
Application Rejected?

Time limits

Your GP is responsible for informing you if your application is not successful. The ICB will not be able to contact you directly as requests are anonymised. You will have 28 days of the date when the decision was communicated to you, to ask for a reconsideration.

Right to appeal a decision

Your GP will need to complete a [Reconsideration form](#)

It must include, any new significant clinical information and reasons why reconsideration is being sought. Without this the care board will reject the appeal.

If there is no new information you can also ask for a reconsideration if your GP believes that the care board did not follow procedures properly. Or your clinician believes a key piece of information was not appropriately considered by the board.

Consider evidence such as treatment history or supporting evidence provided by other clinicians such as a psychiatrist or third party specialists.

If your application is turned down due to costs you may be able to restart the process for a different provider.

If you need to make a complaint

You can contact the GM ICB (Stockport locality) complaints team:

Tel: 0161 426 9900

Your Voice Matters



About Us

We are Your Voice Matters, a lived experience panel who joined together to share our experiences with the aim of improving Adult Mental Health care in stockport.

Contact Us

If you have feedback on this leaflet you can contact us via email:

yourvoicematters@pureinnovations.co.uk

Please note: we are not an advocacy service so we cannot support you to through the Right to Choose process. This leaflet is for information only.

Please note: If you seek an ADHD diagnosis through a private organisation the NHS will not currently prescribe you medication.

Right to Choose

Struggling to get treatment for your health needs? Did you know you can access alternative treatment providers through the NHS in certain circumstances?

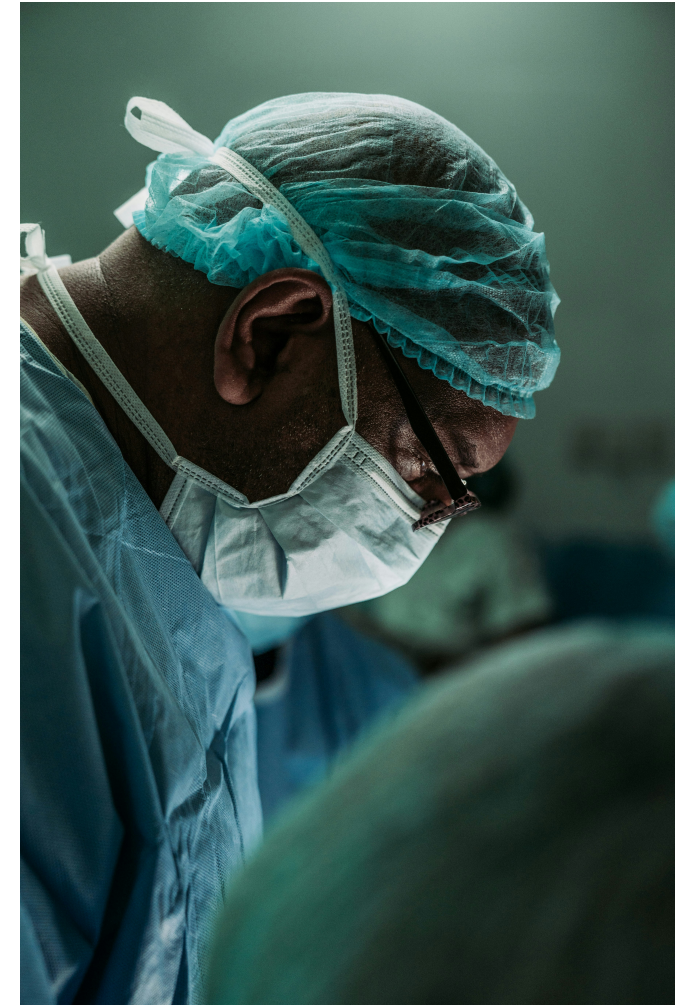


Photo by [JC Gellidon](#) on [Unsplash](#)

About Right to Choose

If a GP needs to refer you for a physical or mental health condition, in most cases you have the legal right to choose the hospital or service you'd like to go to.

This will include many private hospitals if they provide services to the NHS and it does not cost the NHS any more than a referral to a standard NHS hospital.

Source: <https://www.nhs.uk/using-the-nhs/about-the-nhs/your-choices-in-the-nhs/>

The NHS website says that you will be given the option to choose which service you can access through the NHS e-Referral Service. In many cases the e-Referral service is not being used but your right to choose may still apply.

Private Treatment

You may also be able to access private treatment if your local NHS service does not offer treatment for your condition and a suitable service is available locally.

Alternative to e-Referral

There is a secondary pathway that your GP can access called an [Individual Funding Request \(IFR\)](#). The GP will complete an IFR form and submit it to your local Integrated Care Board (ICB). The ICB is responsible for commissioning services to meet the needs of local people. They will decide if there is a clinical need to fund your treatment or medication. If you are requesting funding for medication you need to use [the drug specific form](#).

When can't I choose?

As a general rule, you will not have the right to choose if:

- you have already started treatment with another provider.
- the cost of treatment exceeds the cost of NHS treatment or another more cost effective option with similar treatment outcomes is available.

Waiting times

The maximum waiting time for non-urgent, consultant-led treatments is 18 weeks from the day your appointment is booked through the NHS e-Referral Service, or when the hospital or service receives your referral letter.

However, your right to an 18-week waiting time does not apply if:

- you choose to wait longer.
- delaying the start of your treatment is in your best clinical interests, for example, when stopping smoking or losing weight first is likely to improve the outcome of your treatment.
- it is clinically appropriate for your condition to be actively monitored in secondary care without clinical intervention or diagnostic procedures at that stage.
- you fail to attend appointments that you had chosen from a set of reasonable options.
- the treatment is no longer necessary.

Source: <https://www.nhs.uk/nhs-services/hospitals/guide-to-nhs-waiting-times-in-england/>

Tip: Call and ask them for an estimate of waiting times as soon as you are referred. If they cannot give you a

specific time, ask if it is likely to exceed 18 weeks.

Tip: Do your research and find a suitable local service that has capacity to take you on. Make sure that they are able to meet the 18 week wait time or improve on the current local waiting times.

Gather any other relevant information about the provider, such as:

- Specialist knowledge of your condition or combination of conditions. E.g. A provider who is trauma informed.
- If they have an existing contract with NHS services.

Increasing your chances of success

Write a list of reasons why you are asking for a specific provider and what impact it would have on your overall care.

Example 1: you require a private autism assessment because: your social care provider requires a diagnosis before they work with you, and, the current wait times would delay you accessing the care you need in a reasonable time frame. Collect evidence to show to your GP where possible as adding this detail to your request will increase your chances of success.

Example 2: you have (or suspect you have) a condition that your local health service does not have the expertise to treat.

Tip: Requests are submitted anonymously to the local care board, they will not know your medical history or your name. It is important to include all of the information needed in the form or your request might be rejected.