

NHS Continuing Healthcare (Adults) Local Resolution Procedure

CONTROL RECORD	
Version:	3.0
Approved by:	CHC Strategic Oversight Group
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Document author:	Senior Commissioning Manager: CHC
Amendments:	This procedure revises a version implemented from January 2020 in line with the requirements of the National Framework for NHS Continuing Healthcare and NHS-Funded Nursing Care, October 2018 (revised).

1. Introduction

Responsibility for informing individuals of their eligibility for NHS continuing healthcare and of their right to request a review lies with the Clinical Commissioning Group (CCG) with which the individual is a patient.

The National Framework for NHS Continuing Healthcare and NHS-Funded Nursing Care (October 2018 revised) states that all CCGs should develop, deliver and publish a local resolution procedure to address requests from individuals or their representatives to review an eligibility decision.

2. Purpose

This procedure and appendices outline the process for local resolution by the Nottingham and Nottinghamshire CCG and explains the arrangements and timescales for dealing with requests to review an eligibility decision where the individual or their representative disagrees with it.

3. Scope

This document is aimed at:

- All employees of the Nottingham and Nottinghamshire CCG who work within NHS Continuing Healthcare;
- Nottingham CityCare Partnership NHS Continuing Healthcare Team;
- Mid Notts Continuing Healthcare Delivery Team;
- Patients and their families/representatives to wish to request a review of an eligibility decision for NHS Continuing Healthcare.

4. Roles and Responsibilities

Role	Responsibilities
CHC Oversight Group	The Oversight Group is responsible for ensuring the delivery of the CCG's statutory responsibilities for NHS Continuing Healthcare (CHC) and Children's Continuing Care.
Deputy Chief Nurse and Associate Director Personalised Care	The Deputy Chief Nurse and Assistant Director for Quality and Personalised Care is responsible for the overall CHC work programme.
Document Author(s) and Responsible Person	<p>The Senior Commissioning Manager: CHC is responsible for drafting this procedure and for its ongoing review.</p> <p>The Head of Continuing Healthcare is the Senior Manager who is corporately responsible for the document and is satisfied that it meets the requirements of the National Framework for NHS Continuing Healthcare (October 2018).</p>

5. Local Resolution Process

Communication of the Eligibility Decision

The CCG will send a letter to the individual/their representative to communicate the eligibility decision; the letter will enclose a copy of the Decision Support Tool and provide details of how to request a review. The letter will usually be sent within seven working days of the CCG's decision.

If the individual/their representative wishes to request a review of the eligibility decision, they should write to the CCG within six months of the date given on the letter. This request will be acknowledged by the CCG, in writing, within five working days of receipt and will enclose a copy of this procedure, the public information leaflet and a consent/questionnaire/consent form (see **Appendix A**) for completion and return within ten working days.

If the CCG receives a challenge to a negative checklist the CCG will request the Delivery Team to undertake a new checklist with family members present.

The CCG aims to deal with a request for a local review within three months of receipt of the questionnaire regarding the associated request.

Stage 1: Informal Discussion

The first attempt to resolve any concerns is through an informal, two-way discussion between the CCG and the individual/their representative. This may take place face-to-face, if specifically requested by the individual/their representative, but is more likely to be a telephone conversation.

The CCG will identify a healthcare professional, who was not involved with the initial recommendation, to undertake this part of the process.

The healthcare professional will explain how the eligibility decision has been reached with reference to the Decision Support Tool and the primary health need assessment. The discussion provides an opportunity for the healthcare professional to clarify any issues which may not have been understood by the individual/their representative and for them to provide any further information that had not previously been considered. Information returned in the questionnaire will form the basis of the Stage 1 informal discussion.

If there is evidence to suggest procedural flaws in reaching the eligibility decision, the healthcare professional may suggest that another assessment is required and will refer the case back to the multi-disciplinary team for a second assessment.

There will be a written summary of this discussion for both parties which will be produced by the healthcare professional and sent to the individual/their representative within ten working days of the informal discussion.

If a second multi-disciplinary team assessment is required; this should be concluded within 28 days of the informal discussion.

Stage 2: Formal Meeting

If resolution has not been achieved through the initial informal discussion described at Stage 1 and any subsequent assessment, a formal meeting will be arranged. This will take place within two months of the individual/their representative informing the CCG that they wish to continue with the local resolution process. The individual/their

representative will be asked to make the CCG aware of their intention to proceed to Stage 2 within ten working days of the date of the letter concluding Stage 1.

Where individuals wish to move straight to a formal meeting, without an initial informal discussion, then this will be considered.

All available and appropriate evidence will be collated to ensure that the meeting is fully informed such as GP summary records, care provider records, local authority records and any other information deemed important for the completion of the NHS CHC recommendation.

The formal meeting will involve the individual/their representative and someone from the CCG with the authority to decide next steps eg. to request further reports or to seek further clarification/reconsideration by the multi-disciplinary team. The CCG representative may choose to invite the healthcare professional involved in Stage 1 of the resolution process.

The individual/their representative will be able to put forward the reasons why they remain dissatisfied with the CCG's eligibility decision. If the individual believes that there is other or new relevant information available and informs the CCG of this, the CCG will make reasonable effort to obtain it.

The CCG will agree next steps with the individual/their representative.

There will be a full written record of the formal meeting for both parties. This will take the form of set of Minutes and an outcome letter which will be sent within ten working days of the Stage 2 meeting.

Conclusion of the Local Resolution Procedure

Following the formal meeting and outcome of the next steps, the CCG will either uphold or change the original eligibility decision.

If the decision remains unchanged, the CCG will have made every effort to ensure that the individual/their representative has been given a clear and comprehensive explanation of the rationale for the eligibility decision.

NHSE: Independent Review

If, following conclusion of the local resolution procedure, the individual remains dissatisfied, they may apply to NHS England for an independent review of:

- the decision regarding eligibility for NHS continuing healthcare; or
- the procedure followed by the CCG in reaching its decision as to the person's eligibility for NHS continuing healthcare.

Should NHS England receive a request for an independent review, the CCG will be expected to identify what efforts had been made to achieve local resolution and the outcome.

6. Document Control

This procedure has been written in accordance with the *National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care October 2018 (Revised)* and supported by the Department of Health & Social Care Public Information leaflet *NHS Continuing Healthcare and NHS-funded Nursing Care*.

This procedure replaces all prior Continuing Healthcare (Adults) Local Resolution Procedure.

Updated version: February 2022

Next review: February 2023

Appendix A

To be completed by the Individual and/or representative appealing the CHC eligibility decision.

Patient's Name:

Patient's Date of Birth:

Address:

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Telephone Number:

E-mail (if available):

Signature: **Date:**

If you are completing this form on behalf of the patient, you should ensure that you have authority to appeal on behalf of the person receiving care. This could be via a verbal agreement from the patient which has been recorded in their notes, written authority and, if applicable, legal authority eg. original Enduring or Lasting Power of Attorney.

Certification / Consent	
Name:	
Relationship to the Individual:	
<p>I certify that I have authority to act on behalf of the patient <i>(enclose a certified copy of the relevant Power of Attorney*):</i></p> <p><input type="checkbox"/> Enduring Power of Attorney (prior to 1 October 2007) – if the person lacks capacity it must be registered with the Office of Public Guardian (OPG);</p> <p><input type="checkbox"/> Lasting Power of Attorney for Health and Welfare (post 1 October 2007) - registered with the Office of Public Guardian (OPG);</p> <p><input type="checkbox"/> A best interest decision has been made with advocate/Independent Mental Capacity Advocate involvement (delete as appropriate).</p>	
Signed:	
Date:	

Reasons for appealing?

Please explain why you disagree with the decision that the individual is not eligible for NHS continuing healthcare.

Reasons for appealing? Please explain why you disagree with the decision that the individual is not eligible for NHS continuing healthcare

Please state clearly which levels of the twelve domains of the Decision Support Tool (DST) that you disagree with and the reason(s) why.
Please use the comments boxes to provide any information regarding the individual's level of need in that care domain that you feel had not been taken into account during completion of the DST.

Breathing	I agree / disagree with the level of need identified for this domain		
If you disagree with the level given, what level do you think would be more appropriate?	Priority	Severe	High
	Moderate	Low	No Needs

Nutrition	I agree / disagree with the level of need identified for this domain		
If you disagree with the level given, what level do you think would be more appropriate?	Severe		High
	Moderate	Low	No Needs

Contenance	I agree / disagree with the level of need identified for this domain	
If you disagree with the level given, what level do you think would be more appropriate?	High	Moderate
	Low	No Needs

Skin	I agree / disagree with the level of need identified for this domain		
If you disagree with the level given, what level do you think would be more appropriate?	Severe		High
	Moderate	Low	No Needs

Mobility	I agree / disagree with the level of need identified for this domain		
If you disagree with the level given, what level do you think would be more appropriate?	Severe		High
	Moderate	Low	No Needs

Communication	I agree / disagree with the level of need identified for this domain	
If you disagree with the level given, what level do you think would be more appropriate?	High	Moderate
	Low	No Needs

Psychological and Emotional Needs	I agree / disagree with the level of need identified for this domain	
If you disagree with the level given, what level do you think would be more appropriate?	High	Moderate
	Low	No Needs

Cognition	I agree / disagree with the level of need identified for this domain		
If you disagree with the level given, what level do you think would be more appropriate?	Severe		High
	Moderate	Low	No Needs

Behaviour	I agree / disagree with the level of need identified for this domain		
If you disagree with the level given, what level do you think would be more appropriate?	Priority	Severe	High
	Moderate	Low	No Needs

Drug Therapies and Medication	I agree / disagree with the level of need identified for this domain		
If you disagree with the level given, what level do you think would be more appropriate?	Priority	Severe	High
	Moderate	Low	No Needs

Altered States of Consciousness	I agree / disagree with the level of need identified for this domain		
If you disagree with the level given, what level do you think would be more appropriate?	Priority		High
	Moderate	Low	No Needs

Other significant care needs to be taken into consideration	I agree / disagree with the level of need identified for this domain		
If you disagree with the level given, what level do you think would be more appropriate?	Severe		High
	Moderate	Low	No Needs

If you require extra space to write your comments please continue on a separate sheet and attach to this questionnaire.

Please return this Consent / Questionnaire to the following address along with any relevant Legal Documentation

CHC Appeals
 Nottingham and Nottinghamshire Clinical Commissioning Group
 Sir John Robinson House
 Sir John Robinson Way
 Arnold
 Nottingham
 NG5 6DA

Telephone: 0115 845 4545

If you do not understand any of the information contained in this form or need assistance in completing it, you may wish to contact your local Age UK office (www.ageuk.org.uk), Beacon Continuing Healthcare Advocacy Service (www.beaconchc.co.uk) or any other community advisory service.

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