

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

## Contents

1. Decision to accept undertakings.....	4
2. Background.....	4
3. Reasons for decision.....	5
Appendix 1: Response to consultation .....	8
Appendix 2: Blackpool Clinical Commissioning Group enforcement undertakings.....	10

## 1. Decision to accept undertakings

Monitor has decided to accept undertakings from NHS Blackpool Clinical Commissioning Group (Blackpool 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 Blackpool 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).

Blackpool 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
- Blackpool CCG had complied with regulation 48 of the Responsibilities and Standing Rules Regulations
- Blackpool 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 Blackpool 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 Blackpool CCG to propose undertakings as a remedy.

In response to our consultation, Blackpool 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

Blackpool 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

---

<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 Blackpool 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, Blackpool CCG will develop an action plan to respond to these.

In our view, the measures Blackpool 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, will ensure that the availability of choice is publicised and promoted.

Blackpool 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. Blackpool 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 stroke 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.

## **Blackpool CCG undertakings**

### **Commissioner**

NHS Blackpool Clinical Commissioning Group  
Blackpool Stadium  
Seasiders Way  
Blackpool  
Lancashire  
FY1 6JX

### **Decision**

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

### **Grounds**

NHS Blackpool 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 Blackpool CCG and NHS Fylde and Wyre 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 Blackpool 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 Blackpool CCG had complied with regulation 48 of the Responsibilities and Standing Rules Regulations
- (c) NHS Blackpool CCG had not complied with regulations 39 and 42 of the Responsibilities and Standing Rules Regulations. In particular, NHS Blackpool CCG had not:
  - i. made arrangements to ensure that persons who required an elective referral and for whom NHS Blackpool 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 Blackpool 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 Blackpool 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 Blackpool 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 Blackpool 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 Blackpool CCG has discharged in full its obligations under paragraphs 2, 3, 4, 5, 6, 7 and 8.

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

2.1. Until 31 March 2017, NHS Blackpool CCG will:

- 2.1.1. make available materials (including posters and leaflets) about the choices patients should be offered under regulation 39 of the Responsibilities and Standing Rules Regulations and supply these to General Practitioner Member Practices
- 2.1.2. on a quarterly basis, attend Practice Link meetings and provide information to attendees about choice, the use of Choose and Book and electronic referral mechanisms.

2.2. Until 31 March 2017, NHS Blackpool CCG will have in place arrangements with General Practitioner Member Practices with respect to the following matters:

2.2.1.NHS Blackpool CCG distributing materials to General Practitioner Member Practices pursuant to paragraph 2.1.1 and requesting that the same materials be displayed in the premises and on the website of the respective General Practitioner Member Practice

2.2.2.NHS Blackpool CCG offering at least two (2) training sessions to, and requesting attendance by, General Practitioner Member Practices and monitoring such attendance each financial year.

### **3. Survey**

3.1. For two (2) years from 1 April 2015, NHS Blackpool CCG will:

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

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

### **4. Choose and Book**

4.1. For one year from 1 April 2015, NHS Blackpool CCG will:

4.1.1.Every two months, undertake a review of usage of Choose and Book (for example, by reference to the COR06 Report produced by NHS Blackpool CCG) and take action to address any issues identified

4.1.2.provide quarterly reports to NHS Blackpool CCG's Quality and Engagement Committee (or appropriate alternative committee) on the outcome of the reviews referred to in paragraph 4.1 .1 and any actions taken to address issues

4.1.3. quarter, provide information to General Practitioner Member Practices about new services, changes to services, utilisation of Choose and Book services over the previous three (3) months, actions taken in light of Choose and Book reports, Choose and Book choice statistics and slot issues

4.1.4.monitor and report to General Practitioner Member Practices on a monthly basis on Choose and Book utilisation, any slot issues and practice usage.

### **5. Arrangements with other providers**

5.1. Until 31 March 2016, NHS Blackpool CCG will support existing and new providers from which NHS Blackpool CCG commissions health care services to publish new services and access Choose and Book, including by:

5.1.1..at least annually issuing a general invitation on its website for anyone to attend Choose and Book workshops hosted by NHS Blackpool CCG, which will include details of dates, times and locations for the same

5.1.2.at least annually providing training on choice, the use of Choose and Book and electronic referral mechanisms

5.2. Until 31 March 2016, NHS Blackpool CCG will :

5.2.1.use contract review meetings with providers with which NHS Blackpool CCG has a contract to review national and local Choose and Book appointment slot issues and capacity issues

5.2.2.by 31st May 2015 publish on its website and distribute its statement setting out the obligations owed in relation to choice at 18 weeks issues to all providers and use reasonable endeavours to obtain assurance from them of the systems which they have in place to support the same

5.2.3.in each case set out in paragraphs 5.2.1 and 5.2.2 above, will use all reasonable endeavours to agree an action plan where necessary.

## **6. Communications about patient choice**

6.1. Until 31 March 2017, NHS Blackpool CCG will :

6.1.1.publish a document explaining its policy on patient choice (Annex 1 to these undertakings) on NHS Blackpool CCG's website

6.1.2.send electronic copies of the document referred to in paragraph 6.1.1 to all of the General Practitioner Member Practices annually

6.1.3.include a patient feedback section on its website and state on its website that this section of the website can be used by patients to provide feedback on choice

6.1.4.at least annually, deliver presentations about patients' rights to choice and the referral process to Healthwatch Blackpool and members of Blackpool Council's health scrutiny committee

6.1.5.publish on a monthly basis on its 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

6.1.6. provide a phone service between the hours of 08:00 and 16:30 Monday to Friday to respond to queries about choice, Choose and Book and referrals.

## **7. Other training**

7.1. At least annually until 31 March 2016, NHS Blackpool CCG will provide training to the following persons on its obligations under regulations 39 and 42 of the Responsibilities and Standing Rules Regulations:

7.1.1. staff members of NHS Blackpool CCG

7.1.2. relevant members of the Midlands and Lancashire Commissioning Support Unit performance and quality and contracting teams

7.1.3. members of NHS Blackpool CCG's governing body.

## **8. Reporting to Monitor**

8.1. NHS Blackpool CCG will report to Monitor on:

8.1.1. NHS Blackpool CCG's compliance with paragraphs 2, 3, 4, 5, 6, and 7

8.1.2. NHS Blackpool CCG's reviews of the activities of providers and any steps taken to address issues in accordance with paragraph 5.2.

8.1.3. The report referred to in paragraph 8.1 must be provided to Monitor:

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

8.1.5. by 30 June 2017 (for the period ending 31 March 2017).

## **9. Compliance**

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

9.2. NHS Blackpool 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.

## **10. Variation**

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

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

## **11. Effect of invalidity**

11.1. NHS Blackpool 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.

## **12.Address for correspondence**

12.1. 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  
SE18UG  
cooperationandcompetition@monitor.gov.uk

NHS Blackpool Clinical Commissioning Group  
Blackpool Stadium  
Seasiders Way  
Blackpool  
Lancashire  
FY1 6JX  
Amanda.doyle@blackpool.nhs.uk

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

## **13. Interpretation**

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

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

13.3. 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.

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

13.5. 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.

13.6. For the purposes of these undertakings:

**'Choose and Book'** means the national electronic referral service through which patients can select the place, date and time of their first outpatient appointment in a hospital or clinic. References to Choose and Book shall be construed as references to any service that replaces Choose and Book, including the NHS e-referral service.

**'COR06 report'** means the channel profile report: sorted by General Practitioner Member Practices which identifies which channels are used by which users to put transactions through Choice and Book; can be viewed at General Practitioner Member Practice level or as a total of all CCG General Practitioner Member Practices.

**'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 [2]

**'Practice Link Meetings'** means quarterly briefing and feedback sessions held by General Practitioner Member Practices which are also attended by NHS Blackpool CCG.

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

**'Quality and Engagement Committee'** is a formal committee of the CCG Governing Body which serves to oversee performance relating to quality and engagement for the CCG Governing Body, of continual quality improvement of primary care and all commissioned services in delivery of quality standards and engagement requirements.

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

**NHS BLACKPOOL CCG**



Name AMANDA DOYLE

Date 18.03.15



## **Annex 1: Patient choice policy and strategy**

(Please see following pages.)



***Blackpool  
Clinical Commissioning Group***

**Blackpool Clinical Commissioning Group  
Patient Choice Policy and Strategy**

<b>1.</b>	<b><i>Introduction</i></b> .....	<b>3</b>
<b>2.</b>	<b><i>Background</i></b> .....	<b>4</b>
<b>3.</b>	<b><i>Purpose and Scope</i></b> .....	<b>5</b>
<b>4.</b>	<b><i>Choice of GP Practice and Particular GP</i></b> .....	<b>6</b>
<b>5.</b>	<b><i>Choosing where to go for first outpatient appointment for physical and mental health conditions</i></b> .....	<b>7</b>
<b>6.</b>	<b><i>Patients waiting longer than maximum waiting times</i></b> .....	<b>8</b>
<b>7.</b>	<b><i>Choosing who carries out a specialist test</i></b> .....	<b>10</b>
<b>8.</b>	<b><i>Maternity Services</i></b> .....	<b>11</b>
<b>9.</b>	<b><i>Community Services</i></b> .....	<b>13</b>
<b>10.</b>	<b><i>Health Research</i></b> .....	<b>14</b>
<b>11.</b>	<b><i>Personal Health Budget</i></b> .....	<b>15</b>
<b>12.</b>	<b><i>Treatment in another European Economic Area</i></b> .....	<b>17</b>
<b>13.</b>	<b><i>End of Life Care</i></b> .....	<b>19</b>
<b>14.</b>	<b><i>Planning your long-term care</i></b> .....	<b>20</b>
<b>15.</b>	<b><i>Blackpool – Supporting Choice</i></b> .....	<b>22</b>

## 1. Introduction

- 1.01 NHS Blackpool Clinical Commissioning Group (hereafter referred to as the CCG) is the organisation responsible for planning and buying health services<sup>1</sup>. Led by family doctors (GPs), the CCG currently serves a population of 172,000. The CCG receives a set amount of money from the government and is committed to spending this wisely for the benefit of local people.
- 1.02 The CCG is aware of the importance of patient choice as it is fundamental to the delivery of a patient-centred NHS, empowering people to obtain the health and social care services they need. Giving the public and patients high quality information helps them to make effective choices that are right for them and their families.
- 1.03 The CCG has been engaging with the public and patients and heard that they want better information to support making informed choices. The CCG believes that we will only meet the health challenges facing us if patients are engaged and involved in decisions about their health and healthcare.
- 1.04 In summary this document sets out the CCG's current approach to patient choice and the direction that the CCG will head in to enhance patients ability to choose about their healthcare with much better information available so that patients and their families are able to make choices about their health and care, and know what services are available and how to access them. It will support the delivery of both the CCG's five-year Strategic Plan that describes the vision for and Health and Care in Blackpool.<sup>2</sup>

---

<sup>1</sup> This process is known as Commissioning

<sup>2</sup> Blackpool Strategic Plan 2014 to 2019

## **2. Background**

- 2.01 Patient choice began when the NHS was founded in 1948, providing ability for patients to choose their GP, optician and dentist. Since then there have been numerous developments in support of patient choice and in 2009 the NHS Constitution was published which set out the rights of patients and the pledges that the NHS makes, which includes patient choice as a right and includes the right to information to support that choice.
- 2.02 In July 2010 The Government's White Paper, 'Equity and excellence: liberating the NHS' set out proposals relating to increasing choice and control over care and treatment, choice of treatment and healthcare provider becoming the reality in the vast majority of NHS-funded services by no later than 2013/14.
- 2.03 Liberating the NHS: Greater Choice and Control (October 2010) sought views on proposals for extending choice in the NHS. In July 2011 the NHS published operational guidance to the NHS: Extending Patient Choice of Provider which provided guidance to providers and commissioners on implementation of the Government commitment to extend patient choice of provider.
- 2.04 In 2012 the legal framework within the NHS changed with the Health and Social Care Act 2012 making clear the duties on NHS England and clinical commissioning groups to promote the involvement of patients and carers in decisions about their care and treatment, and to enable patient choice. The Act sets out specific provision in relation to procurement, patient choice and competition which is detailed in the National Health Service (Procurement, Patient Choice and Competition) (No. 2) Regulations 2013. The new regulations are designed to ensure that NHS England and clinical commissioning groups procure high quality and efficient healthcare services that meet the needs of patients and protect patient choice.
- 2.05 In December 2012 the Department of Health published the Choice Framework for 2014/2015 which set out the choices that people have in the NHS. This document reflects that framework and sets out the current elements of patient choice, how the CCG meets its obligations and goes beyond to support patients in choosing their care.

### **3. Purpose and Scope**

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

- Choice of GP practice and particular GP
- Choosing where to go for your first outpatient appointment
- Patients waiting longer than maximum waiting times
- Choosing who carries out a specialist test
- Maternity services
- Community services
- Health research
- Personal health budget
- Treatment in another European economic area
- End of life care
- Planning long-term care

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

## 4. Choice of GP Practice and Particular GP

### 4.1 Current Arrangements

- 4.1.1 NHS England commissions GP services generally, but the CCG is committed to a patient's right to choose which GP practice to register at and which doctor or nurse to see there. GP practices must try to make sure this happens.
- 4.1.2 This is a legal right, but there are occasions when a practice might have reasonable grounds for not doing so. This might be where a patient lives outside the boundaries that NHS England has agreed or because the GP practice has approval to close their list to new patients. In rare circumstances, the GP practice may not accept a patient if there has been a breakdown in the doctor-patient relationship or because the patient has behaved violently at a practice. The practice has a duty to inform patients of the reason why they are refused.
- 4.1.3 ***Who is responsible for offering this choice?*** First the patient should contact the GP practice where they want to register. If there is any difficulty registering with a GP practice, the next point of contact is NHS England Local Area Team<sup>3</sup> or local Healthwatch<sup>4</sup> who can provide advice and support. Healthwatch is an independent consumer champion for health and social care in England.
- 4.1.4 Information is available on 'NHS Choices'<sup>5</sup> and a search for GP practices can be filtered by postcode and by those currently accepting new patients. This is a national website for patients. If the patient cannot register with their preferred GP practice, NHS England will help find another.

### 4.2 Proposed Development and Direction

- 4.2.1 The CCG recognises that providing people with greater choice is a priority of the modern NHS. Research in the UK and overseas has shown that treatments are more effective if patients choose, understand and control their care. No changes are proposed to the current arrangements but as new aspects of choice are introduced, the CCG will ensure that they are reviewed and considered from a Blackpool perspective.

---

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

<sup>4</sup> [www.healthwatch.co.uk](http://www.healthwatch.co.uk)

<sup>5</sup> [www.nhs.uk](http://www.nhs.uk)

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

### 5.1 Current Arrangements

5.1.1 If a patient needs to see a consultant or specialist as an outpatient<sup>6</sup>, they can choose to go to any hospital or clinic in England that offers NHS services for the first appointment. This is a legal right, but the patient can only choose a hospital or clinic that offers the right treatment and care for their condition. A choice of consultant is also available from a published list. 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:

- A prisoner;
- A serving member of the Armed Forces;
- Detained under the Mental Health Act 1983;
- Using mental health services<sup>7</sup>;
- Using maternity services<sup>8</sup>.

5.1.2 Where the patient is being seen for an outpatient appointment and it is determined they need treatment for a different condition that the clinic doesn't assess for, they have 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 their right to choose another location.

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

5.1.4 More information about the hospitals and clinics is available on 'NHS Choices'<sup>9</sup> website. Also refer to section 15 of this document 'NHS Blackpool CCG - Supporting Choice'.

### 5.2 Proposed Development and Direction

5.2.1 The CCG recognises that providing people with greater choice is a priority of the modern NHS. Research in the UK and overseas has shown that treatments are more effective if patients choose, understand and control their care. No changes are proposed to the current arrangements but as new aspects of choice are introduced the CCG will ensure that they are reviewed.

---

<sup>6</sup> An 'outpatient' appointment is typically the first hospital appointment following you GP appointment and doesn't involve an overnight stay.

<sup>7</sup> Since 1 April 2014 patients have a new legal right to choose the provider of their mental health services at first outpatient appointment, as they do in their physical health care. Work is ongoing to introduce this in Blackpool and future revisions of this document will capture this.

<sup>8</sup> See section 8 on Maternity Services.

<sup>9</sup> [www.nhs.uk](http://www.nhs.uk)



## 6. Patients waiting longer than maximum waiting times

### 6.1 Current Arrangements

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

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

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

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

6.1.3 ***How will the patient know they have been waiting 18 weeks or two weeks?***

The patient should ask their GP or the hospital to confirm this to you as there are specific rules laid down on how the time is calculated.

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

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

### 6.2 Proposed Development and Direction

6.2.1 NHS Blackpool CCG recognises its obligations under The National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012 and is working with the provider market to establish assurance mechanisms that support all patients being offered choice where

they are at risk of breaching the 18 week or two week waiting time targets.

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

### **7.1 Current Arrangements**

7.1.1 If the GP decides the patient needs a specialist test, they 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 the GP; and
- It will be the patient's first appointment as an outpatient with a consultant or a doctor in the consultant's team.

7.1.2 It is not a right if:

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

7.1.3 The choice is only available from organisations which carry out the test needed in a proper and safe way. There is no choice of who carries out the test if a test is needed urgently or the patient is admitted to hospital.

7.1.4 Support in making the choice is available from the GP or the doctor who has asked for the test. More information about the hospitals and clinics to choose from is on the 'NHS Choices'<sup>10</sup> website.

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

### **7.2 Proposed Development and Direction**

7.2.1 The CCG recognises that providing people with greater choice is a priority of the modern NHS. Research in the UK and overseas has shown that treatments are more effective if patients choose, understand and control their care. No changes are proposed to the current arrangements but as new aspects of choice are introduced the CCG will ensure that they are reviewed.

---

<sup>10</sup> [www.nhs.uk](http://www.nhs.uk)

## 8. Maternity Services

### 8.1 Current Arrangements

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

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

8.1.2 Whilst pregnant they can choose to receive 'antenatal' care from:

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

8.1.3 When they give birth they can choose to give birth:

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

8.1.4 After going home, they can choose to get postnatal care:

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

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

8.1.6 ***Is this a legal right?*** No. It depends what is best for mother and baby, and what is available locally. Every pregnancy is different.

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

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

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

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

- The National Childcare Trust, the UK's largest charity for parents. Visit [www.nct.org.uk](http://www.nct.org.uk) or call their Helpline: 0300 330 0700;

- Birth Choice UK, helping women choose maternity care. Visit [www.birthchoiceuk.com](http://www.birthchoiceuk.com);
- AIMS – Association for Improvements in the Maternity Services. Visit [www.aims.org.uk](http://www.aims.org.uk), or email [helpline@aims.org.uk](mailto:helpline@aims.org.uk) or call the Helpline: 0300 3650663 for advice from volunteers;
- Start4Life at: [www.nhs.uk/InformationServiceForParents](http://www.nhs.uk/InformationServiceForParents) for information and advice.

## **8.2 Proposed Development and Direction**

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

## 9. Community Services

### 9.1 Current Arrangements

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

In Blackpool you currently have choice of location for:

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

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

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

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

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

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

### 9.2 Proposed Development and Direction

9.2.1 The CCG recognises that providing people with greater choice is a priority of the modern NHS. Research in the UK and overseas has shown that treatments are more effective if patients choose, understand and control their care. No changes are proposed to the current arrangements but as new aspects of choice are introduced the CCG will ensure that they are reviewed.

## 10. Health Research

### 10.1 Current Arrangements

10.1.1 **What choices are available?** A patient can take part in approved health research (for example, clinical trials of medicines) relating to their circumstances or care. They are free to choose whether they take part in any research and do not have to take part if they do not want to.

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

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

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

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

- Healthtalkonline explains what clinical trials are and why we need them. Visit [www.healthtalkonline.org](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'.

### 10.2 Proposed Development and Direction

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

## 11. Personal Health Budget

### 11.1 Current Arrangements

11.1.1 **What choices are available?** For some NHS services<sup>11</sup>, there is the right to request and choose to have a personal health budget and a direct healthcare payment if eligible. A personal health budget is an amount of money and a plan to use it. The plan is agreed between a patient and their healthcare professional and clinical commissioning group. It sets out the patient's health needs, the amount of money available to meet those needs and how this money will be spent.

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

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

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

- **A 'notional budget:** Here, the money is held by the CCG or other NHS organisation who arrange the agreed care and support that has agreed, on the patient's behalf;
- **A 'third party budget:** Here, the money is paid to an organisation which holds the money on the patient's behalf (such as an Independent User Trust) and organises the care and support agreed;
- **Direct payment for health care:** the money is paid to the patient or their representative who can buy and manage the care and services as agreed in the care plan.

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

11.1.5 **Is this a legal right?** There is a legal 'right to ask' for a personal health budget from April 2014, which will be extended to a legal 'right to have' a personal health budget (with some exceptions) from October 2014 for people receiving NHS Continuing Healthcare (including children). NHS Continuing Healthcare is a package of care arranged and funded solely by the NHS and provided free to the patient. This care can be provided in any setting – including an individual's own home. An assessment is carried out by the CCG using a multi-disciplinary team of health and social care professionals.

---

<sup>11</sup> For Fully Funded NHS Continuing Healthcare (for adults) and Continuing care for children



11.1.6 The CCG introduced the right to request personal health budgets and direct healthcare payments from April 2014. From October 2014 the right to request will be introduced. Personal health budgets and direct healthcare payments will be available to other groups of patients from April 2015, although we are awaiting further guidance from NHS England about which groups of people will be included.

11.1.7 You can find more about NHS Continuing Healthcare from: NHS Choices: [www.nhs.uk](http://www.nhs.uk).

11.1.8 ***When is this choice not available?*** Personal health budgets are not available for all NHS services (for example, acute or emergency care or visiting the GP). A few groups of people may not be eligible for a personal health budget or a direct healthcare payment (for example, people who have been ordered by the Court to have drug rehabilitation treatment).

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

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

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

11.1.11 Further information about personal health budgets from:

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

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

## 11.2 Proposed Development and Direction

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

## 12. Treatment in another European Economic Area

### 12.1 Current Arrangements

12.1.1 **What choices are available?** The right to choose to receive treatment, normally available on the NHS, in other countries within the European Economic Area (EEA).<sup>12</sup> is subject to certain conditions. This is a legal right set out in the NHS Constitution and in EU law.

12.1.2 Under a new EU directive on patients' rights in cross-border healthcare, there is the right to access any healthcare service in another Member State that is the same as or equivalent to a service that would have been provided in the circumstances of each case. This means that the treatment must be one that is available through the NHS. There is then have a right to claim reimbursement up to the amount the treatment would have cost under the NHS – or the actual amount if this is lower. This means that the patient 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 directive covers treatment provided in state-run hospitals and services provided by private clinics and clinicians.

**12.1.3 When is choice not available?** The directive does not cover:

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

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

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

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

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

- NHS Choices: [www.nhs.uk](http://www.nhs.uk)
- NHS England [www.England.nhs.uk](http://www.England.nhs.uk)
- Contact NHS Blackpool CCG or NHS England to discuss the choices available.

### 12.2 Proposed Development and Direction

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

---

<sup>12</sup> The member states of the European Union, plus Iceland, Liechtenstein and Norway.

modern NHS. No changes are proposed to the current arrangements, but as new aspects of choice are introduced the CCG will ensure that they are reviewed.

## 13. End of Life Care

### 13.1 Current Arrangements

13.1.1 Patients have the right to be involved in discussions and decisions about their health and care, including end of life care, and to be given information to enable them with support from family or carer where appropriate to make decisions about the end of life care they want to receive, including preferred place of care.

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

13.1.3 Where a range of potentially suitable treatments or forms of healthcare are available, a competent person has the right to receive the information they need in order to decide their preference. NHS staff will involve patients in discussions to decide on the right choice for the patient, the discussions can include family and carers.

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

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

### 13.2 Proposed Development and Direction

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

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

## 14. Planning your long-term care

### 14.1 Current Arrangements

***“The NHS commits to involve you in discussions about planning your care and to offer you a written record of what is agreed if you want one.” (Section 3a of the NHS Constitution)***

- 14.1.1 The Government is committed to a patient-led NHS, strengthening patient’s choice and management of their own care. NHS Blackpool CCG wants to support shared decision-making and focus on improving patient outcomes. Involving patients (and carers and family, where appropriate) in discussions about planning care is key to helping patients understand what choices are available, and what support might be needed to manage their condition and stay healthy.
- 14.1.2 ***What does this right mean for patients?*** For people with long-term conditions, the aim is to identify how their condition is impacting on the things that are important to them. A care planning discussion can help to identify a range of personal goals, and how the health system will support in achieving them. It can also include wishes around end of life care if this is relevant or appropriate. The discussion can also identify the range of support available, the extent to which the patient is able to self-care, what support groups are available and the most convenient way for patients to access further information.
- 14.1.3 In this way, patients will have more control over the care and support received, and this should help reduce unplanned emergencies or unscheduled admissions to hospital. The care planning discussion is generally led by the main health or care professional, so that could be in primary or secondary care (e.g. with a GP or a hospital doctor). It may also be offered by a community pharmacist, e.g. after a medicines use review or a healthy lifestyle discussion. For people with long-term conditions, it is likely to be led by the GP and then added to by other health/care professionals as appropriate.
- 14.1.4 The NHS has developed a range of patient decision aids to support patients and health professionals in discussions about care planning. Patient decision aids are specially designed information resources that help people make decisions about difficult healthcare options and why one option is better than another.
- 14.1.5 The outcome of the discussion about the care decisions will usually be recorded.
- 14.1.6 This record could be called a care plan, a health plan, a support plan, a self-management plan or an information prescription. For some people their ‘plan’ will be very detailed, for others it might be something simpler.
- 14.1.7 It is good practice to offer the patient a written record of what is agreed. The care planning approach is well established in mental health services and in aspects of social care. The aim is to make this type of practice more generally available.
- 14.1.8 The patient may not want a written document, but just have the agreement recorded in their patient notes.
- 14.1.9 The Department of Health’s End of Life Care Strategy (2008)<sup>11</sup> outlined a number of

measures to be put in place to ensure that patients' needs are met. At a local level, we are supporting the roll-out of the electronic palliative care co-ordination systems. These enable the recording and sharing of information about people's needs, wishes and preferences for end of life care, with their agreement, so that care provision is delivered in line with people's choices.

## **14.2 Proposed Development and Direction**

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

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

## 15. Blackpool – Supporting Choice

### 15.1 Introduction

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

### 15.2 Patients' Rights to Information

15.2.1 Patients have a right to information where there is a legal right to choice. Currently, this gives patients a right to information to support them in choosing their provider in the scenarios set out in this document. The CCG is committed to the following.

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

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

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

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

15.3.3 If the complaint is about not being offered a choice of GP practice or about health research the complaint should be made to NHS England. It is the responsibility of NHS England to ensure CCGs are working properly. To contact NHS England see [www.England.nhs.uk](http://www.England.nhs.uk).

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

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



## Annex 2: General Practitioner Member Practices

Practice name	Address
Abbey Dale Medical Centre	50 Common Edge Road, Blackpool, FY4 5AU
Adelaide Street Surgery	118 Adelaide Street, Blackpool, FY1 4LN
Harris Medical Centre	Kentmere Drive, Blackpool, FY4 1DW
Arnold Medical Centre	204 St Annes Road, Blackpool, FY4 2EF
Ashfield Medical Centre	Moor Park Health & Leisure Centre, Bristol Avenue, Bispham, Blackpool, FY2 OJG
Bloomfield Medical Centre	118-120 Bloomfield Road, Blackpool, FY1 6JW
Crescent Surgery	Cleveleys Health Centre, Kelso Avenue, Thornton Cleveleys, FY5 3LF
Cleveleys Group practice	Cleveleys Health Centre, Kelso Avenue, Thornton Cleveleys, FY5 3LF
Elizabeth Street Surgery	61 Elizabeth Street, Blackpool, FY1 3JG
Glenroyd Medical	Moor Park Health & Leisure Centre, Bristol Avenue, Bispham, Blackpool, FY2 OJG
Gorton St Practice	Gorton Street, Blackpool, FY1 3HP
GP Led Health Centre	Whitegate Health Centre, Whitegate Drive, Blackpool, FY3 9ES
Harrowside Medical Centre	South Shore Primary Care Centre, Lytham Road, Blackpool, FY4 1TJ
Highfield Surgery	South Shore Primary Care Centre, Lytham Road, Blackpool, FY4 1TJ
Layton Medical Centre	200 Kingscote Drive, Blackpool, FY3 ?EN
Marton Medical Practice	Whitegate Health Centre, Whitegate Drive, Blackpool, FY3 9ES
Newton Drive Health Centre	Newton Drive, Blackpool, FY3 8NX
North Shore Surgery	Moor Park Health & Leisure Centre, Bristol Avenue,

Practice name	Address
	Bispham, Blackpool, FY2 OJG
South King Street Medical Centre	The Medical Centre, 25 South King Street, Blackpool, FY1 4NF
Stonyhill Medical Practice	South Shore Primary Care Centre, Lytham Road, Blackpool, FY4 1TJ
St. Pauls Medical Centre	Dickson Road, Blackpool, FY1 2HH
The Surgery Dinmore Avenue	Dinmore Avenue, Grange Park, Blackpool, FY3 7RW
26a Chain Lane	Staining, Blackpool, FY3 ODD
Vicarage Lane Surgery	189 Vicarage Lane, Blackpool, FY4 4NG
Waterloo Medical Centre	178 Waterloo Road, Blackpool, FY4 3AD



Making the health sector  
work for patients

## Contact us

Monitor, Wellington House,  
133-155 Waterloo Road,  
London, SE1 8UG

Telephone: 020 3747 0000  
Email: [enquiries@monitor.gov.uk](mailto:enquiries@monitor.gov.uk)  
Website: [www.gov.uk/monitor](http://www.gov.uk/monitor)

This publication can be made available in a number of other formats on request. Application for reproduction of any material in this publication should be made in writing to [enquiries@monitor.gov.uk](mailto:enquiries@monitor.gov.uk) or to the address above.