

- To:
- NHS Acute Trust chief executives
 - GP practices
 - ICB chief executives
 - PCN clinical directors
 - ICB primary care leads

NHS England
Wellington House
133-155 Waterloo Road
London
SE1 8UG

25 May 2023

- cc.
- NHS England regional directors
 - NHSE directors of performance & improvement
 - NHSE regional directors of primary care
 - Independent sector providers

Dear colleagues,

Patient Choice

Thank you for all your work to improve patient choice, in line with the ambitions and actions set out in the Elective Recovery Plan. All parts of the NHS have an important role to play in delivering patient choice, which has been a regulatory requirement since 2012, collaborating across primary and secondary care to provide better care for patients. Enabling patients to make choices that better suit them, and their recovery, is something we can all support and much of which you will be very familiar with.

Enabling greater patient choice will require the NHS to respond in a number of ways, and the following sections outline the actions and activities within Primary Care, Secondary Care and ICBs.

Primary Care

Within Primary Care the key actions being taken to support choice, and actions that are required of primary care colleagues are:

- eRS functionality has been updated in March 2023 to create a single menu of service options. This will support referrers to see in one place, a wider variety of consultant-led services.
- We are asking all referrers to ensure they shortlist on average 5 choices from which the patient may choose, where this is practicable, clinically appropriate, and preferred by the patient. This will be enabled by new functionalities and should be based on

conversations with the patient about their preferred selection criteria eg. waiting times, distance from their home or that of family members.

- Where they have access to technology, patients should be encouraged to use Manage Your Referral within eRS or the NHS App to choose their provider.
- Resources to support offering patients choice can be found at <https://digital.nhs.uk/services/e-referral-service/helping-patients-manage-their-referral-online>

Secondary Care

The following sets out the ask of acute trusts in ensuring that patients are offered choice:

- In circumstances where an acute provider manages a clinical assessment service (CAS) commissioned by the ICB to better manage referrals and resources, at the point that it is determined that a patient needs to be seen by a consultant, a patient should be offered a minimum of 5 providers to choose from based on the patients preferred selection criteria e.g. waiting time or distance, where practicable and clinically appropriate. ICBs have been requested to ensure that this requirement is included in the service specification and monitored.
- Digital Mutual Aid System (DMAS) was detailed within the 23/24 Planning Guidance to support the provision of mutual aid for long waiting patients. There is an expectation that all NHS trusts will be registered and have rolled-out DMAS to all specialties **by August 31, 2023**.
- We are currently developing Patient Initiated Digital Mutual Aid System (PIDMAS) which will, once available in October 2023, allow us to more easily proactively offer patients the ability to 'opt-in' to move provider, when they have been waiting over 40 weeks for care and meet the right criteria.
- This system will underpinned by DMAS and will be used to respond to patient requests. More details on PIDMAS will be available over the coming weeks. If trusts require support in ensuring the roll-out of DMAS please contact the delivery team: england.dmas@nhs.net.

ICBs

ICB colleagues will need to play a role across the pathways of care to ensure that patient choice is being enabled. The specific asks of ICBs are:

- ICBs ensure that there is a system level plan for patient choice which ensures compliance with the regulatory requirements and raises the profile of patient choice.
- ICBs identify a system level patient choice SRO and communicate this to the region.

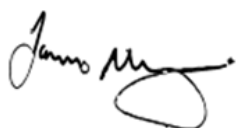
- ICBs are asked to ensure that cost of transport is not a prohibitive factor to patients and that communications take into consideration the impact of health inequalities.
- Where a Referral Management Centre (administration function) is in place, the RMC is offering patients a minimum of 5 providers to choose from based on the patients preferred selection criteria, where practicable and clinically appropriate.
- Where Clinical Assessment Services have been commissioned to better manage referrals to ensure that a patient is seen by the most appropriate clinician, ICBs should ensure that the offer of patient choice is included in the service specification and the seek regular assurance that patients are being offered choice.
- ICBs should ensure that there is a robust provider accreditation process in place for services in scope of patient choice to enable new providers to enter the NHS market or existing providers to deliver additional services.

To support the Choice Programme, NHS England will be implementing the following:

- Development of PIDMAS to support patient-initiated requests to move provider.
- A series of webinars during June/July for ICBs to assist in enabling patient choice.
- A research programme with Ipsos Mori to establish a baseline of patient choice being offered at the point of referral. The research will be repeated at 6-monthly intervals.

Patient choice will continue to play an important role in elective recovery. We thank you all in advance for your continued support as we deliver our patient choice commitments.

Yours sincerely,



Sir James Mackey
National Director of Elective
Recovery
NHS England



Dr Amanda Doyle
National Director of
Primary Care
NHS England



Sir David Sloman
Chief Operating Officer
NHS England