

## NHS SERVICE DELIVERY AND ORGANISATION (SDO) R&D PROGRAMME

### PROGRAMME OF RESEARCH ON PATIENT AND CARER-CENTRED SERVICES

#### SCOPING EXERCISE : PATIENT CHOICE AND THE ORGANISATION AND DELIVERY OF HEALTH SERVICES

17 March 2004

#### Introduction

In response to a request from the SDO Programme's NHS Chief Executives' Forum, the SDO Programme wishes to commission a scoping exercise on patient choice. The scope will inform the SDO's patient and carer-centred services commissioning group about research priorities in this area, and enable it to commission appropriate secondary and empirical research.

#### Background

Patient choice has become increasingly central to government policy concerning the delivery of NHS services in the last few years <sup>1 2 3</sup>. The earlier policy statements tended to focus on choices by patients concerning *where* they would receive elective services, but the most recent policy document, *Building on the Best*<sup>3</sup>, has extended the notion of choice to include choices for patients about *who* should deliver services (such as direct access to midwives) and *how* services should be delivered (such as how people with serious mental health problems wish to be helped at a time of mental health crisis).

*Building on the Best* has also recognized that the provision of appropriate information to patients and their carers is crucial to allow real choice to be exercised. This may extend the notion of choice to empowering people to take greater responsibility in clinical decisions about their own care. This is sometimes known as 'shared decision making'.

It can be argued that current government policy can be seen as intending both that patient choice should be a goal in its own right, and also instrumental in achieving other goals, such as increasing technical efficiency in the delivery of services (by the use of patient choice as the stimulus for competition between providers). The latter goal can only be achieved if an appropriate institutional context exists in which such choices are made <sup>4</sup>. It is also assumed in government circles that the exercise of patient choice will improve the quality of services provided <sup>5</sup>. However, it is not at all clear that this is the case. In the absence of adequate information, patients may make bad choices, and the financial incentives coupled with the patient choice initiative may have the effect of reducing quality.<sup>4</sup>

The concept of patient choice is an extremely broad one. It includes at least the following types of choice

- choice of where to receive treatment or care;
- choice of who treats or provides care;
- choice of when to be treated; and
- choice of how to be treated or receive care

Choices made in respect of one of these issues is likely to have an effect or effects on choices in respect of others. There may be tensions and conflicts between different choices. Thus, the notion of how people are prepared to trade off between different choices is clearly relevant<sup>6</sup>.

### **The SDO patient choice scoping exercise**

The SDO Programme is interested in the concept of patient choice to the extent that it impacts on the organisation and delivery of services. This includes issues at the:

- system level, such as how the exercise of patient choice may affect the configuration of service providing organisations and the efficiency of service provision;
- organisation level, such as how the exercise of patient choice may affect the range and type of services offered by individual organisations and the equity (or otherwise) of access to services; and
- micro level, such as how the exercise of patient choice may affect the relationship between patients and carers on the one hand, and those professionals providing services to them, on the other.

Conceptual thinking and evidence concerning the following are also important:

- any systematic difference in attitudes to choice amongst different groups of people (such as ethnic minorities and older people);
- the role (and appropriate forms) of information in the exercise of choice, including the extent to which different groups of people are likely to be able to obtain information;
- the way in which patients make trade offs between different choices; and

- the way in which patient choice may affect the quality of services provided (including the outcomes of those services).

The SDO Programme wishes to commission a scoping exercise of the extent and nature of current NHS policy and the literature dealing with the issues in respect of patient choice outlined above, together with any other issues relating to patient choice relevant to the organisation and delivery of services. The objective is to gain a better understanding of the conceptual, empirical and methodological issues involved. In addition, this scope will be used to develop a research agenda in this field.

### **Nature of the Scope**

The aim of this scope is to advise the SDO Programme what research should be commissioned in this area. The scope should therefore include the following:

1. A conceptual mapping exercise indicating by whom and in what ways the term choice is being used in relation to health services.
2. A review of the available published and grey research literatures (theoretical and empirical) concerning choice from the patient and carer centred services sector. The Department of Health has recently undertaken and commissioned some studies about various aspects of choice, not all of which have been published. All of these should be included in the review. The review should also include literature about both private and public (and non-health) sectors where appropriate.

A comprehensive literature review is not required at this stage. However the review should be sufficiently comprehensive and rigorous to be able to identify the research which has been carried out, gaps in the field, and relevant methodological issues which may be important to consider in future commissioning of research on patient choice. Future commissioning may include full literature reviews of specific areas of interest.

3. A policy mapping exercise on patient choice, indicating guidance and instructions given by the Department of Health and other NHS organisations, providing an analysis of the current NHS context.
4. A policy analysis spelling out the implications of the findings from the scoping exercise for the development of patient choice within the NHS.
5. Identification of areas for further research, and how these might be addressed.

Applicants should demonstrate that they have an excellent understanding of current patient choice developments in the NHS, and should indicate how they will take account of developments occurring during the course of the scoping exercise. Applicants should also explicitly state how their proposed scoping exercise adds to our generalisable knowledge of the management, organisation and delivery of health services.

The proposed scope should take no more than 9 months to complete.

## **Methods**

Applicants should clearly outline their proposed methods for the scope.

1. They should indicate how conceptual, definitional and methodological issues are to be approached.
2. In mapping the literature the following areas should be covered:
  - The theoretical bases of the review.
  - Methods for identifying relevant published and grey literatures. It is expected that applicants will plan to use a variety of methods including the research team's prior knowledge; search of electronic databases; and advice from key researchers and practitioners in the field.
  - Methods for judging the quality of the literature available and for summarizing the results should also be made explicit.
3. Methods for providing an analysis of the current and changing NHS context should also be stated.

Applicants should demonstrate that they have assembled a team of researchers whose knowledge and skills are appropriate.

## **Outputs**

The principal output of the scope will be a detailed report, providing a map of the literature and policy context that should:

- contain a short and coherent executive summary;
- critically describe the methods used and the available literature;
- provide an authoritative, thorough and substantive map of the available literatures (both theoretical and empirical) and their implications;
- provide rigorous and detailed conclusions about what is currently known in this area and the strength of the evidence on which this is based;
- provide a full exposition of current NHS policy concerning patient choice;
- clearly identify areas for further research and how they might be addressed. This could include both full reviews of the literature and/or primary research; and
- contain an analysis which clearly indicates how the findings are relevant to developing policy and practice in the NHS.

Successful applicants may be required to present their completed work to the SDO Programme Board.

## Application process

The process of commissioning the study will be in **one stage** and applicants should submit **scoping exercise proposals**.

Applicants must submit proposals using the **Scoping Exercise application form**, which is available as a Word 97 file or Rich text format from:

- the SDO website: <http://www.sdo.lshtm.ac.uk/patientchoicecall.htm>, or
- by Email from: [Barbara.Langridge@lshtm.ac.uk](mailto:Barbara.Langridge@lshtm.ac.uk)

**Please do not use any previously obtained version of an SDO Programme application form.**

Applicants are asked to submit proposals by **Wednesday 12<sup>th</sup> May at 1pm** to:

**Mrs Barbara Langridge**  
Commissioning Manager  
NCCSDO  
London School of Hygiene and Tropical Medicine  
99 Gower Street  
London  
WC1E 6AZ

**FIFTEEN HARD COPIES** of the completed **Scoping Exercise application form** should be submitted together with a copy on disk or CD. Please note we will not accept electronic submissions or hand written proposals. **No late applications will be considered.**

Guidance notes for the completion of the **Scoping Exercise application form** can be found at the front of the application form.

Funding of up to **£80,000** is available for funding **one** project in this topic area. **Applicants should note that value for money is an important consideration in respect of this research.** Proposed costs of the project should not exceed the limits stated above.

Following submission of **full** proposals successful applicants will be notified no later than the **Monday 21<sup>st</sup> June 2004**. The project should take no longer than **9 months** to complete and start no later than **September 2004**. Please note that these dates are

approximate and may be subject to change.

In addition, applicants should indicate how they will work with the SDO Programme and relevant stakeholders to build in an active program for disseminating their research findings in policy, practice and research contexts.

Please clearly label the outside of the envelope in which you submit your proposal with the following: '**Tender Documents**'. This will enable us to identify proposals and keep them aside so that they may all be opened together after the closing date and time.

Teams should ensure that their proposal complies with the Research Governance Framework, which can be found on the Department of Health website, or via a link on the SDO website under the 'Call for Proposals' page.

**Before funding, successful teams will be required to provide proof of research ethics committee approval for their project, if this is required (information regarding this can be found on the SDO website under the 'Calls for Proposals' page).**

We anticipate that there will be informal discussions with NCCSDO throughout the duration of the project regarding the final report.

Applicants should visit the SDO website: <http://www.sdo.lshtm.ac.uk> to familiarise themselves with the work of the SDO Programme in general and with previous scoping exercises in other topic areas.

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<sup>1</sup> Department of Health (2001) *Extending Choice for Patients: a discussion document* London Department of Health

<sup>2</sup> Department of Health (2002) *Extending choice for patients: information and advice on establishing the heart surgery scheme: draft for stakeholder consultation* London Department of Health

<sup>3</sup> Department of Health (2003) *Building on the best: choice, responsiveness and equity in the NHS* London Department of Health

<sup>4</sup> Appleby, J., Harrison, A., and Devlin, N. (2003) *What is the real cost of more patient choice?* London King's Fund

<sup>5</sup> Blair, A. (2003) *We must not waste this precious period of power* Speech given at South Camden Community College 23 January 2003. Available at [www.labour.org.uk/tbsocialjustice](http://www.labour.org.uk/tbsocialjustice)

<sup>6</sup> Ryan, M., Bate, A., Eastmond, C.J. and Ludbrook, A. (2001). Use of discrete choice experiments to elicit preferences. *Qual Health Care*, 10 Suppl 1, i55-60.

**Addendum**

This document was published by the National Coordinating Centre for the Service Delivery and Organisation (NCCSDO) research programme, managed by the London School of Hygiene & Tropical Medicine.

The management of the Service Delivery and Organisation (SDO) programme has now transferred to the National Institute for Health Research Evaluations, Trials and Studies Coordinating Centre (NETSCC) based at the University of Southampton. Prior to April 2009, NETSCC had no involvement in the commissioning or production of this document and therefore we may not be able to comment on the background or technical detail of this document. Should you have any queries please contact [sdo@southampton.ac.uk](mailto:sdo@southampton.ac.uk).