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Liberating the NHS: Greater choice and control

Overview

1. The White Paper, *Equity and Excellence: Liberating the NHS*, sets out the Government's vision of an NHS that puts patients and the public first - where patients, service users, carers and families have far more influence and choice in the system, and the NHS is more responsive to their needs and wishes.

2. The proposals envisage a presumption of greater choice and control over care and treatment, choice of any willing healthcare provider, wherever relevant and choice of treatment and healthcare provider becoming the reality in the vast majority of NHS-funded services by no later than 2013/14.

3. We are seeking the views of patients, the wider public, healthcare professionals and the NHS about how we take forward these proposals. We want to know what sorts of choices you want to make, when you want to make them, what information and support you need to make the right choices for you, and how we make this happen.

4. In our introduction we set out why greater choice can be good for patients and the NHS. This first chapter introduces this consultation and outlines why we are publishing it.

5. *Liberating the NHS* sets out a number of specific choice commitments around extending choice of provider and treatment in planned hospital care and, more specifically, in maternity, mental health, end of life care and long term conditions. Our proposals for offering more choice for patients and service users are outlined in chapter 2. We explore what extending choice could mean and how it could work in practice, using case studies to show what choice could look like. We also ask for views on whether the proposed choices are the ones that people would want.

6. Choice and shared decision-making ought to be the rule not the exception, and should be built into health professionals' everyday practice. In Chapter 3, we talk about how shared decision-making can become the norm. Patients' experience should always be that no decision is made about them without them. Only then can the Government's ambition to achieve healthcare outcomes that are among the best in world be realised. This would mean a cultural change in the NHS, with patients, service users, their carers and families being put in control. Of course, shared decision-making extends beyond choice, but wherever choice is relevant it should be available. We ask for your views on how we can make shared healthcare decisions a reality, the support that is needed to help this happen and what can be done to get people involved in healthcare decisions.

7. Without the right information, support and infrastructure being in place the vision of informed, empowered patients making choices over the things that matter to them is unlikely to be achieved. Chapter 4 is about making it happen. The 'information revolution' described in *Liberating the NHS* would ensure that people have the information they need to make informed choices, presented in a way that

Contact

Choice Team

choiceconsultation@dh.gsi.gov.uk

Dates

Consultation is Closed

Ran from 18 Oct 2010 to 15 Jan 2011

Other Information

Audience:

GPs,
Nurses,
Health visitors,
Clinicians,
Managers,
Commissioners,
SHA,
PCT,
Regulatory body,
Academic/ Professional institution,
Employer representatives,
Employee representatives,
Trade union,
Local authority,
Social care provider,
General public,
Patients,
Carers,
Service users

Interests:

Primary care,
Mental health,
End of life care,
Maternity services,
Adult social care

they can understand. A separate but related consultation document, *Liberating the NHS: An information revolution*, looks at information in more depth. Other things that may help to make choice a reality include:

- The arrangement we need to support choice of any willing provider, such as pricing;
- The technology, like Choose and Book, that people can use to make their choice;
- Possible new duties on healthcare providers and professionals; and,
- Personal health budgets.

We ask for your views on how these, and any other things you might want to suggest, could support choice.

8. The choices that people make should be safe and sustainable. In chapter 5, we look at how we can achieve this. There will be major challenges in making sure that everyone can exercise choices that do not cause problems for them or the NHS. From engaging with patients and professionals to making sure that services are properly joined up – we will need to tackle these challenges to give everyone an opportunity to make safe and sustainable choices. We ask for your views on issues such as whether there should be limits on choice, and how we can make sure services are joined up and choice is offered to everyone.

9. This consultation document covers many different issues and therefore asks a large number of questions. The questions may not be relevant to everyone but you are invited to answer any question that you have a view on. You can respond here or download a copy from at <http://www.dh.gov.uk/liberatingthenhs>, by email to choiceconsultation@dh.gsi.gov.uk or by post to Choice Team, 11th floor, New King's Beam House, 22 Upper Ground, London SE1 9BW, making sure that your response reaches us by **14 January 2011**. After the consultation closes, we will publish our response, which will describe our detailed proposals and next steps.

Why we are consulting

This consultation tells you more about our plans to give people greater choice and control over their healthcare and asks you what you think. You are encouraged to answer any question that you have a view on. We use case studies to show what choice could look like - they describe best practice, but this could vary between individuals or regions. It is intended that the results of this consultation will help to further develop proposals for implementing greater choice and control. Further consultation on the detail of implementing those proposals will follow.

In this consultation, whenever we refer to giving people choice, involving them in decisions and making sure they have information and support, it applies equally to adults and children who are patients, service users and carers, their families, and others who represent and support decisions and choices as appropriate. A separate consultation document, *Liberating the NHS: An information revolution*, has also been published which looks at information in more depth.

It is important to note that proposals in this document are subject to the outcome of the consultation. Some, especially those involving legislation, would also be subject to Parliamentary approval.

After the consultation

A summary of the response to this consultation will be made available before or alongside any action, such as laying legislation before Parliament, and will be placed on the consultation website

at <http://www.dh.gov.uk/en/Consultations/Responsestoconsultations/index.htm>

Confidentiality

We manage the information you provide in accordance with the Department of Health's Information Charter.

Information we receive, including personal information, may also be published or disclosed in accordance with the access to information regimes (primarily the Freedom of Information Act 2000 (FOIA), the Data Protection Act 1998 (DPA) and the Environmental Information Regulations 2004).

If you want the information you provide to be treated as confidential, please be aware that, under the FOIA, there is a statutory code of practice with which public authorities must comply and which deals, among other things, with obligations of confidence. In view of this, it would be helpful if you could explain to us why you regard the information you have provided as confidential. If we receive a request for disclosure of the information, we will take full account of your explanation, but we cannot give an assurance that confidentiality can be maintained in all circumstances. An automatic confidentiality disclaimer generated by your IT system will not, of itself, be regarded as binding on the Department of Health.

The Department of Health will process your personal data in accordance with with DPA and in most circumstances this will mean that your personal data will not be disclosed to third parties.

Compliance with Code of Practice on Consultation

This consultation follows the Government's Code of Practice on Consultation. In particular, we aim to:

- Formally consult at a stage where there is scope to influence the policy outcome
- Consult for at least 12 weeks, with consideration given to longer timescales where feasible and sensible
- Be clear about the consultation process in the consultation documents, what is being proposed, the scope to influence, and the expected costs and benefits of the proposals
- Ensure that the consultation exercise is designed to be accessible to, and clearly targeted at, those people it is intended to reach
- Keep the burden of consultation to a minimum to ensure consultations are effective and to obtain consultees' "buy in" to the process
- Analyse the responses carefully and give clear feedback to participants following the consultation
- Ensure officials running consultations are guided in how to run an effective consultation exercise and share what they learn from the experience.

The full text of the code of practices is on the [Better Regulation website](#).

How to comment on the consultation process

If you would like to make any comments about the consultation process we have followed, please contact the Consultations Co-ordinator, Department of Health, 3E58 Quarry House, LEEDS, LS2 7UE. Email: consultations.co-ordinator@dh.gsi.gov.uk. Please **do not** send answers to the consultation questions to this address or mailbox.

What happens next

A summary of the response to this consultation will be made available before or

alongside any action, such as laying legislation before Parliament, and will be placed on the consultation website at <http://www.dh.gov.uk/en/Consultation/Responsestoconsultations/index.htm>.

Related information

Links:

- [Liberating the NHS](#)
- [Online consultations walkthrough](#)

Consultations:

- [Liberating the NHS: An Information Revolution - A consultation on proposals](#)

Related documents

[Glossary](#), 73.4 kB (PDF document)

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