

# Continuing Healthcare Local Resolution Policy

## Document Reference Information

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<b>Directorate responsible:</b>	Quality
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<b>Target audience:</b>	Herefordshire and Worcestershire population

## Version Control Record

Version	Description of change(s)	Reason for change	Author	Date

## 1.0 Introduction

Herefordshire and Worcestershire Clinical Commissioning Group (CCG) must comply with the National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care. The Local Resolution Process is intended to ensure that where individuals or their representatives have a reasonable belief that a decision of Continuing Healthcare (CHC) eligibility may not be correct that a local review will be undertaken. The policy is not a substitute for effective provision of information and clear communication with individuals, families and advocates throughout the assessment process. Where possible queries about the outcome of an assessment process should be dealt with informally through conversation with the lead coordinator and multidisciplinary team (MDT) members.

For the removal of doubt, this Appeal Policy covers the local resolution process, Local Resolution Panel (LRP) and refers to Independent Review Panel (IRP) where local processes do not resolve the appeal.

'Appeals' relate to where the CCG have determined that an individual is not eligible for Continuing Healthcare following a full MDT Decision Support Tool (DST) assessment. An appeal can be raised by the individual assessed for Continuing Healthcare or by their family, next of kin or legally appointed representative within six months of the date of the decision letter being sent. Appeals cannot be raised against checklists or Fast Track applications and cannot be raised by professionals or organisations on behalf of the individual unless they have been legally appointed to do so.

### 1.1 Request to commence Local Resolution Process (Appeal)

If an individual or their representative is unhappy with the outcome of an NHS Continuing Healthcare assessment, they should contact the CHC Appeal Team, which is documented on the CHC eligibility decision letter sent to the individual or their representative. All requests for an appeal must be made in writing within 6 months of receiving a written CHC eligibility decision from the CCG. A request for an appeal should outline the reasons the appellant believes the CHC eligibility decision made by the CCG was incorrect, providing the supporting evidence. Reasons for appealing should include:

1. Guidance from the National Framework of CHC and FNC not being robustly applied during the CHC process.
2. Crucial information was missing or not considered in the CHC eligibility decision making process.
3. The reasons the appellant believes that eligibility for full CHC funding is met.

**Email:** [HWCCG.CHC@nhs.net](mailto:HWCCG.CHC@nhs.net)

**Telephone:** 01905 681975

**Address:** Continuing Healthcare Team  
Acton House  
Perdiswell Park  
Worcester  
WR3 7QD

The purpose of Herefordshire and Worcestershire CCG's Local Resolution Appeals Process is as follows:

1. To establish that the individual had been comprehensively assessed to allow full consideration in respect of their care needs.
2. To establish that the procedures used in the original MDT were compliant with those laid down in the National Framework for NHS Continuing Healthcare and NHS Funded Care.
3. To ensure that the application of the criteria within the National Framework has been properly and consistently applied.
4. To ensure this is a robust documentation in respect of the decisions made inclusive of the decision-making rationale.

Issues regarding process do not generally impact on the eligibility of an individual; however, issues regarding process will be investigated.

## **1.2 Acknowledging a Request for Appeal**

On receipt of a request for an appeal against a decision not to award NHS CHC funding, the CCG will communicate with the appellant to confirm receipt of the request within 10 working days. Where applicable a consent/authority to act document will be sent to the appellant for completion. This will enable the CCG to make a request for health and care records.

## **2.0 Appeal process**

### **2.1 Stage One**

Stage one of the appeal process is to attempt to resolve any concerns initially through an informal two-way meaningful discussion between the CCG representative and the appellant. There will be a written summary of this for both parties. The discussion will be an opportunity for the appellant to receive clarification of anything they have not understood. The CCG's representative will explain how it has arrived at the decision regarding eligibility, including reference to the completed Decision Support Tool (DST) and primary health need assessment. Where required, this will also be an opportunity for the appellant to provide any further information that had

not been considered by the MDT at the time of assessment. A virtual or face to face meeting will be offered.

Where resolution has not been possible at stage one it may be necessary to proceed to stage two of the Local Resolution Process.

## 2.2 Stage Two

Stage two involves a formal meeting between the CCG the individual and/or their representative. In order to facilitate this, the CCG may require additional information, including records and reports for the three-month period prior to the DST being appealed. Once all the information has been gathered by the Appeal team the meeting will be arranged. The appellant will be invited to put forward the reasons why they remain dissatisfied with CCG's decision. This can be offered as a face to face or virtual meeting per the request of the appellant.

Attendees of a stage two meeting, known as a Local Resolution Panel (LRP) include:

- Panel Chair
- CHC Manager
- Representative from the Local Authority (usually Service manager with CHC experience)
- Minute Taker

At the start of the LRP, the Chair will introduce members of the panel. The individual/family/representative(s) are then invited to make their representations and discuss inclusively the decision support tool and evidence in an open forum. The Chair will make sure that everyone has had an opportunity to contribute to the discussions and to clarify any outstanding issues.

The Local Resolution Panel will then deliberate in private and comment on any differences of opinion between the family representatives and the presenting CHC Nurse on the decision support tool and evidence presented.

The outcome of the formal meeting will be communicated to the appellant within 6 weeks of the meeting. Clear and evidenced written conclusions on the process followed by the CHC team and on the individual's eligibility for NHS Continuing Healthcare, together with appropriate recommendations on actions to be taken, will be included.

Some appellants choose to appoint a solicitor to act as their advocate during the appeal process. It is important to note the Local Resolution Panel (LRP) meeting is not a legal process. As there is no formal role for legal professionals at the LRP panel meeting, the NHS does not reimburse any costs the appellant incurs by appointing a solicitor.

It is important to understand the LRP panel's approach towards procedural issues, even if there were problems arising from the procedure followed when the individual was assessed for NHS Continuing Healthcare, this will not lead the LRP panel to recommend of eligibility for NHS Continuing Healthcare. The only basis on which the LRP panel can recommend eligibility, is if it decides the individual has a 'primary health need' according to the principles of the National Framework.

## 2.3 Stage Three

In the event the appellant remains dissatisfied, the appellant is entitled to submit a request to NHS England an independent review of their case. A Request for IRP should submit in writing within 6 months of the Local Resolution Panel outcome letter (stage two).

The appellant should write a short letter to NHS England and NHS Improvement asking them to review a Continuing Healthcare decision, explaining that the CCG has completed the local review process and briefly outlining the reasons for appeal. The request should be made within 6 months of the receiving the outcome of the local resolution meeting. Such requests should be sent in writing to:

**Address:** CHC Appeals - Independent Review Panel  
St Chads Court  
Hagley Road  
Birmingham  
West Midlands  
B16 9RG

**Email:** [england.irpmidlands@nhs.net](mailto:england.irpmidlands@nhs.net)

## 3.0 If the appellant remains dissatisfied

Finally, if following the three stage appeal process the individual or their representative remain unhappy with the outcome of the independent review, they can complain to the Parliamentary and Health Service Ombudsman. Further advice specific to CHC can be found on the Ombudsman website.

Website: [www.ombudsman.org.uk](http://www.ombudsman.org.uk)

Helpline no. 0345 015 4033

## 4.0 Funding arrangements

It is important to note that during the appeal process the original CHC eligibility funding decision made by the CCG remains effective. If following local resolution, the CHC decision is changed and the individual is awarded NHS CHC funding then the CCG will reimburse any agreed care fees back to the date of the initial CHC decision. This will be handled in accordance with the NHS CHC Redress Guidance (<https://www.england.nhs.uk/healthcare/redress-guidance-ccgs/>) and proof of payment of care fees will be requested.