



Guidance for GPs on patient choice in mental health care

From 2014 patients have a legal right to choose their mental health provider and their mental health team. The aim is to provide better access to mental health services.

These legal rights apply when:

- the patient has an elective referral for a first outpatient appointment
- the patient is referred by a GP
- the referral is clinically appropriate
- the service and team are led by a consultant or a mental healthcare professional
- the provider has a commissioning contract with any Clinical Commissioning Group (CCG) or NHS England for the required service

There are specific exclusions including

- already receiving mental health care following an elective referral for the same condition
- referred to a service that is commissioned by a local authority, for example a drug and alcohol service (unless commissioned under a Section 75 Agreement)
- accessing urgent or emergency (crisis) care
- accessing services delivered through a primary care contract
- in high secure psychiatric services
- detained under the Mental Health Act
- detained in a secure setting
- serving as a member of the armed forces (family members in England have the same rights as other residents of England)

Clinical need

It is for the GP to decide what is clinically appropriate for the patient when offering the legal right to choose.

Consideration needs to be given to clinical appropriateness where a patient has complex mental health needs and requires an integrated package of health and social care to avoid their care being fragmented.

Decision on Provider

The patient can seek any alternative provider commissioned by a CCG in England. Any service listed on the NHS e-Referral Service (e-RS) will have been commissioned by a CCG in England.

Using e-RS enables GPs to support patients in making informed choice.

Funding for referrals

Providers offering services under right to choose will make specific arrangements for invoicing with the host ICB. The GP does not need to apply for an IFR (independent funding request).

Clinical follow up

Follow up care for patients under right to choose will be through the provider. Patients should understand before selecting a provider that this will be the case, and that having received diagnosis and/or commenced treatment under right to choose in another area will not mean that their care can be transferred back to the care of local services without a new referral. It is important patients understand they may be required to continue to travel to the service for ongoing follow up. Where this is the case, patients should be helped to understand that they may need to continue to travel for their follow up care including any medication reviews.

Prescribing Considerations

Providers selected under right to choose may not be signed up to shared care arrangements. Many of the recommended drugs used for the medication of mental health and neurodevelopmental conditions such as attention deficit hyperactivity disorder (ADHD) are classed as amber on shared care pathways and therefore need specialist initiation, and monitoring until the patient is stable. The prescribing responsibilities can only be transferred to the GP at this time with the GP's agreement, and patients should understand that this should not be presumed. It is helpful to clarify for patients considering the use of right to choose for care pathways that typically result in medication, that their GP Practice does operate shared care arrangements for prescribing, and under what circumstances, to help inform their decision.