why does it have to 'make' money? Or offer an internal or external market? Patients don't want choice - they want services available to them when they need them; preferably supplied via their GP or local hospital.”

**Oxfordshire Residents**

7) *Five services have been excluded from this approach at the moment but may be considered in future. Please tell us your views on these.*

**Musculoskeletal services for back and neck pain**

![Musculoskeletal services pie chart]

**Continence services**

![Continence services pie chart]
Wheelchair services

- 27 people think this service should be open to any qualified provider now.
- 6 people do not think this service should be open to any qualified provider now.
- 7 people are not sure.
- 7 people do not know.

Leg Ulcer and Wound Healing

- 22 people think this service should be open to any qualified provider now.
- 3 people do not think this service should be open to any qualified provider now.
- 3 people are not sure.
- 18 people do not know.

Primary Care Psychological Therapies

- 26 people think this service should be open to any qualified provider now.
- 5 people do not think this service should be open to any qualified provider now.
- 4 people are not sure.
- 13 people do not know.
There was general support for opening up all the areas to AQP provision now. Though the response on leg ulcers was less certain with 39% saying it should not open to AQP now less than half approving this.

*If you have answered that you think that any of these services should be open to Any Qualified Provider now please tell us why.*

32 people responded to the narrative question. The only strong theme form this section was about ease of access and choice.

“... can be handled more locally and may improve not only speed of access but make life easier for those involved.”

“Much easier for those in rural areas, less time and money spent on getting into Oxford.”

**Buckinghamshire residents**

8) *Three services have been selected for Buckinghamshire as priority for this approach. Please tell us your views on these choices.*

**Adult hearing services in the community**
The overall response levels are quite low but there was general approval for all three services, though more reservations about adult hearing services than the others. The numbers of respondents who had used the services in question was quite low in all instances, though more had used Adult hearing services and Direct access diagnostics.

*If you have answered that you do not agree or you are not sure to any of the services please tell us more about your views.*

There were eleven narrative responses. This is too small a number to identify key themes but the most frequent comments related to keeping the services within the NHS.

“I have had an excellent service from the NHS trained staff let it stay in the NHS”

“I prefer that NHS retains admin and control of all health services. I remember life before NHS and Nye Bevan. I would not wish such times to return. It seems that the 'national' in NHS is being nibbled away. If there is no money to be made by service providers they would not apply if there was not, why not keep that money with the people with expertise, ie NHS already experienced. Since the decision has already been made, I have answered the question that you put with the caveat of QUALIFIED.”

**Buckinghamshire residents**

9) *Five services have been excluded from this approach at the moment but may be considered in future. Please tell us your views on these.*

**Musculoskeletal Services for Back and Neck Pain**

![Musculoskeletal Services for Back and Neck Pain](chart.png)
I think that this service should be open to any qualified provider now
I do not think that this service should be open to any qualified provider now
I am not sure
I do not know

Podiatry

Wheelchair Services (children)

Leg Ulcer and Wound Healing
There was more than 50% approval for making musculoskeletal services, podiatry and wheelchair services for children available immediately. Less than half took the view that the other services should be provided straightaway though more approved than objected for psychological services and leg ulcers.

*If you have answered that you think that any of these services should be open to Any Qualified Provider now please tell us why.*

There were 13 responses to this question. In general most were approving of the changes being made.

“All the services above ticked should be open to any qualified provider - this is because all these areas usually require access to advise quickly and efficiently. This will enable more of the community to be dealt with.”

### 4.3.2 The main narrative themes

These are issues that were reflected throughout the responses in the narrative sections and in the final section which was an opportunity to add any further comments.

**Oxfordshire**

There were more narrative responses from Oxfordshire and these fell into some strong thematic areas

*NHS as the provider*

There were 15 comments expressing a preference for keeping the NHS as the provider with a range of reasons for this preference. There were concerns about destabilising the NHS and the pressure on the NHS. Other issues
raised concerns about deskilling the NHS and keeping the NHS free at the point of delivery.

“I prefer the NHS to be the provider and for the private sector not be involved in patient care. I trust the NHS as a provider more than any other provider because the NHS belongs to the public and is paid for out of taxes.”

“I would not want to make cooperation among services difficult (due for example to Competition Law between competing providers). I would not want existing good services to be de-stabilised. More choices do not necessarily mean better options.”

“I am passionate in believing that services should remain within the NHS. Fragmentation of care to private sector is a dangerous and disastrous policy.”

Care closer to home
Others welcomed the opportunity this offered to bring their care closer to their homes and particularly in rural areas. This was mentioned 10 times.

“Much easier for those in rural areas, less time and money spent on getting into Oxford”

“The 3 areas involved can be handled more locally and may improve not only speed of access but make life easier for those involved”

Patient choice
There were also 10 mentions of patient choice though not all were in favour of extending choice or unreserved in their welcome of it.

“improve choice and quality”

“I think much depends on information for patients that will help them choose their service provider- it is not clear how this will be provided. if choice is given, an informed choice must be available to patients”

“The priority should be on offering an efficient inexpensive local service. All this choice will mean extra administration. I do not want this country to follow the lead of USA where there is lots of choice but a poor overall outcome.”

Quality of provision
Nine respondents mentioned the quality of provision in their responses. On the whole this was not universally to welcome the change but in some cases to express concern about quality.

“I am concerned that by opening these services up to any qualified provider the quality of service will decline and the NHS will become deskilled.”
“We believe that any non urgent care that can be treated away from hospitals and maintain quality, choice and service should be considered for the AQP process (Regional Hearing Services – a service provider).”

Other comments
A range of other comments were made more than once including comments about potential speed of access, outright opposition to AQP, and the risks associated with moving forward on AQP.

A range of other services were mentioned by respondents as those which they would like to see included in the AQP framework. Most mentioned was access to psychological therapies for children, others mentioned a wish for a hydrotherapy pool and support for care for the elderly – see the earlier comments on this.

Buckinghamshire
Because the response numbers were lower and there were fewer narrative responses there was a much less obvious theme in the responses from Buckinghamshire and a small number of mentions for most of the topics.

NHS as the provider
There were three comments about this expressing a wish to retain NHS services.

“The service is excellent - why change/complicate matters.”

Speed of access
There were three comments about speed of access – welcoming the improved speed of access that may be offered by AQP.

“All the services above ticked should be open to any qualified provider - this is because all these areas usually require access to advise quickly and efficiently.”

Other comments
Mentions were also made about choice, understanding what a ‘qualified provider’ might be and some general concerns about diagnostics.

A range of other services were mentioned by respondents as those they would like to see in the AQP framework. Most mentioned were care for the elderly – see previous comments and physiotherapy. Others included dentistry and breathing services.
5. Application of the four key tests for Service Change

The Cluster addressed the four Secretary of State tests on service change as follows:

Support from GP commissioners: The proposals were discussed at the Oxfordshire Clinical Commissioning Group (OCCG) and circulated to the Buckinghamshire Clinical Commissioning Group.

In Oxfordshire the OCCG recognised the national priority around this programme and understood that the areas selected have been subject to significant national development of service specifications. There was some debate both in terms of where it should sit as a priority for the Consortium, and recognition that timescales had impacted on the process for engaging clinicians to date. Some reservations were also expressed as to the scale of contribution AQP would make to improving quality of patient care, and reassurance was sought on the monitoring and implementation of the qualification process for potential Providers.

It was acknowledged that if there are to be any further schemes in future years then OCCG will need to be involved in a much earlier stage to allow development of different ideas and areas of focus. In this context OCCG suggested some further potential areas to explore in future plans.

For Buckinghamshire, the CCGs have not raised specific concerns or additional comments about the areas chosen but are also interested in extending AQP to different areas in future planned implementation phases, such as anti-coagulation.

Strengthening public and patient engagement: Information was circulated to the local LINks in Buckinghamshire and Oxfordshire. It was noted at the Buckinghamshire LINks but not discussed and not discussed by the Oxfordshire LINks.

In addition the Health Overview and Scrutiny Committee Chairs from Buckinghamshire and Oxfordshire met and discussed the engagement. Both HOSC chairs agreed they would acknowledge the AQP engagement in their chair’s reports so that it is formally minuted.

As detailed in the main body of the report the details of the engagement were circulated widely.

Clarity on clinical evidence base: The clinical case for each service has been indicated by the Department of Health in “Patient Choice of Provider (AQP) – National Menu of Services for ‘Right to Choice’ From April 2012.”

Consistency with current and prospective patient choice: The evidence provided by the DH in “Patient Choice of Provider (AQP) – National Menu of Services for ‘Right to Choice’ From April 2012” indicates that this is consistent with patient choice.
6. Key learning

Overall approval
Most respondents to the engagement indicated an overall approval of the introduction of AQP and seemed keen to role it out to a wider range of services than just three selected at this stage. There were no services on the list of three that were rejected by respondents though less than 50% approval for Direct access diagnostics in Oxfordshire was indicated. All the others achieved over 50% approval.

AQP concerns
Concerns about AQP were raised by a number of respondents in the narrative responses and these were often closely argued as can be seen from the extracts. Oxfordshire CCG comments are outlined in Section 5.

Understanding of AQP
AQP is a difficult concept to convey in simple messages and from reading of the comments made and some of the comments made during the meeting attended by the Communications and Engagement Manager there is an indication that there is not a clear understanding of what implementation of AQP will mean. There appears to be some expectation that there will be more services available as a result of AQP (so patients who can't access services now will be able to); some people were concerned about overcharging by providers; others that quality would not be monitored or would be watered down.

It will be important in the delivery of this to clarify the quality monitoring systems and to go into more detail about how providers will be selected and paid.

An option which would be recommended to is to engage service users in the selection of qualified providers. This can give more public confidence in the quality.

Care closer to home and more choice
Both these are important to respondents and so any planning should consider whether these are actually delivered by the options chosen.
Appendix 1

The questionnaire
Questionnaire - Extending patient choice (Any qualified provider)

Introduction
We want to talk to local people about enabling patients who are referred for a service to choose from a range of qualified providers and select the one that they feel best meets their needs.

The Government made a commitment under the NHS reforms to extend the choices people have over their healthcare, as part of its vision of patients and the public being at the heart of the NHS. By extending the choice of provider they expect to drive up quality, empower patients and enable innovation. Extending choice from ‘Any Qualified Provider (AQP)’ is also a way to improve access, address gaps and inequalities and improve quality of services where patients have identified variable quality in the past.

More information about this initiative is available in the following local handouts and you will find them helpful to read before you respond to the questions here: “Extending patient choice (Any qualified provider)” “Extending patient choice – the services being considered” If you would like to respond on-line please go to http://bit.ly/extendingchoice

Questions

1) Eight services have been identified by the government as the ones PCTs should start to consider applying the Any Qualified Provider approach to. For each of these services please tell us whether you use or have direct experience (within the past year) of the service. (Please circle your response)

Musculoskeletal services for back and neck pain       Yes / no
Adult hearing services in the community              Yes / no
Continence services (adults and children)            Yes / no
Direct access diagnostic tests                       Yes / no
Podiatry services                                    Yes / no
Wheelchair services (children)                       Yes / no
Leg ulcer and wound healing                          Yes / no
Primary care psychological therapies (adults) (‘talking therapies’)   Yes / no

2) If you have responded ‘no’ to all of the services above please tell us more about your interest. (Please circle your response)
I have used or have direct experience of another NHS service within the past year  Yes / no
I have an interest in NHS services Yes / no
I represent an organisation with an interest in these services Yes / no

3) If you have answered: ‘I have used or have direct experience of another NHS service within the past year.’ Please tell us which service you have used.

4) Considering the list of services the government has suggested for this programme do you think there are any other services which should be included? *(Please tick in the box your response)*
Yes ☐
No ☐

If you have answered yes please tell us which service(s) you would choose and why.

5) Please tell us where you live. *(Please tick your response)*
Oxfordshire ☐
Buckinghamshire ☐
6) **Please only respond to this question if you live in Oxfordshire.**

Three services have been selected for Oxfordshire as priority for this approach. Please tell us your views on these choices.

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If you have answered that you do not agree or you are not sure to any of the services please tell us more about your views.
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Five services have been excluded from this approach at the moment but may be considered in future. Please tell us your views on these.

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If you have answered that you think that any of these services should be open to Any Qualified Provider now please tell us why.
8) Please only respond to this question if you live in Buckinghamshire.

Three services have been selected for Buckinghamshire as priority for this approach. Please tell us your views on these choices.

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If you have answered that you think that any of these services should be open to any qualified provider now please tell us why.
10) Thank you for answering the questionnaire if you have any further comments please tell us here

Please return this questionnaire by Monday 10 October 2011 to:
Communications & Engagement
FREEPOST RRRKBZBTASXU
NHS Oxfordshire
Jubilee House, 5510 John Smith Drive
Oxford Business Park South, OXFORD OX4 2LH

For more information:
Phone: 01865 334636    Email: talking.health@oxfordshirepct.nhs.uk
For Buckinghamshire and Oxfordshire residents to comment on line visit:  http://bit.ly/extendingchoice
You will be asked to register before you can get all the information.
Appendix 2

Stakeholder briefing

Extending patient choice (Any qualified provider)

Introduction
We want to talk to local people about enabling patients who are referred for a service to choose from a range of qualified providers and select the one that they feel best meets their needs.

The Government made a commitment under the NHS reforms to extend the choices people have over their healthcare, as part of its vision of patients and the public being at the heart of the NHS. By extending the choice of provider they expect to drive up quality, empower patients and enable innovation. Extending choice of any qualified provider (AQP) is a way to improve access, address gaps and inequalities and improve quality of services where patients have identified variable quality in the past.

What is meant by extending choice of provider?
When patients are referred for a particular service they can choose, where appropriate, from a range of qualified providers and select the one that best meets their needs.

For example, most forms of hearing loss do not involve illness or disease so do not need to be treated in hospital. Given a wider choice, many people with hearing problems may prefer to visit a provider located in the high street or a mobile clinic instead, because it is more convenient and doesn’t make them feel they are ‘ill’.

Increasingly, we expect that patients will seek information about the quality of care when choosing which provider to select. Extending their choice of provider will enable patients to access better quality services offered by a wider range of providers.

What is ‘Any qualified provider’?
Any provider of NHS services will need to be qualified and registered to deliver a range of specified services within a community setting. This means they will have to meet certain standards for the quality of the care they offer. This will not be based on price – a single price for services will be paid to all qualified providers of that service.

Engagement activity
Nationally eight community and mental health services have been selected and each area has to identify three of these for change to be in place by September 2012. Other services which are of higher local priority may be chosen, if there is a clear case based on the views of service users and potential gains in quality and access.
Based on what services patients have said might benefit from extended choice of provider, these eight services are:
- Musculoskeletal services for back and neck pain
- Adult hearing services in the community
- Continence services (adults and children)
- Direct access diagnostic tests
- Podiatry services
- Wheelchair services (children)
- Leg ulcer and wound healing
- Primary care psychological therapies (adults) (‘talking therapies’)

Locally we have identified the following services as priorities:

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<tr>
<th>Buckinghamshire</th>
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**Why have we chosen these services?**

We have chosen these services because there is real potential to improve local access, these pathways are relatively simple, and our current contract commitments mean that change can be achieved within the timescales set by the government.

**How can you get involved?**

We want to find out your views on which of these service areas you think might benefit most from offering an extended choice of provider and are asking whether you think the proposed services will meet the demands of patients and deliver improvements in quality. More information about the services can be found in the handout “Extending patient choice – the services being considered”.

Feedback from this engagement will help us to confirm which local community and/or mental health services would benefit from offering an extended choice of provider. We are also asking you to let us know if you have other areas of NHS services you think would benefit from this approach.

**Time scales**

We will start to implement AQP for the selected services from April 2012 and this should be completed by September 2012.

**Have your say**

We would like to hear the views of local people and organisations about these changes. To give your views or for more information:

**Communications & Engagement**

FREEPOST RRRKBZBTASXU

NHS Oxfordshire

Jubilee House, 5510 John Smith Drive

Oxford Business Park South, OXFORD OX4 2LH
Extending patient choice – the services being considered

Introduction
We want to talk to local people about enabling patients who are referred for a service to choose from a range of qualified providers and select the one that they feel best meets their needs. You can find background information about this in the handout “Extending patient choice (Any qualified provider)”.

Engagement activity
Nationally eight community and mental health services have been selected. These services are:

- **Musculoskeletal services for back and neck pain**: Musculoskeletal is the term used to describe the system of muscles, skeleton and joints that help us move our bodies. The neck and back are part of the spine and help us with a range of movements like moving our head, standing and sitting. Services include physiotherapy. Patients can be referred by their GP for an assessment and treatment plan such as exercise classes or individual therapy. It may also include joint injection, hydrotherapy or preparation for an operation.

- **Adult hearing services in the community**: This includes assessment of hearing and fitting of hearing aids. It also includes repairs, replacement of batteries and sorting out minor problems with the aid.

- **Continence services (adults and children)**: Adults who have a continence problem can get advice from the continence service or direct from GPs or practice nurses. For those who are house bound and cannot attend a clinic, the service is provided by their local district nursing team. The Children’s Continence Advisory Service is available for all children over the age of four years with bladder and bowel problems. The service undertakes an assessment of toileting readiness and tailors treatments for the child’s needs mainly in the home environment.

- **Direct access diagnostic tests**: This describes services which help doctors to diagnose health symptoms. It includes endoscopy, echocardiograms, ultra sounds, x-rays and MRI scans.

- **Podiatry services**: This is concerned with the diagnosis and treatment of foot health problems. The podiatrist is responsible for assessing and treating a wide range of conditions and ensuring that the most effective course of treatment is offered. It is not a nail cutting service.

- **Wheelchair services (children)**: Experts in paediatric mobility assess all children and young people referred to the service and prescribe mobility
equipment that takes account of their educational, social and clinical needs, enabling them to lead independent, full and active lives.

- **Leg ulcer and wound healing:** There are usually between 70,000 and 190,000 people suffering from venous leg ulcers at any one time, and over half of these people have had their ulcer for over a year. Most people with leg ulcers experience pain, and this can be debilitating, leading to a loss of mobility, sleep and social isolation. The impact on quality of life is inestimable.

- **Primary care psychological therapies (adults) ('talking therapies'):** This is aimed at people with mild to moderate mental health issues and might include depression, anxiety, panic; sometimes this can be a reaction to life events such as redundancy, bereavement, occupational stress and adjusting to physical illness.

Locally we have identified the following services as priorities:

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We want to find out your views on which of these service areas you think might benefit from offering an extended choice of provider and are asking whether you think the proposals will meet the demands of patients and deliver improvements in quality. Feedback from this engagement will help us to decide which local community and/or mental health services would benefit from offering an extended choice of provider. We are also asking you to let us know if you have other areas of NHS services you think would benefit.

**Time scales**
We will start to implement AQP for the selected services from April 2012 and this should be completed by September 2012.

**Have your say**
We would like to hear the views of local people and organisations about these changes. To give your views or for more information:

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Oxford Business Park South, OXFORD OX4 2LH

**Phone:** 01865 334636  **Email:** talking.health@oxfordshirepct.nhs.uk

For Buckinghamshire and Oxfordshire residents to comment on line visit: [http://bit.ly/extendingchoice](http://bit.ly/extendingchoice). You will be asked to register before you can get all the information.