

## CCG Statement on Choice

### 1.0 Background

- 1.1 Liberating the NHS has the core mantra of "no decision about me without me". It puts patients and their carers in charge of making decisions about their health and wellbeing, giving them more information, choice and control over how their care is delivered.
- 1.2 The NHS constitution enshrines patients' right to choice and the right to have treatment within 18 weeks of referral and for the NHS to offer a suitable range of alternative providers if this is not possible.
- 1.3 The Operating Framework for the NHS states that there should be a presumption of choice for most services. It goes on to state that the following needs to be offered to patients when making a referral:
  - Choice of named consultant team
  - Choice of diagnostic test provider
  - Choice post diagnosis including choice of treatment
  - Choice of treatment and provider in mental health services
  - Choice in long term conditions as part of personalised care planning
  - Choice about maternity care

### 2.0 Role of the CCG in choice

- 2.1 The CCG will work with their constituent practices to support the use of Choose and Book to ensure patients have a choice of hospitals to which they can be referred. The CCG will also work with local providers to enable named consultant teams to be accessible on their directory of services where appropriate.
- 2.2 The CCG will continue to promote and ensure access to the appropriate diagnostic tests at providers e.g. at PHT and the ISTC.
- 2.3 The CCG will promote and support the introduction of "shared decision making" into routine clinical practice. Shared decision making is the principal mechanism for ensuring that patients get 'the care they need and no less, the care they want, and no more'. This will lead to patient-centred care delivery.
- 2.4 The CCG should promote the choice of patients to register with a GP practice within its boundaries, including the ability to change practice where necessary. The CCG should be aware of the work around patient choice beyond traditional practice boundaries and to support practices in exploring practical and sensible solutions.

### 3.0 Role of the CCG in care planning and End of Life care

- 3.1 The CCG will encourage the implementation of care planning for patients with long term conditions, particularly in the areas of diabetes, asthma and COPD.

- 3.2 The CCG will encourage and support the use of advanced life directives, particularly in patients with dementia.
- 3.3 The CCG will encourage and support the principal of patients who have been given a terminal prognosis choosing the place where they would like to die and to have in place a DNACPR document where agreed.
- 3.4 The CCG will need also to consider the implementation of personal health budgets.

#### **4.0 Information and Monitoring**

- 4.1 Patients and carers will need access to useful information, the right tools and support in helping them make informed decisions about their care. NHS Choice is a central resource for this but signposting and promotion of other information sources will be necessary.
- 4.2 The CCG will use the following indicators to review use of choice (as set nationally):
  - Bookings to services where named consultant led team was available (even if not selected)
  - Proportion of GP referrals to first outpatient appointments booked using Choose and Book
  - Trend in value/volume of patients being treated at non-NHS hospitals

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