

# Implementing Choice in Mental Health

WebEx for referrers, providers  
and commissioners

August 2014

# Aims of this session

We help you gain awareness of the:

- new legal right to choice of mental health provider, its origins and what it says.
- interim guidance on implementing the new legal right, and considerations for your role as a referrer, provider or commissioner.

You offer us:

- Feedback on the interim guidance, the feedback we have received so far and the ideas for a work programme.
- Help on thinking through some of the more substantive issues and any further advice you have.

# Overview

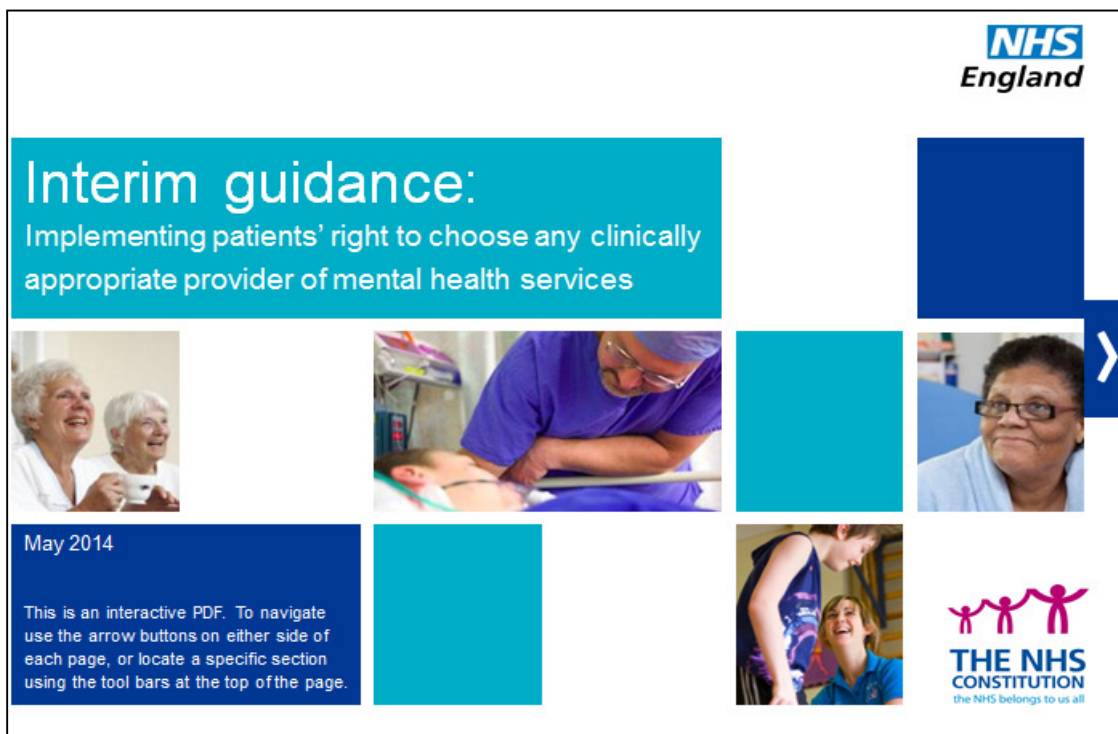
- On 1 April 2014 a new legal right came into force for patients to choose any clinically appropriate provider of mental health services for their first outpatient appointment.
- This is a big step forward in the drive for parity of esteem and there is widespread support for the principle.
- However, there are significant challenges to overcome before patients receive the true benefits of the right and it is able to operate well.
- NHS England and key partners are co-developing a major programme of work to help commissioners, providers, GPs and others implement and embed the new right to choice, in line with NHS England's Mandate objective.

# The choice 'offer'

The choice 'offer' is now in 2 parts:

1. Since 1 April 2013, patients have had the legal right to choose the mental health consultant, or health care professional-led team, responsible for their care and treatment.
  2. Since 1 April 2014, patients have had the legal right to choose any clinically appropriate mental health provider that has a contract with any CCG or NHS England for the service required (excluding a few remaining exemptions such as some highly specialised services).
- Fully embedding rights to choice on mental health by 2015 in accordance with the Mandate will require NHS England supporting the implementation of both rights.

# Interim guidance



‘System-facing’ for commissioners, GPs and providers

Developed with key stakeholders, covering:

- choice offer & exemptions
- information, and referral systems
- supporting patients
- contracting, pricing and payment
- responding to changes in referral patterns

# Key issues raised

- Block contracts remain the norm in mental health and there is no national tariff for mental health services.
- Clinical assessment services sit in front of many care and treatment services, making it difficult for referrers and patients to have visibility of the services that follow assessment.
- Care and treatment are increasingly integrated and some stakeholders have identified a risk of choice fragmenting pathways.
- The quality of information and support for patients and GPs needs to be improved to facilitate well informed choices.
- Around 50% of mental health providers have details of their services on NHS Choose and Book, for electronic referrals and appointments.
- Patients may be vulnerable or otherwise find it difficult to make choices about their mental health care provider.

# Our next steps

- Finish current consultation on the interim guidance.
- Publish next iteration of guidance (September) to provide some clarity on issues raised.
- However, we recognise the need for wider work to ensure the legal right works well for patients. We are currently marshalling this into a programme of work covering:
  - Using current and proposed payment and tariff arrangements to support choice.
  - Choice as part of high quality clinical pathways
  - Commissioner/provider and provider/provider working
  - Information to support patient choice

# Moving forward on mental health payment

- Monitor and NHS England have published the Tariff Engagement Document for 2015-16.
- It gives a clear signal about the need for all commissioners and providers to move away from simple unaccountable block contracts for 2015-16 since they fail to promote transparency, patient choice or a focus on quality and outcomes.
- Clusters as the mandated currency are the default unit of payment.
- Providers and commissioners may make use of the flexibility to use a local payment variation where it is in the best interest of patients
- The Tariff Engagement Document describes a number of the local payment examples which are being developed.
- Some areas are already moving to cost and volume contracts during the current year for those services most likely to be accessed through an initial referral for mental health services.



# Specialised, CAMHS, IAPT

- The new legal right does apply to: specialised services that are not excluded in legislation; CAMHS and IAPT therapies commissioned by the NHS that are not primary care.
- Are difficulties in giving patients clear information about their legal right to choice of provider given:
  - Some services commissioned by local authorities and so excluded from legal right.
  - Access to some CAMHS and IAPT services is by direct self-referral, so excluded from legal right.
- Policy direction to increase patient choice.
- Welcome volunteers to work with us to produce case studies on possible local CAMHS and IAPT approaches.

## Key points – referrers (GPs)

- Right applies in same way as in physical health.
- Only the types of service commissioned by your CCG are subject to national choice of provider.
- Your judgement as to whether clinically appropriate to offer patient a choice of provider and what type of service they require. Wherever possible discuss with the patient.
- If clinically appropriate, patients have right to choose local single point of access or go elsewhere.
- Providers are adding more information on their services to Choose and Book to supporting patient choice and increasingly paperless referrals.
- You may not restrict access to non-primary care mental health services provided in your practice.

# Key points – providers

- Must offer your relevant services to any patient in England if commissioned by a CCG or NHS England.
- You are contractually obliged to make information on your services available to referrers – electronic tool for this is Choose and Book. E-learning available to support this.
- Need to discuss with referrer and commissioner if, in your clinical opinion, you feel the referral is inappropriate.
- For single point of access consider whether patient has already been able to make a meaningful decision about which provider and team offers them care and treatment.
- Invoice at same price you charge your main commissioner(s).
- With referrals from out of area CCGs it is worth checking (though not mandatory) that they usually commission the type of service you offer.



# Key points – commissioners

- You are legally responsible for ensuring patients receive their legal rights to choice of provider and team. Enforced by Monitor.
- If you commission a type of service, patients have a legal right to access that type of service from any provider in England. Worth updating your referrers on the types of services you commission.
- Currently no nationally mandated prices for mental health services. Use cluster prices where available.
- You may not restrict choice on the grounds of cost.
- Block contracts should contain caps and collars – enabling you to seek a contract variation with your contracted providers if patient volumes fluctuate outside agreed levels.
- Tariff Engagement Document signals move away from block contracts for 2015/16.
- Worth being clear with a new provider exactly what you normally commission so they provide and charge for only these services.

# Consultation: feedback and Q&A

- We would really appreciate:
  - your questions on anything you would like clarification on; and/or
  - your feedback on the guidance and work programme.

**To ask a question or share your thoughts, either:**

- Use the ‘**raise hand**’ button  /  and the host will bring you in to speak at an opportune moment, or
- Use the ‘**chat**’ function to send us an instant message.

***PLEASE REMEMBER TO TELL US WHO YOU ARE AND THE ORGANISATION YOU ARE REPRESENTING WHEN YOU ASK A QUESTION***

# Getting in contact

The interim guidance and consultation – can still provide your feedback:

- <http://www.england.nhs.uk/ourwork/qual-clin-lead/pe/bp/guidance/>

Email us:

- [england.mentalhealthchoice@nhs.net](mailto:england.mentalhealthchoice@nhs.net)