

Blackpool Clinical Commissioning Group Patient Choice Policy

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1. Introduction

- 1.01 NHS Blackpool Clinical Commissioning Group is the organisation responsible for planning and buying health services¹. Led by family doctors (GPs), the CCG currently serves a population of 172,000. The CCG receives a set amount of money from the government and is committed to spending this wisely for the benefit of local people.
- 1.02 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. Giving the public and patients high quality and accessible information helps them to make effective choices that are right for them and their families.
- 1.03 The CCG has been engaging with the public and patients and heard that they want better information to support making informed choices. The CCG believes that we will only meet the health challenges facing us if patients are engaged and involved in decisions about their health and healthcare.
- 1.04 In summary this document sets out the CCG's current approach to patient choice and the direction that the CCG will head in to enhance patients ability to choose about their healthcare with much better information available 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. It will support the delivery of both the CCG's five-year Strategic Plan that describes the vision for and Health and Care in Blackpool.²

¹ This process is known as Commissioning

² Blackpool Strategic Plan 2014 to 2019

2. Background

- 2.01 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.
- 2.02 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.
- 2.03 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.
- 2.04 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.
- 2.05 In April 2016 the Department of Health published The NHS Choice Framework: what choices are available to me in the NHS? This 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

3.01 The CCG has been listening to patients and the public in assembling its Strategic Plan. Local people have told the CCG how important choice is, and that they require better information in order to make informed choices confidently. This document sets out the current position of the CCG in support of patient choice and the strategic direction it will head in. As the background section illustrated, patient choice is a subject that sits within a broad legislative and regulatory framework. The scope of this document includes all patients registered with Blackpool GP practices and their rights to choice in relation to the following service areas:

- Choice of GP and GP practice
- Choosing where to go for your first outpatient appointment
- Patients waiting longer than maximum waiting times
- Choosing who carries out a specialist test
- 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

3.02 There are a number of exclusions that relate to choice and these are outlined within the respective sections. The following sections provide more detail in relation to each of the areas identified above.

4. Choice of GP and GP Practice

4.1 Current Arrangements

- 4.1.1 NHS England commissions GP services generally, but 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.
- 4.1.2 This is a legal right, but there are occasions when a practice might have reasonable grounds for not doing so. This might be where a patient lives outside the boundaries that NHS England has agreed 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.
- 4.1.3 ***Who is responsible for offering this choice?*** First the patient should contact the GP practice where they want to register. If there is any difficulty registering with a GP practice, the next point of contact is NHS England³ or local Healthwatch⁴ who can provide advice and support. Healthwatch is an independent consumer champion for health and social care in England.
- 4.1.4 Information is available on 'NHS Choices'⁵ and a search for GP practices can be filtered by postcode and by those currently accepting new patients. This is a national website for patients. If the patient cannot register with their preferred GP practice, NHS England will help find another.

4.2 Proposed Development and Direction

- 4.2.1 The CCG recognises that providing people with greater choice is a priority of the modern NHS. Research in the UK and overseas has shown that treatments are more effective if patients choose, understand and control their care. 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 Blackpool perspective.

³ <http://www.england.nhs.uk/contact-us/>

⁴ www.healthwatchblackpool.co.uk

⁵ www.nhs.uk

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

5.1 Current Arrangements

5.1.1 If a patient needs to see a consultant or specialist as an outpatient⁶, they can choose to go to any hospital or clinic in England that offers NHS services for the first appointment. This is a legal right, but the patient can only choose a hospital or clinic that offers the right treatment and care for their condition. You can also choose which clinical team will be in charge of your treatment within your chosen organisation.⁷

5.1.2 Priority treatment for veterans

A veteran is someone who has served in the armed forces for at least one day. There are around 2.8 million veterans in the UK. When servicemen and women leave the armed forces, their healthcare is the responsibility of the NHS. It is highly important for continuing healthcare that they register with an NHS GP and remember to tell them they've served. Telling the GP practice about veteran status will trigger the transfer of medical documentation from the Ministry of Defence (MoD) to the GP and enable people to benefit from veteran-specific services, like [prosthetics](#) and [mental health](#).

You have the legal right to choose which mental health provider and clinical team you're referred to by your GP for your first [outpatient appointment](#). In most cases you have a right to choose which mental health service provider you go to in England.

You don't have a legal right to choice when:

- you need urgent or emergency treatment
- you already receive care and treatment for the condition you are being referred for
- the organisation or clinical team does not provide clinically appropriate care for your condition
- you are a prisoner, on temporary release from prison, or detained in other prescribed accommodation – such as a court, a secure children's home, a secure training centre, an immigration removal centre, or a young offender institution
- you are detained in a secure hospital setting
- you are a serving member of the armed forces – see information for veterans, below
- you are detained under the [Mental Health Act 1983](#)

For more information about your legal right to choice, see the [NHS Choice Framework](#) on the GOV.UK website.

5.1.3 Where the patient is being seen for an outpatient appointment and it is determined they need treatment for a different condition that the clinic does not assess for, they have the right to choose where to have the initial outpatient appointment for that

⁶ An 'outpatient' appointment is typically the first hospital appointment following your GP appointment and doesn't involve an overnight stay.

⁷ Since 1 April 2014 patients have a new legal right to choose the provider of their mental health services at first outpatient appointment, as they do in their physical health care. -

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

5.1.4 ***Who is responsible for offering this choice?*** The patient should speak to the GP, dentist or optometrist who is referring them.

5.1.5 More information about the hospitals and clinics is available on 'NHS Choices'⁸ website. Also refer to section 15 of this document 'NHS Blackpool CCG - Supporting Choice'.

5.2 Proposed Development and Direction

5.2.1 The CCG recognises that providing people with greater choice is a priority of the modern NHS. Research in the UK and overseas has shown that treatments are more effective if patients choose, understand and control their care. Work is ongoing in the CCG to embed this choice. 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. Patients waiting longer than maximum waiting times

6.1 Current Arrangements

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

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

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

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

6.1.3 ***How will I know I have been waiting 18 weeks or two weeks?*** The patient should ask their GP or the hospital to confirm this to you as there are specific rules laid down on how the time is calculated.

6.1.4 ***Who is responsible for offering this choice?*** The organisation responsible for arranging your treatment will usually be NHS Blackpool CCG, but if you have been referred to a specialised service it may be NHS England. The CCG will take all reasonable steps to offer you a choice of other hospitals which can see or treat you more quickly.

6.1.5 Also refer to section 15 of this document *NHS Blackpool CCG – Supporting Choice*.

6.2 Proposed Development and Direction

6.2.1 NHS Blackpool 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.

7. Choosing who carries out a specialist test

7.1 Current Arrangements

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

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

7.1.2 It is not a right if:

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

7.1.3 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.

7.1.4 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'⁹ website.

7.1.5 Also refer to section 15 of this document '*NHS Blackpool CCG – Supporting Choice*'.

7.2 Proposed Development and Direction

7.2.1 The CCG recognises that providing people with greater choice is a priority of the modern NHS. Research in the UK and overseas has shown that treatments are more effective if patients choose, understand and control their care. 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 www.nhs.uk

8. Maternity Services

8.1 Current Arrangements

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

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

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

- A midwife;
- A team of maternity health professionals, including midwives and obstetricians (This will be safer for some women and their babies).

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

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

8.1.4 After going home, they can choose to get postnatal care (subject to availability):

- At home;
- In a community setting, such as a Sure Start Children's Centre.

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

8.1.6 **Are these legal rights?** No. It depends what is best for mother and baby, and what is available locally. Every pregnancy is different.

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

8.1.8 **Who is responsible for offering this choice?** The midwife should discuss the choices available locally.

8.1.9 **Where is information and support available?**

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

- The National Childcare Trust, the UK's largest charity for parents. Visit www.nct.org.uk or call their Helpline: 0300 330 0700;
- Birth Choice UK, helping women choose maternity care. Visit www.birthchoiceuk.com;
- AIMS – Association for Improvements in the Maternity Services. Visit www.aims.org.uk, or email helpline@aims.org.uk or call the Helpline: 0300 3650663 for advice from volunteers;
- Start4Life at: www.nhs.uk/InformationServiceForParents for information and advice.

8.2 Proposed Development and Direction

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

9. Community Services

9.1 Current Arrangements

9.1.1 **What choices are available?** You may be able to choose who you see for services provided in the community.

In Blackpool you currently have choice of location for:

- Adult and Children's Mental Health (and counselling)
- Musculo Skeletal Service
- Podiatry (foot services)
- Occupational Therapy
- Physiotherapy
- Vasectomy
- Hearing Services (choice of provider also available)

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

9.1.3 **Is this a legal right?** No.

9.1.4 **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.

9.1.5 **Who is responsible for offering this choice?** The GP or the health professional that refers to the service.

9.1.6 **Where is information and support available?** By asking the GP practice and in section 15 of this document '*NHS Blackpool CCG – Supporting Choice*'.

9.2 Proposed Development and Direction

9.2.1 The CCG recognises that providing people with greater choice is a priority of the modern NHS. Research in the UK and overseas has shown that treatments are more effective if patients choose, understand and control their care. 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. Health Research

10.1 Current Arrangements

10.1.1 **What choices are available?** A patient can 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.

10.1.2 **When is the choice not available?** They cannot take part in research if:

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

10.1.3 **Who is responsible for offering this choice?** The health professional who provides the care, for example, the hospital doctor, GP or nurse.

10.1.4 **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'.

10.2 Proposed Development and Direction

10.2.1 NHS Blackpool CCG will promote patient recruitment to and participation in research. NHS Blackpool CCG aims to work with key partners and the public to enable and empower patients, service users and carers to benefit from research as part of their care and treatment.

11. Personal Health Budget

11.1 Current Arrangements

11.1.1 **What choices are available?** For some NHS services¹⁰, there is the right to request and choose to have a personal health budget and a direct healthcare payment if eligible. 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.

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

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

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

- A 'notional budget: Here, the money is held by the CCG or other NHS organisation who arrange the agreed care and support that has agreed, on the patient's behalf;
- A 'third party budget: Here, 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: 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.

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

11.1.5 **Is this a legal right?** There is a legal entitlement to have a personal health budget (with some exceptions) for adults and children who are eligible for NHS Continuing Healthcare. NHS Continuing Healthcare is a package of care arranged and funded solely by the NHS and provided free to the patient. This care can be provided in any setting – including an individual's own home. An assessment is carried out by the CCG using a multi-disciplinary team of health and social care professionals.

11.1.6 The CCG introduced the right to request personal health budgets and direct healthcare payments from April 2014. From October 2014 the right to request was introduced. Personal health budgets and direct healthcare payments are available to

¹⁰ For Fully Funded NHS Continuing Healthcare (for adults) and Continuing care for children

other groups of patients since April 2015. CCGs may be able to offer PHB on a voluntary basis to those they consider may benefit.

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

11.1.8 **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).

11.1.9 **Who is responsible for offering the choice?** NHS Blackpool CCG.

11.1.10 **Where is information and support available?** Patients should:

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

11.1.11 Further information about personal health budgets from:

- NHS Choices: www.nhs.uk;
- NHS England's website has a section dedicated to personal health budgets. This has information about national policy, the implementation toolkit, stories and other resources. www.personalhealthbudgets.england.nhs.uk;
- The Peer Network, a user-led organisation for personal health budgets, has its own website: www.peoplehub.org.uk;
- Blackpool CCG policy: Direct Payments to Patients Who are Eligible and Also Entitled to Fully Funded NHS Continuing Healthcare

<http://blackpoolccg.nhs.uk/wp-content/uploads/2015/02/Approved-13.1.15-PHB-Policy-GB.pdf>

11.2 Proposed Development and Direction

11.2.1 The CCG has started to introduce personal health budgets to those eligible for fully funded NHS Continuing Healthcare (adults) and NHS Continuing Care for children and are developing commissioning intentions around personal health budgets for other areas.

12. Treatment in another European Economic Area

12.1 Current Arrangements

12.1.1 **What choices are available?** The right to choose to receive treatment, normally available on the NHS, in other countries within the European Economic Area (EEA).¹¹ is subject to certain conditions. This is a legal right set out in the NHS Constitution and in EU law.

12.1.2 Under the EU Directive on patients' rights in cross-border health care you 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 you would be eligible to receive under the NHS, you can apply for reimbursement, subject to certain limitations and conditions. If you choose to leave the NHS and access another country's healthcare system, you will be treated under the legislation and standards of that country.

In most cases you 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 you can request that the NHS pays the foreign provider directly.

12.1.3 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.

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

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

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

12.1.7 **Where is information and support available?**

- NHS Choices: www.nhs.uk
- NHS England www.England.nhs.uk
- Contact NHS Blackpool CCG or NHS England to discuss the choices available.

12.2 Proposed Development and Direction

12.2.1 The CCG recognises that providing people with greater choice is a priority of the

¹¹ The member states of the European Union, plus Iceland, Liechtenstein and Norway.

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. End of Life Care

13.1 Current Arrangements

13.1.1 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 with support from family or carer where appropriate to make decisions about the end of life care they want to receive, including preferred place of care.

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

13.1.3 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.

13.1.4 Not everyone will wish to take up this right. Some people will not be able to do so for themselves, for example if they are not conscious or if they have lost mental capacity. The Mental Capacity Act and its Code of Practice set out how others can make healthcare decisions under such circumstances.

13.1.5 ***What is the source of the right?*** 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.

13.2 Proposed Development and Direction

13.2.1 In the CCG's 5 year Strategic Plan published in 2014 the following commitments are made:

- Patients, their families and carers will have an informed choice discussion regarding their preferred place of care and death;
- Children with palliative care needs will have access to a personal health budget to allow them to tailor services to their needs, based on their advance care plan; and
- The needs of carers will be appropriately assessed with support offered pre and post bereavement from a choice of bereavement agencies.

14. Planning your long-term care

14.1 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)

- 14.1.1 The Government is committed to a patient-led NHS, strengthening patient’s choice and management of their own care. NHS Blackpool 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.
- 14.1.2 ***What does this right 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.
- 14.1.3 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.
- 14.1.4 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.
- 14.1.5 The outcome of the discussion about the care decisions will usually be recorded.
- 14.1.6 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.
- 14.1.7 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.
- 14.1.8 The patient may not want a written document, but just have the agreement recorded in their patient notes.
- 14.1.9 The Department of Health’s End of Life Care Strategy (2008)¹¹ 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.

14.2 Proposed Development and Direction

14.2.1 In the CCG's Strategic Plan a commitment is made to ensure:

- people with long-term conditions have access to a personal health budget to allow them to tailor services to their needs, based on their care plan; and
- Patients are able to actively participate in decisions about their care.

15. Blackpool – Supporting Choice

15.1 Introduction

15.1.1 The following section looks at how the CCG supports patients' rights to information.

15.2 Patients' Rights to Information

15.2.1 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. The CCG is committed to the following:

- Informing patients about the healthcare services available to them, locally and nationally.
- Offering patients easily accessible, reliable and relevant information to enable them to participate fully in their own healthcare decisions and to support them in making choices. This is available at the NHS Choices website and includes robust and accurate information where available on the quality of clinical services.
- The e-Referral booking system which allows people to choose particular teams of health professionals, led by a named consultant.
- Supporting the use of the e-Referral booking system, ensuring referrers are able to access information around choice of provider and a choice of named consultant-led team.
- When requested, provide information to support patients, children and those with learning disabilities and others who may find it hard in decision making around their healthcare.
- Promoting choice. This is done via the CCG website, practice websites, the patient prospectus, annual report, via press releases and other forms of regular written communication, and at engagement events.
- There are also lots of ways to get general information to help make the right choice. **NHS Choices:** www.nhs.uk website can help make important health decisions. It provides tools and resources that help look at your options and make the right decision.
- 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 you what you can and should expect when using the NHS.
- Information about how local authorities are performing on improving public health, published by Public Health England.

15.3 What should patients do if they are not offered these choices?

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

15.3.2 If patients are still unhappy they can make a complaint to the organisation they have been dealing with or to NHS Blackpool Clinical Commissioning Group via the Midlands and Lancashire Commissioning Support Unit's Customer Care Team.

15.3.3 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 see www.England.nhs.uk.

15.3.4 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.

16. Blackpool CCG and the Equality Act 2010 and the Public Sector Equality Duty

16.1 Introduction

16.1.1 The Equality Act 2010 (the Act) came into force in October 2010 and identified 9 protected characteristics which are set out below and are covered by the Public Sector Equality Duty:

- Age
- Disability
- Gender reassignment
- Marriage and Civil Partnership (but only in respect of eliminating unlawful discrimination)
- Pregnancy and Maternity
- Race – this includes ethnic or national origins, colour or nationality
- Religion or Belief – this includes lack of belief
- Sex
- Sexual orientation

16.1.2 The Public Sector Equality Duty can be found in section 149 of the Act and this came into force on 5 April 2011. The Duty applies to NHS Blackpool CCG and any organisations it has contracts with who carry out public functions on behalf of the CCG e.g. GPs, Dentists and Hospitals.

The Duty has three aims:

- Eliminate unlawful discrimination, harassment and victimisation and any other conduct prohibited by the Act;
- Advance equality of opportunity between people who share a protected characteristic and people who do not share it; and
- Foster good relations between people who share a protected characteristic and people who do not share it.

16.2 What the Equality Act 2010 means for you

16.2.1 [The Equality Act 2010](#) gives the NHS opportunities to work towards eliminating discrimination and reducing inequalities in care.

16.2.2 The NHS already has clear values and principles about equality and fairness, as set out in [the NHS Constitution](#), and the laws under the Equality Act 2010 reinforce many of these.

16.2.3 Whenever you need healthcare, medical treatment or social care, you have the right to be treated fairly and not to be discriminated against, regardless of your 'protected characteristics' (you can see a list of protected characteristics below). Laws under the Equality Act set out that every patient should be treated as an individual and with respect and dignity.

16.2.4 The laws mean that all NHS organisations will be required to make sure health and social care services are fair and meet the needs of everyone, whatever their background or circumstances.

16.3 Blackpool CCG's Commitment to Equality and Inclusion

16.3.1 Blackpool CCG has a responsibility to reduce health inequalities for people with respect to their ability to access health services and as such, is committed to ensuring Equality and Diversity is a priority when planning and commissioning healthcare services in our region.

16.3.2 The CCG has to respect the outcomes achieved for people by the provision of health services as set out in the Health and Social Care Act 2012. The CCG is also obliged to promote and protect people's human rights in carrying out its functions as set out in the Human Rights Act 1998 and the NHS Constitution 2012.

16.3.3 Blackpool CCG has worked to embed Equality and Human Rights in all its processes and has taken a human rights based approach to decision making engaging local people from across all 9 protected groups at all key stages in gaining authorisation and will continue this approach.

16.3.4 Blackpool CCG aims to ensure that everyone is treated with dignity and respect, regardless of their protected characteristic e.g. sex, race, age, disability, religion or belief, gender reassignment, sexual orientation, pregnancy and maternity or marriage and civil partnership status.

16.3.5 Blackpool CCG is working hard to ensure not only that its services are appropriate and accessible for all members of our community and that no one is disadvantaged or discriminated against by the services we put in place. Our commitment means that this policy has been reviewed to ensure that it does not discriminate (either intentionally or unintentionally) any of the protected characteristics and meets our obligations under the Equality Act 2010. Therefore, this policy has no adverse impact on any of the above protected groups.