Asking your GP about an NHS Right to Choose referral (England)

In short: Right to Choose is the patient-facing name for a legal right in England. When a GP, dentist or optometrist decides that an elective first-outpatient referral is clinically appropriate, you can choose a clinically appropriate provider that holds a qualifying NHS Standard Contract, and a clinically appropriate team.[1][2][3] You ask; the referrer decides whether the referral and the provider are clinically appropriate.[3]

Important: This pack is independent information for England. It is not the NHS, not a clinic, not a diagnostic or referral service, and not medical or legal advice. It cannot create eligibility, and it does not guarantee a referral, acceptance by a provider, a diagnosis, shared care or any wait.

1. Check this route can apply

- You are registered with a GP practice in England. Scotland, Wales and Northern Ireland have different systems.[1][6]
- The request is for an elective, non-urgent first outpatient appointment. It applies to all ages; providers set their own age bands.[1][2]
- The referral comes from a GP, dentist or optometrist. Self-referral and consultant-to-consultant referrals are not this route.[2][3]
- It does not cover urgent, emergency or crisis care, or care you already receive for the same condition after an elective referral. Other exceptions include people detained under the Mental Health Act 1983, people in prison and serving armed forces.[1]

2. Before the appointment

- Write down, in your own words, when the difficulties began, where they happen and how they affect daily life, school, work or relationships.
- Do not state a diagnosis unless a qualified clinician has already made one. You are asking for an assessment of a concern.
- Pick a provider to name as a preference. Print its own NHS or Right to Choose page showing the condition, age band and referral route.
- For children: gather what home, school or nursery have noticed.
- If medication might follow, ask the provider how titration, prescribing and reviews work. Choice law does not force a GP to accept shared care.[3][5]

3. What to bring

- Your notes on the concern and its impact
- The provider’s page (service, ages, referral route)
- Any previous assessments or relevant letters
- Current medicines and important health information
- For a child: reports or observations from school or nursery, if you have them
- This pack (page 2 is for the GP)

4. After you ask

- Ask for the decision and, if the answer is no, the clinical reason and what other options are appropriate.[2]
- A blanket “we do not do Right to Choose” is different from a documented clinical opinion.[2][3]
- Keep a record: your request, the provider page, replies and dates.
- If you were not offered choice, you can raise it with your GP practice or your ICB, or contact NHS England (england.choice@nhs.net). If your complaint is not resolved, you can take it to the Parliamentary and Health Service Ombudsman.[1]
- **Waits and ICB activity plans:** since 2025, ICBs agree Indicative Activity Plans with Right to Choose providers. A provider that has reached its plan may accept a referral but place you on a waiting list, so waits can lengthen. Some ICBs have published local prioritisation criteria. Check your ICB’s current position.[7][8][9]

5. Wording you can adapt

> *“I would like to discuss whether an elective referral for a first outpatient assessment for [possible ADHD / possible autism] is clinically appropriate for [me / my child, name and age]. The concerns are [brief examples], seen in [home, school, work or other settings], and the impact is [brief facts]. I am not asking you to diagnose from this note or to refer against your clinical judgement. If you consider referral appropriate, my preference is [provider name], which says it provides an NHS-funded service for [age group and condition]. Please let me know whether you consider that provider and team clinically appropriate and, if not, the clinical reason and what alternatives are available.”*

More wording: https://righttochoosepathway.co.uk/how-to-ask-your-gp/. Eligibility check (not a symptom checker): https://righttochoosepathway.co.uk/quiz/. Sources [1]–[9] are listed on page 2.

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Note for the referrer: elective first-outpatient choice

Your patient has asked you to consider a referral and has named a preferred provider. This page summarises the published rules so the conversation is quick. It is not NHS England guidance or medico-legal advice; the source documents are listed below.

The legal test

- NHS Standing Rules Part 8, regulation 39 (as revised by SI 2023/1105, in force from 1 January 2024): for an elective referral by a GP, dentist or optometrist, the commissioner must arrange a choice of any clinically appropriate provider with a qualifying contract, and a clinically appropriate team. [3][4]
- "Clinically appropriate" is defined by reference to the referrer's opinion (reg. 39(6)). You are not required to refer to a provider or team you do not believe is clinically appropriate.[2][3]
- A qualifying NHS Standard Contract must be signed and in effect before the referral date, cover the required service, and set a location or access criteria (remote delivery can qualify). It can be with any ICB or NHS England, not only yours.[2][4]
- NHS England's patient choice guidance says the commissioner's prior approval for the referral is not required where a patient has exercised their legal right to choice.[2]
- For mental health, the first appointment may be with a consultant or another health care professional, and the right covers subsequent treatment arising from that referral unless the diagnosis changes significantly or there are other clinical reasons to change provider.[2][3]

Out of scope

Urgent, emergency or crisis care; cancer Faster Diagnosis Standard services; maternity; self-referral; consultant-to-consultant referral; people already receiving care for the same condition after an elective referral; and the other exceptions in the Choice Framework.[1][3]

In practice

- Offer choice of provider and team where the legal tests are met.[2][3]
- Use e-RS where the service is listed. Otherwise follow the provider's accepted NHS route and record why.[2]
- Check the provider's current service, age range, condition and contract claim. Provider pages are claims; this site does not verify contracts.
- Interface services (CAS, single points of access, referral management centres) should not obstruct the patient's legal rights.[2][4]
- If you decline, record the clinical reason and explain it. Keep eligibility, capacity and booking pauses separate from clinical judgement.[2][3]
- **Activity plans (2025/26 onwards):** ICBs agree Indicative Activity Plans with Right to Choose providers. A provider that has reached its plan may accept a referral but hold it on a waiting list. Some ICBs have published local prioritisation criteria. These statements describe local commissioning arrangements; they are not a change to the regulations. Check your ICB's current position.[7][8][9]

Aftercare and shared care

NICE NG87: ADHD diagnosis by an appropriately qualified specialist after full assessment, not rating scales alone. Medication is started by a specialist, and shared care is considered after titration and dose stabilisation. Choice law does not oblige a GP to accept a particular shared-care arrangement, so discuss prescribing and monitoring before referral. For autism, NICE CG128 (under 19s) and CG142 (adults) describe team-based assessment. NICE is clinical guidance and does not create the choice right.[3][5]

Quick checklist. England and elective first outpatient? Exceptions ruled out? Clinically appropriate provider and team? Qualifying contract claimed for this service and age? e-RS or accepted route? Preference and reasoning recorded? Ongoing care and shared care discussed? No wait promised to the patient?

Sources (all links checked 16 October 2026)

1. NHS Choice Framework, DHSC (updated 23 October 2024): https://www.gov.uk/government/publications/the-nhs-choice-framework
2. Patient choice guidance, NHS England, B1441, 19 December 2023: https://www.england.nhs.uk/long-read/patient-choice-guidance/
3. NHS Standing Rules Part 8 (SI 2012/2996, as revised): https://www.legislation.gov.uk/uksi/2012/2996/part/8
4. SI 2023/1105 (amending regulations): https://www.legislation.gov.uk/uksi/2023/1105/made
5. NICE NG87, CG128, CG142: https://www.nice.org.uk/guidance/ng87, https://www.nice.org.uk/guidance/cg128, https://www.nice.org.uk/guidance/cg142
6. NHS website, Your choices in the NHS: https://www.nhs.uk/using-the-nhs/about-the-nhs/your-choices-in-the-nhs/
7. NHS West Yorkshire ICB, activity plan FAQs: https://www.wypartnership.co.uk/our-priorities/mental-health-learning-disability-and-autism/neurodiversity/right-to-choose/frequently-asked-questions-faqs-activity-plan
8. NHS Bristol, North Somerset and South Gloucestershire ICB, Right to Choose: https://remedy.bnssg.icb.nhs.uk/adults/mental-health/right-to-choose-adhdasd-patient-choice/
9. NHS Thames Valley ICB, Right to Choose FAQs: https://www.thamesvalley.icb.nhs.uk/your-health/adhd-autism-learning-disability-and-send/adhd-services/right-to-choose-faqs-adhd-assessment-services

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