

CONTINUING HEALTH CARE
OPERATIONAL POLICY FOR NHS FUNDED
CONTINUING HEALTH CARE

Version:	1.5
<i>Ratified by:</i>	Somerset Primary Care Trust Board
Date ratified:	17 December 2008
Name of originator/author:	Lucy Watson, Deputy Director of Nursing and Patient Safety
Name of responsible committee/individual:	Mary Monnington, Director of Nursing and Patient Safety
Date issued:	18 December 2008
Review date:	December 2010
Target audience:	Responsible Managers and all staff undertaking Healthcare Assessments in Somerset Organisations

**SOMERSET PRIMARY CARE TRUST AND
SOMERSET COUNTY COUNCIL**

OPERATIONAL POLICY FOR NHS FUNDED CONTINUING HEALTH CARE

CONTENTS

Section		Page
	VERSION CONTROL	i
	IMPACT ASSESSMENT	iii
1	INTRODUCTION	1
2	PURPOSE	1
3	PRINCIPLES	2
4	ELIGIBILITY FOR NHS CONTINUING HEALTHCARE	3
5	APPLICATION PROCESS	4
6	FAST TRACK APPLICATIONS	5
7	MANAGEMENTS OF APPEALS, COMPLAINTS AND DISPUTES	6
8	COMPLAINTS	6
9	DISPUTES	6
10	DISCHARGE PLANNING	7
11	SECTION 117 AFTERCARE	8
12	RETROSPECTIVE REVIEWS OF CARE AND CONTINUING HEALTHCARE REDRESS	8
13	COMMISSIONING OF CARE PACKAGES, CASE REVIEWS, CONTRACTING ARRANGEMENTS AND CHOICE	9
14	JOINTLY FUNDED PACKAGES OF CARE	10

Section		Page
15	DIRECT PAYMENTS	11
16	TRAINING	11
17	AUDIT AND MONITORING	11
Appendices		
APPENDIX 1	IDENTIFYING THOSE PATIENTS WHO MAY BE ELIGIBLE FOR CONTINUING HEALTHCARE	13
APPENDIX 2	IDENTIFYING THOSE PATIENTS WHO MAY BE ELIGIBLE FOR FASTTRACK APPLICATION	19
APPENDIX 3	CONTINUING HEALTHCARE PANEL TERMS OF REFERENCE	23
APPENDIX 4	APPEALS PROCESS FOR THE NHS FUNDED CONTINUING HEALTHCARE	27
APPENDIX 5	CONTINUING HEALTHCARE APPEAL PANEL TERMS OF REFERENCE	31
APPENDIX 6	RETROSPECTIVE REVIEW REQUEST PROCESS	35
APPENDIX 7	CONSENT FORM	41
APPENDIX 8	RETROSPECTIVE REVIEW REQUEST FORM	43
APPENDIX 9	NHS SOUTH WEST CONTINUING HEALTHCARE NEEDS PORTRAYAL DOCUMENT	45

**SOMERSET PRIMARY CARE TRUST AND
SOMERSET COUNTY COUNCIL**

OPERATIONAL POLICY FOR NHS FUNDED CONTINUING HEALTH CARE

VERSION CONTROL

Number assigned to document:

Document Status:	Final
Version:	1.5

DOCUMENT CHANGE HISTORY		
Version	Date	Comments
1.0	10.06.08	Draft
1.1	12.06.08	Amended with Quality Impact Assessment
1.2	16.07.08	Amended with comments from the Somerset CHC leads meeting and Clare Steel Head of Adult Social Care
1.3	28.8.08	Amended following review by Bevan Brittan Solicitors
1.4	22.9.08	Amended following review by Primary Care Trust Executive Management Team
1.5	18.12.08	Approved by Trust Board.

Sponsor Director:	Mary Monnington, Director of Nursing & Patient Safety
Author(s):	Lucy Watson, Deputy Director of Nursing & Patient Safety

SOMERSET PRIMARY CARE TRUST
CONFIRMATION OF EQUALITY IMPACT ASSESSMENT FOR
OPERATIONAL POLICY FOR NHS FUNDED CONTINUING HEALTH CARE

Main aim of the document:

Instead of each of the 28 SHAs in England having its own rules, tools and processes for determining eligibility for NHS Continuing Healthcare, there should be one national approach on determining eligibility.

There will be one single band for NHS-funded Nursing Care in a nursing home. The determination of eligibility for NHS-funded Nursing Care is integrated into the same framework as eligibility determination and care planning for NHS Continuing Healthcare.

Outcome of the Equality Impact Assessment Process:

Neutral Impact

Actions taken and planned as a result of the equality impact assessment, with details of action plan with timescales / review dates as applicable:

Training for all individuals involved in the CHC process delivered during Sept, Oct, Nov and Dec 07 and on going

Groups / individuals consulted with as part of the impact assessment:

National consultation

SOMERSET PRIMARY CARE TRUST

OPERATIONAL POLICY FOR NHS FUNDED CONTINUING HEALTH CARE

1 INTRODUCTION

- 1.1 Somerset Primary Care Trust implemented the National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care on 1 October 2007 in accordance with the directions from the Department of Health. The National Framework sets out the principles and processes for the implementation of NHS Continuing Healthcare and NHS-funded Nursing Care and it provides national tools to be used for assessment, applications and for fast track cases.
- 1.2 The determination of eligibility for NHS-funded Nursing Care has been integrated into the National Framework so that the same framework for eligibility determination and care planning for NHS Continuing healthcare also applies for NHS-funded Nursing Care. It uses the same assessment and decision support tools to reach the determination for the funding stream.
- 1.3 This policy should be read in conjunction with the National Framework for NHS-funded Continuing Healthcare and NHS-funded Nursing Care DH 31 October 2007.

2 PURPOSE

- 2.1 This policy sets out the roles and responsibilities for health and social care staff for the implementation of the National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care in Somerset. It provides the process for determining eligibility for NHS-funded Continuing Healthcare in Somerset Primary Care Trust and includes the procedures for this in the relevant appendices.
- 2.2 The policy also sets out the responsibilities of the Primary Care Trust in those situations where eligibility for NHS-funded Continuing Healthcare has not been agreed, and for the management of situations that may arise as a result of NHS-funded Continuing Healthcare decisions.
- 2.3 This policy describes the way in which the Primary Care Trust will commission and provide care in a manner that reflects patient choice and preferences of individuals but balances the need for the Primary Care Trust to commission care that is safe and effective and makes best use of resources.
- 2.4 The policy includes the following sections:
 - eligibility for NHS-funded Continuing Healthcare
 - applications
 - fast track applications
 - management of Appeals, Complaints and Disputes
 - discharge planning

- Mental Health Act Section 117 Aftercare
- Retrospective Reviews of Care and Continuing Healthcare Redress
- Commissioning of Care Packages, Case Reviews, Contracting Arrangements and Choice
- Jointly Funded Packages of Care
- direct payments

3 PRINCIPLES

- 3.1 “Continuing care” means care provided over an extended period of time to a person aged 18 or over to meet physical or mental health needs which have arisen as the result of disability, accident or illness. “NHS Continuing Healthcare” means a package of continuing care arranged and funded solely by the NHS (DH 2007).
- 3.2 An individual who needs “continuing care” may require services from NHS bodies and/or from Local Authorities. Both NHS bodies and Local Authorities therefore have responsibilities to ensure that the assessment of eligibility for, and provision of, continuing care takes place in a timely and consistent fashion (DH 2007). Somerset Primary Care Trust and Somerset County Council are committed to working in partnership to achieve this, together with the local NHS Foundation Trusts and Somerset Partnership NHS and Social Care Trust.
- 3.3 The intention of the Department of Health in developing the National Framework was to improve consistency of approach to, and ease of understanding of, NHS Continuing Healthcare, and to simplify the interaction between NHS Continuing Healthcare and NHS-funded Nursing Care.
- 3.4 The principles underlying this policy support the provision of a consistent approach, and fair and equitable access to NHS-funded Continuing Healthcare. These principles are as follows:
- health and social care professionals will work in partnership with individual patients / clients and their families throughout the process
 - all individual patients and their families will be provided with information to enable them to participate in the process
 - the Trust will support the provision of advocacy to individuals through the process of application for NHS-funded Continuing Healthcare
 - the process for decisions about eligibility for NHS-funded Continuing Healthcare will be transparent for individual patients /clients and their families and for partner agencies
 - all assessments of health and social care will be undertaken jointly by the relevant agencies involved using the Single Assessment Process document/ Decision Support Tool
 - assessments and decision making about eligibility for NHS-funded Continuing Healthcare will be undertaken in a timely manner to ensure that individuals receive the care they require in the appropriate environment, without unreasonable delays

4 ELIGIBILITY FOR NHS CONTINUING HEALTHCARE

- 4.1 The National Framework provides a consistent approach for establishing eligibility for NHS Continuing Healthcare. This is achieved through the use of National Tools that have been developed to assist in making decisions about eligibility for NHS Continuing Healthcare.
- 4.2 As a result of the Coughlan judgment (1999), and the Grogan judgment (2006), under the National Health Service Act 2006, the Secretary of State has developed the concept of “a primary health need” to assist in deciding which treatment and other health services it is appropriate for the NHS to provide.
- 4.3 Where a person’s primary need is a health need, the NHS is regarded as responsible for meeting all their needs, including accommodation, if that is part of the overall need, and those individuals eligible for NHS Continuing Healthcare. The decision as to whether this is the case should consider assessment of all the person’s relevant needs.
- 4.4 Consideration of primary health need includes consideration of the characteristics of need and their impact on the care required to manage them. In particular to determine whether the quantity or quality of care is more than the responsibility of Local Authorities as outlined in the Coughlan judgment, consideration is given to the following:
- nature and type of need - the overall effect of those needs on the individual, including the type ("quality") of interventions required to manage them
 - intensity - both extent ("quantity") and severity ("degree") of the needs, including the need for sustained care ("continuity")
 - complexity - how the needs arise and interact to increase the skill needed to monitor and manage the care
 - unpredictability of need - the degree to which needs fluctuate, creating difficulty in managing needs, and the level of risk to the person's health if adequate and timely care is not provided
- 4.5 To minimise variation in interpretation of the principles and to inform consistent decision – making, the national decision support tool has been developed for use by practitioners to obtain a full picture of needs and to indicate the level of need that could constitute a primary health need. The decision support tool combined with the practitioner’s own experience and professional judgement should enable them to apply the primary health needs test in practice in a way which is consistent with the limits on what can lawfully be provided by a Local Authority and in accordance with Coughlan and Grogan judgments.
- 4.6 Eligibility for NHS Continuing Healthcare is based on an individual’s assessed health needs. The decision support tool provides the basis for decisions on eligibility for NHS-funded Continuing Healthcare. The decision support tool

should be completed by the multi disciplinary team which, as a minimum, will include a health professional and a social worker. Social care staff must always be involved in the completion of the decision support tool. Specialist staff and mental health staff should be involved dependent on the individual's needs.

4.7 The multi disciplinary team will make recommendations on eligibility of individual patients / clients for NHS-funded Continuing Healthcare to the Somerset Primary Care Trust Continuing Healthcare Panel. The panel meets weekly and reviews the assessments and decision support tool and can make the following decisions with regard to recommendations about eligibility for NHS-funded Continuing Healthcare:

- approve the recommendations of the multidisciplinary team
- decline the recommendations of the multidisciplinary team where the evidence provided does not support the level of need indicated in the decision support tool
- defer the decision and request further evidence to support decision making

5 APPLICATION PROCESS

5.1 The first step in the process for most people will be a screening process using the NHS Continuing Healthcare Screening Checklist. The purpose of the checklist is to encourage proportionate assessments, so that resources are directed towards those people who are most likely to be eligible for NHS Continuing Healthcare.

5.2 Before applying the checklist, it is necessary to ensure that the individual, and their representative where appropriate, understand that the checklist does not indicate the likelihood that the individual will be found to be eligible for NHS Continuing Healthcare. At this stage, the threshold is set deliberately low to ensure that all those who require a full consideration of their needs do get this opportunity.

5.3 A Nurse, Doctor, or other qualified healthcare professional, or social worker could apply the checklist to refer individuals for a full consideration of eligibility for NHS Continuing Healthcare from either a community or hospital setting. Whoever applies the checklist will have to be familiar with, and have regard to, the National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care (DH (2007) and the Decision Support Tool.

5.4 In a hospital setting, this checklist should be applied as the first stage in the discharge process for individuals, in compliance with the Community Care (Delayed Discharges) Act 2003 which focuses on delayed discharge responsibilities. This screening checklist should be used by all practitioners as part of the assessment and care planning process.

5.5 If completion of the screening checklist indicates that the individual patient / client may be eligible for NHS-funded Continuing Healthcare, the Decision Support Tool will be completed following the completion of the assessment process. The decision support tool provides the overall picture of need and interaction between needs which, together with the evidence from relevant

assessments, supports the process of determining eligibility and ensures consistent and comprehensive consideration of an individual's needs.

- 5.6 It is completed by the multi disciplinary team (see Section 4.6 for definition of the multi disciplinary team), and provides practitioners with a framework to bring together and record the various needs in eleven 'care domains' or generic areas of need. The practitioners use the Decision Support Tool to apply the primary health need tests, ensuring that the full range of factors which have a bearing on the individual's eligibility are taken into account in making this decision. The process for application of NHS-funded Continuing Healthcare is set out in [Appendix 1](#).
- 5.7 The Decision Support Tool cannot directly determine eligibility, but it provides the basis from which decisions are made exercising professional judgment and in consideration of the primary health need. Once the multi disciplinary team has reached agreement they make a recommendation on eligibility to the Somerset Primary Care Trust Continuing Healthcare Panel. The Terms of Reference for the Somerset Primary Care Trust Continuing Healthcare Panel is included in Appendix 3.
- 5.8 The Somerset Primary Care Trust Continuing Healthcare Panel reviews the applications received to ensure consistency and quality of decision making and provides governance to the decision making for eligibility for NHS-funded Continuing Healthcare. This ensures equity of access to NHS-funded Continuing Healthcare and consistent decision making for all applications.
- 5.9 Where individuals are found to be eligible for NHS-funded Continuing Healthcare, funding will be agreed from the date of completion of the screening checklist or from the date of the start of assessment, whichever is the earliest.

6 FAST TRACK APPLICATIONS

- 6.1 There may be circumstances where an individual not previously awarded NHS Continuing Healthcare on the basis of need, does have a rapidly deteriorating condition and they may be entering a terminal phase. They may need NHS Continuing Healthcare funding to enable their needs to be urgently met. In these circumstances the application for NHS-funded Continuing Healthcare will require 'fast tracking' for immediate provision of NHS-funded Continuing Healthcare.
- 6.2 The National Framework provides a fast track pathway tool for use in these circumstances. The fast track tool may be used by a senior clinician such as a ward sister, consultant, GP or District Nurse to outline the reasons for the fast track decision making. The Primary Care Trust supports the direct involvement of hospital staff in this process to ensure the timely discharge for these patients, supporting end of life care decisions and providing clear accountability for decision making.
- 6.3 The process for fast track applications is set out in [Appendix 2](#) and ensures that same day decisions about eligibility for NHS-funded Continuing Healthcare can be made where appropriate to support the preferred priorities of the individual for their end of life care.

7 MANAGEMENT OF APPEALS, COMPLAINTS AND DISPUTES

- 7.1 The decisions of the Somerset Primary Care Trust Continuing Healthcare Panel are communicated to individual patients / clients, or their family, on whose behalf the application has been made, and to the lead health and social professionals making the application. The decision is communicated in writing together with copies of the minutes of the meeting that provide the rationale for the panel's decision within 14 working days of the panel meeting.
- 7.2 Where an application has been declined, individual patients / clients and or their family are invited to appeal against this decision with 28 days of receipt of the decision to the Director of Nursing and Patient Safety. When an appeal is received this is acknowledged and the offer an informal resolution meeting with the individual patient / client and their family is made to go through the decision of the panel. The appeal process is set out in Appendix 4.
- 7.3 All appeals are heard by a Somerset Primary Care Trust Continuing Healthcare Appeal Panel. The members of the Appeal Panel will be independent of the initial Continuing Healthcare Panel that reviewed the application. The terms of reference for the appeal panel is set out in Appendix 5.
- 7.4 Families and individuals are encouraged to attend appeal panel meetings or to provide a submission to the appeal panel to help the appeal panel with their decision making.
- 7.5 Following the decision of the appeal panel if an individual patient / client or their family remains dissatisfied with this decision, they make an application to the South West Strategic Health Authority for an independent review.

8 COMPLAINTS

- 8.1 If an individual patient / client or their family is dissatisfied with the manner in which the process has been undertaken through the process of assessment, their involvement in this, or the manner in which decisions have been made, they may make a complaint to Somerset Primary Care Trust through the Trust Complaint's process.

9 DISPUTES

- 9.1 Somerset County Council are represented on all Somerset Primary Care Trust Continuing Healthcare Panels and are part of the decision making process. Somerset County Council and their employees are therefore not able to appeal against a decision made by the Somerset Primary Care Trust Continuing Healthcare Panel. Appeals may only be made by individual appellants themselves.
- 9.2 However Somerset County Council may dispute a decision that is made by Somerset Primary Care Trust Continuing Healthcare Panel, in respect of an application for NHS-funded Continuing Healthcare made on behalf of an

individual. This also applies to neighbouring or other local authorities that may have submitted an application to Somerset Primary Care Trust Continuing Healthcare Panel.

- 9.3 In these circumstances the Somerset Primary Care Trust and Somerset County Council Policy for the Resolution of Disputes for NHS-funded Continuing Healthcare should be implemented.
- 9.4 Somerset Primary Care Trust and Somerset County Council subscribe to the principle that there should be no delay in the provision of services due to disagreements or disputes on the assessment recommendation or outcome of the decision on eligibility. Should such situations arise, the National Framework for NHS-funded Continuing Healthcare is explicit in stating that any existing funding arrangements cannot be unilaterally withdrawn without the agreement of the other party.
- 9.5 Therefore anyone in their own home, or care home funded by the local authority must continue to be financially assisted by the Council until the dispute is resolved.
- 9.6 Similarly, anyone in hospital, or funded by the Primary Care Trust must remain funded by the Primary Care Trust until the dispute is resolved. Somerset Primary Care Trust and Somerset County Council and neighbouring Local Authorities agree to adopt “a **Without Prejudice**” approach to such situations whereby the final outcome of the dispute will be backdated to the time of the original funding request. This means that if the Local Authority has continued to fund an arrangement that was subsequently decided to be NHS Continuing Healthcare, the Primary Care Trust funding should be backdated to the date that the Local Authority gave notification to the Primary Care Trust and the individual should be reimbursed any charges that they have paid during this interim period.
- 9.7 Similarly, where Somerset Primary Care Trust has continued to fund an arrangement that subsequently is decided to have been a Local Authority responsibility, Somerset County Council or the neighbouring Local Authority will reimburse Somerset Primary Care Trust to the date of notification.

10 DISCHARGE PLANNING

- 10.1 Completion of the screening checklist and the Decision Support Tool for decisions about eligibility for NHS-funded Continuing Healthcare should be undertaken as part of the assessment and care planning process for discharge arrangements for individual patients. Where for any reason this has not been possible and the patient is ready for discharge from hospital but the Trust Continuing Healthcare panel has not yet reviewed the application for the patient, the discharge of the patient from hospital should not be delayed pending the decision.
- 10.2 Where, following financial assessment, the individual would have their care needs funded by Somerset County Council, Adult Social Care will arrange for discharge of the individual with a care package funded by Somerset County

Council pending a decision for eligibility for NHS-funded Continuing Healthcare, following the ‘without prejudice’ approach.

- 10.3 Where the individual, following financial assessment, would be responsible for funding their own care package, the Primary Care Trust will fund the care package for the individual, on discharge, pending a decision for eligibility for NHS-funded Continuing Healthcare.
- 10.4 In order to progress discharge arrangements for individuals in these circumstances, where a decision has not yet been made on eligibility for NHS-funded Continuing Healthcare, agreement for the Trust to fund the care arrangements in the interim must be agreed with the Trust Continuing Healthcare Manager before progressing discharge. The Trust Continuing Healthcare Manager is responsible for agreeing the funding and the arrangements for the care package in these circumstances. Where Somerset County Council will fund the care package pending the outcome of the decision of the Trust Continuing Healthcare Panel, this must be agreed with the relevant adult social care team.

11 **SECTION 117 AFTER CARE**

- 11.1 A patient liable to detention under Section 3 of the Mental Health Act may be eligible for Section 117 aftercare and these arrangements are separate and different from NHS funded Continuing Healthcare, so the two should not be confused. Only if an individual has additional health needs that are not covered under the Section 117 might it be necessary to carry out consideration for NHS-funded Continuing Healthcare. An example of this might be if there is a significant physical problem in addition to their mental health needs which may be the responsibility of health organisations. However their mental health and associated needs come under the Mental Health Act provision.

12 **RETROSPECTIVE REVIEWS OF CARE AND CONTINUING HEALTHCARE REDRESS**

- 12.1 There may be circumstances where an individual not previously awarded NHS-funded Continuing Healthcare believes that they were wrongly denied NHS funding.
- 12.2 In these circumstances the individual patient / client or their family can request a retrospective review of the individual’s care needs and eligibility for NHS-funded Continuing Healthcare where the decision was taken after 1 April 2004. A letter, issued by the NHS Chief Executive in August 2007, confirmed that any cases involving eligibility decisions prior to 1 April 2004 should no longer be accepted, except where there are exceptional circumstances. The process for applications for retrospective reviews of care is set out in [Appendix 6](#).
- 12.3 Where a retrospective review of eligibility for NHS funded Continuing Healthcare is approved, appropriate arrangements will be made for financial recompense in accordance with the Department of Health Guidance for Continuing Care Redress 2007. Reimbursement of all care fees for the period of care that has been made approved will be made together with interest payments

Interest payments will only be payable for care fees that have been paid more than six months prior to the date of approval for eligibility for NHS-funded Continuing Healthcare, and for payments that are over £5,000 in accordance with the Continuing Health Care Redress Guidance, March 2007.

- 12.4 Calculation of interest payment will be made using the retail price index for each month of the relevant period, and using the rate applied to County Court Judgement debt, taking into account pension and benefit payments. Payment will be made of interest to the individual for whichever is the more advantageous amount.

13 COMMISSIONING OF CARE PACKAGES, CASE REVIEWS, CONTRACTING ARRANGEMENTS AND CHOICE

- 13.1 The NHS is responsible for identifying, commissioning and contracting for all services to meet the needs of all such individuals who qualify for NHS Continuing Healthcare and for the healthcare part of a joint package. NHS commissioning includes an ongoing case management role in addition to regular reviews.

- 13.2 Care packages will be commissioned from care homes, from domiciliary care providers and from nursing agencies, where an NHS spot purchasing contract for NHS-funded Continuing Healthcare is in place. When a care package is commissioned by the Primary Care Trust, if a contract for NHS-funded Continuing Healthcare is not already in place, a spot contract purchasing arrangement will be agreed in order to ensure that there are quality standards in place to meet the requirements of the provision of NHS services.

- 13.3 Care will only be commissioned from those care providers who have an adequate/satisfactory care rating from the Commission for Social Care Inspection. Where a care provider has a poor rating from the Commission for Social Care Inspection, continuing health care packages of care will not be commissioned until an action plan for improvement has been put in place and the care rating has improved.

- 13.4 The owners of the care provision will be informed that commissioning arrangements for NHS-funded Continuing Healthcare will be suspended until the quality rating has improved by the Continuing Healthcare Manager. Where care is already being commissioned for residents in the care provision of a risk assessment will be undertaken in partnership with the individual resident and their family to ensure appropriate controls are in place to assure the individual's safety and the quality of care provided.

Choice

- 13.5 The Primary Care Trust will commission the provision of NHS-funded Continuing Healthcare in a manner which reflects the choice and preferences of individuals but balances the need for the Primary Care Trust to commission care that is safe and effective and makes best use of resources. Therefore in circumstances where the quality rating of a care home is poor and the Primary Care Trust cannot commission care in the home at that time, the Trust will work

with individuals and their families to commission a more suitable package of care.

- 13.6 In the light of the need to balance patient preference alongside safety and value for money, the Trust has adopted, in principle, a policy on choice and cost effective commissioning of NHS-funded Continuing Healthcare developed by Bristol Primary Care Trust. This policy sets out arrangements for cost-effective commissioning of care packages, choice and patient safety.

Case Reviews

- 13.7 If the NHS is providing any part of an individual's care, a case review should be undertaken to reassess that their care needs are being met and to the standard expected by the NHS. Somerset Primary Care Trust has a robust process in place for case reviews in partnership with Adult Social Care and Somerset Partnership NHS and Social Care Trust for both NHS funded Continuing Healthcare and NHS-funded Nursing Care reviews.
- 13.8 Care reviews will be undertaken for individuals no later than three months following the initial assessment and then as a minimum standard on an annual basis. This will ensure that individual patients / clients are receiving the care they need. The care review will also review the eligibility of the individual patient / client for NHS Continuing healthcare. The NHS has a responsibility to provide or commission care based on the needs of the individual being primarily for healthcare and, therefore, this may not be indefinite. In some circumstances an individual's needs might change and therefore so might their eligibility for NHS Continuing Healthcare. It is the Primary Care Trust's responsibility to ensure that this is made clear to the individual and their family. Some cases will require more frequent review in line with clinical judgement and changing needs.

14 JOINTLY FUNDED PACKAGES OF CARE

- 14.1 The National Framework for NHS-funded Continuing Healthcare (DH 2007) states that if a person does not qualify for NHS Continuing Healthcare, the NHS may still have a responsibility to effectively contribute to that person's health requirements. This is sometimes known as a "joint package" of continuing care. The most obvious way in which this is provided is by means of the Registered Nursing Care Contribution, in a care home setting.
- 14.2 Joint packages of care may also be provided through the provision of NHS services such as district nursing, and physiotherapy, for example. A joint package of care with the local authority will only involve joint funding where there is a particular identified health need requiring an identified care package to be commissioned. In these circumstances the NHS will fund the care package commissioned by the Trust for the identified health need.

15 DIRECT PAYMENTS

- 15.1 The National Framework for NHS-funded Continuing Healthcare (DH 2007) paragraph 77 states that:

“NHS services cannot be provided as part of an Individual Budget or through Direct Payments and Our Health, Our Care, Our Say: A New Direction for Community Services (DH 2006) makes it clear that these will not be extended to NHS Healthcare in the near future. This means that when an individual begins to receive NHS Continuing Healthcare they may experience a loss of control over their care which they had previously exercised through Direct Payments or similar. It should be emphasised that PCTs can commission to maximise the continuity of care, i.e. to maintain a similar package of care to that already in place, and in determining whether to maintain an existing package, the Primary Care Trust should take into account the individual’s preferences wherever possible.”

- 15.3 This paragraph makes it clear that it will no longer be possible to continue to provide a Direct Payment to a person who becomes eligible for Continuing Healthcare. When an individual who has been in receipt of Direct Payments or an Individual Budget, and is then found to be eligible for NHS-funded Continuing Healthcare, notice of three months will be given to terminate the arrangements funded through either Direct Payment or Individual Budgets. During these three months every effort will be made to support the individual to make arrangements for care to be provided through a NHS Continuing Healthcare contracted domiciliary care provider or nursing agency.

16 TRAINING

- 16.1 Training is provided to all hospital and community staff, adult social care staff and Somerset Partnership NHS and Social Care staff in the implementation of the National Framework for NHS-funded Continuing Healthcare and NHS-funded Nursing Care (DH 2007). Training will be provide in the use of the national tools, the identification of primary health need and the application process for NHS Continuing Healthcare.

17 AUDIT AND MONITORING

- 17.1 Implementation of the National Framework for NHS funded Continuing Healthcare and NHS-funded Nursing Care (DH 2007) will be monitored through reports to the Somerset Primary Care Trust Continuing Healthcare Leads meeting and through performance reports to the Trust Board and Integrated Governance Committee.
- 17.2 Audit will be undertaken of fast track decision making against the criteria and of decisions made for NHS-funded Continuing Healthcare by Panel Chairs for those cases where the domains of care and the level of need in the decision support tool indicate that the eligibility criteria are met and that the case does not require review by a Trust Continuing Healthcare Panel.

APPLICATION PROCESS FOR NHS FUNDED CONTINUING HEALTH CARE

IDENTIFYING THOSE PATIENTS WHO MAY BE ELIGIBLE FOR CONTINUING HEALTHCARE

1 SCREENING CHECKLIST

The Screening Checklist should be completed jointly by the Care Manager from health and social care, or hospital staff with input from the hospital social work team, in order to identify if the patient may be eligible for NHS-funded Continuing Healthcare. Where the patient is an inpatient, the Screening Checklist should be completed as part of the discharge planning process. The Checklist should be completed at the start of the discharge planning process in order to ensure that an application for NHS-funded Continuing Healthcare as part of the planning process is considered and does not delay the patient's discharge.

2 REFERRAL

2.1 All referrals should be made to the Somerset Primary Care Trust Continuing Healthcare Team. The team is based at Charterhouse, Yeovil, telephone number 01935 848232. The office is open Monday to Friday 9.00am – 5.00pm. There is an answer phone where messages can be left.

2.2 Referrals can be made via telephone, letter, fax or email. Those made by telephone must be followed up with a written referral to the continuing healthcare department within two working days.

2.3 Fax number: tel. 01935 848231

2.4 Information can be emailed to the Continuing Healthcare team, but patient identifiable information must be sent using Secure Send.

2.5 Referrals can be received from the following:

- Care Manager – District Nurse, Social Worker, Community Psychiatric Nurse
- hospital staff – Ward Staff, Discharge Liaison Team
- patient, family or patient representative following consent from patient

Hospital Team, Patient or Family Referral

2.6 When the referral comes from the family or from a hospital team on behalf of an inpatient, the continuing healthcare nurse advisor will identify a Care Manager and request the completion of the Screening Checklist, where this has not already been done, and the completion of the multi-disciplinary Single Assessment Process documentation, and the Decision Support Tool.

- 2.7 It is essential that the consent form within the Single Assessment Process documentation has been discussed with the patient and is signed providing evidence of authority for the care manager to make an application for Continuing Healthcare on the patient's behalf.

Care Manager Referral

- 2.8 When a referral is received from the Care Manager, the Screening Checklist should already have been completed to identify that the patient is eligible for an application for Continuing Healthcare. The Care Manager will be expected to coordinate the completion of the multi-disciplinary Single Assessment Process documentation, and the Decision Support Tool.
- 2.9 Again, it is essential that the consent form within the Single Assessment Process documentation has been discussed with the patient and is signed providing evidence of authority for the care manager to make an application for Continuing Healthcare on the patient's behalf.

3 ASSESSMENT OF THE INDIVIDUAL'S NEEDS

- 3.1 The Single Assessment Process is used to undertake an assessment of the individual/patient's health and social care needs. This assessment provides the basis for future care planning for the individual and for completion of the Decision Support Tool for an application for NHS-funded Continuing Healthcare
- 3.2 The Care Manager is responsible for coordination of the completion of the Single Assessment Process documentation and for completion of the Decision Support Tool. The Care Manager is also responsible for ensuring that the single assessment process and Decision Support Tool are multi-disciplinary assessments of the patient's health care needs. For some applications this may be the district nurse, social worker and general practitioner, but for other applications it will involve the broader multidisciplinary team.

4 APPLICATION FOR NHS FUNDED CONTINUING HEALTHCARE

- 4.1 Applications submitted for NHS-funded Continuing Healthcare must contain sufficient evidence of the health needs of the individual to provide a clear rationale for the levels of the domains of care that are completed in the Decision Support Tool. This is essential to identify if the individual's primary need is for health care, and to enable the Continuing Healthcare panel to reach a decision.
- 4.2 The Care Manager is responsible for collating all the information pertaining to the continuing health care claim and for submission of the application for NHS-funded Continuing Healthcare to the Somerset Primary Care Trust Continuing Healthcare Panel through the Continuing Healthcare Nurse Advisor.

4.3 The submission of an application to the continuing healthcare department should contain the following information:

- Continuing Healthcare application form
- the period of the claim
- Screening Checklist
- Decision Support Tool completed by the multi disciplinary team
- multi-disciplinary – Single Assessment Process. For patients in hospital outside of Somerset, other nursing assessment documentation (CM7, Care Planning Approach) should be provided
- package of care requested and costings if available

4.4 The following evidence is required when there is involvement of the broader multidisciplinary team:

- GP notes
- hospital notes
- specialist reports –
- speech and language therapy
- community psychiatric nurse
- occupational therapy
- physiotherapy
- nursing home records
- social care records
- diary sheets

4.5 These should be submitted to the continuing healthcare nurse advisor in a poly pocket but the pages should not be stapled.

4.6 When an application has been made after a care package has already been put in place, care home records, and / or diary sheets will be required to provide evidence of need prior to the assessment date. This may also be where a care package is already in place and the individual's care needs have changed, such that they may now be eligible for NHS-funded Continuing Healthcare.

5 PRESENTATION OF THE APPLICATION TO THE SOMERSET PRIMARY CARE TRUST CONTINUING HEALTHCARE PANEL

5.1 The continuing healthcare nurse advisor will review the information submitted by the care manager, to ensure that all the relevant information has been collated. The information in the application will be put into a standard continuing healthcare file with the following sections:

- correspondence
- Multidisciplinary Team Single Assessment and Decision Support Tool
- specialist assessments
- medical records:
 - * GP / Medical notes
 - * hospital notes
- Nursing Home:
 - * nursing home records
- other

5.2 A continuing healthcare nurse advisor will contact the Care Manager requesting any additional information that may be required in order to complete the application and prepare it for submission to panel

5.3 Priority will be given by the Continuing Healthcare team to those applications made on behalf of patients who are in hospital and awaiting discharge.

6 DECISION MAKING PROCESS

6.1 Once the file is completed, a continuing healthcare nurse advisor will determine whether the case should be put before a continuing healthcare panel, or passed to a panel chair for consideration. This decision will be based on the completed Decision Support Tool and the assessed levels of need in each of the 11 care domains and the supporting evidence provided in the Single Assessment Process document and any other additional information, including evidence provided by the Appellant or his/her family.

6.2 Where the health needs of an individual have been assessed as being at a Priority level in one or more care domains and the evidence presented supports this assessment, or where the health needs have been assessed as being at a Severe level in two or more domains, and the evidence presented supports this assessment, then the decision for eligibility for NHS-funded Continuing Healthcare will be taken by a panel chair.

6.3 For all other assessments where there may be a range of Severe High, Moderate and Low levels across the care domains, these applications will be presented to the next available Somerset Primary Care Trust Continuing Healthcare Panel for a decision.

6.4 Once the chair or panel has considered the case and a decision has been made with regard to the claim, the appellant and the Care Manager are contacted by telephone after the panel meeting to inform them of the decision. This is followed with a letter within 14 working days of the Panel meeting. This letter will include the following information:

- the decision on eligibility for NHS-funded Continuing Healthcare
- the evidence that was presented to the panel
- the rationale for the decision based on the evidence presented, and comment on the primary needs of the claimant

- copies of the panel minutes, or the panel chair's rationale, that show the deliberations of the panel/ panel chair
- information on how to appeal against the decision

7 COMMISSIONING CARE PACKAGES

7.1 The Continuing Healthcare Panel may provide advice on the care package to be commissioned but the responsibility for the commissioning of the care package for NHS-funded Continuing Healthcare is the responsibility of the Somerset Primary Care Trust Continuing Healthcare Team.

7.2 All care packages in nursing and residential care will be commissioned using the Continuing Healthcare contract arrangements and standard fee that has been agreed. Where the individual has health needs that are of a degree of complexity and intensity that is more than can be provided through the standard contract, the Somerset Primary Care Trust Continuing Healthcare Team will negotiate an individual care package with the care provider using the standard contract as the basis for the care provision.

7.3 Domiciliary care packages will also be provided through the standard contract arrangements with individual care packages negotiated in the same way as for residential care packages.

8 RECORDS MANAGEMENT

8.1 All records pertaining to individuals request for continuing healthcare funding will be retained as follows:

- adults 18 years onwards retained for 6 years from the date of hospital discharge or any (final) Continuing Healthcare decision

8.2 Records will be stored in accordance with the Somerset Primary Care Trust records management strategy.

FAST TRACK APPLICATION PROCESS FOR NHS FUNDED CONTINUING HEALTH CARE

IDENTIFYING THOSE PATIENTS WHO MAY BE ELIGIBLE FOR FAST TRACK APPLICATION

1 ELIGIBILITY FOR FAST TRACK APPLICATION

- 1.1 The eligibility criteria for a fast track application for NHS-funded Continuing Healthcare is defined within the National Framework for NHS-funded Continuing Healthcare (DH 2007). The framework states that a fast track application may be made where the individual has a rapidly deteriorating condition and where they may be in a final phase of a terminal illness.

2 REFERRAL

- 2.1 All referrals should be made to the Somerset Primary Care Trust Continuing Healthcare Team. The team is based at Charterhouse, Yeovil, telephone number 01935 848232. The office is open Monday to Friday 9.00am – 5.00pm. There is an answer phone where messages can be left.

- 2.2 Referrals can be made via telephone, letter, fax or email. Those made by telephone must be followed up with a written referral to the continuing healthcare department within two working days.

- 2.3 Fax number: tel. 01935 848231

- 2.4 At weekends or over bank holiday periods where an urgent care package is required, this will be arranged by the District Nurse and fast track application may be made for NHS Funded Continuing Health Care retrospectively on the next working day.

- 2.5 Referrals can be received from the following:

- Care Manager – District Nurse, Social Worker, Community Psychiatric Nurse
- hospital staff – Ward Staff, Discharge Liaison Team, Hospital Palliative Care Specialist Nurse or Hospice staff.
- patient, family or patient representative following consent from patient

Hospital Team, Patient or Family Referral

- 2.6 When the referral comes from the family or from a hospital team on behalf of an inpatient, the continuing healthcare nurse advisor will identify a Care Manager for arrangement of the care package where the patient is to be discharged home. Where the patient is to be transferred to a care home, a care manager will be identified to care manage and undertake reviews of the care package.

3 FAST TRACK APPLICATION FOR NHS FUNDED CONTINUING HEALTHCARE

3.1 For fast track applications, the continuing healthcare nurse advisor can make decisions for eligibility for NHS Continuing Healthcare on the same day as the referral is received if the following information is submitted:

- completed NHS Fast track tool containing details of the health care needs of the individual
- correspondence from the medical practitioner or responsible for care (GP, Consultant) on prognosis, or the hospital specialist palliative care nurse in hospital settings.
- full description of the care package requested with costings where available

3.2 Fast track applications do not require a full Single Assessment Process documentation to be submitted with the fast track tool, as long as sufficient information is included in the fast track tool for the continuing healthcare nurse advisor to make a decision.

4 DECISION MAKING PROCESS

4.1 All relevant information must have been submitted to the continuing healthcare team including either a medical practitioner's statement and a completed fast track tool which provides evidence that the individual has a rapidly deteriorating condition and that they may be in a final phase of a terminal illness.

4.2 If the patient meets the above criteria and all information is available to the Continuing Healthcare Advisor, the Continuing Healthcare Advisor can make a decision about eligibility for NHS-funded Continuing Healthcare.

4.3 Referrers will be informed verbally of the decision to prevent a delay in arranging care. This will be confirmed in writing to the referrer within 14 working days. A letter to the family will also be sent informing them of the decision. The letter will include the following information:

- the decision on eligibility for NHS-funded Continuing Healthcare
- the evidence that was presented to the Continuing Healthcare Advisor
- the rationale for the decision based on the evidence presented
- information on how to appeal against the decision

5 COMMISSIONING CARE PACKAGES

5.1 If the patient meets the above criteria and all information is available to Continuing Healthcare Advisor, the Continuing Healthcare Advisor can agree a care package as follows:

Nursing home care packages

5.2 Placement in a continuing healthcare hospice bed

- 5.3 Placement within a nursing home with a Somerset Primary Care Trust continuing healthcare contract or prepared to sign up to the same.
- 5.4 Placement costs are the maximum per week for level one as specified within the Somerset Primary Care Trust continuing healthcare contract.

Home care package

- 5.5 Placed within a home care agency that has signed up to the Somerset Primary Care Trust continuing healthcare contract.
- 5.6 Placement costs are the maximum per week for level one as specified within the Somerset Primary Care Trust continuing healthcare contract.

Extraordinary care package requests

- 5.7 Where the individual has health needs that are of a degree of complexity and intensity that is more than can be provided through the standard contract, the Somerset Primary Care Trust continuing healthcare team will negotiate an individual care package with the care provider using the standard contract as the basis for the care provision. These care packages will be agreed following discussion with the Continuing Healthcare Manager

Review of Fast Track Decisions

- 5.8 All fast track applications that are approved will need to be brought to the Somerset Primary Care Trust Continuing Healthcare panel for review, 12 weeks after the placement has commenced. The care manager will coordinate the review at 12 weeks and this must include the completion of the Single Assessment Process documentation and Decision Support Tool with the multi disciplinary team. Usually this will involve the social worker and the patient's medical practitioner. Where other specialists are involved in the client's care they will be asked to contribute to the review

**SOMERSET PRIMARY CARE TRUST
CONTINUING HEALTH CARE PANEL**

TERMS OF REFERENCE

1 PURPOSE

1.1 The purpose of continuing healthcare panels is to assess whether the individual meets the eligibility criteria for NHS-funded Continuing Healthcare in accordance with the National Framework for NHS-funded Continuing Healthcare (DH 2007). The panel will reach their decision by examining the evidence presented in the multi-disciplinary Single Assessment Documentation and the Decision Support Tool, and determining whether or not the individual's primary need is for health.

1.2 The panel is able to make three decisions:

- the individual meets eligibility criteria for continuing healthcare funding
- the individual does not meet eligibility criteria for continuing healthcare funding
- case deferred for more information

Composition of the panel

1.3 The panel will consist of the following professionals:

- senior member of Somerset Primary Care Trust staff - chair
- Somerset County Council Community Directorate representative
- Somerset partnership representative

1.4 In attendance

- Somerset Primary Care Trust Continuing Healthcare advisor
- Independent Clinical Advisor(s)
- observers from the multi-disciplinary teams may be present for professional development

Information Provided to the Panel

1.5 Each case will be presented within a file with the following sections:

- A: Correspondence
- B: Multi disciplinary Team Assessment(s)
- C: Specialist assessments
- D: Medical records:
 - * GP / Medical notes
 - * hospital notes
- E: Nursing Home:
 - * nursing home records
- F: Other - including information provided by the Applicant, their family or representative

2 PROCESS FOR PANEL DECISION MAKING

- 2.1 Panel members will receive a copy of the case file containing all the information pertaining to the application five working days in advance of the panel meeting.
- 2.2 The panel chair will introduce the panel members and state the process for decision making.
- 2.3 The Continuing healthcare nurse advisor or in some cases the Care Manager will present a summary of the identified health and social care needs of the claimant to the panel members.
- 2.4 Panel members will seek further information from the continuing healthcare nurse advisor or the Care Manager as needed.
- 2.5 Panel members will review the assessed health needs in each of the 11 care domains within the Decision Support Tool and review the level of need with reference to the evidence presented.
- 2.6 Panel members will consider whether there is evidence of complexity, intensity, unpredictability and instability of the health care needs presented in the Single Assessment Process document and Decision Support Tool, and the supporting information.
- 2.7 The Chair will ask the panel members to consider whether the sum total of the needs presented indicates a primary need for health or for social care, and whether the evidence supplied supports the Multi-Disciplinary Team recommendations in the Decision Support Tool.
- 2.8 The Chair will ask the Panel to consider if health needs are ancillary to social care needs/ accommodation such that Social Services/ the Local Authority could reasonably be expected to provide.
- 2.9 On the basis of evidence presented to the panel and the process of discussion and analysis, the chair will ask the panel members to identify if the health and social care needs of the case meet the eligibility criteria for NHS-funded Continuing Health Care.
- 2.10 The chair of the panel will take a view on the consensus opinion of the panel.

3 ACTION PLAN

- 3.1 Once the panel has made its decision an action plan will be developed for ongoing care planning and review and this may include recommendations for the commissioning of the care package.

- 3.2 Where the panel is unable to reach a decision about eligibility for NHS-funded Continuing Healthcare, the panel will either request further information in respect of the application and this may include referral for further specialist assessment, or further detail in relation to the multi disciplinary assessment, or evidence of the care provided such as diary sheets. The Continuing Healthcare Advisor is responsible for ensuring that these actions are undertaken in a timely way and that the application is brought back to the Somerset Primary Care Trust panel with the further information at the earliest opportunity.
- 3.3 Where the panel is unable to reach a consensus in decision making, the Chair will recommend that the application is referred for consideration by the next available Somerset Primary Care Trust Continuing Healthcare panel where the panel members will be independent of the initial panel members.
- 3.4 If a second Somerset Primary Care Trust Continuing Healthcare Panel is unable to reach a consensus in decision making the Chair will instigate the Somerset Primary Care Trust Continuing Healthcare Dispute Procedure.

4 COMMUNICATION OF THE DECISION

- 4.1 All minutes of the panel discussion and decision making will be checked and approved by the panel chair and nurse advisor prior to being sent to the referrer and family members with a covering letter within 14 working days of the panel meeting.
- 4.2 Each referrer, patient or patient's representative will receive an individual letter from the Panel Chair that sets out the panel decision within 14 working days of the panel meeting. This letter will include the following information:
- the decision on eligibility for NHS-funded Continuing Healthcare
 - the evidence that was presented to the panel
 - the rationale for the decision based on the evidence presented, and comment on the primary need of the claimant
 - copies of the panel minutes, or the panel chair's rationale, that show the deliberations of the panel/ panel chair
 - information on how to appeal against the decision

APPENDIX 4

APPEALS PROCESS FOR NHS FUNDED CONTINUING HEALTHCARE

- 1.1 Once a case has been heard at the continuing healthcare panel, or considered by a panel chair, if the claimant disagrees with the decision they have the right of appeal, in accordance with the National Framework for NHS-funded Continuing Healthcare. The appellant has 28 days from the date of notification of the panel decision within which to appeal. Once an appeal has been received, by the continuing healthcare team, the continuing healthcare nurse advisor will acknowledge receipt of the appeal to the appellant within two working days.
- 1.2 All appeals against decisions on eligibility for NHS funded Continuing Healthcare should be made to the Director of Nursing and Patient Safety at Somerset Primary Care Trust. Appellants who wish to appeal will be given information regarding the availability of independent advocacy for the appeal process from either the Somerset Primary Care Trust Patient Advice or Liaison Service (PALS) or from Age Concern, who will assist in this process if required.

Step 1: Informal Resolution Meeting

- 1.3 Following receipt of notice from the appellant that they wish to appeal the decision, the continuing healthcare nurse advisor who presented the case to panel will contact the appellant and offer them the opportunity to review the information that is held in the continuing healthcare file regarding the application, and the rationale for the panel's decision.
- 1.4 This is an Informal Resolution Meeting, which will be minuted and will be attended by a nurse advisor and note taker. At the meeting the appellant or their representatives have the right to view and receive copies of all records held on file.
- 1.5 If new evidence is submitted in support of the application by the appellant or the care manager, or the continuing healthcare nurse advisor identifies omissions in the original file information, a decision may be made to resubmit the application together with the additional information to the continuing healthcare panel. In these circumstances the case will be brought back to the next available continuing healthcare panel.
- 1.6 Or the appellant may be satisfied with the decision with the further information from the case file and further understanding of the rationale for the panel's decision.
- 1.7 However, if the appellant or their representative requests, the case can go directly to appeal.

Step 2: Appeal Panel Meeting

- 1.8 If the appellant wishes to continue with the appeal the following process will be followed.

1.9 A continuing healthcare nurse advisor who has not previously been involved with the case will review the file to assess whether all the appropriate information is available. The continuing healthcare nurse advisor will gather additional information as necessary, including an updated Single Assessment Process document or Decision Support Tool if applicable. For more complex cases particularly those that cover a significant time period for the claim, a Needs Portrayal of the patient's health and social care needs will be completed by the continuing healthcare nurse advisor from a review of all of the available health and social care records.

1.10 Where a Needs Portrayal is completed, this will be shared with the appellant so that they can add any comment or additions.

2 DECISION MAKING PROCESS

2.1 Once the application is completed with all of the information required for the appeal, the continuing healthcare nurse advisors will arrange for the appeal application to be presented to a Somerset Primary Care Trust Appeal Panel for NHS-funded Continuing Healthcare.

2.2 The appellant will be informed of the date of the Appeal Panel meeting and invited to attend to present any further information in support of the application for NHS-funded Continuing Healthcare which they wish the Appeal Panel members to consider.

2.3 Continuing healthcare nurse advisors will provide advice and information to the appellants throughout the process and inform them of independent advisory or advocacy services.

2.4 The appeal panel will be made up of panel members that are independent of the initial panel and will be chaired by either the Director of Deputy Director of Nursing and Patient Safety. An independent clinical advisor will be available to all appeal panels. The appeal panel will be conducted in accordance with the Terms of Reference for Somerset Primary Care Trust Appeal Panels set out in Appendix 5.

2.5 The appellant will be informed in writing of the panel decision within 14 working days of the appeal panel meeting. This letter will include the following information:

- the decision on eligibility for NHS-funded Continuing Healthcare
- the evidence that was presented to the panel
- the rationale for the decision based on the evidence presented, and comment on the primary need of the claimant
- copies of the panel minutes, or the panel chair's rationale, that show the deliberations of the panel/ panel chair
- information on how to appeal against the decision to the South West Strategic Health Authority for an Independent Review of the Case

3 COMMISSIONING CARE PACKAGES

- 3.1 Where the appeal panel overturns the decision of the original Somerset Primary Care Trust Continuing Healthcare panel and agrees that the claimant is eligible for NHS-funded Continuing Healthcare, the care package will be commissioned by the Somerset Primary Care Trust Continuing Healthcare team as set out in Appendix 1: Application Process for NHS-funded Continuing Healthcare.

**SOMERSET PRIMARY CARE TRUST
CONTINUING HEALTH CARE APPEAL PANEL**

TERMS OF REFERENCE

1 PURPOSE

- 1.1 The purpose the Appeal Panel is to review the decision of the initial continuing healthcare Panel, where the applicant or their family has requested a review of this decision. A copy of the patient file, together with a copy of the needs portrayal where this is required, will be sent to the family five working days prior to the appeal panel to enable the family to review the information.
- 1.2 The Appeal Panel must offer the opportunity to the individual's family or representatives to inform the panel personally of their appeal and present any relevant additional information.
- 1.3 The appeal panel should focus on three main areas:
- review of the process of assessment of the individual's health and social care needs and the process for the continuing healthcare application
 - review of the process undertaken by the Somerset Primary Care Trust Continuing Healthcare panel and the information presented for consideration by the Panel, noting whether sufficient information was provided
 - review of the decision itself, including the evidence and rationale for this decision
- 1.4 The panel is able to make three decisions:
- the individual meets eligibility criteria for continuing healthcare funding and therefore the original decision is overturned
 - the individual does not meet eligibility criteria for continuing healthcare funding and therefore the original decision is upheld
 - the case is deferred and further information is requested
- 1.5 The panel will use the (updated) Decision Support Tool and (updated) Single Assessment Documentation in order to make their decision, or to inform their decision for those applications that were made before 1 October 2007.
- 1.6 The panel will comment on the previous panel process and the effectiveness and robustness of the decision making.

Composition of the panel

1.7 All panel members will be independent of the initial Somerset Primary Care Trust Continuing Healthcare Panel meeting. The panel will consist of the following professionals:

- Director or Deputy Director of Nursing and Patient Safety (Chair)
- senior member of Adult Social Services – area manager/Assistant Area manager
- Somerset Partnership NHS and Social Care Trust representative

1.8 In attendance

- Somerset Primary Care Trust Continuing Healthcare Advisor
- independent clinical advisor
- the appellant and their representative not acting in a legal capacity – if they wish to attend
- continuing healthcare chair of original panel

Information needed

1.9 Each case will be presented within a file with the following sections:

- A: Correspondence
- B: Multidisciplinary Team Assessment(s)
- C: Specialist assessments
- D: Medical records:
 - * GP / Medical notes
 - * hospital notes
- E: Nursing Home:
 - * nursing home records
- F: Other - including information provided by the Applicant, their family or representative

Process for accessing cases

1.10 Panel members and the appellant will receive a copy of the case file containing all information available five working days prior to the panel.

1.11 The chair will introduce the panel members and those in attendance.

1.12 The chair will outline the purpose of the Appeal Panel and confirm the decision making process for the panel.

1.13 The continuing healthcare nurse advisor will summarise the health needs of the individual for the panel.

1.14 Original continuing healthcare panel chair will summarise the decision making process of the original panel with emphasis on the information that they had available.

- 1.15 The panel will question the original continuing healthcare panel chair and continuing healthcare nurse advisor as required.
- 1.16 The appellant (if present) will question the continuing healthcare panel chair and continuing healthcare nurse advisor as required.
- 1.17 The appellant will be invited to present their case for appeal including any additional information that they have available.
- 1.18 The panel will seek clarity of points raised where necessary and required.
- 1.19 The continuing healthcare panel chair and continuing healthcare nurse advisor can seek clarity of points raised by the appellant.
- 1.20 Panel members will seek any further information as needed.
- 1.21 The appellant will be offered the opportunity to give more information to the panel.
- 1.22 The original panel chair and the appellant will be asked to leave the room whilst the panel deliberates and reaches a decision.
- 1.23 Panel members will discuss the case and review the previous process undertaken; they will review the identified health and social care needs of the case against each of the care domains within the Decision Support Tool for NHS-funded Continuing health Care.

Communication of the outcome

- 1.24 All minutes of the panel discussion and decision making will be checked and approved by the panel chair and nurse advisor prior to being sent to the referrer and family members with a covering letter within ten working days of the panel meeting.
- 1.25 Each referrer, patient or patient's representative will receive an individual letter that includes the following information:
- the decision on eligibility for NHS-funded Continuing Healthcare
 - the evidence that was presented to the panel
 - the rationale for the decision based on the evidence presented, and comment on the primary need of the claimant
 - copies of the panel minutes, or the panel chair's rationale, that show the deliberations of the panel/ panel chair
 - information on how to appeal against the decision to the South West Strategic Health Authority for an Independent Review of the Case

RETROSPECTIVE REVIEW REQUEST PROCESS

1 SOURCE OF REQUEST

1.1 Requests can be received from the following:

- patient, family or patient representative following consent from patient

1.2 All requests should be made to the Somerset Primary Care Somerset Primary Care Trust Continuing Healthcare Team. The team is based at Charterhouse, Yeovil, telephone number 01935 848232. The office is open Monday to Friday 9.00am – 5.00pm. There is an answer phone where messages can be left.

2 METHOD OF REQUEST

2.1 Requests can be made via telephone or letter. Those made by telephone must be followed up with a written request to the continuing healthcare team within two working days.

2.2 Once a written request has been received, the continuing healthcare team will send out a Retrospective Review Request Form (Appendix 1) for completion.

2.3 The Retrospective Review Request Form, a signed consent form (Appendix 2), together with proof of enduring power of attorney (where applicable) will need to be returned to the continuing team department.

2.4 Once these have been completed and returned, the continuing healthcare team can begin to process the request.

3 PROCESS

Family/Patient Representative Request

3.1 If a request for a retrospective review of the care needs for a patient comes from the family or their representative, the continuing healthcare nurse advisor will begin the process of gathering the information to proceed with the application. As far as possible, the Applicant should identify the location of where the relevant information can be found. The continuing healthcare nurse advisor will request further clarification from the family member where necessary.

3.2 Where the patient for the request for review is being made is living, the nurse advisor will identify a lead professional and request the completion of the multi-disciplinary single assessment process documentation, the screening checklist, and Decision Support Tool. The Nurse Advisor will ensure that the consent form is discussed and signed and evidence of authority to act on the patient's behalf if applicable.

3.3 The PCT will provide advice to the patient and/or their family on advocates where appropriate for the process.

3.4 Information required for submission to the continuing healthcare department

- Retrospective Review Request
- period of claim
- Screening Checklist (if available)
- completed Decision Support Tool (if available)
- multi-disciplinary – Single Assessment Process or other nursing assessment documentation (CM7, Care Planning Approach)
- package of care requested and costings
- Care records as appropriate:
 - * GP notes
 - * Hospital notes
 - * Specialist reports
 - * Speech and Language Therapy,
 - * Community Psychiatric Nurse,
 - * Occupational Therapy, Physiotherapy
 - * Relevant Nursing Home records
 - * Dates and outcomes of any previous decision

3.4 The responsibility for collating the above inform team department.

3.5 The information that is collected is retrieved from various sources, dependent on the previous care needs of the patient. This may include records from hospital admissions, nursing or residential homes where the patient had been resident, any records held by Adult Social Care, District nurses or General Practitioners. If, during the course of the enquiries, sources of further information are identified these will be investigated. Often in Retrospective Reviews the evidence may not be complete. The Nurse Assessor may need to contact the Parties/ Patient for additional evidence.

3.6 Due to the potential number of agencies that may require contacting, the possible age of the information being requested, and the time taken to collate the information, the above process may take time. During the course of the process the nurse advisor dealing with the case will ensure the family / patient representative is kept informed of the progress.

3.7 Once the above information has been collected and collated, a needs portrayal document (Appendix 8) may be required.. This may be necessary due to the length of time being reviewed and/or due to the number of periods or care and complexity of the information. The decision will be made by the nurse advisor in discussion with the Continuing Healthcare Manager.

3.6 Once this file, and if necessary the needs portrayal, have been completed, the continuing healthcare nurse advisor will present the case to panel as per the process described below.

4 FAMILY/PATIENT REPRESENTATIVE REQUEST – PATIENT DECEASED

4.1 If a request for a retrospective review of a deceased patient’s care comes from the family or their representative the continuing healthcare nurse advisor will begin the process of gathering the information to proceed with the application. As far as possible, the Applicant should identify the location of where the information can be found on the Retrospective Review Form.

- GP notes
- hospital notes
- specialist reports
- Speech and Language Therapy assessments and notes
- Community Psychiatric Nurse assessments and notes
- Occupational Therapy assessments and notes
- physiotherapy
- relevant Nursing Home records
- Adult Social Care Records
- any other relevant information available

4.2 The responsibility for collecting and collating the above information will sit with the continuing healthcare team.

4.3 Once the above information has been collected and collated, a needs portrayal document (Appendix 9) may be required. This may be necessary due to the length of time being reviewed and/or due to the number of periods or care and complexity of the information. The decision will be made by the nurse advisor in discussion with the Continuing Healthcare Manager.

4.4 Once this file, and if necessary the needs portrayal, have been completed, the continuing healthcare nurse advisor will present the case to panel as per the process described below.

4.5 Decision making, communicating the decision, records management and appeals follow the process as described below.

5 PRESENTATION OF THE APPLICATION TO THE SOMERSET PRIMARY CARE TRUST CONTINUING HEALTHCARE PANEL

5.1 The continuing healthcare nurse advisor will review the information to ensure that all the relevant information has been collected. The continuing healthcare nurse advisor will contact the Care Manager (where applicable) requesting any additional information that may be required in order to complete the application and prepare it for submission to panel They will then present the information into a standard continuing healthcare file for presentation to the Somerset Primary Care Trust Continuing Healthcare panel for review.

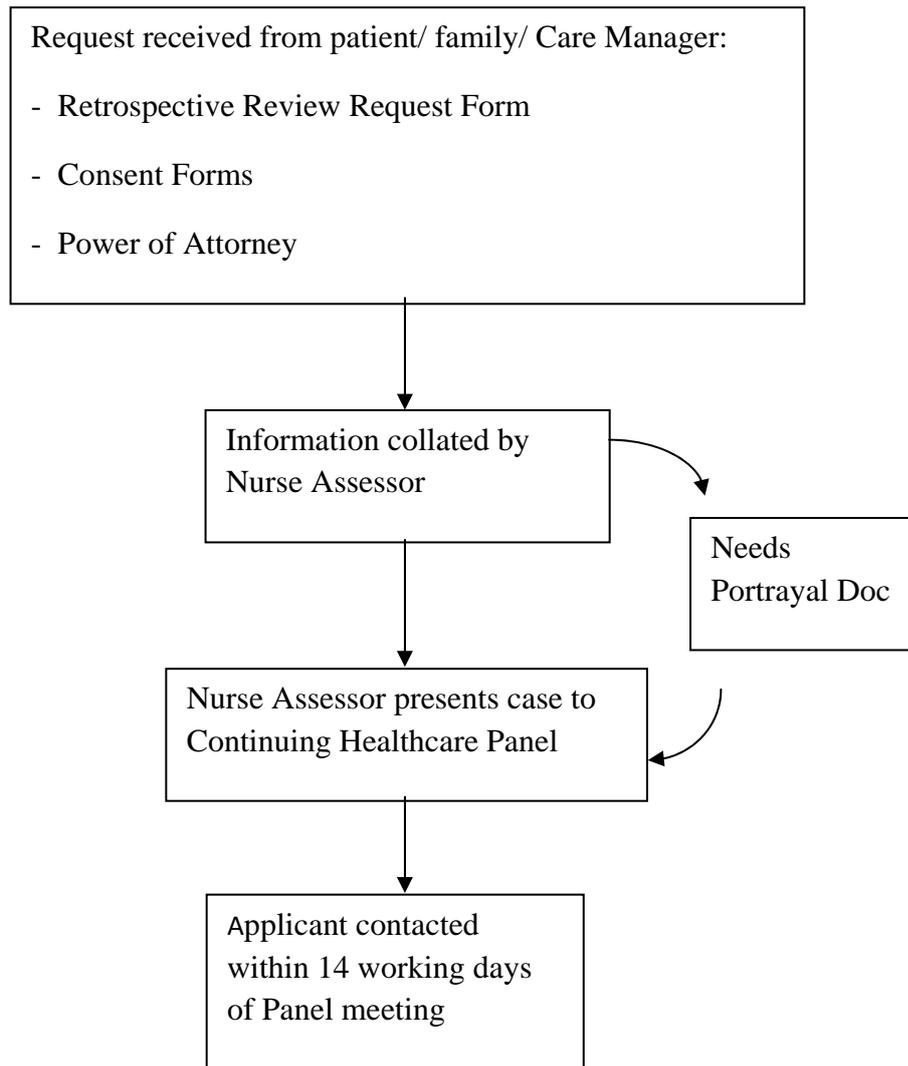
6 DECISION MAKING PROCESS

- 6.1 For any claim period before 1 October 2007, the eligibility for continuing healthcare will be decided in accordance with the Dorset and Somerset Strategic Health Authority (2004) Policy and Eligibility Criteria for NHS-funded Continuing Care.
- 6.2 For any claim period after 1 October 2007, the eligibility for continuing healthcare will be decided in accordance with the Department of Health (2007) National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care. This decision will be made through consideration of the completed Decision Support Tool (where applicable) by the Panel Members and the other information provided in the Single Assessment Process document or the Needs Portrayal where this has been used, and any additional information.
- 6.3 Once the panel has considered the case and a decision has been made with regard to the claim, the person who has requested the Review and the Care Manager will be contacted by telephone after the panel meeting to inform them of the decision. This is followed with a letter within 14 working days of the Panel meeting. This letter will include the following information:
- the decision on eligibility for NHS-funded Continuing Healthcare
 - the evidence that was presented to the panel
 - the rationale for the decision based on the evidence presented, and comment on the primary need of the claimant
 - copies of the panel minutes, or the panel chair's rationale, that show the deliberations of the panel/ panel chair
 - information on how to appeal against the decision, as per Appendix 4
- 6.4 If an appeal is lodged, and a needs portrayal document has been completed, this will be shared with the appellant together with other information.

7 RECORDS MANAGEMENT

- 7.1 All records pertaining to individuals request for continuing healthcare funding will be retained as follows:
- adults 18 years onwards retained for 6 years from the date of discharge or any continuing healthcare decision
- 7.2 Records will be stored in accordance with the Somerset Primary Care Trust records management strategy.

DIAGRAM OF RETROSPECTIVE REVIEW PROCESS



APPENDIX 7

Our Ref: CHC/

Charter House
Bartec 4
Watercombe Lane
Lynx West Trading Estate
YEOVIL
Somerset
BA20 4SU

Tel: 01935 848220

www.somerset.nhs.uk/pct

RE:

I, _____ confirm that I have requested Somerset Primary Care Trust to undertake a review regarding NHS Funded Continuing Health Care funding (on behalf of * _____)

I authorise the release of any case records for this purpose.

As Next of Kin/Power of Attorney, I therefore authorise the release of any case records for this purpose.

NB: Please enclose proof of Power of Attorney when returning this form.

Signed: _____

Name (please print): _____

Dated: _____

**NHS CONTINUING HEALTH CARE FUNDING
RETROSPECTIVE REVIEW REQUEST FORM**

About the Patient:-

Name: _____	Date of Birth: ____/____/____
Address: _____ _____ _____	Date of Death: ____/____/____ <i>As appropriate</i>
Postcode: _____	
NHS Number: _____	
GP _____	

About you:-

Name: _____
Address: _____ _____

The request for a review is being made by: *please tick the relevant box*

- The patient Please sign the attached consent form.
- A named representative: Please provide proof of status and complete the attached consent form.

Please state clearly why you wish a retrospective review to be undertaken:

Please state clearly the time period in which you wish the case to be reviewed:

From: ___/___/___ **To:** ___/___/___

Please list all care providers during this time including care home placements and home care packages. Address and contact details.

Where was the patient living prior to placement?

Where known, please confirm the location of the following documentation:

- **Multi-disciplinary assessment documentation**
- **GP Notes**
- **Hospital Notes**
- **Specialist Reports**
- **Speech and Language Therapy assessments**
- **Community Psychiatric Nurse Assessments**
- **Occupational Therapy/ Physiotherapy assessments**
- **Relevant Nursing Home records**
- **Other information Applicant considers relevant**



NHS SOUTHWEST

NEEDS PORTRAYAL DOCUMENT

(revised 2008 - incorporating Decision Support Tool domains)

Continuing Healthcare

PRIMARY CARE TRUST _____

NHS Number:

LOCAL AUTHORITY _____

PATIENT NAME	DATE OF BIRTH	DATE OF DEATH (if appropriate)	AGE	Period(s) under consideration
RESIDENTIAL ADDRESS <small>(Type of Home if known – including dates)</small>	RESIDENTIAL ADDRESS <small>(Type of Home if known – including dates)</small>	RESIDENTIAL ADDRESS <small>(Type of Home if known – including dates)</small>	HOSPITAL ADMISSIONS	
NAME OF ASSESSOR / CLINICAL VALIDATOR/ PROFESSIONAL QUALIFICATIONS			SIGNATURE/ DATE	

NAME

DATE OF BIRTH

Period of Enquiry

Please identify the sources of information which were used in this process and cross reference to case file wherever possible.

GP **FNC Determination** **Mental Health Records**

Care Home **Hospital Records** **Social Services Department**

District Nurse / Community Mental Health Records

Other Specialist Records (please specify)

E.g. Dietician, Tissue Viability, Physiotherapy

NAME

DATE OF BIRTH

Period of Enquiry

EVIDENCE	FINDINGS	SOURCE OF INFORMATION e.g. Care Home records, GP records
<p>SOCIAL HISTORY/ BACKGROUND</p> <ul style="list-style-type: none">• Relevant personal details• What is relevant to this claim period• Advocacy• Awareness of needs & problems• Level of insight• Decision making processes		

NAME

DATE OF BIRTH

Period of Enquiry

AREA OF INTEREST	FINDINGS	SOURCE OF INFORMATION e.g. Care Home records, GP records
<p>MEDICAL HISTORY</p> <p>in date order</p> <p>(High Level Overview)</p> <ul style="list-style-type: none">• Relevant medical history prior to the claim must be evidenced• Cause of death if known		

NAME

DATE OF BIRTH

Period of Enquiry

ACTIVITY OF DAILY LIVING	FINDINGS <i>(including frequency, intensity, involvement of other health care professionals, number of people required – list events in date order)</i>	SOURCE OF INFORMATION <i>e.g. Care Home records, GP records</i>
<p>Behaviour:</p> <p>Triggers for Assessment Information</p> <p>(What we need to know):</p> <ul style="list-style-type: none">• Challenging behaviour in this domain includes but is not limited to:• Behaviours & attitudes including acceptance of interventions, physical & verbal aggression, disinhibited behaviour, anti-social behaviour, risk to self and/or others• Intractable noisiness or restlessness• Resistance to necessary care and treatment this may therefore include non-concordance and non-compliance,• Ability of understanding <ul style="list-style-type: none">• Specialist intervention/ needs input		

NAME

DATE OF BIRTH

Period of Enquiry

ACTIVITY OF DAILY LIVING	FINDINGS <i>(including frequency, intensity, involvement of other health care professionals, number of people required – list events in date order)</i>	SOURCE OF INFORMATION <i>e.g. Care Home records, GP records</i>
<p>Cognition</p> <p>Triggers for assessment Information</p> <p>(What we need to know):</p> <p>–</p> <ul style="list-style-type: none">• Cognitive function – memory / decisions and choices• Awareness of needs and basic risks• Orientation, comprehension• Assessment tools/Mini Mental State examination undertaken• Delusions/preoccupations/paranoia /hallucinations• Orientation – time/place/person• Specialist intervention/ needs input		

NAME

DATE OF BIRTH

Period of Enquiry

ACTIVITY OF DAILY LIVING	FINDINGS <i>(including frequency, intensity, involvement of other health care professionals, number of people required – list events in date order)</i>	SOURCE OF INFORMATION <i>e.g. Care Home records, GP records</i>
<p>Psychological and Emotional Needs</p> <p>Triggers for Assessment Information</p> <p>(What we need to know):</p> <ul style="list-style-type: none">• Mood Disturbance and anxiety symptoms – predictable / unpredictable• Withdrawn? Do they participate in activities of Daily Living and care planning?• Specialist intervention/ needs input		

NAME

DATE OF BIRTH

Period of Enquiry

ACTIVITY OF DAILY LIVING	FINDINGS <i>(including frequency, intensity, involvement of other health care professionals, number of people required – list events in date order)</i>	SOURCE OF INFORMATION <i>e.g. Care Home records, GP records</i>
<p>Communication</p> <p>Triggers for Assessment Information</p> <p>(What we need to know):</p> <ul style="list-style-type: none">• Verbal & non-verbal abilities• Comprehension• Sensory deficits• Aids used/needed• Specialist input• Extreme frustration associated with communication difficulties• Hazards – insights into, are they able to request help?• Specialist intervention/ needs input		

NAME

DATE OF BIRTH

Period of Enquiry

ACTIVITY OF DAILY LIVING	FINDINGS <i>(including frequency, intensity, involvement of other health care professionals, number of people required – list events in date order)</i>	SOURCE OF INFORMATION <i>e.g. Care Home records, GP records</i>
<p>Mobility</p> <p>Triggers for Assessment Information</p> <p>(What we need to know):</p> <ul style="list-style-type: none">• Level of independence / dependence• Level of supervision – number of staff required• Aids & equipment needed• Moving & handling assessments• Maintaining a safe environment• Risk Assessments – are they needed?• Specialist intervention/ needs input		

NAME

DATE OF BIRTH

Period of Enquiry

ACTIVITY OF DAILY LIVING	FINDINGS <i>(including frequency, intensity, involvement of other health care professionals, number of people required – list events in date order)</i>	SOURCE OF INFORMATION <i>e.g. Care Home records, GP records</i>
<p>Nutrition – Food and Drink</p> <p>Triggers for Assessment Information</p> <p>(What we need to know):</p> <ul style="list-style-type: none">• Nutritional status including weight, BMI, food & fluid type – intervention times• Assessment tools• Aids & adaptations• Alternative feeding methods (please specify)• Likes / dislikes• Problems, e.g. swallow, aspiration• Specialist intervention/ needs input		

NAME

DATE OF BIRTH

Period of Enquiry

ACTIVITY OF DAILY LIVING	FINDINGS <i>(including frequency, intensity, involvement of other health care professionals, number of people required – list events in date order)</i>	SOURCE OF INFORMATION <i>e.g. Care Home records, GP records</i>
<p>Continence</p> <p>Triggers for Assessment Information</p> <p>(What we need to know):</p> <ul style="list-style-type: none">• Level of continence• Level of dependence• Aids & equipment required, e.g. stoma• Specialist intervention/ needs input		

NAME

DATE OF BIRTH

Period of Enquiry

ACTIVITY OF DAILY LIVING	FINDINGS <i>(including frequency, intensity, involvement of other health care professionals, number of people required – list events in date order)</i>	SOURCE OF INFORMATION <i>e.g. Care Home records, GP records</i>
<p>Skin including Tissue Viability</p> <p>Triggers for Assessment Information</p> <p>(What we need to know):</p> <ul style="list-style-type: none">• Actual & potential problems• Risk assessments, e.g. waterlow• Details of wounds & treatments, pressure sore gradings• Skin conditions• Aids & equipment needs• Related medical conditions• Moving & handling issues• Specialist intervention needs input		

NAME

DATE OF BIRTH

Period of Enquiry

ACTIVITY OF DAILY LIVING	FINDINGS <i>(including frequency, intensity, involvement of other health care professionals, number of people required – list events in date order)</i>	SOURCE OF INFORMATION <i>e.g. Care Home records, GP records</i>
<p>Breathing</p> <p>Triggers for Assessment Information</p> <p>(What we need to know):</p> <ul style="list-style-type: none">• Actual & potential problems• Smoking history• Disease history• Medications – need for oxygen, inhalers, nebulisers• Interventions required• Specialist intervention/equipment needs input		

NAME

DATE OF BIRTH

Period of Enquiry

ACTIVITY OF DAILY LIVING	FINDINGS <i>(including frequency, intensity, involvement of other health care professionals, number of people required – list events in date order)</i>	SOURCE OF INFORMATION <i>e.g. Care Home records, GP records</i>
<p>Medication/ Symptom Control</p> <p>Triggers for Assessment Information</p> <p>(What we need to know):</p> <ul style="list-style-type: none">• Administration / compliance• Aids & equipment• Allergies• Qualified input, e.g. PRN medication• Monitoring of medication in relation to fluctuating physical/mental conditions• Level of dependency, educational needs, physical abilities• Ability of understanding• Specialist intervention needs input• Levels and location of pain• Pain assessment tools / assessment• Equipment• Communication abilities• Compliance• Specialist intervention needs input, e.g. Macmillan		

NAME

DATE OF BIRTH

Period of Enquiry

ACTIVITY OF DAILY LIVING	FINDINGS <i>(including frequency, intensity, involvement of other health care professionals, number of people required – list events in date order)</i>	SOURCE OF INFORMATION <i>e.g. Care Home records, GP records</i>
<p>Altered State Of Consciousness</p> <p>Triggers for Assessment Information</p> <p>(What we need to know):</p> <ul style="list-style-type: none">• Any evidence of Altered States of Consciousness• Epilepsy• Trans- Ischemic Attacks• Diabetic coma		

NAME

DATE OF BIRTH

Period of Enquiry

ACTIVITY OF DAILY LIVING	FINDINGS <i>(including frequency, intensity, involvement of other health care professionals, number of people required – list events in date order)</i>	SOURCE OF INFORMATION <i>e.g. Care Home records, GP records</i>
<p>Hygiene & Dressing</p> <p>Triggers for Assessment Information</p> <p>(What we need to know):</p> <ul style="list-style-type: none">• Level of input, e.g. number of staff, prompts, supervision• Abilities & skills• Adaptations & equipment• Personal Image• Controlling body temperature• Infections or disease• Specialist intervention/ needs input		

NAME

DATE OF BIRTH

Period of Enquiry

ACTIVITY OF DAILY LIVING	FINDINGS <i>(including frequency, intensity, involvement of other health care professionals, number of people required – list events in date order)</i>	SOURCE OF INFORMATION <i>e.g. Care Home records, GP records</i>
<p>Sleeping</p> <p>Triggers for Assessment Information</p> <p>(What we need to know):</p> <ul style="list-style-type: none">• Actual sleep pattern• Identifying any sleep deficits• Need for intervention, e.g. continence needs, safety issues, moving & handling, feeding• Mental function• Equipment needs.		

NAME

DATE OF BIRTH

Period of Enquiry

ACTIVITY OF DAILY LIVING	FINDINGS <i>(including frequency, intensity, involvement of other health care professionals, number of people required – list events in date order)</i>	SOURCE OF INFORMATION <i>e.g. Care Home records, GP records</i>
<p>Social and Cultural needs</p> <p>Triggers for assessment Information</p> <p>(what we need to know)</p> <ul style="list-style-type: none">• Personal interests• Group activities• Levels of interaction• Potential and actual limitations• Therapy interventions• Religious beliefs and associated needs• Preference for gender of carer• Environmental factors• Specialist interventions/needs input		

NAME

DATE OF BIRTH

Period of Enquiry

ACTIVITY OF DAILY LIVING	FINDINGS <i>(including frequency, intensity, involvement of other health care professionals, number of people required – list events in date order)</i>	SOURCE OF INFORMATION <i>e.g. Care Home records, GP records</i>
CHRONOLOGY (What we need to know)	Event	Date and source evidence
<ul style="list-style-type: none">• Patients' Pathway leading to this Needs Portrayal• Hospital admissions and date• Relevant assessments and date• Previous panels if applicable		

NAME

DATE OF BIRTH

Period of Enquiry

ACTIVITY OF DAILY LIVING	FINDINGS <i>(including frequency, intensity, involvement of other health care professionals, number of people required – list events in date order)</i>	SOURCE OF INFORMATION <i>e.g. Care Home records, GP records</i>
---------------------------------	---	---

SUMMARY OF NEEDS:-

Section of the Mental Health Act 1983	Section			Date		

NAME

DATE OF BIRTH

Period of Enquiry

ACTIVITY OF DAILY LIVING	FINDINGS <i>(including frequency, intensity, involvement of other health care professionals, number of people required – list events in date order)</i>	SOURCE OF INFORMATION <i>e.g. Care Home records, GP records</i>

<p>Signature of person preparing the report: (if not the Assessor / Validator)</p> <p>Signature of Assessor / Clinician modifying and validating the report:</p>	<p>_____ Date: _____</p> <p>_____ Date: _____</p>
--	---

GUIDANCE NOTES

- As far as possible, complete your reassessment findings in chronological order
- Remember to reference the source of information on the form (eg. care home records) and to identify the point in the records. This will make it easier to refer back if necessary at Panel
- Where information is not available or there is no supporting evidence, state this clearly
- Endeavour to concisely capture as much information as appropriate – certainly all that could influence any decision regarding the provision of Continuing Care funding
- Nature or complexity or intensity or unpredictability of an individual’s needs (and any combination of these) will be crucial to inform decision-making. Please provide comprehensive details
- Detail the involvement of all Health Care Professionals and members of the Multi Disciplinary Team under the appropriate heading, e.g. Dietetic input under nutrition, etc.
- The boxes in the document will expand as you complete them. Alternatively to insert an extra row, place the cursor in the last column of the last row and press TAB
- This report will be shared with the appellant