

**POLICIES AND PROCEDURES FOR THE COMMISSIONING OF
APPROPRIATE, EFFECTIVE AND PRIORITY HEALTHCARE**

POLICY NUMBER 2

Policy for the Choice of Service Provider for Health Care

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NHS Fylde and Wyre CCG

Policies for the Commissioning of Appropriate, Effective and Priority Health Care - Policy for the Choice of Service Provider for Health Care

1. Definition

- 1.1 The usual providers of services commissioned by Fylde and Wyre Clinical Commissioning Group (the CCG) are local NHS Trusts, the CCG itself, independent sector providers and general practices in contract with the CCG. Support to local service providers will ensure that good quality, timely and accessible services can be made available to local residents in a way that may not be possible if large volumes of resources are passed to providers outside of the district and the region. It will also ensure that contractual arrangements with local providers secure best value for money.
- 1.2 The CCG is keen to offer patients choice of location of treatment, and to follow national policies and guidance in this respect. In doing so, it wishes to protect local services, and to ensure that there is equity of access to services for local residents.
- 1.3 The present policy is for application to services not explicitly addressed by other specific policies. It applies to health care for which this CCG is the ultimate source of funds.

2. Policy

- 2.1 The CCG will seek to commission, through contracts, access to a sufficient range of services to offer patients a reasonable amount of choice of location for a reasonable range of health care services and which meet national waiting times.
- 2.2 The CCG will look to commission services closer to home within community settings where appropriate.
- 2.3 The CCG will follow national policy, and may otherwise use its discretion, about whether to commission services from NHS Trusts, or from the private or voluntary sectors. The CCG will normally commission services from organisations with well established financial and clinical governance and accountability arrangements such as those found in NHS Trusts.
- 2.4 The CCG will seek to follow any national policy in respect of patient choice for treatments outside of those contracts.

- 2.5 The registered population of NHS North Lancashire is entitled to choose where they would like NHS funded treatment in accordance with the National Free Choice Guidance (Introduction of Free Choice at Referral).
- 2.6 Providers that satisfy the criteria for inclusion within the Free Choice Network (FCN) are published on the Choose and Book System along with details of their Directories of Services. Free Choice Network providers include NHS Foundation Trusts, NHS Acute Hospitals and a large number of Independent Sector Providers. GPs can refer to a clinically appropriate Provider on the Choose and Book System where the referral complies with the criteria set out within the CCG's Suite of Policies for the Commissioning of Appropriate, Effective and Priority Healthcare.
- 2.7 In line with National Guidance, there are a number of patient groups and services that are currently excluded from Free Choice. These are:

Persons excluded:

- persons detained under the Mental Health Act 1983,
- military personnel and,
- prisoners

Services excluded:

- where speedy diagnosis and treatment is particularly important, e.g.
 - emergency attendances/admissions
 - attendances at a Rapid Access Chest Pain Clinic under the two week maximum waiting time
 - attending cancer services under the two-week maximum waiting time
- maternity services
- mental health services

- 2.8 There are a number of conditions included in the FCN Directories of Services where access to NHS funding requires compliance with certain eligibility criteria as set out in the CCG's Suite of Commissioning Policies for the Commissioning of Appropriate, Effective and Priority Healthcare. For these conditions, referrers should consider the eligibility criteria within the CCG's specific Commissioning Policies. Where the policy criteria are met, a referral can be made via FCN or another locally commissioned Provider.

- 2.9 Requests for individual patient funding for appropriate effective and priority treatments where the criteria within the CCG's Commissioning Policies are not met are subject to a separate application to the CCG's Commissioning Panel prior to any referral being made. The Commissioning Panel will consider national guidance and the guidance in Appendix 1, in reaching a judgement. The Commissioning Panel will also consider whether a positive decision would be inequitable to other patients who can not, or have not, requested exceptional consideration. The judgement will be reached in accordance with the CCG's *Procedure for the Application, Amendment and Waiver of Policies for the Commissioning of Appropriate, Effective and Priority Health Care* (adopted November 2006) or any policy, procedure or protocol that supersedes it.
- 2.10 Where a clinician wishes to make a referral to a Provider which is not on the FCN or to a Provider which is not locally commissioned by the CCG, an application should be made to the CCG's Commissioning Panel prior to any referral being made. The judgement will be reached in accordance with the CCG's *Procedure for the Application, Amendment and Waiver of Policies for the Commissioning of Appropriate, Effective and Priority Health Care* (adopted November 2006) or any policy, procedure or protocol that supersedes it.
- 2.11 The CCG will fund transport in line with Hospital Transport Costs Scheme (HTCS) for patients on low income and Patient Transport Service (PTS) guidelines for patients requiring transport on the basis of a medical assessment.
- 2.12 Service providers commissioned by NHS North Lancashire may subcontract services to a third party provider to supply additional capacity when this is required to meet national access targets such as the 18 week target. Providers must seek prior approval from the CCG Director of Commissioning before subcontracting and patients must be in agreement to be transferred to an alternative provider.

3. Application

- 3.1 This policy will be applied in accordance with the CCG's Procedure for the Application, Amendment and Waiver of Policies for the Commissioning of Appropriate, Effective and Priority Health Care (adopted November 2006) or any policy, procedure or protocol that supersedes it.

Kevin McGee

Director of Commissioning & Performance Management

29 November 2009

NHS NORTH LANCASHIRE**Policies for the Commissioning of Appropriate, Effective and Priority Health Care - Policy for the Choice of Service Provider for Health Care****Appendix 1: Circumstances in which Referrals to Services which are excluded from the Free Choice Network and not Locally Commissioned may be Considered**

1. The following are examples in which such a referral may be a suitable way of managing the patient:
 - i) When the patient is taken ill (or injured) suddenly when in another part of the United Kingdom, and requires emergency treatment.
 - ii) When the referral is for a second opinion that cannot reasonably be obtained from a provider that is locally commissioned or on the Free Choice Network. It is reasonable for a patient or a general practitioner to request a second (and occasionally a third) consultant opinion when there is dissatisfaction or doubt about the first opinion. It may be appropriate for this opinion to be sought from a separate NHS Trust.
 - iii) When the patient is a merchant seaman seeking treatment at the Dreadnought Hospital. This hospital is able to accept patients at short notice when they are not at sea, and is generally considered appropriate.
 - iv) When the patient is a member of the clergy of the Church of England, seeking treatment in St. Luke's Hospital for the Clergy. This hospital provides a valuable service at minimal cost to the NHS and is generally considered appropriate.
 - v) When the patient is a medical practitioner, dental practitioner or pharmacist requiring treatment for substance abuse, and fearing that treatment within contract would make them known to other abusers. A referral to a specialist service provider is appropriate.
 - vi) When the patient is a health professional wishing to be treated outside of the district for reasons of confidentiality. Confidentiality should be respected, although in most circumstances there will be a suitable NHS Trust that can provide the necessary service in another town, but within the service agreement. See above for the specific circumstance of treatment for substance abuse.

- vii) When the patient requires regular healthcare to continue during a holiday within the United Kingdom. Examples include district nursing (dressings, injections etc.) or renal dialysis.
2. Examples in which a request for a service that is neither on the FCN or locally commissioned is unlikely to be supported are as follows:
- i) When the service is not on the FCN but where the CCG has arrangements for the service to be provided within its contracts.
 - ii) When the reason that the service is not available locally is because it has not satisfied the criteria of appropriateness, acceptability and priority, or because of other policy decisions of the CCG.
 - iii) When the patient has requested a non Free Choice Network/locally commissioned referral to a consultant because he/she has been told (by friends, a television programme, a self help society for a particular disease, an internet search etc.) that the consultant in question is a particularly good one. The principle of referring within the FCN unless the clinical needs cannot be met, applies. A patient with an uncomplicated common disease is unlikely to require the advice of a national expert. In the event of a service being unavailable within the FCN, the referring doctor may wish to make further enquiries rather than making a referral based on uncorroborated evidence from such sources.
 - iv) When the CCG is unable to satisfy itself that the organisation to which the patient wishes to be referred has well established financial and clinical governance and accountability arrangements such as those found in NHS Trusts, or is otherwise clinically competent to deliver the service.
 - v) When the referral is for a further opinion about a problem for which reasonable advice has already been obtained. It is reasonable for a patient or a general practitioner to request a second (and occasionally a third) consultant opinion when there is dissatisfaction or doubt about the first opinion. Further opinions beyond a third would not normally be appropriate.

- vi) When the patient wishes to be referred for treatment in a provider unit closer to their place of work. This is not normally a reason for making a non FCN/ locally commissioned referral. Some employers make arrangements for the health care of their employees within the private sector which may be to their mutual convenience.
- vii) When the patient is seeking treatment at a military hospital. Serving military personnel and their families are entitled to treatment in such hospitals at the expense of the Ministry of Defence. Such hospitals are often willing to treat ex-service personnel, but this may result in requests for non-FCN provision. If the treatment is available locally or with a FCN provider then the request for a non FCN service would be deemed inappropriate.
- viii) When the patient wishes to be referred overseas. The CCG may commission healthcare from overseas where there are clinical reasons why essential treatment cannot be offered within the United Kingdom, or where the treatment is within a service agreement, or where there is a guidance or legislation requiring the CCG to commission the treatment. An application would need to be made to the CCG's Individual Patient Funding Panel.
- vix) When the referral does not have the support of a local doctor or dentist. Self referrals and referrals from non medical or non dental health professionals will not be supported by the CCG (with the exception of self referrals through Accident and Emergency or Genitourinary Medicine departments).
- x) When the purpose of the referral is simply to enable the patient to see a health professional of a particular gender, culture, religion or belief.
- xi) When there is clinical advice that the requested referral should not be supported by the CCG.
- xii) When the purpose of the referral is to access a shorter waiting time than is available on the FCN or locally commissioned service (except when National Policy requires a CCG to support such a referral).
- Xiii) When the purpose of the referral is because the referring doctor believes that the service that has been commissioned locally or is available on the FCN is of a low quality. The referring doctor should address his/her concerns directly with the CCG's Quality Standards and Effectiveness Directorate, who would expect to urgently investigate such concerns.

3. The following are examples in which a non FCN/ locally commissioned referral may be a suitable way of managing the patient for a period of time:
- i) When the patient has recently moved into North Lancashire while undergoing long term follow-up in the previous district, it would normally be expected that care should be transferred to a FCN provider within the service agreement portfolio. However in order for both the patient and the clinicians to make appropriate arrangements, a transfer period extending to not more than 12 months and to not more than three outpatient visits would be appropriate. This may need to be shortened if an earlier transfer would be in accordance with the patient's wishes.
 - ii) When the patient had been referred for an opinion before moving into the district, but had not yet been seen, an immediate FCN referral and cancellation of the appointment in the previous district would be the normal course of action, although an imminent appointment date for an urgent appointment may be honoured.
 - iii) When the patient has already commenced treatment as an emergency or self referral. Following an emergency NHS admission, an accident and emergency attendance or a genitourinary medicine clinic visit, a follow up outpatient attendance, usually for a single visit, is reasonable, provided that the patient is willing to travel for the purpose. Long term follow up should normally be arranged with a FCN provider.

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