

**Policy Title: South West London Clinical Commissioning Group NHS
Continuing Healthcare and Funded Nursing Care Choice and Equity Policy**

Policy Number: SWLCCG/CL11

	Name	Role and Organisation	Date
Author	Lola Triumph	South West London (SWL) Personalised Care and Continuing Healthcare Lead	11/02/2020
Reviewers	<ul style="list-style-type: none"> • Rachael Colley • Alison Kirby • Jane Pettifer • Dorothy Rosati • Alison Roberts • Michelle Rahman (SWL Continuing Healthcare SRO) 	SWL Clinical Commissioning Groups (CCGs) Continuing Healthcare Leads	14/02/2020
Authoriser	Lucie Waters	Managing Director, Sutton CCG	25/02/2020

Approved By	South West London Senior Management Team
Applies To	Governing Body Members, Committee Members and all staff and services working for, or on behalf of NHS South West London CCG

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Controlled Document

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Target Audience	Governing Body Members, Committee Members and all staff working for, or on behalf of NHS South West London CCG
Brief Description	<p>The SWL CCG Continuing Choice and Equity policy (based on the Wandsworth CCG Policy) was adopted by SWL CCGs in June 2018.</p> <p>The policy describes the way in which the SWL Clinical Commissioning Group (CCG) will make provision for the care of person aged 18 years and over who have been assessed as eligible for fully funded NHS Continuing Healthcare. It describes the process of decision making for provision after an assessment of eligibility under the National Framework.</p>
Action Required	Ensure that the contents of this policy are shared at all Team Meetings.

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1. Introduction

- 1.1. This policy is a guide to choices and rights for patients in south west London who have been assessed as eligible for fully funded NHS Continuing Healthcare under the NHS Continuing Healthcare Regulations (revised October 2018) which is outlined in the National Framework for NHS Continuing Healthcare.
- 1.2. The policy should be read in conjunction with:
 - The National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations (revised) October 2018 (“the Regulations”)

2. Policy Statement

- 2.1. The purpose of this policy is to ensure that patients and staff or commissioned services acting on behalf of NHS SWL CCG understand the legal rights to choose and that these choices must be given by law.

3. Legal, Statutory, Mandatory, and Best Practice Requirements

- National Framework for NHS Continuing Healthcare and NHS funded-nursing care (revised, October 2018)
- “The NHS Constitution for England”, NHS Choices. 27 July 2015
- The NHS Commissioning Board and Clinical Commissioning Group (Responsibilities and Standing Rules) Regulations 2012

4. Scope

The scope of this policy includes all Continuing Healthcare eligible patients whose responsible commissioner is SWL CCG and their rights under the NHS England Continuing Healthcare Framework (revised October 2018) in relation to the following areas:

- Choice and Person – Centred Care
- Continuing Healthcare funded care within a placement
- Continuing Healthcare Funded Packages of Care at Home
- Out of Area Care at Home and the Responsible Commissioner
- Choice and the Mental Capacity Act 2005
- Choosing to have a personal health budget
- What a patient can do if they are not offered these choices?

This policy applies to all individuals working for, or on behalf of SWL CCG including those employed on permanent or fixed term contracts, interims, self-employed contractors, Governing Body Members, Clinical Leads, Locality Leads, and volunteers.

5. Definitions

Continuing Healthcare is a general term defined as:

Care provided over an extended period to a person aged 18 or over, to meet physical or mental health needs which have arisen as a result of disability, accident or illness. It may require services from the NHS and/or social care and can be provided in a range of settings. Access to these services is based on assessed need.

Fully funded NHS Continuing Healthcare describes a package of on-going care arranged and funded solely by the NHS.

The term 'Continuing Healthcare' is used in this policy as an abbreviation of 'fully funded NHS Continuing Healthcare'.

6. Responsibilities

6.1. Lead Manager

6.1.1. The SWL Head of Continuing Healthcare will take the lead for monitoring compliance with the Equity and Choice Policy across south west London Continuing Healthcare Teams.

6.1.2. The Heads of Continuing Healthcare and Commissioning Leads within the SWL CCG Place Teams will ensure that NHS Continuing Healthcare packages are commissioned in a manner which reflects the choice and preferences of individuals as far as is reasonably possible, ensuring patient safety, quality of care and making best use of resources. Cost must be balanced against other factors in each case, such as a patient's desire to live at home.

6.1.3. Patient safety will always be paramount in planning a care package and will not be compromised.

6.2. All Staff

6.2.1. All individuals working for, or on behalf of the organisation(s) listed within 4.1 Scope, including those employed on permanent or fixed term contracts, interims, self-employed contractors, Governing Body Members, Clinical Leads, Locality Leads, and volunteers are responsible for complying with this Policy.

6.3. All Line Managers

6.3.1. All Line Managers are responsible for ensuring that their teams comply with this Policy.

6.4. Senior Responsible Officer

6.4.1. The SWL CCG Accountable Officer is accountable for this Policy, and for supporting the implementation thereof.

7. Choice and Person-Centred Care

7.1. The National Framework for NHS Continuing Healthcare and NHS funded-nursing care (2018, Department of Health) states: -

“Where a person qualifies for NHS continuing healthcare, the package to be provided is that which the CCG assesses is appropriate to meet all of the individual’s assessed health and associated social care needs.”

7.2. Whilst the CCG will take into account the views of the individual so far as is possible, the CCG must consider a range of factors and must comply with its statutory financial obligations. The final decision as to the care package is one for the CCG; however, it will act on all reasonable requests to the best of its ability. Patient and staff (delivering the care) safety will always be paramount in planning a care package and will not be compromised.

7.3. SWL CCG will commission the provision of NHS funded Continuing Healthcare in a manner which reflects the choice and preferences of individuals as far as is reasonably possible, ensuring patient safety, quality of care and making best use of resources. Cost must be balanced against other factors in each case, such as a patient’s desire to live at home and safe delivery of care.

7.4. SWL CCG is required to balance the patient’s preference alongside safety and value for money. Patients will have a choice, whenever possible, from providers who have a contract with SWL CCG (or vicariously through our agreed Pan London Procurement Frameworks) and has agreed to SWL CCG quality and pricing structure. This applies equally to domiciliary care packages as well as placements in nursing homes in care homes (with or without nursing).

7.5. The SWL CCG have a duty to provide care to a person with continuing healthcare needs in order to meet those assessed needs¹. An individual or their family/representative cannot make a financial contribution to the cost of the care identified by the Continuing Healthcare Team as required to meet the individual’s core needs. An individual however, has the right to decline NHS services and make their own private arrangements.

7.6. SWL CCG is not able to allow personal top up payments into the package of healthcare services under NHS Continuing Healthcare Team, where the additional payment relates

¹ See the Regulations, paragraph 21.

to core services assessed as meeting the needs of the individual and covered by the fee negotiated with the service provider (e.g. the care home) as part of the contract.

- 7.7. The funding provided by SWL CCG in NHS Continuing Healthcare packages will be sufficient to meet the care needs identified in the care plan, based on the CCG's knowledge of the costs of services for the relevant needs in the locality where they are to be provided. It is also important that the models of support and the provider used are appropriate to meet the individual's needs and have the confidence of the person receiving the services.
- 7.8. Unless it is possible to separately identify and deliver the NHS-funded elements of the service, it will not usually be permissible for individuals to pay for higher-cost services and/or accommodation (as distinct from purchasing additional services).
- 7.9. In some circumstances, individuals become eligible for NHS Continuing Healthcare when they are already resident in care home accommodation or in receipt of a community package for which the fees are higher than the CCG would usually meet for someone with their needs. This may be where the individual was previously funding their own care or where they were previously funded by a Local Authority and a third party had 'topped up' the fees payable. In these cases, the SWL CCG Continuing Healthcare Place Team will establish if the care needs are being met safely with the care that is in place at the time.
- 7.10. 'Topping-up' is legally permissible under legislation governing Local Authority social care but is not permissible under NHS legislation. For this reason, there are some circumstances where a CCG may propose a move to different accommodation or a change in care provision. In such situations, SWL CCG may consider whether there are reasons why they should meet the full cost of the care package, notwithstanding that it is at a higher rate, such as that the frailty, mental health needs or other relevant needs of the individual mean that a move to other accommodation could involve significant risk to their health and well-being.
- 7.11. However, where service providers offer additional services which are unrelated to the person's needs as assessed under the NHS Continuing Healthcare Framework, the person may choose to use personal funds to take advantage of these services but only so far as these costs can be clearly separated and invoiced from the SWL CCG NHS funded elements. Any additional services which are unrelated to the person's primary healthcare needs will not be funded by SWL CCG as these are services over and above those which the service user has been assessed as requiring, and the NHS could not therefore reasonably be expected to fund those elements.

8. The provision of Continuing Healthcare

- 8.1. There are individuals in receipt of Continuing Healthcare whose care needs can only be met safely in a specialised environment. The treatments, care and equipment required

to meet complex, intense and unpredictable health needs often depend on such environments for safe delivery, management and clinical supervision. Specialised care, particularly for people with complex disabilities may only be provided in specialist care environment (with or without nursing), which may sometimes be distant from the patient's ordinary place of residence.

- 8.2. These factors mean that there is often a limited choice of a safe and affordable packages of care.
- 8.3. In accordance with the NHS Constitution and the duties at s. 14U (duty to promote patient involvement) and 14V (duty to promote patient choice) of the National Health Service Act 2006 ("the NHS Act"). The CCG fully recognises these obligations but must balance them against its other duties.
- 8.4. In commissioning Continuing Healthcare, the CCG must have constant regard to its financial duties. In brief, section 223G of the NHS Act provides for payment to the CCG from the NHS Commissioning Board ("NHS England") in respect of each financial year, to allow the CCG to perform its functions. Section 223I provides that, in summary, that each CCG must break even financially each financial year. In the case of *Condliff v North Staffordshire Primary Care Trust* [2011] EWHC 872 (Admin), the Court stressed the fundamental challenge for commissioners in allocating scarce resources so as to best serve the local population as a whole, whilst also having due regard to individual rights and choices.
- 8.5. The CCG must also have due regard to its equalities duties, both under s.14T of the NHS Act (duty to reduce inequalities) and the Public Sector Equality Duty under s.149 of the Equality Act 2010 (duty to eliminate discrimination and advance equality of opportunity between persons with and without protected characteristics). The CCG are guided in balancing its obligations by the case of *Condliff*, in which the Court held that a policy of allocating scarce resources on the strict basis of a comparative assessment of clinical need was intentionally non-discriminatory, and did no more than apply the resources for the purpose for which they are provided without giving preferential treatment to one patient over another on non-medical grounds.
- 8.6. In the light of these constraints, SWL CCG has agreed this policy to guide decision making on the provision of Continuing Healthcare. The policy sets out to ensure that decisions will:
 - be robust, fair, consistent and transparent,
 - be based on the objective MDT assessment of the patient's clinical need
 - be "person-centred", which means that the decision will involve the individual and their family or advocate to the fullest extent possible and appropriate,
 - take into account the need for the CCG to allocate its financial resources in the most cost-effective way,
 - offer choice where available in the light of the above factors.

- 8.7. Once a decision on eligibility is agreed, an offer of a Personal Health Budget for a community package of care will be made to the patient (or their representative). Where such an offer is accepted, please refer to the **SWL CCG Personal Health Budgets Policy**. A Personal Health Budget will enable more flexible approach to meeting the individual assessed needs outlined on the Personal Health Budget Support Plan.

9. Continuing Healthcare funded care within a placement

- 9.1. Where a residential home is the most appropriate option, the Continuing Healthcare Brokerage Team will work together with the patient and their representatives (where indicated) to identify establishments which can meet the assessed needs and which are able to provide a place within a reasonable space of time in line with the Brokerage criteria set out in bullet point below
- 9.2. The Continuing Healthcare team operates a preferred provider list for nursing home placements and the expectation is that individuals requiring placement will have their needs met in one of the nursing homes on the AQP framework subject to bed availability and capacity to meet the needs of the assessed individual.
- 9.3. The Continuing Healthcare Team will identify nursing homes that are an accredited member of the Pan London AQP (Continuing Healthcare) Framework
- 9.4. On occasions when an AQP nursing home is identified as not suitable to meet the care needs of the individual, the Continuing Healthcare Brokerage Team will source a care home (with nursing) which accepts the standard terms of the AQP Framework (where appropriate). In exceptional circumstances where the costs of care are above the usual cost of care for someone of similar needs (by more than 6%) funding approval will be sought from SWL CCG Continuing Healthcare Place Lead. Decisions about high cost and cases outside AQP threshold will be managed by the SWL CCG Continuing Healthcare Place Team.
- 9.5. The SWL CCG approval process will consider the patient's assessed needs and the resources deemed adequate to meet the individual assessed needs
- 9.6. In the event that the assessed individual wishes to move into a home outside of the preferred provider list or outside the SWL CCG area, the Continuing Healthcare Place Team will be required to liaise with the receiving CCG and confirm local contracting arrangements (to include any potential contract suspensions). As long as the fee for the care and placement is comparable to the fee agreed with the preferred AQP provider and the home can meet the patients care needs the Continuing Healthcare team will consider this option (if the home is outside the CCG area), accepting our partner agencies local contractual arrangements in relation to good governance. Where there is a conflict between cost of care and personal choice, SWL CCG will refer to the CCG exceptions panel for a decision.

9.7. In the event that the assessed individual is already in a care home which is not under the AQP contract, the Continuing Healthcare Brokerage Team will undertake the due diligence process described above. A standard NHS contract will be put in place and efforts made to align the Continuing Healthcare contract weekly costs with the AQP Framework rates.

10. Continuing Healthcare Funded Packages of Care at Home

10.1. Many people wish to be cared for in their own homes rather than in residential care, especially people who are in the terminal stages of illness. A person's choice of care setting should be taken into account but there is no automatic right to a package of care at home. The option of a package of care at home should be considered, even if it is later discounted, with documented reasons.

10.2. In situations where the model of support preferred by the individual will be more expensive than other options offered by the Continuing Healthcare Team, SWL CCG will take comparative costs and value for money into account when determining the model of support that will be provided. It may be necessary to pay more to meet an individual assessed need in a way that does not discriminate against them, but the NHS does not have to provide a home care package if it is disproportionately more expensive than providing care in a care home setting.

10.3. The SWL Continuing Healthcare Team operates an AQP preferred provider domiciliary agency list and the expectation is that individuals requiring care at home will have their needs met by a provider on the AQP framework subject to availability and capacity to meet the needs of the assessed individual. It is important to note that there may be exceptions where it would be appropriate to commission outside of the AQP framework. For instance, if a patient already had a care package with a Provider that is off the AQP framework before becoming Continuing Healthcare eligible which effectively meeting all their needs.

10.4. The Continuing Healthcare team will take account of the following issues before agreeing to commission a care package at home:

10.4.1. Care can be delivered safely and without undue risk to the person, the staff or other members of the household (including children).

10.4.2. Safety will be determined by a written assessment of risk undertaken by an appropriate referring clinician, and ratified by the SWL CCG Continuing Healthcare Place Lead, in consultation with the person or their family for patients eligible to receive Continuing Healthcare. The proposed plan of care will then be checked by the relevant Continuing Healthcare clinical lead to ensure it is appropriate to meet the identified needs. For fast track assessment, the initial risk assessment is completed by the Clinician making the referral which will then be checked before ratification and proposed care plan by selected Domiciliary Care Provider checked to ensure it safely meets the needs identified.

- 10.4.3. The commissioned Domiciliary Care Provider will be expected to conduct their own risk assessment which will include the availability of equipment, manual handling,, the appropriateness of the physical environment and the availability of appropriately trained care staff and/or other staff to deliver the care at the intensity and frequency required.
 - 10.4.4. The acceptance by the Continuing Healthcare Team and each person involved in the person's care of any identified risks in providing care and the person's acceptance of the risks and potential consequences of receiving care at home.
 - 10.4.5. Where an identified risk to the care providers or the person can be minimised through actions by the person or their family and carers, those individuals agree to comply and confirmed in writing with the steps required to minimise such identified risk.
 - 10.4.6. In complex clinical care needs, the person's GP should agree to provide primary care medical support;
 - 10.4.7. Care packages that exceed the funding threshold will be considered on assessed needs on a case by case basis by the SWL CCG Continuing Healthcare Place Team.
- 10.5. The SWL CCG will take into account the following factors when considering the cost of a domiciliary care package:
- 10.5.1. The cost comparison will consider the genuine, rather than assumed costs of alternative models, so far as this is possible.
 - 10.5.2. Where a person prefers to be supported in a certain location which is not the most cost-effective model, the CCG will work with that person to identify if care can be delivered in their preferred location in a more effective way.
 - 10.5.3. The cost will be balanced against other factors in the individual case, such as the individual's preference as to location.
 - 10.5.4. Where the total cost of providing care is above 10% of the equivalent cost of an AQP care home (with nursing) placement (i.e. The cost of the care home (with nursing) placement + 10%) the CCG will not fund the package of care, save as where the circumstances have been assessed by the SWL CCG Continuing Healthcare Place Team as being so exceptional that the costs are justified in the public interest.
- 10.6. SWL CCG must consider risks that could potentially cause harm to the individual, any family and the staff. Where an identified risk to the care providers or the individual can be minimised through actions by the individual or his/her family and/or carers, those

individuals must agree to comply with the steps required to minimise such identified risk. Where the individual requires any particular equipment then this must be able to be suitably accommodated within the home.

10.7. SWL CCG is not responsible for any alterations required to a property to enable a home care package to be provided, save for where these are agreed in accordance with the criteria above. For the avoidance of doubt, where an individual or representative has made alterations to the home but SWL CCG has declined to fund the package, SWL CCG will not provide any compensation for those alterations.

10.8. The suitability and availability of alternative care options:

10.8.1. SWL CCG can only provide services in accordance with assessed need following a decision on the appropriate allocation of the finite resources available to the CCG for all patients it has responsibility for.

10.8.2. Where there is a conflict between cost of care and personal choice, SWL CCG will ask the SWL CCG Continuing Healthcare Place Team to consider the factors set out above, in addition to:

- The cost of providing the care at home in the context of cost effectiveness;
- The relative costs of providing the package of choice considered against the relative benefit to the person. Examples of situations requiring careful consideration are as follows:
- Home care packages in excess of eight hours per day would indicate a high level of need which may be more appropriately met within a care home placement. These cases would be carefully considered, and a full risk assessment undertaken.
- Persons who need waking night care would generally be more appropriately cared for in a care home placement. The need for waking night care indicates a high level of supervision at night and usually care home placements are deemed more appropriate for persons who have complex and high levels of need. Residential placements benefit from direct oversight by registered professionals and the 24-hour monitoring of persons.
- If the clinical need is for registered nurse direct supervision or intervention throughout the 24 hours the care would normally be expected to be provided within a nursing home placement.

11. Out of Area Care at Home and the Responsible Commissioner

11.1. If a person is deemed eligible and the choice is to move to a family home in another area, the responsible commissioner will be the receiving CCG (GP registration applies) but the two CCGs need to positively discuss the transfer to allow the receiving CCG to assess the care package.

12. Choice and the Mental Capacity Act 2005

- 12.1. SWL CCG will always consult directly with the patient over Choice of Care. In accordance with the Mental Capacity Act, we will assume that the individual retains the Capacity to make decisions over every aspect of their life, unless demonstrated otherwise through formal processes.
- 12.2. The Patient may consciously delegate their decision-making function to another nominated deputy. SWL CCG will be under duty to consult with this person direct.
- 12.3. Where an individual lacks the capacity to make such a decision then the registered Deputy with the Lasting Power of Attorney for Health and Welfare will be nominated as The Decision Maker. N.B While the Decision Maker will speak with the authority of the Patient, the NHS via the CCG retains responsibility for the final offer of care delivery.
- 12.4. Where no Deputy has been appointed, SWL CCG will engage with an advocate to ensure decisions are made in the Best Interest of the patient in accordance with the Mental Capacity Act.
- 12.5. All decisions will be recorded on the appropriate documentation

13. Review of NHS Continuing Healthcare Support

- 13.1. All service users will have their care reviewed at 3 months and thereafter on an annual basis or sooner if their care needs indicate that this is necessary.
- 13.2. The review may result in either an increase, decrease or no change in support offered and will be based on the assessed need of the individual at that time. Reviews will involve the individual, their family or advocate as possible and appropriate.
- 13.3. Where the individual is in receipt of a home support package and the assessment determines the need for a higher level of support, this may result in care being offered from a care home (with or without nursing), whichever best meets the patients overall needs and in line with the Choice and Equity thresholds of SWL CCG.

14. Choosing to have a personal health budget

Choosing to have a personal health budget	
<p>Is this a legal right?</p>	<p>You have 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 a community setting. Personal Health Budgets are currently available for community packages only. An assessment is carried out by the clinical commissioning group using a multi-disciplinary team of health and social care professionals.</p> <p>You can find more about NHS Continuing Healthcare at NHS Choices: www.nhs.uk.</p> <p>Clinical commissioning groups will also be able to provide personal health budgets to other groups of patients on a voluntary basis, if they recognise that there is a benefit to the patient and the NHS from offering packages of care in this way.</p>
<p>What choices do I have?</p>	<p>For some NHS services (including Continuing Healthcare provided at Home), you can choose to have a personal health budget if you want one.</p> <p>A personal health budget is an amount of money and a plan to use it. The plan is agreed between a patient and their health care professional or 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.</p> <p>With a personal health budget, you (or your representative) can:</p> <ul style="list-style-type: none"> • agree with a health care professional what health and wellbeing outcomes you want to achieve; • know how much money you have for this health care and support; • create your own care plan if you wish, with the help of your health care professional or others; • choose how to manage your personal health budget; • spend the money in ways and at times that makes sense to you, in line with your care plan.

	<p>Once you have a care plan agreed, you can manage your personal health budget in three ways, or a combination of these:</p> <ul style="list-style-type: none"> • a ‘notional budget’: the money is held by your clinical commissioning group or other NHS organisation who arrange the care and support that you have agreed, on your behalf; • a ‘third party budget’: the money is paid to an organisation which holds the money on your behalf (such as an Independent User Trust) and organises the care and support you have agreed; • direct payment for health care: the money is paid to you or your representative. You, or your representative, buy and manage the care and services as agreed in your care plan. <p>In each case there will be regular reviews to ensure that the personal health budget is meeting your needs. You do not have to have a personal health budget if you do not want one.</p>
<p>When am I not able to make a choice?</p>	<p>You will not be able to have a personal health budget for all NHS services (for example, acute or emergency care or visiting your GP). A few individuals or groups of people may not be eligible for a personal health budget or a direct payment.</p>
<p>Who is responsible for giving me choice?</p>	<p>Your local clinical commissioning group is responsible for giving you choice.</p>
<p>Where can I get information and support to help me choose?</p>	<p>If you would like to manage your own personal health budget:</p> <ul style="list-style-type: none"> • contact your local clinical commissioning group. <p>You can find out more about personal health budgets from:</p> <ul style="list-style-type: none"> • NHS England ‘Personal health budget learning network’, at: http://www.personalhealthbudgets.england.nhs.uk/index.cfm • NHS Choices: www.nhs.uk

15. Public Information and Choice

The NHS Choice Framework: My NHS care: what choices do I have? This is a guide to your choices about your NHS care and treatment. It explains:

- When you have choices about your health care
- Where to get more information to help you choose
- How to complain if you are not offered a choice

For some health care services, you have the legal right to choose and must be provided with choices by law. For other health care services, you do not have a legal right to choose, but you should be offered choices, depending on what is available locally. The full document can be accessed here: <https://www.gov.uk/government/publications/the-nhs-choice-framework/the-nhs-choice-framework-what-choices-are-available-to-me-in-the-nhs>

NHS Choices: www.nhs.uk. This website can help you make important health decisions, including which GP surgery you register with and which hospital you attend for treatment. It provides tools and resources that help you look at your options and make the right decision.

Care Quality Commission checks many care organisations in England to ensure they are meeting national standards. They share their findings with the public, which can be found at: www.cqc.org.uk or call their National Customer Service Centre: Tel: 03000 616161 (Mon to Fri, 8.30am - 5:30pm).

The NHS Constitution tells you what you can and should expect when using the NHS. Visit www.nhs.uk and search for 'NHS Constitution'. The Handbook to the NHS Constitution provides additional explanation about the rights and pledges set out in the NHS Constitution.

Healthwatch is an independent consumer champion for health and social care in England. It operates as Healthwatch England at national level and local Healthwatch at local level. Visit www.healthwatch.co.uk for more information.

16. What can I do if I am not offered these choices?

First, you can speak to your **GP or the health care professional who is referring you**, as set out in the boxes above. 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 these choices, you can make a complaint. You can complain to the **organisation that you have been dealing with** or you can make a complaint to your **local clinical commissioning group**. Clinical commissioning groups must publish their complaints procedure. If they agree with your complaint, the clinical commissioning group must make sure that you are offered a choice for that health service.

To contact your local clinical commissioning group:

- Ask your GP practice, they can tell you how to contact your local clinical commissioning group; or
- Visit NHS Choices, www.nhs.uk click on the 'Health services near you' section on the homepage. If you are unhappy with the decision from the clinical commissioning group, NHS England or Monitor you have the right to complain to the independent

Parliamentary and Health Service Ombudsman. The Ombudsman is the final stage in the complaints system. To contact the Ombudsman:

- visit www.ombudsman.org.uk;
- call the Helpline: 0345 015 4033;
- use the Textphone (Minicom): 0300 061 4298;
- text 'call back' with your name and your mobile number to 07624 813 005; you will be called back within one working day during office hours (Monday to Friday, 8.30am - 5:30pm).

You can also contact an NHS complaints advocacy service if you have concerns regarding your right to choose. Contact your local Healthwatch to find out your local advocacy service. Visit <http://www.healthwatch.co.uk/find-local-healthwatch> and search for your clinical commissioning group by your postcode or location.

17. Review

The policy will be reviewed after one year initially, and every three years thereafter, though updates will be made beforehand as and when significant changes to practice are required.

18. Internal and External References

18.1. Internal References

- SWL Continuing Healthcare Operational Policy
- SWL Continuing Healthcare Disputes Resolution Protocol

18.2. External References

- Department of Health, November 2012 (revised), The National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care
- DH Practice Guidance for NHS Continuing Healthcare and NHS Funded Nursing Care 2013
- Guidance on Direct payments for Healthcare; Understanding the regulations (DH March 2014)
- NHS England Operating Model for Continuing Healthcare 2015
- NHS England Compassion in Care Assurance Framework 2014
- Who Pays? Determining responsibility for payments to providers August 2013 DH

19. Monitoring

If a matter is important enough to require a Policy, the implementation of that Policy should be monitored. Describe how implementation of this Policy will be monitored, for example, by annual audit, to which committee or group the outcomes will be reported, and who will be responsible for this and for enhancing the Policy as a result.

If you have any suggestions for the improvement of this Policy, please contact the insert Author's Role with your suggestions, for consideration.

20. Equality Impact Assessment

An Equality Impact Assessment must be carried out as part of the development of each Policy. Please check the draft Assessment at Appendix 1 and amend it accordingly. All public authorities have a legal responsibility to assess their activities, and to set out how they will monitor any possible negative impact upon equality in terms of the protected characteristics of age, disability, gender, gender identity, marriage or civil partnership, pregnancy and maternity or paternity, race, religion or belief, and sexual orientation. If a negative impact is identified you will need to take action to reduce that impact.

An Equality Impact Assessment has been completed for this Policy (Appendix 1), and no negative impact upon persons with protected characteristics has been identified.

21. Change History

Policy Number	Effective Date	Significant Changes
Version 1	01/04/2020	

Appendix 1 - Equality Impact Assessment

	Mandatory Questions	Yes/No/NA	Comments
1.	Does the Policy affect any group less or more favourably than another on the basis of:		
	Age?	No	
	Disability?	No	
	Gender?	No	
	Gender identity?	No	
	Marriage or civil partnership?	No	
	Pregnancy and maternity or paternity?	No	
	Race?	No	
	Religion or belief?	No	
	Sexual orientation?	No	
2.	Is there any evidence that any groups are affected differently by the Policy and if so, what is the evidence?	No	
3.	Is any impact of the Policy likely to be negative?	No	
4.	If any impact of the Policy is likely to be negative, can the impact be avoided and if so, how?	NA	
5.	If a negative impact can't be avoided, what, if any, are the reasons the Policy should continue in its current form?	NA	
6.	Where relevant, does the Policy support the FREDA principles: Fairness, Respect, Equality, Dignity and Autonomy?	Yes	

If you have identified a potential discriminatory impact of this Policy, please contact the Chief of Staff.