



Fair for all personal to you

Choice, responsiveness and equity in
the NHS and social care

A national consultation

Autumn 2003

DH INFORMATION READER BOX

Policy

HR / Workforce
Management
Planning
Clinical

Estates
Performance
IM & T
Finance
Partnership Working

Document Purpose Consultation/Discussion

ROCR Ref **Gateway Ref:** 1918

Title Fair for all personal to you

Author DH/Patient and Public Involvement

Publication Date 01 Sep 2003

Target Audience SHA Choice leads

Circulation List PCT CEs, NHS Trusts CEs, StHAs CEs, Voluntary Organisations, Independent and voluntary sector, patient and professional organisations, Members of Task Groups

Description Resource pack to support national consultation on choice, responsiveness and equity in the NHS and social care

Cross Ref The NHS Plan, Planning and Priorities Framework

Superseded Docs

Action Required Public and staff consultation exercise

Timing **By 11 Nov 2003**

Contact Details Harry Cayton
Choice, Responsiveness and Equity
Department of Health, Richmond House
79 Whitehall, London
SW1A 2NS
(020) 7210 5990
choiceconsultation@doh.gsi.gov.uk

For Recipient's Use

Contents

Foreword	2
Key messages	3
Why a national consultation on choice, equity and responsiveness?	4
What will the consultation look at?	5
How the consultation process will work	7
Making your contributions to the consultation	9
Background to the consultation	10
Research evidence	16

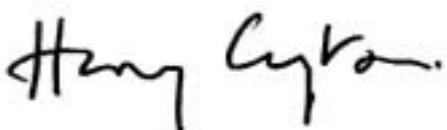
Foreword

Fair for all personal to you sums up our aim for the NHS and for social care as it relates to the NHS – equitable but also responsive to individual needs. Our ultimate objective is to improve patient and user experience and build new partnerships between those who use health and social care and those who work in them.

This consultation pack has been prepared to help you to participate in the national consultation on choice, responsiveness and equity in health and social care. The consultation is an opportunity for a wide range of stakeholders, including patients, users and carers, everyone involved in running and providing health and social care, the voluntary and independent sectors, patient organisations, and the public, to share ideas and good practice. We want the consultation to be open and effective and we look forward to your contribution.

Specifically, we will be considering how maternity services, children's health, primary care, emergency care, planned care, mental health, services for people with continuing long term conditions and for older people can be made more responsive. We will be examining across all services issues of fairness.

This pack sets out in more detail how you can contribute to the debate. We want to build on work already underway and on *The NHS Plan* to create health and social care services that really are fair for all and personal to you. Please help us to achieve this.



Harry Cayton
Director for Patients and the Public, Department of Health

Key messages

Choice, responsiveness and equity – improving the patient and user experience

- Research studies show that patients, users and carers want to share in decisions about the treatment and care that is appropriate to them and that this results in improved outcomes;
- Offering choice is not an end but a means to improving the patient and user experience – a means to empower and enable patients and users and professionals to make shared and sustainable decisions, to enable the NHS and social care to deliver a service that is more responsive and to tackle unfairness;
- Real choice includes decisions about ‘where’ and ‘when’ care is received as well as ‘what’ services and ‘how’ someone wishes to be treated or manage their condition;
- Choice needs to be extended to everyone regardless of where they live, what they can afford, their educational status, age, disease or condition, or cultural background. Designing services around the wishes and choices of different groups of patients will improve access to care and treatment and reduce health inequalities;
- There is already much good practice locally and many schemes where patients are involved. A national initiative offering choice of hospital is already being implemented for those waiting over 6 months for elective surgery and from December 2005 choice of hospital will be offered at GP referral. This consultation is designed to go beyond these initiatives and promote choice and responsiveness across all services and across the whole country.

Why a national consultation on choice, equity and responsiveness?

In his speech to the New Health Network on 16 July the Secretary of State for Health promised to:

- extend choice beyond elective care into services such as chronic conditions, primary care and maternity services;
- work with patient groups to develop 'radical proposals on how best we can empower patients in these and other areas'; and
- enable patients, user groups and staff to contribute to the debate on how we take the next steps forward.

Increased investment in the NHS is already producing results – improved waiting times and clinical outcomes. As capacity in the NHS grows there is an opportunity to offer people more choice over their care and more involvement in decision making. The NHS and social care can become more responsive to patients and users and design services better to fit their needs and wishes, ensuring better access for everyone.

To achieve this all of us who work in and use health and social care need to know what individuals want. But we also need to know what people's priorities are and how personal needs and preferences fit with the needs of other people and the community. We need to understand the differences between different groups of patients and users.

We need creativity and new ideas. Equally, we need to know what has worked well and can be expanded to other areas in both health and social care. Social care is as important as health because so many people use both services and are not concerned about where one service ends and another begins.

We need to understand how choice can be made universal and what kind of support will be needed to help people exercise choice. We need to understand what choices staff currently make on behalf of patients and how they could be supported to deliver a more flexible patient and user centred service.

This is why the Department of Health is facilitating a national consultation exercise that will enable the debate on choice, responsiveness and equity to take place. Building on structures already being put in place this is an opportunity for staff, patients and the public to have a say in that debate.

The national consultation was launched by Sir Nigel Crisp, Chief Executive of the NHS, on the 1 August 2003. Harry Cayton, Director for Patients and the Public, is heading a Project Team within the Department of Health who are leading the consultation. Information will be posted and regularly updated on the consultation website www.doh.gov.uk/choiceconsultation

What will the consultation look at?

“This work will look at all aspects of the patient experience. Fast access, certainly. But also good information about your illness. Real choice of when and where and how you are treated. Attentive staff. A clean, comfortable, friendly place to be. Safe, high-quality, co-ordinated care. And all done in a way that makes people say: “they treated me as if I mattered”, and “they took time out to explain what was wrong.” This is what staff want to provide, this is what patients want from their NHS.”

Secretary of State for Health, Rt Hon John Reid MP, 16 July 2003

The government has already set out its programme of system reform in The NHS Plan and Delivering the NHS Plan and has set targets for the next three years in the Planning & Priorities Framework. This debate is intended not to focus on further structural reform but to look at ways of transforming the patient experience. This is part of a longer-term vision for the NHS and social care.

The questions

These are the questions for debate:

What changes would have the most impact on improving the experience of health and social care for patients, users and carers?

- What choices do patients/users/carers want?
- What information and support would patients/users/carers need to exercise these choices?
- What changes in the system, or how people work, or communicate would be needed to create these choices and make health and social care more responsive?
- How could these choices be made fair for all?

The themes

In particular the consultation is focused around the following eight themes:

- Maternity care
- Children's health
- Primary care
- Emergency care
- Planned care
- Mental health
- People with continuing, long term conditions
- Older people

There are also a number of themes that cut across the whole of health and social care, such as information, self-care and access which will be considered in the consultation.

The more people involved in the consultation, the more successful it will be – people of all ages, men and women, people from black and minority ethnic communities, people with disabilities, people in urban and rural communities and from socially excluded groups whose voices are too often missing from public debates, such as homeless people and refugees.

Testing an idea

When prioritising ideas and proposals you might find it useful to test them against this simple decision framework:

- Is it personal, taking account of individual needs and preferences?
- Is it fair, taking account of the needs and preferences of other people and the community?
- Does it work? Is it based on evidence? Is the care safe and effective?

How the consultation process will work

There are four main strands to the consultation:

- A national consultation around eight identified themes led by Task Groups:
 - Maternity care
 - Children's health
 - Primary care
 - Emergency care
 - Planned care
 - Mental health
 - People with continuing, long term conditions
 - Older people
- Local consultation and events led by Strategic Health Authorities
- An invitation to the public, staff, patients, users and carers to contribute their ideas and views directly
- The opportunity for patient and professional organisations, the voluntary and independent sector, Modernisation Agency Associates and other stakeholders to contribute to the debate

It is expected that the consultation will generate a wide range of ideas and make a substantive and substantial contribution to policy. Some will be local proposals that local communities and Patient Forums will encourage and support their partners in health and social care to deliver. Others may need national enabling action, or may need to be implemented over time as capacity continues to expand.

The Department of Health is seeking feedback by **11 November 2003**, but that does not mean that the process will stop there. This consultation is not an end in itself, but signals the major culture change that is beginning to take place in the NHS. However, this deadline will allow for the publication of a document before the end of the year summarising the views that have been expressed so far and setting out how these will shape future policy and action.

Task Groups will work during September and October looking at choice, responsiveness and equity in relation to the eight themes.

Strategic Health Authorities are being asked to facilitate the local debate, stimulating and promoting local contributions. They will be supporting members of the local health and social care communities such as NHS and primary care trusts, councils with social services responsibilities, voluntary

and independent sector providers, to engage patients, communities and staff in the consultation. The **public, staff, patients, users and carers** will be able to contribute their ideas by accessing the website at www.doh.gov.uk/choiceconsultation where they will be able to fill in an online survey, email their views, and join in an online discussion on choice, responsiveness and equity. In addition the Department of Health is commissioning research to ascertain the views of particular patient, community and staff groups, as well as making full use of existing research.

Patient and professional organisations, the voluntary and independent sectors, Modernisation Agency Associates and other stakeholders are being invited to facilitate debate amongst their members and networks and contribute ideas and research.

Making your contributions to the consultation

When you should submit your contributions by?

Ideas and proposals should reach the Project Team at the latest by **11th November 2003**.

Emerging ideas, which reach the Project Team in time, will be fed into the relevant Task Groups throughout the process. Deadlines for contributions to Task Group meetings are:

- 10 October
- 21 October
- 4 November

Where you should submit your contribution?

By email to: choiceconsultation@doh.gsi.gov.uk

By post to: Choice, Responsiveness and Equity Project Team
Department of Health, Room 533,
Richmond House, 79 Whitehall, London SW1A 0NS

Via the website: www.doh.gov.uk/choiceconsultation

What should you submit?

- Please submit views on the consultation questions specifying how they apply to one or more of the eight themes;
- Submissions relating to cross cutting themes such as information, self-care and access would also be welcome;
- Emerging ideas and any relevant research are invited as well as final submissions
- Please send all contributions to the Choice, Responsiveness and Equity Project Team at any time to the above address;
- Please use the cover sheet provided in the Resource Pack with your submission (also available on the website); and
- Please note your responses may be published or attributed in the document that will report the findings of the consultation. You should indicate if you would not wish this to be so.

Final date for contributions: 11th November 2003

Background to the consultation

Choice as a means to improve the patient experience

The expansion of choice within the NHS and in social care as it relates to the NHS holds out the promise of greater patient empowerment and involvement, more responsive services and a better patient experience. Ensuring choice is available to all can help tackle unfairness in the current provision of health and social care.

Choice is not an end or an event in itself, but a means to improving the patient and user experience of health and social care.

Research studies show that patients want more choice in health and social care. Furthermore studies show that patients, users and carers want to share in decisions about the treatment and care that is appropriate to them and that this results in improved outcomes.

Much is already being done. Over the next few years more and more patients requiring elective surgery will have the choice over the hospital in which they receive their treatment. In social care users are involved in decisions about the services they receive or can even receive direct payments to enable them to buy the support they need.

Services will become more responsive as they adapt to the choices that patients make, responding to the needs of patients and users.

These are real changes. But to meet the aspirations of patients, users and the public more needs to be done.

Choice will become part of the everyday experience of the NHS and social care for all patients and users. It will mean empowered patients and users, fully engaged in shared decision-making. Services and staff that are truly responsive to individual needs and wishes. It will mean greater public engagement in sustainable decision making about the services they want. It is about creating a flexible NHS and social care system that is fair for all and personal to you.

Choice is central to public sector reform

“The public, like us, want education and health services free at the point of use – but they don’t want services uniform and undifferentiated at the point of use, unable to respond to their individual needs and aspirations.”

Prime Minister, Tuesday 17 June 2003

Choice is a core principle of the government’s approach to making public services more customer focused. The Prime Minister’s Office of Public Services Reform identified four principles www.pm.gov.uk/files/pdf/Principles.pdf:

- High national standards and clear accountability
- Devolution of responsibility
- More flexibility
- **Choice** and diversity of provision

In health and social care these principles are being implemented through reforms to the health and social care system. These are laid out in the *NHS Plan* and in *Delivering the NHS Plan* and through *Improvement, expansion and reform: The Priorities and Planning Framework, 2003–2006*, which sets out the priorities for the next three years for the NHS and social care.

Fair for all personal to you builds on The NHS Plan and Delivering the NHS Plan and Improvement, expansion and reform

The NHS Plan

The NHS Plan set out how the NHS would change for patients. This included providing accessible information about their health and about their local health services.

- Extension of the Expert Patient Programme;
- Patient friendly information from the National Institute for Clinical Excellence (NICE) and through NHS Direct online and NHS Digital TV;
- Greater information about treatment through access to medical records and copying letters to patients;
- *Your Guide to Local Health Services* published by Primary Care Trusts with information on the range of local services available;
- Patients provided with more information to support their choice of GP practice; and
- Patients given a choice over the time and date of hospital appointment and elective admission by 2005, establishing for patients a choice of **when** to be treated.

“Services increasingly must respond to what the public want, not to what others think they need. Giving patients a more personalised and responsive service within a framework and value system which is fair to all is a key aim for the NHS.”

Introduction to the NHS Plan, www.doh.gov.uk/nhsplan/index.htm

Delivering the NHS Plan

In *Delivering the NHS Plan* patient choice was further strengthened. It was announced that patients waiting over six months for a heart operation would have the choice to be treated sooner by an alternative provider and, in London, choice widened to other clinical conditions. It committed the NHS to ensure that all patients would be able to book an appointment at a time and place convenient to patients by 2005. Thus extending choice to **where** to be treated.

Improvement, expansion and reform: The Priorities and Planning Framework, 2003–2006

Improvement, expansion and reform set out the priorities for the three years 2003–2006 for the NHS and social services and what local organisations and communities needed to do to plan for and implement these improvements. It identified how, during these three years, the whole health and social care system would be changing with, notably, more choice for patients.

Fair for all personal to you

Fair for all personal to you builds on the foundations set out in *The NHS Plan* and *Delivering the NHS Plan* in creating a patient centred service. It goes beyond the current scope of thinking about choice. It is as much about “what and how” as “where and when” – about how to make choices accessible to all; about choice being a part of the overall patient and user experience. It develops further a new more open way of working that involves patients and communities.

Fair for all personal to you is looking to extend choice beyond what currently exists in health and social care, making the NHS and social care more responsive to all patients and users in all areas of care.

Choice of hospital is already being implemented

Earlier this year the first phase of patient choice was launched. This focused on choice of hospital. By the summer of 2004, all patients waiting six months for elective surgery should benefit from the choice to move to another hospital or provider in order to be treated more quickly. In this way, those waiting longest will benefit first from choice. Nine pilot projects are

already operational. From December 2005, patients who may require elective surgery will be offered a choice of the hospital, or other provider, where they wish to receive their treatment, at the point their GP decides to make a referral.

For more information about the choice of hospital policy see www.doh.gov.uk/choice/choiceofhospital.htm

Choice in social care

In social care, cash payments (or *direct payments*) are available to people in place of a service package. These payments empower individuals to make their own choices about the care services they require. People can arrange care services directly and change providers as they wish, subject to their arrangements being suitable to meet their assessed need. From April 2003 it became mandatory to make direct payments to all individuals assessed as eligible (most adults and some young people) who want to receive them.

Choice may be supported by a diversity of providers

Independent and voluntary sector providers are increasingly playing an important role in delivering health services. They already play a significant role in the delivery of social care services. A diversity of providers from within and beyond the NHS can potentially offer a wider range of choices to patients and users in terms of location, and content. Different models of service delivery that are responsive to different users' needs may be offered by a diversity of providers.

The draft concordat between the Department of Health, the NHS and the voluntary and community sectors that has just been published for consultation is also driving in this direction. The concordat is a strategic statement of intent by the Department, NHS and voluntary and community sectors to work together constructively. It seeks to strengthen the contribution of the voluntary and community sectors to patient-centred delivery – enhancing relationships between sectors and encouraging strategic engagement.

Choice and voice together will ensure that services are patient / user centred

The NHS is already implementing new structures to ensure that health services are focused on the needs of patients.

- The **Commission for Patient and Public Involvement in Health** (CPPIH) will ensure that the public is involved in decision-making about health and health services;
- NHS Trusts and Primary Care Trusts have established **Patient Advice and Liaison Services** (PALS) to gather patient feedback, provide patients, their families and carers with on the spot help when things go wrong and give them information about health services, for example how to access the complaints procedure;
- **Patient and Public Involvement Forums** (PPIFs) will seek patient and user views to influence the day to day operation of health services in each Trust, and will monitor the effectiveness of health services from the patients' perspective, including PALS in their NHS Trust. The CPPIH has very recently launched a PPIF member recruitment drive to find individual patients and members of the public who are interested in influencing health services from the point of view of patients and potential patients (www.maketimeforhealth.org); and
- **Overview and Scrutiny Committees** (OSCs) of local authorities have new powers to scrutinise and review health services.

Hearing the voices of patients and users within the NHS is an important way in which collective choices can be taken. However, it is also important to respond to the choices that individual patients and users want to make and how services can be more personalised.

In social care, service users and their families are being given more say over the services they receive. The cross-government learning disability White Paper '*Valuing People*', incorporates "person centred planning" as a key element. This enables people with learning disabilities and their families to set out their wishes and aspirations in their own plans, which are taken into account in care management and other planning by service providers.

Choice, responsiveness and equity

An NHS which provides equity of access to health services according to need not ability to pay remains a fundamental principle of this government.

“ Universal choice gives poorer people the same choices available only to the middle-classes... choice sustains social solidarity by keeping better-off patients and parents within the NHS and public services... choice puts pressure on low quality providers that poorer people currently rely on.”

Rt Hon John Reid MP, 16 July 2003

Increasing capacity, providing information that is meaningful to all, and supporting individuals to make choice a reality are the conditions needed to ensure that everyone will be enabled to make their choices.

The objectives of choice in the first phase of reform were on the whole about maximising the use of existing capacity in the NHS and exploiting capacity in the private sector and overseas to reduce waiting times for elective surgery. Hence the focus on choice for long waiters.

Choice of provider (e.g. where to be seen) introduced an element of contestability within the health system. Combined with payment systems, which allow money to follow the patient, contestability can provide incentives for greater organisational efficiency and greater responsiveness.

Involving patients in choices about their treatment is a key part of informed consent. Research has also shown that it leads to improvements in outcomes and the Final Report of the Bristol Royal Infirmary Inquiry made it clear that partnerships with patients are essential to ensure high standards of care. Good communication between clinicians and patients and shared decision making in health care are also essential to patients' satisfaction.

Choice is a means to improving the patient and user experience – a means to empower and enable patients and users and professionals to make shared and sustainable decisions, to enable the NHS and social care to deliver a service that is more responsive and to tackle unfairness.

“ The challenge for us as we change the system is to extend choice to all. Not to deny it to those who have it, but to help every patient to be an informed patient. To ensure that the choice and convenience of service does not depend either on where you live or how much you can afford.”

Rt Hon John Reid MP, 26 June 2003

Research evidence

What do the public, patients and users think?

Benefits of choice

There is a high level of demand for choice in the UK. In a European survey of patients, 80% of UK respondents thought they should have a free choice of hospital, 79% free choice of specialists and 87% free choice of GP (Coulter and Magee 2003). However, only between 30% and 40% of respondents thought they had sufficient information to make such choices. Patients involved in focus groups conducted by the College of Health and IPPR in 2001 suggest that patients think that being able to make an informed choice would improve the quality of care. Choice also helps to empower patients, making them feel that they are being treated as an individual.

Studies also suggest that users of social care want more choice and independence. For example, four fifths of older people strongly prefer to remain in their own home for as long as possible (Boaz et al 1999). In the event of disability, three quarters of older people would rather stay in their homes and have them adapted, rather than move (Help the Aged 1999). There is evidence from research that people remaining in the community had higher satisfaction levels compared to similar people in institutional care. However, some people, given a free choice, prefer residential care. An English study found that, whilst some people wanted to remain at home (but were denied that option), others would have preferred to enter residential care (but were not deemed to have sufficiently severe needs) (Ware et al 2003).

Willingness to travel

The BMA survey of public opinion conducted by MORI in June 2002 asked how far people would be prepared to travel for treatment if they faced a long wait on the NHS and if the NHS would pay for their care. More than a quarter (26 per cent) said they would travel anywhere in the world. Fifteen per cent said that they would be prepared to travel anywhere in Europe and 27 per cent would travel anywhere in the UK. Only 7% said they would only be prepared to travel as far as their local hospital with another 21% prepared to travel to another hospital within 25 to 50 miles.

Willingness to use private providers

Very few people have any qualms about being treated in a private sector hospital if the NHS is paying. 76% of people in the BMA survey thought that care would be the same or better than in the NHS.

Information

Focus groups by Dr Foster in 2002 revealed that patients wanted the following information about the doctor treating them in hospital: reputation, success rate, experience and views of past patients and GPs. Regarding the hospital, patients wanted information on emergency facilities, cleanliness, likelihood of acquired infection, bed layout (e.g. ward arrangements) and accessibility for friends and family. Patients also wanted information about the arrangements for aftercare and follow-up when choosing a hospital.

Involving patients in decisions about their care

There is substantial evidence that patients want to be more involved in decisions about their treatment and care and that this leads to improved outcomes.

In a Europe-wide telephone survey conducted in July 2002, 74% of respondents in the UK said they wanted to be involved in decisions about their treatment. Nearly 30% said the patient should have the primary role in decision making, about 50% thought the decision should be shared, while just over 20% thought the doctor should have the primary role in making decisions (Coulter and Magee 2003).

The key features of shared decision making are: a two way exchange of information which is both medical and personal, in which both the professional and patient or user (plus other relevant parties such as carers) deliberate and reach a decision. This type of choice differs from informed choice where the professional provides the patient with all relevant medical information and leaves the patient to make the decision (Edwards and Elwyn 2001).

Evidence of the benefit of patient centred approaches to health care and patient outcomes have been the subject of a number of literature reviews. These show the important aspects to be the professional showing support, the patient fully expressing him or herself, information sharing, mutual decision making and patient-provider agreement. The majority of the studies found a significant relationship between communication interventions and health outcomes. The outcomes affected include patient anxiety, psychological distress, symptom resolution, functional status, health status, blood pressure and mood (Edwards and Elwyn 2001).

A number of methods for supporting patients other than the provision of information have been identified and tested including coaching patients, self management, decision aids, decision support, and peer support (Muir Gray 2002).

The current evidence and experience in social care with the empowerment of users through direct payments is that recipients express high levels of satisfaction with these arrangements. Other evidence shows that self-determination and involvement (key feature of direct payment schemes) promotes independence and improves both psychological and physiological wellbeing (Glasby and Littlechild 2002).

Further reading

- Boaz, A, et al (1999) *Attitudes and Aspirations of Older People: A Review of the Literature* London: Department of Social Security.
- Coulter A (2002) *The autonomous patient: ending paternalism in medical care* The Nuffield Trust, TSO, London.
- Coulter A and H Magee (eds) (2003) *The European Patient of the Future* Maidenhead, Philadelphia, Open University Press.
- Coulter A, Entwistle V and Gilbert D (1999) Sharing decisions with patients: is the information good enough? *BMJ* Jan 30;318(7179):318–22.
- Department of Health (1990) *A guide to consent for examination or treatment* London, Department of Health.
- Edwards A and G Elwyn (eds) (2001) *Evidence-based patient choice: inevitable or impossible?* Oxford: Oxford University Press.
- Final Report The Bristol Royal Infirmary Inquiry Chapter 23 Respect and Honesty.
- Glasby J and R Littlechild (2002) *Social Work and Direct Payments* Bristol: The Policy Press.
- Help the Aged (1999) *Later Lifestyles: A Survey by Help the Aged and Yours Magazine* London: Help the Aged.
- Muir Gray JA (2002) *The Resourceful Patient* Available at www.resourcefulpatient.org/
- Murray E, Davis H, See Tai S, Coulter A, Gray A and Haines A (2001) Randomised controlled trial of an interactive multimedia decision aid on benign prostatic hypertrophy in primary care *BMJ* 323: 493–498.
- Murray E, Davis H, See Tai S, Coulter A, Gray A and Haines A (2001) Randomised controlled trial of an interactive multimedia decision aid on hormone replacement therapy in primary care *BMJ* 323:490–495.
- O'Connor A, Rostom A, Fiset V, Tetroe J, Entwistle V, Llewellyn-Thomas H, Holmes-Rovner M, Barry M, Jones J (1999) Decision aids for patients facing health treatment or screening decisions: systematic review *BMJ* 319:731–4.
- Shepperd S, D Charnock and B Gann (1999) Helping patients access high quality health information *BMJ* 319: 764–766.
- Ware P, Matosevic T, Hardy B, Knapp M, Kendall J, Forder J. Commissioning care services for older people – the view from care managers, users and carers. *Ageing and Society* forthcoming.

© Crown Copyright 2003

Produced by the Department of Health
33204 1.5k Sep 03 (RLC)
CHLORINE FREE PAPER

The text of this document may be reproduced without
formal permission or charge for personal or in-house use.

First published Autumn 2003

Department of Health Publications
PO Box 777
London SE1 6XH
Tel: 08701 555 455
Fax: 01623 724 524

Further copies of this document can be obtained by emailing
doh@prolog.uk.com

33204 / Fair for all personal to you – Choice, responsiveness and equity
in the NHS and social care.

www.doh.gov.uk/choiceconsultation