

Editorial

Erratum: whose 'Choice' is it anyway?



The Editor wishes to apologise to the staff and management of the Community Patient Contact Centre (CPCC) for his mistake in stating that, as an agency of the Primary Care Trust (PCT), its existence was under threat. He was clearly and unreservedly mistaken. He has been corrected. The CPCC is an agency of the University Hospitals of Morecambe Bay Foundation Trust (UHMB), and its staff are

employees of the same. He genuinely was not aware of this fact, and is clearly confused about the nature and role of the service. He is not alone.

The Editor's experience in his clinical role would suggest that a system designed to offer choice to patients is confounding clinical management. Whether the problem lies locally or nationally, with a service called 'Choose and Book', is unclear. Patients travel all over Lancashire and Cumbria to see specialists, not because they have chosen to do so, but because they claim they were not given suitable information about the time frame of locally available treatment. They are offered appointments at places and on dates that are 'chosen' for them, returning locally for repeat treatment and assessment when re-referred by puzzled general practitioners paying twice for the same service.

These are difficult days. The heady optimism which the Editor observed at the initial meetings about service commissioning between consultants and general practitioners has evaporated. The so called 'listening exercise' stalled the process, at least temporarily. We now understand that a consultant will join the commissioning board, but unless it is a given that this consultant will be a Public Health consultant, (formerly a PCT employee) we have no system in place that will guarantee the 'independence' of a local consultant from the vested interests of any provider of healthcare in the area. Any takers for this role?

So clinicians are left in a period of limbo, while the purchasing system which they knew as the PCT is being dismantled without any clear idea of what will replace it. In the meantime, the patient's journey involves a number of 'choices' that are being made, not by the patient, but by a system which has to continue delivering a service and has to find gaps in its overcrowded clinics.

If we really want to improve the 'choice' which patients might make, a desirable aim, then we have to understand the processes which determine their behaviour. An organisation which wants to attract consumers, whether they be called patients, clients, customers, patrons or passengers, has to present itself in a certain way that appeals to the consumer. Consumers by and large know when they are being fobbed off by telephone extensions that are not answered or websites that don't give relevant or up-to-date information. If they are offered real choice they will exercise it and go elsewhere. Some 30 years ago, before newspapers used the term 'health chiefs' when describing major news stories about hospitals, and patients were expected to attend the local hospital as instructed, my state-of-the-art teaching hospital ran out of patients. The hospital ran into serious problems because a neighbouring organisation had better car parking and the patients exercised their choice in a practical way by voting with their wheels.

Car parking... a different story. Maybe that can wait for the next issue! For the time being, we will just say that we believe that the *Journal* exists to promote the good name and the integrity of the health community of Morecambe Bay. Your contributions, as ever, help, irrespective of whether you are an employee of UHMB, anyone else or self-employed. Now, that's 'Choice' for you.

Andrew Severn
Editor

MBMJ Prize for best article by a junior doctor (2010)

Congratulations to Peter Calvert. His article 'Patient safety: a medical student's perspective', published in Summer 2010, Volume 6 Number 2, wins the prize, which is worth £200 and is awarded annually.