



Patient Choice Policy V1.0 (FINAL)

Lewisham Clinical Commissioning Group

A member of the NHS South East London Commissioning Alliance
(Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark CCGs)

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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 Lewisham Clinical Commissioning Group (CCG) is the organisation responsible for planning and buying health services for the population of Lewisham 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-centered 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 future, to enhance the ability of patients to make healthcare choices with better information available on 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.

This policy has been developed to coincide with the NHS Choice Framework; <https://www.gov.uk/government/publications/the-nhs-choice-framework/the-nhs-choice-framework-what-choices-are-available-to-me-in-the-nhs>

The information presented in this policy, can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request. Please contact 020 7206 3200 or email: lewccg.enquiry@nhs.net.

2. Delegated commissioning for Primary Care

Delegated commissioning for Primary care is one of a series of changes set out in the NHS Five Year Forward View. Previously, commissioning of primary care services was led by NHS England and whilst NHS England still retains lead commissioning of dental, ophthalmic and pharmacy services, CCGs are now able to take a lead role on the commissioning of General Practice. Delegated commissioning is a key enabler in developing seamless, integrated out of hospital services based around the needs of the local populations.

From 1st April 2017, the CCG has delegated responsibility for primary care services – specifically GP practices.

3. Scope of policy

Unless otherwise indicated (such as for urgent and emergency care), this Policy has been developed by the CCG, who has the commissioning responsibility for the local Lewisham population. The local population includes registered patients (some of whom may live in a different area) and unregistered patients usually resident in the area of Lewisham. This policy outlines their rights to choice in relation to the following commissioned services or scenarios:

- GP and GP practice
- 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.

The policy does not include members of the armed forces, nor their families if they are registered with Defence Medical Services (DMS) rather than a NHS GP practice, Nor does it include those detained in prison and other custodial settings.

4. GP and GP practice

Registering with a GP

When a patient has found a practice they like, the patient will have to formally register with the practice as an NHS patient by submitting a registration form to them. The [GMS1 form \(PDF, 156kb\)](#) is available in the practice, or you can download it from this site. Forms may vary slightly and some practices use their own version.

When a patient has completed and returned the form, NHS England will transfer [the patients medical records](#) to their new practice and write to the patient confirming the registration as a patient with that practice.

Parents or guardians can register a baby at a practice by completing and presenting form [FP58 \(PDF, 34kb\)](#), which is issued at the same time as a birth certificate.

Some GP practices may ask for proof of identity when a patient registers, especially when a patient registers children in their care.

Patients should not be refused registration or appointments because they don't have a proof of address or personal identification at hand. It is not considered a reasonable ground to refuse registration. This also applies if the person is an asylum seeker, refugee, a homeless patient or an overseas visitor, whether lawfully in the UK or not.

If a person falls under one of the above mentioned patient groups, please download one of the 'How to register with a GP' patient leaflets below and provide it during the registration process with a GP practice. If a patient has any problems registering with the practice, there is advice on what to do to and where to go for further support.

- [Leaflet for asylum seekers and refugees \(PDF, 462kb\)](#)
- [Leaflet for gypsy, traveller and Roma communities \(PDF, 412kb\)](#)

- [Leaflet for homeless patients \(PDF, 352kb\)](#)
- [Information for visitors from abroad about using the NHS \(PDF, 337kb\)](#)

For more information; <https://www.nhs.uk/using-the-nhs/nhs-services/gps/how-to-register-with-a-gp-practice/> and <https://www.nhs.uk/NHSEngland/AboutNHSservices/doctors/Documents/how-to-register-with-a-gp-homeless.pdf>

How to register with a GP under the Mental Capacity act

The Mental Capacity Act (MCA) is designed to protect and empower individuals who may lack the mental capacity to make their own decisions about their care and treatment. It is a law that applies to individuals aged 16 and over.

The MCA also allows people to express their preferences for care and treatment in case they lack capacity to make these decisions. It also allows them to appoint a trusted person to make a decision on their behalf should they lack capacity in the future.

If a person lacks the capacity to register with a GP themselves, then this can be done on the patient's behalf through:

- a relative
- the main carer
- a lasting power of attorney
- a person appointed by a court under the Mental Capacity Act

Once registered with a GP practice, the GP becomes the decision maker and will make a continuous assessment of someone's capacity through the Mental Capacity Act.

Patients should also be provided with an [independent advocate](#) who will support them to make decisions in certain situations, such as serious treatment or where the individual might have significant restrictions placed on their freedom and rights in their best interests.

Information on advocacy services please refer to the website;

<https://www.lewisham.gov.uk/myservices/socialcare/our-approach/Pages/Advocacy-services.aspx>

How to register as a homeless patient

If you are homeless, you are still entitled to register with a GP using a temporary address, which may be a friend's address or a day centre. Some GP practices have used their own address in the past to register a homeless patient.

- [How to register as a homeless patient \(PDF, 352kb\)](#)

Practice boundary area

Since January 5 2015, all GP practices in England have been free to register new patients who live outside their practice boundary area.

This means patients can [register with a GP practice](#) somewhere that's more convenient, such as a practice near work or closer to a child's school. This will give patients a greater choice and aims to improve the quality of access to GP services.

These arrangements are voluntary for GP practices. If the practice has no capacity at the time, or feels it is not clinically appropriate or practical for you to be registered so far away from home, they can still refuse registration. The practice should explain to you their reason for refusing your registration.

How to register with a GP practice further away

Patients may wish to join a GP near work or re-register with their old GP following a move. The new arrangements make this possible; however, there are a few things to consider:

- Research the options in the area the patient wishes to register with, to ensure patients choose a practice that is suitable.
- Compare GP surgeries according to facilities, services or performance before a patient decides. Ask friends, relatives and others for their thoughts and recommendations.
- Contact the practice and ask if it is accepting registrations from out-of-area patients.
- If the practice is accepting registrations, ask for a registration form.
- The practice will decide, following a review of your completed registration form, whether to accept you as a regular patient or accept you without home visiting duties (if it is clinically appropriate and practical for you to be registered away from home).

The GP you register with is under no obligation to offer the patient a home visit, in particular when the distance of travel is outside the practices catchment area. If the patient is not well enough to go to the practice themselves, then other arrangements will be made. NHS England (the body responsible for buying GP services) ensures there is access to a service either near the patients home or at home (if needed). When you register with a practice further away from home, you will be given information about what you should do in those circumstances.

Additionally, if you're worried about an urgent medical concern, you can call the [NHS 111](#) service to speak to a fully trained adviser. This service is available 24 hours a day.

- [Patient information leaflet – Patient choice of GP practice \(PDF, 28kb\)](#)

Registering with a practice further away from home can affect decisions about [referrals for hospital tests and treatment](#), or access to [community health services](#). Speak to the GP about your options.

Outer practice boundaries

In 2012, all GP practices were asked to agree an outer practice boundary. Outer practice boundaries are an expansion of a GP's original catchment area. Whereas in the past the patient may have had to register with a new GP even after only moving a few streets away, these outer boundaries can be a way to stay registered with the patients old GP.

The patient will still have to speak with their GP first and, if appropriate, the GP may keep the patient on the register. For example, a GP may refuse to keep a patient on the register if the patient needs frequent home visits and doesn't live close to the GP practice. If the GP covers a large area and the travel distance to the home is too long to justify regular home visits, then the GP can suggest that the patient registers with a practice closer to the patients home.

However, if the GP decides the patient can stay registered, then the patient will continue to receive the full range of services, including clinically necessary home visits.

5. First outpatient appointment for physical and mental health conditions

What choices does a patient have?

If a patient needs to be referred as an outpatient to see a consultant or specialist the patient may choose the organisation that provides NHS care and treatment (an outpatient appointment means the patient will not be admitted to a ward). The patient may choose;

- whenever they are referred for the first time for an appointment for a physical or mental health condition.
- any commissioned organisation based in Lewisham that provides clinically appropriate care for the condition that has been appointed by the NHS-to provide that service.
- which clinical team will be in charge of their treatment within the patients chosen organisation. For a physical health condition, the patient will be seen by the consultant or by a clinician who works in the consultant's team. For a mental health condition, the patient will be seen by the consultant or named health care professional who leads the mental health team or by another health care professional in the team.

With respect to mental health outpatient provision, much of this delivery occurs in the community setting and is covered by the legal rights. Therefore practices would not refer patients to another borough unless there is a clear rationale as to why they cannot be seen locally, for example the interventions being requested or advised are not available within Lewisham.

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

In some cases the patient may be asked to attend, or have a telephone conversation with, a 'clinical assessment centre' to help decide which treatment will be best. Alternatively, the patient might be referred directly for treatment. In both of these situations the patient has the right to choose where to go for their first outpatient appointment and the patient should have a conversation with their health care professional to discuss the options.

Are these legal rights?

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. However there are circumstances in which the patient may not be able to choose, these are set out below.

When does the patient not have legal rights to choose?

Patients do not have legal rights to choose if they are already receiving care and treatment for the condition for which the patient is being referred or an urgent or emergency treatment is required.

Patients do not have legal rights to choose if they are:

- 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
- using maternity services (see section 8 for more information on maternity services)

In addition, patients do not have legal rights to choose if they are referred to:

- services commissioned or provided by local authorities, as the choice will depend on what has been put in place locally
- services for suspected cancer

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

6. 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.

Lewisham CCG (or NHS England, if the patient has been referred to a consultant-led specialised service) must take all reasonable steps to ensure that all patients are offered an appointment at a suitable alternative organisation that can start the treatment earlier than if the patient was to continue to wait for treatment from the provider they chose when they originally referred for treatment.

If there is more than one suitable alternative organisation, the patient must be offered a choice from all of them.

Are these legal rights?

Yes but there are circumstances in which patients may not be asked to be referred to a different hospital. These are set out below.

If a patient has to wait for more than 18 weeks for non-urgent treatment to start, patients do not have a legal entitlement to ask to be referred to a different hospital if:

- the services the patient are using are not led by a consultant
- patient chooses to wait longer for their treatment to start
- delaying the start of a patient's treatment is in the patient's best interests. For example, if a patient needs to lose weight or stop smoking or for other personal medical reasons
- patient fails to attend appointments which the patient had chosen from a set of reasonable options
- patient decides not to start, or declines treatment
- a doctor has decided that it is appropriate to monitor the patient for a time without treatment

- 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
- patients treatment is no longer necessary
- patient are on the national transplant list
- patient is using maternity services (see section 8 for more information on maternity services)

If the patient has to wait for more than 2 weeks for an appointment to a cancer specialist, the patient does not have a legal right to ask to be referred to a different hospital if:

- the patient did not go to an appointment that they agreed to go to
- patient has declined treatment.

How can choice be exercised?

If a patient wants to change hospital, whether they are waiting for consultant-led treatment for a physical or mental health condition, the patient may contact the hospital providing the treatment or the CCG that is arranging the treatment.

CCGs must provide advice or assistance to patients who have waited or will wait longer than 18 weeks for consultant-led treatment. They must also provide advice or assistance to patients who have waited or will wait more than 2 weeks for their first appointment if the patients GP thinks it the patient may possibly have cancer.

If the patient requires additional assistance because of a disability, a mental health condition or any other impairment, talk to the organisation responsible for arranging the patients care and treatment to ensure that these additional needs are taken into account when a patient asks to change hospital.

Within Lewisham the organisation responsible for arranging the patient's treatment will usually be NHS Lewisham 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.

7. Specialist tests

If the patients health care professional decides a patient needs a specialist test, the patient may choose to have this carried out by any organisation that has been appointed by the NHS to provide that service.

Is this a legal right?

Yes, as long as the test has been requested by the patient's health care professional and it will be the patients first appointment as an outpatient for the condition for which the patient is being referred to.

If the patient is already at their first outpatient appointment, the doctor may decide that the patient may need a test. In this case, the patient may be offered a choice about who carries out that test; however, the patient may not have a legal entitlement to choose at this stage.

When does the patient not have the right to choose?

Patient may not choose who carries out the test if they need a test urgently or if they been admitted to hospital.

The patient does not have the right to choose if they are:

- 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
- using maternity services (see section 8 for more information on maternity services)

In addition, the patient does not have the right to choose if they are referred to:

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

How can choice be exercised?

A patient can obtain more information from their health care professional when they are being referred for the test. People can find information about the hospitals and clinics patients can choose from on NHS Choices.

If a patient requires additional assistance because of a disability, a mental health condition or any other impairment, they are to be advised to talk to their healthcare professional to ensure that these additional needs are taken into account when the patient is choosing who will carry out their tests.

8. Maternity services

The patient can expect a range of choices in maternity services, informed by their own personal wishes and individual health, wellbeing and clinical history.

When the patient does find out they are pregnant, they can find out more about the local maternity services by going onto the website;

<https://www.lewishamandgreenwich.nhs.uk/maternity>

Lewisham maternity unit offers an early pregnancy evening for patients to understand what is available. Alternatively the patient can visit NHS Choices on www.nhs.uk,

[Start4Life Information Service for Parents](#) or [Which? Birth Choice](#)

Women do have the choice of selecting their maternity provider, however this maybe dependent on capacity. It is recommended that the patient arranges to meet a midwife as early as possible in pregnancy-ideally by 10 weeks of pregnancy. This is so that the patient can get as much information as possible and all the screening tests can be done at the best possible time. Especially if the patient has a long-standing physical or mental health problem, this is particularly important.

To get booked into the maternity unit the patient can:

- go directly to a midwife (without having to go to the GP), by visiting the web-page of the preferred maternity service. Patients can complete a 'self-referral' form.
- go to their GP and ask to be referred to their chosen maternity service: the GP should provide the information about the different services that are available.

At the first booking-in appointment with the midwife, they will discuss what services are available and what may be the safest option for the patient depending on individual circumstances. If the patient is healthy and has no complications ("low risk") the pregnancy care would normally be provided by a midwife usually in a community location such as a children's centre, health centre or GP surgery.

If the patient prefers, or if they have past or present health or maternity complications, the antenatal care may be provided by a team of maternity health care professionals, including midwives and obstetricians. This will be the safer option for some women and their babies

The patients birth choices will depend on their preferences and individual situation. The following choices are available:

- birth at home supported by the midwife
- birth in a birth centre; this may be within a maternity unit (sometimes called co-located) or in a stand-alone birth centre (ie a separate building that is not part of a hospital)
- birth in the labour ward of a maternity unit

The midwife and in some instances the obstetrician will be very happy to discuss and advise on any of the birth locations described above taking into account the patients wishes and individual factors. The pros and cons of every choice can be discussed and more information can be accessed from www.nhs.uk. Wherever the patient chooses, the setting should feel right for them and the patient can change their mind at any point.

After the patient has had their baby, if everything has been straightforward, support and care will be provided by the team of midwives either at home if the patient decided to have their baby there or in the birth centre or postnatal ward. If the patient gave birth in the hospital and things were uncomplicated, the patient will normally be in hospital for a short period and go home on the same or next day once the patient and the baby have been checked over by the midwife.

If the patient had any complications, the doctor (obstetrician) would usually see the patient before they go home and the stay may be a little longer. Similarly if the baby had any complications the doctor (neonatologist) will usually be involved in advising as to when the baby is ready to go home.

Once home, the patient will be seen by the community midwife, either in their home or in a post-natal clinic based in the hospital or childrens/health centre.

If the patient is breastfeeding there are friendly and informal clinics and sessions run in various places in Lewisham to provide support. The patient can find out about those on www.lewisham.gov.uk/breastfeeding.

Are these legal rights?

No.

When does the patient not have the right to choose?

Although the choices described are those that women and families should be able to expect, there will be circumstances when it is not always possible for women's choices to be met, for example if urgent or emergency care is required.

There is not always a choice to have an elective caesarean section when there is no indication for this apart from the mothers preference however this will be discussed fully at the time.

Further reading to support information and choice

Remember that the midwife will be able to give information and advice to support decision making and go through the range of options depending on the patients preferences and situation. The patients partner or mum/friend will always be welcomed to attend appointments.

As mentioned above, the patient can also access the [Start4Life Information Service for Parents](#). This is a digital service that enables parents-to-be and new parents to sign up to receive regular free emails, videos and SMS messages offering high quality NHS advice and information to both mothers and fathers based on the stage of pregnancy and the age of the child.

The [NHS Choices pregnancy and baby pages](#) will provide the necessary information required particularly the options on where to give birth.

In addition, there are a number of charitable and voluntary organisations that can also help decide what to do. These include:

- [National Childcare Trust \(NCT\)](#) or call their Helpline: 0300 330 0700
- [Which? Birth Choice](#)
- [Association for Improvements in the Maternity Services \(AIMS\)](#) or email helpline@aims.org.uk or call the Helpline: 0300 365 0663 for advice from volunteers

The National Maternity Review, sometimes called Better Births (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 trialing 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.

If the patient requires additional assistance because of a disability, a mental health condition or any other impairment, it's important for the patient to talk to the midwife or GP to ensure that these additional needs are taken into account when planning maternity care.

9. Community services

Community Services are provided to deliver care to specific geographical locations. This is so that services are able to see patients at home or close to their home and can link in with local agencies that will be involved in the patient's care such as GP Practices, Social Services and other community teams. This means that whilst there will not be a choice of provider, there may be a choice of venue from which care will be delivered.

Is this a legal right?

No.

The patient generally will not be able to choose from services outside of the Lewisham area, although possibly this may be considered where special arrangements are in place to support this. 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 the choice of options which are available in the community.

10. Participation in health research

What choices do patients have?

Patients can take part in approved health research, for example clinical trials of medicines, relating to various circumstances or care.

Patients are free to choose whether to take part in any research.

A patient cannot take part in research if:

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

Is this a legal right?

No.

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.

For more information:

- NHS Choices explains why the NHS carries out [research and the different types of research](#) there are.
- [Healthtalkonline](#) explains what clinical trials are and why we need them.
- National Institute for Health Research explains how [patients can help with research](#).

For information on what research is currently under way:

- Visit the [UK Clinical Trials Gateway](#)

11. Personal health budgets

In some cases, a patient may be able to choose to have a personal health budget for some NHS services if they want one.

A personal health budget is an amount of money to support the patients health and wellbeing needs which have been identified and agreed between the patients or a representative and a health care professional. These needs will be set out in a care plan along with the budget and how this will be used to meet the identified needs. The aim is to give people with long-term conditions and disabilities greater choice and control over their health care.

A personal health budget is not extra money but money that would normally have been spent by the NHS on the patients care being spent in a way, that gives the patient more choice and control. Personal health budgets are not suitable to be used for all NHS services. For example, patients would not use one to buy different medicines. They are for people with longer-term health needs and not for acute or emergency care.

For more information; <http://www.lewishamccg.nhs.uk/your-health/personal-health-budgets/Pages/default.aspx>

Is this a legal right?

There is a legal entitlement (with some exceptions) to have a personal health budget for

adults who are eligible for NHS Continuing Health Care (NHS CHC) and children who are eligible for Continuing Care (CC).

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.

Lewisham Council and Lewisham CCG published its local offer for personal health budgets on its website; <http://www.lewishamccg.nhs.uk/your-health/personal-health-budgets/Pages/default.aspx>

A patient may not be able to have a personal health budget for all NHS services, for example, urgent or emergency care or visiting GP.

In addition, some individuals may not be able to receive a personal health budget as a direct payment. In these circumstances individuals may still benefit from having their budget delivered more flexibly by the NHS or by a third party who holds the money on their behalf.

How can choice be exercised?

For more information about personal health budgets please speak to the GP and check these websites;

- NHS Choices
- NHS England '[Personal health budget learning network](#)'

12. Treatment in another European Economic Area

Patients have the right to choose, subject to certain conditions, to receive treatment which is normally available to patients on the NHS in other countries within the European Economic Area (EEA). This is a legal entitlement set out in the NHS Constitution and in EU law.

Under the EU Directive on patients' rights in cross-border health care, patients are entitled to travel to an EEA country to purchase treatment. If the treatment is medically necessary and the same as or equivalent to a service that the patient would be eligible to receive under the NHS, the patient may apply for reimbursement, subject to certain limitations and conditions. If a patient chooses to leave the NHS and access another country's healthcare system, the patient will be treated under the legislation and standards of that country.

In most cases the patient would have to pay upfront for health care under this route and subsequently may request reimbursement from NHS England for some or all of the costs of this treatment. There may be some cases where a patient may request that the NHS pays the foreign provider directly.

Patients are advised to discuss their plans with NHS England or a clinician in advance, to ensure that the patient subsequently is able to claim reimbursements for some or all of the costs. Seeking prior authorisation will also ensure that patients are aware of all the possible treatment options within the NHS, which might be more convenient. If a patient is unable to access treatment on the NHS without undue delay in any particular case, the patient must be granted authorisation. Undue delay means that the NHS cannot provide the patient's treatment within the necessary time, based on an objective assessment of the condition by a health care professional. This is not linked to the maximum waiting times, covered in section 6 of this policy.

Before going abroad for medical treatment, it is important to get enough information to enable patients to make the right choices, including:

- whether they are likely to have any language difficulties
- information on the the medical practitioners and clinics how the medical notes will be exchanged between medical teams in the UK and abroad
- how aftercare will be coordinated upon returning home
- how the patient would deal with any complaint or problem should something go wrong following the treatment (the NHS is not liable for negligence or failure of treatment)

The Directive covers treatment provided in state-run hospitals and services provided by private clinics and clinicians.

The Directive covers UK patients choosing to be treated in another EEA country. This does not cover patients in England choosing to access treatment in Scotland, Wales or Northern Ireland, for which there are separate, reciprocal arrangements in place. For more information on this, speak to the GP or contact Lewisham CCG.

When is choice not available?

The Directive does not cover:

- social care
- access to and allocation of organs (for transplantation)
- public 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.

For further information visit NHS Choices.

For support in making a decision on accessing treatment in the EEA, contact Lewisham CCG or NHS England to discuss the choices available.

13. 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; <https://www.england.nhs.uk/eolc/what-nhs-england-doing-to-improve-end-of-life-care/>

The national framework, developed by the National Palliative and End of Life Care Partnership centres on six ambitions to improve palliative and end of life care.

<http://endoflifecareambitions.org.uk/wp-content/uploads/2015/09/Ambitions-for-Palliative-and-End-of-Life-Care.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 lack mental capacity. The Mental Capacity Act and its Code of Practice set out how others can make healthcare decisions under such circumstances.

14. NHS Continuing Healthcare

NHS Continuing Healthcare is the name given to the funding for a package of care provided outside hospital, arranged and funded solely by the NHS, to meet the patients on-going healthcare needs. This is often called 'Fully Funded NHS care', which is the contribution from the NHS to meeting the nursing element of the care if the patients needs are such that they have to be met in a nursing home, but to not trigger full NHS funding.

The needs are assessed by a team of health and social care professionals (a "multi-disciplinary team"). Patients, and where appropriate family, are involved in the assessment process. The assessment may take place in the patients home or in hospital.

The assessment team uses a Framework for NHS Continuing Healthcare which is defined by NHS England. To be eligible for NHS Continuing Healthcare, the patient be assessed as having a "primary health need" in line with the domains included in the NHS Framework. It does not relate to any particular diagnosis or condition. If the patients needs change then the eligibility for NHS Continuing Healthcare may change.

For more information please view the website; <http://www.lewishamccg.nhs.uk/your-health/Pages/Continuing-Healthcare.aspx>

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. Where appropriate care plans will be jointly developed and shared across health and social care. 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.

16. 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.

17. Complaints process

Lewisham CCG aims to do all it can to ensure that local people get the most accessible and effective healthcare services possible. We value feedback and if things go wrong our aim is to try and resolve concerns as quickly as possible. For more information on the complaints process please view; <http://www.lewishamccg.nhs.uk/contact-us/Pages/Complaints.aspx>

Lewisham CCG Complaints Policy; <http://www.lewishamccg.nhs.uk/news-publications/Policies/Documents/Lewisham%20CCG%20Complaints%20Policy.pdf>

The Lewisham Complaints Team can be contacted via phone 0203 049 3240 or via email Lewccg.complaints@nhs.net

If a patient remains unhappy, despite the best efforts of the Complaints Team to resolve their concerns, they have the right to complain to the independent Parliamentary and Health Service Ombudsman. To contact the Ombudsman: email: www.ombudsman.org.uk or call the Helpline: 0345 015 4033. Use the Textphone (Minicom): 0300 061 4298.

If the complaint is about a GP, dentist, community pharmacist or optician please contact the practice directly in the first instance. If the patient is unable to resolve their complaint with the practice, please contact NHS England:

Phone: 0300 311 22 33 (this is a local number)

Email: england.contactus@nhs.net

Address: PO Box 16728, Redditch, B97 9PT

For more support in making a complaint about an NHS service, contact Healthwatch Lewisham who provide a free and independent service on 020 8690 5012 and info@healthwatchlewisham.co.uk

18. 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 N H S . <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

19. Accessible Information

The Accessible Information Standard aims to make sure that people who have a disability, impairment or sensory loss receive information in a format that they can access and understand, and outline any communication support that they need from health and care services.

By law (section 250 of the Health and Social Care Act 2012), all organisations that provide NHS care or adult social care must follow the Standard in full from 1st August 2016 onwards.

The Standard says that patients, service users, carers and parents with a disability, impairment or sensory loss should:

- Be able to contact, and be contacted by, services in accessible ways, for example via email or text message.
- Receive information and correspondence in formats they can read and understand, for example in audio, braille, easy read or large print.
- Be supported by a communication professional at appointments if this is needed to support conversation, for example a British Sign Language interpreter.
- Get support from health and care staff and organisations to communicate, for example to lip-read or use a hearing aid.

More information and to access the easy read leaflets developed by the Department of Health please click on the link below;

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

More information about the Accessible Information Standard can be found on the NHS England website at www.england.nhs.uk/accessibleinfo.

20. Interpreting and Translation Services

To ensure that patients who do not speak English as a first language or those with sensory impairment can access the best care and information, interpreting and translation services are available for patients. Patients are advised to contact their practice, for more information.

Patients can also be directed to the NHS website that allows patients to use Google translate to translate from English into more than 90 languages.

<https://www.nhs.uk/accessibility/health-information-in-other-languages/>