

BROMLEY CCG PATIENT CHOICE POLICY

Issued by:
Managing Director

Policy Classification: COMMISSIONING	Policy No: POLCO 02
Issue No:	Date Issued: 6 September 2018
Page No: 1 of 22	Review Date: 5 September 2019

Version Control and Record of Amendments

Document Name:	Bromley CCG Patient Choice Policy	
Location:	Q/CCG POLICIES & TEMPLATES/BCCG POLICIES/COMMISSIONING	
Consultation:		
Ratified by:	Bromley CCG Governing Body	Date: 06/09/2018
Supersedes:	NA	
Description:	Policy for providing patient Choice	
Audience:	All CCG staff, external partners and patients	
Contact details:	Broccg.contactus@nhs.net	
Equality Impact:	<p>This Policy is applicable to all staff employed by the CCG and those staff who work on behalf of the CCG. This document demonstrates Bromley's CCG's commitment to create a positive culture of respect for all individuals, including staff, patients, their families and carers as well as community partners.</p> <p>The intention is, as required by the Equality Act 2010, to identify, remove or minimise discriminatory practice in the nine named protected characteristics of age, disability, sex, gender reassignment, pregnancy and maternity, race, sexual orientation, religion or belief, and marriage and civil partnership. It is also intended to use the Human Rights Act 1998 and to promote positive practice and value the diversity of all individuals and communities.</p>	

Version	Date	Author	Approver	Reason
V1	Aug 2018	J Peake	A Bhan	

Contents

1. Introduction
2. Background
3. Purpose and Scope
4. Choice of GP Practice and Particular GP
5. Choosing where to go for first outpatient appointment for physical and mental health conditions
6. Choosing who carries out a specialist test
7. Mental Health
8. Maternity Services
9. Community Services
10. Urgent and Emergency Care
11. Choice to Reduce Hospital Stay
12. Health Research
13. Personal Health Budget
14. Treatment in another EEA country
15. End of Life Care
16. Planning your long-term care
17. Principles and Process For Ensuring Patient Choice
18. What happens when patients are not given Choice
19. Implementation
20. Related Documentation

1. INTRODUCTION

NHS Bromley Clinical Commissioning Group (hereafter referred to as the CCG) is the organisation responsible for commissioning health services for the people of Bromley. 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 patients with high quality and accessible information helps them to make effective choices that are right for them and their families.

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.

The NHS Constitution states that “patients will be at the heart of everything the NHS does” and therefore have the right to make informed choices about their healthcare. This means that by law, patients should be offered the opportunity to compare and make choices that suit their needs.

This document sets out the CCG’s approach to facilitating 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.

2. BACKGROUND

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.

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.

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.

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.

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. Patient choice sits within a broad legislative and regulatory framework and the scope of this document includes all patients registered with Bromley GP practices and their rights to choice in relation to the following service areas:

- GP practice and particular GP
- Where to go for a first outpatient appointment
- 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. CHOICE OF GP PRACTICE AND PARTICULAR GP

4.1 Current Arrangements

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. GP practices must try to make sure this happens.

All practices are required to have agreed an “inner” boundary with their commissioner (NHS England or CCG). Anyone who resides within the practice’s inner boundary is entitled to apply to register for primary care medical services and the practice boundary should be clearly advertised to patients on the GPs practice leaflet or website if they have one. In addition most practices have also agreed an “outer” practice boundary.

Patients who move out of a practice’s inner boundary area but still reside in the outer boundary area may be able to remain registered with the practice if they wish and the practice agrees.

There are occasions when a practice might have reasonable grounds for not registering a patient, for example where a patient lives outside the practice boundaries or because the GP practice has approval 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. The practice has a duty to inform patients of the reason why they are refused.

How can patients exercise 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 NHS England or 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.

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. Patients 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.

4.2 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.

5. CHOOSING WHERE TO GO FOR FIRST OUTPATIENT APPOINTMENT FOR PHYSICAL AND MENTAL HEALTH CONDITIONS

5.1 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. The patient can only choose a hospital or clinic that offers the right treatment and care for their condition. Patients can also choose which clinical

team will be in charge of their treatment within their 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 7)
- Using some maternity services (see section 8)

Where the patient is being seen for an outpatient appointment and it is determined they need treatment for a different condition which the clinic does not deal with, 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.

To exercise this choice the patient should speak to the GP, dentist or optometrist who is referring them.

5.2 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.

6. CHOOSING WHO CARRIES OUT A SPECIALIST TEST

6.1 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 applies 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 does not apply if:

- The test is not part of a first appointment as an outpatient with a consultant or a doctor in the consultant's team
- During the first appointment as an outpatient the doctor decides they need a test. A choice of who carries out the test **may** be offered but the patient does not have the 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.

6.2 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.

7. MENTAL HEALTH

7.1 Current Arrangements

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.

The rights to choice cover the following:

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

The 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, but rather choice of who provides it and where it is provided. Therefore where the commissioners routinely commission particular mental health services, eligible patients may be able to choose a particular provider 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 relate 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 relate 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 access 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.

How can a patient exercise their choice?

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

When is choice is not available?

There are some exclusions from these 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 not commissioned by the NHS.
- Accessing urgent or emergency care (that is, crisis care)
- 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
- Bromley Well www.bromleywell.org.uk

7.2 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.

8. MATERNITY SERVICES

Personalised care, centred on the woman her baby and her family, based around their needs and their decisions, where they have genuine choice, informed by unbiased information.

The National Maternity Review report “Better Births Improving of Maternity Services in England” sets out a vision for the planning, design and safe delivery of maternity services.

<https://www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf>

Maternity services provide obstetric and midwifery care, from antenatal (before birth) to labour and postnatal (after delivery). A range of choices is available, although these depend on what is best for mother and baby.

Antenatal Care: It is very important to arrange antenatal booking appointment with midwives early in pregnancy, ideally by 10 weeks. This can help the mother and baby have a healthy start to the pregnancy. Patients can refer themselves to a local Maternity service or ask their GP to refer them. The GP should provide information about the different services that are available

During pregnancy regular antenatal care will be provided to ensure that both mother and baby are well. Local antenatal care is provided at Princess Royal University Hospital, Orpington Hospital, Queen Mary’s Hospital, Sidcup, and Beckenham Beacon. Community midwives also give antenatal care at local GP surgeries and children’s centres. Care will include routine checks on mother and baby, blood tests, screening and parent education including discussions on choice of delivery.

Specialist care and support is provided for women with more complex needs, these include multiple births, diabetes, Hepatitis B and other conditions.

Ultrasound scans in pregnancy: Ultrasound scans use sound waves to build a picture of the baby in the womb. The scans are painless, have no known side effects on mothers or babies, and can be carried out at any stage of pregnancy. Hospitals in England offer all pregnant women at least 2 ultrasound scans during their pregnancy: At 8 to 14 weeks and between 18 and 21 weeks

The first scan is sometimes called the dating scan. The sonographer estimates when the baby is due (the estimated date of delivery, or EDD) based on the baby's measurements. The dating scan can include a nuchal translucency (NT) scan, which is part of the combined screening test for Down's syndrome, if the patient chooses to have this screening.

The second scan offered to all pregnant women is called the anomaly scan, or mid-pregnancy scan, and usually takes place between 18 and 21 weeks of pregnancy. This scan checks for structural abnormalities (anomalies) in the baby.

Some women may be offered more than two scans, depending on their health and their pregnancy. More information is available about the dating scan and the

anomaly or mid-pregnancy scan.

The Enhanced 12-week ultrasound scan is available at the Harris Birthright Centre at King's College Hospital.

This includes:

- A more detailed scan, carried out by a specialist fetal medicine doctor
- Results within an hour (rather than waiting 7-10 days)
- The opportunity to discuss the scan results with the same doctor, straight away
- An assessment of the risk of having the baby too early or of developing raised blood pressure
- Fetal DNA (Harmony) test if there is an increased risk of Down's syndrome. This is normally only available privately and avoids the needs for the standard, more invasive test.

To book an enhanced ultrasound, King's College Hospital will need to be selected as the place of delivery on referral, or patients can let their GP know they would like to have your 12-week ultrasound at King's College Hospital.

Birth (labour): Parents can choose where to give birth. Options are:

- At home, if the pregnancy is assessed as low risk
- At the midwife-led Birth Centre at the hospital. This has a range of facilities including birthing pools, shower rooms and a communal lounge for families.
- On the Maternity ward.

After Birth (postnatal): The most comfortable place for mothers to be after the baby is born is in their own home, where they can be together as a family. So, if the birth has been in Hospital and everything has gone well, mothers are encouraged to go home within a few hours of delivery. A midwife will visit the next day and emergency contact numbers will be given to call if there are any worries. Patients have the choice of postnatal care in hospital, in the community or at home. It includes regular check-ups and support with breast feeding.

Bromley Voices Partnership (MVP): MVP is a group for people who have had a baby in the past three years and would like to help make a difference to maternity services in the borough. It includes local parents as well as midwives, and hospital, community and council staff. The group oversees services for pregnant women and new parents and recommends improvements where needed.

For more information or to share views, email bromleymslc@outlook.com or visit Bromley Maternity Voices' Facebook or Twitter pages.

8.1 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.

9. COMMUNITY SERVICES

9.1 Current Arrangements

What choices are available? Patients may be able to choose where and when they receive treatment provided in the community for services commissioned by Bromley CCG.

This includes services such as:

- Phlebotomy
- Podiatry
- Anti-coagulation
- Audiology
- Ophthalmology
- Bladder and bowel service

The CCG constantly reviews the locations of services to ensure equity of access and choice for Bromley residents

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.

How can a patient exercise their 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 <https://www.nhs.uk/pages/home.aspx> 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.

9.1 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.

10. URGENT AND EMERGENCY CARE

10.1 Current Arrangements

When a patient is unable to access an appointment in primary care with their GP or out of hours, they can contact the South East London Integrated Urgent Care Service by dialling 111. The phone number is available 24 hours a day, 365 days of the year. Calls are free from landlines and mobiles. Patients will be directed to the best medical care after a phone assessment.

For immediate and life threatening emergencies patients should call 999.

For less urgent needs patients can access:

- Out of hours provision via south east London Integrated Care service (dial 111)
- Urgent treatment centres eg. minor injury units and urgent care centre
- Pharmacies

Where is information and support available? Patients can contact the urgent care service by dialling 111 and access NHS Choices for further information in regard to urgent and emergency services. www.nhs.uk

10.2 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.

11. CHOICE TO REDUCE HOSPITAL STAY

11.1 Current Arrangements

What Choices are available? There may be an opportunity to choose by which organisation, what health and social care provision and where services are provided for patients on discharge.

In some instances there may only be one local provider of a service, therefore there is no opportunity to choose in this instance.

However where patients have a choice about with who and where they receive their ongoing care and support following discharge, they will be consulted and supported to meet these preferences wherever possible

Should the preferred provision not be available and the patients no longer need to remain in an acute bed, professionals will support identification of an appropriate alternative for patients as an interim until the preferred option becomes available.

Where patients choose not to accept an appropriate service offered by health and social care professionals or delay the discharge unnecessarily, choosing to remain in an acute bed, the Trust reserves the right to charge individuals as private patients.

When is choice not available?

- Patients in crisis
- When not clinically appropriate
- When the chosen option is not currently available therefore requiring the patient to remain in an acute bed unnecessarily

Who manages the offering of 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?

- Bromley Council
- NHS Choices www.nhs.uk
- Bromley Well
- Bromley Services Directory

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

12. HEALTH RESEARCH

12.1 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? Patients 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 would offer 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'.

12.1 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.

13. PERSONAL HEALTH BUDGET

13.1 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 to support a person's identified health and wellbeing needs, planned and agreed between the person and their local NHS team.

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

- Be central in developing their personalised care and support plan and agree who is involved
- Be able to agree the health and wellbeing outcomes they want to achieve, in dialogue with the relevant health, education and social care professionals.
- Get an upfront indication of how much money they have available for healthcare and support
- Have enough money in the budget to meet the health and wellbeing needs and outcomes agreed in the personalised care and support plan
- Have the option to manage the money as a direct payment, a notional budget, a third party budget or a mix of these approaches
- Be able to use the money to meet their outcomes in ways and at times that make sense to them, as agreed in their personalised care and support 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.

From October 2014 people receiving NHS Continuing Healthcare (including children) have had the 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 in accordance with the NHS Continuing Health Care and NHS Funded Nursing Care Framework.

More information about NHS Continuing Healthcare can be found on NHS Choices website.

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 would offer this choice? The Clinical Commissioning Group.

Where is information and support available?

- Patients can contact the Continuing Healthcare Team at the CCG.
- Further information about personal health budgets is available from: NHS Choices website
- 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.

13.2 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 care
- People with learning disability who are not eligible for NHS continuing healthcare but who are jointly funded with the Local Authority.

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:

- Children and young people who have education health and care plans as well as identified health needs
- Wheelchairs
- Users of Mental Health services

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

14. TREATMENT IN ANOTHER EUROPEAN ECONOMIC AREA (whilst still applicable)

14.1 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. Prior approval must be sought for all elective treatments or procedures through the European Healthcare team for NHS England. This team will identify the responsible commissioner and whether the treatments (and medication) would be routinely available to the patient under the NHS.

If the treatment is routinely available on the NHS, 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 a 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

For treatments and procedures listed in the South East London Treatment Access Policy prior authorisation will be required before treatment is accessed in another EEA country. This will enable the patient to confirm that they are eligible and therefore 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 which they are eligible for, within standard waiting times, authorisation must be considered.

Who is responsible for offering this choice? To access treatment in another EEA country the CCG will outline the choices that are available.

14.2 **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.

15 **END OF LIFE CARE**

15.1 **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 as highlighted below.

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.

15.2 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 the roll-out of the electronic palliative care co-ordination systems. These 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.

16. PLANNING LONG TERM CARE

16.1 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 mean for patients? 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.

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.

16.2 **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.

17. **PRINCIPLES AND PROCESS FOR ENSURING PATIENT CHOICE**

The CCG recognises that providing people with greater choice and ensuring

their involvement in decisions relating to their care or treatment 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. Patients will have access to information to support them in choosing their provider as set out in the scenarios in this policy.

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.

We will ensure the following:

- Patients have access to information about the healthcare services available to them.
- Patients are supported to participate in their healthcare decisions and making choices.
- Information about providers is available on the NHS Choices website
- Choice is promoted through our website, practice websites, social media, partners in Bromley and through events and patient engagement activities.

The CCG will support GPs and other health professionals in promoting patients' choice from within their services through:

- Providing choice posters to GP Practices for display in their practices
- Distributing patient leaflets to GP Practices, Health Centres and Community Health services for display in their services
- Monitoring the distribution and the displaying of choice information by spot
- checking GP Practices, Health Centres and Community Health locations.

18. WHAT SHOULD PATIENTS DO IF THEY ARE NOT OFFERED CHOICE?

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.

If patients are still unhappy they can make a complaint to the organisation they have been dealing with or to NHS Bromley Clinical Commissioning Group.

To contact the CCG <http://www.bromleyccg.nhs.uk> / or Call 0203 930 0100

Write to Complaints Manager, NHS Bromley CCG, Beckenham Beacon, Croydon Road, Bromley, BR3 3QL

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 CCGs are working properly. To contact NHS England visit www.England.nhs.uk

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 061 4298

19. IMPLEMENTATION

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

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 are to read and understand the policy.

20. RELATED DOCUMENTATION

- Choice at referral, supporting information for 2008/09 published 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/Your_rightstochoice.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
- Better Births Improving of Maternity Services in England. <https://www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf>
- Start4Life at: www.nhs.uk/InformationServiceForParents
- Healthtalkonline; www.healthtalkonline.org
- National Institute for Health Research
- UK Clinical Trials Gateway: www.ukctg.nihr.ac.uk
- Personal Health Budgets: www.personalhealthbudgets.england.nhs.uk
- Department of Health's End of Life Care Strategy (2008)

This document should be read in conjunction with the following:

- Bromley CCG Continuing Healthcare Choice Policy
- Bromley CCG Complaints Policy & Procedure