



Department
of Health &
Social Care

*The Rt Hon. Andrew Stephenson CBE MP
Minister of State*

*39 Victoria Street
London
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To: All MPs in England

Wednesday 15th May 2024

Dear Colleague,

Patient Choice Expansion Pilots Announcement

The Government is committed to protecting and promoting the ability of patients to choose which provider they receive their NHS services from – whether NHS or independent sector – provided they meet NHS costs and standards and remain free at the point of use.

Offering patients a choice is key to driving up standards, by encouraging all providers to be more responsive to patients' needs, and by driving innovation in service delivery.

Since May 2023, we have tasked the NHS across England with ensuring that patients have the ability to choose from a minimum of five providers of hospital care at the point they are referred by a GP, if that is what they wish. We have since seen strong progress in reducing the waiting list, with a fall of almost 200,000 since September.

Today, we are announcing that choice will be increasingly offered in out-of-hospital services too, such as those offering services in endoscopy, nutrition and podiatry. This will mean that when a patient is referred to a piloted service - where clinically appropriate – they will be able to choose which provider is best for them. This might include high street providers or the independent sector, but the treatment will always be free of charge.

Over the coming months, the local NHS will be tasked with considering which out-of-hospital services would benefit from this approach, and a range of providers will be invited to participate in these local pilots. An illustrative list of services which might benefit is set out in Annex A, but we are not being prescriptive and will work with local areas to ensure services selected best meet the needs of their local populations.

We will carefully evaluate the pilots before taking further steps to promote choice, but our ambition is to expand this offer to many more services and areas of England over time.

In addition, and to ensure choice is real, we need to make sure that potential providers of NHS services – whether in the NHS and independent sector – are given fair opportunities to provide services to NHS patients. That is why earlier this year the Government established an Independent Choice and Procurement Panel to advise on NHS decision-making in this area. The Chair of the Panel, Andrew Taylor, has recently made four recommendations to the NHS to reduce the barriers to patient choice, and I am pleased to confirm that NHS England is accepting them all. The recommendations are set out in Annex B.

Yours sincerely,

A handwritten signature in blue ink, reading "Andrew Stephenson". The signature is fluid and cursive, with the first name "Andrew" and the last name "Stephenson" clearly legible.

**THE RT HON ANDREW STEPHENSON CBE MP
MINISTER OF STATE**

Annex A

Services which could be piloted include:

- Mental health services
- Hearing aid care
- Endoscopy
- Dietetics and nutrition
- Ambulatory ECG (heart activity)
- Podiatry
- Occupational therapy
- Orthoptics (defects in eye movement)
- Prosthetics

Annex B

The four recommendations, and their underlying rationale, are as follows:

- Recommendation 1: NHS England to monitor and regularly publish data, by Integrated Care Board (ICB and specialty, on the number of electronic Referral Service (eRS) appointments made available to NHS patients but not used. This would provide information for patients and GPs about services where patients may be able to access care more quickly. Also, identifying those regions where capacity is going unused could help prompt local-level discussions about whether there are local constraints on choice that could be addressed.
- Recommendation 2: Referral Assessment Services, and other interface services, to publish data regularly on the number of onward referrals to each provider, by specialty. This information will let Referral Assessment Services (RASs demonstrate that onward referrals are not being channelled to providers. In doing so, it will build providers' confidence in the patient choice system and help underpin further investment in treatment capacity.
- Recommendation 3: Referral Assessment Services, and other interface services, to provide all local providers with access to their policies, procedures, information and systems used to manage onward referrals. These arrangements will let local providers understand how RASs manage onward referrals and help facilitate local discussions aimed at identifying improvements that could be made to further enable patient choice.
- Recommendation 4: The Panel's remit be expanded to include advising on all provider complaints about restrictions on patient choice (where such complaints cannot be promptly resolved by NHS England's national choice team). This will strengthen existing mechanisms for addressing

local constraints on patient choice by providing an independent oversight mechanism and will allow the Panel to consider representations from providers about all constraints on patient choice not just those related to provider accreditation.