NHS
North East and North Cumbria

Corporate	ICBP001 Access and Choice Policy

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EQUALITY IMPACT ASSESSMENT

Date	Issues
April 2025	None identified

POLICY VALIDITY STATEMENT

Policy users should ensure that they are consulting the currently valid version of the documentation. The policy will remain valid, including during its period of review. However, the policy must be reviewed at least once in every 3-year period.

ACCESSIBLE INFORMATION STANDARDS

If you require this document in an alternative format, such as easy read, large text, braille or an alternative language please contact nencicb.comms@nhs.net

Version Control

Version	Release Date	Author	Update comments
1	July 2022	Senior Commissioning Support Officer, NECS	Not Applicable. First Issue
2	February 2023	Senior Commissioning Support Officer, NECS	Reviewed within first 6 months of establishment. No changes required at this stage.
3	April 2025	Director of Contacting & Oversight (North)	Reviewed in light of more recent guidance on patient choice and updated accordingly. Input received from across ICB Directorates as appropriate

Approval

Role	Name	Date
Approver	Executive Committee	July 2022
Approver	Executive Committee	February 2023
Approver	Quality and Safety Committee	May 2025

Contents

For the purposes of this policy, The Integrated Care Board (ICB) will be referred to as 'the ICB'

The ICB aspires to the highest standards of corporate behaviour and clinical competence, to ensure that safe, fair and equitable procedures are applied to all organisational transactions, including relationships with patients their carers, public, staff, stakeholders and the use of public resources. In order to provide clear and consistent guidance, the ICB will develop documents to fulfil all statutory, organisational and best practice requirements and support the principles of equal opportunity for all.

1. Introduction

1.1 Choice is fundamental to the delivery of a truly patient-centred NHS as it empowers people to get the health and social care services they want and need. Giving the public and patients good information helps them to make effective choices that are right for them and their families.

1.2 It is firmly written into the NHS Constitution that 'patients will be at the heart of everything the NHS does' and therefore have the right to make informed choices about their healthcare. This means that, by law, patients should be offered the opportunity to compare and make choices that suit their needs. https://www.gov.uk/government/publications/the-nhs-constitution-for-england

1.3 This policy sets out the mechanisms that the ICB will adopt to fulfil its legal obligations.

2. Background

2.1 Patient choice began when the NHS was founded in 1948, providing the 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.

2.2 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.

2.3 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's commitment to extend patient choice of provider.

2.4 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 regulations were designed to ensure that NHS England and clinical commissioning groups procured high quality and efficient healthcare services that meet the needs of patients and protect patient choice. The 2012 Health and Social Care Act was replaced with the Health and Care Act 2022, and responsibilities of Commissioners remain.

2.5. Patient choice guidance was published on 19 December 2023 and includes the changes introduced by the Health and Care Act 2022 to Part 8 of the National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) regulations 2012. This guidance replaces all previous publications produced by NHS England and NHS Improvement in relation to patient choice. The amendments clarify:

- Rules in relation to patients legal rights to choose their provider and team for those elective services in scope
- Commissioners obligations relating to providers qualifications which had previously been included in the 2013 regulations and which have been revoked since the Provider Selection Regime (PSR) was introduced.

2.6. The patient choice guidance 2023 replaces previous publications produced by NHS England and NHS Improvement in relation to patient choice and aims to:

- Provide an overview of the choices available to patients in the NHS and the rules that underpin patients' rights
- Enable consistency in the application of these rights
- Explain how commissioners can fulfil their duties in relation to patient choice and meet their statutory obligations
- Provide guidance on how NHS England will manage enquiries and complaints related to patient choice.

2.7. The Health Care Services (Provider Selection Regime) Regulations 2023 (PSR) were made under s 12ZB of the National Health Service Act 2006, replacing The National Health Service (Procurement, Patient Choice and Competition) (No 2) Regulations 2013 and removing healthcare services from the scope of the Public Contracts Regulations 2015 (PCR). On 24 February 2025 the PCR were repealed by the Procurement Act 2023. From 1 January 2024, relevant authorities (namely ICBs) have been required to follow the PSR when contracting for healthcare services that are in scope of the PSR. PSR Direct Award Process B must be used to award contracts for healthcare services where patient choice is applicable and must be used when **all** of the following apply:

- The proposed contracting arrangements relate to healthcare services in respect of which a patient is offered a choice of provider and team
- The number of providers is not or cannot be restricted by the relevant authority

- The relevant authority will offer contracts to all providers to which an award can be made when they meet all requirements in relation to the provision of the healthcare services to patients
- The relevant authority has arrangements in place to enable providers to express an interest in providing the healthcare services.

Services arranged using Direct Award Process B may include but are not limited to:

- Elective services led by a consultant or mental health care professional where the ICB has a legal duty to provide patients with a choice of provider (as set out in Part 8 of the national Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012 (as amended)
- Other elective services for which patients do not have a legal right to choice but relevant authorities can voluntarily offer them a choice of providers, and where the number of providers is not restricted by the relevant authority through provider selection (for example, mandatory eye health services, audiology, podiatry services, NHSE continuing healthcare services, and public health services such as over-40 health checks).

  In compliance with the requirements above, the ICB has arrangements in place to enable providers to express an interest in providing healthcare services under PSR Direct Award Process B. The Atamis eTendering System is utilised to ensure the PSR Direct Award Process B is managed appropriately, allowing providers to complete the initial screening questions prior to further review on relevant service questions before final decisions are made on accreditation.

3. Status, Purpose and Scope

3.1 Status

This policy is a corporate policy.

3.2 Purpose & Scope

3.2.1 This document sets out the current position of the ICB 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 ICB GP practices and their rights to choice in relation to the following service areas:

- Choice of GP practice and particular GP
- Choosing where to go for their 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 European economic areas
- End of life care
- Planning long-term care

3.2.2 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 Practice and Particular GP

4.1 The ICB is committed to a patient's right to choose which GP practice to register at and which doctor or nurse or other healthcare professional to see there. GP practices must try to make sure this happens.

4.2 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 agreed boundaries or because the GP practice has approval to close their list to new patients. In rare circumstances, the GP practice may not accept a patient if there has been a breakdown in the doctor-patient relationship or because the patient has behaved inappropriately at a practice. The patient may not be able to see their chosen doctor or nurse at their practice if they require an urgent appointment.

If a GP practice is not able to accept someone onto its patient register, it must inform the individual of the reason for this in writing within 14 days.

4.3 **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 the ICB Contact the ICB: www.northeastnorthcumbria.nhs.uk or local Healthwatch who can provide advice and support. Healthwatch is an independent consumer champion for health and social care in England.

4.4 Information is available on 'NHS Choices' and a search for GP practices can be filtered by postcode and by those currently accepting new patients and/or patients from outside the usual boundaries. This is a national website for patients.

5. Choosing where to go for first appointment as an Outpatient

5.1 If a patient needs to see a consultant or specialist as an outpatient, the patient 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. A patient can also choose which clinical team will be in charge of their treatment within their chosen organisation.

5.2. The 2022 Health and Social Care Act requires that commissioners ensure where a patient requires a physical health elective referral for a first outpatient appointment

and any subsequent treatment that is required, to a consultant or a member of a consultant's team, the patient can choose:

- Any clinically appropriate provider that holds a qualifying NHS Standard Contract with any ICB or NHS England, for the service which the patient needs as a result of the referral
- Any clinically appropriate team led by a named consultant employed or engaged by that provider.

For mental health referrals, where a patient requires an elective referral, for a first outpatient appointment including any subsequent treatment if required, with a consultant or a health care professional or their team, the patient can choose:

- Any clinically appropriate provider that holds a qualifying NHS Standard Contract with any ICB or NHS England, for the service which the patient needs as a result of the referral
- Any clinically appropriate team led by a named consultant or health care professional that is employed or engaged by that provider.

5.3. There are two routes for providers to enter the market to deliver services under the choice legislation therefore the ICB has implemented a policy to ensure that providers are appropriately accredited to offer their services.

For the first route, if a provider holds a contract with any NHS commissioner for that particular service and wishes to deliver it from the location detailed in the contract they hold with that NHS commissioner, then the ICB must fund the care. The ICB (and provider) is bound by the terms and conditions of that contract including the fees stated. However, the provider can only deliver what is specified in the contract they are relying on and in that location.

In this instance, before confirmation is given to GPs that a referral can be made or prior to payment being made, the ICB will:

- Confirm service being provided is within scope of choice regulations
- Request a copy of the contract with the other commissioner that is being relied upon so this can be checked.
- Contact the host commissioner to confirm there are no quality issues that need to be understood

and only then will the Provider added to Right to Choose list which is shared with GPs to support choice discussions with patients.

The second route is where a provider has asked to be accredited to deliver elective referrals. In this instance, an accreditation form is sent to the provider with a request for information. Once the information is submitted, a Panel is convened to review the information and consider any further questions or assurance needed. A structured interview with the Provider may take place. If the Panel is reasonably assured at this stage, the Panel will arrange a quality visit to the location from which the provider will be delivering the services and then make a recommendation to the ICB's Contracting Sub-Committee about accreditation status. Assuming, the Provider meets the requirements, they will be added to the ICB's Accredited Providers list. Future accreditation will take place at a minimum of a 3 yearly cycle but will be more often if, for example, there are quality concerns or the qualitative criteria materially changes.

In all circumstances, the ICB will comply to the Procurement Act 2023 (Consequential and Other Amendments) Regulations 2025.

5.4. There might be circumstances where the choice is not available and this includes when urgent or emergency treatment is necessary or if the patient is:

- already receiving care and treatment for the condition for which they are being referred and this is an onward referral
- Requiring urgent, emergency or crisis treatment
- in need of emergency or urgent treatment,
- requires cancer services subject to the Faster Diagnosis Standard where they must be seen in a maximum waiting time of 2 weeks
- A prisoner detained in or on temporary release from prison, in court, an immigration removal centre or a secure children's home
- A serving member of the Armed Forces;
- Detained in a hospital setting under the Mental Health Act 1983;
- referred to high-security psychiatric services or drug and alcohol misuse services provided by local authorities
- Using maternity services.

5.5. 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, the patient has the right to choose where to have the initial outpatient appointment for that condition. This could be most convenient to be treated at the same location, but it is the patients right to choose another location.

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

6. Patients waiting longer than maximum waiting times

6.1 The maximum waiting time standard to begin treatment or assessment is usually 18 weeks. For cancer services, the waiting time standard to receive a diagnosis or have cancer ruled out is 28 days.

6.2 Waiting times start from the day the hospital receives the referral letter, or when the patient books their first appointment through the NHS e-Referral Service.

6.3 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 28 days to receive a diagnosis or have cancer ruled out

If the patients treatment has not or will not start within these waiting times, then the responsible commissioner has a duty to take all reasonable steps to offer suitable alternative providers.

6.4 The ICB must take all reasonable steps to ensure that patients are offered an appointment with a clinically appropriate provider with whom an NHS Standard Contract is held for the service required who can start their treatment more quickly. If more than one provider exists, patients should be offered a choice of appointment from the list of providers.

6.5 This is a patient's legal right but this right is forfeited 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 mean 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.

If the patient has to wait for more than 28 days to receive a diagnosis or have cancer ruled out, the legal right to ask to be referred to a different hospital does not apply if:

- the patient was made aware of the consequences of not attending the first appointment made by the provider in response to the referral and they did not attend.
- A clinical decision is made that the patient requires further interval scanning and/or testing or treatment before a diagnosis or ruling out of cancer can be made

6.6 **How will a patient know if they have been waiting 18 weeks or two weeks?** The patient should ask the hospital to confirm this as there are specific rules laid down on how the time is calculated.

6.7 **Who is responsible for offering this choice?** GPs (commissioned by ICB) will take all reasonable steps to offer patients a choice of other hospitals which can see or treat them more quickly.

7. Choosing who carries out a specialist test

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

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

7.2 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.
- 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)
- Are a serving member of the armed forces
- Are detained under the Mental Health Act 1983
- Are using maternity services
- Need a test urgently, or have been admitted to hospital.

7.3 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.

7.4 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' website.

8. Mental Health Services

8.1 Patients who require an elective mental health referral for a first outpatient appointment, including any subsequent treatment if required, with a consultant or health care professional or their team have the right to choose:

- Any clinically appropriate provider that holds a qualifying NHS Standard Contract with any ICB or NHS England for the service required by the patient as a result of the referral
- Any clinically appropriate team led by a named consultant or health care professional that is employed or engaged by that provider

The principles described in 5.2 and 5.3 above are applicable in this situation.

8.2. A patient may be able to choose who they see for services provided in the community, including psychological therapies, such as counselling. Different choices are available in different areas. However, this a NOT a legal right. The choices a patient will have will depend on what is put in place by the ICB. NHSE recommend choice is provided where possible with such services, but this is not a legal right and patients are not generally able to choose from services outside of their ICB's area, although they may be able to where special arrangements are in place to support this.

8.3 If a patient is unhappy with the handling of their referral, they should speak to the GP or the healthcare professional who referred them in the first instance as they should offer the choices that are available.

8.4 If they are unable to resolve the issue, a patient may wish to complain to the ICB: www.northeastnorthcumbria.nhs.uk

8.5 If the ICB is unable to resolve the complaint to a patient's satisfaction, they have the right to take their complaint to the independent Parliamentary and Health Service Ombudsman. The ombudsman is the final stage of the complaints system.

To contact the ombudsman:

- visit the ombudsman website www.ombudsman.org.uk
- call the helpline: 0345 015 4033
- use the textphone (Minicom): 0300 061 4298
- text 'call back' with your name and your mobile number to 07624 813 005. You will be called back within one working day during office hours (Monday to Friday, 08:30am to 5:30pm)

9. Maternity Services

9.1 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

Patients can choose any maternity service even if it is not in the local area.

9.2 Whilst pregnant the patient can choose to receive 'antenatal' care from (subject to availability):

- A midwife;
- A team of maternity health professionals, including midwives and obstetricians

The professionals involved will be determined by the patient's and/or the baby's needs.

9.3 When they give birth the patient can choose where to give birth (subject to availability):

- At home, with the support of a midwife;
- In a local midwifery unit with the support of a midwife which can be either alongside a hospital obstetric unit or completely freestanding;
- In any available hospital obstetric unit in England, with the support of a maternity team of midwives and obstetricians if the patient and/or the baby need additional or emergency care. If this is the case they should still have a choice of hospital.

9.4 After going home, the patient can choose where to receive postnatal care (subject to availability):

- At home;
- In a community setting such as a children's centre or family hub
- In a postnatal clinic at a hospital.

9.5 Depending where the birthing parent lives, they may have other choices about maternity care and should contact their midwife or the ICB for information.

9.6 **Is this a legal right?** No. It depends what is best for the birthing parent and baby, and what is available locally. Every pregnancy is different.

9.7 **When is choice not available?** The birthing parent can choose where to give birth. 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.

9.8 **Who is responsible for offering this choice?** The midwife should discuss the choices available locally with the patient. The midwife or obstetrician should provide information to the patient which is accurate and clear so they can make an informed decision about where they wish to give birth. The patient can change their plans at any point.

9.9 **Where is information and support available?** The midwife will be able to give information, advice and support to help decisions. 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: 03003650663 for advice from volunteers;
- Start4Life at: www.nhs.uk/InformationServiceForParents for information and advice.

9.10. If a patient feels they have not been offered choices described above, they should firstly speak to their midwife. If the patient remains unhappy with the handling of their case they can contact the ICB to discuss the choices available and, or can make a complaint to the ICB

If the ICB is unable to resolve the complaint to a patient's satisfaction, they have the right to take their complaint to the independent Parliamentary and Health Service Ombudsman. The ombudsman is the final stage of the complaints system.

To contact the ombudsman:

- visit the ombudsman website www.ombudsman.org.uk
- call the helpline: 0345 015 4033
- use the textphone (Minicom): 0300 061 4298
- text 'call back' with your name and your mobile number to 07624 813 005. You will be called back within one working day during office hours (Monday to Friday, 08:30am to 5:30pm)

10. Community Services

10.1 **What choices are available?** The patient may be able to choose who they see for services provided in the community. Different choices are available in different areas. In future, the number of services and locations available is expected to increase.

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

10.3 **When is choice not available?** The choice of services will depend on what the ICB, GP practices and patients think are priorities for the community.

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

11. Health Research

11.1 **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. The patient is free to choose whether they take part in any research and do not have to take part if they do not want to.

11.2. **Is this a Legal Right?** No

11.3 **When is the choice not available?** The patient 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.
- A study is already at capacity

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

11.5 **Where is information and support available?**
To help patients decide whether or not to take part in research, see the following resources:

- the NHS website has information on taking part in clinical trials
- healthtalk.org explains what clinical trials are and why we need them
- the National Institute for Health and Care Research (NIHR) explains how patients can help with research
- NIHR also gives broader information on what research is, what taking part might involve and finding opportunities to volunteer on its Be Part of Research page

12. Personal Health Budget

12.1. **What choices are available?** A personal health budget can be used to access some NHS services allowing for greater flexibility in meeting needs. They are most commonly used for:

- Adults who receive NHS continuing healthcare funding.
- Children who receive NHS childrens and young peoples continuing care funding
- Care funded jointly by NHS and social care
- People who have a learning disability
- For people with mental health needs
- People who have end of life care services
- Wheelchair services
- People with mental health problems who are eligible for section 117 mental health aftercare following being detained under certain sections of the Mental Health Act (not Section 2 of the Act).

12.2 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.

12.3. **Is this a legal right?**
Yes, but only if the patient is eligible for any of the following:

- NHS continuing healthcare
- a personal wheelchair budget
- section 117 aftercare (with some exceptions)

ICBs can also offer personal health budgets on a voluntary basis to those that they consider may benefit, although this is not a legal right. All ICBs should have developed their local offer of who can request a personal health budget in their area (beyond those who have the right to have one).

12.4 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 ICB or other NHS organisation who arrange the agreed care and support 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.

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.

12.5 More information about NHS Continuing Healthcare is available via NHS Choices: www.nhs.uk

12.6 **When is this choice not available?** Personal health budgets cannot be used in some situations:

- urgent or emergency care
- GP appointments, medical tests, seeing a consultant for purchasing medication
- Alcohol, tobacco, gambling, criminal activity or debt repayment

Some people will not be able to directly manage a personal health budget (called direct payments) if for example, they lack mental capacity to do so or have a court order against them.

The full list of exclusions can be found in the NHS's guidance on direct payments for healthcare.

12.7 **Who is responsible for offering the choice?** The ICB. If patients wish information or support they should:

- Talk to their GP or health professional; or
- Contact the ICB: www.northeastnorthcumbria.nhs.uk

12.8 Further information about personal health budgets is available from:

- What is a personal health budget? on the NHS website
- Think Local Act Personal website, where you can find case studies showing how personal health budgets have been used by others
- Contact the ICB website: www.northeastnorthcumbria.nhs.uk

13. Choosing to access planned treatment in the EU member states, Norway, Iceland, Liechtenstein or Switzerland

13.1 **What choices are available?**
If a patient wishes to have planned treatment in an EU member state, Norway, Iceland, Liechtenstein or Switzerland, but is resident in the UK, an application must be made via the Planned Treatment Scheme (s2 funding route) which may entitle patients for planned state healthcare treatment in the above counties if the patient is eligible and meets the eligibility criteria.

To be eligible for S2 funding the following criteria must be met:

- **Prior approval** – applications must be authorised before treatment.
- **State healthcare** – the treatment must be available to the patient under the providing country's state healthcare scheme (not as a private patient).
- **Entitlement on NHS** – the treatment must be routinely available to the patient under the NHS in the patient's medical circumstances.
- **Undue delay** – the NHS must confirm that it cannot provide the specified, or equivalent, treatment(s), in a medically acceptable timeframe, for the patient's condition or diagnosis (referred to as undue delay). The relevant NHS commissioner is contacted by the European Cross Border Healthcare (ECBH) team to provide this information.
- **Medical support for diagnosis and treatment** – there must be written support from an EU or Switzerland, Norway, Iceland or Liechtenstein clinician, which following their full medical assessment, supports the diagnosis, need for treatment and medical timeframe needed for the treatment. This can be supported by a UK clinician.

- **Provider support for dates and costs** – there must be written support from an EU or Switzerland, Norway, Iceland or Liechtenstein clinician or healthcare provider of the planned treatment dates and estimated costs.
- **Residency** – the patient must be ordinarily resident in England and entitled to treatment on the NHS.

Additional, specific, stipulations exist for treatments in some of the abovementioned countries. More information about these can be found on the S2 funding route on the NHS website.

The patient must also be registered with an NHS GP and have seen their NHS GP for a consultation or assessment about the condition they are seeking funding for, where relevant. An assessment or referral from the GP will only be needed if the patient is being seen for treatment by a secondary care service (hospital or community care)

S2 applications relating to maternity are processed differently. For more information, patients should be directed to the following website: giving birth outside the UK.

13.2. Only treatment costs can be assessed for funding. Travel and accommodation costs will not be included, including those for people or carers who may be accompanying the patient. Translation costs are also not covered. The patient must apply for funding prior to treatment(s) and must check if the country they wish to receive treatment in will accept an s2 form to fund the treatment and are providing the treatment(s) through state funded healthcare.

13.3. If the patient's application under the S2 route is approved, their treatment(s) will be provided under the same conditions of care and payment that would apply to residents of the country the patient will be treated in. This could mean that the patient will have to pay a percentage of the costs yourself (a co-payment charge). For example, some countries patients cover 25% of the costs of their state-provided treatment and the state covers the other 75%. If a patient receives treatment under such a healthcare system, they would be expected to pay the same co-payment as a patient from that country. Patients may be able to claim back some or all of their contribution when they return to the UK. Patients should be advised that more information or to apply for a reimbursement of a co-payment, to contact Overseas Healthcare Services on 0191 218 1999 or complete the online form on the NHS Business Services Authority website.

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13.4. Please note, if a patient lives in any of these countries a separate process is applicable. Some people living abroad are eligible for healthcare paid for by the UK under the S1 scheme. The S1 entitles the person and their dependents to state healthcare paid for by the UK, in the country where they live, on the same basis as an insured resident of that country. Eligibility criteria exist to access the scheme. More information about the S1 scheme is available at:
Planning your healthcare when living abroad - NHS

13.5. S2 applications are managed by NHS England. Patients will need to complete and submit the S2 (planned treatment) application form to apply for funding (PDF, 145kb), for approval before the treatment.
For further information, read the S2 (planned treatment) route application guidance notes (PDF, 154kb).

Patients who have made an application but have a query about their application should e advised to email NHS England on england.europeanhealthcare@nhs.net and quote the reference number included with the application outcome.

If a patient is unhappy with the review or appeal outcome, you can also raise a concern with the European Cross Border Healthcare (ECBH) team directly or via the NHS England Customer Contact Centre. This would usually be where the patient does not agree with a decision or has experienced a problem with the processing of their application, for example an inappropriate delay.

Patients can also raise a complaint with the NHS England Customer Contact Centre

14. End of Life Care

14.1 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.

14.2 The ICB 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 a patient's 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.

14.3 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.

14.4 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.

14.5 In relation to both GP and secondary care (e.g., hospital treatment), doctors registered with the General Medical Council have a duty to work in partnership with patients. This must include listening to patients and responding to their concerns and preferences and giving patients the information, they want or need in a way they can understand.

15. Planning a patient's long-term care

15.1 The Government is committed to a patient-led NHS, strengthening patient's choice and management of their own care. The ICB 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 available, and what support might be needed to manage their condition and stay healthy.

15.2 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.

15.3 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.

15.4 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.

15.5 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.

15.6 It is good practice to offer the patient a written record of what is agreed. The care planning approach is well established in mental health services and in aspects of social care. The aim is to make this type of practice more generally available. The patient may not want a written document, but just have the agreement recorded in their patient notes.

16. Duties and Responsibilities

16.1. The patient choice guidance issued in December 2023 is clear that there is a duty of commissioners to ensure the availability of choice is publicised and promoted to patients so that patients can meaningfully exercise their rights. The guidance sets out how commissioners can meet this duty:

- Ensuring information on commissioned services is publicised and provider entries on the NHS website are up to date (in line with providers' NHS Standard Contract obligations)
- Publishing a patient choice policy statement, which sets out information on:
    - The commissioner's strategy or plan to offer patients choice and the opportunity to be more involved and take control in decisions about their care
    - How patients can exercise their legal right to choice
    - Services patients can choose, beyond the services where the legal right to choice of provider and team applies
    - How to access further information and support
- Regularly engaging with patients, patient groups, and the public to increase awareness and take up of the options available
- Providing information on the legal rights to choice at the point of referral, through a range of media such as posters in GP surgeries and social media. Information should be presented in line with requirements in the Accessible Information Standard.

16.2. The ICB will work with Public and Patient Involvement leads, and patient involvement forums to gain an understanding of patients' needs, priorities and perceptions to inform and influence the choice agenda.

16.3. The ICB will build on existing relationships whilst forging new ones to improve choice. It will be proactive in engaging with referrers through workshops, meetings and regular communication.

16.4. The ICB will also work with providers to monitor access and choice by characteristics, to understand the effectiveness of the choice programme and mitigate against any negative outcomes or inequity. This will ensure there are no unintended negative consequences particularly for those people who do not have to knowledge or ability to access information about their rights on choice.

16.5. GP practices and other primary care providers should consider how they can support commissioner obligations to publicise and promote choice, by helping their patients to find out more about the choices available to them.

Referrers may also help to promote choice by:

- Ensuring patients know about their legal rights to choice prior to or during their appointment
- Providing information for linking to national resources on patient choice on their website
- Signposting to areas of the NHS website and other tools (e.g. My Planned Care) that provide information for patients on services including information about the quality of care, waiting times, parking and travel.

Understanding what options are available can help patients to make decisions about where the right place is for them to receive the care and treatment they need.

16.6. The duties of the component parts of the ICB are as follows:

ICB Board	The ICB Board has delegated responsibility to the Chief Executive for setting the strategic context in which organisational process documents are developed, and for establishing a scheme of governance for the formal review and approval of such documents.
Chief Executive	The Chief Executive has overall responsibility for the strategic direction and operational management, including ensuring that ICB process documents comply with all legal, statutory and good practice guidance requirements.
Chief Nurse	The Chief Nurse has the responsibility to ensure the policy is kept current and is disseminated to all relevant staff via an implementation plan.
All Staff	All staff, including temporary and agency staff, are responsible for: • Compliance with relevant process documents. Failure to comply may result in disciplinary action being taken. • Co-operating with the development and implementation of policies and procedures and as part of their normal duties and responsibilities. • Identifying the need for a change in policy or procedure as a result of becoming aware of changes in practice, changes to statutory requirements, revised professional or clinical standards and local/national directives, and advising their line manager accordingly. • Identifying training needs in respect of policies and procedures and bringing them to the attention of their line manager. • Attending training / awareness sessions when provided.
CSU Staff	Whilst working on behalf of the ICB, CSU staff will be expected to comply with all policies, procedures and expected standards of behaviour within the ICB. However they will continue to be governed by all policies and procedures of their employing organisation.

16.7. NHS England is responsible for ensuring that the ICB meets patient choice requirements. The patient choice guidance 2023 provides NHS England with powers to take action against ICBs if they deemed not to have been acting to effectively exercise and implement their duties in relation to patient choice. Details of the enforcement action available to NHS England are published in NHS England Enforcement guidance, and includes investigative powers, local resolution and the ability to take legislative action.

17. Implementation

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

17.2 All managers are responsible for ensuring that relevant staff within the ICB have read and understood this document and are competent to carry out their duties in accordance with the procedures described.

18. Training Implications

It has been determined that there are no specific training requirements associated with this policy/procedure.

19. Documentation

19.1 NHS Constitution, Department of Health & Social Care 2012, updated 2023

19.2 Government White Paper; Equity and excellence: liberating the NHS' July 2010

19.3 Liberating the NHS: Greater Choice and Control: October 2010

19.4. NHS: Extending Patient Choice of Provider: July 2011

19.5 Health and Social Care Act 2012

19.6 National Health National Service (Procurement, Patient Choice and Competition) (No. 2) Regulations 2013.

19.7 Health and Care Act 2022

19.8 Patient Choice guidance, NHS England, December 2023

19.9 Provider Selection Regime: statutory guidance, October 2023, updated 25 February 2025

19.10 Health Care Services (Provider Selection Regime) regulations 2023 amended by Procurement Act 2023 (Consequential and Other Amendments) Regulation 2025,

19.11 Provider Selection regime: statutory guidance to reflect changes to the Procurement Act 2023.

19.12 NHS Choices; http://www.nhs.uk/choiceintheNHS/Rightsandpledges/NHSConstitution/Pages/Yourrightstochoice.aspx

19.13 Mental Health Act 1983

19.14 Faster Diagnosis Standard https://www.england.nhs.uk/cancer/faster-diagnosis

19.15 The National Childcare Trust; www.nct.org.uk

19.16 Birth Choice UK; www.birthchoiceuk.com;

19.17 Association for Improvements in the Maternity Services (AIMS); www.aims.org.uk

19.18 Start4Life at: www.nhs.uk/InformationServiceForParents

19.17 Taking part in clinical trials

19.18 healthtalk.org what clinical trials are and why we need them

19.19 National Institute for Health and Care Research (NIHR)how patients can help with research

19.20 National Institute for Health Research Be Part of Research

19.21 Personal Health Budgets: www.personalhealthbudgets.england.nhs.uk

19.22 Think Local Act Personal Choice and control - TLAP

19.23 S1 Planning Your Healthcare when Living Abroad, NHS England

19.24 The Planned Treatment Scheme (S2 funding route),NHS England

19.25 Giving birth outside the UK, NHS England

19.26 Mental Capacity Act 2005 and Code of Practice 2013, updated October 2020

19.27 NHS Standard Contract, NHS England

19.28 Accessible Information Standard, NHS England

19.29 NHS Enforcement Guidance, NHS England December 2023

20. Monitoring, Review and Archiving

20.1 The ICB Board will oversee a method for monitoring the dissemination and implementation of this policy.

20.2 Commissioners will follow processes to ensure patients who complain about a lack of information or a lack of choice will still be entitled to start treatment.

20.3 The ICB Board will ensure that this policy document is reviewed in accordance with the timescale specified at the time of approval. No policy or procedure will remain operational for a period exceeding three years without a review taking place.

20.4. Staff who become aware of any change which may affect a policy should advise their line manager as soon as possible. The Executive Committee will then consider the need to review the policy or procedure outside of the agreed timescale for revision.

20.5 For ease of reference for reviewers or approval bodies, changes should be noted in the ‘document history’ table on the front page of this document.

NB: If the review consists of a change to an appendix or procedure document, approval may be given by the Executive Director and a revised document may be issued. Review to the main body of the policy must always follow the original approval process.

20.6 The ICB Board will ensure that archived copies of superseded policy documents are retained in accordance with Records Management: Code of Practice for Health and Social Care 2021.

21 Equality Analysis

Appendix A

Equality Impact Assessment

Initial Screening Assessment (STEP 1)

As a public body organisation we need to ensure that all our current and proposed strategies, policies, services and functions, have given proper consideration to equality, diversity and inclusion, do not aid barriers to access or generate discrimination against any protected groups under the Equality Act 2010 (Age, Disability, Gender Reassignment, Pregnancy and Maternity, Race, Religion/Belief, Sex, Sexual Orientation, Marriage and Civil Partnership).

This screening determines relevance for all new and revised strategies, policies, projects, service reviews and functions.

Completed at the earliest opportunity it will help to determine:

- The relevance of proposals and decisions to equality, diversity, cohesion and integration.
- Whether or not equality and diversity is being/has already been considered for due regard to the Equality Act 2010 and the Public Sector Equality Duty (PSED).
- Whether or not it is necessary to carry out a full Equality Impact Assessment.

Name(s) and role(s) of person completing this assessment:

Name: Anya Paradis
Job Title: Director of Contracting & Oversight (North)
Organisation: NENC ICB

Title of the service/project or policy: Decommissioning Policy

Is this a;
Strategy / Policy ☒ **Service Review** ☐ **Project** ☐
Other Click here to enter text.

What are the aim(s) and objectives of the service, project or policy:

Choice is fundamental to the delivery of a truly patient centred NHS, as it empowers people to get health services they both want and need. Making good quality information available helps the public to understand their rights and allows patients to make effective choices that are right for themselves and their families. The policy sets out the mechanisms that the ICB will adopt to fulfil its legal obligations.

Who will the project/service /policy / decision impact?
(Consider the actual and potential impact)

- **Staff** ☐
- **Service User / Patients** ☒
- **Other Public Sector Organisations** ☐
- **Voluntary / Community groups / Trade Unions** ☐
- **Others, please specify** Click here to enter text.

Questions	Yes	No
Could there be an existing or potential negative impact on any of the protected characteristic groups?	☐	☒
Has there been or likely to be any staff/patient/public concerns?	☐	☒
Could this piece of work affect how our services, commissioning or procurement activities are organised, provided, located and by whom?	☐	☒
Could this piece of work affect the workforce or employment practices?	☐	☒
Does the piece of work involve or have a negative impact on: • Eliminating unlawful discrimination, victimisation and harassment • Advancing quality of opportunity • Fostering good relations between protected and non-protected groups in either the workforce or community	☐	☒

If you have answered no to the above and conclude that there will not be a detrimental impact on any equality group caused by the proposed policy/project/service change, please state how you have reached that conclusion below:

The Access and Choice Policy will not have a detrimental impact on any patients that are in a protected characteristic group.

The policy will allow greater support and promote flexibility for all patients in protected groups to access NHS services that best suit their needs and individual circumstances. No part of the policy discriminates against people in protected characteristic groups.

This policy is based on the NHS Choice Framework.

If you have answered yes to any of the above, please now complete the 'STEP 2 Equality Impact Assessment' document

Accessible Information Standard	Yes	No
Please acknowledge you have considered the requirements of the Accessible Information Standard when communicating with staff and patients. https://www.england.nhs.uk/wp-content/uploads/2017/10/accessible-info-standard-overview-2017-18.pdf	☒	☐

Please provide the following caveat at the start of any written documentation: **"If you require this document in an alternative format such as easy read, large text, braille or an alternative language please contact (ENTER CONTACT DETAILS HERE)"**
If any of the above have not been implemented, please state the reason: Click here to enter text.

Governance, ownership and approval

Please state here who has approved the actions and outcomes of the screening		
Name	**Job title**	**Date**
Anya Paradis	Director of Contracting & Oversight (North)	April 2025

Publishing

This screening document will act as evidence that due regard to the Equality Act 2010 and the Public Sector Equality Duty (PSED) has been given.