

# Having more choice and control

What do you think about our plans for health services?



Easy Read version of  
**Liberating the NHS:**  
**Greater choice and control.**  
**A consultation on proposals**



The Government believes that everyone should have more information, choice and control about their healthcare.



We have written a plan about this in a White Paper called 'Equity and Excellence' and an EasyRead of that called the 'Short version of our plan for the NHS'.



You can see these on our web site. Go to:

**[www.dh.gov.uk/liberatingthenhs](http://www.dh.gov.uk/liberatingthenhs)**



We now want to ask you what you think about the ways to have more choice and control about your healthcare.



There will also be another paper asking you about health and social care information, what you need and how it should look.



We have asked some questions in a questions and answers booklet that comes with this paper.

We want to know what you think.



The details about how to tell us what you think about these plans are at the end of this paper.

January 2011						
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We want to know by:

**Friday, 14th January 2011.**

# What is in this booklet

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# What is in this booklet

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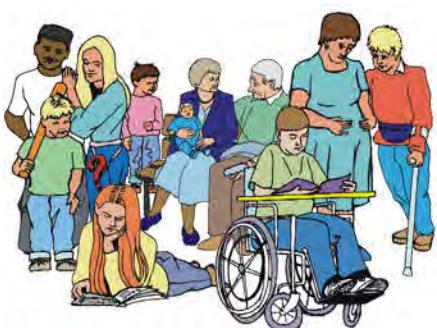
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# Choice and control

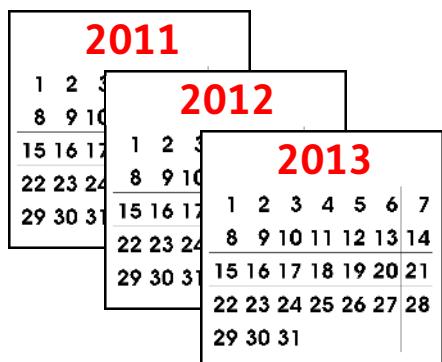


We wrote about the main things we want health services to do in the White Paper.

This paper looks at some of the details about choice and control.



We think everyone should have choice and control about their healthcare.



These changes should happen over the next 3 years.

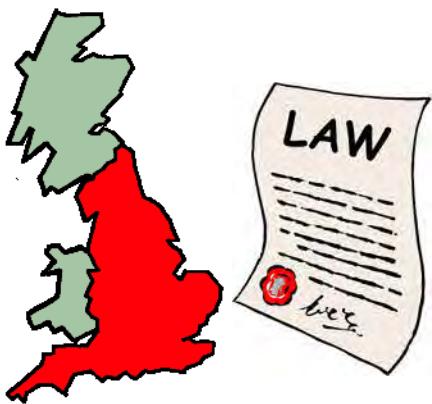


Patients will have:

- more say in decisions about their healthcare ‘no decisions about me without me’



- a health service that is one of the best in the world.



The changes we are talking about will just be for England.

We need to change some laws to make this all happen.

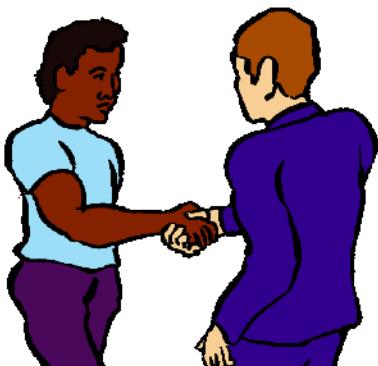


## Why is this a good thing?

We know that most people want to be able to choose which hospital they go to and what sort of treatment they get.



We know that being involved in making decisions is good for people and part of making good individual health plans.



Having a choice makes things fairer and more equal.



Services start to get better when they see what choices people make.

# More choice and control



Everyone should have choice and control over their health care.



The only time this might not happen is when people cannot make a choice, perhaps because they are too ill or need the right care in an emergency.



Different people will choose different things.



And some people will choose different things at different times.

Please see **Question 1**  
in the Questions and Answers booklet

# Choosing where to go



There are lots of different organisations you can go to for healthcare.



People should be able to choose which one to go to for their treatment as long as it meets the rules about being good enough and costs the same as the NHS.



We think this should start with community health services.



**Sanjay's story shows how this might work**

Sanjay cut his leg badly when he fell over.

He was having the bandages changed 3 times a week.



His leg has got worse and he now has an ulcer that needs more treatment.



But he had to book to go to his doctors and was finding it difficult to go often enough.



Given the choice, Sanjay would like to see someone first thing in the morning and closer to home.



His doctor gave him some choices.

He could:

- go to the nurse at the doctors surgery



- go to the hospital clinic



- stay at home for the nurse to visit



- have a nurse visit in the evenings



- go to a special clinic in his local village hall.

Sanjay chose the local village clinic.

Please see **Question 2**  
in the Questions and Answers booklet

# Choosing which hospital to go to



Most people see their doctor or dentist and then, if it is something that needs to be looked at in more detail, go to hospital to see a **consultant**.



A **consultant** is a doctor who knows a lot about one type of problem.

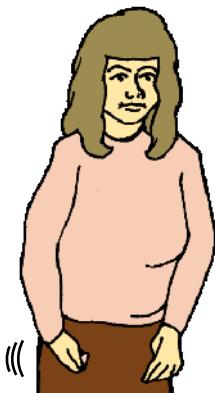


We already have a right to choose where to go but lots of people are not asked where they would like to go.



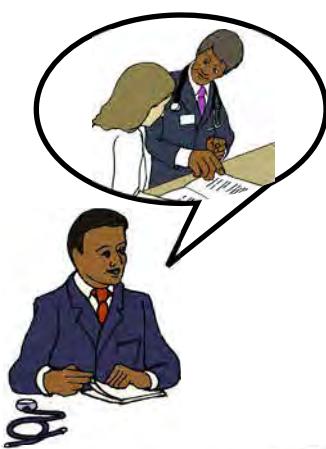
People are used to being told where they should go and doctors are used to telling people who they should see.

This needs to change if people are going to have more choice.

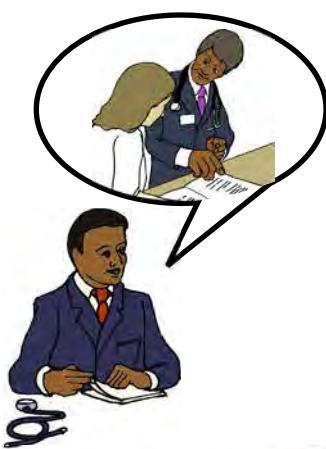


## Brenda's story shows how this might work

Brenda has a lot of pain in her joints, especially her hips.



This is because she has arthritis.



Her doctor says she should go to see a consultant about having a new hip.



He says she can choose where she goes to for this.



Brenda and her doctor look at the Choose and Book online booking system together and find some hospitals that would be good for Brenda.



Brenda goes home and looks at a web site called NHS Choices.



She chooses a hospital that is easy to get to and where people who have had their hips done there say it is a good place to go to.

Please see **Question 3**  
in the Questions and Answers booklet

# Choosing which consultant team to go and see



Consultants in a hospital usually have a team of people who work for them.

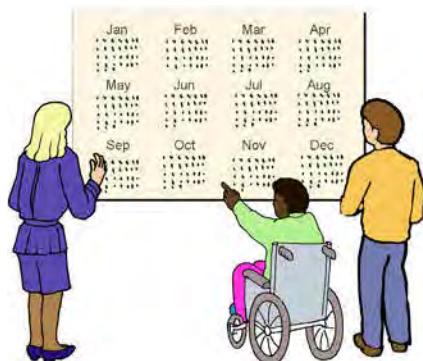
You can get to see anyone in that team.



We want people to be able to choose which team they would like to go and see.

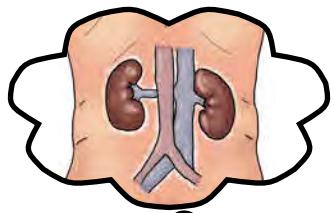


Some teams are very busy, if you choose to see them you may have to wait longer.



You can choose to wait longer to see the team you want or see someone else.

If you do not mind which team you see they will choose one for you.



## **Jason's story shows how this might work**



Jason has a learning difficulty and is deaf.

He went to the doctor feeling ill. His doctor thought he might have a problem with his kidneys and should see a consultant.



She told him he had a choice of where to go and which team to see.



He did not decide then but asked his local support group if they knew who was good.

A friend said that Dr Johnson was very good with deaf people with learning difficulties.



Jason asks his doctor if he can see Dr Johnson's team. She says he has a long waiting list so will have to wait.

Jason decides to wait to see the team he wants to.

# Having a baby

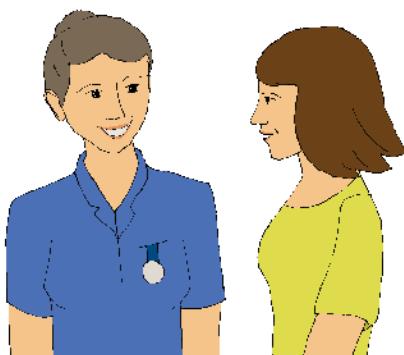


Women are already able to choose a lot about where and how to have a baby.

But not every woman is asked what they want.



We want services to work together to give women more choice.



These choices should be about:

- services and support before getting pregnant



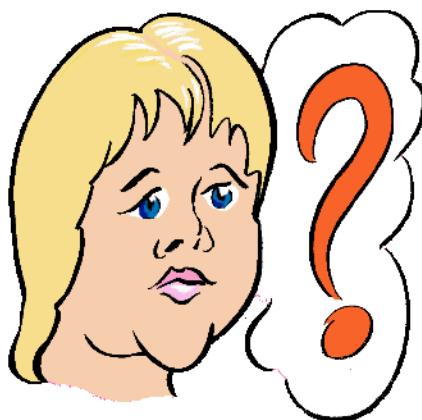
- where to go and who to see when pregnant



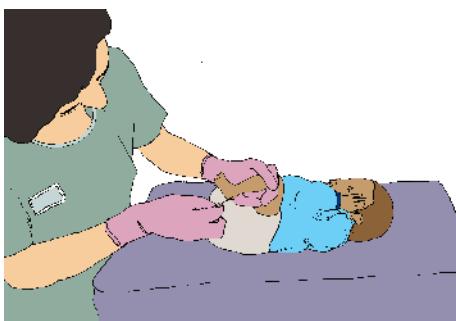
- where to go to learn about getting ready to have your baby



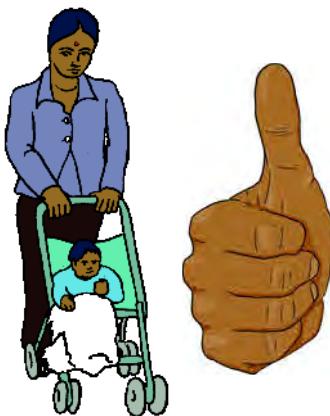
- how and where to have the baby



- changing your mind about anything if you want to



- where to go for care and support with your new baby



- agreeing safe choices that are best for the mother and baby.

## Mei's story shows how this might work



Mei is 10 weeks pregnant. She has been told about a choice of services in her area.

Mei is thinking about where to have her baby and decides she wants to have it at home.



Her midwife talks about what this means and the services she would be able to get and not get at home.



They plan for a home birth, but Mei knows she can change her mind at anytime.



She also knows that this could change if something goes wrong with the pregnancy.

Please see **Question 4**  
in the Questions and Answers booklet

# Making choices about mental health services

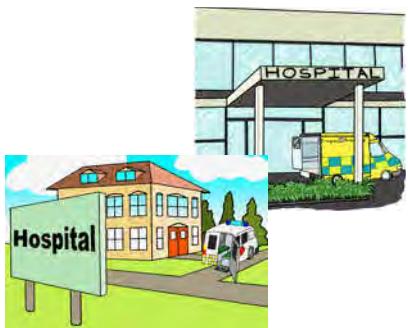
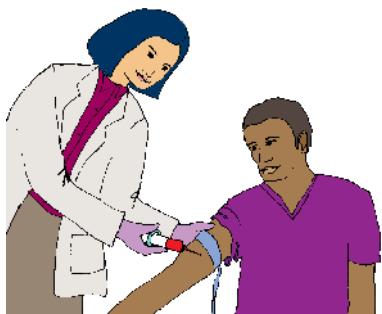


People are already able to make some choices about their mental health services, what services they get and where and how they get them.



We want people to have more choice so that people can do things like:

- getting in touch with services themselves and not go through their doctor
- choose the team to go to work out what help they need
- choose some treatments
- choose where to go for healthcare.



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Being able to choose some treatments should start from next year, 2011.



People should be able to have good care plans that are right for them.



These should cover:

- health and social care



- link to any personal budgets



- say what people want, even at times they cannot make their own decisions.



A few people who are treated under the Mental Health Act might not be able to have some of their choices. This may be because they are unsafe.



This does not mean they cannot make any choices, they should still have as much choice as possible.

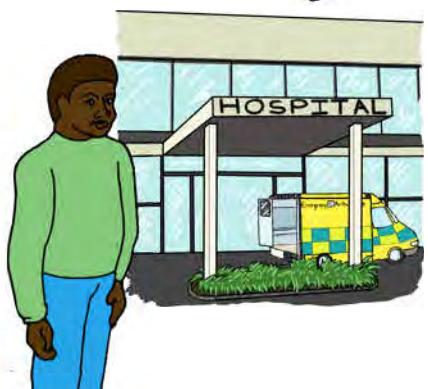


### **Richard's story shows how this might work**

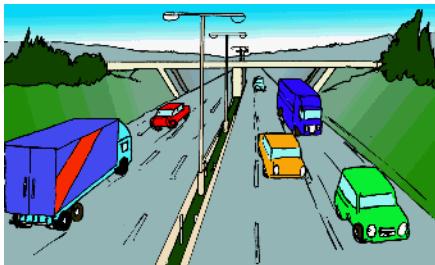
Richard gets support from his local mental health team.



He also has support from his sister who lives 30 miles away.



Sometimes Richard has to go into hospital when his mental health gets worse.



The hospital he goes to is too far away for his sister to visit.

Richard talked about this in his care planning.



His nurse helped him find somewhere nearer his sister that could meet his needs.



They did this using the NHS Choices Web site.



This is now a part of his care plan and Richard will go to the new hospital if possible.

Please see **Question 5**  
in the Questions and Answers booklet

# Making choices about having tests



There are lots of different types of tests, like x-rays or blood tests.

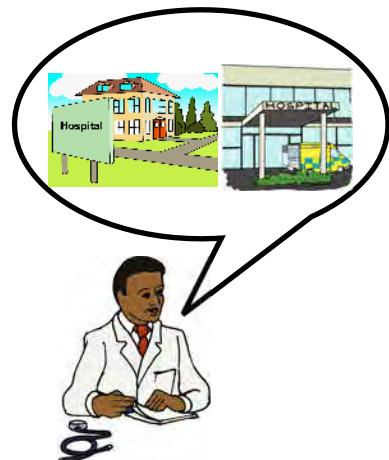


We want people to be able to choose where they go to have their tests.



## Alice's story shows how this might work

Alice went to her doctor about pains in her stomach. He wanted her to have a scan called an ultrasound.



The doctor told Alice about the different places she could have this done.

Alice decided to go to a private hospital that could do the test on a Saturday, so she did not need to take time off work.

Please see **Questions 6 and 7**  
in the Questions and Answers booklet

# Making choices after you know what is wrong with you



After someone has seen a consultant, had any tests that are needed and has been told what is wrong, we want them to be able to still choose to go to someone else for care and treatment.



The doctors will need to make sure this was done well.



## Fatima's story shows how this might work

Fatima went to her doctor about a pain in her back which was getting worse.



Her doctor booked for her to go and see the consultant she chose.



Her consultant said she would need an operation to make it better, but that she would need to rest for about 4 weeks afterwards.



Fatima decided it would be better to stay with a friend who could look after her after the operation. But she lived 50 miles away.



She looked on the NHS Choices web site for a hospital closer to her friend and asked to have her operation there. The consultant sorted it all out.

Please see **Questions 8, 9 and 10** in the Questions and Answers booklet

# Making choices as part of care planning



We want everyone who has a health problem that lasts a long time to have a good care plan that gives them choices about what's best for them.



Good care planning should include:

- meeting all your needs
- helping you to look after yourself



- having all the information you need

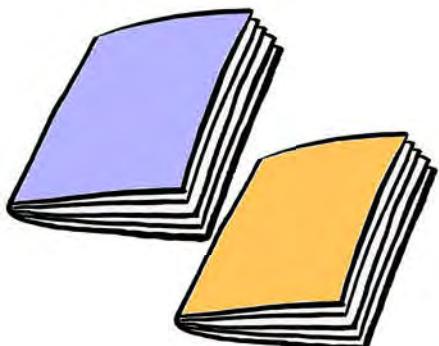


- helping to stop things getting worse.





If you have a personal health budget you will need a good care plan to help you plan and show how you will spend the money.



Some people need support from health and social care. When this happens they should have just one assessment and one care plan, done by one person, that covers both.



Work is being done at the moment to make sure everyone has a care planning discussion and they can decide on the type of care plan they want.



### Lorna's story shows how this might work

Lorna is 79 and lives alone. She has a lot of health problems which means she cannot easily get out and about.



Her nurse talks to Lorna and her daughter about what would make things easier.



They come up with a way to colour code her pills so she takes the right ones at the right time. They also talk about how they can keep an eye on her health.



The nurse also arranges for a social care worker to visit and do an assessment for personal care.



She gets a personal budget to pay her neighbour to help her and to get out to bingo once a week.

She buys a laptop so she can do her shopping and her daughter gets a break from caring.



The care plan covers both health and social care and helps her stay independent at home.

Please see **Question 11**  
in the Questions and Answers booklet

# Making choices at the end of life



We want people to have more choice and control about the care they get when they are dying.



People should have a choice about where they die.



Most people say they want to die at home, but most people die in hospital.



We would like to make sure that all services are set up to help people who want to die at home.

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A lot of work needs to be done to make this happen, so we will look at the details in 2013 to decide when this could happen.



## Gemma's story shows how this might work

Gemma has been in hospital 5 times this year because of her lung cancer. She has a bad cough and cannot breathe very well.

She asks her doctor why the treatment does not make her feel better and he says he thinks she will die in a few months time.

Gemma talks to her husband about the choices she has to get care and support at home.

They decide it would be best for Gemma to die at home with the support from the local services.

Her doctor makes sure everyone knows about this and arranges for other services to see Gemma.

Please see **Questions 12, 13 and 14** in the Questions and Answers booklet

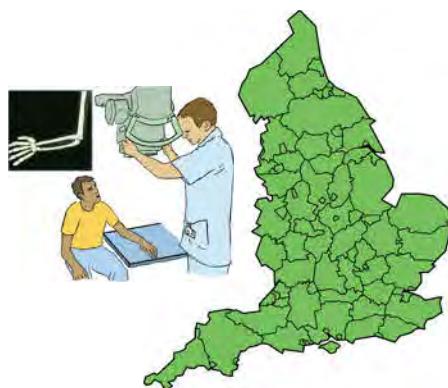
# Choosing your local doctor (GP)



You should be able to choose which GP Practice or group of doctors to sign up with and go to, even if you do not live near them.



If you do not live near your doctors you still need to be able to get urgent care.



We want to have an urgent care service in every area in England for people, even if they do not see a doctor in the area.



We have already asked people about this and we are now looking at what people said to make it happen.

# Making choices about your treatment



People can already choose to have treatment or not. It is only in very rare cases that someone can be treated without their agreement.



Lots of people are also given a choice about what treatment to have and where.



We want to make sure this happens all of the time and that people have the information they need to make a choice.

We want to make sure their families and carers are involved.



We could let people choose a treatment that has been agreed works well.

But there are lots of treatments that have not been agreed as working well.



Also, sometimes people are not able to make a choice and the doctor does this for them, like in an emergency.



## Imran's story shows how this might work

Imran is 62 and is a carer for his wife.

He sees his doctor about his knee which is getting painful. The doctor says he should see a consultant.



The consultant says there are some choices about what to do.



He could:

- have a knee operation that takes a long time to get better



- see a physiotherapist about doing more exercise



- take stronger pain killers.



Imran was surprised to hear exercise might help his knee and not make it worse and he does not want to take more pills.



He decides to try exercise first so he can still care for his wife.

Please see **Question 15**  
in the Questions and Answers booklet

# Being responsible for your choices



If you are choosing where to go to, what treatments to have and what is in your care plan, then others can help and support you, but you are in charge.



Being responsible means doing the things you should.



Things might not quite work out how you want if you do not do the things you should.

Please see **Question 16**  
in the Questions and Answers booklet

# Sharing healthcare decisions



People have a right to be involved in making choices. But people often say they are not told enough about their illness and the choices they could have.

Children and people with learning disabilities may need extra help and support to make a choice.

Please see **Questions 17, 18 and 19** in the Questions and Answers booklet

## Working together



Many health staff and patients are already working together in new ways to make sure people have more choice.



But this is a big change for many of us, doctors who are used to saying what should happen and patients who are used to being told what to do.



Some people might still want a doctor to decide for them.



Others might want more help, information or time to decide.



People can decide some things before they happen, they can also change their minds.



It is important for health staff to know how much patients want to be involved and how they can be supported to make choices.



But sometimes doctors still get this wrong and think it is only some people who want to make choices.

Please see **Questions 20, 21, and 22** in the Questions and Answers booklet

# Making decisions together

## Help and information for health organisations



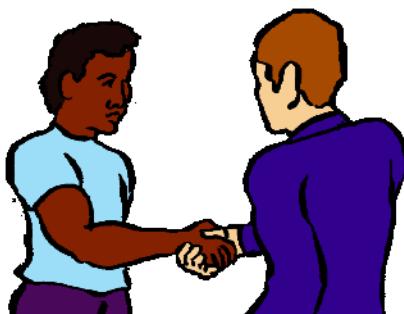
If the law is changed, a new group called the **NHS Commissioning Board** will be making sure that people are given more choice and control.

Until that happens, it is our job in the Department of Health.



We will give help and information about:

- how healthcare staff can make sure that everyone can make choices about their healthcare



- how to work best with people's different backgrounds and ethnicity



- how to give people extra support if they need it



- how health and social care staff work with people. To make good care plans and support people to understand the choices they have about care and support.



We will carry on thinking about how to help people decide on choices about where they die and who supports them.

And what happens when people cannot make decisions.

Please see **Questions 23, 24, and 25** in the Questions and Answers booklet



## Education and training

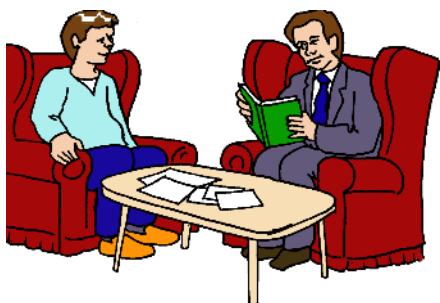
Staff might need more education and training so they can help more people to make their own choices.

Please see **Question 26** in the Questions and Answers booklet



Patients, people who use services and their families and carers might also need training to help them understand their health needs and the choices they have.

Please see **Question 27**  
in the Questions and Answers booklet



## Support to make decisions

People need different kinds of support so that they can understand and use information to make decisions and choices.



We have written a separate paper that asks you about the kinds of information people need and how they want to get it. You can see this on our web site:



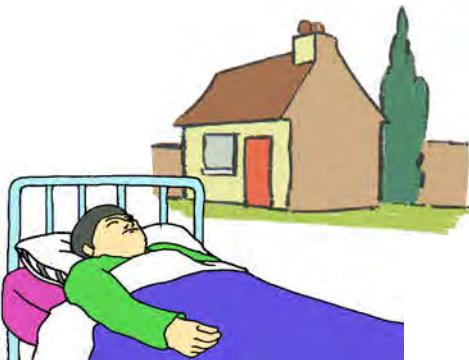
[www.dh.gov.uk/liberatingthenhs](http://www.dh.gov.uk/liberatingthenhs)

Please see **Questions 28 and 29**  
in the Questions and Answers booklet



## Carers and parents

Many people have carers.



The choice that someone makes about their healthcare can affect carers as well.

Things like deciding to die at home.



Carers need information and support to help them support the person they care for as well as understand what a choice means for them.



Some people cannot make some decisions themselves, but they need to have support to make any they can.



This support might be from parents, carers or others who can make some decisions for them.

## Support groups



There are lots of support groups that help with information and choices already.

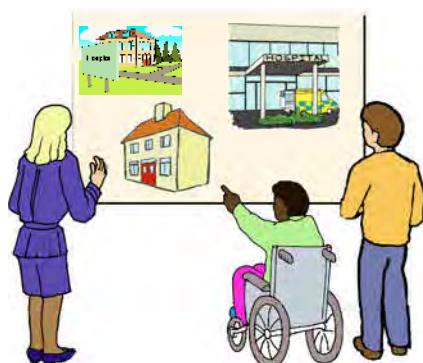
These groups might need more support to continue as more people want help with their new choices.

Please see **Questions 30, 31, and 32** in the Questions and Answers booklet

## Getting people involved in healthcare decisions



It is important to give people information and to support them to make more choices about their care.



We have tried a new way of helping people make a choice, these are called 'Decision Aids'.



They help people think about the things they want before they make a difficult decision.

Please see **Questions 33 and 34** in the Questions and Answers booklet

## Information about research



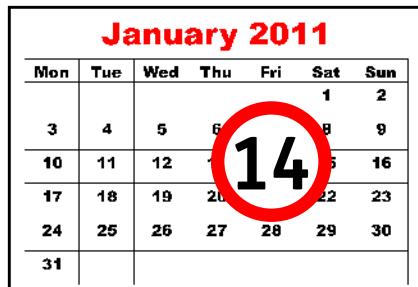
Research is happening all the time.  
Often new ways of treating people are tried out.



Everyone can choose to join in to help in research.

Please see **Question 35**  
in the Questions and Answers booklet

# Tell us what you think



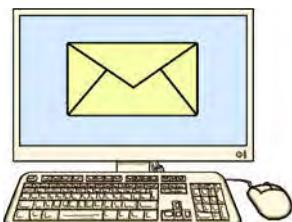
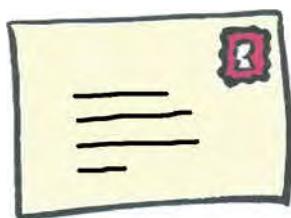
You can tell us what you think in different ways, but we need to hear from you by **Friday, 14th January 2011**.



An answers booklet comes with this paper.

You can write your answers in that and send it to us at:

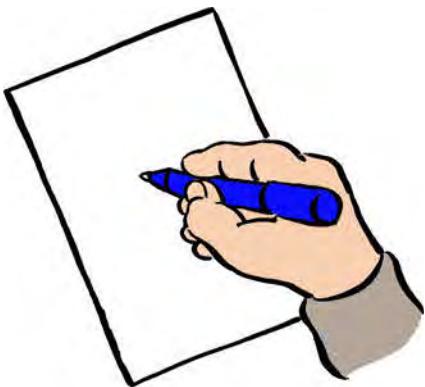
**Choice Team  
11th floor  
New King's Beam House  
22 Upper Ground  
London  
SE1 9BW**



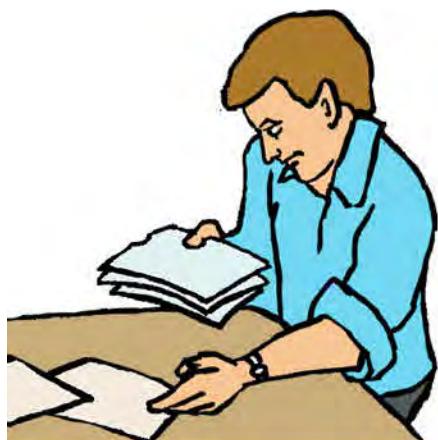
Or send your answers by email to:

**[choiceconsultation@dh.gsi.gov.uk](mailto:choiceconsultation@dh.gsi.gov.uk)**

# Private information



When you tell us what you think you may write things about you or your work. You might not want others to know about what you wrote.



Because this is a public paper for everyone to see, people might want to know what everyone wrote about it.



There is a law called the Freedom of Information Act. It says we have to show people what the government is saying, writing and doing.

People might want to check on how we listened to what everyone told us.



If you want us to keep what you tell us private let us know. Tell us why you do not want anyone to know what you wrote.



We will try to keep it private but we also have to do what the law says.



There is a law called the Data Protection Act which is about keeping personal information private.

If you give us personal information like your name and where you live, we will do what the law says to keep it private.

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