



Department
of Health &
Social Care

Guidance

NHS Choice Framework - what choices are available to you in your NHS care

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Applies to England

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1. Choice in the NHS - an overview

The government is committed to giving patients greater choice and control over how they receive their healthcare.

This commitment is reflected in the [NHS Constitution for England](https://www.gov.uk/government/publications/the-nhs-constitution-for-england) (<https://www.gov.uk/government/publications/the-nhs-constitution-for-england>). The constitution establishes the principles and values of the NHS in England. It sets out:

- rights that patients, the public and staff are entitled to
- pledges that the NHS is committed to achieving
- responsibilities that the public, patients and staff owe to one another to ensure that the NHS operates fairly and effectively

The constitution makes clear that “you have the right to make choices about the services commissioned by NHS bodies and to information to support these choices”. It also pledges to “inform you about the healthcare services available to you, locally and nationally” and to “offer you easily accessible, reliable and relevant information in a form you can understand, and support to use it [...] to enable you to participate fully in your own healthcare decisions and to support you in making choices”.

This framework sets out some of the nationally set choices available to you in the NHS.

It explains:

- when you have choices about your health and care
- where to get more information to help you choose
- how to complain if you are not offered a choice

In some circumstances you have legal rights to choice and you must be given these choices by law. In other circumstances you do not have a legal right to choice but you should be offered choice about your care, depending on what is available locally. This is what the government has asked healthcare professionals to do.

This guidance applies to people of all ages in England.

Organisations that can help you

Throughout this guide we explain what you can do if you are not offered the choices you think you're entitled to. In addition, the organisations listed below can provide information and support.

Healthwatch

[Healthwatch \(http://www.healthwatch.co.uk/\)](http://www.healthwatch.co.uk/) is an independent consumer champion for health and social care in England. It operates as Healthwatch England at national level and as local Healthwatch at local level. It can help you to make a complaint about NHS health and social care services and will be able to provide more information about local services.

Patient Advice and Liaison Service (PALS)

The [Patient Advice and Liaison Service \(PALS\) \(https://www.nhs.uk/nhs-services/hospitals/what-is-pals-patient-advice-and-liaison-service/\)](https://www.nhs.uk/nhs-services/hospitals/what-is-pals-patient-advice-and-liaison-service/) offers confidential advice, support and information on health-related matters. It provides a point of contact for patients, their families and their carers. You can [find PALS officers in your local hospital \(https://www.nhs.uk/service-search/other-services/Patient-advice-and-liaison-services-\(PALS\)/LocationSearch/363\)](https://www.nhs.uk/service-search/other-services/Patient-advice-and-liaison-services-(PALS)/LocationSearch/363) on the NHS website. PALS can provide information about the NHS complaints procedure, including how to get independent help if you want to make a complaint.

Parliamentary and Health Service Ombudsman

If you've made a complaint and it has not been resolved to your satisfaction, you have the right to take your complaint to the independent [Parliamentary and Health Service Ombudsman \(https://www.ombudsman.org.uk/\)](https://www.ombudsman.org.uk/). The ombudsman is the final stage of the complaints system. Find out how to contact the ombudsman in section 11 of this guide, below.

2. Choosing your GP and GP practice

Your choices

You can:

- choose which GP practice you register with
- ask to see a particular doctor, nurse or other healthcare professional at the GP practice

Your practice must make every effort to meet your preferences to see the doctor, nurse or other healthcare professional you've asked for when you

need an appointment, although there are some occasions when this might not be possible (as outlined below).

You may wish to register with a GP practice that is not close to home but is more convenient for you to access. However, you might not be able to access all out-of-hours services or be able to have a home visit if you live outside of the practice's boundaries. We recommend you discuss this with the GP practice before registering.

You may also wish to access primary care services digitally. Digital-first primary care is an exciting innovation in general practice delivery which will mean that all patients will have the right to web and video consultations by 2023 to 2024. (For more on this, see NHS England's guidance on the [National General Practice Improvement Programme](https://www.england.nhs.uk/gp/national-general-practice-improvement-programme/) (<https://www.england.nhs.uk/gp/national-general-practice-improvement-programme/>).

Are these legal rights?

Yes, but there are some circumstances in which you may not be able to choose, which are set out below.

When you may not have a choice

A GP practice must accept you onto its patient register unless it has the following reasonable grounds for not doing so:

- the practice might not be taking on new patients because it's at maximum capacity
- the practice might not be accepting patients who live outside its practice boundary
- because of your particular circumstances, due to an issue of safety or clinical need, it might not be appropriate to register with a GP practice outside the area where you live

You should be provided with a choice of doctor, nurse or other healthcare professional you see for an appointment unless:

- the particular doctor, nurse or other healthcare professional is on leave, or at full capacity with no available appointments

- you need an urgent appointment and your choice of doctor, nurse or healthcare professional is not immediately available

If a GP practice is not able to accept you onto its patient register, or to offer you an appointment with your preferred doctor, nurse or other healthcare professional it must inform you of the reasons for this.

Information and support to help you choose

You have the right to information to support choices you make about NHS services. You can find information on GP practices using the [Find a GP](https://www.nhs.uk/service-search/find-a-GP) (<https://www.nhs.uk/service-search/find-a-GP>) tool on the NHS website.

See also section 9 of this guide, 'Getting more information to help you choose'.

What you can do if you're not offered these choices

You should be given a reason if you're unable to register with the GP practice you have chosen, or if you're unable to see a particular doctor, nurse or other healthcare professional at the practice.

If you're dissatisfied with the reason, or you are not given a reason, you should first raise this with the GP practice. They may be able to resolve the issue and no further action will be required.

If you're still dissatisfied with the outcome of this, you can complain directly to NHS England. See how to contact NHS England in section 11 of this guide.

If NHS England is unable to resolve the complaint to your satisfaction, you have the right to take your complaint to the independent Parliamentary and Health Service Ombudsman - see 'Organisations that can help you' in section 1, above.

Exercising these choices in practice

This example is fictional and is intended to demonstrate how choices may work in practice in the NHS. It does not refer to real people or situations.

Example: choosing your GP and practice

Sarah has recently moved house and would like to register with a new GP practice. She goes on the NHS website to search for GP practices in her area. She sees that there's a practice a 20-minute walk from her house that has good quality ratings. However, due to health complications Sarah has restricted mobility and finds it hard to walk long distances. She sees that there's another practice an hour's walk from her house but that is situated directly on her bus route. Sarah speaks to a friend who she knows is registered with this particular practice and hears that the quality of service is very good and that it is also possible to book appointments online, rather than on the phone or in person. She decides that this would better meet her needs and chooses to register with this practice, rather than the closest one to her home.

Sarah feels more comfortable when she's assessed by a female GP. She speaks to her friend who also uses the practice who tells her that Dr Najim is very friendly and professional. When she books her first appointment, Sarah asks to be seen by Dr Najim. The practice makes every effort to meet this preference, offering her a number of available appointments with Dr Najim, as well as a number of available appointments with other GPs at the practice in case these times are more convenient for her. Sarah reviews the options and chooses to take an earlier appointment with another female GP at the practice, as it will be easier for her to make this time.

3. Choosing where to go for your first appointment as an outpatient

Your choices

If you're referred for consultant-led treatment, or to a mental health professional, you can:

- decide which provider you would like to receive care from as an outpatient
- choose the clinical team who will be in charge of your care within that provider organisation

These choices apply to both physical and mental health, but only apply at the point of referral (from your GP, dentist or optometrist) to providers that have an NHS contract to provide the service you need. For a service to be available for you to choose, for physical health referrals, the service must be led by a consultant who has overall responsibility and in mental health the service must be led by a consultant or mental health professional. Normally the same provider you have chosen for your first outpatient appointment will also go on to provide the rest of your treatment. You can find more information on [NHS services \(https://www.nhs.uk/nhs-services\)](https://www.nhs.uk/nhs-services) for physical and mental health on the NHS website.

We're asking all referrers to ensure they shortlist on average 5 choices from which the patient may choose, where this is practicable, clinically appropriate and preferred by the patient.

Are these legal rights?

Yes, but there are circumstances in which you may not choose. These are set out below.

When you may not have a choice

You do not have a legal right to choose where your outpatient appointment will take place if you are:

- already receiving care and treatment for the condition for which you're being referred and this is an onward referral
- using urgent, emergency or crisis services
- in need of emergency or urgent treatment, such as cancer services where you have received an urgent referral for suspected cancer or for breast symptoms (where cancer is not suspected)
- a prisoner, on temporary release from prison, or detained in 'other prescribed accommodation' (such as a court, secure children's home, secure training centre, an immigration removal centre or a young offender's institution)
- someone who is held in a hospital setting under the Mental Health Act 1983
- a serving member of the armed forces
- using maternity services (see section 5, 'Choosing maternity services', for more detail)

Information and support to help you choose

You have the right to information to support choices you make about NHS services. You can talk to your GP, dentist or optometrist who is referring you for more information. You can also find more information on the NHS website about the providers you can choose from - see the [NHS services](https://www.nhs.uk/nhs-services/) (<https://www.nhs.uk/nhs-services/>) page, or use the search function to find information on specific hospitals and clinics.

Once you and your GP have agreed your shortlist of suitable providers, you can view the providers' details such as waiting times and Care Quality Commission (CQC) ratings through [Manage your referral](https://refer.nhs.uk/login) (<https://refer.nhs.uk/login>) or the online [e-Referral Service](https://www.nhs.uk/nhs-services/hospitals/book-an-appointment/) (<https://www.nhs.uk/nhs-services/hospitals/book-an-appointment/>) (eRS). This includes independent sector providers who are providing services for the NHS.

If you need help choosing where to go for your first appointment because you have a disability, a mental health condition or any other impairment, talk to the healthcare professional that referred you. They will make sure that your additional needs are considered. See section 10, 'If you require a reasonable adjustment', for more information on requesting reasonable adjustments.

See also section 9 of this guide, 'Getting more information to help you choose'.

What you can do if you're not offered these choices

If you feel that you have not been offered these choices you should, wherever possible, first speak to your GP, dentist or optometrist.

If you still feel that you have not been offered choice, you may wish to complain to your local integrated care board (ICB) as they must ensure that choice is offered to you.

ICBs are the organisations responsible for organising the delivery of the majority of NHS services in England. Each ICB is responsible for a specific geographical area. For details on how to contact your local ICB, see section 11 of this guide.

If you feel you've been denied your legal entitlement to choose where to go for your first outpatient appointment, you may also wish to raise concerns

with NHS England. NHS England can give advice about matters relating to patient choice and may be able to resolve individual issues. This could involve NHS England directly engaging with relevant parties. For more information on raising concerns with NHS England, see section 11 of this guide.

You're also entitled to take your complaint to the independent Parliamentary and Health Service Ombudsman if you feel the issue has not been resolved by your ICB or NHS England - see 'Organisations that can help you' in section 1, above.

Exercising these choices in practice

These examples are fictional and intended to demonstrate how choices may work in practice in the NHS. They do not refer to real people or situations.

Example: choosing the provider of your care

Richard has been suffering from pain when he moves his knee. He raises this with his GP at his next appointment. They discuss the different options available and decide that Richard should be referred to a consultant for further investigation. Richard's GP makes sure that Richard is aware of his legal entitlement to choose to receive his treatment from any provider which holds an NHS contract to provide this service, including some independent providers who deliver services for the NHS.

Richard's GP asks him what factors are important to him in choosing where to go for treatment, then uses the online NHS e-Referral Service to show him the choices available both in the surrounding area and in the city where his daughter lives, as Richard would like her to be able to visit him easily if he requires treatment and will spend recovery time in hospital. His GP talks through the information on each choice, including waiting times for first appointment and location of the hospital and creates a shortlist of options for Richard to take home with him and make a decision.

The GP also tells him about the search tools on the NHS website that can be used to look up information on hospitals and their consultants. The GP Practice gives him log-in details to access the NHS e-Referral Service and book an appointment with his chosen hospital.

Richard uses the NHS website to look up the quality ratings of providers on his shortlist and to see how their consultants perform for the procedure that the GP considers he might need. He also uses the NHS website to see how different providers compare, including how patients

themselves view outcomes and details on consultants' experience. He takes the opportunity to talk to his daughter about choosing a provider based near where she lives. After considering the information available, Richard chooses an option that has both a hospital and a consultant that he likes. He uses his log in details to access the NHS e-Referral Service to select his provider and book his first outpatient appointment.

Example: choosing the clinical team responsible for your care

Fatima is suffering from a mental health condition and visits her GP to be referred for treatment. She would like to exercise her entitlement to choose a named healthcare professional, whose team will then be responsible for her care. She has heard of a particular mental healthcare team that she would like to go to for her treatment and discusses this with her GP. After discussing her circumstances and looking through information on the available options with her GP, Fatima goes away to think about which choice would best meet her needs.

Fatima contacts her GP to let them know what her choice is. They then book an appointment with the service. She will be treated by her chosen mental healthcare specialist or a member of their team.

4. Asking to change healthcare provider if you have to wait longer than the maximum waiting time or cancer waiting time standard

The maximum waiting time standard to begin your treatment or assessment is usually 18 weeks. For cancer services, the waiting time standard to receive a diagnosis or have cancer ruled out is 28 days.

Your choices

You can ask to be referred to a different provider of NHS services if:

- you have to wait, or have already waited, more than 18 weeks before starting treatment or assessment for a physical or mental health

condition, as long as your referral is not urgent and the service you require is led by a consultant

- the provider is satisfied that you will not receive a diagnosis or ruling out of cancer within 28 days of an urgent referral for suspected cancer or for breast symptoms (where cancer is not suspected), and an appointment with a suitable alternative provider may expedite a diagnosis or ruling out of cancer. There must also not have been a clinical decision that you require further interval testing and/or scanning or treatment before a diagnosis or ruling out of cancer can be made

Waiting times can vary between services and you have the right to ask to be referred to another provider that may be able to start your treatment sooner.

Where there is more than one alternative option, you should be given a choice of which service you would like to go to.

It may not always be possible to change your provider - for example, if you require specialist care.

Waiting times start from the day your referral is made through the NHS e-Referral Service or when the provider you have chosen receives your referral letter. [Read more information on when waiting times start and how they are calculated in the NHS](#)

<https://www.gov.uk/government/publications/right-to-start-consultant-led-treatment-within-18-weeks>

On 31 October 2023, a cohort of patients who had waited over 40 weeks for their first outpatient appointment were automatically asked by their current provider if they would like to change their healthcare provider. There may have been exceptions in some circumstances where this was not possible - for example, if their first outpatient appointment was very soon.

Are these legal rights?

Yes, but there are exceptions. These are set out below.

If you have to wait for more than 18 weeks for non-urgent treatment to start, you do not have a legal entitlement to ask to be referred to a different provider if:

- there is no service available for the treatment you need that can start treatment sooner
- the services you need are not led by a medical consultant
- you chose to wait longer for your treatment to start

- delaying the start of your treatment is in your best interests - for example, if you need to lose weight or stop smoking, or for other personal medical reasons, before treatment can start
- you fail to attend appointments which you had chosen from a set of reasonable options
- you decide not to start, or you decline, treatment
- a doctor has decided that it's appropriate to monitor you for a time without treatment
- you cannot start treatment for reasons not related to the provider - for example, you're a reservist posted abroad while waiting to start treatment
- your treatment is no longer necessary
- you're on the national transplant list
- you're using maternity services (see section 5, 'Choosing maternity services')

If you have to wait for more than 28 days to receive a diagnosis or have cancer ruled out, you do not have a legal right to ask to be referred to a different hospital if:

- you were made aware of the consequences of not attending the first appointment made by the provider in response to the referral and you did not attend your first appointment
- a clinical decision is made that you require further interval scanning and/or testing or treatment before a diagnosis or ruling out of cancer can be made

Information and support to help you choose

You have the right to information to support choices you make about NHS services. If you want to change the provider of your treatment or assessment because you've been waiting or will need to wait more than the maximum waiting times or cancer waiting time standard, you can contact the service providing your treatment or the ICB that is responsible for arranging your treatment.

ICBs must provide advice or assistance to patients who have waited or will wait longer than the 18 weeks maximum waiting times for non-urgent consultant-led treatment or assessment. They must also provide advice or assistance to patients who have waited or will wait more than 28 days to receive a diagnosis or have cancer ruled out from the date of urgent referral. For details on how to contact your ICB, see section 11 of this guide.

If you need extra help because of a disability, a mental health condition or any other impairment, talk to the organisation responsible for arranging your care and treatment to ensure that these additional needs are taken into account when you ask to change your provider. See section 10, 'If you require a reasonable adjustment', for more information on requesting reasonable adjustments.

See also section 9 of this guide, 'Getting more information to help you choose'.

What you can do if you're not offered these choices

If you're unhappy with the handling of your case, it's often helpful to speak to the organisation responsible for arranging your care and treatment in the first instance.

If you feel that the organisation responsible for arranging your care and treatment has not taken all reasonable steps to ensure you're offered alternative provision, in most cases you should complain to your ICB as they must take all reasonable steps to ensure that an alternative provider is offered to you. For details on how to contact your ICB, see section 11 of this guide.

If you've been referred for a consultant-led service, have not started treatment within the maximum waiting time or cancer waiting time standard, and have not been offered the option to be treated by an alternative provider you can complain to NHS England. For details on how to contact NHS England, see section 11 of this guide.

If the ICB and NHS England are unable to resolve the complaint to your satisfaction, you're entitled to take your complaint to the independent Parliamentary and Health Service Ombudsman - see 'Organisations that can help you' in section 1, above.

Exercising these choices in practice

This example is fictional and is intended to demonstrate how choices may work in practice in the NHS. It does not refer to real people or situations.

Example: choosing an alternative provider if you have to wait longer than the maximum waiting times for treatment

Daniel has been referred by his GP for non-urgent treatment for his back by a consultant in a provider of his choice. The service has written to him with details of his appointment and has pointed out that he has a right to ask to change hospital if he has to wait longer than 18 weeks for treatment. Daniel subsequently becomes concerned that he will not be seen by the consultant within 18 weeks of his initial referral. He contacts the service that will be providing his treatment to tell them that if the hospital cannot treat him within the maximum waiting time expected, he would like to ask to change hospital and be seen sooner elsewhere.

The service provides Daniel with information on other providers that could treat him sooner than his original appointment. There are a number of suitable providers for this, so he's offered a choice between these. He uses the NHS website to find further information about each hospital to help him decide which one he would like to choose. Daniel selects a suitable alternative provider and his transfer is sent to them by the hospital that he had originally chosen. He does not need to go back to his GP for this transfer and the new provider responsible for his care will make every reasonable effort to ensure that he's treated earlier than he would have started treatment if he had continued to wait for treatment with his original provider.

5. Choosing maternity services

Your choices

You can expect a range of choices in maternity services.

As soon as you find out you're pregnant you can:

- book an appointment directly with maternity services (you can [find maternity services \(https://www.nhs.uk/service-search/Maternity-services/LocationSearch/1802\)](https://www.nhs.uk/service-search/Maternity-services/LocationSearch/1802) near you on the NHS website)
- ask your GP to refer you to maternity services (if you're not registered with a GP you can use the NHS website to [find a GP \(https://www.nhs.uk/service-search/GP/LocationSearch/4\)](https://www.nhs.uk/service-search/GP/LocationSearch/4) to register with)

You can choose any maternity service, even if it's not in your local area.

While you're pregnant you can receive antenatal care from:

- a midwife
- a team of maternity healthcare professionals, including midwives and obstetricians (maternity doctors)

Which professionals are involved in your care will be determined by the health needs of you and/or your baby.

You can choose where you want to give birth. You have 4 options to choose from:

- at home, with the support of a midwife
- in a freestanding midwifery unit (that is, not next to a hospital obstetric unit)
- in an alongside midwifery unit (that is, next to a hospital obstetric unit)
- in a hospital obstetric unit (labour ward) with the support of midwives and obstetricians if you and/or your baby need additional or emergency care

Your midwife will explain which of the options are available for you in your area. You can choose to give birth in a facility outside of your local area if you wish.

Your midwife or obstetrician should provide clear, accurate information so that you can make an informed decision about where you plan to give birth. You can change your mind at any point.

After going home, you may receive postnatal care:

- in a community setting, such as a children's centre or community or family hub
- in a postnatal clinic at a hospital
- at home

Are these legal rights?

No. The NHS recommends choice is provided where possible and depending on what services are available, but this is not a legal right.

Information and support to help you choose

Your midwife will be able to give you information, advice and support to help you choose. You can also use other trusted sources of advice and information, including the following resources on the NHS website:

- the [pregnancy guide \(https://www.nhs.uk/pregnancy/\)](https://www.nhs.uk/pregnancy/) - these pages give advice on trying for a baby, pregnancy, labour and birth
- [Start for Life guidance \(https://www.nhs.uk/start-for-life/\)](https://www.nhs.uk/start-for-life/) for parents-to-be and new parents, including help and advice during pregnancy, birth and parenthood - you can [sign up to receive regular emails \(https://www.nhs.uk/start4life/signups/new\)](https://www.nhs.uk/start4life/signups/new) with tips and advice tailored to your stage of pregnancy or baby's age

See also section 9 of this guide, 'Getting more information to help you choose'.

What you can do if you're not offered these choices

If you feel that you have not been offered these choices you should first speak to your midwife. They are responsible for telling you about the choices available to you.

If you still feel unsatisfied with the handling of your case, you may wish to contact your local ICB and discuss the choices available to you. If you're unhappy, you can make a complaint to the ICB. For details on how to contact your ICB, see section 11 of this guide.

If your ICB is unable to resolve the complaint to your satisfaction, you have the right to take your complaint to the independent Parliamentary and Health Service Ombudsman - see 'Organisations that can help you' in section 1, above.

If you need extra help

If you need extra help because of a disability, a mental health condition or any other impairment, talk to your midwife or GP about how these additional needs will be considered when you're planning your maternity care. See section 10, 'If you require a reasonable adjustment', for more information on requesting reasonable adjustments.

Exercising these choices in practice

This example is fictional and is intended to demonstrate how choices may work in practice in the NHS. It does not refer to real people or situations.

Example: choosing the maternity services that are right for you

Valentina finds out she is pregnant for the first time. She uses [Find maternity services \(https://www.nhs.uk/service-search/other-health-services/maternity-services\)](https://www.nhs.uk/service-search/other-health-services/maternity-services) on the NHS website to find out about the locations, quality ratings and other information about maternity services near her. Valentina chooses a maternity service and contacts them directly to arrange a booking appointment.

At each appointment with her midwife, Valentina lets her midwife know what matters to her, discusses information she has received and asks questions about the risks and benefits of different choices she may make throughout pregnancy, birth and postnatally. Valentina's choices are reflected in her personalised care and support plan. She decides that she would like to give birth at home. Earlier in her pregnancy, Valentina received information in a format she could understand about birth choices and has discussed her options with her midwife on a number of occasions. Her midwife has explained the specific benefits and risks of each option.

In her third trimester, Valentina finds out that her baby is in the breach position. She discusses this with her midwife and an obstetrician and together they review her personalised care and support plan. Valentina chooses to consent to a common procedure which involves turning the baby into the headfirst position. The pregnancy continues well and Valentina, her midwife and her obstetrician review her personalised care and support plan again, including what matters to Valentina and the specific benefits and risks associated with her current circumstances. Valentina decides, with the support of her obstetrician and midwife, to give birth at an alongside midwife-led unit where specialist and emergency help will be available close by if she needs it, instead of giving birth at home as she had originally planned.

In the weeks before she gives birth, Valentina discusses her postnatal care with her midwife, who explains the different options available for her. She could choose to have her postnatal care at the midwife-led unit where she gave birth, at a community hub, at home or somewhere further afield if she prefers. After speaking with her midwife and understanding the available options, Valentina chooses to receive her postnatal care at a local community hub as this is easiest for her to get to and she will have the opportunity to meet other new parents. After the

birth, she discusses with her midwife her experience during pregnancy and birth and confirms her decision to have her postnatal care at the local community hub.

6. Choosing to take part in health research

Your choices

Clinical and health research studies help us better understand people's health and develop new and innovative ways of testing for or treating diseases. There are many opportunities for you to get involved and support clinical and health research - for example, taking part in approved clinical trials as a patient or as a healthy volunteer or helping to improve the way research studies are conducted.

It is always your choice whether to take part in research and you can change your mind at anytime.

Is this a legal right?

No.

When you may not have a choice

You cannot take part in research if:

- you do not meet the requirements for a particular study
- a study is already at capacity

Information and support to help you choose

To help you decide whether or not to take part in research, see the following resources:

- the NHS website has information on [taking part in clinical trials](http://www.nhs.uk/Conditions/Clinical-trials/Pages/Introduction.aspx) (<http://www.nhs.uk/Conditions/Clinical-trials/Pages/Introduction.aspx>)
- healthtalk.org explains [what clinical trials are and why we need them](http://www.healthtalk.org/peoples-experiences/medical-research/clinical-trials/topics) (<http://www.healthtalk.org/peoples-experiences/medical-research/clinical-trials/topics>)
- the National Institute for Health and Care Research (NIHR) explains [how patients can help with research](https://www.nihr.ac.uk/patients-carers-and-the-public/i-want-to-take-part-in-a-study.htm) (<https://www.nihr.ac.uk/patients-carers-and-the-public/i-want-to-take-part-in-a-study.htm>)
- NIHR also gives broader information on what research is, what taking part might involve and finding opportunities to volunteer on its [Be Part of Research](https://bepartofresearch.nihr.ac.uk/) (<https://bepartofresearch.nihr.ac.uk/>) page

What you can do if you're not offered this choice

The healthcare professional who is providing your care (for example, your hospital doctor, your GP or nurse) will be able to advise you if there is currently any appropriate research, so you should speak to them in the first instance. ICBs are also required to promote patients' recruitment to and participation in research. For details on how to contact your ICB, see section 11 of this guide.

If you're unhappy with the handling of your case (for example, if you feel like you're being prevented from taking part in health research without reasonable grounds for doing so) you may wish to complain to NHS England. For details on how to contact NHS England, see section 11 of this guide.

If NHS England is unable to resolve the complaint to your satisfaction, you have the right to take your complaint to the independent Parliamentary and Health Service Ombudsman - see 'Organisations that can help you' in section 1, above.

7. Choosing to have a personal health budget

Your choices

You may be able to choose to have a personal health budget which you can use to access some NHS services. A personal health budget is an amount of money to support your health and care needs. Personal health budgets allow for greater flexibility in meeting these needs and are particularly useful for those who have the following care needs:

- adults and children who receive NHS continuing healthcare funding
- care funded jointly by NHS and social care
- a learning disability
- those with mental health needs
- end-of-life care services
- wheelchair services
- people with mental health problems who are eligible for section 117 aftercare as a result of being detained under certain sections of the Mental Health Act (this does not include detention under section 2 of the act)

You'll be given the choice about how you want the money to be managed. This could be directly managed by you, a third party or the ICB.

Is this a legal right?

Yes, but only if you're eligible for any of the following:

- [NHS continuing healthcare \(https://www.nhs.uk/conditions/social-care-and-support-guide/money-work-and-benefits/nhs-continuing-healthcare/\)](https://www.nhs.uk/conditions/social-care-and-support-guide/money-work-and-benefits/nhs-continuing-healthcare/)
- a [personal wheelchair budget \(https://www.england.nhs.uk/personal-health-budgets/personal-wheelchair-budgets/\)](https://www.england.nhs.uk/personal-health-budgets/personal-wheelchair-budgets/)
- [section 117 aftercare \(https://www.rethink.org/news-and-stories/news/2019/nov/section-117-after-care-personal-health-budgets/\)](https://www.rethink.org/news-and-stories/news/2019/nov/section-117-after-care-personal-health-budgets/) (with some exceptions)

ICBs can also offer personal health budgets on a voluntary basis to those that they consider may benefit, although this is not a legal right. All ICBs should have developed their local offer of who can request a personal health budget in their area (beyond those who have the right to have one).

To find out more about personal health budgets in your area, contact your ICB. For details on how to contact your ICB, see section 11 of this guide.

When you may not have a choice

In some cases, people will not be able to directly manage a personal health budget (these are called direct payments). This may be if they lack mental capacity to do so, or have a court order against them. The decision will be made following a discussion with a healthcare professional.

Personal health budgets cannot be used, for example, for:

- urgent or emergency care
- GP appointments, medical tests, seeing a consultant or purchasing medication
- alcohol, tobacco, gambling, criminal activity or debt repayment

You can find the full list of exclusions in the NHS's [guidance on direct payments for healthcare \(https://www.england.nhs.uk/publication/guidance-on-direct-payments-for-healthcare-understanding-the-regulations/\)](https://www.england.nhs.uk/publication/guidance-on-direct-payments-for-healthcare-understanding-the-regulations/).

Information and support to help you choose

If you would like more information about personal health budgets in your area you should talk to your GP or healthcare professional, or contact your ICB. For details on how to contact your ICB, see section 11 of this guide.

For more information, see:

- [What is a personal health budget? \(https://www.nhs.uk/nhs-services/help-with-health-costs/what-is-a-personal-health-budget/\)](https://www.nhs.uk/nhs-services/help-with-health-costs/what-is-a-personal-health-budget/) on the NHS website
- the [Think Local Act Personal \(https://www.thinklocalactpersonal.org.uk/Browse/SDSandpersonalbudgets/\)](https://www.thinklocalactpersonal.org.uk/Browse/SDSandpersonalbudgets/) website, where you can find case studies showing how personal health budgets have been used by others

See also section 9 of this guide, 'Getting more information to help you choose'.

What can I do if I am not offered this choice?

Your ICB is responsible for ensuring that you're offered a personal health budget where appropriate. If you're eligible for a personal health budget or feel that you would benefit from a personal health budget, contact your ICB in the first instance. For details on how to contact your ICB, see section 11 of this guide.

If you feel that your ICB has not offered you the choice of having a personal health budget, you should raise this with them in the first instance. This also includes if you feel you should have had more choice about how you access your personal health budget - for example, you feel you should have a direct payment and have not been offered this.

If you're refused a request for a statutory personal health budget, you must be given a reason for that decision in writing. On receipt of this decision you or someone acting on your behalf may require the ICB to undertake a review of the decision and can provide evidence or information for the ICB as part of the review.

If your ICB is unable to resolve the complaint to your satisfaction, you have the right to take your complaint to the independent Parliamentary and Health Service Ombudsman - see 'Organisations that can help you' in section 1, above.

Exercising this choice in practice

This is an illustrative example and is intended to demonstrate how choices may work in practice in the NHS.

Example: choosing to use a personal health budget to arrange the care that suits you

Robyn had a spinal injury in 2006, at the age of 21, which left her tetraplegic and needing 24-hour care. When she was discharged from hospital, her care was managed by a home care agency which specialised in spinal injury, and they provided live-in personal assistants (PAs) who would work anywhere between 24 hours and 3 weeks at a time. Robyn's care package was jointly funded through NHS continuing healthcare (CHC) and the local authority, and initially it worked fairly well.

Over time, the care agency struggled to recruit and retain staff. This meant that they were often unable to provide suitable PAs, and it became a case of having any PA in place, so that Robyn at least had her basic needs met and was safe. In 2014, her last full year with the agency, Robyn had 36 different PAs providing her care. Robyn was increasingly finding that even getting out of bed safely was a challenge, let alone being able to leave the house or do anything with her day.

Prior to her injury, Robyn was a very active person, who owned and worked with horses, had a busy social life and was always on the go. Robyn's life still very much centered around animals post-injury, with several animals at home, and 2 small ponies who lived a 15 minute drive from Robyn's home. The care agency would regularly send PAs who were either allergic to or terrified of animals, or who could not drive, so Robyn could not get to the stables. There was little forward planning in managing her care and Robyn was unable to make plans or commitments, not knowing if she would have the right support in place on any given day or week. High staff turnover resulted in little continuity of care, and her health suffered as a result.

Robyn approached her social care and CHC teams about employing her own PAs directly and choosing the people who not only provided her care, but who lived with her for 24 hours a day. She wanted to have regular PAs, working regular shifts, and she wanted to have the right support in place to enable her to do more with her life.

A personal health budget was suggested and an indicative budget was set based on Robyn's care needs. She developed a personalised care and support plan and had help to recruit and employ a PA team. Robyn's personal health budget went live in November 2015 and she left the care agency.

Robyn has now held her personal health budget for 6 years and employs her own PAs through a direct payment. She employs 2 full-time live-in PAs, who work on a weekly rota.

Being able to take control of her own care and choose the PAs who provide her support has transformed Robyn's life. She's able to build good working relationships with her PAs, they know her and they know her needs, which means they can provide proactive support and often anticipate any potential issues. She's able to work part time, carriage drives competitively, and is back to having an active social life. She describes her personal health budget as having given her her life back.

8. Choosing to access planned treatment in the EU member states, Norway, Iceland, Liechtenstein or Switzerland

If you wish to have your treatment in an EU member state, Norway, Iceland, Liechtenstein or Switzerland, your GP, dentist or local commissioner will outline the choices that are available to you. If you do not feel you've been offered this choice you should speak to them in the first instance.

The S2 funding route may entitle you to NHS funding for planned state healthcare in an EU country, Norway, Iceland, Liechtenstein or Switzerland. For healthcare to be funded through the S2 route, you will need to apply for funding prior to treatment. If your application is approved, your treatment will be provided under the same conditions of care and payment that would apply to residents of the country you're seeking treatment in. This means that you may have to pay for a percentage of the costs yourself (a co-payment). In some countries patients cover 25% of the costs of their state-provided treatment and the state covers the other 75%. If you did receive treatment under such a healthcare system you would be expected to pay the same co-payment as a patient from that country. You may be able to claim back some or all of your contribution when you return to the UK.

In some countries, like the UK, healthcare is completely free. This means that an approved S2 will cover 100% of the costs of your healthcare, so you would not pay any treatment costs. NHS England will not reimburse any travel or accommodation costs.

You can find more information on [the S2 funding route](https://www.nhs.uk/using-the-nhs/healthcare-abroad/going-abroad-for-treatment/what-is-the-s2-route/) (<https://www.nhs.uk/using-the-nhs/healthcare-abroad/going-abroad-for-treatment/what-is-the-s2-route/>) on the NHS website.

9. Getting more information to help you choose

There are lots of ways to get general information to help you make the right choice. For example:

- the [NHS Constitution for England](https://www.gov.uk/government/publications/the-nhs-constitution-for-england) (<https://www.gov.uk/government/publications/the-nhs-constitution-for-england>) tells you what you can and should expect when using the NHS -

an [easy read version of the NHS Constitution](#)

(<https://www.gov.uk/government/publications/nhs-constitution-for-england-alternative-formats>) is also available, and audio and Braille versions are available on request

- the [NHS website](http://www.nhs.uk/pages/home.aspx) (<http://www.nhs.uk/pages/home.aspx>) can help you when making important health decisions, including the ability to find local services - it provides tools and resources that help you look at your options and make informed choices
- the NHS England's [Choice webpage](#) (<https://www.england.nhs.uk/personalisedcare/choice/>) provides further information on choices available in the NHS, links to other NHS programmes and sets out NHS England's role in helping patients exercise their legal rights to choice
- the [Care Quality Commission](#) (<https://www.cqc.org.uk/>) checks many care organisations in England to ensure they are meeting national standards and then shares its findings with the public so you can make informed choices - you can also call its national customer service centre on 03000 616161 or contact them using their online form
- [Healthwatch](http://www.healthwatch.co.uk/) (<http://www.healthwatch.co.uk/>) is an independent consumer champion for health and social care in England, operating as Healthwatch England at national level and as local Healthwatch at local level - it can help you to make a complaint about NHS health and social care services and will be able to provide more information about local services
- GPs, ICBs and providers all have contractual and/or legal obligations to provide information to patients - you can ask your GP for more information to help you choose (if you want to understand more about the obligations, this is covered on the NHS England [Choice webpage](#) (<https://www.england.nhs.uk/personalisedcare/choice/>))

10. If you require a reasonable adjustment

The NHS Constitution for England sets out the NHS commitment to benefiting the whole community, making sure that nobody is excluded, discriminated against or left behind. This means that the individual is at the heart of the NHS and services must be co-ordinated around and tailored to the needs and preferences of patients, their families and their carers. As a user of the NHS you have the right to receive care and treatment that is appropriate to you, meets your needs and reflects your preferences.

According to the Equality Act 2010 and the public sector equality duty, all public authorities are required to make reasonable adjustments for people

with disabilities. If you require a reasonable adjustment or additional assistance because of a disability, a mental health condition or any other impairment, talk to your GP or the healthcare professional who is responsible for arranging your care, as they must ensure that these additional needs are taken into account when you're making your choices. You should be provided with the information and support you need to choose to receive your care in a setting that is best for your individual health and wellbeing needs.

All organisations are required to meet the Accessible Information Standard to ensure that everybody has access to information they can understand and is able to communicate the things that are important to them. There is more information about the [Accessible Information Standard](https://www.england.nhs.uk/ourwork/patients/accessibleinfo-2/patient/) (<https://www.england.nhs.uk/ourwork/patients/accessibleinfo-2/patient/>) and what it means for you on the NHS website, where guidance is published in standard and easy read format.

11. Contacting the organisations and professionals mentioned in this guide

If you do not feel that you've been offered the choices outlined in this guide, in most cases it might be helpful to speak to the healthcare professional responsible for your care in the first instance.

However, if you do not feel comfortable doing this or if you're unsatisfied with the outcome of this conversation, you may wish to complain to another organisation.

Each section of this guide tells you who you should speak to if you do not feel that you've been offered the choices outlined for that service. Details of how to contact these organisations are set out below.

Contacting your GP practice, dentist or optometrist

GPs, dentists and optometrists have specific roles to ensure patients are offered a choice of where they go for a first outpatient appointment. GP practices are also responsible for ensuring patients can be registered with them and choose which healthcare professional they see at their practice.

To contact your GP practice, dentist and optometrist you can:

- speak to them in person at an appointment

- check their website for contact details
- find information on GP practices, dentists and optometrists on the [NHS services](https://www.nhs.uk/nhs-services/) (<https://www.nhs.uk/nhs-services/>) section of the NHS website

Contacting your local integrated care board

ICBs are responsible for the majority of NHS services in England. Each ICB is responsible for a specific geographical area - your ICB will be determined by where you're registered with your GP.

ICBs have a duty to ensure patients can exercise their legal rights to choice of healthcare provider. They also have a responsibility to provide information on the choices available to patients in the NHS.

ICBs must publish their complaints procedure.

To contact your local ICB, you can:

- use the [Find your local integrated care board](https://www.nhs.uk/nhs-services/find-your-local-integrated-care-board/) (<https://www.nhs.uk/nhs-services/find-your-local-integrated-care-board/>) tool on the NHS website
- ask your GP practice - they'll be able to tell you how to contact your local ICB

Contacting NHS England

NHS England can provide advice and guidance to patients, the public, commissioners and providers in relation to patient choice in the NHS.

In addition, NHS England has oversight responsibilities to make sure that providers and local health organisations offer patients the choices they're entitled to. NHS England is also responsible for responding to and investigating complaints about patient choice, whether you've already contacted your ICB or not.

To contact NHS England:

- email england.choice@nhs.net
- visit the [NHS England website](https://www.england.nhs.uk/contact-us/) (<https://www.england.nhs.uk/contact-us/>) (includes details on using BSL video interpreters and Relay UK)

Contacting the Parliamentary and Health Service Ombudsman

If you're not satisfied with the outcome of your complaint to your GP, ICB or NHS England you have the right to complain to the independent Parliamentary and Health Service Ombudsman. The ombudsman makes final decisions on unresolved complaints about the NHS in England. The ombudsman is the final stage in the complaints system, and you should use other complaints processes before using the ombudsman.

To contact the ombudsman:

- visit the [ombudsman website \(http://www.ombudsman.org.uk/\)](http://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'll be called back within one working day during office hours (Monday to Friday 8:30am to 5:30pm)

Contacting your local advocacy service

In addition to the above, you can contact an advocacy service if you need support to raise concerns about your legal rights to choice. Advocacy services work on behalf of patients and can provide advice and support if you want to make a complaint about the NHS. You can find [information about using an advocacy service \(https://www.nhs.uk/conditions/social-care-and-support-guide/help-from-social-services-and-charities/someone-to-speak-up-for-you-advocate/\)](https://www.nhs.uk/conditions/social-care-and-support-guide/help-from-social-services-and-charities/someone-to-speak-up-for-you-advocate/) on the NHS website.

Other sources of information and support include Healthwatch and PALS - see 'Organisations that can help' in section 1, above.



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