

Choice Statement

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1. Introduction

1.1 Summary

This Choice Statement is a guide to choices that patients are entitled to and can make about their personal healthcare and the treatment they receive. 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 to make informed choices about their healthcare and be offered the opportunity to compare and make choice decisions based on their individual needs.

NHS Shropshire, Telford and Wrekin adheres to the aim of ensuring patients are as informed and involved in their care planning as possible and given as much choice as possible when they need to access NHS services. Patient choice is currently underpinned by two separate sets of regulations. These are:

- The National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012 ("the Standing Rules"); and
- The National Health Service (Procurement, Patient Choice and Competition) (No. 2) Regulations 2013 ("the PPCCRs").

Many statutory responsibilities and patient rights around choice are already in place, underpinned by the Department of Health and Social Care National Patient Choice Framework. This includes guidance, rights and responsibilities in terms of patients being able to:

- Choose their doctor
- Choose where to go for tests
- Choose the hospital and team for treatment
- Changing the hospital you are with
- Choosing community services
- Choosing where to have a baby
- Taking part in health research.

The legal rights to choice of provider and team only apply when the:

- Patient has an elective referral for a first outpatient appointment.
- Patient is referred by a GP, Dentist or Optometrist. Patients cannot self-refer.
- Referral is clinically appropriate (as determined by the referrer).
- Provider service and team are led by a consultant (physical and mental health) or a mental healthcare professional (mental health only).
- Provider has a commissioning contract with any ICB or NHS England for the required service.

The rights to choice do not apply if the patient:

- Is already receiving care following an elective referral for the same condition.
- Has been referred to a service that is commissioned by a local authority (not part of joint commissioning arrangement) or delivered through primary care.
- Accessing urgent or emergency (crisis) care.
- Serving as a member of the armed forces.
- Is a prisoner; on temporary release from prison; detained in hospital under Mental Health Act 1983 or another secure service.

Over a decade ago patients had very little choice, with hospital appointments made on their behalf, usually with no prior discussion. We have come a long way since then on the journey towards greater patient involvement in their own healthcare. Not least, that Shropshire, Telford and Wrekin patients now have the right to choose when, where and who they go to for their first outpatient appointment when needing consultant-led care. We believe that patients should be involved at every stage of their pathway of care. It is a fundamental right, for patients to have the opportunity to make a reasonable choice and to receive the information and support they need to make an informed choice. Effective patient and public engagement forms a golden thread throughout all of our work to review, redesign and develop our healthcare services and processes. Having high quality patient and public engagement, supported by clear, easy-to-understand information is the key to unlocking many benefits for good patient experience, better value for healthcare resources and trusted relationships in the community.

NHS Shropshire, Telford and Wrekin already prides itself on continuing to provide informed patient choice and ensure that the choices we offer to our patients are fair, effective and sustainable. In addition to this however, much work has been undertaken nationally by NHS England in the latter half of 2023, to review and refresh National Patient Choice Guidance, including a new approach where patients currently on longer waiting lists with extended waiting times and meet other qualifying criteria, are proactively contacted by the hospital team they are currently with, to offer them the chance to transfer their care to an alternative hospital or provider where there is a shorter waiting time. This proactive contacting of patients is in addition to the existing right for patients to be able to change provider if waiting longer than the national standard for their appointment.

1.2 Background

Since the introduction of Patient Choice, the NHS set out the vision of 'a health service designed around the patient', the Department of Health and Social Care and NHS England has published a succession of white papers and policy documentation to move forward the vision to deliver a patient-centred health service.

The NHS Choice Framework is a key thread that runs throughout the national policies, and was developed from a Choice Agenda which, published in 2000, and started with a commitment for every patient to be offered a choice of hospital at the point of referral and for any patient waiting longer than six months for elective surgery to be offered an alternative.

NHS STW has actively promoted patient choice for more than a decade, working closely with our partners to ensure that everyone is aware of their rights surrounding patient choice. More recently NHS STW has focused on ensuring that our systems are developed to provide referring clinicians and partners with the education and tools required to offer choice to patients. Processes to ensure patients needing consultant-led are offered a minimum of 5 providers to choose from has been embedded as standard practice for our Referral Interface and Management team, work is also ongoing to raise awareness to the public of their rights to change to provide when waiting too long. This is included in this up to date STW Choice Statement which has been developed for publication to ensure everyone is properly informed of Choice, and what this means in terms of statutory rights and responsibilities.

2. The Choice Framework (2020)

The 2020 Choice framework has further defined those services where choice is a patient's legal right and their rights under the NHS constitution. The Framework forms the basis of this policy and offers the following provisions for patients:

- **Choosing GP and GP Practice**

Patients have a legal right to choose which GP Practice they register with, and they can ask to see a particular doctor or nurse of their choice.

- **Choosing where to go for your first outpatient appointment at point of referral**

Patients have a legal right to decide which NHS organisation they would like to receive care from as an outpatient.

- **Asking to change hospital if you have been waiting longer than the maximum wait times**

If a patient has been waiting longer than 18 weeks for a general appointment or longer than 2 weeks for an urgent suspected cancer appointment, they have the legal right to request that they are referred to another provider that can see them in a shorter timeframe.

There may be cases where the request cannot be made but every effort should be made to ensure that patients are not breaching wait times.

This has been developed further still since June 2023 as part of a national campaign, where Hospital Trusts and Integrated Care Boards are now continually reviewing waiting lists, and proactively contacting patients who have been waiting longer than the national waiting time standards and qualify to be able to change provider.

- **Choosing who carries out a specialist test**

It is a legal right for patients to request a specific NHS provider to carry out specialist tests; this is only the case if the test will be the patient's first outpatient appointment for the condition in question. The Referring clinician will try to meet the request of the patient, but this may not always be possible.

- **The potential of choosing maternity services**

Patients can expect a range of choices in maternity services, informed by what is best for them and their baby, and in conversations with the GP, midwife and clinical team. This is not a legal right, and the safety of the Patient and the baby will take precedence over the choices on offer.

- **The potential of choosing services provided in the community**

Patients have the potential to choose to see providers within the community. This is not a legal right and is dependent on the commissioned services available.

- **The potential of choosing to take part in health research**

Patients can take part in approved health research, for example clinical trials of medicines relating to your circumstances or care. This is not a legal right and patients have the freedom to decide if they would like to partake.

- **Choosing to have a personal health budget**

A personal health budget is an amount of money to support your health and care needs. Patients may be able to choose to have a personal health budget which can be used to offer greater choice and flexibility over how their health and wellbeing needs are met, for example, NHS Continuing Healthcare, end-of-life care, wheelchair, mental health and learning disability services.

Those eligible for NHS Continuing Healthcare, Children and Young People's Continuing Care, section 117 mental health aftercare and wheelchair services have a legal right to a personal health budget. The personal health budget only extends to cover their eligible health and wellbeing needs (subject to criteria set by NHS Shropshire Telford and Wrekin.)

- **Choosing to access required treatment in another European Economic Area country (Subject to change following EU negotiations)**

The Following is subject to change following EU negotiations.

Patients have the legal right to choose, subject to certain conditions, to receive treatment which is normally available in the NHS in other countries within the European Economic Area (EEA).

2.1 Exclusions

Most patients who require an elective referral are offered a choice of Provider for their booked appointment, once a referral has been made by their General Practitioner (GP). This choice and options are normally part of a conversation patients will have when contacted by the Referral Management Team. However, there are currently a few exceptions to this Choice Policy, as follows:

Persons excluded

- persons detained under the Mental Health Act 1983
- military personnel
- prisoners

Services excluded

Where speedy diagnosis and treatment is particularly important, e.g.

- emergency attendances/admissions
- attendances at a Rapid Access Chest Pain Clinic under the two-week maximum waiting time
- attendance at cancer services under the two-week maximum waiting time

3. NHS Shropshire, Telford and Wrekin (NHS STW) Commitments

NHS STW has declared that it is aware of its statutory duties to, in the exercise of its functions, act with a view to enable patients to make choices with respect to aspects of their care and to promote the involvement of individual patients, and their carers and representatives, in decisions about their care and treatment.

NHS STW gives assurance that it will act with a view to enabling patients to make choices by:

- 1) Ensuring commissioners and providers maintain the principle of patients' rights to Choice under the NHS Constitution.
- 2) Monitoring and communicating key national performance measures relating to Choice such as the utilisation of the Electronic Referrals System (ERS).
- 3) Ensuring continued review and monitoring of this Choice Policy and work to deliver action through the Choice Action Plan (Appendix A).
- 4) Encouraging and acting on feedback from the public, patients and providers.
- 5) Responding to new developments from the Department of Health and Social Care and other national guidance regarding the Choice agenda and ensuring these are implemented locally.

NHS STW will maintain the vision, values and mission statement as a principal position when undertaking actions relating to patient choice.

3.1 Quality Assurance and Oversight ICB Responsibilities

There are several specific responsibilities ICBs have to ensure legal rights to choice operate effectively. These are set out in the NHS Standing Rules and include:

- Duty to ensure patients are offered a choice of provider and team - Commissioners have a duty to ensure patients they are responsible for are offered a choice of provider and team for outpatient appointments where the legal rights apply. This includes rectifying when informed that patients were not offered these choices at the point of referral.
- Duty to publicise and promote information about choice - NHS STW and NHS England must ensure that the availability of choice is publicised and promoted to patients so they can exercise their rights in a meaningful way (in line with constitutional commitments).
- Duty to offer an alternative provider and team when maximum waiting times are exceeded.

3.2 How are we going to get there?

The needs of our patients are paramount and central to everything we do, and we commit to commissioning the best care and services that we can, and that patients need and deserve. We pride ourselves on working to a truly integrated, collaborative whole-system approach; involving multiple partner organisations and stakeholders to codesign and drive forward continuous improvement, building and maintaining mature positive relationships with our partners, local communities and providers based on integrity and trust.

The vision outlined in this document is for shared decision making to become the norm for everyone, regardless of their need or background.

Therefore, we need to ensure that we are compliant with statutory legislation and the Department of Health and Social care regulations in enabling patients to play a part in decisions about their care, the choices they have and when they apply.

In order to realise this, we follow the guidance set out within the National Choice Framework, but additional to this a number of key actions have been identified. These are set out in Appendix A, as a Choice Action Plan that supports the organisation's Patient Choice agenda and commitments.

4. Local Achievements & Action Plan

Whilst there is direct GP use of the Electronic Records System (eRS) in Shropshire, Telford and Wrekin, we are considerably unique in having an in-house dedicated Referral Management Team who provide a referral processing interface between the GP's and referrers, the patients, and the providers.

As a legacy from the previously separate Shropshire CCG, and Telford & Wrekin CCGs, we currently have two teams working in slightly different ways and utilising slightly different systems and processes. These are known as:

- TRAQs (the Telford and Wrekin team, working with Telford and Wrekin referrers/GP's and patients. Stands for the Telford Referral and Quality Service).
- RAS (the Shropshire team, working with Shropshire referrers/GP's and patients. Stands for the Referral Assessment Service).

NHS STW has been actively involved in delivering choice messages to raise awareness publicly, as well as providing support to practices to enable GPs and their staff to facilitate the decision-making process, using e-RS to identify suitable providers of healthcare and accessing information so patients can make an informed choice.

4.1 Electronic Records System (e-RS)

Following the consolidation of both former CCG's to become one Integrated Care Board organisation, and an amalgamation of the teams, work is now underway to lead a full review and harmonisation of the RAS & TRAQs teams to work towards having one combined team, working with one consistent digital system, and adhering the same set of processes, standards and principles. This work forms part of the overall Choice action plan (Appendix A).

Early work has also commenced at a national level, to review and embellish the capabilities of this system to ensure it is a system that benefits everyone who works with, provides a richness of relevant information, better involves and informs patients and their carers in their information, options, shared care planning and decision making.

4.2 Maximising Choice

The government is committed to giving patients greater choice and control over how they receive their healthcare. This commitment is reflected in the NHS Constitution for England. The constitution establishes the principles and values of the NHS in England, and it sets out:

- rights that patients, the public and staff are entitled to
- pledges that the NHS is committed to achieving
- responsibilities that the public, patients and staff owe to one another to ensure that the NHS operates fairly and effectively

The constitution makes clear that “you have the right to make choices about the services commissioned by NHS bodies and to information to support these choices”. It also pledges to “inform you about the healthcare services available to you, locally and nationally” and to “offer you easily accessible, reliable and relevant information in a form you can understand, and support to use it to enable you to participate fully in your own healthcare decisions and to support you in making choices”.

This reflects and is linked to the Department of Health and Social Care National Choice Framework, a framework that sets out some of the nationally set choices available to you in the NHS. It explains:

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

In some circumstances you have legal rights to choice and you must be given these choices by law. In other circumstances you do not have a legal right to choice but you should be offered choice about your care, depending on what is available locally. This is what the government has asked healthcare professionals to do.

This guidance applies to people of all ages in England.

5. Mitigating Risks

In developing the Choice Statement the organisation recognises and acknowledges there are risks associated with this. These include:

- Clear investment and disinvestment processes which lead to a mix of providers based on clinically defined cost/quality compromise. This is a complex and highly emotive area which needs the organisation to have clear processes in terms of service evaluation and transparency in decision making.
- National Choice surveys have not been completed since 2015. This makes it difficult for NHS STW to monitor the outcomes of the choice offer, acceptance and the reasons for rejection, apart from local monitoring and analysis. NHS STW will need to work with the referrers closely to gain quality information to aid in the evolving action plan going forward.
- NHS STW has a coherent strategy for increasing personalisation of care including choice, addressing joint health and care needs.
- GPs use of e-RS System and the prioritisation on the level of time/ resources invested and the offering of choice in primary care. Currently this is provided by the local Referral Management Team, (RAS & TRAQs).

6. Glossary

Term	Definition
Electronic Records Service (e-RS)	e-RS is a national online referral software system that combines electronic booking and a choice of provider
Capacity Alerts	A system which can be added to e-RS to highlight which providers have capacity (highlighted green) and those that are struggling for capacity (highlighted red)
NHS Shropshire Telford and Wrekin (ICB)	Responsible for planning, designing and commissioning local health services, working with patients and healthcare professionals and in partnership with local communities and local authorities.
Commissioning	Commissioning in the NHS is the process of ensuring that the health and care services provided effectively and sustainably meet the needs of the population, provide high quality and safe services, with the right outcomes, and are value for money.
General Practitioner (GP)	GPs diagnose and treat a wide range of health conditions in primary care (from physical, emotional, or social causes). They talk to patients and examine them to diagnose their condition, and may prescribe medicine or treatment, perform minor surgery, or advise patients on health issues, promoting healthy lifestyles and prevention of illness. They also decide whether a patient needs to be referred to other healthcare professionals for further investigations or treatment.
National Health Service (NHS)	The NHS is the publicly funded healthcare system in the United Kingdom which provides healthcare to anyone normally resident in the United Kingdom with services free at the point of use.
Personal Health Budgets (PHB)	A personal health budget is an amount of money to support health and wellbeing needs, which is planned and agreed between the patient and the local NHS team. It is not new money, but it may mean spending money differently so that you can get the care that you need.
Referral Management Service	Team in Shropshire, Telford and Wrekin who provide an interface between GP's & referrers, patients, and providers. Processing referrals and offering choice.

7. Acronyms & Abbreviations

Term	Definition
DHSC	Department of Health and Social Care. The Health and Social Care arm of central government led by the Health Secretary.
DMAS	Digital Mutual Aid System – a system where provider Trusts can reach out to each other across a broader network and benefit from shared use of available capacity on challenged specialties.
DNA	Did not attend: patients who give no prior notice of their non-attendance and fail to arrive for their appointment. Now known as a Missed Appointment.
e-RS	(National) Electronic Records Service.
GP	General practitioner: a physician whose practice consists of providing on-going care covering a variety of medical problems in patients of all ages, often including referral to appropriate specialists.
ICS	Integrated Care System; collaborative partnership working involving providers, commissioners, local authorities, the voluntary & care sector and other local partners as one system to plan health and care services that meet the needs of their local population.
IPT	Inter-provider transfer, where a clinician agrees to transfer the care of a patient from one hospital provider to another.
NHSE	NHS England, Department of Health and Social Care Regulatory Body that covers England. Liaises between central Government and ICB's and ICS's.
NHS STW	NHS Shropshire, Telford and Wrekin: accountable for the commissioning of local services and acute care, allocation of NHS budget and produces a five-year system plan for local health services.
PIDMAS	Patient Initiated Digital Mutual Aid System – whereby patients are proactively identified as eligible to change provider, and proactively offered those choices.
RAS	Referral Assessment Service (Shropshire patients)
TRAQs	Telford Referral and Quality Service (Telford & Wrekin patients)

8. Reference Links for Further Reading

Click on the title of the publication to view the document.

Title	Published by	Publication date
National Choice Framework - England	Department of Health and Social Care	January 2024
Choosing a Doctor - Easy Read - England	Department of Health and Social Care	January 2024
Choosing Where to go for Tests - England	Department of Health and Social Care	January 2024
Choosing a Hospital	Department of Health and Social Care	January 2024
Changing Hospital	Department of Health and Social Care	January 2024
Choices in Having a Baby	Department of Health and Social Care	January 2024
Choosing Community Services and Personal Health Budgets	Department of Health and Social Care	January 2024
Services in Europe	Department of Health and Social Care	January 2024
Taking Part in Health Research	Department of Health and Social Care	January 2024
National Patient Choice Guidance	NHS England	December 2023
Recording and reporting referral to treatment (RTT) waiting times for consultant led elective care.	NHS England	October 2015
Recording and reporting referral to treatment (RTT) waiting times for consultant led elective care: frequently asked questions.	NHS England	October 2015
The NHS Constitution.	Department of Health and Social Care	August 2023
Diagnostics waiting times and activity Guidance on completing the 'diagnostic waiting times & activity' monthly data collection.	NHS England	March 2015
NHS Long Term Plan	NHS England	January 2019, updated April 2023
Equality Act 2010.	Department of Health and Social Care	February 2023
Overseas Visitor Guidance.	Department of Health and Social Care	December 2018
NHS Personalised Care	NHS England	April 2023
Value Based Commissioning Policies.	NHS Shropshire, Telford and Wrekin	March 2023

Appendix A : Shropshire, Telford & Wrekin Choice Action Plan

1	Embed process where patients are now routinely offered a minimum of five possible providers to choose from for their consultant-led care appointment by the Referral Management Service. Complete
2	Continue to develop an enhanced understanding of the current provider landscape and how this needs to change to meet strategic objectives and choice options particularly around primary and secondary care. Engage current and future service providers to improve engagement and encourage market development.
3	Develop and implement STW Provider Accreditation Framework and process for the application and listing of other possible providers, to broaden further still the number and range of options that can be made available to patients.
4	Continue to work with NHS England, provider colleagues and other Integrated Care Boards in the region to ensure patients who qualify to be able to change provider, are proactively identified and contacted by their current hospital.
5	Review the current booking of appointments and referral processes, and systems used, and include patient and provider engagement in that review, to produce an up to date evaluation on the value, benefits and difficulties of the current setup. The outputs from this review and evaluation will be used to inform further improvements to be made to the booking and referral management processes. This will include a harmonisation of RAS & TRAQs to become one combined team, using the one same digital system and working to the one same set of processes and procedures which ensures standardisation.
6	Ensure collaborative working to enable: <ul style="list-style-type: none"> - The public/service users to influence commissioning. - Opportunities for choice to be explored at different decision points along the care pathway. - Self-management, and support clinicians so that they enable patients to manage their own conditions. - Involvement of patients and public, and patient choice and shared decision making to be a standard part of any service review, redesign, transformation or development work.
7	Continuous evaluation of services to ensure value for money, cost efficiency and effectiveness in delivering clinical outcomes.
8	Incorporating patient choice into our commissioning strategy and any redesign of services to ensure that choice is considered for all stages of life for Shropshire, Telford, and Wrekin patients.
9	Committing to being actively involved in national review and overhaul of functional of eRS, maximising appointment slot availability alerts, capacity alerts, appointment slot utilisation and informing & involving patients and public even more in their own decision making and care
10	Promote the choice agenda and raise awareness across the local system wider County through organisational and workforce development.
11	Ensure that there is a system level plan for patient choice which ensures compliance with the regulatory requirements and raises the profile of patient choice.
12	Have a system level patient choice Senior Responsible Officer.
13	Consider the impact of health inequalities when reviewing or redesigning services to understand how patient choice can be enabled within every patient cohort.
14	Where Clinical Assessment Services have been commissioned to better manage referrals to ensure that a patient is seen by the most appropriate clinician, ensure that the offer of patient choice is included in the service specification and then seek regular assurance that patients are being offered choice
15	eRS functionality was updated in March 2023 to create a single menu of service options. This will support referrers to see in one place, a wider variety of consultant-led services.

16	Where they have access to technology, more work to do to move towards patients being encouraged to use Manage Your Referral within eRS or the NHS App to choose their preferred provider.
18	All Trusts registered with and using Digital Mutual Aid System (DMAS) as part of regional mutual aid efforts and recovery of waiting lists.
19	Develop communications for system partners, providers and staff on any changes
20	Public communications on any changes, benefits, and to generally raise awareness of patient rights on choice