

# **The Initial Government Response to the Independent Review into the Barriers to Choice in Public Services**

## INTRODUCTION

The Government is committed to removing the barriers that stop many of the most disadvantaged communities from having a choice. People should be able to choose the services that are right for them.

That is why the Government asked David Boyle to lead an independent review into the barriers to choice in public services.

The review was commissioned to identify policy solutions to unblock the practical barriers people face in exercising choice in public services, with a strong emphasis on frontline evidence. The review focused in particular on the experiences of the most vulnerable and disadvantaged people in exercising choice.

### Key engagement facts:

- **20 round tables** with users and professionals were held. These focused on the practical barriers to choice as experienced by service users.
- **92** professionals were engaged through the round tables (mixture of practitioners, providers and commissioners of services across public service areas).
- In total, **112** users were engaged face-to-face across the country (majority of which are disadvantaged or in more deprived areas).
- Meetings with **50** specialists, academics and other relevant stakeholder organisations helped provide useful insight through 1:1 meetings.
- **84 organisations** (across public, private and voluntary sectors) were invited to provide written evidence (through a public call to evidence) and an opportunity to feed into the review (including other government departments).

David Boyle presented his findings in January 2013<sup>1</sup> concluding that people wanted a broader choice in the public services available, and how they are delivered, from hospitals and schools to social care.

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[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/80070/Barriers\\_to\\_choice\\_review\\_0.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/80070/Barriers_to_choice_review_0.pdf)

After talking to people across the country Mr Boyle's review produced three key findings:

First, that the bureaucratic barriers to choice remain powerful if you are less confident or articulate; and if you want something slightly out of the mainstream then there is inequality present in the scope of choice available to everyday people across the UK;

Second, people, especially the disadvantaged, need information and advice on what choices are available to them, yet often this proves problematic. Some people do not easily have access to the internet and this makes it even harder to find out what choices are available, and they also want face to face advice to make sense of it;

Finally, the kinds of choices people think they are getting are often not what they are being offered in reality, and there is a need for more flexibility in the way services are delivered.

## **THE NEXT STEP – RESPONSE TO THE BOYLE REVIEW**

The Government has highlighted choice as one of the core principles for open public services and promised that we would increase choice for services users.

Choice lets people tailor services to best suit their individual needs, giving them more direct control over how and where they access services. It will help raise standards as people demand better for themselves and their families.

That is why we have been extending choice across public services; giving patients a right to choose which hospital they get treated in; helping parents choose where their child goes to school; and rolling out personal budgets across health and social care.

**The Government welcomes the Boyle review and thanks David Boyle for his thorough consideration of the barriers to choice.**

Rather than review things through a top-down system lens, David Boyle's review is from the perspective of the user – the student, the patient, the family, and for that it is all the more enlightening.

The Government has taken significant action to increase choice in public services and build a culture in which people, particularly from disadvantaged groups, have the opportunity to exert control over the services they receive.

Across public services we have published Choice Frameworks for NHS care; social housing; adult social care; school education and funded early education. These set out in a clear and accessible format the choices that people can expect to be offered, how they can find information to support these choices and what they can do if they aren't given the choices they are entitled to.

## **EDUCATION**

We have increased choice for parents about where to send their children to school. 81 Free Schools are now open, with around 100 more aiming to open in September 2013. The Free Schools are creating thousands of new school places, often in areas with a shortage of places. Free Schools are popular with parents - all the Free Schools that opened in 2011 filled, or almost filled, all their places in 2012. As of April 2013, there are over 2800 academies open in England, and we expect these numbers to continue to increase at a steady pace.

The Government agrees with David Boyle's proposal on publishing information comparing the performance of schools in achieving the best outcomes for free school meal children and narrowing the attainment gap. School Performance Tables include a comparison of the relative performance of Free School Meals and non-Free School Meal pupils on narrowing the gap. This enables parents to judge how well a school supports the achievement of disadvantaged pupils against the floor standard elements and how that changes over time. Following the Boyle Review, work is underway to raise the profile of such data. In relation to the Boyle recommendation that more should be done to provide Friends and Family tests in school education, Ofsted is offering parents the opportunity to register their views through Parent View. We will work in support of Ofsted to raise visibility and user participation of Parent View as part of helping parents make an informed choice for their child's school.

## HEALTHCARE

We have expanded the set of choices that patients will have when referred to secondary care (for example, to include the choice of a named consultant-led team when referred to secondary care). Over 80 per cent of all bookings using Choose and Book are now made to a service listed against a named consultant. We have committed to extending patient choice on the basis of any qualified provider, meaning that providers will be judged on the quality of services alone and not by type of provider. This commitment to choice of any qualified provider is confirmed in the Mandate to NHS England and in the Department's Choice Framework for NHS services.

The Boyle report highlights an important issue on strict GP catchment areas in some cases, which contribute to difficulties in accessing GP practices for older or disadvantaged groups. The Government agrees that patients should be able to choose the GP they want. Expanding GP choice is a key priority in the Coalition Agreement.

Progress has been made in limiting the effects of strict catchment areas through the creation of outer practice boundaries which came into effect in July 2012. This means that patients can now, in agreement with their GP, retain their existing GP practice even when they move house.

Taking this further, between April 2012 and March 2013, we conducted a GP Choice pilot which operated in three areas - Central London, Manchester/Salford and Nottingham. Patients could visit a practice, even if they did not live within the practice area, either as a registered or non-registered patient in a number of volunteer practices in these areas. The final evaluation report on the choice pilot is due in July 2013 and we will learn lessons from this in further expanding patient choice. Any decisions that involve changes to the GP contract will be negotiated in the usual way.

The response to *Liberating the NHS – No Decision About Me, Without Me* consultation has resulted in the extension of choice of provider to Mental Health Services from April 2014. We have made more data and information available for users to make informed choices. For example, we have made more detailed

prescribing data available on a monthly basis; information on GP Practices is available through NHS Choices, and we have been implementing Friends and Family Tests from April 2013, starting with A&E and acute services.

While there is a significant amount of information available on organisations providing health and social care in England, there is currently no aggregate 'rating' to summarise and compare the performance of organisations or the services provided by them. The Government commissioned review into ratings systems for health and social care by the Nuffield Trust<sup>2</sup>, was published in March 2013. The review found that ratings could aid patient and service user choice by addressing two obvious gaps in information for the public; the lack of an independent, comprehensive assessment of quality across all providers across the full spectrum of performance; and that comprehensive information is not available in one place, as is the case for schools where this is provided by Ofsted. The Government is working with the Nuffield Trust and Care Quality Commission to develop these proposals further.

## **SOCIAL CARE**

In social care, the Care and Support White Paper, together with the Care Bill, sets out the Government's plans for the biggest transformation of care and support since 1948. The focus of care and support will be transformed to promote people's wellbeing and independence instead of waiting for people to reach a crisis point. We have made it easier for people from disadvantaged groups to take as much control as they want over their care and support. The Care Bill places personal budgets on a legislative footing for the first time; setting out how they will be provided to everyone as part of their care and support plan.

The Government supports David Boyle's conclusion that social care users need better information to make choices about their care and the providers available to them. From April 2013 more information on social care providers has been available as part of Department of Health's Information strategy. This will include national content on social care to provide a central point from which people can navigate quickly to access the information and detailed advice they may need on a range of

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<sup>2</sup> <http://www.nuffieldtrust.org.uk/publications/rating-providers-quality>

subjects. Over time, as more information is added, including new aggregated quality ratings once developed, these online profiles will become a world leading resource for helping people make informed choices on quality local care. As proposed in the review, this will make it easier for disadvantaged groups to access local information and advice services provided by their local authority and the availability of financial advice from qualified advisors on planning and meeting care costs. The Care Bill supports the provision of improved information, support, and transparency of personal budgets.

The Government's full response to each recommendation is outlined in the table below. It sets out the next steps the Government will be taking to empower service users to make decisions and exercise choices to meet their needs and expectations.

**TABLE: GOVERNMENT RESPONSE TO BOYLE REVIEW RECOMMENDATIONS**

<p><b>Recommendation 1</b></p>	<p>Build flexibility into the way GPs interact with their patients, by:</p> <ul style="list-style-type: none"> <li>a) Giving patients, especially from disadvantaged groups, the right to remain with existing GP practices when they move house, irrespective of catchment area. Consideration should be given to drawing up town or city specific catchment areas for this purpose while lessons from the GP Choice pilots are being learned.</li> <li>b) Lead a discussion with the Royal College of General Practitioners and other bodies about how surgeries can better engage with their patients, particularly around issues such as appointment systems.</li> </ul>
<p><b>Government Response</b></p>	<p><b>The Government is committed to extending patient choice in General Practice and giving patients more flexibility in their choice of GP.</b></p> <p>We want to give every patient a clear right to choose to register with any GP practice they want without being restricted by where they live. People should be able to expect that they can change their GP quickly and straightforwardly when it is right for them, but equally, that they can stay with their GP if they wish when they move house. This is set out in the White Paper, <i>Equity and Excellence: Liberating the NHS</i><sup>3</sup>. Choice is already being extended. For example, patients can now retain their existing GP practice even when they move house through the creation of an outer practice boundary. The outer boundary arrangements have been implemented through legislation which came into effect in July 2012. Our commitment to phase out the Minimum Practice Income Guarantee over coming years will make sure that more funding follows the patient.</p> <p>Between April 2012 and March 2013, GP Choice pilots were conducted in three areas - Central London, Manchester/Salford and Nottingham. In these pilots patients could visit a GP, even if they did not live within the practice area, either as a registered or non-registered patient. The pilots are due to be fully evaluated in July 2013 with recommendations for further implementation. Any decisions that involve changes to the GP contract will be negotiated in the usual way.</p> <p>NHS England has taken on its full powers from April 2013 and has assumed the duty of promoting the involvement of patients in decisions about their care and treatment, and enabling patient choice.</p> <p><b>The Government agrees that patient engagement is an important issue and all surgeries should be looking at how they engage with patients.</b></p> <p>We want patients to have more flexibility in the way they interact with their GPs and to support this, we are undertaking work to encourage the use of 'non face to face' technology in primary care, such as telephone appointments, where clinically appropriate.</p> <p>The Mandate to NHS England<sup>4</sup> already includes a commitment that <i>everyone will be able to book GP appointments and order repeat prescriptions online</i>. The Department of Health and NHS England will work with partners, including the Royal College of General Practitioners, to consider further how to increase engagement with patients.</p>

<sup>3</sup> <https://www.gov.uk/government/publications/liberating-the-nhs-white-paper>

<sup>4</sup> <http://mandate.dh.gov.uk/>

<p><b>Recommendation 2</b></p>	<p>Build flexibility into the way patients interact and communicate with hospitals, including:</p> <ul style="list-style-type: none"> <li>a) Giving patients a right under the NHS constitution to ask for consultations (with either GPs or consultants) using a range of means of communication such as telephone or Skype, where both sides agree it is appropriate.</li> <li>b) Evaluating gaming behaviour and perverse incentives that serve to undermine patient choice and include this in the Choice and Competition Framework.</li> </ul>
<p><b>Government Response</b></p>	<p><b>The Government agrees that greater use of technology can have a significant impact in supporting patients in managing their health and care.</b></p> <p>Considerable work is already underway among providers, commissioners and clinicians to expand the use of ‘non face to face’ technology when undertaking consultations where clinically appropriate. This provides a better experience for patients and is a more efficient use of resources across the wider health system. Examples include telephone follow up clinics with both consultants and nurses for patients with long-term conditions and routine test results and remote monitoring through telehealth services where appropriate. Innovation is being further incentivised through the Quality, Innovation, Productivity and Prevention (QIPP) programme and expansion into primary care will continue to be encouraged.</p> <p>We do not believe that including a right in the NHS Constitution would be the most effective way to broaden means of communication. The recent consultation on the NHS Constitution ended in January 2013 and any further changes would need to be considered as part of a new consultation.</p> <p>The Mandate to NHS England already commits to improvements on different types of technology and includes an explicit objective to <i>achieve a significant increase in the use of technology to help people manage their health and care...everyone will be able to have secure communications with their GP practice, with the option of e-consultations becoming much more widely available</i> (p.10). The Department will work with NHS England to explore how improvements can be made on this objective including the integration of telehealth and telecare technologies into health and care services.</p> <p><b>The Government recognises and agrees that further analysis on the nature and extent of gaming in NHS trusts is needed.</b></p> <p>We do not believe that analysis of gaming should be included in the Choice and Competition Framework, which aims to help commissioners decide how and when choice and competition can improve outcomes for patients, supporting good practice and helping commissioners to promote and protect patient choice.</p> <p>The Department of Health will work with Monitor and other partner organisations on how to better understand the issue of gaming.</p>

<b>Recommendation 3</b>	<p>Make sure that plans for a national website of registered social care providers, currently under construction, will make it searchable by postcode. Such a national website should include:</p> <ul style="list-style-type: none"> <li>Comparable information about the quality of individual providers, according to measures that are meaningful to service users.</li> <li>Opportunities to leave user feedback on provider profiles.</li> <li>Access to online decision aids.</li> <li>Transparent information about pricing and navigation to other sources of information, local and national.</li> <li>Signposting to local information sources</li> </ul>
<b>Government Response</b>	<p><b>The Government supports this recommendation.</b></p> <p>In April 2013, NHS Choices launched new information on care and support to help people think about how best to meet their care needs. This includes improved links to local authority information and support to help people make their choices. It also includes transactional services. The website is available at: <a href="http://www.nhs.uk/care-and-support">www.nhs.uk/care-and-support</a>.</p> <p>The public have previously been able to use NHS Choices to search for registered social care services by postcode to find basic details (what type of service is it, contact details, compliance with CQC standards etc). Since April, this has included user views on providers and new measures to tell people about the quality and effectiveness of residential care and homecare services, reported by providers on a voluntary basis. Providers also have the opportunity to include details of the services and support they offer on their profiles and people can use the profiles to compare their local providers against a range of topics e.g. key facts, accommodation on offer.</p> <p>Once developed, the new aggregate quality rating for social care providers being developed by the Nuffield Trust and Care Quality Commission, will also be added to the online profiles as key comparable information.</p> <p>The DH Information Strategy and the Care and Support White Paper set out plans for an Integrated Customer Service platform to draw together NHS, health and social care information. This will include national content on social care allowing people to quickly navigate to information and detailed advice on a range of subjects. This will also provide easier access to local information including local authority advice services and will be searchable by postcode. These actions will be reinforced by the duty on local authorities within the Care Bill and increased funding for local authorities to improve on-line social care information and access to local independent advice services.</p>

<b>Recommendation 4</b>	<p>Replace the current entitlement to an ‘assessment of needs for care and support’ with an entitlement to an asset-based assessment.</p>
<b>Government Response</b>	<p><b>The Government agrees with taking into account a person’s capabilities as well as their needs, and that formal services are not always the most appropriate course of action.</b></p> <p>The Care and Support White Paper <i>Caring for Our Future</i> emphasised the importance of what an individual can do themselves, or access in their neighbourhood or community to support them to live independently and meet their desired outcomes. The Care Bill requires local authorities to take into account what outcomes an adult wishes to achieve in day-to-day life when carrying out an assessment.</p>

<p><b>Recommendation 5</b></p>	<p>Develop a more diverse social care market, by:</p> <ul style="list-style-type: none"> <li>a) Phasing out the use of preferred provider lists for buying social care services, and in the meantime making sure that they – and virtual marketplaces – are open to new entrants and are not used as the only menu of options in support planning.</li> <li>b) Giving local authorities a duty to signpost social care users to where they can access independent advice and support so that they can spend their personal budget to best meet agreed outcomes.</li> </ul>
<p><b>Government Response</b></p>	<p><b>The Government is taking steps to promote a diverse and high quality social care market.</b></p> <p>The Care Bill places a legal duty on local authorities to promote a diverse, high quality and sustainable market so that people have a variety of services and providers to choose from. It is for local authorities to determine the best way to execute this duty. This duty sits alongside the legal change to offer everyone a personal budget as part of their care and support plan. This ensures that the law supports everyone to have choice and control over the services they receive. Although this may involve choosing a provider with an existing arrangement with the local authority, individuals can also request a direct payment to access services from a different provider.</p> <p>In addition, to support local authorities to develop a range of high quality services for people to choose from, we are offering every local authority support to develop market position statements. These statements provide a powerful signal to the market by summarising intelligence about local needs and local services and explaining how the local authority will commission services in the future, to meet the needs of the local population.</p> <p><b>The Government wants social care users to be able to make informed choices on their care and the service providers available to them.</b></p> <p>The Care Bill places a duty on local authorities to provide information and advice service that will, amongst other requirements, provide sufficient information to enable a person to make plans for their future needs for care and advice.</p> <p>The Caring for our Future White Paper sets out plans to improve access to independent advice and support for people who are eligible for support from their local authority, to help them develop their plan for care and support and help them choose how their needs could be met. In Caring for our Future, additional funding to local authorities of £35.2m over two years from 2014/15 was set out to further develop online information services.</p> <p>A programme of work to support local authorities with the commissioning of independent advice and assistance is being taken forward by the Think Local Act Personal Partnership. First products, including a mapping of priority areas for local information and advice services and key principles for the provision of social care information, will be available in June 2013. This will be followed with more detailed guidance on commissioning and service self-audit.</p>

<b>Recommendation 6</b>	Devise and publish a parallel ‘opportunity transformation’ league table, comparing the performance of schools in achieving the best outcomes for free school meal children and narrowing the attainment gap.
<b>Government Response</b>	<p><b>The Government is already publishing comparative information on the performance of pupils eligible for Free School Meals (FSM) and non-FSM children. The Government agrees that it is important that this information is accessible.</b></p> <p>Since 2011 the school Performance Tables have included a comparison of the relative performance of FSM and non-FSM pupils on narrowing the gap. This enables parents to judge how well a school supports the achievement of disadvantaged pupils against the floor standard elements and how that changes over time. These tables are published on the DfE website (<a href="http://www.education.gov.uk/schools/performance/">www.education.gov.uk/schools/performance/</a>). Schools can be ranked by almost any of the information held within Performance Tables, including the attainment of pupils eligible for FSM.</p> <p>We have held a consultation on how to improve the accountability measures for secondary schools in England, ensuring schools are effectively held to account for the progress of all pupils is one of the main aims of the proposed changes. The document sets out the Government’s vision that almost all data about schools will be available to parents and the public to support the accountability system and to help parents make choices about the school for their children. This includes consulting on whether to provide further information about the performance of disadvantaged pupils, beyond what currently appears in the Performance Tables.</p>

<b>Recommendation 7</b>	<p>Increase the diversity of schools, by:</p> <ul style="list-style-type: none"> <li>a) Trialling an annual online ‘Friends and Family’ test for schools, asking parents if they would recommend the school and why, with data collated by Ofsted, and made available, paid for by less frequent inspections of the more successful schools.</li> <li>b) Giving pupils a right to ask to study subjects which curriculum arrangements currently make difficult, with a responsibility for schools to comply or respond with good reasons if they are unable to.</li> </ul>
<b>Government Response</b>	<p><b>The Government agrees it is important for parents to make informed choices about schools using a range of information, of which a Friends and Family test can be an important aspect.</b></p> <p>Parents’ views on schools are central to informing their decisions and choices, and Ofsted already offers parents the opportunity to register their views through Parent View (<a href="http://parentview.ofsted.gov.uk">http://parentview.ofsted.gov.uk</a>). This offers 12 statements and invites parents to say whether or not they agree with each one. This includes the statement ‘I would recommend this school to another parent’. We will work in support of Ofsted to raise visibility and user participation of Parent View as part of helping parents make an informed choice for their child’s school. The data from these is available on the same website. Parents are also able to access this type of information through other sources; in particular, many schools also undertake their own parent surveys.</p>

	<p><b>The Government believes it is important that pupils are able to ask their school to make subjects of interest available to them and for schools to consider this seriously.</b></p> <p>We believe decisions on availability of subjects should be for individual schools to make, in the context of their wider duties. Indeed, schools have a number of duties which serve to ensure that pupils have a broad and balanced curriculum, as well as entitlements to additional subjects, and that they and their parents are able to access information on what is available in their school. Since September 2012, schools have been required to publish annually on their website, and make hard copies available to parents on request, the content of the curriculum that they plan to offer for each subject, so that parents know which subjects are or will be on offer.</p>
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<p><b>Recommendation 8</b></p>	<p>Pilot training for volunteers and mentors in ten existing peer support programmes, mainly but not exclusively in health settings.</p>
<p><b>Government Response</b></p>	<p><b>The Government agrees with supporting users to navigate choice options.</b></p> <p>We have been working to both increase choice and promote awareness of choice in healthcare. For example, the Department of Health’s Choice Framework for NHS funded care and treatment in England sets out, for the first time, the choices that people can expect to be offered. This will raise awareness of these choices, including where people have legal rights to make choices as well as setting out where they can find information to support these choices and what they can do if they aren’t given the choices they are entitled to.</p> <p>We will explore how to take this recommendation forward including expanding existing programmes; improving awareness of peer support programmes and looking at how we work with mentors and volunteers.</p>

<p><b>Recommendation 9</b></p>	<p>Pilot the idea of giving health and social care users the formal Choice to Switch providers, in extremis, and to go to another provider with capacity, using existing data, to the same position in the queue.</p>
<p><b>Government Response</b></p>	<p><b>The Government agrees with the aim of fair and comprehensible choice and increasing the equality of relationships between care users and professionals.</b></p> <ul style="list-style-type: none"> <li>○ We are currently working towards increasing the choice available to users within their pathways of care. For example:</li> <li>○ We are ensuring that expectant mothers have choices right the way through their maternity care.</li> <li>○ In adult social care, service users possess the ability to switch providers if they are not happy with the service provided. The draft Care and Support Bill will enhance these existing mechanisms.</li> <li>○ We are committed to providing regular and timely information to patients and service users to allow them to make informed choices about their care (eg friends and family test)</li> </ul> <p>We are exploring how to expand choice in other areas of health and social care in order to extend fair and comprehensible choice.</p> <p>As set out in the Handbook to the NHS Constitution, patients in the NHS already have the right to ask the NHS to take all reasonable steps to offer an alternative provider if it</p>

	<p>is not possible to start consultant-led treatment within a maximum of 18 weeks from referral for non-urgent conditions. NHS England has set out its intentions – in its planning guidance <i>Everyone Counts: Planning for Patients 2013/14</i><sup>5</sup> - to make progress at providing patients with the information they need to ensure treatment takes place as outlined in the NHS Constitution.</p> <p>We have established an independent review to consider the handling of concerns and complaints raised by patients in the NHS. The review will consider how patients, their carers and families are listened to, how what they say is acted upon, and will identify key components of good practice and how to improve its adoption. It will also look at how complainants can be supported more effectively during the complaints process through, for example, advice, mediation and advocacy.</p>
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<b>Recommendation 10</b>	Appoint an advisor to the Prime Minister on broader choice in public services.
<b>Government Response</b>	<p><b>The Government supports this recommendation.</b></p> <p>We are committed to increasing choice in public services and raising awareness of choice to service users. That is why we have been extending choice across public services; giving patients a right to choose which hospital they get treated in; helping parents choose where their child goes to school; and rolling out personal budgets across health and social care.</p> <p>We will appoint a Senior Civil Servant as advisor on choice. The advisor will champion broad choice across public services and work across departments and services to tackle barriers to choice.</p> <p>We have also launched a Choice Charter which sets out the principles the Government is following to increase choice and what service users should receive from their services. The choice advisor will have oversight of these principles, working with government departments and sector leaders to ensure they are a reality across public services.</p>

<sup>5</sup> <http://www.commissioningboard.nhs.uk/everyonecounts/>



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