



**Great Yarmouth
and Waveney**
Clinical Commissioning Group

Policy for the Local Resolution Process for NHS Continuing Healthcare

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Table of Contents

1	Background	3
2	Links to other Policies	3
3	Accountabilities	4
4	NHS Continuing Healthcare	4
5	Timeframes	5
6	Procedure	6

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1 Background

This policy ('the Policy') describes the way in which NHS Great Yarmouth and Waveney Clinical Commissioning Group ('the CCG') will conduct the Local Resolution Process for NHS Continuing Healthcare (CHC). Where an individual or their representative (referred to as the applicant throughout this policy) asks the CCG to review the eligibility decision the CCG, in line with the National Framework for CHC and NHS-funded Nursing Care, is normally expected to resolve the matter. A key principle of the Local Resolution Process is that, as far as possible, if the CCG does not change its original decision, the applicant has had a clear and comprehensive explanation of the rationale for the decision.

1.1 The Policy applies to all individuals who have been subject to a professional judgement not to be eligible for CHC after application of the primary health needs test at Decision Support Tool completion.

1.2 The application of the Policy will ensure that a transparent, consistent and equitable process is utilised in all cases for individuals not eligible for CHC who ask the CCG to review the eligibility decision.

1.3 All decisions on eligibility for CHC are taken and reviewed in accordance with NHS England and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012 (as amended) and the National Framework for CHC and NHS-funded Nursing Care ('the Framework').

2 Links to Other Policies and Frameworks

2.1 NHS England and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012 (as amended).

2.2 The CHC (Responsibilities of Social Services Authorities) Directions 2013.

2.3 The Delayed Discharges (Continuing Care) Directions 2013.

2.4 The National Framework for CHC and NHS-funded Nursing Care (October 2018 revised).

2.5 The Decision Support Tool for CHC.

3 Accountabilities

3.1 Every employee and worker of the CCG that is involved in CHC is responsible for the implementation of this policy, and to follow the requirements of the policy whilst supporting individuals that are not eligible for CHC. This includes the CHC nursing team, CHC administration team, performance staff, senior management and others accordingly.

3.2 Overall responsibility for the enforcement of this policy lies with the Chief Officer of the CCG.

3.3 It is the responsibility of the Chief Officer to implement the policy within the CCG, and take appropriate action where misuse is discovered.

3.4 It is the responsibility of the CCG Audit Committee to monitor the overall implementation of the policy on behalf of the CCG.

3.5 It is the responsibility of the CCG Chief Nurse and the Head of Quality in Care to maintain the policy, reviewing it on an annual basis or following any major organisational changes, to ensure that it remains applicable. Request for changes to the policy would need to be approved by the Governing Body.

4 NHS Continuing Healthcare

4.1 CHC is defined in the NHS England and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012 as a package of care arranged and funded solely by the health service in England for a person aged 18 or over to meet physical or mental health needs which have arisen as a result of disability, accident or illness. CHC may require the provision of both health and social care services by the NHS, though additional social care services can sometimes be provided by the local social services authority. CHC can be provided in a range of settings.

4.2 This Policy applies to all individuals, for whom the CCG is statutorily responsible, who have received a comprehensive multi-disciplinary assessment of their care and support needs (as evidenced in the completion of the Decision

Support Tool), the outcome of which has demonstrated that they do not have a primary health need and are, accordingly, not eligible for CHC.

5 Timeframes

5.1 Individuals who are professionally judged not to be eligible to receive CHC will have the decision communicated to them/their representative in writing, normally within 2 working days of the decision being made. Within the written decision letter will be information about how to request a review of the decision. The request for a review of a not eligible decision should be made to the CCG within six months of the date of the decision letter.

5.2 In the first instance applicants are requested to contact the CCG author of the decision letter to discuss their reasons for requesting a review of a not eligible decision. If the clinician is not immediately available the applicant will normally receive a call back within 2 working days.

5.3 Local Resolution Meetings will normally be held within 21 days of the first request for an appeal that cannot be resolved via a telephone call. This allows time for the applicant to gather other supporting documentation that they wish to obtain. Ordinarily the CCG will have GP summary records, care provider records, local authority records and any other information deemed important for the completion of the CHC recommendation. The patient/representative would already have been offered the opportunity to submit a supporting statement for CHC prior to the Decision Support Tool being completed. However if the applicant believes that there is other/new information available and informs the CCG of this, the CCG will make a reasonable and proportionate effort to obtain it.

5.4 If the applicant has valid reasons for postponing the Local Resolution Meeting beyond 21 days and the CCG is in agreement, the time frame for holding the Local Resolution Meeting will be at the request of the applicant.

5.5 The outcome of the Local Resolution Meeting will be communicated in writing to the applicant within 14 days. The written information will include notes taken by a

CCG note taker at the meeting and will include any actions to be taken. In case agreement is not achieved at the Local Resolution Meeting, the notes will be accompanied by a covering letter that informs the applicant of the NHS England stage of the appeal process, including name and address details of who to contact to request an Independent Review.

6 **Procedure**

6.1 In the first instance applicants are requested to contact the CCG author of the decision letter to discuss their reasons for requesting a review of a not eligible for CHC decision. This is an informal two-way meaningful discussion between the CCG CHC clinician and the individual/representative. A written summary will be recorded for both parties.

During the telephone call there will be an opportunity for the applicant to:

- Receive clarification of anything that they have not understood.
- The CHC clinician will explain how the CCG has arrived at the decision of not eligible to receive CHC – this will reference the completed Decision Support Tool and the primary health needs test.
- If the applicant believes that there is additional information that has not been obtained and considered by the CCG, there will be an opportunity for this to be provided.
- If the differences cannot be resolved on the telephone, the applicant will be invited to attend a Local Resolution Meeting, normally to be held at the CCG headquarters.

6.2 The Local Resolution Meeting will be hosted by a member of the CCG NHS CHC Leadership Team; a senior clinician. The CCG senior clinician will not have been a member of the multidisciplinary team to have made the recommendation regarding CHC eligibility. The purpose of a senior clinician from the leadership team hosting the Local Resolution Meeting is to make use of their extensive knowledge and skills in the specialised area of CHC.

6.3 The CCG Local Resolution Meeting senior clinician will use their professional judgement to establish if any other health/social care professional is required to attend. In most circumstances this will not be necessary.

6.4 At the Local Resolution Meeting there will be the opportunity for the applicant to put forward the reasons why they remain dissatisfied with the decision of the CCG. During the meeting the following areas will be discussed:

- Process
- Levels of need in disputed care domains
- Primary health needs test

6.5 The Local Resolution senior clinician will have the authority to make recommendations about what action, if any, the CCG needs to take next, for example to request further reports, or seek further clarification/reconsideration by the MDT.

6.6 A CCG note taker will be present at the Local Resolution Meeting to record discussions. If all present are in agreement, there will also be an audio recording of the meeting in order to ensure that the note taker records an accurate account. The recording will be deleted once the notes have been typed.

6.7 The applicant will be provided with a copy of the notes with a covering letter detailing next steps if they remain dissatisfied with the outcome of the Local Resolution Process. This will include details of how to progress their appeal to NHS England if the Local Resolution Process has failed to resolve issues discussed. However in most circumstances the aim will be to resolve the applicants concerns at the Local Resolution stage.

7. **Audit**

7.1 The Local Resolution Process will be audited annually

The audit will measure the efficiency and effectiveness of the Local Resolution Process and a report will be produced to inform the Senior Management Team on the delivery of the service

7.2 Policy updates will be applied when required by national policy changes or local evaluation that increases the person centred approach of the policy.