

# **NHS Continuing Healthcare (Adults) Local Resolution Procedure**

**January 2020 – January 2023**



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<b>CONTROL RECORD</b>			
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			<b>Sponsor</b> Deputy Chief Nurse and Associate Director Personalised Care
			<b>Team</b> Continuing Healthcare
<b>Title</b>	NHS Continuing Healthcare (Adults) Local Resolution Procedure		
<b>Amendments</b>	This procedure revises a draft version implemented from October 2018 in line with the requirements of the National Framework for NHS Continuing Healthcare and NHS-Funded Nursing Care, October 2018 (revised)		
<b>Purpose</b>	This document and appendices outline the process for local resolution by the Greater Nottinghamshire and Mid-Nottinghamshire CCGs and explains the arrangements and timescales for dealing with requests to review an eligibility decision where the individual or their representative disagrees with it.		
<b>Superseded Documents</b>			
<b>Audience</b>	All staff in the Greater Nottinghamshire and Mid-Nottinghamshire CCGs and Nottingham CityCare Partnership involved in dealing with NHS Continuing Healthcare appeals		
<b>Consulted with</b>	Nottingham CityCare Partnership CHC TurnAround Group CHC Oversight Group		
<b>Equality Impact Assessment</b>	N/A		
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<p><b>This is a controlled document and whilst this procedure may be printed, the electronic version available on the CCGs' document management system is the only true copy. As a controlled document, this document should not be saved onto local or network drives.</b></p>			

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**Appendix A – Questionnaire / Consent**

**Appendix B – Timescales Flowchart**

## 1. Introduction

- 1.1. 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.
- 1.2. 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

- 2.1. This document and appendix outlines the process for local resolution by the Greater Nottinghamshire and Mid-Nottinghamshire CCGs 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

- 3.1. This document is aimed at:
  - All employees of the Greater Nottinghamshire and Mid-Nottinghamshire CCGs who work within NHS Continuing Healthcare.
  - Nottingham CityCare Partnership NHS Continuing Healthcare Team.
  - Patients and their families/representatives to wish to request a review of an eligibility decision for NHS Continuing Healthcare.

## 4. Definitions

Term	Definition
CCG	Clinical Commissioning Group
DST	Decision Support Tool
MDT	Multi-Disciplinary Team

## 5. Roles and Responsibilities

Role	Responsibilities
<b>CHC Oversight Group</b>	The Oversight Group is responsible for ensuring the delivery of the CCGs' statutory responsibilities for NHS Continuing Healthcare (CHC) and Children's Continuing Care
<b>Deputy Chief Nurse and Associate Director Personalised Care</b>	The Deputy Chief Nurse and Associate Director for Personalised Care is responsible for the overall CHC work programme
<b>Document Author(s) and Responsible Person</b>	<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>

## 6. Local Resolution Process

### Communication of the Eligibility Decision

- 6.1. 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 (DST) and provide details of how to request a review. The letter will usually be sent within 7 working days of the CCG's decision.
- 6.2. If the individual/their representative wishes to request a review of the eligibility decision, they should write to the CCG within 6 months of the date given on the letter. This request will be acknowledged by the CCG, in writing, within 5 working days of receipt and will enclose a copy of this procedure, the public information leaflet and a consent/questionnaire/consent form (**Appendix A**) for completion and return within 10 working days.

## **Stage 1: Informal Discussion**

- 6.3. 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.
- 6.4. The CCG will identify a healthcare professional, who was not involved with the initial recommendation, to undertake this part of the process.
- 6.5. The healthcare professional will explain how the eligibility decision has been reached with reference to the DST 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.
- 6.6. 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 (MDT) for a second assessment.
- 6.7. 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 10 working days of the informal discussion.
- 6.8. If a second MDT assessment is required; this should be concluded within 28 days of the informal discussion.

## **Stage 2: Formal Meeting**

- 6.9. 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 2 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 10 working days of the date of the letter concluding stage 1.
- 6.10. Where individuals wish to move straight to a formal meeting, without an initial informal discussion, then this will be considered.

- 6.11. All available and appropriate evidence will be collated to ensure that the meeting is fully informed.
- 6.12. 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 (MDT). The CCG representative may choose to invite the healthcare professional involved in stage 1 of the resolution process.
- 6.13. The individual/their representative will be able to put forward the reasons why they remain dissatisfied with the CCG's eligibility decision.
- 6.14. The CCG will agree next steps with the individual/their representative.
- 6.15. There will be a full written record of the formal meeting for both parties. This will take the form of an outcome letter which will be sent within 10 working days of the informal meeting.

### **Conclusion of the Local Resolution Procedure**

- 6.16. Following the formal meeting and outcome of the next steps, the CCG will either uphold or change the original eligibility decision.
- 6.17. 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**

- 6.18. 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.
- 6.19. Should NHS England receive a request for an independent review, the CCGs will be expected to identify what efforts had been made to achieve local resolution and the outcome.

## **7. Communication, Monitoring and Review**

- 7.1. This procedure will be monitored on a regular basis by the Document Owner and those involved with its implementation.
- 7.2. The CCG will take every opportunity to learn from the formal dispute resolution meetings held with individuals and/or their representatives and will consider how they might share that learning with other CCGs.
- 7.3. Any individual who has queries regarding the content of this procedure, or has difficulty understanding how this process relates to their role, should contact the “Document owner”

## **8. Staff Training**

- 8.1. Training on the procedure will be given to those involved with its implementation as part of their induction.
- 8.2. Staff will be required to complete the CHC e-learning module on “Dispute Resolution in NHS Continuing Healthcare”.

## **9. Interaction with Other Procedures**

- 9.1. 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*.

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