

Choice Policy

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Ratified by:	OLT March 2016
Name of originator/author:	Ann Cooper, Governance and Corporate Manager
Name of responsible committee/individual:	Nicola Airey, Director of Planning and Delivery
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VERSION CONTROL

Version	Date	Author	Status	Comment
V1	11/03/16	Ann Cooper	DRAFT	Draft agreed by Operational Leadership Team with addition of policy review process & date
V2	04/04/16	Ann Cooper	FINAL	Reference to Frimley Health NHS FT Protocol of Choice added as per NHSE Quick Guide: Supporting Patients' Choices to Avoid Long Hospital Stays

Policy Statement

This policy applies to any patient in circumstances where NHS Surrey Heath Clinical Commissioning Group (SHCCG) is the responsible commissioner for their NHS care. It equally applies to any patient needing medical treatment where the Secretary of State has prescribed that the CCG is the responsible commissioner for the provision of that medical treatment as part of NHS care to that person.

Any person requiring an elective referral for which SHCCG is responsible may choose any clinically appropriate secondary care provider (as that term is defined in the Directions) for the first outpatient appointment with a consultant or a member of the consultant's team.

From April 2012, all patients referred for a first consultant-led outpatient appointment have been able to choose to be treated by a member of a named consultant led team. This policy defines the exceptions to these statements and SHCCG's principles relating to patient choice.

Reference - NHS Choice Framework

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

This policy does not sit in isolation and should be read in conjunction with the Frimley Health NHS Foundation Trust's Protocol of Choice.

Further information for patients can be found in the quick guide: supporting patients' choices to avoid long hospital stays <http://www.nhs.uk/NHSEngland/keogh-review/Documents/quick-guides/Quick-Guide-supporting-patients-choices.pdf>

Equality Analysis

This Policy is applicable to the Governing Body, every member of staff within the Surrey Heath CCG (SHCCG) and those who work on behalf of the CCG. This document has been assessed for equality impact on the protected groups, as set out in the Equality Act 2010. This document demonstrates SHCCG's commitment to create a positive culture of respect for all individuals, including staff, patients, their families and carers as well as community partners.

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.

An equality impact assessment was completed by Ann Cooper, Governance and Corporate Manager 2016, shown in Appendix A.

If you have identified a potential discriminatory impact of this procedural document, please contact the Corporate Office, Surrey Heath CCG, Surrey Heath House, Knoll Road, Camberley, Surrey GU15 3HD. Telephone 01276 707581.



Choice Policy

The Policy

1. This policy applies to any patient in circumstances where SHCCG is the responsible commissioner for their NHS care. It equally applies to any patient needing medical treatment where the Secretary of State has prescribed that the CCG is the responsible commissioner for the provision of that medical treatment as part of NHS care to that person.
2. Any person requiring an elective referral for which SHCCG is responsible may choose any clinically appropriate secondary care provider (as that term is defined in the Directions) for the first outpatient appointment with a consultant or a member of the consultant's team.
3. From April 2012, all patients referred for a first consultant-led outpatient appointment have been able to choose to be treated by a member of a named consultant led team. Reference to 2015/16 Choice Framework (NHS and Finance Directorate/ NHS Group/ NHS Personalisation and Regulation/17183).
4. In addition to the rights referred to in paragraphs 2 and 3 above, SHCCG may designate a service as being one where the policy of 'Any Qualified Provider' applies. Any patient who is referred for secondary care treatment in respect of the service which has been so designated shall be entitled to choose to be provided with that service by any clinically appropriate provider.
5. A secondary care provider is "clinically appropriate" within paragraph 2 if, in the opinion of the person making the referral, the secondary care provider:
 - offers services that are clinically appropriate for that person in respect of the condition for which that person is referred, AND
 - agrees to contract with SHCCG for the provision of the said service upon SHCCG's standard terms for commissioning the service (NHS Standard Contract) or, where there are no such standard terms, upon such terms as SHCCG may reasonably specify.
6. Paragraph 2 does not refer to the following services:
 - Accident and emergency services;
 - Cancer services or services provided at rapid access chest pain clinics which are subject to the 2 week maximum waiting time;
 - Maternity services;



- Services for persons detained under the Mental Health Act 1983;
 - Any person detained in or on temporary release from prison;
 - Any person serving as a member of the armed forces; or
 - Any other services where it is necessary to provide urgent care.
7. In circumstances other than as set out in paragraph 2, SHCCG will endeavour to offer the patient a choice of health care provider within the range of service providers from whom services are normally commissioned by SHCCG for the patient's presenting condition. This means that SHCCG will, where clinically appropriate and subject to the terms of this policy, offer a range of healthcare options and providers from which a patient can choose.
8. Choice does not mean that a patient can change SHCCG's commissioning policy by seeking to extend the range of treatments the NHS is prepared to commission or fund for that patient or for patients generally.
9. In circumstances other than as set out in paragraph 2, choice will be offered in line with Department of Health policy and guidance but subject to the following principles:
- Choice will be offered from those providers that are able (a) to provide SHCCG with sufficient evidence that they are able to provide the service in accordance with Care Quality Commission standards and/or any national service standards for that service and (b) are prepared to provide the required services at a price that is acceptable to SHCCG. For particularly complex care, choice may be offered on the basis of the whole care pathway with one or a limited number of providers in order to ensure clinical continuity and optimum co-ordination of care between different organisations (including health and social care; acute and community).
 - Choice may need to be constrained either intermittently or continuously in order to maintain an efficient and effective supply of regional NHS services or where there are problems with matching supply and demand.
 - Choice may need to be constrained on the grounds of value for money or affordability.
10. Where a patient seeks to exercise a choice which is constrained by the choices available under this policy, SHCCG's lead for that service can agree a variation after consultation with the patient's clinician or GP.

11. SHCCG will normally support a patient seeking a second opinion for the same condition but will not fund a third or subsequent opinion unless extenuating circumstances apply.
12. The right for a patient to make choices about the provider of services to them under this policy shall apply equally to care delivered in the UK and care to be delivered in other European Economic Area (EEA) countries. SHCCG shall respect the rights of patients to exercise their rights to seek treatment in other EEA countries under this policy, under sections 6A and 6B of the National Health Service Act 2006 and under European Law.

Monitoring

13. This policy will be reviewed at least every three years by the Operational Leadership Team or as and when changes in guidance / legislation require it to be amended.



Documents which have informed this policy

NHS Choice Framework

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

Department of Health, The National Health Service Act 2006 (amended by NHS Health and Social Care Act 2012), The National Health Service (Wales) Act 2006 and The National Health Service (Consequential Provisions) Act 2006.

http://www.dh.gov.uk/en/Publicationsandstatistics/Legislation/Actsandbills/DH_064103

Department of Health, The NHS Constitution for England, July 2009,

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_093419

The National Prescribing Centre, Supporting rational local decision-making about medicines (and treatments), February 2009,

http://www.npc.co.uk/policy/resources/handbook_complete.pdf

NHS Confederation Priority Setting Series, 2008

<http://www.nhsconfed.org/publications/prioritysetting/Pages/Prioritysetting.aspx>

Department of Health, The Primary Care Trusts (Choice of Secondary Care Provider) Directions 2009

<http://www.dh>

NHS Standard Contract Technical Guidance

<https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2015/04/NHS-Standard-Contract-2015-16-Technical-Guidance.pdf>

Alternative formats

To help ensure that this policy is as accessible as possible, this document is available in alternative formats and languages. To request a copy of this policy in large print, audio, Braille (or another format) or in an alternative language please call the Corporate Office on 01276 707581.

Appendix A EQUALITY IMPACT ASSESSMENT

1.	Title of policy/ programme/ framework/ strategy being analysed. Choice Policy		
2.	Please state the aims and objectives of the work and intended equality outcomes <i>This policy applies to any patient in circumstances where NHS Surrey Heath Clinical Commissioning Group (SHCCG) is the responsible commissioner for their NHS care. It equally applies to any patient needing medical treatment where the Secretary of State has prescribed that the CCG is the responsible commissioner for the provision of that medical treatment as part of NHS care to that person.</i>		
3.	Who is likely to be affected? Eg staff, patients, service users, carers Patients, service users, carers and Staff		
4.	What evidence do you have of potential impact (positive and negative) None		
		Yes/No	Comments
5.	Does the document/guidance affect one group less or more favourably than another on the basis of:		
	Race	N	
	Ethnic origins (including gypsies and travellers)	N	
	Nationality	N	
	Gender	N	
	Culture	N	
	Religion or belief	N	
	Sexual orientation including lesbian, gay and bisexual people	N	
	Age	N	
	Disability - learning disabilities, physical disability, sensory impairment and mental health problems	N	
6.	Is there any evidence that some groups are affected differently?	N	
7.	If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable?	N/A	

8.	Is the impact of the document/guidance likely to be negative?	N/A	
9.	If so, can the impact be avoided?	N/A	
10.	What alternative is there to achieving the document/guidance without the impact?	N/A	
11.	Can we reduce the impact by taking different action?	N/A	

For advice in respect of answering the above questions, please contact the Corporate Office, Surrey Heath CCG. If you have identified a potential discriminatory impact of this procedural document, please contact as above.

Sign off	Name and Signature	Date of the Assessment
Name and designation of Individuals who carried out the Assessment:	Ann Cooper, Governance and Corporate Manager	
Name and signature of responsible Director		