

Norfolk and Waveney ICB

Patient Choice Policy

Document Control Sheet

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Approved documents are valid for use after their approval date and remain in force beyond any expiry of their review date until a new version is available.

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What is it for?	To advise patients on their right to choose services and when choice is not available.
Evidence base:	NHS Constitution
Who is it aimed at and which settings?	This policy is for use by all patients, carers and service users of Norfolk and Waveney.
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Other relevant approved documents	N/A
References:	<ul style="list-style-type: none"> • Reforming elective care for patients 2025 • The NHS Constitution 2023 • The NHS Choice Framework 2024 • https://www.england.nhs.uk/publication/choice-in-mental-health-care/ • Universal Personalised Care: Implementing the Comprehensive Model • The NHS Long Term Plan • The Operational Planning guidance 2025/26 • The Health and Social Care Act 2012 • The Provider Selection Regime: draft statutory guidance 2024 • Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes 2015. • Medicines: Improving outcomes and value; Medicines Optimisation NHSE • Overview Medicines adherence: involving patients in decisions about prescribed medicines and supporting adherence Guidance NICE • Good practice in prescribing and managing medicines and devices - professional standards - GMC (gmc-uk.org)
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Version Control

Revision History	Summary of changes	Author(s)	Version No
February 2025	<ul style="list-style-type: none"> • The NHS Constitution changed from ‘2015 to July 2023’ • The NHS Choice Framework date changed from ‘2020 to October 2024’ • GP practice section ‘Access primary care services digitally’ • Edited GP practice section with further criteria ‘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’ • Removal ‘If a GP surgery refuses to register you, they must write to you within 14 days explaining why’. This is not included in the updated framework. • Included’ further narrative on choice for healthcare professional’ • Added information on Manage your referral or the online e-Referral Service (eRS).’ • Removed ‘2 weeks to see a specialist for suspected cancer. Added’ 28 days of an urgent referral for suspected cancer or for breast symptoms’ • Added ‘exceptions on choosing an alternative provider section ‘ • Added’ steps to be taken when alternative provision is not offered’ • Added’ referral from secondary care to other providers when people are waiting or will wait for more than 18 weeks for assessment or treatment, or more than 28 days receive a diagnosis or have cancer ruled out. • Added’ not legal right but there are maternity choices’. • Added’ exemption on personal health budget’. • Updated’ section on European planned care funding 	Head of Acute and Specialised Commissioning, NWICB	2

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1. INTRODUCTION – PUTTING PEOPLE AT THE HEART OF CARE

This Policy is a guide to the choices that people have and can make about their personal healthcare and treatment.

Every individual has a right to make informed choices about their healthcare and be offered the opportunity to compare and make choice decisions based on their individual needs.

NHS Norfolk & Waveney Integrated Care Board (N&WICB) has an ambition to provide as much choice as possible for people when they need to access NHS support.

Since the introduction of Patient Choice, the NHS set out the vision of '*a health service designed around the patient*'. The Department of Health and Social Care and NHS England has published a succession of White Papers and policy documentation to move forward the vision to deliver a person-centred health service.

N&WICB will also adhere to the NHSE 'Reforming elective care for patients' national policy' [NHS England » Reforming elective care for patients](#)

2. THE CHOICE FRAMEWORK (2024)

The 2024 Choice Framework has further defined those services where choice is a legal right and explains these rights under the NHS Constitution. The Framework forms the basis of this policy and offers the following provisions:

2.1 *Choosing your GP and GP Practice*

People have a legal right to choose their GP Practice, also known as a primary care provider, they register with. A GP surgery can refuse to register you if:

- The practice might not be taking on new patients because it's has received approval to close its list
- You live outside their catchment area, and they only accept patients inside this area.
- You have been removed from that surgery before after a zero-tolerance event or you are on the special allocation scheme

When you contact your GP practice, they may ask you a number of questions to enable them to ensure you are seen by the most appropriate healthcare professional for your need. You may express a preference of doctor, nurse or other healthcare professional you see for an appointment and the practice will make reasonable efforts to accommodate this where it is clinically appropriate unless:

- The particular doctor, nurse or other healthcare professional is on leave, or at full capacity with no available appointments.
- The practice run a personal list, and your allocated GP is a different GP and they have reasonable grounds for not being able to accommodate your request to change this.
- The particular healthcare professional is not the most appropriate clinician to manage your condition

- You need an urgent appointment, and your choice of doctor, nurse or healthcare professional is not immediately available;
- or they have other reasonable grounds for not being able to do this.

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.

2.2 Choosing where to go for your first appointment as an outpatient

Patients referred for consultant-led treatment, or to a mental health professional have a legal right to decide which NHS organisation they would like to receive care from as an outpatient.

Patients are also able to choose the clinical team who will be in charge of their care.

These choices apply to both physical and mental health referrals but apply only at the point of referral to providers that have an NHS contract to provide the selected service. Normally, the same provider chosen for the first outpatient appointment will also go on to provide the rest of your treatment.

The referring clinician will make every effort to meet the request, although this may not always be feasible and is dependent on the circumstances. Referrers are asked to shortlist on average 5 providers from which the patient may choose, where this is practicable and clinically appropriate. The GP practice will use the e-Referral Service to offer the person these 5 choices, where you are being referred to a service which is available on e-RS. These include providers that hold an NHS contract to provide the relevant services, including some independent sector providers. The GP practice should give the person the log-in details to access the NHS e-referral service and book an appointment with their chosen hospital. Where providers are still progressing the use of e-Referral Services, the 5 options should still be discussed with the patient with sufficient and relevant information to enable patients to make their choice.

2.3 Exceptions to choice of provider

There will be occasions when the health provider is not in a position to accept the request due to the nature of the condition. In addition, 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 same condition for which you are being referred
- 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

Once you and your GP practice 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](#) or the online [e-Referral Service](#) (eRS). This includes some independent sector providers who are providing services for the NHS. Your GP can contact the ICB for further information if the provider is not included on the e referral system.

When making their choice patients should consider whether their chosen provider provides ongoing follow-up, and if there may be a need for ongoing medication or testing how this would be provided. GP practices may not be able to provide shared care arrangement for medication and monitoring for all providers.

3. CHANGING PROVIDER IF YOU HAVE BEEN WAITING LONGER THAN THE MAXIMUM WAIT TIME

The maximum waiting time standard to begin your treatment or assessment is usually 18 weeks. Given the challenges with our system's waiting times, this is likely to be longer. However, as part of the elective recovery reform and the N&W ICB plan, we will be working towards achieving the 18-week waiting time target. For cancer services, the waiting time standard to receive a diagnosis or have cancer ruled out is 28 days.

You can ask to be transferred to a different provider of a consultant-led 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
- If an alternative provider is clinically more appropriate and available

There may be cases where the request cannot be made, for example, if you require specialist care, but every effort should be made to ensure that patients have the choice. 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 sooner.

If the circumstances above apply (e.g. patient will have to wait or is already waiting for 18 weeks, or diagnosis to rule out cancer of an urgent referral will exceed 28 days), the discussion about choice of provider must be carried out by the current provider. The person will not need to go back to their GP for this transfer, the current provider should make the referral to new provider of choice.

In certain circumstances, when all available providers have long waiting times, it may not be possible for the GP to expedite the referral unless the patient's condition has significantly worsened

3.1 Exemptions of legal right for 18 weeks wait

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 assessment or treatment for reasons not related to the provider - for example, you're a reservist posted abroad while waiting to start treatment.
- Your assessment or treatment is no longer necessary.
- You're on the national transplant list.
- You're using maternity services.

3.2 Exemptions of legal right for 28 days wait – Diagnosis and Cancer

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

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.

4. CHOOSING WHO CARRIES OUT A SPECIALIST TEST

It is a legal right for individuals to request a specific NHS funded provider to carry out specialist tests; however, this is only the case if the test is available on the NHS and you are eligible and the test will be the first outpatient appointment for the condition in question. The referring clinician will try to meet the request, but this may not always be possible.

5. CHOICE AND PERSONALISATION IN MATERNITY CARE

Personalised maternity care is essential in ensuring safer, kinder and more family-friendly maternity services. Norfolk and Waveney Local Maternity and Neonatal System (LMNS) is committed to supporting women and birthing people to making informed choice about their pregnancy and birth, wherever it is safe and feasible.

This commitment includes ensuring that pregnant women, birthing people, and their families have access to clear, relevant information, empowering them to make decisions centred around their individual needs and circumstances.

The NHS encourages offering choice in maternity care wherever possible and within available services, though **this is not a legal right**.

Your choices during pregnancy, birth and after your baby is born.

You can expect a range of choices in maternity care.

It's important to contact your midwife as soon as you find out you're pregnant:

- You can contact your local midwifery team to book an appointment directly on your local hospital's website (you can find maternity services near you on the [NHS website](#)).
- You can contact your GP surgery (if you're not registered with a GP, you can use the NHS website to [find a GP](#) to register with).

Pregnancy care before (antenatal) and after birth (postnatal) is available in hospital maternity units, community midwifery hubs and sometimes at home. Some or all these choices are available depending on where you choose to have your baby. If you find any locations difficult to get to due to your individual needs, you can talk to your midwife about possible alternatives.

You can choose to receive your maternity care from any hospital providing maternity services, even if it's not in your local area.

During your pregnancy you can receive antenatal care from:

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

This is determined by your individual health needs and/ or those of your baby.

During pregnancy you can choose to take part in antenatal classes to help you and your partner plan for your new baby. You can ask your midwife or obstetrician for information about antenatal classes in your area.

You can choose where you want to give birth to your baby:

- at home, with the support of a midwife
- in a midwife-led birthing unit (MLBU) with the support of midwives. MLBUs are available at all three hospitals in Norfolk and Waveney.
- in a hospital delivery suite or obstetric unit (labour ward) with the support of midwives and obstetricians if you and/or your baby need additional or emergency care

Your midwife or obstetrician 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 will talk to you about the safest place to give birth so that you can make decisions about your care with their support. You can change your mind at any point.

When you return home after giving birth to your baby, you may receive postnatal care:

- in a community setting, such as a Children's Centre or Family Hub
- in a postnatal clinic at a hospital
- at home

For more information on this please read [Your Choices before, during and after pregnancy](#) and [Personalised Care and Support Plan](#) on the Just One Norfolk website.

6. CHOOSING SERVICES PROVIDED IN THE COMMUNITY

The ICB commissions a wide range of services in the community and patients, where possible, will be offered a choice of provider. However, this is not a legal right and is dependent on the services provided. Choice only applies to community Consultant-led services.

7. CHOOSING TO TAKE PART IN HEALTH RESEARCH

People can take part in approved health research, for example clinical trials of medicines relating to individual circumstances or care. This is not a legal right however and people have the freedom to decide if they would like to partake.

8. CHOOSING TO HAVE A PERSONAL HEALTH BUDGET

A personal health budget (PHB) is an amount of money to support someone's health and wellbeing needs, which is planned and agreed between the individual and/or their representative, and the ICB. It is not new money, but a different way of spending health

funding to meet the needs of an individual. PHBs are a way of personalising care, based around what matters to people and their individual strengths and needs. They give disabled people and people with long-term conditions more choice, control, and flexibility over their healthcare. A PHB legal right applies as follow:

- adults and children who receive NHS continuing healthcare funding
- care funded jointly by NHS and social care
- a learning disability
- 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)

Personalised care and support planning (PCSP) is essential to making personal health budgets work well. A PCSP helps people to identify their health and wellbeing goals, in collaboration with their case manager, and sets out how the budget will be spent to enable them to reach their goals and keep healthy and safe.

There are three types of PHB's:

- **Direct Payment** - a direct payment is where the ICB pays money directly to the patient, their representative or nominee
- **Notional budgets** - could be an option for patients who want more choice and control over their health care but who do not feel able or willing to manage a budget.
- **Third Party** - a budget is held by a third-party organisation, and they would be able to employ a Personal Assistant directly on behalf of the patient.

In some circumstances, a PHB may not be appropriate. You can find the full list of exclusions in the NHS's [guidance on direct payments for healthcare](#)'

8.1 Exemption of PHB Choice

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](#).

9. 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 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 should also ensure you have explored how any ongoing follow-up care will be provided if you do opt to pursue this route.

You can find more information on [the S2 funding route](#) on the NHS website.

10. CHOICE OF MEDICINE AND MEDICINES OPTIMISATION

In relation to medicines, the [NICE guideline on medicines adherence](#) recommends that all patients have the opportunity to be involved in decisions about their medicines at the level they wish, through shared decision making. This is outlined in the NHS Constitution. Also, [General Medical Council's good practice in prescribing and managing medicines and devices](#) emphasises the need to take account of the patient's needs, wishes and preferences. Prescribers will do this, where possible and clinically appropriate, in line with local formularies, guidance and specialist recommendations. Where a prescription is not clinically indicated (i.e. antibiotics) the prescriber will not issue it.

The prescriber signing a prescription is responsible for it and will not be able to sign a prescription for something which they do not believe is appropriate for the patient, or where they are not competent or confident to prescribe it. Some medications will only be available from the specialist service.

There are also medications which are available over-the-counter (OCT) without a prescription, and these would not routinely be available on prescription but patients can choose to purchase them.

The growing cost of medicines is a challenge, and it is crucial that patients get the best quality outcomes from medicines. The increase in availability of generic medicines and

biosimilars provides best value for NHS resources and creates increased choice for patients and clinicians.

[Medicines optimisation](#) is supported by the Norfolk and Waveney ICB. Medicines optimisation looks at the value which medicines deliver, making sure they are clinically effective and cost-effective. It makes sure people get the right choice of medicines, at the right time, and are engaged in the process by their clinical team.

11. NHS CONSTITUTION

The pledge set out in the NHS Constitution (2023) is for everyone who is cared for by the NHS in England to have a right to choose the services they receive.

The NHS Constitution pledges to:

- Inform patients about the healthcare services available, locally, and nationally.
- Offer patients easily accessible, reliable, and relevant information in an easily understood format. This will enable patients to participate fully in their own healthcare decisions and to support them in making choices. This will include information on the range and quality of clinical services where there is robust and accurate information available.

12. REFORMING ELECTIVE CARE FOR PATIENTS

This elective care reform plan, Reforming Elective Care for Patients (2025) sets out the steps needed to return to short waiting times and restore patients' confidence in the NHS.

The NHS Elective reform plan pledges to meet the 18-week standard and reform elective care by March 2029, focusing on;

- empowering patients by giving them more choice and control, and by establishing the standards they can expect to make their experience of planned NHS care as smooth, supportive and convenient as possible
- reforming delivery by working more productively, consistently – and in many cases differently – to deliver more elective care
- delivering care in the right place to make sure patients receive their care from skilled healthcare professionals in the right setting
- aligning funding, performance oversight and delivery standards, with clear responsibilities and incentives for reform, robust and regular oversight of performance, and clear expectations for how elective care will be delivered at a local level

13. NORFOLK & WAVENEY INTEGRATED CARE BOARD COMMITMENTS

N&W ICB gives assurance that it will act with a view to enabling patients to make choices by:

- Ensuring that commissioners (responsible for planning and funding services) and providers (responsible for delivering services) work together to maintain the principle of patients' rights to choose under the NHS Constitution.
- Monitoring and communicating key national performance measures relating to patient choice such as e-RS utilisation.
- Encouraging and acting on feedback
- Responding to new developments from the Department of Health and Social Care and other national guidance regarding the Choice agenda and ensuring these are implemented locally.

The needs of Norfolk and Waveney residents are paramount, and they deserve the best care we can commission for them. We will work together as a system to drive continuous improvement, building mature relationships with our partners and providers based on integrity and trust.

The vision outlined in this document is for shared decision making to become the norm for everyone, whatever their need or background.

Therefore, we need to ensure that we are compliant with statutory legislation and the Department of Health and Social care regulations in enabling individuals to share in decisions about their care, the choices they have and when they do or do not apply.

We will follow the guidance set out within the choice framework and commit to the following key actions:

- Providing clear information on the current offer of choice of any provider and explore with professional and service user groups how we can develop our approach further.
- Continue to develop an understanding of the current mix of provider services in Norfolk and Waveney and identify where change is required to meet strategic objectives and choice options. We will also engage current and future service providers to improve engagement and encourage market development.

Ensure good partnership working so that:

- Members of the general public and patients can influence commissioning.
- Support clinicians so to empower patients to manage their own conditions.
- Ensure that opportunities for choice are explored with patients at different decision points along the care pathway.
- Continuous evaluation of services to ensure value for money, cost efficiency and effectiveness in delivering clinical outcomes.
- Incorporating choice into our commissioning strategy to ensure that choice is considered for all Norfolk and Waveney residents at all stages of life.
- Promote the choice agenda and raise awareness across the Norfolk & Waveney system through organisational and workforce development.

14. TRANSPORT OPTIONS

The following are the options available to patients:

1. To ask friends or relatives to take the patient
2. To access transport via local community car schemes – further information can be found here - <https://www.norfolk.gov.uk/article/39767/Travel-Norfolk-car-scheme>
3. [Healthcare Travel Costs Scheme \(HTCS\) - NHS](#) which will cover costs for patients who meet the criteria

If none of the above options are available to the patient, then the final option available is

4. HTG, the Norfolk & Waveney Non-Emergency Patient Transport Service – if the patient meets the criteria subject to eligibility.

If you are unhappy with the choices, or lack of choices offered, you can make a formal complaint to the ICB:

nwicb.complaintservice@nhs.net or on 01603 595857

15. GLOSSARY

Electronic Referral Service (e-RS)	e-RS is a national service that combines electronic booking and a choice of provider
Integrated Care Boards (ICB)	Previously called Clinical Commissioning Groups, Integrated Care Boards are responsible for designing and planning local health services In England, working with patients and healthcare professionals and in partnership with local communities and local authorities.
Commissioning	Commissioning in the NHS describes the process of ensuring that the health and care services provided effectively meet the needs of the population.
General Practitioner (GP)	GPs diagnose and treat a wide range of health conditions in primary care (from physical, emotional, or social causes). They talk to patients and examine them to diagnose their condition, and may prescribe medicine or treatment, perform minor surgery, or advise patients on health issues, promoting healthy lifestyles and prevention of illness. They also decide whether a patient needs to be referred to other healthcare professionals for further investigations or treatment.
National Health Service (NHS)	The NHS is the publicly funded healthcare system in the United Kingdom which provides healthcare to anyone normally resident in the United Kingdom with services free at the point of use.
Personal Health Budgets (PHB)	A personal health budget is an amount of money to support health and wellbeing needs, which is planned and agreed between the patient and the local NHS team. It is not new money, but it may mean spending money differently so that you can get the care that you need.

APPENDIX A: PATIENT LEAFLETS

Getting ready for a talk about your health	3-Qs-Leaflet-1-Getting-ready-for-a-talk-about-your-health-2022-FINAL-2.pdf (library.nhs.uk)
Three Questions for better health	3-Qs-Leaflet-2-3-questions-for-better-health-2022-FINAL.pdf (library.nhs.uk)
Patient Choice Poster	https://improvinglivesnw.org.uk/~documents/route%3A/download/886/
Patient Choice leaflet	<p>Patient Choice Leaflet patient-leaflet-digital.pdf (england.nhs.uk)</p> <p>Patient Choice Leaflet – Easy Read patient-choice-patient-leaflet-easy-read-guide-v2.pdf (england.nhs.uk)</p>