

CHRE Response to the DH consultation on Direct Payments for Health Care: A consultation on proposals for regulations and guidance

January 2010

1. The Council for Healthcare Regulatory Excellence is an independent body accountable to Parliament. Our primary purpose is to promote the health, safety and well-being of patients and other members of the public through encouraging high standards of the regulation of healthcare professionals. We scrutinise and oversee the nine health professional regulators¹, work with them to identify and promote good practice in regulation, carry out research, develop policy and give advice.
2. We are grateful for the opportunity to respond to the Department of Health's consultation on Direct Payments for Health Care. We are pleased to see that 'quality – safety, effectiveness and experience' are included in the Personal Health Budgets (PHBs) principles. Patient and public safety must be at the forefront of any changes in service provision.
3. We support the policy direction of PHBs and the increase in patient choice and control that they will offer. We can envisage considerable benefits for people who may be able to access healthcare services beyond those normally available through the NHS. We would expect any therapy or healthcare they may choose to access to be an effective use of public money.
4. We recognise that PHBs provide an opportunity to encourage personal responsibility for good health. However, CHRE believes that PHBs should not change the relationship between health professionals and patients. We believe that personal health budgets should not affect the decisions that health professionals make with regard to patient care. There needs to be information that indicates if PHBs affect the relationships of professionals when interacting with patients and the public.
5. A right-touch² approach to risk must be a part of introducing PHBs. This involves established safeguards in health care, including health professional regulation. Risk management is a going to be a challenge for implementing and using PHBs, if the proposed benefits are to be realised in practices for patients.
6. An effective evaluation of the pilot project will require high quality data. This will be crucial in arriving at an evidence-based decision about the future use of direct payments for health care. This should include identifying new and potential risks to patient safety and public protection that may arise as a result of PHBs.

¹ General Chiropractic Council, General Dental Council, General Medical Council, General Optical Council, General Osteopathic Council, Health Professions Council, Nursing and Midwifery Council, Pharmaceutical Society of Northern Ireland, Royal Pharmaceutical Society of Great Britain

² Right-touch regulation is based on a careful assessment of risk, which is targeted and proportionate, which provides a framework in which professionalism can flourish and organisational excellence can be achieved. Excellence is the consistent performance of good practice combined with continuous improvement.

Therefore, the pilot must include provisions for identifying risks and the evaluation should reflect any benefits in relation to the risks.

7. We note that the *Personal Health Budgets: First Steps*³ refers to the importance of indemnity insurance. CHRE believes that this is important for patients to have the confidence that registration provides professional assurance and indemnity insurance. We are disappointed that independent midwives are able to practise without indemnity insurance, as we feel it is essential that the woman should have access to compensation if she suffers harm. We understand the DH is consulting further on this matter while having delayed the implementation of indemnity insurance for all professionals. We hope for a timely conclusion that will offer adequate protection for the public.
8. Patients involved in the pilot will require an opportunity to raise concerns. In the event that a patient is not satisfied with the care they are receiving, there should be a mechanism to discuss concerns or make a complaint, with the relevant PCT, and this feedback should form part of the evaluation.
9. Throughout the development, piloting, evaluation and roll-out of personal health budgets, CHRE believes that the safety and well-being of patients and the public should be at the heart of all decision-making.

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³Personal Health Budgets: first steps. Department of Health.
http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_093839.pdf