



# Faculty of Public Health

of the Royal Colleges of Physicians of the United Kingdom

Working to improve the public's health

## **FPH response to *Liberating the NHS: Greater choice and control***

The UK Faculty of Public Health (FPH) is the standard setting body for public health and the leading professional body for public health specialists in the UK. It aims to advance the health of the population through three key areas of work: health promotion, health protection and healthcare improvement. In addition to maintaining professional and educational standards for specialists and others in public health, FPH advocates on key public health issues and provides practical information and guidance for public health professionals.

FPH welcomes the opportunity to respond to this element of *Liberating the NHS*. Rather than respond to each individual consultation question, some of which are understandably directed more at patients than professionals, and others of which have negligible direct relevance to public health, we would prefer to outline a few general principles which we hope will ensure that choice benefits patients' and the public's health.

The important aspect is that access to healthcare is not made more inequitable. The provision of information, and quality of service and care provided, should be designed such that it is not just a means by which informed, middle-class patients receive better care at the expense of others. This responsibility will no doubt lie with GPs (being the first point of referral) as gatekeepers and commissioners of healthcare; training and information for this workforce in expanding choice beyond the informed and proactive is essential.

Furthermore, the elements that might influence patient choice will need to be closely monitored; anything from 'hard' factors such as ability to process technical information about treatment and measure 'quality' to soft 'factors' such as staff politeness and other 'customer service' issues. These elements are likely to be further exaggerated with those patients for whom English is not their first-language. All these may combine to exacerbate any 'postcode lotteries', especially with an expanding multiplicity of choice of providers, if not carefully managed; certainly a minimum standard of performance and quality for entry into the market is essential.

Careful evaluation and regulation of 'any willing provider' will be required to ensure that inequalities are not widened and quality of care compromised.

Health and wellbeing boards also offer an important opportunity for local involvement in decisions around public health, for example in town planning or healthcare provision. This is welcome and also allows Directors of Public Health, in consultation with local populations, an opportunity to monitor how 'choice' is being provided and whether it is improving efficiency, quality and public health.

Personal health budgets have the potential to help people manage their own health more effectively and tailor care to their own needs, but again, in a system with finite resources, much thought must be given to ensuring that choices are well-informed and cost-effective. It would be most sensible to introduce these initially for people who have relatively predictable patterns of care, for example those with long-term conditions.