

Choice Policy

Contents

1. *Introduction*
2. *Background*
3. *Status, Purpose and Scope*
4. *Principles and Process For Ensuring Patient Choice*
5. *What happens when patients are not given Choice*
6. *Implementation*
7. *Documentation*

Appendices:

1. *Choice of GP Practice and Particular GP*
2. *Choosing where to go for a first outpatient appointment.*
3. *Choice for patients waiting longer than maximum waiting times*
4. *Choosing who carries out a specialist test*
5. *Choice in Mental Health Services*
6. *Choice in Maternity Services*

7. *Choice in Community Services*
8. *Choice in Urgent & Emergency Care*
9. *Choice to reduce hospital stay*
10. *Choice and Health Research*
11. *Personal Health Budget*
12. *Treatment in another EEA country*
13. *End of Life Care*
14. *Planning your long-term care*

1. Introduction

- 11 NHS Canterbury and Coastal Clinical Commissioning Group (hereafter referred to as the CCG) is the organisation responsible for commissioning health services for the people of Canterbury. The CCG is aware of the importance of patient choice as it is fundamental to the delivery of a patient-centred NHS, empowering people to obtain the health and social care services they need. Providing the public and patient's high quality and accessible information helps them to make effective choices that are right for them and their families.
- 12 The CCG will need to engage with the public and stakeholders to hear what information they require to support those making informed choices. The CCG believes that it will only meet the health challenges it is faced with if patients are engaged and involved in decisions about their health and healthcare.
- 13 The NHS Constitution stated that "patients will be at the heart of everything the NHS does" and therefore have the right to be make informed choices about their healthcare. This means that by law, patients should be offered the opportunity to compare and make choices that suits their needs.
- 14 This document sets out the CCG's approach to facilitate better informed patient choice so that patients and their families are able to make choices about their health and care, and know what services are available and how to access them.
- 15 This policy sets out the mechanisms that the CCG will adopt to fulfil its legal obligations.

2. Background

- 21 Patient choice began when the NHS was founded in 1948, providing ability for patients to choose their GP, optician and dentist. Since then there have been numerous developments in support of patient choice and in 2009 the NHS Constitution was published which set out the rights of patients and the pledges that the NHS makes, which includes patient choice as a right and includes the right to information to support that choice.
- 22 In July 2010 The Government's White Paper, 'Equity and excellence: liberating the NHS' set out proposals relating to increasing choice and control over care and treatment, choice of treatment and healthcare provider becoming the reality in the vast majority of NHS-funded services by no later than 2013/14.
- 23 Liberating the NHS: Greater Choice and Control (October 2010) sought views on proposals for extending choice in the NHS. In July 2011 the NHS published operational guidance to the NHS: Extending Patient Choice of Provider which provided guidance to providers and commissioners on implementation of the Government commitment to extend patient choice of provider.
- 24 In 2012 the legal framework within the NHS changed with the Health and Social Care Act 2012 making clear the duties on NHS England and clinical commissioning groups to promote the involvement of patients and carers in decisions about their care and treatment, and to enable patient choice. The Act sets out specific provision in relation to procurement, patient choice and competition which is detailed in the National Health Service (Procurement, Patient Choice and Competition) (No. 2) Regulations 2013. The new regulations are designed to ensure that NHS England and clinical commissioning groups procure high quality and efficient healthcare services that meet the needs of patients and protect patient choice.
- 25 In March 2015 the Department of Health published the Choice Framework for 2015/2016 which set out the choices that people have in the NHS. This document reflects that framework and sets out the current elements of patient choice, how the CCG meets its obligations and goes beyond to support patients in choosing their care.

3. Purpose and Scope

This document sets out the current position of the CCG in support of patient choice and its strategic direction. The CCG will engage with the local people to understand how important choice is, and what information they require in order for them to make informed choices confidently. This document sets out the current position of the CCG in support of patient choice and the strategic direction it will head in. Patient choice sits within a broad legislative and regulatory framework and the scope of this document includes all patients registered with Canterbury GP practices and their rights to choice in relation to the following service areas:

- GP practice and particular GP
- Where to go for your first outpatient appointment
- Patients waiting longer than maximum waiting times
- Specialist test provider
- Maternity services
- Mental Health services
- Community services
- Health research
- Personal health budget
- Treatment in another European economic area
- End of life care
- Planning long-term care

There are a number of exclusions that relate to choice and these are outlined within the respective sections. The following sections provide more details in relation to each of the areas identified above and identify the current CCG status and the actions required to complete the policy.

4. Explaining the choices available for patients.

The Appendices (1 – 14) to this policy set out current arrangements related to choice across services, patients legal rights, where and when patients may not be offered choice and where responsibilities for offering choice sits. In addition, the appendices cite other information that might help patients make informed decisions on choice and any proposed development or direction the CCG is currently working on or that is anticipated for the future.

5. Principles and Process for Ensuring Patient Choice

51 The CCG recognises that providing people with greater choice is a priority of the modern NHS. Research in the UK and overseas has shown that treatments are more effective if patients choose, understand and control their care. The CCGs will regularly review the health provision in the market place to ensure choice of provider and locations of care are available for patients on a regular basis.

52 Where gaps in the market are identified the organisation may choose to engage with providers to create more choice in a service if it is appropriate to do so.

53 The CCG recognises its obligations under The National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012 and is working with the provider market to establish assurance mechanisms that support all patients being offered choice where they are at risk of breaching the 18 week or two week waiting time targets.

54 The CCGs will work with Public and Patient Involvement leads, and patient involvement forums to gain an understanding of patient's needs, priorities and perceptions to inform and influence the choiceagenda

<http://www.nhs.uk/choiceinthenhs/Pages/choicehome.aspx>

55 The CCGs will build on existing relationships whilst forging new ones to improve choice. It will be proactive in engaging with referrers through workshops, meetings and regular communication.

56 It will bring together for patients with long term conditions their healthcare professional, information about their life, available care and treatment options and choices, and together decide on a personalised package of treatment and care.

57 Maternity services will have the four national choice guarantees available to all women and their partners. Women and their partners will be given the opportunity to make informed choices throughout pregnancy, birth and during the postnatal period.

58 Working in partnership, clinical commissioners will identify events, services and local opportunities to promote choice to the wider local population.

59 The CCGs will publicise and promote awareness of, information about secondary care providers and where that information can be found to enable a person to choose a clinically appropriate secondary care provider within 18 weeks from the time of their initial referral, unless it is not clinically appropriate or they choose to wait longer

- 5.10 It will support GPs and other health professionals in promoting patient's choice from within their services through:
- Providing choice posters to GP Practices for display in their practices
 - Distributing patient leaflets to GP Practices, Health Centre's and Community Health services for display in their services
 - Monitoring the distribution and the displaying of choice information by spot checking GP Practices, Health Centre's and Community Health locations.

6. What should patients do if they are not offered choice?

61 First, speak to the GP or the health professional who is referring them. In the case of maternity services, speak to the GP, midwife or head of midwifery.

62 If patients are still unhappy they can make a complaint to the organisation they have been dealing with or to NHS Canterbury Clinical Commissioning Group. To contact the CCG:

- Visit www.canterburyccg.nhs.uk
Patient Experience Co-Ordinator
NEL Commissioning Support Unit
Kent House, 4th Floor
81 Station Road, Ashford, TN23 1PP.
NELCSU.SEcomplaints@nhs.net
03000 424244

63 If the complaint is about not being offered a choice of GP practice the complaint should be made to the CCG. If the complaint is about health research the complaint should be made to NHS England. It is the responsibility of the CCG and NHS England to ensure that these areas CCGs are working properly. To contact NHS England visit www.England.nhs.uk

64 If the patient is unhappy with the decision from the CCG or NHS England, they have the right to complain to the independent Parliamentary and Health Service Ombudsman. To contact the Ombudsman:

- Visit www.ombudsman.org.uk
- Call the Helpline: 0345 015 4033
- Use the Textphone (Minicom): 0300 0614298

7. Implementation

71 This policy will be available to all staff for use in relation to access and choice.

72 All managers are responsible for ensuring that relevant staff within the CCG have read and understood this document and are competent to carry out their duties in accordance with the procedures described. All new starters as part of their induction programme to read and understand the policy.

8. Documentation

- Choice at referral, supporting information for 2008/09 published on 18 March 2008.
- The Primary Care Trust Choice of Secondary Care Provider Directions 2009, published 21 January 2009.
- NHS Choices; <http://www.nhs.uk/choiceintheNHS/Rightsandpledges/NHSConstitution/Pages/Yourrightstochoice.aspx>
- Government White Paper; Equity and excellence: liberating the NHS' July 2010
- Liberating the NHS: Greater Choice and Control: October 2010
- NHS: Extending Patient Choice of Provider: July 2011
- Health and Social Care Act 2012
- National Health Service (Procurement, Patient Choice and Competition) (No. 2) Regulations 2013.
- Department of Health; Choice Framework for 2015/2016
- The National Childcare Trust; www.nct.org.uk
- Birth Choice UK; www.birthchoiceuk.com
- Association for Improvements in the Maternity Services (AIMS); www.aims.org.uk
- Start4Life at: www.nhs.uk/InformationServiceForParents
- Healthtalkonline; www.healthtalkonline.org
- National Institute for Health Research; <http://www.nihr.ac.uk/awareness/Pages/default.aspx>
- UK Clinical Trials Gateway: www.ukctg.nihr.ac.uk
- Personal Health Budgets: www.personalhealthbudgets.england.nhs.uk
- The Peer Network: www.peoplehub.org.uk
- Department of Health's End of Life Care Strategy (2008)
- Quick Guide: Supporting Patients Choices to Avoid Long Hospital Stays

Appendix 1.

Choice of GP Practice and Particular GP

Current Arrangements

From April 2017 NHS England delegated the commissioning of GP services to the majority of CCGs; Canterbury is one of these. The CCG is committed to a patient's right to choose which GP practice to register at and which doctor or nurse to see there. **Where practicable**, GP practices will try to make sure this happens.

Though this is a legal right, there are occasions when a practice might have reasonable grounds for not doing so. **For example**, this might be where a patient lives outside the boundaries that are agreed as part of their GP Contract or because the GP practice has approval from the CCG to close their list to new patients. In rare circumstances, the GP practice may not accept a patient if there has been a breakdown in the doctor-patient relationship or because the patient has behaved inappropriately at a practice. In such cases the Practice has a duty to inform patients of the reason why they are refused.

Who is responsible for offering this choice?

First the patient should contact the GP practice where they want to register. If there is any difficulty registering with a GP practice, the next point of contact is the CCG or local Healthwatch who can provide advice and support. Healthwatch is an independent consumer champion for health and social care in England.

Information is available on 'NHS Choices' and a search for GP practices can be filtered by postcode and by those currently accepting new patients. This is a national website for patients. If the patient cannot register with one of their three preferred GP practices, the CCG will help the patient find another one where they have commissioning responsibilities.

The Care Quality Commission (CQC) is the independent regulator for health and social care in England. It makes sure services such as hospitals, care homes, dentists and GP surgeries provide people with safe, effective, compassionate and high quality care, and encourages these services to improve. Patient may wish to access their website (www.cqc.org.uk) to view their latest reports on GP practices to enable them to make an informed choice.

Proposed Development and Direction

The CCG recognises that providing people with greater choice is a priority of the modern NHS. No changes are proposed to the current arrangements but as new aspects of choice are introduced the CCG will ensure that they are reviewed and considered from a local perspective.

Appendix 2.

Choosing where to go for first outpatient appointment for physical and mental health conditions.

Current Arrangements

If a patient needs to see a consultant or specialist as an outpatient, they can choose to go to any hospital or clinic in England that offers NHS services for the first appointment. This is a legal right, but the patient can only choose a hospital or clinic that offered the right treatment and care for their condition. You can also choose which clinical team will be in charge of your treatment within your chosen organisation. There might be circumstances where the choice is not available and this includes when urgent or emergency treatment is necessary or if the patient is:

- A prisoner
- A serving member of the Armed Forces
- Detained under the Mental Health Act 1983
- Using mental health services (see section 8)
- Using maternity services (see section 9)

Where the patient is being seen for an outpatient appointment and it is determined they need treatment for a different condition that the clinic does not assess for, they have the right to choose where to have the initial outpatient appointment for that condition. It could be most convenient to be treated at the same location, but it is their right to choose another location.

Who is responsible for offering this service?

The patient should speak to the GP or healthcare professional who is referring them.

Proposed Development and Direction

The CCG recognises that providing people with greater choice is a priority of the modern NHS. No changes are proposed to the current arrangements but as new aspects of choice are introduced the CCG will ensure that they are reviewed.

Appendix 3.

Patients waiting longer than maximum waiting times.

Current Arrangements

Where a patient is referred to a consultant, they will be given an appointment to see the consultant or a doctor who works with that consultant in his or her team. The patient can ask to be referred to a different hospital if they:

- Have to wait more than 18 weeks before starting treatment, if the treatment is not urgent;
- Have to wait more than two weeks before seeing a specialist, if the patient's GP thinks it is possible they have cancer.

This is a patient's legal right but this right is forfeit if:

- They choose to wait longer for treatment to start
- They choose to wait longer for an appointment with a specialist after being urgently referred with suspected cancer
- Delaying the start of treatment is in the patient's best interests, for example, if needing to lose weight or stop smoking before starting treatment
- There are medical reasons which mean it is better to wait
- They fail to attend appointments that they chose from a set of reasonable options
- They are on the national transplant list
- They are using maternity services
- They are using services not led by a consultant or a member of their team
- They refuse treatment
- A doctor has decided that it is appropriate to monitor the patient for a time without treatment
- They cannot start treatment for reasons not related to the hospital, for example, they are a reservist posted abroad while waiting to start treatment)
- The treatment is no longer necessary

How will I know I have been waiting 18 weeks or two weeks?

The patient should ask their GP or the hospital to confirm this as there are specific rules laid down on how the time is calculated.

Who is responsible for offering this choice?

The health professional is responsible for offering you the choice. The organisation responsible for commissioning your treatment will usually be the CCG or NHS England if you have been referred for certain specialised services, they can take reasonable steps to offer you a choice of other hospitals which can see or treat you more quickly.

Proposed Development and Direction

NHS Canterbury and Coastal CCG recognises its obligations under The National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012 and is working with the provider market to establish assurance mechanisms that support all patients being offered choice where they are at risk of breaching the 18 week or 2 week wait waiting time targets.

Appendix 4.

Choosing who carries out a specialist test.

Current Arrangements

If the GP decides the patient needs a specialist test, the patient can choose to have this done by anyone providing that NHS service in England. This is a legal right if:

- The test has been ordered by the GP, and
- It will be the patient's first appointment as an outpatient with a consultant or a doctor in the consultant's team.

It is not a right if:

- The test is not part of a first appointment as an outpatient with a consultant or a doctor in the consultant's team
- They are already at the first appointment as an outpatient, and the doctor decides they need a test. There may be a choice about who carries out that test, but there is no legal right to choose once they are being seen as an outpatient.

The choice is only available from organisations which carry out the test needed in a proper and safe way. There is no choice of who carries out the test if a test is needed urgently or the patient is admitted to hospital.

Support in making the choice is available from the GP or the doctor who has asked for the test. More information about the hospitals and clinics to choose from is on the 'NHS Choices' website.

Proposed Development and Direction

The CCG recognises that providing people with greater choice is a priority of the modern NHS. No changes are proposed to the current arrangements but as new aspects of choice are introduced the CCG will ensure that they are reviewed.

Appendix 5.

Mental Health.

Current Arrangements

From the 1st April 2014, people with mental health conditions have the same legal rights as those patients with physical health conditions to choose where they have their first outpatient appointment.

Is this a legal right?

The legal rights to choice cover the following:

- Patient choice of mental healthcare provider that best meets their needs
- Patient choice of mental healthcare team.

The legal rights to choice of mental health provider and team apply when:

- The patient has an elective referral for a first outpatient appointment: and
- The patient is referred by a GP: and
- The referral is clinically appropriate and
- The service and team are led by a consultant or a mental healthcare professional; and
- The provider has a NHS Standard Contract with any CCG or NHS England for the required service.

As with physical healthcare the regulations do not give people the rights to choose their treatment rather who provides it and where it is provided. Therefore where the commissioners routinely commission particular mental health services, eligible patients may choose any provider and team to access those services in line with the criteria set out above.

Where patients, with the support of their GP, want to access services that are not routinely commissioned, the guidance recommends that they apply through the commissioners Individual Funding Request (IFR) process, or if in receipt of a personal health budget through the care planning process.

The criteria relates to outpatients and not inpatient referrals. Once a patient has chosen a provider, that provider will normally treat the patient for the entire episode of care, unless the patient's diagnosis changes significantly.

The criteria to access services commissioned relates to all ages. Patients over the age of 16 are assumed to have the capacity to make their own decisions. If a patient is under 16, the GP should assess their Gillick competency and take a decision, with the patient, about their ability to make an informed choice. The GP should still include the child's parent or carer in their choices.

What Choice is available?

The right to make a meaningful choice must be offered to patients at the appropriate point. This will usually be via their GP, however, where Single Points of Access (SPA) exist, providers undertaking triage assessments will need to consider how the process can assist patients to make a choice of provider or team in an impartial way.

There is a Mental Health contact centre providing a single point of access for patients, carers and clinician seeking mental health advice. This is available 24/7 on 0300 222 0123.

Where a patient has completed a phase of mental healthcare they can go on to choose the provider of their non-acute follow up care. This is often organised via the acute mental health team.

Who is responsible for offering choice?

The patient should speak to their healthcare professional responsible for the referral, usually their GP

When choice is not appropriate?

There is some exclusion from these legal rights to choice. These are when the patient is:

- Already receiving mental health care following an elective referral for the same condition
- Referred to a service that is commissioned by a Local Authority, for example, a drug and alcohol service (unless commissioned under Section 75 Agreement)
- Accessing urgent or emergency care (that is, crisis care)
- Accessing services delivered through a primary care contract
- In high secure psychiatry services
- Detained under the Mental Health Act 1983
- Detained in a secure setting. This includes people in temporary release from prisons, courts, secure children homes, certain secure training centres, immigration removal centres or young offenders institutions
- Or serving as a member of the armed forces (family members in England have the same rights as other residents of England)

Where is information and support available? A number of charitable and voluntary organisations can also help. These include:

- Mind the Mental Health charity www.mind.org.uk
- Rethink Mental Illness www.rethink.org
- Mental Health Matters www.mentalhealthmatters.com
- Live it Well www.liveitwell.org.uk

Proposed Development and Direction

The CCG recognises that providing people with greater choice is a priority of the modern NHS. No changes are proposed to the current arrangements but as new aspects of choice are introduced the CCG will ensure that they are reviewed.

Appendix 6.

Maternity Services

Current Arrangements

A range of choices over maternity services is available, although these depend on what is best for the mother and baby, and what is available locally. When women first find they are pregnant they can, subject to availability:

- Go to their GP and ask to be referred to a midwifery service of their choice; the GP should provide information about the different services that are available
- Go directly to the chosen midwifery service: NHS Choices and the Hospital Trust website provides information about the different services that are available for women.

Whilst pregnant, subject to availability, women can choose to receive antenatal care from:

- A midwife
- A team of maternity health professionals, including midwives and obstetricians (which may be recommended for some women and their babies).

When women give birth, subject to availability, they can choose to give birth:

- At home, with the support of midwives
- In hospital, with the support of a maternity team. This type of care may be recommended by a consultant obstetrician.

After going home, subject to availability, women can choose to get postnatal care:

- At home
- At a time of their choice where this can be accommodated

Depending where the woman lives, they may have other choices about maternity care and should contact their midwife or the CCG for information.

Is this a legal right?

No. It depends what is best for mother and baby, and what is available. Every pregnancy is different.

When is choice not available?

Women can choose where to give birth, but this may mean some kinds of pain relief are not available during the birth as they are only available in hospitals. If urgent or emergency treatment is needed, there may be no choice of who to see and it may not be possible to choose where to give birth.

Who is responsible for offering this choice?

The midwife will be able to provide information, advice and support to assist in the decision making process.

Where is information and support available?

The midwife will be able to give information, advice and support to help women decide. A number of charitable and voluntary organisations can also help. These include:

- The National Childcare Trust, the UK's largest charity for parents. Visit www.nct.org.uk or call their Helpline: 0300 330 0700
- Birth Choice UK, helping women choose maternity care. Visit: www.birthchoiceuk.com
- AIMS – Association for Improvements in the Maternity Services. Visit www.aims.org.uk or email helpline@aims.org.uk or call the Helpline: 03003 650663 for advice from volunteers
- Start4Life at: www.nhs.uk/InformationService For Parents for information and advice.
- NHS Choices pregnancy and baby pages visit www.nhs.uk/conditions/pregnancy-and-baby/pages/where-can-i-give-birth.aspx provides all the necessary information women may require, particularly the options on where to give birth.

If women require additional assistance because of a disability, a mental health condition or any other impairment then a discussion should be had with the GP or midwife to ensure that these additional needs are taken into account when planning maternity care.

Proposed Development and Direction

The CCG recognises that providing women and families with greater choice is a priority. The CCG is currently involved in work which aims to ensure that:

- Women will have a personalised care plan developed directly with their midwife and other health professionals which sets out decisions concerning care and any wider health needs.
- Unbiased information is made available to all women to help them make decisions and develop their personalised care plan drawing on the latest evidence, and assessment of their individual needs, and what services are available locally.
- Women are able to choose the provider of their antenatal, intrapartum and postnatal care and be in control of exercising those choices through their own NHS Personal Maternity Care Budget.
- Women are able to make decisions about the support they need during birth and where they would prefer to give birth, whether this is at home, in a midwifery unit or in an obstetric unit after full discussion of the benefits and risks associated with each option.

Appendix 7.

Community Services

Current Arrangements

What choices are available?

You may be able to choose who you see for services provided in the community. The choice depends on what has been commissioned by the CCG.

In Canterbury you currently have choice of location and/or provider for the following services:

- Muscular Skeletal Service
- Vasectomy
- MRI scans
- Non-obstetric ultrasounds
- Phlebotomy
- Podiatry
- Anti-coagulation
- Lymphedema
- Ophthalmology
- Wound Care and Tissue Viability

Different choices are available in different areas. In future, the number of services and locations available is expected to increase.

Is this a legal right?

No.

When is choice not available?

The choice of services will depend on what the CCG, GP practices and patients think are priorities for the community.

Who is responsible for offering this choice?

The GP or the health professional that refers to the service is responsible for offering choices that are available. Patients can also find information by visiting NHS Choices (www.nhs.uk) and using the “find local services” tool on the home page.

If patients require additional assistance because of disability, a mental health condition or any other impairment, they should talk to their GP or health care professional to ensure that these additional needs are taken into account when choosing a community service.

Proposed Development and Direction

The CCG recognises that providing people with greater choice is a priority of the modern NHS. No changes are proposed to the current arrangements but as new aspects of choice are introduced the CCG will ensure that they are reviewed.

Appendix 8.

Emergency and Urgent Care

Current Arrangements

When a patient is unable to access an appointment in primary care with their GP or where a patient requires care out of hours, they can contact NHS111 by dialing 111. NHS 111 is available 24 hours a day, 365 days of the year. Calls are free from landlines and mobiles. NHS 111 will direct patients to the best medical care after an assessment.

For immediate and life threatening emergencies patients should call 999.

For less urgent needs patients can access:

- Out of hours provision via NHS11
- Urgent Care Centres e.g.: Minor Injury Units
- GP/nurse led walk in centres
- Pharmacies

Where is information and support available?

Patients can contact NHS111 by dialing 111 and access NHS Choices for further information in regard to urgent and emergency services. www.nhs.uk

Proposed Development and Direction

The CCG recognises that providing people with greater choice is a priority of the modern NHS. No changes are proposed to the current arrangements but as new aspects of choice are introduced the CCG will ensure that they are reviewed.

Appendix 9.

Choice to Reduce Hospital Stay

Current Arrangements

What Choices are available? Patients may be able to choose the local health and social care services provided on discharge.

Patients should be supported and have the choice to return to their usual place of residence. Where this is not their wish or their circumstances have changed, patients will be consulted and supported by appropriate professionals to identify and transition into an alternative setting that supports their needs.

Once their acute episode of care is completed, patients will be supported to find an alternative interim place of care until their preferred placement becomes available.

When is choice not available?

- When a patient is in crisis
- When not clinically appropriate

Who is responsible for offering choice?

The discharge team, made up of health and social care professionals, will be responsible for offering the choice and supporting discharge.

Where is information and support available?

- Canterbury District Council www.Canterbury.gov.uk
- NHS Choices www.nhs.uk
- Age UK www.ageuk.org.uk
- First Stop www.firststopcareadvice
- Carers UK www.carersuk.org

This list is not exhaustive, other sources of information will be held by the discharge team.

Proposed Development and Direction

The CCG recognises that providing people with greater choice is a priority of the modern NHS. No changes are proposed to the current arrangements but as new aspects of choice are introduced the CCG will ensure that they are reviewed.

Appendix 10.

Health Research.

Current Arrangements

What choices are available? A patient may be offered the choice by a health care professional to take part in approved health research (for example, clinical trials of medicines) relating to their circumstances or care. They are free to choose whether they take part in any research and do not have to take part if they do not want to.

When is the choice not available?

They cannot take part in research where:

- There is currently no research relating to their circumstances or care, or
- They do not meet the requirements for a particular study.

Who is responsible for offering this choice?

The health professional that provides the care, for example the hospital doctor, GP, nurse or pharmacist.

Where is information and support available?

- Healthtalkonline explains what clinical trials are and why we need them. Visit www.healthtalkonline.org and search for 'clinical trials'
- National Institute for Health Research explains how patients can help with research. Visit <http://www.nihr.ac.uk/awareness/Pages/default.aspx> and click on 'Patients and public'
- For information on what research is currently under way: Visit the UK Clinical Trials Gateway: www.ukctg.nihr.ac.uk
- NHS Choices explains why the NHS carries out research and the different types of research there are. Visit www.nhs.uk and search for 'Getting involved in research'.

Proposed Development and Direction

The CCG recognises that providing people with greater choice is a priority of the modern NHS. No changes are proposed to the current arrangements but as new aspects of choice are introduced the CCG will ensure that they are reviewed.

Appendix 11.

Personal Health Budget

Current Arrangements

What choices are available?

For some NHS services, there is the right to request to have a personal health budget. A personal health budget is an amount of money and a plan to use it. The plan is agreed between a patient, their healthcare professional and the clinical commissioning group. It sets out the patient's health needs, the amount of money available to meet those needs and how this money will be spent.

With a personal health budget, the patient (or representative) can:

- Agree with a health professional what health and wellbeing outcomes to achieve
- Know how much money is available for this health care and support
- Create their own care plan with the help of their health professional or others
- Choose how to manage their personal health budget
- Spend the money in ways and at times that makes sense to the patient, in line with their care plan.

There is a choice to manage the personal health budget in three ways, or a combination of these:

- A 'notional' budget: where the money is held by the CCG or other NHS organisation who arranges the agreed care and support that has agreed, on the patient's behalf;
- A 'third party' budget where the money is paid to an organisation which holds the money on the patient's behalf (such as an Independent User Trust) and organises the care and support agreed;
- Direct payment for health care where the money is paid to the patient or their representative who can buy and manage the care and services as agreed in the care plan.

In each case there will be regular reviews to ensure that the personal health budget is meeting the patient's needs. Direct healthcare payments will be subject to regular reviews of how the money is being spent.

Is this a legal right?

From October 2014 people receiving NHS Continuing Healthcare (including children) have had the legal right, to have a personal health budget (with some exceptions). NHS Continuing Healthcare is a package of care arranged and funded solely by the NHS and provided free to the patient. This care can be provided in any setting – including an individual's own home. An assessment is carried out by the CCG using a multi-disciplinary team of health and social care professionals.

You can find more about NHS Continuing Healthcare from: NHS Choices: www.nhs.uk

When is this choice not available?

Personal health budgets are not available for all NHS services (for example, acute or emergency care or visiting the GP). A few groups of people may not be eligible for a personal health budget or a direct healthcare payment, for example, people who have been ordered by the Court to have drug rehabilitation treatment.

Who is responsible for offering the choice?

The CCG.

Where is information and support available?

Patients should:

- Talk to their GP or health professional; or
- Contact the CCG.

Further information about personal health budgets is available from:

- NHS Choices: www.nhs.uk
- NHS England's website has a section dedicated to personal health budgets. This has information about national policy, the implementation toolkit, stories and other resources. www.personalhealthbudgets.england.nhs.uk
- The Peer Network, a user-led organisation for personal health budgets, has its own website: www.peoplehub.org.uk

Proposed Development and Direction

The CCG recognises that providing people with greater choice is a priority of the modern NHS. Personal health budgets are currently considered for:

- Adults receiving continuing healthcare
- Children receiving continuing healthcare
- Children and young people who have education health and care plans as well as identified health needs
- People who require post-acute neuro-rehabilitation following an acquired brain injury

The CCG are actively working to extend the scope of services across which personal health budgets are offered and expansion of the personal health budgets programme is currently under consideration for:

- Continence services
- Maternity services.

As new aspects of choice are introduced the CCG will ensure that they are reviewed.

Appendix 12.

Treatment in another European Economic Area (whilst still applicable)

Current Arrangements

What choices are available?

The right to choose to receive treatment, equivalent to a NHS service in the CCG, in other countries within the European Economic Area (EEA).¹² is subject to certain conditions. This is a legal right set out in the NHS Constitution and in EU law.

Under a new EU directive on patients' rights in cross-border healthcare, there is the right to access any healthcare service in another Member State that is the same as or equivalent to a service that would have been provided in the circumstances of each case. This means that the treatment must be one that is available through the NHS in the CCG. There is then a right to claim reimbursement up to the amount the treatment would have cost under the NHS – or the actual amount if this is lower.

This means that the patient will normally have to pay for the full cost of the treatment upfront (though other arrangements may be available via the CCG or NHS England). The directive covers treatment provided in state-run hospitals and services provided by private clinics and clinicians.

When is choice not available?

The directive does not cover:

- Long-term (i.e. social) care
- Access to and allocation of organs (for transplantation); or
- Public vaccination programmes against infectious diseases.
- Treatment out of the EEA

In some cases, prior authorisation will be required before treatment is accessed in another EEA country. This will enable the patient to confirm that they are entitled to the treatment requested, as well as the level of reimbursement that will apply.

The process of prior authorisation will also ensure that the patient is aware of all of the possible treatment options within the NHS, which may be more convenient than going abroad. If the patient is unable to access treatment on the NHS without undue delay, authorisation must be granted.

Who is responsible for offering this choice?

To access treatment in another EEA country the CCG will outline the choices that are available.

Proposed Development and Direction

The CCG recognises that providing people with greater choice is a priority of the modern NHS. No changes are proposed to the current arrangements but as new aspects of choice are introduced the CCG will ensure that they are reviewed.

Appendix 13.

End of Life Care.

Current Arrangements

The Health and Social Care Act 2012 addresses the Government's commitment to "no decision about me without me", patients have the right to be involved in discussions and decisions about their health and care, including end of life care, and to be given information to enable them to make decisions about the end of life care and the support they want to receive, including preferred place of care which can include the hospice, usual place of residence or hospital. This decision should be recorded within the patient's Advance Care Plan and honoured where possible.

Dependent on the wishes of the patient and their mental capacity, this discussion may include family, carers and representatives. Patients will be listened to and treated as an individual.

Where a range of potentially suitable treatments or forms of healthcare are available, a competent person has the right to receive the information they need in order to decide their preference. NHS staff will involve patients in discussions to decide on the right choice for them, this will include information on support options available to them, their family, carers or representatives (for example voluntary sector, Marie Curie, MacMillan). These discussions can include family and carers.

Not everyone will wish to take up this right. While some people will not be able to do so for themselves, for example if they are not conscious or if they have lost mental capacity. The Mental Capacity Act and its Code of Practice set out how others can make healthcare decisions under such circumstances. NHS staff will involve patients in discussions to decide on the right choice for them.

In relation to both GP and secondary care (e.g. hospital treatment), doctors registered with the General Medical Council have a duty to work in partnership with patients. This must include listening to patients and responding to their concerns and preferences, and giving patients the information they want or need in a way they can understand.

Proposed Development and Direction

The CCG recognises that providing people with greater choice is a priority of the modern NHS. No changes are proposed to the current arrangements but as new aspects of choice are introduced the CCG will ensure that they are reviewed.

The Department of Health's End of Life Care Strategy (2008) outlined a number of measures to be put in place to ensure that patients' needs are met. At a local level, we are supporting work towards more integrated care records. These will enable the recording and sharing of information about people's needs, wishes and preferences for end of life care, with their agreement, so that care provision is delivered in line with people's choices.

Appendix 14.

Planning your long-term care

Current Arrangements

“The NHS commits to involve you in discussions about planning your care and to offer you a written record of what is agreed if you want one.” (Section 3a of the NHS Constitution)

The Government is committed to a patient-led NHS, strengthening patient’s choice and management of their own care. The CCG wants to support shared decision- making and focus on improving patient outcomes. Involving patients (and carers and family, where appropriate) in discussions about planning care is key to helping patients understand what choices are available, and what support might be needed to manage their condition and stay healthy.

What does this right mean for patients? For people living with long-term conditions, the aim is to identify how their condition is impacting on the things that are important to them. A care planning discussion can help to identify a range of personal goals, and how the health system will support in achieving them. It can also include wishes around end of life care if this is relevant or appropriate. The discussion can also identify the range of support available, the extent to which the patient is able to self- care, what support groups are available and the most convenient way for patients to access further information.

In this way, patients will have more control over the care and support received, and this should help reduce unplanned emergencies or unscheduled admissions to hospital. The care planning discussion is generally led by the main health or care professional, so that could be in primary or secondary care (e.g. with a GP or a hospital doctor). It may also be offered by other health care professionals such as a community pharmacist, e.g. after a medicines use review or a healthy lifestyle discussion. For people with long-term conditions, it is likely to be led by the GP and then added to by other health/care professionals as appropriate.

The NHS has developed a range of patient decision aids to support patients and health professionals in discussions about care planning. Patient decision aids are specially designed information resources that help people make decisions about difficult healthcare options and why one option is better than another.

The outcome of the discussion about the care decisions will usually be recorded.

This record could be called a care plan, a health plan, a support plan, a self-management plan or an information prescription. For some people their ‘plan’ will be very detailed, for others it might be something simpler.

It is good practice to offer the patient a written record of what is agreed. The care planning approach is well established in mental health services and in aspects of social care. The aim is to make this type of practice more generally available.

The patient may not want a written document, but just have the agreement recorded in their patient notes.

Proposed Development and Direction

The CCG recognises that providing people with greater choice is a priority of the modern NHS. No changes are proposed to the current arrangements but as new aspects of choice are introduced the CCG will ensure that they are reviewed.