
Your NHS Rights Cheat Sheet

14 THINGS EVERY PATIENT IS ENTITLED TO (BUT RARELY TOLD)

The rights, pathways, and legal protections every NHS patient should know.
Stop being told to wait. Start knowing what you can demand.

HUSSAIN SHARIFI

Private Health Intelligence

Why This Matters

The NHS is one of the best healthcare systems in the world. But it is also one of the most complex. Most patients accept whatever they are told without realising they have legal rights that can change the speed, quality, and outcome of their care. This guide gives you the knowledge to navigate it properly.

1. The Right to Choose Your Hospital

Under NHS Choice, you can choose which hospital you are referred to for your first outpatient appointment. This includes any NHS hospital in England, not just your local one. You can also choose hospitals with shorter waiting times. Your GP must offer you this choice.

Practical tip: Use the NHS e-Referral Service (formerly Choose and Book) to compare waiting times across hospitals. Sometimes travelling 30 minutes further cuts your wait by months.

2. The Right to Choose Your Consultant

You can request a specific consultant by name. If you have researched their specialism and published outcomes, you are entitled to ask. The hospital does not have to guarantee it, but they must consider your preference.

Practical tip: Look up consultant outcome data on NHS Digital and the Private Healthcare Information Network (PHIN). Some surgeons publish their complication rates openly.

3. The 18-Week Referral-to-Treatment Target

The NHS Constitution states you should not wait more than 18 weeks from GP referral to the start of treatment. If you breach this, you can request to be referred elsewhere or escalated. The hospital has an obligation to offer alternatives.

Practical tip: If you are approaching 18 weeks, contact the hospital PALS team and formally request escalation. Put it in writing. Polite but documented requests get faster results.

4. The Two-Week Cancer Rule

If your GP suspects cancer, you must be seen by a specialist within 14 days. If this does not happen, escalate immediately through the hospital PALS team and your GP practice manager.

Practical tip: Do not accept vague reassurance if you have symptoms that could indicate cancer. Ask your GP directly: "Are you referring me on the two-week cancer pathway?" If the answer is no, ask why and request it be documented.

5. The Right to a Second Opinion

You can request a second opinion on any diagnosis or treatment plan. Your GP should facilitate this. If they refuse, ask them to record the refusal in your notes and consider changing GP.

Practical tip: Second opinions are not confrontational. They are good clinical practice. Many consultants actively encourage patients to seek them for major decisions.

6. The Right to See Your Medical Records

Under GDPR and the Data Protection Act 2018, you have the legal right to access your full medical records. The GP practice must provide them within 30 days, free of charge in electronic format.

Practical tip: Request your GP records through the NHS App or by writing to your practice. Having your records allows you to spot errors, track referrals, and share accurately with new providers.

7. The Right to Refuse Treatment

You can refuse any treatment, including life-saving treatment, as long as you have mental capacity. No one can force treatment on you. Your refusal must be respected even if clinicians disagree with your decision.

Practical tip: If you are unsure about a treatment, you are allowed to take time to decide. "I need more time to consider this" is a complete sentence.

8. NHS Continuing Healthcare Funding

If you have a primary health need (complex, ongoing, or unpredictable health condition), the NHS may fund your full care costs, including nursing home fees. This is separate from local authority social care funding and is entirely free.

Practical tip: CHC assessment can be requested by anyone, not just professionals. If your parent or relative has significant health needs, request a CHC checklist assessment. Many families pay for care that should be NHS-funded.

9. The Right to Complain (And How to Do It Effectively)

Every NHS organisation has a formal complaints procedure. Complaints must be acknowledged within 3 working days and investigated. If unsatisfied, you can escalate to the Parliamentary and Health Service Ombudsman.

Practical tip: Frame complaints as patient safety concerns, not personal grievances. Reference specific policies, dates, and individuals. Complaints that cite NHS Constitution commitments get more thorough responses.

10. The Patient Advice and Liaison Service (PALS)

Every NHS trust has a PALS team. They can resolve concerns informally, help you navigate the system, escalate delays, and act as intermediaries between you and clinical teams.

Practical tip: PALS is underused and incredibly powerful. If you are stuck on a waiting list, lost in the system, or cannot get answers from your clinical team, PALS should be your first call.

11. Individual Funding Requests (IFRs)

If you need a treatment that is not routinely commissioned by the NHS, you can submit an Individual Funding Request. This is particularly relevant for rare conditions, newer treatments, or medications not yet on formulary.

Practical tip: IFR success often depends on demonstrating clinical exceptionality. Gather supporting evidence from your consultant and published literature. A health advocate can help build the case.

12. The Right to Die at Home

If a patient wishes to die at home, the NHS has a duty to support this with palliative care, district nursing, and equipment. This is part of the end-of-life care commitment in the NHS Constitution.

Practical tip: Advanced care planning and an Advance Decision to Refuse Treatment (ADRT) document ensure your wishes are respected. Discuss these early, not in crisis.

13. Deprivation of Liberty Safeguards (DoLS)

If your relative is being kept in hospital or a care home against their will (even for safety reasons), this must be legally authorised through DoLS. Families have the right to challenge these decisions.

Practical tip: If you feel a relative is being detained or their liberty restricted without proper process, contact the local authority DoLS team or seek legal advice.

14. The Right to a Named Accountable GP

Every patient over 75 must have a named GP responsible for their overall care coordination. In practice, any patient can request this for continuity of care.

Practical tip: Having a named GP means one person understands your full history. If you have a complex or chronic condition, request this formally and build that relationship.

What To Do When You Hit a Wall

Knowing your rights is only half the battle. The other half is enforcing them politely but firmly. Here is the escalation pathway:

- Start with your GP or the clinical team directly
- If unresolved, contact the hospital PALS team
- Submit a formal written complaint to the trust
- Escalate to the Parliamentary and Health Service Ombudsman
- For serious safety concerns, report to the Care Quality Commission (CQC)
- For clinical negligence, seek specialist legal advice

At every stage, document everything in writing. Emails create a paper trail. Phone calls do not.

Need personalised guidance? Book a confidential consultation.

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