

## NHS Right to Choose – LMC Advice Sheet

### What is the NHS Right to Choose (RTC)?

The NHS Constitution gives patients in England the legal right to choose their healthcare provider for most consultant-led outpatient services, once a clinical decision has been made that a referral is needed. This means patients can select where they receive their **first outpatient appointment for a physical or mental health condition**, as long as the provider is NHS-funded and meets the requirements of the NHS standard contract.

Patients must be:

- registered with a GP practice in England.
- referred for a first consultant-led outpatient appointment.

Patients can't use RTC if:

- They are in the armed forces
- They are detained under the Mental Health Act
- The service is urgent, for example in emergencies or A&E
- The service is excluded (e.g. maternity services, urgent cancer referrals)
- They are seeking a second opinion for an existing diagnosis and /or already receiving care for the same condition
- The chosen provider can't fulfil the request.

### What criteria do the providers need to meet?

Patients can choose any provider that:

- Has a contract with the NHS in England to provide the required service
- Meets NHS quality and safety standards
- Delivers a Consultant-led service (although the patient may not see a Consultant)

- Provides both assessment and ongoing treatment

This includes any NHS Trusts/Foundation Trusts, as well as independent/private providers with an NHS contract.

## What do GP practices need to know?

Patients may ask about RTC themselves, but it is helpful for the practice to have information available on their websites for all patients. This becomes particularly important if waiting times are long at one provider, so there is a choice to be seen sooner somewhere else if a patient wishes.

You should provide balanced information about the options available and may wish to discuss with patients if there are RTC providers that you, or previous patients, have had positive experiences with. This is especially relevant if the patient may require a shared care agreement and the practice is content to accept this from certain providers. However, this should be provided as information only and being clear that the patients' choice is not restricted to only those providers recommended by the GP.

Ensure practice staff check the requirements of a RTC provider as these may differ from local pathways e.g. requiring a specific proforma to be used. Remember that the ICBs clinical commissioning policies still apply and the referral needs to meet these even if it is a RTC referral e.g. HNY ICB doesn't routinely commission cosmetic surgery so you cannot make a RTC referral out of area for this even if the patient requests it. The ICBs policies can be found [here](#).

## How does this apply in mental health?

- Patients have the right to choose their provider for a first outpatient appointment for most mental health services (where NHS-funded).
- This includes access to talking therapies (IAPT/psychological therapies), community mental health services, and some specialist services.
- The right does not apply in crisis situations or where the patient is detained under the mental health act.

## How do waiting times affect Right to Choose?

If patients face long waits:

- They can request referral to another provider offering the service more quickly
- Practices can use e-RS to support patient choice where possible.

## What if a patient wants to go to a specific provider?

If the provider meets the criteria above (*What criteria to providers need to meet?*) you should complete a referral if the patient requests it.

The regulations allow patient choice for the first appointment with subsequent treatment only. You can no longer refer to providers who only offer assessments or only offer treatment. You cannot refuse to refer to a specific provider if they meet the criteria.

If the provider is based outside England, you cannot refer as RTC only applies to services in England. Equally if the provider is private only (and has no NHS contract), Right to Choose does not apply, but patients can still self-fund privately. Please see our [LMC guidance on the private provider interface](#) for more information on this.

## What resources can GPs share with patients?

[NHS website: Your Choices in the NHS](#)

[NHS e-Referral Service \(e-RS patient booking information\)](#)

[NHS Choice Framework – what choices are available to you in your NHS care](#)

## Key Takeaway for GPs

Patients in England have a legal right to choose their NHS-funded provider for most first outpatient appointments. GPs cannot refuse to make a RTC referral, and while you can provide advice to the patient and must refer within the local commissioning policies, you cannot restrict their choice over where they wish to go.

## Common RTC Questions

**My patient is asking to be referred to a RTC provider we have had significant issues with in the past. Can we decline to support this referral?**

No, while the practice can share its experience of providers based on their prior contact with them, the patient retains the legal right to choose. You should ensure you flag any potential issues regarding prescribing, ongoing support or shared care in advance and document this.

**How are we meant to know which providers meet the criteria? This seems to change all the time.**

This is arguably the most challenging aspect for practices. You cannot be expected to know all the contracts that are held by every NHS provider in England, and when the services offered have changed. The LMC is clear that the ICB needs to provide resources and support to practices so that the burden of work associated with RTC referrals does not land only on the GP practice. We also advise that patients share the responsibility of checking the provider they have chosen is permitted before requesting a referral.

From the practice side, having clear information on your website or available to text to patients who request a RTC referral is advised. We have provided a patient information leaflet with this document that practices can use or adapt if they wish. We recommend that no clinician agrees to make a RTC referral until the patient has seen and acknowledged this information. Equally, if the practice does have preferred RTC providers that it has good experience with, you can publicise this and explain why your GPs recommend them. If a patient requests a referral to a provider you are unfamiliar with, please contact the ICB at [hnyicb.contracts@nhs.net](mailto:hnyicb.contracts@nhs.net) and advise the patient you will need to wait for a response before you can confirm the referral.

### **Can I refuse to do a RTC referral if I don't think it is clinically appropriate?**

Yes. As with any referral to another provider, if you do not consider it is clinically appropriate then you should not make a referral and clearly document your reasons for declining.

### **The RTC provider has provided a diagnosis only, and now the patient needs to be seen for follow-up locally. What do we do?**

The pathways in this scenario vary across providers and specialties.

For patients with a medical diagnosis, they can often be referred in to a follow up pathway with the local trust without needing a further assessment, in the same way as occurs when patients move to a new area and need to be slotted into the local system.

For patients with a mental health diagnosis, local providers often require them to undergo another assessment before being added to a follow up list. This is the case for ADHD and Autism in at least one Humber provider. This frequently creates difficulties when patients are expecting to be able to start treatment and is one of the reasons why providers who offer both assessment and ongoing treatment are preferred by HNY ICB.

Ensuring patients are aware of this potential outcome prior to referral is the only solution currently available.

### **The RTC provider wants us to agree to shared care with them – where do we stand?**

Shared care requests have become increasingly common from RTC providers, particularly with ADHD, gender, and autism referrals. This presents a number of challenges for local GPs.

- It's important that GPs are assured that care will be shared with the out of area provider and that patients will be monitored satisfactorily. It is not acceptable for a RTC provider to issue a shared care agreement and not be available to provide ongoing support for the patient or GP. HNY ICB have created a document on the principles for sharing of care related to prescribing of medication, which you can

find [here](#). While this clearly outlines what to expect within our local system, the guidance comes from national recommendations and can be relied upon when assessing requests from out of area RTC providers as well. It also includes template letters that practices can use to respond to requests.

- The medication being requested should be included on the HNY ICB list of medication that require shared care, and the practice should be signed up to the HNY Shared Care LES in order to receive funding for the additional work involved. You will not be funded for signing up to a shared care agreement if the medication is not on the HNY list, or if it is with a private provider.
- GPs should be mindful of their own clinical competence and workload capacity when considering agreeing to enter into any shared care arrangement.
- Practice capacity to safely take on the associated workload of both prescribing and monitoring requirements should also be considered.

### **We agreed to a shared care arrangement with a RTC and now wish to end this. What do we do?**

Ending a shared care arrangement with a RTC provider is the same as with any other provider. Please see [our separate guidance on shared care](#) which includes details of how to stop an existing shared care agreement.

### **The RTC provider is asking us to undertake ECGs before/during treatment. Do we have to do this?**

The same interface arrangements apply with RTC providers as with any other NHS provider.

- If an ECG is clinically required and indicated prior to referral, this should be arranged in general practice.
- If the request is for an ECG to make a decision about treatment or for ongoing monitoring, this responsibility rests with the provider.

- If the request related to shared care, please review [our separate guidance on shared care](#).

As RTC contracts include payments for both the initial consultation and the provision of ongoing treatment, this includes any required monitoring. It remains at the discretion of the practice to take on this unfunded work on behalf of the RTC provider, but you are not contractually required to.

**The RTC provider’s website says by referring to them we are agreeing to accept any prescribing and shared care they then recommend – can we refuse?**

Absolutely. This seems to be an increasing pattern. Our advice to practices if you are aware of specific providers doing this, is to include a standard paragraph on each referral letter stating:

*“Our practice respects our patients legal right to choose. This referral does not constitute an agreement to undertake prescribing or shared care with the provider organisation. Each such request will be reviewed on an individual basis in line with our local system guidance.”*

If a patient requests a referral to a specific provider who takes this approach, we suggest you reflect this in the discussion with them prior to referral. You may also wish to consider adding the above statement to your website as part of a patient facing resources around RTC and shared care.

If you have any questions or issues around Right to Choose, please contact the LMC at our usual email address [humberstone.lmcgroup@nhs.net](mailto:humberstone.lmcgroup@nhs.net)

**Humberstone LMCs**

**January 2026**

## Appendix 1: Patient Information Leaflet – NHS Right to Choose

Thank you for asking about NHS Right to Choose. We ask all patients to read this information to help you understand how Right to Choose works for you.

### What is Right to Choose?

You can choose where you go for your first hospital or clinic appointment if your GP says you need to see a specialist. This is called **Right to Choose**.

You can pick any provider that:

- Is paid for by the NHS.
- Meets NHS safety and quality standards.
- Delivers a Consultant-led service (although you may not see a Consultant)
- Provides both assessment **and** ongoing treatment if this is needed

This includes any NHS Trusts/Foundation Trusts, as well as independent/private providers with an NHS contract.

### Who can use it?

You can use Right to Choose if:

- You are registered with a GP in England
- You need your first specialist appointment.

You **cannot** use it if:

- You are in the armed forces
- You are detained under the Mental Health Act
- You need urgent care (like A&E or emergency treatment)
- The service is excluded (like maternity or urgent cancer care)
- You already have care for the same condition or want a second opinion
- The provider cannot offer what you need.

## Why is this helpful?

If waiting times are long at one hospital, you can choose another NHS provider that might see you sooner. They may be close by or further away depending how far you want to travel.

## Can I choose any provider?

Yes, as long as:

- They have an NHS contract
- They meet NHS standards
- Delivers a Consultant-led service (although you may not see a Consultant)
- Provides both assessment **and** ongoing treatment if this is needed

You **cannot** choose:

- Providers outside England
- Private-only providers (but you can pay privately if you want).

## What should I know before choosing?

- Some providers only do assessments and won't give treatment for an illness. You should ask your chosen provider before requesting a referral to check they do offer both.
- If you choose a provider far away, you may need to travel for appointments and medicine.
- Having a diagnosis from a RTC provider does not mean you can slot into local services any more quickly than if you were seen closer to home. You will be treated the same as all other patients.

## What if I need a prescription?

- Medicines for the first 28 days after your appointment should come from the specialist.
- After that, your GP may take over prescribing if:
  - The medicine is safe for you

- The medicine is working as it is meant to
- The medicine is on the local NHS list

If the specialist asks your GP to share prescribing with them (known as Shared Care), your GP will decide if it's safe and possible depending on the type of medicine and local rules. If the specialist has suggested treatments normally given in NHS general practice, and these are allowed to be prescribed by GPs in your area, your practice may be able to issue these.

**If you have questions after your right to choose appointment**

- You should contact the hospital or clinic where you were seen
- If it's an emergency, call 111 or go to A&E.

Your GP will carry on looking after your general health and any other illnesses you have.

## Appendix 2: Sample script for declining a right to choose request

Dear [insert Patient's name]

I understand you'd like to be referred to [provider/service].

I need to explain that under the NHS Right to Choose rules, this option is not available because [reason – e.g., the provider does not hold an NHS contract / this is a follow-up service / this is an urgent referral pathway].

What I can do is explore the providers that are available under the NHS Right to Choose and make sure we find the most suitable option for your care. Please contact the surgery by phone/email to discuss the options for your referral.

Further information can be found on the website [NHS Choice Framework - what choices are available to you in your NHS care - GOV.UK](#)

Yours sincerely

GP signature: \_\_\_\_\_