

# 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 an 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.

## 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/long-read/patient-choice-guidance/>

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an 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
- 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)

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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.
- 4.2.6. Ensure all patients, carers or visitors who raise concerns about Patient Choice, either directly or indirectly with CHEC or an external third party has an incident reported as per CHEC's Incident Reporting Policy.

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
- Incident Reporting Policy
- [The Health Care Services \(Provider Selection Regime\) Regulations 2023](#)




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**APPENDIX A**

**a. e-RS Patient Choice Letter**



Private and confidential

10 July 2023

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**You need to book your appointment**

You have been referred by COMMUNITY HEALTH AND EYECARE LTD.  
You now need to book your appointment.  
To book your appointment, you will need to use the booking details shown here.

**Booking details**

Booking reference number  
0004 1001 2354

Access code  
city chip

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**How to book**

You have a choice of 4 clinics:

- 1 BISHOPS WOOD HOSPITAL**  
Adult NHS Cataract Clinic - Bishops Wood Hospital - NT4 RICKMANSWORTH ROAD, NORTHWOOD, MIDDLESEX, HA6 2JW

Book online at  
[www.nhs.uk/referrals](http://www.nhs.uk/referrals)

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- 2 CLEMENTINE CHURCHILL HOSPITAL**  
Adult NHS Cataract Clinic - The Clementine Churchill Hospital - NT4 SUDBURY HILL, HARROW, MIDDLESEX, HA1 3RX

Book online at  
[www.nhs.uk/referrals](http://www.nhs.uk/referrals)
- 3 COMMUNITY HEALTH & EYECARE LTD (INTU WATFORD)**  
CHEC WATFORD - ADULT CATARACT FAST TRACK SERVICE  
UNIT 42B, 83-87 HIGH STREET, WATFORD, HERTFORDSHIRE, WD17 2UB

Book online at  
[www.nhs.uk/referrals](http://www.nhs.uk/referrals)
- 4 SPAMEDICA WATFORD**  
Adult Cataract One Stop Clinic - SpaMedica Q1WSP  
ST. ANDREWS, THE BELFRY, COLONIAL WAY, WATFORD, WD24 4WH

Book online at  
[www.nhs.uk/referrals](http://www.nhs.uk/referrals)

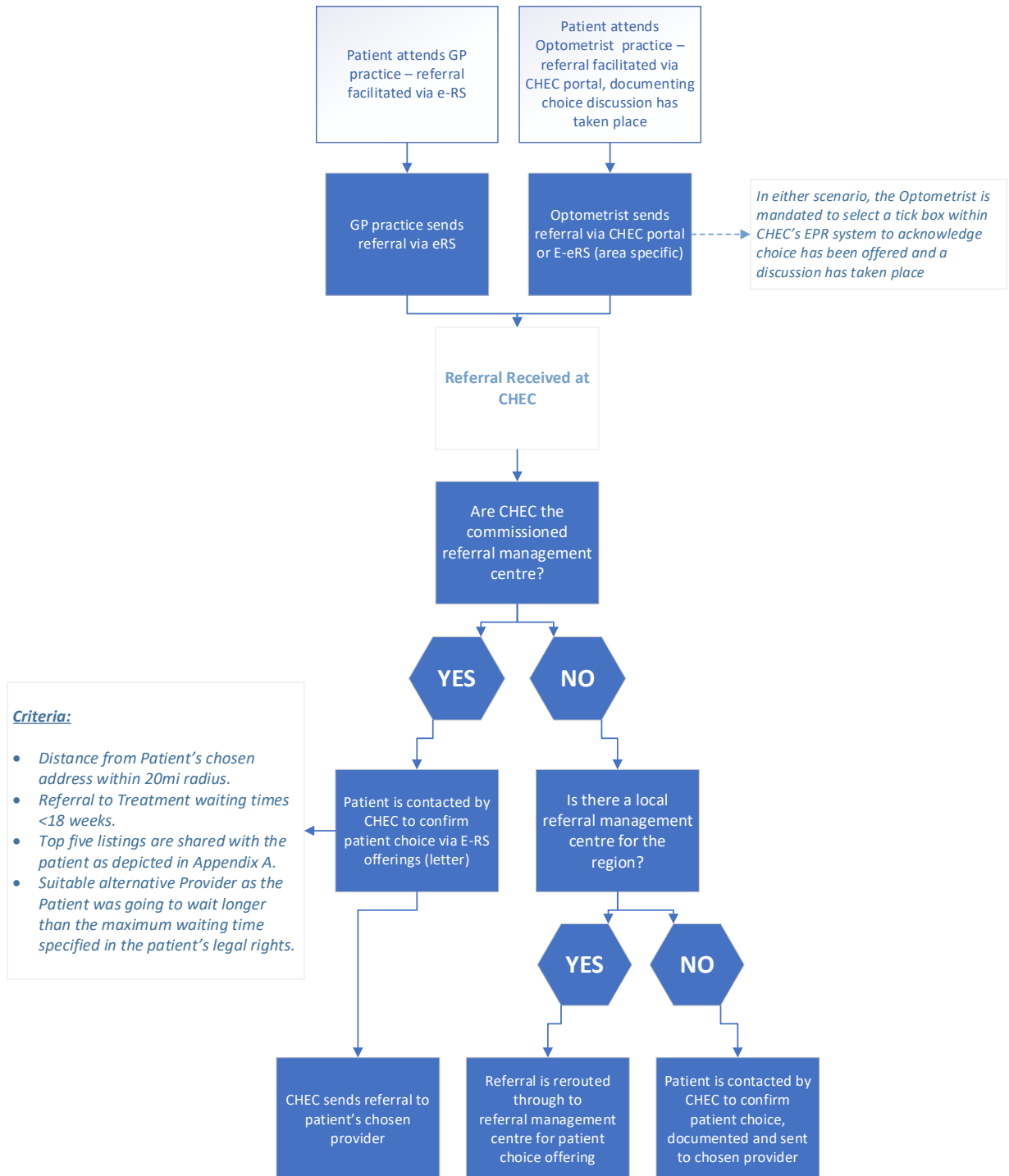
If you do not have internet access, you may phone the NHS Appointments Line on 0345 608 8888 (textphone 0345 850 2250) – Monday to Friday 8am to 8pm, weekends and bank holidays 8am to 4pm. Calls are charged at local rates. Please note, the same choice of appointments is available online.



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**b. Referral Flow**



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**c. CHEC Patient Choice Policy Statement for RBMC Referral  
Management Representatives**

I, [Name], hereby declare and confirm that I have read and fully understand the CHEC Patient Choice Policy. I acknowledge the importance of patient choice in decision-making and recognise that as an employee of CHEC, I have responsibilities to uphold patient choice.

I understand that the concept of patient choice refers to patient's right to actively participate in decisions about healthcare, including the selection of treatment options, healthcare providers, and healthcare facilities. Patients have the freedom to make informed choices based on personal preferences, medical needs, and values, with the support and guidance of relevant healthcare professionals.

I hereby affirm that I will ensure patients are able to exercise their patient choice responsibly and in a manner that considers their personal preferences and choice.

I also recognise that there may be limitations to patient choice, such as situations where certain treatment options are not medically appropriate or available, or where regulatory guidelines must be followed.

By signing this declaration, I affirm my commitment to understanding and exercising patient choice rights as granted by the relevant regulatory legislation. I will be an active participant in CHEC patients' healthcare journey and work collaboratively with healthcare providers to achieve the best possible outcomes in the best interests of patients and their rights to choose.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



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### Document Owner and Approval

The Commercial Director is the owner of this document and is responsible for ensuring that this policy is reviewed by the due date.

A current version of this document is available to members of staff on the CHEC intranet.

### Change history record

Issue	Description of Change	Approval	Date of Issue
1.0	Initial issue	Commercial Director	November 2023
2.0	Review		

## EQUALITY IMPACT ASSESSMENT FORM

### PART A - INITIAL SCREENING FORM

Section One		
Name of proposal, policy, service review or report ( <i>referred throughout as proposal</i> )	<b>Patient Choice Policy</b>	
Directorate / Service carrying out the assessment	Commercial	
Name and role of person undertaking this EIA	Jose Bailey	
Give an overview of the aims, objectives, and purpose of the proposal: To ensure all members of CHEC staff are competent and able to champion patient choice at every stage of the patient's pathway.		
Section Two		
Equality Groups:	Could the proposal have a positive impact	Could the proposal have a negative impact
People of different ages.	YES	

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People with disability (incl. sensory, mobility, mental health, learning disability, neurodiversity, long term ill health) and carers of disabled people.	YES	
People of different Race (including culture, nationality/national origin, ethnic origin/race, skin colour).	YES	
People of different religions & beliefs.	YES	
People of different sexual orientation (inclusive of LGB groups) and marriage/civil partnership.	YES	
People experiencing multiple needs such mental health problems and or anxiety.	YES	
Refugees and asylum seekers.	YES	
Human Rights breaches.	YES	
<b>Section Three</b>		



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**Is this proposal a major change in terms of scale or significance for CHEC? Is there a clear indication that, although the proposal is minor it is likely to have a major affect for people due to their protected characteristic?**

<b>Yes</b>		<b>No</b>	X
High risk:		Low risk:	X

**Section Four**

**It this proposal is low risk please give evidence or justification for how you reached this decision:**

This Policy is to ensure compliance with patient choice and therefore supports all service users and staff.

*Sign off that this proposal is low risk and does not require a full Equality Impact Assessment:*

**EAI Reviewer Signed:** Jose Bailey – Commercial Director

**Date:** 01/11/2023



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