


# Monitor

Making the health sector  
work for patients



**Investigation into the  
commissioning of  
elective services in  
Blackpool and Fylde &  
Wyre: Monitor's  
decision to accept  
undertakings from NHS  
Fylde and Wyre Clinical  
Commissioning Group**

## About Monitor

As the sector regulator for health services in England, our job is to make the health sector work better for patients. As well as making sure that independent NHS foundation trusts are well led so that they can deliver quality care on a sustainable basis, we make sure: essential services are maintained if a provider gets into serious difficulties; the NHS payment system promotes quality and efficiency; and patients do not lose out through restrictions on their rights to make choices, through poor purchasing on their behalf, or through inappropriate anti-competitive behaviour by providers or commissioners.

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## 1. Decision to accept undertakings

Monitor has decided to accept undertakings from NHS Fylde and Wyre Clinical Commissioning Group (Fylde and Wyre CCG). The undertakings address problems relating to patient choice that were identified through our investigation into the commissioning of elective services in the Fylde Coast area. They will ensure that Fylde and Wyre CCG meets its obligations under regulations 39 and 42 of the National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012 (Responsibilities and Standing Rules Regulations).

Fylde and Wyre CCG's undertakings are attached to this document at Appendix 2.

## 2. Background

On 25 September 2014, we published a report of our investigation into a complaint brought by Spire Healthcare Limited (Spire). We found that:

- the evidence did not support Spire's submission that patients had been directed away from Spire Fylde Coast Hospital to Blackpool Teaching Hospitals NHS Foundation Trust
- Fylde and Wyre CCG had complied with regulation 48 of Responsibilities and Standing Rules Regulations
- Fylde and Wyre CCG had not complied with regulations 39 and 42 of the Responsibilities and Standing Rules Regulations. In particular, the CCG had not:
  - i. made arrangements to ensure that patients were offered choice and
  - ii. made arrangements to ensure that the availability of choice was publicised and promoted.

Regulations 39 and 42 of the Responsibilities and Standing Rules Regulations require commissioners to take proactive steps to ensure that:

- patients are offered a choice of provider when they require an elective referral (whether by their general practitioner (GP), dentist or optometrist) for a first outpatient appointment with a consultant or consultant-led team and
- patients know that they are able to choose which provider they are referred to and can access (and know where to find) information to help them make that choice.

We found that although Fylde and Wyre CCG had taken steps to increase the use of NHS Choose and Book (a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital or

clinic), it had not made arrangements to ensure that patients were offered choice and that the availability of choice was publicised and promoted, as required by the Responsibilities and Standing Rules Regulations.

Where we identify problems in a local area, the National Health Service (Procurement, Patient Choice and Competition) (No.2) Regulations 2013 (Procurement, Patient Choice and Competition Regulations)<sup>1</sup> give us the power to take a range of enforcement actions. These include:

- the power to direct commissioners to put in place measures to prevent breaches, to remedy breaches and/or to mitigate their effects and
- the power to accept undertakings from commissioners.

On 25 September 2014 we launched a consultation on proposed remedies to address the breaches identified in our investigation. We invited Fylde and Wyre CCG to propose undertakings as a remedy.

In response to our consultation, Fylde and Wyre CCG offered undertakings which set out the measures it would implement to ensure that choice is offered, publicised and promoted in its area.

We decided to accept the undertakings having regard to the factors set out in our 'Enforcement Guidance'.<sup>2</sup> Our reasons for the decision are set out below.

A summary of feedback we received in the consultation and our response to that feedback is set out in Appendix 1.

### 3. Reasons for decision

Fylde and Wyre CCG is a relevant body within the meaning of the Procurement, Patient Choice and Competition Regulations. Under paragraph 16 of the Procurement, Patient Choice and Competition Regulations, Monitor can accept an undertaking from a relevant body to put in place measures to remedy a failure to comply with a requirement imposed by regulations 39 and/or 42 of the Responsibilities and Standing Rules Regulations.

In accordance with our Enforcement Guidance, when deciding what action is most appropriate in the circumstances of the case, we consider the following factors:

- seriousness of the breach

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<sup>1</sup> Our enforcement powers under the Procurement, Patient Choice and Competition Regulations also apply in relation to breaches of regulations 39 and 42 of the Responsibilities and Standing Rules Regulations.

<sup>2</sup> [www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/283508/EnforcementGuidanceDec13.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/283508/EnforcementGuidanceDec13.pdf)

- ensuring commissioner compliance
- deterring similar breaches
- mitigating the effect of a breach
- proportionality.

Our view is that the measures Fylde and Wyre CCG has undertaken to implement will meet its obligations under regulation 39 of the Responsibilities and Standing Rules Regulations. The proposed arrangements with GPs and the annual patient survey are proactive steps to ensure patients are offered choice. If the patient survey identifies areas for improvement, Fylde and Wyre CCG will develop an action plan to respond to these.

Fylde and Wyre CCG has confirmed that all GP member practices are currently participating in contractual arrangements which require GPs to report the number of patients offered a choice at their practice, to include additional specified information about patient choice on their practice websites and to display promotional material reminding patients of their right to choice in waiting rooms. These arrangements apply for the current financial year. From 1 April 2015, Fylde and Wyre CCG will offer to make arrangements with or issue a request to each GP member practice with respect to offering choice, reporting on choice, displaying materials and attending training sessions on choice.

In our view, the measures Fylde and Wyre CCG has undertaken to implement will meet its obligations under regulation 42 of the Responsibilities and Standing Rules Regulations. Actions such as promoting patient choice on the CCG's website, on GPs' websites and in GPs' premises, producing promotional materials and conducting other promotional activities as specified in the CCG's communications plan, will ensure that the availability of choice is publicised and promoted.

Fylde and Wyre CCG will report annually to Monitor on its compliance with the undertakings.

As well as ensuring compliance with the relevant regulations, we believe the undertakings are proportionate to the breaches identified, and the seriousness of those breaches. Fylde and Wyre CCG's failure to comply with regulations 39 and 42 of the Responsibilities and Standing Rules Regulations could have adversely affected all patients within the area if patients were not aware of the availability of choice or were not given choice by their GP. This could mean that patients were not able to choose the provider that would best meet their needs. The undertakings will ensure that patients are given choice, are aware of the availability of choice and can access information about providers and healthcare teams to enable them to exercise informed choice.

One of the considerations when agreeing a package of remedies is deterring similar breaches by other commissioners. We are satisfied that this package of remedies will be a useful resource for other commissioners when considering what arrangements to make to ensure compliance with the relevant regulations regarding patient choice.

In this case it is unlikely that any proposed remedy would effectively mitigate the impact of the identified breaches where patients have already selected a provider and received treatment. However, the undertakings in our view will effectively prevent any adverse effect for current and future patients.

We concluded that the attached undertakings are an appropriate and effective remedy in the circumstances of this case. We are satisfied that the undertakings can be implemented in a timely manner and are capable of being monitored and enforced.

A handwritten signature in black ink, appearing to read 'David Bennett', with a long horizontal line extending to the right.

David Bennett  
Chief Executive  
Monitor

20 March 2015

## Appendix 1: Response to consultation

Following our publication of our decision document, we sought views from interested parties on whether the proposals of Fylde and Wyre CCG and Blackpool CCG were sufficient to protect and promote patient choice in each CCG area or whether more or different action was needed (and if so what type of action).

Fylde and Wyre CCG told us that, since the beginning of our investigation, it had taken a number of steps to ensure that patients were offered a choice of provider for their first outpatient appointment and that the right to choice was publicised and promoted. These steps included:

- a patient choice survey
- a new patient choice policy statement providing patients with detailed information about how choice operates in their local area
- a new contract to incentivise GPs to offer patients choice (and report this to the CCG) and to promote choice through posters displayed in waiting rooms
- a patient choice communication plan, which includes digital communications, paper newsletters and engagement with relevant stakeholders
- plans to revise part of the CCG's website to promote the availability of choice.

Blackpool CCG provided us with a copy of its patient choice communication plan, which referred to a number of planned initiatives, including:

- ongoing stakeholder engagement events
- information on patient choice included in the CCG's five-year strategic plan
- information about patient choice included in twice-yearly Choose and Book workshops to which all GP practices are invited
- the use of digital and traditional media to promote the availability of patient choice.

We received seven responses to the consultation. In addition to responses from the parties to the investigation, we received responses from a healthcare provider, a trade association and two local clinicians.

Respondents were broadly supportive of the remedies proposed. Three respondents thought the remedy should go further by requiring more frequent patient surveys, the inclusion of choice requirements in all GP contracts, and involving providers in the CCGs' communication events. One respondent suggested changes to the proposed remedies including the publication of performance data on providers and making the contractual arrangements proposed by Fylde and Wyre CCG compulsory.



Three respondents submitted that the patient choice policy statement should be published on the CCGs' websites. We agree that it is sensible for such statements about patients' rights to be easily accessible for patients. Both Fylde and Wyre CCG and Blackpool CCG will accordingly publish this on their websites. Three respondents thought the remedy should go further by requiring more frequent patient surveys. Both Fylde and Wyre CCG and Blackpool CCG proposed to conduct an annual survey that examines whether patients are being offered choice, to review the survey responses and develop an action plan to respond to any areas for improvement identified. The CCGs have proposed to report to Monitor annually on the survey and any action plan. We are satisfied that an annual survey is sufficient for the CCG to understand the impact in the local area.

Three respondents thought choice requirements should be included in all GP contracts. NHS England is responsible for the GP contract. Our investigation concerned the obligations on CCGs in relation to patient choice and the remedies are designed to reflect the role of the CCGs.

One respondent said the remedies should not include payments to GPs for offering choice. The undertakings do not include a requirement to pay GPs for offering choice.

Three respondents thought providers should be involved in the CCGs' communication events. Blackpool CCG undertakes to host Choose and Book workshops, host training with providers and to use contract review meetings with providers to review Choose and Book and choice at 18 weeks issues. Fylde and Wyre CCG has already completed a range of activities following its communication plan, including events with members of the public which we understand providers were welcome to attend. One respondent suggested the CCGs should publish performance data on providers. We are satisfied that the CCGs' plans for publication and promotion of patient choice are sufficient to meet the CCGs' obligations.

One respondent submitted that Monitor should report on the implementation of remedies within six months of publishing the remedies response, and annually evaluate and report on the effectiveness of the remedies for five years. The CCGs will report to Monitor annually on compliance with the undertakings. We are satisfied this information will assist Monitor in determining what action, if any, is appropriate.

## Enforcement undertakings

### Commissioner

NHS Fylde and Wyre Clinical Commissioning Group  
Derby Road  
Wesham  
Lancashire  
PR4 3EL

### Decision

For the reasons set out below, Monitor has decided to accept undertakings from NHS Fylde and Wyre Clinical Commissioning Group (**NHS Fylde and Wyre CCG**). This decision has been made under regulation 16 of the Procurement, Patient Choice and Competition Regulations.

### Grounds

NHS Fylde and Wyre CCG is a relevant body under the Procurement, Patient Choice and Competition Regulations and the Responsibilities and Standing Rules Regulations.

On 10 October 2013 Monitor opened a formal investigation into Spire Healthcare Limited's complaint that NHS Fylde and Wyre CCG and NHS Blackpool Clinical Commissioning Group were in breach of their obligations under the Procurement, Patient Choice and Competition Regulations and the Responsibilities and Standing Rules Regulations.

Monitor published its report on the investigation on 25 September 2014. In relation to NHS Fylde and Wyre CCG Monitor concluded that:

- (a) the evidence did not support Spire Healthcare Limited's submission that patients had been directed away from Spire Fylde Coast Hospital to Blackpool Teaching Hospitals NHS Foundation Trust;
- (b) NHS Fylde and Wyre CCG had complied with regulation 48 of the Responsibilities and Standing Rules Regulations;
- (c) NHS Fylde and Wyre CCG had not complied with regulations 39 and 42 of the Responsibilities and Standing Rules Regulations. In particular, NHS Fylde and Wyre CCG had not:
  - i. made arrangements to ensure that persons who required an elective referral and for whom NHS Fylde and Wyre CCG had responsibility were given the choices specified in regulation 39 of the Responsibilities and Standing Rules Regulations
  - ii. made arrangements to ensure that the availability of choice under the arrangements made by NHS Fylde and Wyre CCG pursuant to regulation 39 of the Responsibilities and Standing Rules Regulations was publicised and promoted.

Regulations 39 and 42 require positive action to ensure that choice is being offered and that patients are aware of their right to choice. Monitor found that although NHS Fylde and Wyre CCG had taken steps to increase the use of NHS Choose and Book (a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital or clinic), NHS Fylde and Wyre CCG had not made arrangements to ensure that patients were offered choice and that the availability of choice was publicised and promoted, as required by the regulations.

In considering the appropriateness of accepting in this case the undertakings set out below, Monitor has taken into account the matters set out in its Enforcement Guidance on the Procurement, Patient Choice and Competition Regulations.

### **Undertakings**

NHS Fylde and Wyre CCG hereby gives to Monitor the following undertakings under regulation 16 of the Procurement, Patient Choice and Competition Regulations for the purpose of remedying its failure to comply with regulations 39 and 42 of the Responsibilities and Standing Rules Regulations.

#### **1. Commencement and duration**

- 1.1. These undertakings commence on the date they are accepted by Monitor.
- 1.2. The undertakings will remain in force until NHS Fylde and Wyre CCG has discharged in full its obligations under paragraphs 2, 3, 4, 5 and 6.

#### **2. Arrangements with General Practitioner Member Practices**

2.1. Until 31 March 2016, NHS Fylde and Wyre CCG will:

- 2.1.1. at least annually, provide training for General Practitioner Member Practices on the use of choose and book and electronic referral mechanisms;
- 2.1.2. make available to General Practitioner Member Practices materials (including posters and leaflets) about the choices patients should be offered under regulation 39 of the Responsibilities and Standing Rules Regulations;
- 2.1.3. attend Neighbourhood Peer Review Meetings.

2.2. For one year from 1 April 2015, NHS Fylde and Wyre CCG will offer to make arrangements with or issue a request to each General Practitioner Member Practice with respect to the following matters:

- 2.2.1. offering patients who require an elective referral and for whom NHS Fylde and Wyre CCG has responsibility the choices specified in Paragraph 39 of the Responsibilities and Standing Rules Regulations;



2.2.2.reporting to NHS Fylde and Wyre the number of patients offered choice in accordance with paragraph 39 of the Responsibilities and Standing Rules Regulations;

2.2.3.displaying materials supplied by NHS Fylde and Wyre CCG pursuant to paragraph 2.1.2 in the premises and on the website of the respective General Practitioner Member Practice;

2.2.4.attending at least two training sessions offered by NHS Fylde and Wyre CCG pursuant to paragraph 2.1.1 each financial year.

2.3. NHS Fylde and Wyre CCG will notify Monitor as soon as reasonably practicable of any variation to its arrangements with General Practitioner Member Practices that relates to the matters referred to in paragraph 2.2.

### **3. Survey**

3.1. For two years from 1 April 2015, NHS Fylde and Wyre CCG will:

3.1.1.conduct an annual survey of patients that examines whether they are being offered the choices specified in paragraph 39 of the Responsibilities and Standing Rules Regulations; and

3.1.2.annually review the survey responses and develop an action plan to respond to any areas for improvement identified.

### **4. Reporting**

4.1. NHS Fylde and Wyre CCG will report to Monitor on its compliance with paragraphs 2.1 and 3 and each General Practitioner Member Practice's performance of its respective obligations under the arrangements referred to in paragraph 2.2. This report must be provided to Monitor:

4.1.1.by 30 June 2015 (for the period ending 31 March 2015), except in relation to paragraph 3;

4.1.2.by 30 June 2016 (for the period ending 31 March 2016).

4.1.3.by 30 June 2017 (for the period ending 31 March 2017), only in relation to paragraph 3.

### **5. Patient choice policy statement**

5.1. NHS Fylde and Wyre CCG will publish a document explaining its policy on patient choice (Annex 1 to these undertakings) on NHS Fylde and Wyre CCG's website until 31 March 2017.

5.2. NHS Fylde and Wyre CCG will send electronic copies of the patient choice policy statement annexed to these undertakings (Annex 1) to all of the General Practitioner Member Practices annually until 31 March 2017.

5.3. NHS Fylde and Wyre CCG will notify Monitor in writing that the actions in this paragraph 5 have been completed within one (1) month following completion.

## **6. Patient choice communication plan**

6.1. NHS Fylde and Wyre CCG will complete the actions identified in Annex 2.

6.2. NHS Fylde and Wyre CCG will notify Monitor in writing that the action in paragraph 6.1 has been completed within one month following completion.

## **7. Compliance**

7.1. NHS Fylde and Wyre CCG will attend meetings or conference calls at agreed times and locations as required by Monitor in relation to the undertakings.

7.2. NHS Fylde and Wyre CCG will comply with such written directions or requests for information as Monitor may from time to time issue for the purpose of securing compliance with the undertakings.

## **8. Variation**

8.1. The undertakings may be varied in accordance with paragraph 3 of Schedule 9 to the Health and Social Care Act 2012.

8.2. The variation of the undertakings shall not affect the validity and enforceability of any rights or obligations that arose prior to such variation.

## **9. Effect of invalidity**

9.1. NHS Fylde and Wyre CCG undertakes that should any provision of the undertakings be held by any court or tribunal to be contrary to law or invalid for any reason it will continue to observe the remaining provisions.

## **10. Address for correspondence**

10.1. A notice given to a party under or in connection with the undertakings shall be sent to the party at the address specified below or as otherwise notified in writing to the other party.

Monitor  
133-155 Waterloo Road  
SE1 8UG  
[cooperationandcompetition@monitor.gov.uk](mailto:cooperationandcompetition@monitor.gov.uk)

NHS Fylde and Wyre Clinical Commissioning Group  
Derby Road  
Wesham  
Lancashire  
PR4 3EL  
[Pamela.Bowling@fyldeandwyreccg.nhs.uk](mailto:Pamela.Bowling@fyldeandwyreccg.nhs.uk)

10.2. A notice given to a party under or in connection with the undertakings can be sent by email.

## 11. Interpretation

11.1. The undertakings are to be interpreted and applied so as to give effect to their purpose of remedying NHS Fylde and Wyre CCG's failure to comply with regulations 39 and 42 of the Responsibilities and Standing Rules Regulations.

11.2. Expressions in the singular include the plural and vice versa.

11.3. References to any statute or statutory provision shall be construed as references to that statute or statutory provision as amended, re-enacted or modified whether by statute or otherwise.

11.4. Unless otherwise stated, references to paragraphs, subparagraphs and annexes are references to the paragraphs and subparagraphs of and annexes to these undertakings.

11.5. Unless otherwise stated, terms defined in the Procurement, Patient Choice and Competition Regulations and the Responsibilities and Standing Rules Regulations shall have the same meaning when used in the undertakings.

11.6. For the purposes of the undertakings:

**'Council of members'** means the body comprising representatives from each of NHS Fylde and Wyre CCG's General Practitioner Member Practices as set out in paragraph 6.4 of NHS Fylde and Wyre CCG's constitution.

**'Enforcement Guidance'** means Monitor's enforcement guidance on the Procurement, Patient Choice and Competition Regulations as updated from time to time.

**'General Practitioner Member Practices'** means the entities listed in Annex 3.

**'Neighbourhood Peer Review Meetings'** means monthly staff meetings held by General Practitioner Member Practices from the four geographical neighbourhoods (Fleetwood neighbourhood; Kirkham neighbourhood; Lytham and St Annes neighbourhood and Poulton-le-Fylde, Thornton and Over Wyre neighbourhood) and attended by Fylde and Wyre CCG.



**'Procurement, Patient Choice and Competition Regulations'** means the National Health Service (Procurement, Patient Choice and Competition) (No.2) Regulations 2013.

**'Responsibilities and Standing Rules Regulations'** means the National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012.

**FOR AND ON BEHALF OF NHS FYLDE AND WYRE CCG**



Name DR TONY NAUGHTON  
Title CLINICAL CHIEF OFFICER  
Date 17 MARCH 2015

## **Annex 1: Patient choice policy statement**

### **Your rights to choice**

Everyone who is cared for by the NHS in England has formal rights to make choices about the service they receive. These include the right to choose a GP surgery, to state which GP you'd like to see, to choose which hospital you're treated at, and to receive information to support your choices.

These rights form part of the NHS Constitution (PDF, 106 kb), some are explained below. This page also contains links to pages on the NHS Choices website, which will explain how to exercise these rights and make the best choices for you.

See more at: <http://www.fyldeandwyreccg.nhs.uk/choice/#sthash.SpWL6r2o.dpuf>

### **Choice of GP practice and particular GP or nurse**

NHS England buys GP practice services on your behalf. You have a legal right to choose which GP practice you want to register with, and which doctor or nurse you see there. Your practice must try to make sure this happens.

While this is your right, there may be times when a practice might have reasonable grounds for not doing so. This might be because you live outside the GP practice boundary or because the GP practice has approval by NHS England to close their list to new patients. In rare circumstances, the GP practice may not accept you if there has been a breakdown in the doctor-patient relationship or because you have behaved violently at the practice. The practice has a duty to tell you why you have not been accepted onto its list.

*Who is responsible for offering me this choice?*

You are responsible for registering with the GP practice. First, contact the GP practice where you want to register. If you have difficulty registering with a GP practice, contact NHS England or your local Healthwatch office who can give advice and support. Healthwatch is an independent champion for patients in England.

You can find information on NHS Choices. This includes GP practices close to your home accepting new patients. NHS Choices is a national website for patients. If you cannot register with your preferred GP practice, NHS England will help you find another.

### **Choice of where to go for your first outpatient appointment (physical or mental health)**

If you need to see a hospital consultant or specialist, this will be at an outpatient appointment. You have a legal right to choose the hospital or clinic you go to for your first appointment. However, you can only choose a hospital or clinic that is in England and offers the right NHS treatment and care for your condition.



If you are going to a hospital for an appointment, you can also choose which consultant you would like to see. You will be able to choose a consultant from a published list.

There might be times where you cannot choose the hospital or clinic. These include where you need urgent or emergency treatment and also if you are:

- A prisoner
- A serving member of the Armed Forces
- Detained under the Mental Health Act 1983
- Using mental health services

When you are being seen as an outpatient for one condition and you need treatment for a second condition, it will be your right to choose where you are seen for the second condition. You might feel it is more convenient to be treated at the same location, but it is your right to choose and you can ask for this offer of choice.

*Who is responsible for offering me this choice?*

Firstly, speak to the GP, dentist or optometrist who is referring you. If you are already having the first outpatient appointment, then ask the doctor there for this choice.

You can find out more information about the hospitals and clinics you can choose from on NHS Choices. This is a national website for patients.

### **Patients waiting longer than maximum waiting times**

If you need to see a consultant, you will be given an appointment to see one. If your treatment is not urgent and you are due to wait more than 18 weeks before starting treatment, you can ask to go to a different hospital. If your GP thinks it is possible you have cancer and you have to wait more than two weeks to see a specialist, you can ask to go to a different hospital. These are legal rights.

You do not have these rights if:

- You choose to wait longer for your treatment to start
- You choose to wait longer for your appointment with a specialist after being urgently referred with suspected cancer
- Delaying the start of your treatment is in your best interests. For example, if you need to lose weight or stop smoking before starting treatment
- There are medical reasons which means it is better for you to wait
- You fail to go to appointments which you had chosen from a set of reasonable choices

- You are on the national transplant list
- You are using maternity services
- You are using services not led by a consultant or a member of their team
- You refuse treatment
- A doctor has decided that it is right to monitor you without treatment
- You cannot start treatment for reasons not related to the hospital (for example, you are a reservist posted abroad while waiting to start treatment)
- Your treatment is no longer necessary

*How will I know I have been waiting for 18 weeks or two weeks?*

Ask your GP or the hospital to confirm this to you. There are specific rules about how the time is worked out.

*Who is responsible for offering me this choice?*

NHS Fylde and Wyre CCG is responsible for offering this choice. If you have been referred to a specialist service it may be NHS England. The CCG will take all reasonable steps to offer you a choice of other hospitals that can see or treat you more quickly.

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

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

- The test has been ordered by your GP
- It is your first appointment as an outpatient with a consultant or a doctor in the consultant's team.

It is not your 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
- You are already at your first appointment as an outpatient, your doctor may decide you need a test. You may be offered a choice about who carries out that test. But you do not have a legal right to choose once you are being seen as an outpatient.

When making a choice you can only choose from organisations that carry out the test you need in a proper and safe way. You cannot choose who carries out the test if you need a test urgently or you have been admitted to hospital.

If you need information and support in making your choice, speak to your GP or the doctor who has asked for your test. You can find out more information about the hospitals and clinics you can choose from the 'NHS Choices' website.

### Maternity services

You can expect a range of choices over maternity services, although these depend on what is best for you and your baby, and what is available locally. When you find out you are pregnant you can:

- Go to your GP and ask them to refer you to a midwifery service of your choice
- Go directly to a midwifery service of your choice. You do not have to ask your GP to refer you first.

While you are pregnant, you can choose to receive 'antenatal' care from:

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

When you give birth you can choose to give birth:

- 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 for you, you should still have a choice of hospital.

After going home, you can choose to get postnatal care:

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

Depending where you live, you may have other choices about your maternity care. Contact your midwife or the CCG for information.

*Is this a legal right?*

No. It depends what is best for you and your baby, and what is available locally. Every pregnancy is different.



*When am I not able to make a choice?*

You can choose where to give birth, but this may mean you cannot have some kinds of pain relief during the birth. Some kinds of pain relief are only available in hospitals. If you need urgent or emergency treatment, you cannot choose who you see and may not be able to choose where you give birth.

*Who is responsible for offering me this choice?*

Your midwife will tell you about the choices available locally.

*Where can I get information and support to help me choose?*

Your midwife will be able to give you information, advice and support to help you decide. A number of charitable and voluntary organisations can also help you decide what to do.

These are listed below.

- The National Childcare Trust: ; 0300 330 0700
- Birth Choice UK:
- AIMS – Association for Improvements in the Maternity Services: ; 0300 3650663
- Start4Life:

### **Community services**

*What choices do I have?*

You may be able to choose who you see for services provided in the community. In Fylde and Wyre you have choices for:

- Adult hearing assessment services
- Psychological therapies such as counselling.

In some cases, there may not be a choice of service. However, you may be able to choose from a choice of different locations in order to access an appointment which is more convenient and closer to home. These services include:

- Community eye health (ophthalmology)
- Musculoskeletal (bones, muscles, joints) services.

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

*Is this a legal right?*

No.

*When am I not able to make a choice?*

Your choice of services will depend on what your CCG, GP practices and patients think are priorities for your community.

*Who is responsible for offering me this choice?*

The GP or the health professional that referred you to the service.

*Where can I get information and support to help me choose?*

You can find out which services there is a choice for in your area by asking your GP practice.

## **Health research**

*What choices do I have?*

You can take part in approved health research (for example, clinical trials of medicines) about your circumstances or care. You are free to choose whether you take part in any research. You do not have to take part if you do not want to.

*When am I not able to make a choice?*

You cannot take part in research if:

- There is no research about your circumstances or care
- You do not meet the requirements for a particular study.

*Who is responsible for giving me choice?*

The health professional who is providing your care, for example, your hospital doctor, GP or nurse.

*Where can I get information and support to help me choose?*

Below are various websites with information to help you decide whether to take part in research.

- Healthtalkonline explains what clinical trials are and why we need them. Visit [www.healthtalkonline.org](http://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](http://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](http://www.nhs.uk) and search for 'getting involved in research'.

### Treatment in another European economic area

You have the right to choose, keeping within certain rules, to receive treatment that is normally available to you on the NHS in other countries within the European Economic Area (EEA).

This is a legal right set out in the NHS Constitution and in EU law.

You can access any healthcare service in another member state that is the same as (or equivalent to) a service that would have been given to you in the circumstances of your case. This means that your treatment must be one that is available through the NHS.

You then have a right to claim money back up to the amount the treatment would have cost under the NHS – or the actual amount if this is lower. This means that you will normally have to pay for the full cost of your treatment upfront (though other arrangements may be available via the CCG or NHS England). The EU directive covers treatment delivered in state-run hospitals and services given by private clinics and clinicians.

#### *When is choice not available?*

The directive does not cover:

- Long-term (i.e. social) care
- Access to and allocation of organs (for transplantation)
- Public vaccination programmes against infectious diseases.

In some cases, prior authorisation may be needed before you get treatment in another EEA country. This will allow you to confirm that you are entitled to the treatment, as well as the level of reimbursement that will apply. This process will also make sure that you are aware of all of the possible treatment choices within the NHS, which may be more convenient to you than going abroad. If you are unable to access treatment on the NHS without undue delay in your particular case, you must be given authorisation.

#### *Who is responsible for giving me choice?*

If you wish to have your treatment in another EEA country, your GP, dentist or CCG will outline the choices that are available to you.

#### *Where can I find information to support my choice?*

Please see:

- [NHS Choices](#)
- [NHS England](#)



## What organisations can I approach for support in making decisions?

Contact NHS Fylde and Wyre CCG or NHS England to talk about the choices available.

## End of life care

You have the right to be involved in discussions and decisions about your health and care, including your end of life care. You also have the right to the information needed so you, with support from your family or carer, can make decisions about the end of life care you want to receive. This includes your preferred place of care.

*What does this right mean for you?*

Your clinician will talk to you about your choices and circumstances; these will be reflected in the decision that is made. You will be listened to and treated as an individual.

Where a range of treatments or forms of healthcare are available, you have the right to receive the information you need in order to decide on your preference. NHS staff will involve you in discussions to decide, with you, on the right choice for you. If you wish, this can include your family and carers.

Not everyone will wish to take up this right. Some people may 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 for you in such circumstances.

## Planning your long-term care

If you have a long-term condition, you need to identify how your condition is affecting the things that are important to you. A care planning discussion can help you work out a range of personal goals and how the NHS will help you to achieve them. It can also include your wishes around end of life care if this is relevant or appropriate.

The discussion can also identify the range of support available, how much you are able to do things for yourself, what support groups are available, and the best way for you to get more information.

This gives you more control over the care and support you receive and should help reduce the chance of avoidable hospital admission. The care planning discussion is generally led by your main health or care professional, such as your GP or hospital doctor. It may also be offered by a community pharmacist, e.g. after a medicines use review or a healthy lifestyle discussion.

The NHS has developed a range of patient decision aids to support you and your health professional in discussions about planning your care. Patient decision aids are specially designed information resources that will help you make decisions about difficult healthcare choices. They will help you to think about why one option is better for you than another is. People's views change over time depending on their experiences and who they talk to.

Understanding what is important to you about your decision will help you choose the option that is best for you. The outcome of the discussion about your care will usually be recorded. This record could be called many things – for example 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. It is good practice to offer you 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. You may not want a written document; you might just want to record what you have agreed in your patient notes. The important thing is that you know you have a plan and that you are happy with what has been agreed in it.

### Your right to information

You have a right to information where there is a legal right to choice. This gives you the right to information to support you in choosing your provider. We are committed to the following:

- Telling you about the healthcare services available to you, locally and nationally.
- Giving you easy-to-access, reliable information to help you to make choices about your health and healthcare. This is available on the NHS Choices website and includes information, where available, on the quality of clinical services.
- Making sure referrers are able to access information on Choose and Book around choice of provider and a choice of named consultant-led team.
- Giving information to support children and those with learning disabilities make decisions around their healthcare.
- Promoting choice via our website, practice websites, our annual report, press releases and other forms of regular written communication, and at engagement events.

There are many ways to get general information to help you make the right choice for you:

- The NHS Choices website has tools and resources to help you look at your choices and make the right decision. Visit [www.nhs.uk](http://www.nhs.uk)
- The Care Quality Commission checks all hospitals in England to make sure they are meeting national standards. They share their findings with the public. Visit [www.cqc.org.uk](http://www.cqc.org.uk).
- The NHS Constitution tells you what you can and should expect when using the NHS. Visit [www.nhs.uk](http://www.nhs.uk) and search for 'NHS Constitution'. The NHS Constitution is also available in an easy read version for download. Audio and Braille versions are available too.



- Information about how local authorities are performing on improving public health, published by Public Health England. Visit [www.gov.uk/government/organisations/public-health-england](http://www.gov.uk/government/organisations/public-health-england).

*What can I do if I am not offered these choices?*

First, you can speak to your GP or the health professional who is referring you. In the case of maternity services, speak to your GP, midwife or head of midwifery.

If you are still unhappy that you have not been offered a choice, you can make a complaint.

You can complain to the organisation that you have been dealing with or you can make a complaint to the CCG. If we agree with your complaint, we will make sure that you are offered a choice for that health service.

If your complaint is about not being offered a choice of GP practice or about health research you should complain to NHS England. To contact NHS England visit [www.england.nhs.uk](http://www.england.nhs.uk).

If you are unhappy with the decision from the CCG or NHS England, you have the right to complain to the independent Parliamentary and Health Service Ombudsman. To contact the Ombudsman:

- Visit [www.ombudsman.org.uk](http://www.ombudsman.org.uk)
- Call the Helpline: 0345 015 4033
- Use the Textphone (Minicom): 0300 061 4298

See more at: <http://www.fyldeandwyreccg.nhs.uk/choice/#sthash.SpWL6r2o.dpuf>

## Annex 2: Patient choice communication plan

Ref	Action	Date for completion
C1	Publish information about choices patients should be offered under Regulation 39 of the Responsibilities and Standing Rules Regulations on the CCG's website ( <a href="http://www.fyldeandwyreccg.nhs.uk/">http://www.fyldeandwyreccg.nhs.uk/</a> ) and link it from the home page.	Up to 31 March 2017
C2	Publish information about choices patients should be offered under Regulation 39 of the Responsibilities and Standing Rules Regulations in the CCG's annual report and review of the year	Annually up to 31 March 2017
C3	Include information on patient choice in notes to editors section of press releases as and when required.	Annually up to 31 March 2017
C4	Supply information about patient choice for publication on GP Member Practices' websites	Annually up to 31 March 2017
C5	Publish on NHS Fylde and Wyre CCG's Twitter account links to appropriate websites from which information can be found by patients and practitioners about the choices patients should be offered under regulation 39 of the Responsibilities and Standing Rules Regulations.	At least annually until 31 March 2017
C6	Establish a poll on the CCG's website enabling visitors to express whether they were offered choice.	At least annually up to 31 March 2017
C7	Posters and leaflets on patient choice to be produced for distribution to General Practitioner Member Practices and Providers where the CCG is lead commissioner (Spire Fylde Coast) or significant other (Blackpool Teaching Hospital) to display.	March 2015
C8	Choice information to be made available for the public at CCG Listening Cafes on 7 February, 9 February, 24 February, 8 March, 10 March, 16 March and 26 March 2015.	March 2015
C9	Patient choice discussed at Council of Members' meeting.	Completed prior to commencement of the undertakings
C10	Patient choice information emailed to practice managers of General Practitioner Member Practices	Completed prior to commencement of the undertakings
C11	Independent audit undertaken by North West Audit of the CCG's communications and engagement strategy to provide assurance that the CCG has a comprehensive communications and engagement strategy that has been embedded effectively across the organisation.	Completed prior to commencement of the undertakings
C12	Ipsos MORI survey to be completed which includes questions relating to patient choice and to be used to inform CCG's communications plan.	Completed prior to commencement of the undertakings

Ref	Action	Date for completion
C13	Pilot project to test effectiveness of television screens in general practices as a communications tool. Three general practices in the pilot. Patient Choice information to be televised.	Completed prior to commencement of undertakings
C14	Newsletter articles issued on patient choice to the Council for Voluntary Services for use in their newsletters/other communications mechanisms.	Completed prior to commencement of undertakings
C15	Publish articles about patient choice in <i>Practice Bulletin</i> , the weekly e-bulletin sent to all practices.	Completed prior to commencement of the undertakings

### Annex 3: General practitioner member practices

Practice name	Address
Over Wyre Medical Centre	Wilkinson Way, Off Pilling Lane, Preesall, FY6 0FA
The Old Links Surgery	104 Highbury Road East, St Annes, FY8 2LY
Poplar House Surgery	24/26 St Annes Road East, St Annes, FY8 1UR
Clifton Medical Practice	St Annes Health Centre, Durham Avenue, St Annes, FY8 2EP
Park Medical Centre	St Annes Health Centre, Durham Avenue, St Annes, FY8 2EP
Ansdell Medical Centre	Albany Road, Lytham St Annes, FY8 4GW
Holland House	Lytham Primary Care Centre, Victoria Street, Lytham, FY8 5DZ
Fernbank Surgery	Lytham Primary Care Centre, Victoria Street, Lytham, FY8 5DZ
Fleetwood Surgery	West View Health Village, Broadway, Fleetwood, FY7 8GU
Belle Vue Surgery	West View Health Village, Broadway, Fleetwood, FY7 8GU
The Thornton Practice	Church Road, Thornton-Cleveleys, FY5 2TZ
Broadway Medical Centre	West View Health Village, Broadway, Fleetwood, FY7 8GU
The Mount View Practice	Fleetwood Health and Wellbeing Centre, Dock Street, Fleetwood FY7 6HP
The Village Practice	Church Road, Thornton-Cleveleys, FY5 2TZ
Beechwood Surgery	23 Beechwood Drive, Thornton-Cleveleys, FY5 5EJ
Carleton Surgery	Castle Gardens Crescent, Carleton, FY6 7NJ
The Surgery	Lockwood Avenue, Poulton-Le-Fylde, FY6 7AB
Queensway Medical Centre	Queensway, Poulton-Le-Fylde, FY6 7ST
Ash Tree House	Church Street, Kirkham, PR4 2SE
Kirkham Health Centre	Moor Street, Kirkham, PR4 2DL





Making the health sector  
work for patients

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