

# CHEC

## Patient Choice Policy



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## 1. Introduction

- 1.1. Under the NHS constitution, patients have legal rights to choice when they are referred for their first outpatient appointment with a consultant or consultant led team. Patients can also ask to be referred to a different provider of NHS services if the patient has to wait, or has waited, more than 18 weeks before starting treatment or assessment. In this policy, these are called the “NHS Choice Rights”.
- 1.2. The needs of CHEC patients are paramount and they deserve the best care we can offer. CHEC take a whole-systems approach to drive forward continuous improvement, building mature relationships with our partners and Providers based on integrity, trust, and transparency.

## 2. Application and Scope

- 2.1. This policy applies when:
  - 2.1.1. CHEC has been commissioned by a NHS Integrated Care Board to provide referral management services for patients [including when CHEC provides triage or community eye-care services]; and
  - 2.1.2. the relevant patients have NHS Choice Rights.
- 2.2. When CHEC is commissioned to provide referral management services, and CHEC is also a provider of elective care that may be required as a consequence of any referral, it is important that patients are given information in order to be able to understand and exercise their NHS Choice Rights.
- 2.3. This policy does **NOT** apply when CHEC is not providing referral management services. For example, this policy does not apply:
  - 2.3.1. when CHEC is providing elective ophthalmology services, including as a provider of NHS choice services.
  - 2.3.2. CHEC is working with local optometrists, including as sub-contractors to CHEC.

In these cases, other law and guidance may apply about CHEC’s interactions with other providers, for example, GMC guidance, and the commissioner pathways in a local area; and/or

## 3. Information to help patients make the right choice

- 3.1. NHS guidance<sup>1</sup>. sets out the type of information that must be given to patients in order to help them make choices about their care when they have NHS Choice Rights. CHEC also holds

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<sup>1</sup> <https://www.england.nhs.uk/wp-content/uploads/2017/01/choice-planning-guidance.pdf>

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a NHS Provider Licence<sup>2</sup> which sets out obligations on CHEC to give patients information about choice.

- 3.2. When patients have NHS Choice Rights, CHEC, its clinicians and staff must:
- 3.2.1. make it known to the patient that a choice of provider is available to them.
  - 3.2.2. help the patient to make their choice of provider by sharing relevant information or sources that can help them to make choices about their care and treatment via options listed on e-RS based on the patients' preferences and priorities e.g., waiting time, distance from home address, consultant. This includes any accredited Independent Sector Providers.
  - 3.2.3. give [advice and] information openly (including source and currency of information);
  - 3.2.4. provide the patient with information on providers that is accurate, honest, truthful, up-to date and complete;
  - 3.2.5. take reasonable steps to ensure this information is presented in a way that is easily accessible to the patient;
  - 3.2.6. make sure that the information presented to the patient is appropriate to their needs and should include information [where available] about each provider on: safety, effectiveness, patient experience, waiting times, and referral to treatment performance;
  - 3.2.7. not distort the information, mislead the patient, or unfairly favour one provider over another;
  - 3.2.8. engage the patient in discussion about their healthcare;
  - 3.2.9. only give testimonials or endorsements where there is no financial payment or inducement;
  - 3.2.10. if CHEC is a choice option for patients, declare that there is a link between the referral service [CHEC] and the provider of their care;
  - 3.2.11. respect the choices that patient makes; and
- 3.3. CHEC, its clinicians and staff must record the decision of the patient [including asking the patient to confirm that they have been offered choice and understand the NHS Choice Rights].

#### 4. Other Guidance

- 4.1. All CHEC clinical and other staff must always act in a way that is consistent with and supports CHEC clinicians to fulfil their professional obligations under the GMC's [Good Medical Practice](#) and the related GMC ["Financial and commercial arrangements and conflicts of interest"](#) guidance<sup>3</sup>.
- 4.2. These require that CHEC clinicians and staff must:
- 4.2.1. not ask for or accept – from patients or others – any inducement, gift or hospitality that may affect or be seen to affect the way they refer patients;

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<sup>2</sup>[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/354079/cc\\_licence\\_conditions\\_guidance.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/354079/cc_licence_conditions_guidance.pdf)

<sup>3</sup>

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- 4.2.2. be honest in financial and commercial dealings with patients;
- 4.2.3. not allow interests they have to affect the way they refer patients;
- 4.2.4. be open about any conflict that arises, declare their interest, and be prepared to exclude themselves from decision making; and
- 4.2.5. not influence patients' choice of healthcare services to benefit CHEC or themselves.

4.3. CHEC clinicians and staff should always:

- 4.3.1. comply with the provisions of the Bribery Act 2010,
- 4.3.2. comply with CHEC's Anti-Corruption & Bribery Policy [FIN-POL-09]
- 4.3.3. comply with CHEC's policy on Conflicts of Interest

## 5. References

- [NHS Constitution](#)
- [The NHS Choice Framework](#)
- NHS Provider Licence
- [GMC Guidance and GMC Ethical Guidance on Financial and Commercial Arrangements](#)
- Bribery Act 2010



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