

WANDSWORTH CLINICAL COMMISSIONING GROUP
PATIENT CHOICE POLICY 2016/17

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1. Introduction

This policy is a guide to the choices patients have and can make about their NHS care and treatment. It is firmly written into the NHS Constitution that 'patients will be at the heart of everything the NHS does.' Thus every patient has a right by law to make informed choices about their healthcare and be offered the opportunity to compare and make choice decisions based on their individual needs.

NHS Wandsworth Clinical Commissioning Group (hereafter referred to as the CCG) is the organisation responsible for planning and buying health services for the population of Wandsworth and recognises that enabling patients to make choices about their care is at the heart of NHS policy. The CCG is committed to offer patient choice and recognises that it is fundamental to the delivery of a patient-centred NHS, empowering people to obtain the health and social care services they need. Giving the public and patients' high quality and accessible information helps them to make effective choices that are right for them and their families.

In summary this document sets out the CCG's current approach to patient choice and the direction that the CCG will head in, to enhance the ability of patients to make healthcare choices with much better information available to know what services are available and how to access them. It explains:

- when patients have choices about their health care
- where to get more information to help patients choose
- how to complain if patients are not offered a choice

In some circumstances patients have legal rights to choice and must be given these choices by law. In other circumstances patients do not have a legal right to choice, however, should be offered choice about their care, depending on what is available locally. This is what the Government has asked health care professionals to do.

2. Background

In July 2010 the Government's White Paper, 'Equity and Excellence: Liberating the NHS' set out proposals for increasing choice and control over care and treatment and for choice of treatment and healthcare provider to become a reality in the majority of NHS funded services by no later than 2013/14.

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.

Patient choice sits within a broad legislative and regulatory framework as described below:

- **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.

- **National Health Service (Procurement, Patient Choice and Competition) (No. 2) Regulations 2013** consider appropriate ways of improving services including through services being provided in a more integrated way, enabling providers to compete to provide services and allowing patients a choice of provider.

In March 2015 the Department of Health published the Choice Framework for 2015/16 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 further to support patients in choosing their care.

This policy and any procedures derived from it should be read in accordance with the following policies, procedures and guidance:

- Wandsworth CCG's Prime Financial Policies and Scheme of Reservation and Delegation
- Managing Conflicts of Interest Policy
- Wandsworth Forward Procurement Plan 2016/17
- Wandsworth Procurement Plan 2016/17

3. Scope of policy

The scope of this document includes all patients registered with Wandsworth GP practices and their rights to choice in relation to the following commissioned services or scenarios:

- GP and GP practice
- Primary Care Co-commissioning
- First outpatient appointment for physical and mental health conditions
- Where waits have exceeded maximum waiting times
- Specialist tests
- Maternity services
- Mental health services
- Community services
- Participation in health research
- Personal health budgets
- Treatment in another European economic area
- End of life care
- Planning long term care
- Supporting people with a learning disability

Any exclusions in relation to choice have been detailed within the respective sections.

4. GP and GP practice

Patients have the choice of which practice they register at and can ask to see a particular GP or nurse to have the appointment with. This is a legal right although there may be exemptions where the patient lives outside the boundary in which the practice is located or because the practice has received approval to close their lists to new patients.

How can choice be exercised? The patient should contact the GP practice where they wish to register. Any problems experienced in registering should be communicated to NHS England or to the local Healthwatch who will be able to provide advice and support. Healthwatch is an independent consumer champion for health and social care in England. Information can be found on NHS Choices website by searching for GP practices and filtering on postcode area and those accepting new patients.

5. Primary Care Co-Commissioning

Primary care co-commissioning is one of a series of changes set out in the NHS Five Year Forward View. Co-commissioning is a key enabler in developing seamless, integrated out of hospital services based around the needs of the local populations. It will support the development of new and locally relevant models of care. Wandsworth CCG takes on delegated responsibility for co-commissioning primary care services from 1st April 2016. Co commissioning will give the CCG more control over the wider NHS budget enabling a shift in investment from acute to primary and community services. These developments will have a direct impact on improving choice options for patients accessing care within community settings. The policy will be updated to reflect progress and changes in how future care is delivered and the choice options which go alongside redesigned services.

6. First outpatient appointment for physical and mental health conditions

If a patient needs to be seen by a consultant or specialist as an outpatient, they have a choice to go to any hospital or clinic in England that offers the NHS service for the first appointment. This is a legal right, but the patient can only choose a hospital or clinic that offers the right treatment and care for their condition. A choice of a team led by a named consultant or in mental health services, a named healthcare professional is also available within the chosen organisation.

With respect to mental health outpatient provision, much of this delivery occurs in the community setting and is covered by the legal rights. If a patient lives outside the area where the chosen mental healthcare community service is delivered, the GP and patient need to consider how the patient would travel to the location.

Mental health services provided under primary care contracts are not covered by legal rights to choice of provider and team.

Patients' legal rights to choice apply following a referral by a GP to any provider that has an NHS Standard Contract with the CCG or NHS England for the required service. Patients can access some services such as Improving Access to Psychological Therapies and Children and Adolescents Mental Health Services via self-referral or other locally agreed referral processes. The choice offer depends on which services the CCG has commissioned.

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
- Using maternity services

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. This could be most convenient to be treated at the same location, but it is their right to choose another location.

How is choice exercised? The patient will need to speak to their GP, Dentist or Optometrist to determine how to make an informed choice.

7. Where waits have exceeded maximum waiting times

Patients can ask to be referred to a consultant or specialist at a different hospital if they have to:

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

This choice can be limited if the patient has been waiting for more than 18 weeks for treatment and meets any of the following criteria:

- the patient chooses to wait longer for treatment
- delaying the start of the treatment is in the patient's best interest. For example, if the patient needs to lose weight or stop smoking or other personal medical reasons
- the patient fails to attend the appointment which the patient has chosen from the set of reasonable options
- the patient is on a national transplant list
- the patient is using maternity services
- the service the patient is to receive is not led by a consultant or member of their team
- the patient refuses treatment
- the doctor has decided that it is appropriate to monitor the patient for a time without treatment
- the patient cannot start treatment for reasons not related to the hospital, for example the patient is a reservist posted abroad while waiting to start treatment
- the treatment is no longer necessary

How can choice be exercised? Patients should ask their GP or the hospital to confirm specific rules that may affect how 18 weeks and/or two week waits are calculated. The organisation responsible for arranging the patient's treatment will usually be NHS Wandsworth CCG, but if the patient has been referred to a specialised service it may be NHS England. The CCG will take all reasonable steps to offer patients a choice of other hospitals which can see or treat them more quickly.

8. Specialist tests

Patients can choose and access specialist tests from any service that is funded to provide that NHS service in England. This is a legal right if:

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

If the patient is already at their first outpatient appointment and the doctor decides they need a test, there may be a choice about who carries out the test; however there is no legal right to choose once they are being seen as an outpatient. The patient cannot choose who carries out the specialist test if the test is urgently needed or if the patient has been admitted to hospital. In addition, there is no right to choose if the patient is:

- a prisoner, on temporary release from prison or detained in 'other prescribed accommodation (e.g. a court, a secure children's home, a secure training centre, an immigration removal centre, and a young offender institution)
- detained in a secure hospital setting
- a serving member of the Armed Forces (family members in England have the same rights as other England residents)

- detained under the Mental Health Act 1983; or using maternity services

In addition, patients do not have a right to choose if they are referred to:

- services commissioned or provided by local authorities
- services for suspected cancer

How can choice be exercised? Support in making the choice is available from the GP or the doctor who has asked for the test. Further information about the hospitals and clinics to choose from is available on the NHS Choices website.

9. Maternity services

There is no legal right to choice of maternity service provider. The exact nature of the available choice will depend on what is best for the patient and their baby and the services available within the Wandsworth CCG area.

Women and their partners will be given the opportunity to make informed choices throughout pregnancy, birth and during the postnatal period. On first finding that the woman is pregnant they can (subject to availability):

- go to their GP and ask to be referred to a midwifery service of their choice
- go directly to a midwifery service of their choice, without asking the GP to refer first

Whilst pregnant they can choose to receive 'antenatal' care from (subject to availability):

- a midwife or a team of maternity health professionals, including midwives and obstetricians (this will be safer for some women and their babies)

When they give birth they can choose to give birth (subject to availability):

- at home, with the support of a midwife
- in a local midwifery facility (for example, a local midwifery unit or birth centre) with the support of a midwife
- in any available hospital in England, with the support of a maternity team. This type of care will be the safest option for some women and their babies. If this is the case they should still have a choice of hospital

After going home, a patient can choose to get postnatal care (subject to availability):

- at home
- in a community setting

How can choice be exercised? A midwife will be able to give information and advice to support decision making and go through the range of options dependent on the mothers preferences and clinical history.

The following national resources can offer additional assistance to parents-to-be and new parents:

- Start4Life Information Services for Parents – www.nhs.uk/information-service-for-parents
- NCT – National Childcare Trust at www.nct.org.uk or helpline: 0300 330 0700
- Birth Choice UK at www.birthchoiceuk.com
- AIMS – Association for Improvements in the Maternity Services. Visit www.aims.org.uk or email helpline@aims.org.uk or helpline: 0300 365 0663

The National Maternity Review (Feb 2016) highlights seven key priorities to drive improvement and ensure excellent care is received by every woman. To make care more personal and family

friendly, the report says that care centred on the woman, her baby and her family is a priority enabling genuine choice which is informed by unbiased information. The review also recommends trialling an NHS Personal Maternity Care Budget which would give women more control over their care. This report will provide the steer to ensuring the availability of wider choice tailored to the woman's preferences and needs.

10. Community services

The choice of a community provider will depend on what is commissioned within the Wandsworth CCG area and what the CCG, GP practices and patients think are priorities for the community.

In Wandsworth, patients currently have choice of location for the following:

- Adult and Children's Mental Health
- Musculoskeletal Services
- Podiatry
- Occupational Therapy
- Diagnostic Services

Patients requiring additional assistance because of a disability, a mental health problem or any other impairment have a right to expect that their additional needs will be taken into account when choosing their community services.

How can choice be exercised? A GP or health professional that refers to the service will be able to advise on choice options which are available in the community.

11. Participation in health research

Patients are free to choose whether they take part in any health research. The only exception would be if:

- there is no research relating to the patient's circumstances or care
- the patient does not meet the requirements for a particular study

Patients who decide to participate in research can take part in approved health research, for example, clinical trials of medicine, relating to the patient's circumstances or care.

How can choice be exercised? The health care professional such as GP, hospital doctor and/or nurse will be able to advise the patient if there is currently any appropriate research. In addition, the CCG is required to promote patients' recruitment to and participation in research.

12. Personal health budgets

A personal health budget is an amount of money and a plan to use it. The plan is agreed between a patient and their healthcare professional and 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. Adults who have been assessed as eligible for NHS Continuing Health Care (NHS CHC) and children who are eligible for Continuing Care (CC) have a legal right to have a personal health budget. NHS Continuing Healthcare is a package of care arranged and funded solely by the

NHS and provided free to the patients. This care can be provided in any setting – including an individual's own home.

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

How can choice be exercised? An assessment is carried out by the CCG using a multi-disciplinary team of health and social care professionals. If the assessment determines that the patient is eligible, the patient will have a choice to manage the personal health budget in three ways, or a combination of these:

- a 'notional' budget: the money is held by the CCG or other NHS organisation who arranges the agreed care and support on the patient's behalf
- a 'third party' budget: 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 payments for health care: 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.

Further information about personal health budgets is available at:

- NHS Choices website
- NHS England website
- The Peer Network website

13. Treatment in another European Economic Area

Patients have a legal right under a new EU directive to access any healthcare service in another European Economic Area (EEA) 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. There is then the right to claim reimbursement up to the amount the treatment would have cost under the NHS or the actual amount if this is lower. The directive does not cover long term care, access to and allocation of organs for transplantation or vaccination programmes against infectious diseases.

How can choice be exercised? To access treatment in another EEA country, the GP, dentist or CCG will outline the choices that are available. In some cases, prior authorisation may be required before treatment is accessed. This is to confirm entitlement to the treatment requested and the level of reimbursement that will apply. This process will also enable the patient to be aware of all the treatment options within the NHS which may be more convenient than going abroad.

14. End of life care

Patients have the right to be involved in discussions and decisions about their health and their future care, including end of life care, and to be given information to enable them, with support from their family and/ or carers where appropriate, to make choices about the end of life care they want to receive. This should include what is acceptable or unacceptable to them, where they

would like to be cared for and where they would like to die. People are encouraged to write down and share their wishes and preferences with their family and carers, as this will help to guide the health care professionals looking after them to understand what is important to them when their future care is being planned.

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.

The Health and Social Care Act 2012 addresses the Government's commitment to 'no decision about me without me'. The CCG has a duty to promote the involvement of patients, carers and representatives in decisions, which relate to the prevention and diagnosis of illness or about their care or treatment. Clinicians will discuss the patient's preferences and circumstances with patients and these will be reflected in the decision that is made. Patients will be listened to and treated as individuals.

The CCG is committed to ensuring that providers are compliant against national guidance on care of dying people such as One Chance to Get it Right (2014)
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/323188/One_chance_to_get_it_right.pdf

How can choice be exercised? 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 the patient, the discussions can include family and carers.

Not everyone will wish to take up this right. 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.

15. Planning long term care

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.

For people 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 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.

How can choice be exercised? 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.

15. Supporting people with learning disabilities

The NHS England publication called "supporting people with a learning disability and/or autism who display behavior that challenges, including those with a mental health condition" (October 2015) provides a service model that supports commissioners across health and social care to work together to commission the range of services and support needed to meet the needs of this diverse group.

People should have choice and control over their own health and care services. There is a need to work with people, recognising that individuals, their families and carers are experts in their own lives and are able to make informed decisions about the support they receive. People should be supported to make their own decisions and, for those who lack capacity, any decision must be made in their best interests involving them as much as possible and those who know them well.

Everyone should receive information about their care and support in formats that they can understand and should receive appropriate support to help them communicate.

Individuals, and where appropriate families/carers, should be integral partners in care and support planning discussions. Even where people lack capacity to make specific decisions, they should be involved in care and support planning discussions wherever possible and any decisions taken on their behalf should be made in their best interests. These discussions and the final plan should be person-centred and focused on what is important to the individual.

Increasingly, people should expect to be offered a personal budget, personal health budget, or integrated personal budget across health and social care, and should have access to information advice and support to help them understand the choices available to them, exercise these choices and to help them plan how to use and manage their budget.

In addition to the legal right to advocacy, people should also be offered non-statutory advocacy, which should be available to them either at key transition points and/or for as long as they require at other times in their lives. This will include in preparation for and on leaving a specialist hospital. Both statutory and non-statutory advocacy should be delivered by services that are independent of the organisations providing the person's care and support.

By April 2016, every CCG will be expected to have a 'local offer' for how to expand the use of personal health budgets; this must include people with a learning disability. Wandsworth CCG will work with the local voluntary sector to consider what additional or different local services are needed to ensure that people with personal budgets have a range of services to choose from.

16. Wandsworth CCG complaints process

Patients that are not satisfied with the choices they have been offered can make a complaint to the organisation that they have been dealing with or to NHS Wandsworth Clinical Commissioning Group via waccg.customercare@nhs.net

Patients that are unhappy with the decision of the CCG, have the right to complain to the independent Parliamentary and Health Service Ombudsman.

To contact the Ombudsman: email: www.ombudsman.org.uk.
Call the Helpline: 0345 015 4033.
Use the Textphone (Minicom): 0300 061 4298.

If the complaint is about not being offered a choice of GP practice or about health research, the complaint should be made to NHS England. It is the responsibility of NHS England to ensure CCG's are working properly.

To contact NHS England visit: www.England.nhs.uk.

17. More information about supporting choice

Patients have a right to information where there is a legal right to choice. Currently, this gives patients a right to information to support them in choosing their provider in the scenarios set out in this document.

General information about choice is available from the following websites:

- **NHS Choices:** It provides tools and resources that help look at patient options to make the right decisions. Visit: www.nhs.uk
- The **Care Quality Commission** checks all hospitals in England to ensure they are meeting national standards. They share their findings with the public. Visit www.cqc.org.uk.
- The **NHS Constitution** tells patients what they can and should expect when using the NHS. <https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england>
- Information about how local authorities are performing on improving public health, published by Public Health England. Visit www.nhs.uk

18. References

- 18.1 Choice at referral, supporting information for 2008/09 published on 18 March 2008.
- 18.2 The Primary Care Trust Choice of Secondary Care Provider Directions 2009, published 21 January 2009.
- 18.3 NHS Choices;
<http://www.nhs.uk/choiceintheNHS/Rightsandpledges/NHSConstitution/Pages/Yourrightstochoice.aspx>
- 18.4 Government White Paper; Equity and excellence: liberating the NHS' July 2010
- 18.5 Liberating the NHS: Greater Choice and Control: October 2010
- 18.6 NHS: Extending Patient Choice of Provider: July 2011
- 18.7 Health and Social Care Act 2012
- 18.8 National Health Service (Procurement, Patient Choice and Competition) (No. 2) Regulations 2013.
- 18.9 Department of Health; Choice Framework for 2015/2016
- 18.910 The National Childcare Trust; www.nct.org.uk
- 18.11 Birth Choice UK; www.birthchoiceuk.com;
- 18.12 Association for Improvements in the Maternity Services (AIMS); www.aims.org.uk
- 18.13 Start4Life at: www.nhs.uk/InformationServiceForParents
- 18.14 National Maternity Review, Better Births: Improving Outcomes of Maternity Services in England: Published February 2016
- 18.15 Healthtalkonline; www.healthtalkonline.org
- 18.16 National Institute for Health Research: <http://www.nihr.ac.uk/awareness/Pages/default.aspx>
- 18.17 UK Clinical Trials Gateway: www.ukctg.nihr.ac.uk
- 18.18 Personal Health Budgets: www.personalhealthbudgets.england.nhs.uk
- 18.19 The Peer Network: www.peoplehub.org.uk;
- 18.20 Department of Health's End of Life Care Strategy (2008)
- 18.21 NHS England publication, "supporting people with a learning disability and/or autism who display behavior that challenges, including those with a mental health condition" October 2015.