

*Wider Devon STP is defined in the Glossary appendix.

Summary of Key Points

Wider Devon STP is committed to enabling patient choice as set out in the NHS Constitution. The STP also recognises that sometimes referrals are made outside the area that are not subject to patient choice and this results in local NHS resource leaving Devon. The STP prefers and actively promotes local referrals wherever a clinically equivalent service exists, to maximise both investment in local services and convenience for patients, though patient choice will be respected. Wider Devon STP's summary position on referrals and choice is as follows:

- 1) All referrals made in primary or secondary care should be in accordance with CCG or NHS England (NHSE) commissioning policies. Referrals are not permitted where a treatment is not commissioned by the patient's CCG or NHS England.
- 2) Patients have a right to choice of provider when requiring an elective referral for a new, GP initiated, first outpatient appointment to a consultant led service in England. It must be for a condition for which they have NOT already started a treatment pathway.
- 3) The Wider Devon STP normally supports the right for a patient to seek a second opinion.
 - The patient should discuss this with their existing consultant team who will raise an Inter-Provider Transfer (IPT) if a transfer of care is required, preserving the existing RTT clock. Where equivalent services exist in Devon these should be offered to the patient to inform their choice
 - Where a patient is unable, or unwilling, to do this, the practice should contact the provider on behalf of the patient to request an IPT to another provider. Where equivalent services exist in Devon these should be offered to the patient to inform their choice
 - Only in exceptional circumstances should practices raise a new referral as this will re-start the patient's RTT clock, delaying their treatment. The practice also needs to contact the provider to cancel the first referral.
- 4) Consultant-to-consultant and tertiary referrals to Out of Area providers (as defined in [Appendix A](#)) are discouraged where equivalent services exist in Devon and these local services should be offered to the patient to inform their choice. The STP prefers and actively promotes local referral wherever a clinically equivalent service exists rather than out of area provision, though patient choice will be respected. If the service or treatment is not commissioned by the patient's CCG or by NHS England requests for such a referral, demonstrating the reason for the request, should be made to the [Individual Funding Panel](#) (IFP).
- 5) The aim of this work is to ensure that locally appropriate services are not bypassed and that patients are not referred to services that are not commissioned for Devon's patients. Appropriate referrals from specialists to tertiary/quaternary services would not be affected.
- 6) Patients seeking treatment abroad in the European Economic Area (EEA) must speak in advance to the [IFP](#) team in their CCG area for advice regarding funding approval.

If a clinician wishes to refer outside of the guidelines set out in this document then prior approval must be sought by the [IFP](#). When seeking approval from the IFP the reasons for the request and supporting evidence should be clearly stated.

1. Background

The CCG within the Wider Devon STP (NHS Devon CCG) commissions a comprehensive range of high quality services that promote wellbeing, and care for people locally when they are unwell.

The STP is committed to:

- Making best use of new technologies and treatments
- Reducing variation in standards of care
- Managing the needs of an increasingly ageing population with complex health needs
- Reducing health inequalities
- Improving the outcomes for people with physical and mental illness

The STP recognises that the way services will be delivered in the future is different to how they are delivered now. If no changes are made to the NHS in Devon the STP faces a deficit of more than £550m by 2020/21.

Maximising the investment in, and use of, local services is fundamental to driving up quality, reducing variation and improving the sustainability of health care. It is also fundamental in enabling the people of Devon to stay well and independent as long as possible in their own communities.

The STP remains committed to ensuring patients can access relevant services across the UK and the EEA countries where it can be demonstrated that this is the best option for the individual.

This paper seeks to clarify the Wider Devon STP's position on patient choice in a number of scenarios. It applies to:

- ***all patients registered with GP practices within the STP area (the county of Devon) regardless of where they reside.***
- ***a patient who is not registered with a GP practice, but who is 'usually resident'* in Devon. (* as nationally defined by the NHS (Annex B of the Responsible Commissioner Guidance 2013)).***

2. When do Patients have a Right to Choice?

Under the [NHS Constitution](#) for England any person requiring a new elective referral from a GP, may choose any appropriate secondary care provider for their first consultant led outpatient appointment. The referral must be for a condition for which they have not already been referred or started a treatment pathway to a commissioned consultant led service. Where a patient has previously been discharged from care for the same condition a new referral would be appropriate. Additionally the secondary care provider must be within England. The vast majority (approximately 95%) of patients in Devon choose their local hospital.

The NHS Constitution covers both elective mental and physical health referrals. The STP considers that in some circumstances the benefit to a patient of being treated by a provider close to home, in particular for mental health conditions, is desirable due to the availability of other supporting services and staff. Patients may wish to take this into account when choosing their provider.

In addition, CCGs may commission other services and treatments from a range of healthcare providers, for example services run by 'Any Qualified Provider', which allow for choice of

provider to be offered outside of the NHS Constitution rights. In these circumstances Wider Devon STP will also support the right to choice for these services.

If it is not possible for patients to be seen within the maximum waiting time (18 weeks) the local health community must investigate and seek to offer them a suitable alternative hospital or community clinics that would be able to see or treat the patient more quickly. The suitable alternative hospital must be able to provide the same type of treatment and procedure, and be able to do this within the national prices set with the NHS.

Choice does not mean that a patient can change the STP's commissioning policies by seeking to extend the range of treatments the NHS is prepared to commission or fund for that patient or for patients generally.

2.1 Choice does not extend to:

- Non-consultant led services (such as community services);
- Tertiary referrals where consultants may wish to refer on to specialist centres in the same field;
- Accident and emergency services;
- Services for suspected cancer or services provided at rapid access chest pain clinics which are subject to the 2 week maximum waiting time;
- Maternity services;
- Services for persons detained under the Mental Health Act 1983;
- Any person detained in or on temporary release from prison;
- Any person serving as a member of the armed forces; or
- Any other services where it is necessary to provide urgent care
- Self-referrals
- Treatments in the research phase or clinical trials
- Any referrals outside of England, including the EEA

As the NHS Constitution is for England, the rights set out within it do not extend to other UK areas. Services provided in Wales, Scotland and Northern Ireland are therefore not routinely commissioned by the Wider Devon STP. Requests for treatment by services in these areas would need prior approval - requests for such a referral, demonstrating the reason for the request, should be made to the [Individual Funding Panel](#) (IFP).

All patients seeking treatment abroad under EU directive must seek funding approval prior to treatment. Patients are only eligible for treatments that would be available locally on the NHS. Patients may only claim reimbursement for treatment up to the amount the treatment would have cost on the NHS in England. Patients will bear the risk of any additional costs incurred by having treatment.

3.0 Commissioning Policies and Commissioned Pathways

Clinical commissioning groups (CCGs) commission local NHS health services and NHS England commissions highly specialised health services. Both organisations use national and local policies to prioritise treatments based on available resources and competing demands. Further information about access to services and commissioning policies is available from:

- [NHS Devon CCG](#) [please note this link does not work in IE8]
- [NHS England](#)

Prior approval is required for referrals and/or treatment outside these policies - requests for such a referral, demonstrating the reason for the request, should be made to the Individual Funding Panel.

For many conditions, Wider Devon STP commission according to clinical pathways which are available via the Formulary and Referral web sites:

- [North and East Devon](#)
- [South and West Devon](#)

Advice about whether a referral meets a pathway can be gained from clinical staff at Devon Referral Support Services.

Patients seeking treatment elsewhere, including abroad, must be able to demonstrate adherence to these policies and pathways to be considered for NHS funding.

Patients seeking treatment abroad must speak in advance to the [IFP](#) team in their CCG area for advice regarding funding approval. Further information for patients is available on the [NHS Choices](#) web site.

3.1 What if the patient would like a second opinion?

Patients do not have a legal right to a second opinion. However, Wider Devon STP will normally support a patient seeking a second opinion for the same condition but will not routinely fund a third or subsequent opinion. Prior Approval is required for requests for 3rd or subsequent opinions. Such requests to the [IFP](#) should demonstrate the reason for the request.

A second opinion is defined by Medical Dictionary, © 2009 Farlex and Partners as “*an independent professional review and assessment of a patient done to confirm, add to, or revise the diagnoses and proposed treatments of another medical professional*”.

People who ask for a second opinion have already seen a doctor, so they may have to wait. A second opinion with a different consultant will also usually be at a different hospital, which may involve some travelling. Getting a second opinion may therefore delay any treatment needed. If the patient has a serious medical condition, they need to be advised to take this into account when deciding to ask for a second opinion (*from NHS Choices*).

- Typically, if a patient wants to explore other treatment options they would discuss this with their secondary care consultant. If a transfer of care is needed the consultant would then raise an IPT to transfer the patient's care. Patient choice should be respected and suitable local services included in the choice offer.
- If the patient is not able, or willing, to discuss this with their secondary care consultant, then the practice should contact the consultant team on the patient's behalf to request a transfer of care by IPT. Patient choice should be respected and suitable local services included in the choice offer.

- Only in exceptional circumstances should GPs make a second referral as this will restart the patient's RTT clock and introduce delay in their treatment. The practice will also need to contact the original consultant team confirming the patient has requested to be discharged as their care is moving to another provider. The GP needs to make it clear to the patient that they cannot have two care pathways for the same condition at the same time, but that this does not mean they cannot be referred back to original provider at a later point if they decide not to follow up treatment with second opinion provider.

Travel costs are not routinely funded unless individuals fulfil the criteria set out in the [Healthcare Travel Costs Scheme](#) or there is a medical requirement for ambulance transport (guidance on eligibility can be obtained from the local Patient Transport Advice Service).

3.2 Referrals to providers outside of the Wider Devon STP area (“Out of Area”) for consultant to consultant and tertiary referrals

Wider Devon STP does not routinely support consultant-to-consultant referrals or tertiary referrals where the service is not commissioned by the patient's CCG or by NHS England.

Requests for such a referral, demonstrating the reason for the request, should be made to the Individual Funding Panel. This applies equally to care delivered in the UK and care to be delivered in other European Economic Area (EEA) countries.

Where the service is commissioned by the patient's CCG or by NHS England, and equivalent services exist in Devon these should be offered to the patient to inform their choice. The CCG prefers and actively promotes local referral wherever a clinically equivalent service exists rather than out of area provision, though patient choice will be respected.

In line with Responsible Commissioner Guidance in relation to Non-Contracted Activity (NCA) for consultant-to-consultant referrals, treatment must not be undertaken without approval from the patient's CCG through the [IFP](#) and the approval reference must be quoted on any invoice.

3.3 Patient Initiated Change of Provider

Any patient who wishes to change provider before the start of their treatment pathway (i.e. before first outpatient appointment) would need a new referral from their GP.

Providers are expected to complete the patient's treatment pathway unless there are contractual or clinical reasons why this is not practicable, in which case the patient's care should be transferred to a more suitable provider via an Inter-Provider Transfer (IPT).

If a patient wishes to initiate a transfer of care to a new provider once treatment has started:

- if this is for a second opinion the IPT process will apply (see section 3.1)
- if this is due to a likely RTT breach then the Devon STP process will apply
- Otherwise the patient will require a new referral from their GP (for example if the patient moves house out of the area where different commissioning arrangements may be in place).

4.0 Prior Approval

Where a patient seeks to exercise a choice which is constrained by one of the scenarios described within this paper, the patient's referring clinician (from primary care or secondary care) can apply to the [Individual Funding Panel](#) for approval to refer.

The reasons for the request should be clearly stated and supporting evidence clearly provided.

The role of Individual Funding Panel is to consider applications for funding for treatments, on a case-by-case basis, including those for which prior approval is required within existing contracts.

Referral and treatment must not be undertaken without approval from the patient's CCG through the IFP and the approval reference must be quoted on any invoice or on the patient record.

More information is available on the NHS Devon web site:

- <https://devonccg.nhs.uk/documents?wpdmc=individual-funding-request>

Appendix A: Glossary

Out of Area:

Out of Area (OoA) referrals are defined as referrals to providers outside of the following areas:

- the Wider Devon STP area as defined below and
- Kernow, Somerset and Dorset Clinical Commissioning Group Areas

Health and Care Organisations within Wider Devon STP's footprint:

(as defined by [STP web site](#) on 23 December 2019)

NHS Clinical Commissioning Group (CCG)

- NHS Devon CCG

NHS Trusts

- University Hospitals Plymouth NHS Trust
- Royal Devon and Exeter NHS Foundation Trust
- Northern Devon Healthcare NHS Trust
- Torbay and South Devon NHS Foundation Trust
- South Western Ambulance Service NHS Foundation Trust
- Devon Partnership NHS Trust

Primary care providers

- Approximately 130 GP practices

Local authorities

- Devon County Council
- Plymouth City Council
- Torbay Council

Other local health and care organisations

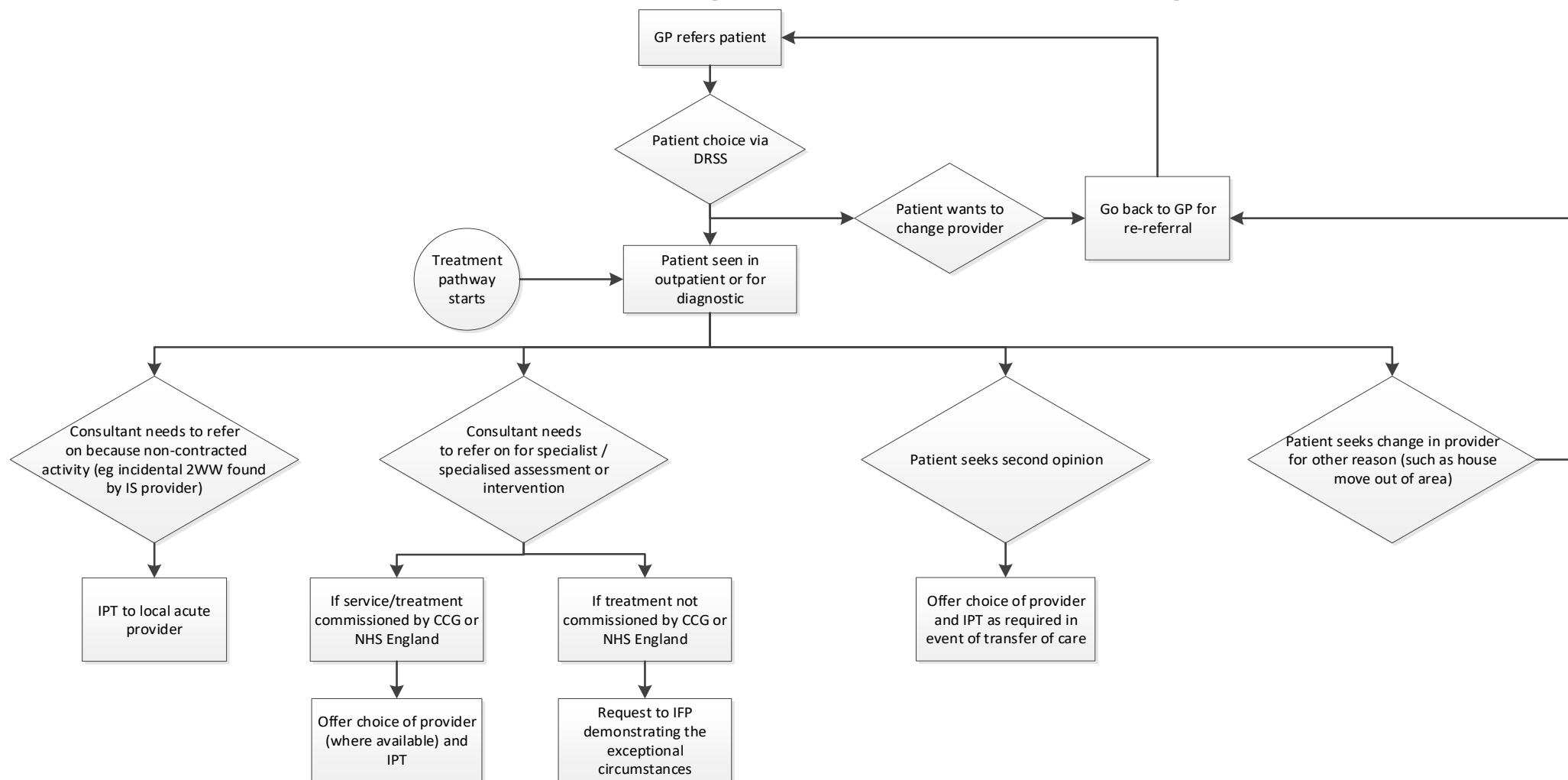
- Livewell Southwest
- Devon Doctors
- Healthwatch (Devon, Plymouth and Torbay)

National organisations

- NHS England
- Care UK

Alongside these organisations are the communities of Devon.

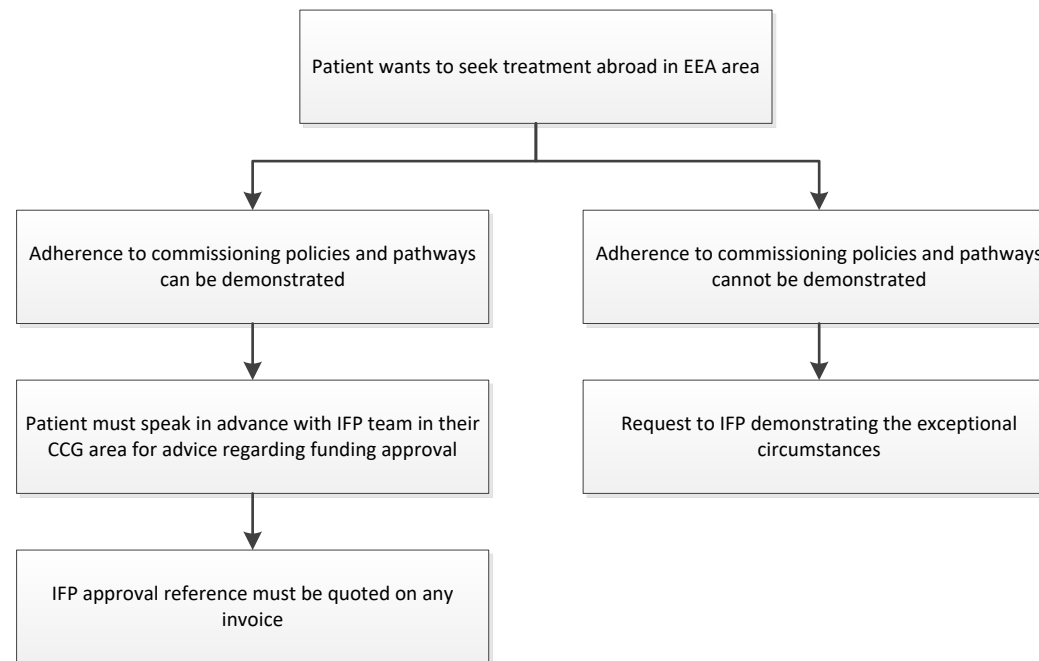
Process for second opinions and tertiary referrals



Process for third or subsequent opinions

Request to IFP demonstrating the reason for the request

Process for requesting treatment abroad (EEA)



Appendix C: Version Control

Version Control			
Version	Author	Date	Changes
1.0	Dr Alex Degan, Adam Carrick and Rachael Burrridge	December 2017	Approved by Joint Executive Committee January 2018
1.1	Dr Alex Degan, Adam Carrick and Rachael Burrridge	May 2017	• Changed page 1 point 3.1 and the corresponding points on pages 4 (point 3.1) and page 8 (flowchart) as IPTs are only raised in event of definite transfer of care • Changed flowchart on page 8 to make it clear that the IS providers are referring on in the event of finding an incidental cancer, not being referred to • Moved definition of IFP from the closing paragraph on page 1 to point 4 on page 1 • Changed page 1 point 6 to define EEA • Changed page 5 point 3.3 to include reference and link to the Devon STP process for patients wishing to change provider in the event of a likely RTT breach
1.2	Rachael Burrridge	December 2019	• Changed all references to NEW Devon CCG and Torbay and South Devon CCG to NHS Devon CCG • Updated Appendix A to reflect changes to STP membership in line with STP web site (to reflect the merger of CCGs, change of UHP's name, reduction in number of GP practices, and removing Virgin Healthcare)