**Norfolk and Waveney ICB**

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**Patient Choice Policy**

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**Document Control Sheet**

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Approved documents are valid for use after their approval date and remain in force beyond any expiry of their review date until a new version is available.

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| **Produced by:** | Planned Care and Cancer |
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| **Who is it aimed at and which settings?** | The policy is for use by all patients, carers and service users of Norfolk and Waveney. |
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| **Other relevant approved documents** | Not Applicable |
| **References:** | The NHS Constitution 2015: <https://www.gov.uk/government/publications/the-nhs-constitution-for-england>The NHS Choice Framework 2020: <https://www.gov.uk/government/publications/the-nhs-choice-framework> |
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**Version Control**

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# 1. Introduction – Putting people at the heart of care

This Policy is a guide to the choices that people have and can make about their personal healthcare and treatment.

Every individual has a right to make informed choices about their healthcare and be offered the opportunity to compare and make choice decisions based on their individual needs.

NHS Norfolk & Waveney Integrated Care Board (N&WICB) has an ambition to provide as much choice as possible for people when they need to access NHS support.

Since the introduction of Patient Choice, the NHS set out the vision of ‘*a health service designed around the patient’.* The Department of Health and Social Care and NHS England has published a succession of White Papers and policy documentation to move forward the vision to deliver a person-centred health service.

# 2. The Choice Framework (2020)

The 2020 Choice Framework has further defined those services where choice is a legal right and explains these rights under the NHS Constitution. The Framework forms the basis of this policy and offers the following provisions:

## Choosing a GP and GP Practice

People have a legal right to choose which GP or GP Practice, also known as a primary care provider, they register with and can ask to see a particular health professional of their choice. The primary care provider must make every effort to meet individual preference, although there may be occasions when this might not be possible. A GP surgery can refuse to register you if:

* + They are not accepting new patients.
	+ You live outside their area and they only accept patients inside this area.
	+ You have been removed from that surgery before.

If a GP surgery refuses to register you, they must write to you within 14 days explaining why.

## Choosing where to go for your first appointment as an outpatient

Patients referred for consultant-led treatment, or to a mental health professional have a legal right to decide which NHS organisation they would like to receive care from as an outpatient.

Patients are also able to choose the clinical team who will be in charge of their care.

These choices apply to both physical and mental health referrals but apply only at the point of referral to providers that have an NHS contract to provide the selected service. Normally, the same provider chosen for the first appointment will also go on to provide the rest of your treatment.

The referring clinician (GP, Dentist or Optometrist) will make every effort to meet the request, although this may not always be feasible and is dependent on the circumstances.Referrers are asked to shortlist on average 5 providers from which the patient may choose, where this is practicable and clinically appropriate.

There will be occasions when the health provider is not in a position to accept the request due to the nature of the condition or if there are capacity restrictions in place. In addition, you do not have a legal right to choose where your outpatient appointment will take place if you are:

* are already receiving care and treatment for the same condition for which you are being referred
* using urgent, emergency or crisis services
* in need of emergency or urgent treatment such as cancer services where you must be seen within a limited time-frame
* a prison, on temporary release from prison, or detained in other prescribed accommodation
* someone who is held in a hospital setting under the Mental Health Act 1983
* a serving member of the armed forces
* using maternity services

## Changing hospital if you have been waiting longer than the maximum wait time

You can ask to be referred to a different provider of a consultant-led NHS services if:

* you have to wait, or have already waited, more than 18 weeks before starting treatment or assessment for a physical or mental health condition, as long as your referral is not urgent and the service you require is led by a consultant
* you have to wait, or have already waited, more than 2 weeks to see a specialist for suspected cancer

There may be cases where the request cannot be made, for example, if you require specialist care, but every effort should be made to ensure that patients have the choice. You do not have a legal entitlement to ask to be referred to a different provider if there is no service available for the treatment you need that can start sooner.

## Choosing who carries out a specialist test

It is a legal right for individuals to request a specific NHS funded provider to carry out specialist tests; however, this is only the case if the test will be the first outpatient appointment for the condition in question. The referring clinician will try to meet the request, but this may not always be possible.

## Choice and Personalisation in Maternity care

Personalised maternity care is also essential in ensuring safe care, and maximising families experience and satisfaction, which Norfolk and Waveney maternity services are fully committed to. This involves ensuring pregnant women and people are fully informed about all options available to them throughout their antenatal, intrapartum, and postnatal period enabling them to make decisions and plans that are personalised and tailored to their individual needs.

The NHS recommends choice is provided where possible and depending on what services are available, but this is not a legal right.

For more information on this please see v90-choices-booklet-final-digital-upload.pdf (justonenorfolk.nhs.uk).

## Choosing services provided in the community

The ICB commissions a wide range of services in the community and patients, where possible, will be offered a choice of provider. However, this is not a legal right and is dependent on the services provided, if the organisation is commissioned to provide services in your area and if the service is consultant-led or not.

## Choosing to take part in health research

People can take part in approved health research, for example clinical trials of medicines relating to individual circumstances or care. This is not a legal right however and people have the freedom to decide if they would like to partake.

## Choosing to have a personal health budget

A personal health budget (PHB) is an amount of money to support a person’s health and wellbeing needs. A PHB allows more flexibility and choice and can be used to pay for items such as treatments, equipment, and personal care.

The legal right to have a personal health budget applies to people who are receiving NHS continuing healthcare, continuing care for children and young people, those people eligible for section 117 after-care and those people who are eligible for a wheelchair.

People who do not have a right to a PHB, but may be interested in receiving one, can choose to speak to their NHS service or Integrated Care Board and request that they consider providing them with a PHB.

## Choosing to access required treatment in another European Country

You have the right to authorisation for planned treatment in the EU under the UK EU Trade and Cooperation Agreement where you meet the relevant requirements. You also have the right to authorisation for planned treatment in the EU, Norway, Iceland, Lichtenstein, or Switzerland if you are covered by the Withdrawal Agreement and you meet the relevant requirements.

From 1January 2021 patients can apply for NHS funding using the S2 route. This may entitle you to NHS funding, or part-funding for planned state healthcare treatment in an EU country or Switzerland if certain qualifying criteria are met. NHS England will not reimburse travel or accommodation costs. Further information available on the NHS website:

Further information on applying for funding using the S2 or EU funding routes please follow the links below to read the relevant funding route pages:

[Going abroad for treatment - NHS (www.nhs.uk)](https://www.nhs.uk/using-the-nhs/healthcare-abroad/going-abroad-for-treatment/)

***Neither the S2 route nor the EU directive route applies to treatment outside Europe.***

# 3. Exceptions to choice of provider

Patients who require an outpatient referral should be offered a choice of

provider for their appointment at the time they are referred by their General Practitioner (GP). However, there are currently a few exceptions to this choice policy. You may not have a choice of provider if you are:

* already receiving care and treatment for the condition for which you are being referred and this is an onward referral
* using emergency services
* in need of emergency or urgent treatment, such as cancer services where you must be seen in a maximum waiting time of 2 weeks
* a prisoner, on temporary release from prison, or detained in ‘other prescribed accommodation’ (such as a court, secure children’s home, secure training centre, an immigration removal centre or a young offender’s institution)
* someone who is cared for in a hospital setting under the Mental Health Act 1983
* a serving member of the armed forces
* using maternity services (see Choice Framework section 6: [‘Choosing maternity services’](https://www.gov.uk/government/publications/the-nhs-choice-framework/the-nhs-choice-framework-what-choices-are-available-to-me-in-the-nhs#section-6) for more detail)
* referred to services commissioned by Local Authorities (also known as a Local Council), as your choice will depend on what has been put in place locally.

# 4. Choice of Medicine and Medicines Optimisation

In relation to medicines, the [NICE guideline on medicines adherence](https://www.nice.org.uk/guidance/cg76) recommends that all patients have the opportunity to be involved in decisions about their medicines at the level they wish, through shared decision‑making. This is outlined in the NHS Constitution. Also, [General Medical Council's good practice in prescribing and managing medicines and devices](https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/good-practice-in-prescribing-and-managing-medicines-and-devices) also emphasises the need to take account of the patient's needs, wishes and preferences.

The growing cost of medicines is a challenge, and it is crucial that patients get the best quality outcomes from medicines. The increase in availability of generic medicines and biosimilars provides best value for NHS resources and creates increased choice for patients and clinicians.

[Medicines optimisation](https://www.england.nhs.uk/medicines-2/medicines-optimisation/) is encouraged by the Norfolk and Waveney ICB. Medicines optimisation looks at the value which medicines deliver, making sure they are clinically effective and cost-effective. It makes sure people get the right choice of medicines, at the right time, and are engaged in the process by their clinical team.

# 5. NHS Constitution

The pledge set out in the NHS Constitution (2015) is for everyone who is cared for by the NHS in England to have a right to choose the services they receive.

The NHS Constitution pledges to:

* Inform patients about the healthcare services available, locally, and nationally.
* Offer patients easily accessible, reliable, and relevant information in an easily understood format. This will enable patients to participate fully in their own healthcare decisions and to support them in making choices. This will include information on the range and quality of clinical services where there is robust and accurate information available.

# 6. Norfolk & Waveney Integrated Care Board Commitments

N&W ICB gives assurance that it will act with a view to enabling patients to make choices by:

* Ensuring that commissioners (responsible for planning and funding services) and providers (responsible for delivering services) work together to maintain the principle of patients’ rights to choose under the NHS Constitution.
* Monitoring and communicating key national performance measures relating to patient choice such as e-RS utilisation.
* Encouraging and acting on feedback
* Responding to new developments from the Department of Health and Social Care and other national guidance regarding the Choice agenda and ensuring these are implemented locally.

The needs of Norfolk and Waveney residents are paramount, and they deserve the best care we can commission for them. We will work together as a system to drive continuous improvement, building mature relationships with our partners and providers based on integrity and trust.

The vision outlined in this document is for shared decision making to become the norm for everyone, whatever their need or background.

Therefore, we need to ensure that we are compliant with statutory legislation and the Department of Health and Social care regulations in enabling individuals to share in decisions about their care, the choices they have and when they do or do not apply.

We will follow the guidance set out within the choice framework and commit to the following key actions:

* Providing clear information on the current offer of choice of any provider and explore with professional and service user groups how we can develop our approach further.
* Continue to develop an understanding of the current mix of provider services in Norfolk and Waveney and identify where change is required to meet strategic objectives and choice options. We will also engage current and future service providers to improve engagement and encourage market development.
* Ensure good partnership working so that:
* Members of the general public and patients can influence commissioning.
* Support clinicians so to empower patients to manage their own conditions.
* Ensure that opportunities for choice are explored with patients at different decision points along the care pathway.
* Continuous evaluation of services to ensure value for money, cost efficiency and effectiveness in delivering clinical outcomes.
* Incorporating choice into our commissioning strategy to ensure that choice is considered for all Norfolk and Waveney residents at all stages of life.
* Promote the choice agenda and raise awareness across the Norfolk & Waveney system through organisational and workforce development.

# 7. FAQ section

* If you are referred to hospital or other NHS premises for specialist NHS treatment or diagnostic tests by a doctor, dentist, or another primary care health professional, you may be able to claim a refund of reasonable travel costs under the Healthcare Travel Costs Scheme (HTCS). For more information see: <https://www.nhs.uk/nhs-services/help-with-health-costs/healthcare-travel-costs-scheme-htcs/>
* If you are unhappy with the choices, or lack of choices offered, you can make a formal complaint to the ICB: Nwicb.complaintservice@nhs.net or on 01603 595857

# 8. Glossary

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| Electronic Referral Service (e-RS)  | e-RS is a national service that combines electronic booking and a choice of provider  |
| Integrated Care Boards  | Previously called Clinical Commissioning Groups, Integrated Care Boards are responsible for designing and planning local health services In England, working with patients and healthcare professionals and in partnership with local communities and local authorities.  |
| Commissioning  | Commissioning in the NHS describes the process of ensuring that the health and care services provided effectively meet the needs of the population.  |
| General Practitioner (GP)   | GPs diagnose and treat a wide range of health conditions in primary care (from physical, emotional, or social causes). They talk to patients and examine them to diagnose their condition, and may prescribe medicine or treatment, perform minor surgery, or advise patients on health issues, promoting healthy lifestyles and prevention of illness. They also decide whether a patient needs to be referred to other healthcare professionals for further investigations or treatment.  |
| National Health Service (NHS)   | The NHS is the publicly funded healthcare system in the United Kingdom which provides healthcare to anyone normally resident in the United Kingdom with services free at the point of use.  |
| Personal Health Budgets (PHB)  | A personal health budget is an amount of money to support health and wellbeing needs, which is planned and agreed between the patient and the local NHS team. It is not new money, but it may mean spending money differently so that you can get the care that you need.  |

# 9. References

The NHS Constitution 2015:

<https://www.gov.uk/government/publications/the-nhs-constitution-for-england>

The NHS Choice Framework 2020:

<https://www.gov.uk/government/publications/the-nhs-choice-framework>

<https://www.england.nhs.uk/publication/choice-in-mental-health-care/>

Universal Personalised Care: Implementing the Comprehensive Model:

<https://www.england.nhs.uk/wp-content/uploads/2019/01/universal-personalised-care.pdf>

The NHS Long Term Plan:

<https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf>

The Operational Planning guidance 2022/2023:

<https://www.england.nhs.uk/wp-content/uploads/2022/12/PRN00021-23-24-priorities-and-operational-planning-guidance-v1.1.pdf>

The Health and Social Care Act 2012

<http://www.legislation.gov.uk/ukpga/2012/7/pdfs/ukpga_20120007_en.pdf>

The Provider Selection Regime: draft statutory guidance 18/10/2023

<https://www.england.nhs.uk/long-read/the-provider-selection-regime-statutory-guidance/>

Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes 2015.

<https://www.nice.org.uk/guidance/NG5/chapter/introduction>

Medicines: Improving outcomes and value; Medicines Optimisation NHSE

<https://www.england.nhs.uk/medicines-2/medicines-optimisation/>

[Overview | Medicines adherence: involving patients in decisions about prescribed medicines and supporting adherence | Guidance | NICE](https://www.nice.org.uk/guidance/cg76)

[Good practice in prescribing and managing medicines and devices - professional standards - GMC (gmc-uk.org)](https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/good-practice-in-prescribing-and-managing-medicines-and-devices)

# Appendix A – Patient Leaflets

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| Getting ready for a talk about your health | [3-Qs-Leaflet-1-Getting-ready-for-a-talk-about-your-health-2022-FINAL-2.pdf (library.nhs.uk)](https://library.nhs.uk/wp-content/uploads/sites/4/2023/11/3-Qs-Leaflet-1-Getting-ready-for-a-talk-about-your-health-2022-FINAL-2.pdf) |
| Three Questions for better health | [3-Qs-Leaflet-2-3-questions-for-better-health-2022-FINAL.pdf (library.nhs.uk)](https://library.nhs.uk/wp-content/uploads/sites/4/2023/11/3-Qs-Leaflet-2-3-questions-for-better-health-2022-FINAL.pdf) |
| Patient Choice Poster  | <https://improvinglivesnw.org.uk/~documents/route%3A/download/886/> |
| Patient Choice leaflet | Patient Choice Leaflet[patient-leaflet-digital.pdf (england.nhs.uk)](https://www.england.nhs.uk/wp-content/uploads/2017/03/patient-leaflet-digital.pdf)Patient Choice Leaflet – Easy Read[patient-choice-patient-leaflet-easy-read-guide-v2.pdf (england.nhs.uk)](https://www.england.nhs.uk/wp-content/uploads/2019/06/patient-choice-patient-leaflet-easy-read-guide-v2.pdf) |