

4. Treatment Access When a GP Blocks or Delays Care

A practical patient route for clinical disagreement, policy barriers, lack of knowledge/competence, accidental obstruction and medication-safety concerns

Law and Policy in Medicine toolkit | Version 1.0 | 27 September 2026

Scope and status. This document focuses on NHS care in England, while also using UK-wide/Great Britain professional, medicines and employment-law sources where applicable. Health-service law differs in Scotland, Wales and Northern Ireland. This is a researched legal-information and assessment tool, not individual legal advice and not a substitute for urgent clinical care.

Purpose. This is an access-and-safety escalation tool. It is designed to reduce the chance that a patient is repeatedly exposed to an unsuitable medication or stranded by a policy/knowledge problem. It does not determine which medicine is medically appropriate and it should not be used to stop a medicine abruptly where withdrawal may be dangerous.

1. First identify what is actually blocking care

Type of block	Examples	Correct response
Clinical disagreement	GP concludes requested treatment is not in clinical interests	Ask for clinical reasons, reasonable alternatives, review and second opinion.
Competence / authority	GP does not have expertise or legal authority to initiate	Ask for specialist advice/referral or shared-care route.
Legal restriction	Controlled-drug/specialist/statutory requirement	Ask for exact legal provision and lawful route.
NHS commissioning/funding	Treatment not routinely funded	Obtain policy/reasons and exception/IFR route.
Local policy/formulary	Practice/trust/ICB rule	Run Policy-Law Assessment; ask whether discretion/exception exists.
Administrative obstruction	Referral not sent, wrong route, communication failure	Use records, e-RS/choice, practice manager/ICB and complaint route.
Knowledge gap	Clinician unsure of law/treatment route	Ask them to seek specialist/medicines advice rather than treating uncertainty as prohibition.

Accidental medication-safety failure	Prior adverse reaction or contraindication not visible/considered	Correct record, request medication review and ensure safety information is prominent.
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2. Medication-safety sequence

- 1. Create a current medicines list.** Include prescribed, over-the-counter and other substances the clinician needs to know about.
- 2. Record previous adverse reactions accurately.** Distinguish allergy, adverse drug reaction, intolerable side effect, lack of efficacy and patient refusal where possible.
- 3. Check the GP/source record.** Use NHS App access where available or a subject access request. Correct factual inaccuracies using UK GDPR Article 16.
- 4. Ask for a medication review.** Ask the clinician to consider interactions, duplication, previous reactions, the treatment objective and safer alternatives.
- 5. Use informed refusal when necessary.** A capacitous patient can refuse an offered treatment. Ask what alternative care/investigation remains available rather than ending the clinical discussion.
- 6. Ask for review criteria.** For an agreed treatment, identify monitoring, expected benefit, adverse-effect triggers, duration and review/stop criteria.
- 7. Escalate urgent harm appropriately.** If there is an acute severe reaction or immediate danger, use urgent/emergency clinical services rather than relying on complaints or legal correspondence.

3. Access escalation route

- Step A - same consultation:** Ask: "Is the barrier clinical judgment, legal restriction, competence, funding, local policy or something else?" Ask for the answer to be recorded.
- Step B - another clinician in the practice:** Express a reasonable preference for another GP/clinician. The GMS framework requires the practice to record preferences and endeavour to comply, subject to reasonable limits.
- Step C - specialist route:** Where the GP lacks competence/authority or there is genuine complexity, ask whether specialist advice, referral or shared care is clinically appropriate.
- Step D - patient choice:** For qualifying elective referrals, ask to exercise the legal right to choose a clinically appropriate provider/team. Interface/referral-management services should not obstruct this right.
- Step E - commissioning exception:** Where the barrier is non-routine funding, request the published policy, written reasons, and IFR/exception process.
- Step F - formal complaint:** Complain either to the provider or to the commissioner. For most local services in England, the local ICB is the commissioner route. The 2009 Regulations require proper investigation and a written response.
- Step G - Ombudsman / regulator:** After the NHS complaint route, unresolved service complaints can go to PHSO. CQC can receive information about unsafe care and enforce fundamental standards but generally does not determine an individual complaint. ICO handles information-rights matters.
- Step H - legal review:** If a current policy/decision appears unlawful and delay matters, obtain public-law advice promptly; judicial review has strict timing rules.

4. Basic patient rights checklist when a GP obstructs treatment

- ☐ Access to NHS services must not be refused on unreasonable grounds.
- ☐ Care should be appropriate, meet needs and reflect preferences, subject to clinical and legal limits.
- ☐ Care must be delivered safely and risks reasonably mitigated.
- ☐ A capacitous patient can refuse a medicine/treatment that is offered.

- [] The patient is entitled to information about options, risks and benefits sufficient for informed decision-making.
- [] The patient should be involved in planning and decisions about care.
- [] If a relevant NICE recommendation mandates NHS availability and the doctor says it is clinically appropriate, the NHS Constitution recognises the treatment entitlement.
- [] Other NHS treatment/funding policies must be rational; specified refusal reasons must be given in writing under the Standing Rules.
- [] Qualifying elective referrals carry legal provider/team choice rights.
- [] The patient may express a preference for a particular GP/practitioner and the practice should try to comply where reasonable.
- [] Disabled patients can request reasonable adjustments to policies/procedures/communication.
- [] The patient can access records and challenge factual inaccuracies.
- [] The patient can make an NHS complaint and receive a proper investigation and written outcome.
- [] The patient can ask for a second opinion; it is not generally an absolute statutory right, but GMC guidance supports it as a route for unresolved clinical disagreement.

5. One-page Medication and Treatment Safety Record

Item	Record
Medicine/intervention I should NOT automatically be re-issued	
Reason: allergy / adverse reaction / intolerable effect / contraindication / ineffective / refused	
What happened and approximate date	
Evidence / record location	
Safer/acceptable alternatives previously discussed	
Current medicines and relevant non-prescription substances	
Monitoring/tests needed before or during treatment	
Communication/reasonable adjustment needed	
Named clinician/service responsible for review	
Next review date	

Record accuracy. NHS Summary Care Records can include current medication, allergies and previous bad reactions. Correct recording is therefore a practical safety measure, not merely an administrative issue.

6. Short written request to use in an appointment or secure message

Suggested wording: "Please review my treatment on an individual clinical basis and record the reason for the decision. If the treatment/referral I am asking about cannot be offered, please state whether the reason is clinical judgment, competence, a legal restriction, NHS commissioning/funding, local policy or another reason. Please

identify any lawful alternative, specialist referral, second-opinion, patient-choice or Individual Funding Request route. Please also ensure my relevant previous adverse medication reactions and treatment outcomes are accurately recorded and considered before another medicine is issued.”

7. When this tool is useful - and its limits

- Useful when a patient is being repeatedly offered treatment they have already found unsafe/unacceptable, when a referral appears blocked, or when “policy” is being given as the reason without identifying its legal status.
- Useful for creating an audit trail: date, decision, reason, law/policy, alternatives and escalation route.
- It cannot make a clinically inappropriate treatment appropriate, remove legal prescribing restrictions, guarantee NHS funding, or establish negligence simply because an adverse outcome occurred.
- For immediate medical danger, use urgent/emergency clinical care; the legal/complaints pathway is not an emergency substitute.

Authorities and references

Primary legislation and official/regulatory sources are preferred. Links were checked for this version on 27 September 2026.

- [1] [NHS Constitution for England](#) — Access, safe/appropriate care, consent, information, records, choice, involvement and complaints.
- [2] [GMS Contracts Regulations 2015](#) — Essential services and patient preference of practitioner.
- [3] [NHS England Patient Choice Guidance](#) — Current legal-choice implementation guidance.
- [4] [Standing Rules Regulations 2012, Part 7](#) — Treatment-funding decision/reasons framework.
- [5] [Local Authority Social Services and NHS Complaints \(England\) Regulations 2009](#) — Statutory complaints handling and response.
- [6] [NHS England - Feedback and complaints about NHS services](#) — Current route: provider or commissioner; ICB for most local services.
- [7] [GMC - Deciding if it is safe to prescribe](#) — Patient requests, medicine safety and agreement on a workable treatment plan.
- [8] [GMC - Reviewing decisions](#) — Ongoing review when circumstances/risks/evidence change.
- [9] [UK GDPR Article 16](#) — Rectification of inaccurate personal data.
- [10] [ICO - Right to rectification](#) — Medical-record examples and supplementary statements.
- [11] [NHS England - Summary Care Records](#) — SCR content includes medication, allergies and previous bad reactions.
- [12] [NHS England - Accessible Information Standard](#) — Communication support and accessible information for disabled patients.
- [13] [Care Quality Commission - fundamental standards](#) — CQC safety/quality standards and enforcement context.
- [14] [Parliamentary and Health Service Ombudsman](#) — Final-stage unresolved NHS complaints in England.