

# Time to choose

How patients exercising their right to choose  
can help clear the NHS elective backlog

IN PARTNERSHIP WITH

 the patients association

# Foreword



Our vision at the Patients Association is true patient partnership in the design and delivery of healthcare services. And at the heart of every individual consultation should be true shared decision making, which must include clear communication on how a patient can choose where they can access the treatment they need to live their lives well. I believe that this will result in better outcomes for patients and more effective and equitable services.

Making waiting times more equitable between different areas and different providers will therefore help to restore patients' confidence that the NHS is functioning as it should – an important step given disruption to the relationship between patients and the NHS over the last couple of years.

The NHS can achieve this by ensuring healthcare staff and patients have clear communication about patients' rights, including their right to choose a provider. It also needs to ensure patients understand those rights. As part of this project, we heard from patients who had assumed the NHS would have to pay more for using an independent provider, and felt much better about the option once they knew it would not. The NHS should also be providing patients with the information they need to choose a healthcare provider, including where waiting times are shorter, as well as the nature and quality of the care on offer.

We know patients already have these important rights (as set out in the NHS Constitution) and should already be in receipt of the necessary information. However, given longstanding low levels of awareness of patient choice rights among the public, this implies the presence of some significant structural barriers for patients to be able to exercise choice. And given the clear need and desire for the NHS to reduce its backlog, this report shows the importance of identifying those barriers and overcoming them, in order to make patients' rights a reality and ensure they get the treatment they need more quickly and more equitably.

**Rachel Power**, Chief Executive, the Patients Association



 the patients association

# Executive summary

Patient choice has been a feature of the NHS in England for the last two decades and has been supported by Governments of all colours as a way of giving patients more control over their care and helping them access the fastest possible treatment. Despite these longstanding legal commitments – including some recent welcome pledges from both the Government and NHS to bolster patients’ rights in this area – there remain significant gaps in the public’s knowledge about what choices they have in accessing their NHS healthcare. This has limited the impact of choice in both empowering patients to make decisions around their care, and ensuring people can access treatment as quickly as possible and help bring down their waiting time.

With NHS waiting lists currently at record levels – and waiting times expected to worsen for some time – IHPN and the Patients Association have worked together to look at the role patient choice can play in tackling the elective care backlog.

The NHS’ recent elective recovery plan sets out a number of commitments around choice, including to “build on existing patient rights to choice; strengthen the systems and process that enable patient choice; and support patients to understand and access the choices available to them, and be given more transparent information to aid their decision”. This report aims to help inform the policy debate on patient choice, setting out:

- The history of patient choice in the NHS and what rights patients currently have.
- The role of patient choice at a time of record NHS waiting lists and how it can enable patients to access faster care.
- The public’s view of patient choice and the support they need to make informed choices
- Current policies in place to facilitate patient choice.
- The potential gains available from patient choice, in terms of current levels of variation in waiting times, and travel distances to independent sector facilities.
- Recommendations for the NHS on how to improve awareness of choice and support people to exercise their rights.

Overall, we found significant variations in waiting times across the country – from the South West where the difference between the providers with the best and worst waits is over 18 weeks (four months), to London where patients are waiting over 2 months more in the poorest performing providers.

Moreover, patients do not need to travel long distances to access faster care. On average, a patient would need to travel just 13.2 miles to go from one of the worst performing providers to one of the top performers. Doing so could save 14 weeks of waiting – moving from providers with an average of 22 weeks to an average of 8 weeks.

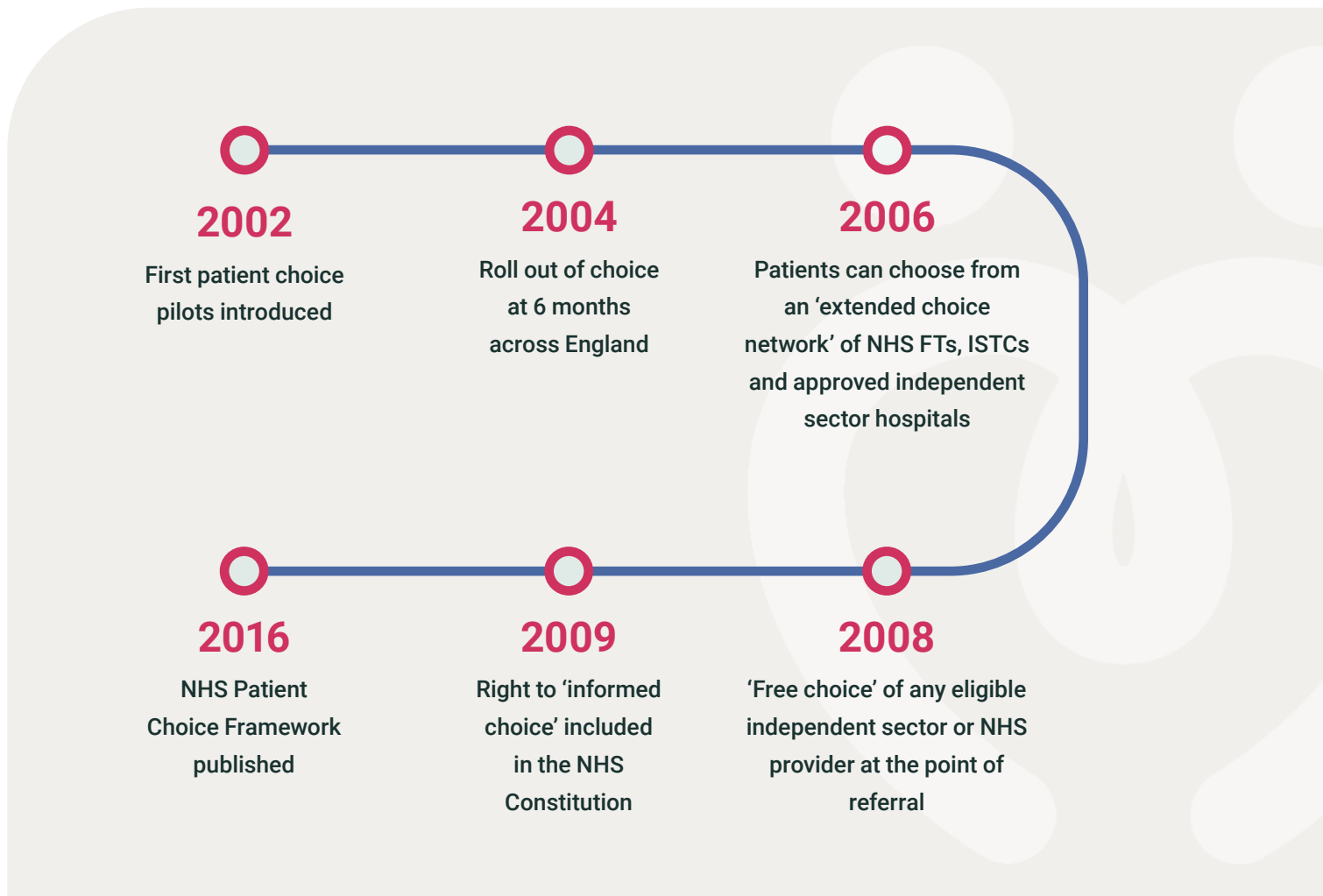
The potential for reducing waiting times (both for individuals and across the system as a whole) by accessing care through an alternative provider was also backed up by both polling and focus group work, which found the public is enthusiastic about patient choice. However, awareness of their rights around where they receive their NHS treatment is low, suggesting a need for an urgent push by the Government and NHS England to do more to promote choice and make it easier for patients to understand the options available to them.



# A history of patient choice in the NHS



While Nye Bevan himself extolled the virtues for patient choice as far back as 1946 - ‘there ought to be nothing to prevent anyone having advice from another doctor other than his own... if the other doctor is better than his own all he will need to do is to transfer to him and he gets him free... the same principle applies to the hospitals. If an individual wishes to consult, there is no reason why he should be stopped’, patient choice was formally introduced in the NHS in England in the early 2000s. This was seen as a key way of driving up efficiency and quality in healthcare, notably through making more efficient use of capacity within the hospital sector where waiting times differ between both providers and areas.



Providing patients with more choice was also seen as a way of ensuring NHS patients who are unable to pay for private care can have greater control over where they are treated and how quickly, along with helping incentivise healthcare providers to be more responsive to patients’ preferences about how and where healthcare is delivered.

As part of this drive to encourage choice, new healthcare providers from the independent sector were also encouraged to enter the market, including through the establishment of Independent Sector Treatment Centres (ISTCs).

While patient choice has existed in a number of guises in the last two decades (see box) the [NHS Choice Framework](#), first published in 2016, sets out the legal rights patients currently have in making choices about their NHS healthcare. This is backed up by the [NHS Constitution](#) which also makes clear patients have “the right to make choices about the services commissioned by NHS bodies and to information to support these choices.”



With NHS waiting times for elective (planned) treatment currently at record levels, this report will be specifically looking at the following NHS patient choice rights:

- Choosing where to go for your first appointment as an outpatient – patients can choose to receive their care in any NHS organisation, including those outside their local area and in over 270 independent facilities.
- Asking to change hospital if you have to wait longer than the maximum waiting times (more than 18 weeks before starting treatment for a physical or mental health condition, if your treatment is not urgent or more than 2 weeks before seeing a specialist for suspected cancer)
- Choosing who carries out a specialist test – patients can choose to receive their care in any NHS organisation, including those outside their local area and in over 280 independent facilities.

As part of this, [NHS England](#) has made a commitment that “in the near future”, all patients should be able to say:

- I have discussed with my GP/healthcare professional the different options available to me, including the pros/ cons and, where appropriate, whether to choose to not have treatment.
- I was offered appropriate choices of where to go for my care or tests.
- I was given an opportunity to choose a suitable alternative provider because I was going to wait longer than the maximum waiting time specified in my legal rights.
- Information to help me make decisions was available and I knew where to find it in a format that was accessible to me.
- I was given sufficient time to consider what was right for me.

The NHS' recent [elective recovery plan](#) also sets out a number of commitments around choice, including to “build on existing patient rights to choice; strengthen the systems and process that enable patient choice; and support patients to understand and access the choices available to them, and be given more transparent information to aid their decision”.

In addition, the Secretary of State for Health and Social Care Sajid Javid also announced this year a new right to choose, with patients at risk of waiting 78 weeks to be proactively contacted to discuss an alternative provider.

This is a variation on the commitment set out in the [NHS' 2019 Long Term Plan](#) which committed to ensuring that “anyone who has been waiting for six months will be reviewed and given the option of faster treatment at an alternative provider.”



# The role of patient choice at a time of record NHS waiting lists and how it can enable patients to access faster care

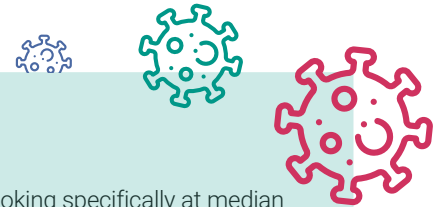


NHS waiting lists for elective care are currently at record levels with the latest official NHS performance figures showing over 6.6m people currently waiting for care. In addition, there is also a “missing waiting list” of around 8.5m fewer referrals who would have been expected to present for treatment since the beginning of 2020.

The waiting lists for elective care were already rising prior to the coronavirus pandemic, with the NHS’ Referral to Treatment (RTT) target to ensure 92% of people are treated within 18 weeks not being met since February 2016. Currently just over 60% of patients are being treated within 18 weeks.

While there will be no silver bullet to tackling the elective care backlog and reducing NHS waiting lists, ensuring patients are aware of their choices and their ability to choose the provider with the best access for their needs can play a key role in improving patients’ access to care.

While waiting times overall have risen over the last few years (including before the pandemic), there is currently considerable variation in waiting times across organisations within any given region in all key elective specialties.



## Methodology

IHPN have analysed NHS RTT performance data for April 2022, published in June 2022, looking specifically at median waiting time for incomplete pathways, i.e. how long people have on average waited so far who are yet to begin substantive treatment. As part of this analysis we have looked at the NHS’ top six treatment functions - trauma and orthopaedics; ophthalmology, ear nose and throat, gynaecology, general surgery and urology (NB we excluded “other” treatments from this list because while they make up some of the largest treatment groups, it is a very broad and illdefined category).

To make meaningful comparisons between providers we have identified the top and bottom third of providers by median waiting times.

For each specialty and region, we have looked at all non-specialist providers with waiting list above a minimum threshold of five people, whilst also excluding organisations that may have atypically short waiting lists because they are, for instance, part of cancer pathways.

Indeed, our analysis of the NHS performance data has found that in every region across England, patients could join considerably shorter waiting lists by travelling to a different local provider.

Looking at our analysis of the data, there are significant variations in NHS waiting times across both regions and specialties, with the opportunities for patients to access much faster care.

These disparities in waiting times can be seen most clearly in the **South West** where the difference between the providers with the best and worst waits is over **18 weeks** (four months).

Looking at individual specialties in the South West, for **general surgery**, patients waiting in the bottom third of providers currently wait on average over **35 weeks** for treatment. This compares with patients waiting in the top third of providers who wait on average just **9 weeks** - a disparity of over **26 weeks** (6 months).



## General Surgery

Key:

Top third average wait times

Bottom third average wait times



Likewise for ENT (Ears, Nose and Throat) services in the **South West**, patients waiting in the bottom third of providers currently wait on average almost **28 weeks** for treatment while patients waiting in the top third of providers wait on average just **8.6 weeks** - a disparity of over **19 weeks** (4.5 months).

The **North West**, **East of England** and **Midlands** also contain large variations in waiting times.

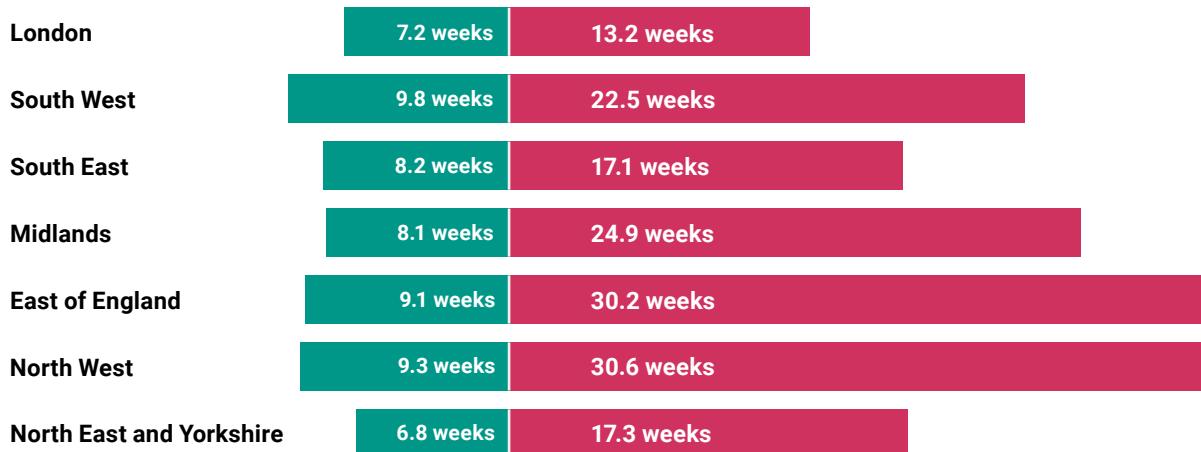
Waits for gynaecology care in the North West vary from over **30 weeks** for the bottom third of providers, down to just over **9 weeks** in the top third - a range of over 21 weeks.

## Gynaecology

Key:

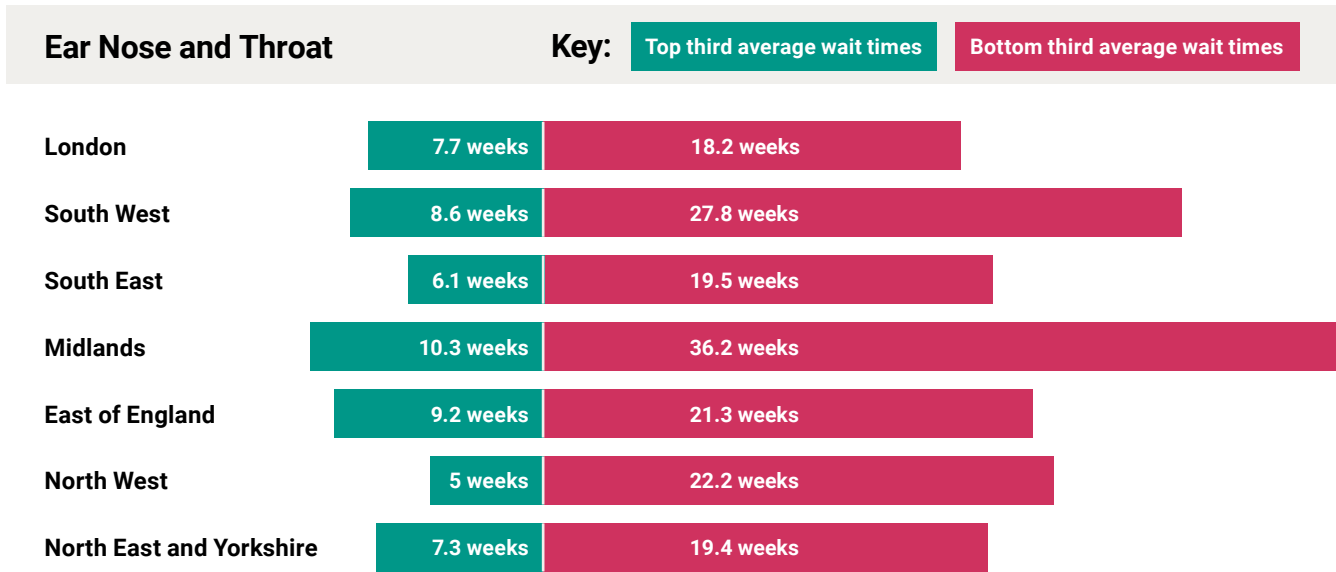
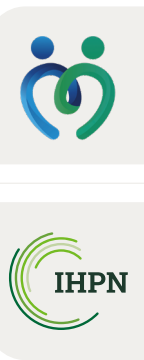
Top third average wait times

Bottom third average wait times



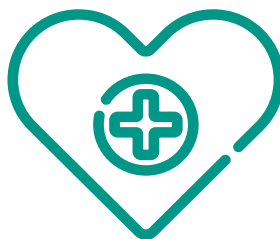
Likewise for gynaecology services in the East of England, the average waits for the worst performing third of providers is over 30 weeks, while the best performing services have waits of just over 9 weeks.

In the Midlands, average ENT waits in the worst performing third of providers are over 36 weeks, compared with just over 10 weeks in the top third. And for trauma and orthopaedic services, average waits in the worst performing trusts are almost 31 weeks, compared to 10.5 in the top third.



Significant variations in waiting times can also be found across **London** and the **South East**. For ENT, general surgery, and urology services in the **South East** patients waiting in the bottom third of providers are waiting over **13 weeks** more than those on the waiting lists of the top third of providers. Likewise in **London**, patients are waiting over **7 weeks** more in the worst third of performers vs the top third in five of the six top specialities.

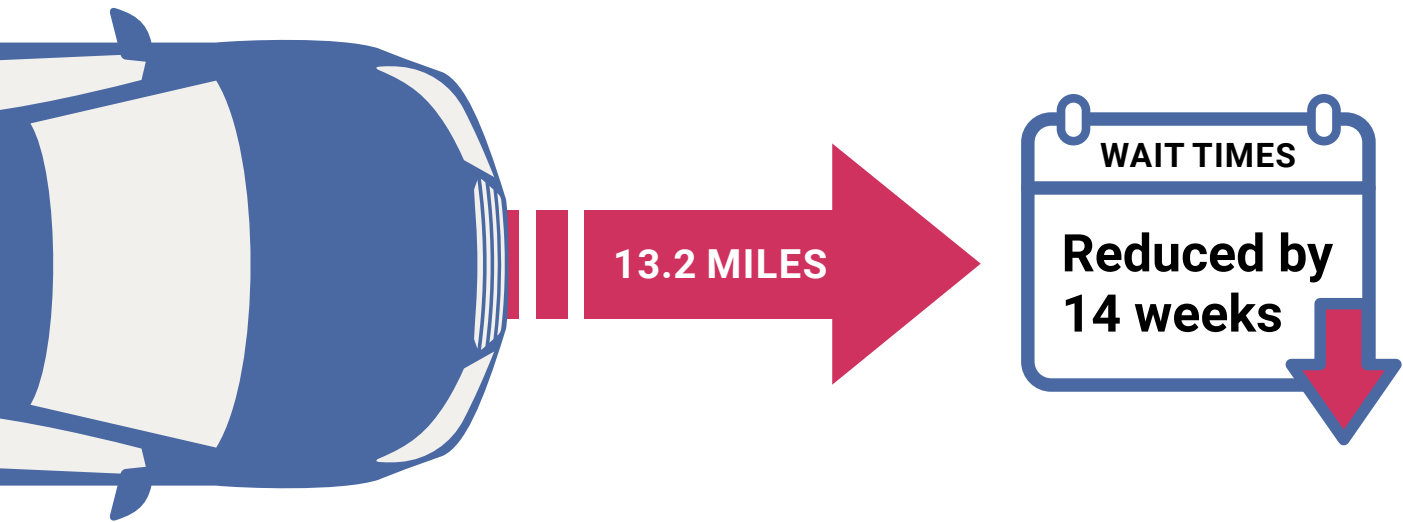
Even as average waiting times have risen across England – almost doubling from 7.2 weeks in April 2019 to 12.6 weeks in April 2022 – there remains huge variation both within regions and by specialty. As such, there is a great deal of scope for patients to find quicker treatment options wherever they are in the country.



# How far do patients need to travel to access faster care?

As part of our analysis of waiting times, we also looked at how far a patient waiting in the worst performing third of providers would have to travel to get faster care in the top third of providers.

Overall, our analysis has found that across the country, the average distance a patient would need to travel to move from a provider with one of the longest waits to a provider with one of the shortest waits is just **13.2 miles** - or less than thirty minute drive. Doing so would potentially translate to **saving 14 weeks'** waiting by moving from providers with an average of **22 weeks** to an average of **8 weeks**.



Looking at this on a regional level this means that, in the **Midlands** for example, a patient waiting for treatment in one of the third lowest performing providers would need to travel an average of just **10.9 miles** to one of the top third of providers to see their average waiting time go from **26.7 weeks** down to **8.9 weeks** – a saving of almost **18 weeks**.

In the **East of England** you would need to travel almost **16 miles** to see your waiting times cut by an average of over **16 weeks** from **24.9 weeks** to **8.5 weeks**.

In the **South West**, while you'd need to travel an average of **24.3 miles**, this would see your average waiting time cut by over **18 weeks** from **27 weeks** to **8.5 weeks**.

Realising these opportunities relies on patients being given the right support to access the care they need – including for example with travel and accommodation costs. It's clear from the data, however, that patients do not have to travel significant distances within their region to access faster care.

These significantly reduced waiting times could be realised, in the short term, by individuals who exercise their right to choose a provider. Longer term, the goal should be for a more functional system of choice, with patients fully empowered and supported to select the most appropriate provider. This would serve to equalise waiting times across systems - on average reducing waiting times for the vast majority of people, and so allowing greater equality of access for patients and a more efficient delivery of treatment.



# Choosing an independent healthcare provider for your NHS treatment



Since the early 2000s, patients have been able to access their NHS treatment in independent providers – from the first Independent Sector Treatment Centres (ISTCs) that were established in 2003, to the current 280+ independent providers who deliver NHS acute care. Independent healthcare providers are inspected by the Care Quality Commission (CQC) and are held to the same safety standards as the NHS. A recent study by the [University of Birmingham](#) also found that NHS care delivered in independent providers is at least as safe as that provided in NHS facilities. Independent providers are also paid the same price - the NHS national tariff - for delivering NHS treatment as NHS providers are.

The NHS' recent elective recovery plan also sets out a clear role for independent providers in tackling the backlog of care, particularly through patient choice, and calls on local systems to:

- Clearly articulate how patients can choose their place of treatment at all stages. This will be supported by clear and consistent communication with patients that explains the role of and options for using the independent sector.
- Ensure patients receive undisrupted and integrated care between local providers.

While there are some [concerns](#) that giving independent providers a greater role in delivering NHS care could “exacerbate existing health inequalities” given that “independent hospitals tend to be in more affluent areas”, our analysis of independent providers delivering NHS funded care across England shows that this risk of exacerbating inequalities is unfounded.

While there is a perception that independent providers are primarily located in more affluent areas, our analysis shows that drive times to independent healthcare providers for those people living in the most deprived areas of England are broadly the same as for the general population. If anything, those living in more deprived areas are slightly closer than average to independent providers.

NHS England has [stated](#) that “there is inequity of independent provision throughout the country” with the Government committing to “ensure that plans take into account people living in those areas with less access to independent care...the goal must be equity of access to care on waiting lists regardless of geographic location”. Our data makes clear that independent providers can be found all across the country, including in more deprived areas and therefore the sector should be seen as a key part of the solution in both tackling waiting lists and reducing health inequalities.

## The public's view of patient choice and the support they need to make informed choices

Despite NHS patient choice rights having been in place for over a decade in England, public awareness of patient choice has remained low. Polling consistently shows that less than half of the public are aware of their right to choose where they receive their NHS treatment.

NHS England previously conducted comprehensive annual surveys of patients' awareness of choice, but have not done so since [2015](#) when just 47% of patients were aware of their right to choose. Moreover, some 60% of patients did not recall being offered a choice of hospital or clinic to go to for their first outpatient appointment.

Prior to the pandemic, NHS Digital undertook a quarterly survey of patient choice awareness, however the results of which are not well publicised and are somewhat of a downgrade on previous national patient choice surveys. These surveys continued to show poor awareness of patient choice - as low as 20% in some areas.

# What the public think about patient choice – public polling



To help inform this report, we commissioned polling from Savanta ComRes on the public's current awareness and attitudes to patient choice, as well as their willingness to travel to receive faster care.

Overall, a slim majority (**53%**) said they knew that there was a **legal right to choose a hospital or clinic** for a first NHS outpatient appointment.

This reduced to **46%** who were **aware of their legal right to change hospital** if they had to wait more than 18 weeks before starting NHS treatment, and just **41%** who were aware of their **legal right to choose who carries out a specialist NHS test**. Just 37% of the public knew that they can choose to receive their **first NHS outpatient appointment in an independent/private sector provider with no additional cost to the NHS**.

The polling overall showed that the public are, however, enthusiastic about patient choice. **Three quarters of people** believe they **"should have a right to choose where I receive my NHS treatment, including with an independent/private sector provider"**. This rises to almost nine in ten people (87%) agreeing that they are **happy to receive NHS care with an independent/private sector provider** as long as they are subject to the same quality standards as the NHS and it costs the standard NHS price.

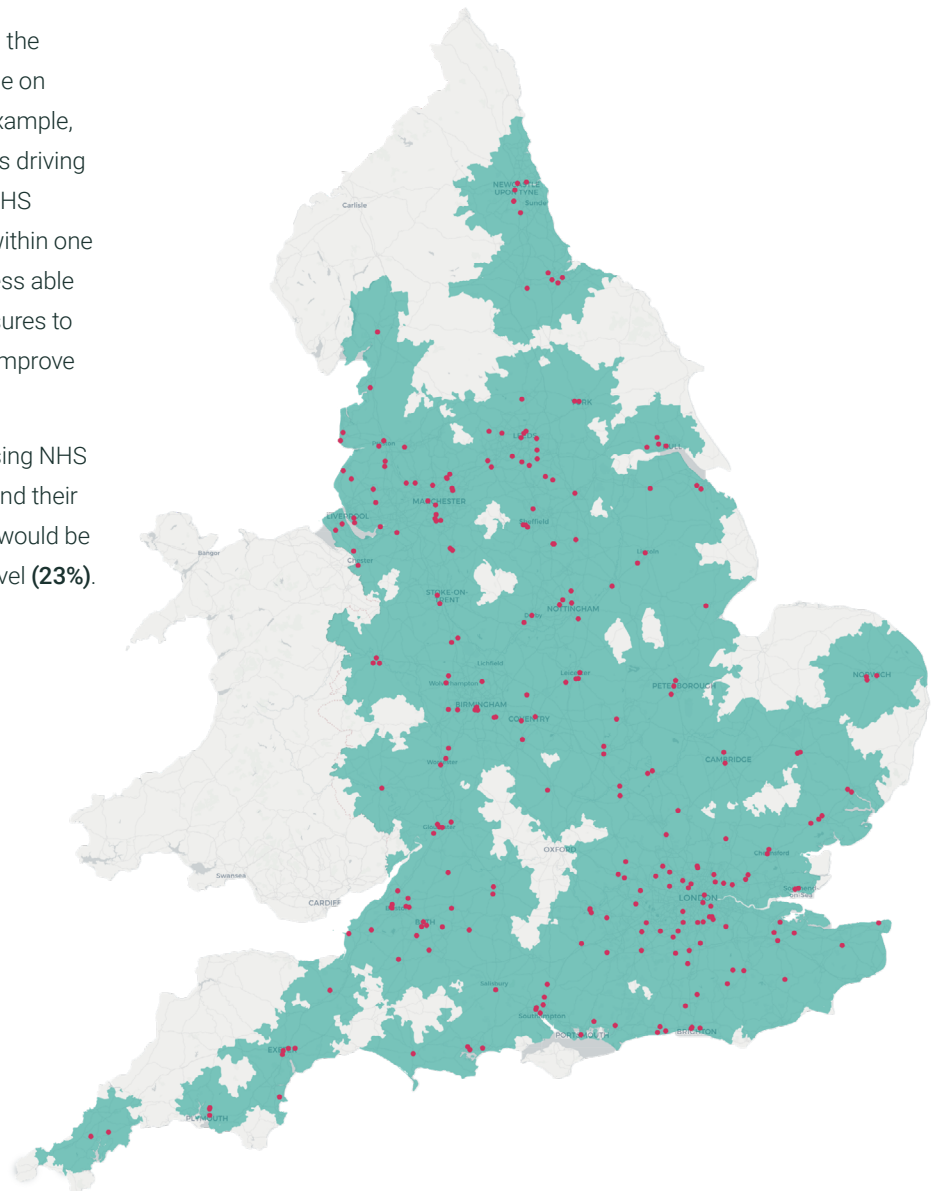
Overall, the polling also found that people are comfortable with travelling outside their local area to receive their NHS care. Almost three quarters (73%) of people reported being **happy to travel more than 30 mins outside of their local area** to get faster treatment. Only 5% of people said they would not travel outside their local area to get quicker treatment from the NHS.

This willingness to travel for treatment emphasises the importance of empowering patients with knowledge on their choice of providers. Our analysis shows, for example, that **90%** of people in England live within 30 minutes driving distance of an independent provider that delivers NHS treatment, and over **96%** of people in England live within one hour's drive of such a provider. For those that are less able to travel independently, NHS have introduced measures to support travel and accommodation needs to help improve equality of access to these treatment options.

When asked about any potential barriers to accessing NHS treatment outside of their local area, the polling found their biggest concern was around where follow-up care would be available (identified by 26%), followed by cost of travel (**23%**).

# 90%

of people live within a **30 minute** drive of an independent provider





# What the public think about patient choice

## - focus group findings



In partnership with the Patients Association, IHPN also held a focus group to understand more about the public's views on patient choice. The focus group comprised of nine people who are either currently waiting for NHS treatment or have recently received treatment, and the discussion focused on how important they think patient choice is; how can patient choice rights be better promoted; what support is needed for people to be able to make the right choices about treatment for them; and any concerns they may have about choosing an independent provider when accessing their NHS treatment.

Overall there was widespread enthusiasm about the principle of patient choice in the NHS, with participants seeing it as a valuable tool in improving the range of treatment options available to them. However a number of issues were raised in terms of how choice can better work for patients in practice.

### Experiences of being offered patient choice

Patients in the focus group reported mixed experiences of actually being offered a choice of provider for their NHS treatment. Participants provided numerous examples of occasions when only one provider option was offered to them as they were told "there were no others (available) locally". Despite NHS patients being able to receive their care in any NHS or independent provider which delivers NHS services across the country, some patients reported not being given the option of being treated at a provider if it was located in their neighbouring Clinical Commissioning Group (CCG), even if it was located nearer to where they lived. One patient reported being told by a CCG representative that patient choice was not offered in their area as it involved "too much paperwork".

### Role of GPs in facilitating patient choice

While NHS England makes clear that GPs and other healthcare professionals should discuss with patients their different treatment options and offer a range of providers to choose from, the focus group participants felt that GPs were not always able to provide sufficient information to patients about their choices and help them exercise their rights in this area. While it was felt by some that this may be due to a lack of knowledge on the part of the GP – either about patients' rights or specifically about the referral options available - it was widely recognised by the group that there are broader issues which are limiting discussions about patient choice. For example, the ten-minute limit on appointments was identified as a factor, with exploration of choices and options often not being feasible in this time.

Equally, however, while participants felt that GPs do have a key role to play in supporting patient choice, it was recognised that support with actually making a choice about a provider could come from elsewhere e.g. local, on the ground charities that could assist people in navigating the health and care system. Others identified a "social coordinator" role in general practice as a potential key source of support, who patients can discuss their options with.

### What support is needed for patients to make the best choices around their care?

Trust was cited as an important factor in choosing where to receive treatment, particularly in terms of choosing a provider the patient is not familiar with. Published statistics on a providers' safety or performance, as well as patient reviews or feedback were discussed, however participants felt these were not always a sufficient basis for building that trust. Clear-cut solutions to this difficult challenge were not identified by the group, but participants were keen to know more about how the NHS vets providers who deliver treatment in a particular area, and a greater understanding of this process – as distinct from simple scores or other data points – was seen as potentially being helpful in enabling patients to feel they can trust a provider.

Linked to this, the use of online, digital systems to find information, make bookings and carry out other tasks to help them access care was repeatedly mentioned throughout the discussion, with concerns that healthcare systems which are designed to be navigated digitally could risk erecting substantial barriers to the exercise of choice for some patients.

## Patient appetite to travel outside their area to access faster care

While there was recognition among the group that the plans to cover travel and accommodation costs might be helpful, many felt that some patients would only feel comfortable doing so if they had a support network of some sort, such as family members, in the destination area. Likewise, there was a view that patients living in urban areas might find it easier to travel to an alternative healthcare provider than those living in rural areas.

## Accessing NHS treatment within the independent sector

Overall, the group recognised that there was no merit in attempting to generalise about either NHS provision or independent provision being 'better'. One issue that was raised a number of times in the discussion was the concern that choosing an independent provider might cost the NHS more than if the same patient opted for an NHS provider. Some participants were surprised to learn that the cost to the NHS was the same either way, and this news changed their view of the subject, removing a major concern they had had about the independent option. The group observed that patients did not want to feel that they were a 'burden' on the NHS, or at least not an undue one, and that clearer understanding of costs to the NHS of accessing their care in the independent sector might affect people's decision-making.



# Current policies and initiatives to improve take up of patient choice



While there has been a commitment to implementing patient choice for the last decade – albeit with limited success given low levels of public awareness – as the health service attempts to recover from the pandemic, patient choice is seen as an increasingly important tool to tackle the elective care backlog.

This includes the commitments in the NHS' recent elective recovery plan outlined above, and the plan announced by the Secretary of State to cover care, transport and accommodation costs for patients travelling out of area.

As part of this work the NHS has been developing the “[My Planned Care](#)” online platform which aims to provide information and guidance for patients currently waiting for a hospital consultation, treatment or surgery (rather than for patients who are looking at what their options might be). At the time of writing functionality is limited to providing the ability to search via region for different NHS providers and view the average waiting time for key specialties, albeit with some missing data. Independent providers delivering NHS services are not currently included on this platform but from May providers from the sector have been able to begin submitting data to the platform, with publication expected shortly.

This platform is in addition to a number of other search functions that the NHS has to support patients to understand what their options are in choosing a healthcare providers, including [Find Services Near You](#), and [Find Services](#). The Patient Experience Library, an independent not for profit organisation, has also established a [Waiting Lists Tracker](#) which looks at NHS RTT performance data of NHS Trusts (this does not currently include independent healthcare providers).

While these resources are helpful, they are not currently widely promoted and hence are difficult to find unless you know they exist. The information provided on these sites is also incomplete in many areas, and can be confusing for patients wanting to get a clear picture on waiting times and the options available in their local area.

Patients wanting to find out more about their options in choosing a healthcare provider are therefore faced with a number of different options and search functions, each of which look at different performance metrics. This makes it difficult for people to make meaningful comparisons of different providers and in turn make the best possible decision about their care.

In addition, referral management centres have been increasingly used in the NHS – a [report](#) from the Royal College of GPs in 2018 found that around one quarter of CCGs used them. The centres generally manage referrals made by GPs into secondary care, such as: triaging referral letters from GPs; linking referrals to booking centres; deciding the treatment route for a patient; diverting referrals to alternative services; and determining whether a referral should not have been made. While these can relieve some of the administrative burden for GPs – in contacting patients and explaining their options including how long waits will be – in practice they also frequently serve to undermine patient choice and restrict the ability of patients to make meaningful decisions around their care.

Pre-pandemic there were also measures being put in place to support GPs themselves to facilitate patient choice. This includes the NHS e-referral service (eRS) capacity alerts programme whereby a red ‘Limited Capacity’ flag was used on eRS for clinics where waiting times were very long, with a prompt for GPs to discuss long waiting times at these services with their patients. A green box was also created at the top of the referral system listing local clinics which had spare capacity. As a result of these simple measures, there was a 20-38% reduction in referrals to services with the longest waits and a 14% increase in referrals to services with green alerts when this approach was [piloted](#) in east London in 2016.



# Conclusions and recommendations

Through our analysis of NHS performance data, it's clear that with the considerable variations in waiting times across different regions, there is potential to reduce waiting times (both for individuals and across the system as a whole) by accessing care through an alternative provider. This includes through accessing their care in independent healthcare providers who deliver NHS funded care, given their widespread coverage across the country.

However, from our polling and patient focus group discussions, it's evident that much more needs to be done to ensure that the public are not only aware of their legal rights to choose their healthcare provider, but are also better supported in understanding what their options are and in making the best decision for them around their healthcare.

To help facilitate this we therefore make the following recommendations to ensure patient choice is effectively embedded in the NHS, and that patients are supported more effectively in making decisions around their care.

- Bring together the My Planned Care and NHS "Find a service" platforms so there is just one place that is promoted to patients where they can go to search for their local treatment options, including in the independent sector, with up to date, comprehensive, and easily comparable information to inform their decision making.
- Make MyPlannedCare a genuine "Manage my booking" service over time where patients can log in and understand their likely wait and make appropriate choices in response.
- The NHS to provide more information directly to patients on the choices available to them. This could include all patients being referred for treatment being provided with a leaflet (digital and non-digital) on their patient choice rights – as you would for e.g. asthma or cholesterol.
- The NHS should also more widely promote that patients travelling outside their area for treatment can get their travel and accommodation costs covered - helping reduce inequalities and ensure all patients are able to better access treatment.

- To ensure patients who are more digitally excluded can still access information of their choices, a telephone service should be introduced where a coordinator can talk through options with patients set out on the online platform.
- NHS England to look into how GPs currently facilitate patient choice through the e-referral system, including reenergising the NHS capacity alerts project and implementing it across the country to support GPs and help them recognise where the shortest waits are.
- NHS England should undertake a comprehensive national annual survey of patient awareness of choice. Alongside publishing the findings, NHS should also provide an annual report to the Secretary of State on how they plan to improve the awareness and uptake of patient choice.





## Independent Healthcare Providers Network

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