Personal Health Budgets discussion paper

November 2012

Key points

- Doctors appreciate that the imbalance perceived by individual patients who are heavily reliant on the health service, but who feel they have little or no control over their care and treatment, is a very real issue. They are broadly in favour of giving patients greater control over the treatment and care they receive.
- However, doctors remain unconvinced of the benefit of PHBs and therefore broadly unsupportive of their introduction. Much of this is due to a lack of information and knowledge about PHBs.
- If patients are to be properly supported to choose and use a PHB, any proposed roll-out should be delayed until doctors have a thorough understanding of PHBs.
- Doctors are concerned that PHBs will make it more difficult for the NHS to control costs and that they will not improve clinical outcomes for patients.
- More evidence is needed of the benefits of PHBs on patient outcomes if doctors are to be convinced to support any roll-out.
- More work should be done to explore how existing frameworks can be improved so they better meet the needs of patients, such as more effective care planning through discussions that focus on a genuine partnership between the patient and health professionals.

1. Introduction

The BMA has taken a keen interest in personal health budgets (PHBs) since they were announced in 2008 and throughout the pilots which began in 2009. The **BMA website** features information about PHBs and how they work as well as our detailed policy position on PHBs. Whilst we supported the use of the pilot programme to identify benefits and any potential difficulties ahead of implementation, we nevertheless have held a number of reservations over PHBs and direct payments in particular.

This new paper coincides with the end of the pilot programme and the Government's formal announcement on the future of PHBs which is expected sometime in November. It sets out the findings of a survey of doctors completed in September 2012, which asked about the principles behind PHBs, the likely impact of PHBs on patients and the NHS and doctors' readiness for the introduction of PHBs. We are hopeful that the final pilot evaluation report will address some of the points raised in this paper and aim to work with the Department of Health to tackle any unresolved issues over the coming months.

The BMA is currently undertaking a longer project on PHBs and personalisation, exploring emerging ideas about changing the culture of the NHS, and specifically the medical profession, to enable the widespread use of PHBs and the embedding of personalisation. This will report in spring 2013.

2. Survey findings

Between August and September 2012 we surveyed 215 members of the BMA's Intouch Panel, all working in England.

2.1 Readiness for PHBs

- 72% of doctors feel they are not very well informed or not informed at all about the introduction of PHBs.

Our survey shows that the majority of doctors do not feel well informed about the introduction of PHBs, which is concerning. The survey also shows that this is felt by doctors across different roles: the 72% was split almost equally between GPs, consultants and other doctors including those in training and public health doctors. It is likely that doctors, and GPs in particular, will be required to play a central role in communicating with patients about PHBs and supporting those patients who choose to have one. It is clear that doctors feel unprepared to be able successfully to meet these responsibilities at the moment.

- The Department of Health should postpone the implementation of PHBs until it has completed a thorough and widespread programme of communication with all doctors, with a special focus on GPs, to ensure they are properly informed and able to support patients who are eligible for a PHB.

This feeling of being uninformed could help to explain another aspect of the survey findings. A larger proportion of respondents than might be expected responded to other questions indicating that they neither agreed nor disagreed or did not know how they felt about certain features and potential impacts of PHBs. It is likely that the perceived lack of knowledge about PHBs has resulted in a proportion of doctors feeling unable to make judgements on other aspects of PHBs.

Nevertheless, a significant number of doctors did feel confident and informed enough to answer the other questions in the survey, providing insights into their opinions on some of the principles and potential impacts of PHBs.

2.2 Principles behind PHBs

- The majority (58%) of doctors believe it would be beneficial for patients with long-term conditions to have more control over their NHS care.
- Only around a fifth of doctors believe that giving individuals control of the money the NHS spends on them is an effective way to achieve this.
- Around 30% of doctors agreed that patients should be able to spend their budget on care not traditionally funded by the NHS. A larger proportion (40%) of doctors felt that this should not be allowed.

Doctors are broadly in favour of giving patients greater control over the treatment and care they receive. In our survey, 58% of doctors agreed that it would be beneficial for individual patients with long-term conditions to have more control over their NHS care. A further 21% neither agreed nor disagreed, leaving only a minority (21%) who entirely disagreed with the idea. However, doctors remain unconvinced that giving individuals control of the money that the NHS spends on them is an effective way for patients to achieve greater control. In our survey, only 21% of doctors agreed that PHBs would be effective in putting patients in control of their care.

This suggests that, while doctors are in favour of greater freedom and control for patients with long-term conditions, they are unconvinced that current plans are the best way to make this happen. It is clear that many doctors are, at best, ambivalent towards PHBs as a method of enabling patients to take greater control over their care, with a significant number completely opposed to PHBs. The BMA's longer project on personalisation and PHBs will seek to look at the reasons behind this in greater detail.

Our survey found that a minority of doctors agreed that PHBs should be spent on services not traditionally available from the NHS. There are several potential reasons to explain why this is the case. Firstly, doctors could perceive that PHBs present a risk to equity. NHS patients with a PHB will be able to access care and treatment that is not available to patients without a PHB, so different patients could end up receiving different levels of care. Secondly, using PHBs to pay for non-traditional services is likely to take money out of the NHS, so they could be concerned about implications for NHS funding in their area. When patients use their budgets to fund alternatives to the NHS-funded, health-related treatments and services they have traditionally accessed, money will be lost to the system. This could make it difficult to safeguard NHS resources, which is particularly important in the context of the prevailing financial climate and the demand for significant efficiency savings across the NHS. This could lead to the destabilisation of existing services as the loss of funding from budget holders leaves providers unable to maintain the level of service they wish to provide to non-PHB holders.

It is worth noting that our survey did not define "care not traditionally funded by the NHS". It is therefore possible that doctors answered the question with different types of care and services in mind. Some doctors may have been thinking about health-related treatments and services that are not routinely available from the NHS, rather than the types of non-health interventions that PHBs can be spent on. Had we provided examples from the pilots of patients using their budgets to pay for non-health items such as electronic personal organisers or massages, the findings may have been different. It is also possible that doctors were unsure what sort of care was being referred to, which would account for the significant percentage of doctors who did not have a preference either way. Again, had examples been given, doctors may have felt more able to form an opinion as to whether patients should be able to spend their budget on care not usually available from the NHS.

It is clear that doctors are yet to be convinced about the principles behind PHBs and the way they will operate. This can be explained by looking at doctors' opinions on the likely impact and outcomes of PHBs.

2.3 Impact of PHBs

- 57% of doctors think that PHBs will make it more difficult for the NHS to control costs in the short term.
- 61% of doctors think that PHBs will make it more difficult for the NHS to control costs in the long term.

It is clear that many doctors have concerns that PHBs could add to the difficulty of controlling NHS costs, particularly in the long term, which can help to explain some of their concern about the introduction of PHBs. Doctors are acutely aware that the NHS operates with a finite amount of funding. They are often expected to be at the forefront of initiatives to make savings and to make decisions regarding how the limited funding available should be spent. The need to make difficult decisions about what the local NHS can and cannot provide is only likely to increase in the future, as growth in demand for health and care services continues to outpace increases in funding. Anything that has the potential to add to the difficulties of controlling costs, without showing clear clinical benefits for patients, is therefore likely to be looked upon unfavourably.

It is interesting to note that a fifth of doctors felt that PHBs will make no difference to NHS costs in the short term. This could indicate doctors' belief that take-up, and therefore impact, of PHBs will be limited. It is possible that doctors believe patients to be as equally uninformed as them and therefore unlikely to be in a position to receive a PHB in the near future.

Around a fifth of doctors did not know what impact PHBs would have on NHS costs in either the short or long term. This is indicative of the earlier survey finding that doctors did not feel informed about the introduction of PHBs. In this case, this means they feel that they do not know enough about PHBs to be able to make a judgement on the likely financial impacts of the initiative. We are hopeful that the final evaluation of the pilot programme will shed more light on this issue.

2.4 Outcomes of PHBs

- 10% of doctors think PHBs will improve clinical outcomes for the patients that use them.
- 46% of doctors think PHBs will improve wellbeing outcomes for the patients that use them.
- 41% of doctors think PHBs will improve patient experience outcomes for the patients that use them.
- Between 30% and 35% of doctors did not know if PHBs will improve these various outcomes for the patients that use them.

The potential impact of PHBS on different kinds of outcomes for patients can also help to explain doctors' feelings towards PHBs. In our survey, significant numbers of doctors felt that PHBs could improve both wellbeing and experience outcomes for patients. This would include patients' mood and quality of life and their feelings on the timeliness of their care, care settings and other experiences. These are important factors in the overall quality of patient care and doctors are aware of the need to take an holistic approach to patient care, looking after the whole person rather than simply treating the condition. However, improving clinical outcomes remains central to the role of the doctor.

Only a small minority of doctors in our survey felt PHBs would improve clinical outcomes for patients, compared to 56% who felt PHBs would not improve clinical outcomes. It is very important to doctors that any initiatives are shown to be clinically effective, to reassure them that they are working in their patients' best interests. Doctors are likely to be uncomfortable with any initiatives that are introduced without clear evidence of how they can improve the clinical outcomes of patients as well as the other key patient outcomes. Again, we hope the final evaluation report will draw out and communicate evidence from the pilots of improvements in clinical outcomes for patients.

It should be noted that the number of doctors indicating that they do not know whether PHBs will improve outcomes for patients is between 30% and 35% for all these areas. This again reflects the earlier finding that doctors feel uninformed about PHBs. There is clearly some uncertainty as to the sorts of outcomes PHBs might achieve and many doctors do not feel able to make judgements about the likely impact of PHBs yet. It is also likely that many doctors are unaware of existing evidence from the pilots about the impact of PHBs on outcomes, suggesting that more needs to be done to communicate any existing findings.

3. Conclusions

It is clear from our survey that doctors are yet to be convinced of the benefits of PHBs. Doctors appreciate that the imbalance perceived by individual patients who are heavily reliant on the health service, but who feel they have little or no control over their care and treatment, is a very real issue. However, it can be argued that there is no need for such a fundamental shift in the way in which NHS care is delivered. Much can be done to meet the needs of some individuals within existing frameworks, for example using more effective care planning through discussions that focus on a genuine partnership between the patient and health professionals. Improving existing options such as these, so they deliver what patients want and need, should be more properly investigated before a commitment is made to roll-out PHBs.

Our survey also clearly demonstrates that doctors feel they lack the information and knowledge they need to be able to properly understand the potential effect of PHBs on patients and on the NHS, and therefore support patients. The lack of evidence, or failure to communication existing evidence, on key patient outcomes are essential components in doctors concerns about PHBs. Doctors are strong proponents of evidence-based medicine, so may be reluctant to embrace new initiatives without proper evidence that they will be beneficial and will not do harm. If doctors are to be expected to play a central role in supporting patients with PHBs, much more work needs to be done to explain the thinking behind PHBs, how they can benefit patients and any clear evidence on outcomes that has come out of the pilot programme. If the decision to roll-out PHBs is made, this should not take place until strong evidence of how they can work best has been properly communicated to doctors and all the other appropriate audiences who will need to have a thorough understanding of PHBs.