

A Charter for Patients and their Doctors

Why now?

Changes in lifestyle and Government policy are affecting the way health care is provided in the UK.

Patient choice initiatives that give individuals greater opportunities to determine where and by whom their care is delivered are being promoted in the NHS just as has always been the case for private patients. Individuals are also being empowered by improved access to clinical information. In addition, all political parties have espoused the concept of "professionalism" and the need to return clinical management issues to clinicians and other healthcare professionals.

In parallel, third party funders of health care, in both public and private sectors, are increasingly seeking ways of managing costs. Cost efficiency in health care is essential and the profession is committed to this. At the core of endeavours to maintain this is safe surgery and treatments, with low mortality and low complication rates, coupled with rigorous reviews of outcomes and best practice.

In the independent sector, it is now becoming clear that some insurers are attempting to direct patient care through specialty networks, reminiscent of the American system of managed care.

As commercial organisations become involved in commissioning for the NHS, this model is likely to be applied even more widely. This approach often breaks the GP to consultant referral pathway, reduces patient choice, may destroy continuity of care and introduces even more restrictions on the patterns of care. If the American experience is to be followed, this could lead to adverse clinical outcomes.

Whilst accepting that the National Institute for Health and Clinical Excellence (NICE) provides guidance at a national level, there remains a danger that others with purely financial motives could encroach on the clinician's ability to achieve the best outcome for each individual patient.

Appropriate clinical decision making is the over-riding responsibility of the doctor and any direct (or indirect) interference with this will undermine this fundamental relationship between the clinician and the patient.

Highest quality patient care must remain the primary focus, based on best evidence practice and on the individual clinicians knowledge, experience and professional judgement for each individual case.

The FIPO Charter

The FIPO Patient Charter is a re-affirmation of the commitment every clinician has to providing the highest standard of care to their patients and the ethical basis of their relationship.

Signatories to this Charter come from the Patients Association and all sides of the profession including the member organisations of the Senate of Surgery, several other Royal Colleges and specialist professional associations, the General Medical Council and the Federation of Independent Practitioner Organisations. They all wish to reinforce the ethos that governs each doctor's behaviour, the patient's rights and the principles inherent in best medical practice.

Through the Charter, the medical profession is communicating to patients their rights of choice and of being treated according to the advice of an expert, based on their individual care needs - and not according to guidelines set out by any third party with limited clinical understanding. These core principles apply to all patients in whatever sector they are treated.

Values outlined in the Charter reinforce a commitment to acting in the best interests of the patient at all times though:

- Primacy of the doctor-patient relationship
- Maintenance of patient referral pathways (GP to consultant)
- Fully informed patient choice
- Treatment that is most appropriate for each individual's condition
- Continuity of care
- Professional audit and quality outcome assessments
- Transparency in all matters between consultant and patient.

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FIPO
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