

■ DISPATCH

Drive to improve patient choice within the UK NHS

More patient involvement in treatment decisions could lead to more efficient NHS, experts say



Malcolm Dean reporting from London

A cultural revolution is due to begin in the UK this year: a new approach to medical practice in which patients will be actively encouraged to become partners in decisions about their treatment. The prime minister has even talked about it as “an end of medical paternalism”.

The first shoots sprouted some years ago, beginning with the rapid increase in health user groups. There are now hundreds of such groups providing information, guidance, and support to patients with a wide range of diseases.

The internet widened the information base drastically. And almost 5 years ago, expert patient courses began in the UK. Developed in California in the 1970s specifically for people with arthritis, the first programme piloted in the UK in 1999 was also for arthritis, but by 2000 it had been adapted to suit anyone with a chronic or long-term illness. The courses consist of six lessons designed to provide patients with the knowledge, skills, and motivation to take more control of their diseases. All lessons are taught by trained tutors with the same condition as their pupils.

The main emphasis of the lessons, which cover symptoms, drugs, diet, and exercise, is on life skills rather than medical knowledge. Patients learn techniques to relieve pain; to handle the feelings of frustration, anger, and depression; and to communicate more effectively with health professionals and their own families.

Increased patient choice was a theme of the government's 10-year plan for the national health service (NHS) published in 2000 and repeated in Labour's 2001 manifesto. But initially it was seen as a way of giving them more choice of hospitals for elective surgery. John Reid, the health secretary, took an early decision following his appointment in June, 2002, to use choice as his main driver

for health reform. Sensibly, he later agreed to widen its scope and embrace chronic care too.

Almost 1 million people are waiting for elective surgery, of whom 70% will be seen within 3 months. Compare this number to the 17.5 million people suffering from chronic diseases such as angina, diabetes, asthma, and—largest of all—mental health. Not all are elderly. Some 13 million are under 65, including 1.5 million children.

Health managers are in no doubt of the scale of the new challenge. A survey of chief executives of hospital and primary care trusts last year identified five major challenges, but top of the list came patient choice.

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A December policy paper, *Building on the best—choice responsiveness and equity in the NHS*, set out various practical ways in which the health system could improve. The NHS has always scored high on equity—fifth out of 191 in a WHO league table—but has always been low down on responsiveness, mainly because of the lack of spare capacity.

Two factors are pushing the new drive. First the record investment that began in 2002 to expand capacity—a 7% real increase, twice the historic rate, for 5 successive years through to 2007. And secondly the Tory plan to give patients a funding voucher, which can be used in either public or private hospitals.

The policy paper included many practical changes: greater role for pharmacists in repeat prescriptions; more nurse prescribing; direct access to midwives for pregnant women to

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Patients are encouraged to become partners in treatment decisions

gain more personal control of their birth plans; more copies of consultant letters to family doctors sent to patients too. Another part of the plan is more information with a new NHS direct digital TV channel.

The main driver of the package has been Harry Cayton, the patients' tsar. He coordinated a massive consultation exercise last year, which prompted 750 written submissions and through health user groups, reached 110 000 patients.

Cayton is adamant that more patient involvement will not be restricted to the articulate middle classes. He ought to know, due to his background of helping people with special needs—first deaf children and later as chief executive of the Alzheimer's Society. One principle in the policy paper is that everybody should be provided with information “in ways that are not just accessible to the highly literate”.

Cayton argues that more patient involvement will mean a more efficient NHS. Expert patient trials show a reduction in visits to family doctors and an increase in the use of drugs. Almost half of all long-term patients currently do not take medicines as prescribed.

The new drive has been welcomed by the medical colleges, voluntary groups, and health managers. But just how much medical behaviour changes remains to be seen.

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