



Continuing Healthcare Appeals Process

June 2019

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Equality Impact Assessment	
Sustainability Impact Assessment	
Related Policies	
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The on-line version is the only version that is maintained. Any printed copies should, therefore, be viewed as 'uncontrolled' and as such may not necessarily contain the latest updates and amendments.

POLICY AMENDMENTS

Amendments to the Policy will be issued from time to time. A new amendment history will be issued with each change.

New Version Number	Issued by	Nature of Amendment	Approved by & Date	Date on Intranet
1.1	Vale of York	Changes to process in line with the National framework for NHS Continuing Healthcare (2018)	Executive Committee 5 July 2019	

To request this document in a different language or in a different format, please contact: valeofyork.contactus@nhs.net

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1. INTRODUCTION

This appeals policy is created in accordance with guidance in paragraph 151 of The National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care (revised October 2018) referred to as the National Framework within this document.

The National Framework sets out the guidance, standards and responsibilities that Clinical Commissioning Groups (CCGs) must adhere to when determining eligibility for Continuing Healthcare (CHC). As part of this process, the CCG are obliged to set out a Local Resolution Process (LRP) – a clear pathway as to how individuals or their representatives (referred to as the applicant in this document), may challenge a decision on CHC eligibility if they are dissatisfied with the outcome. This is in line with the Framework and is compliant with procedures required prior to an Independent Review Panel (IRP) if this becomes necessary.

Within this policy and its appendices, the pathway and timelines of the LRP are set out. It is to be used when there is a period of care that has a valid Decision Support Tool (DST) and is inclusive of new CHC funding eligibility and reviews of CHC eligibility where the funding has changed. It is also for use if the applicant believes that due process and the National Framework have not been adhered to in the CCG reaching its decision on eligibility. It is not intended for time periods where no DST has been completed. These are dealt with in line with the retrospective claims process for NHS CHC previously unassessed periods of care (PUPOCs).

2. POLICY STATEMENT

NHS Vale of York Clinical Commissioning Group policy statement.
This is a corporate policy.

3. IMPACT ANALYSES

3.1. Equality

As a result of performing the screening analysis, the policy does not appear to have any adverse effects on people who share Protected Characteristics and no further actions are recommended at this stage. The results of the screening are attached.

3.2. Sustainability

A Sustainability Impact Assessment has been undertaken. No positive or negative impacts were identified against the twelve sustainability themes. The results of the assessment are attached.

4. SCOPE

The CCG has a duty to take reasonable steps to ensure that full consideration for CHC is undertaken where it appears that there may be a need for such funding. Using

a prescribed national tool, the DST and adhering to the National Framework, evidence is gathered via a multi-disciplinary team to ascertain if an individual has a Primary Health Need (PHN) and is eligible for CHC funding. The final decision on eligibility rests with the CCG.

This policy dictates the process to follow when an individual or their representative who holds legal authority to do so, wishes to challenge:

The CCG decision regarding eligibility for NHS CHC; – where an individual or their representative is dissatisfied with the decision regarding eligibility for NHS CHC.

Or

The procedure followed by the CCG in reaching its decision as to the individual's eligibility for NHS CHC – where there has been a failure to follow National Guidance in reaching its decision as to determine the individuals eligibility for NHS CHC.

Where an individual does not have capacity to manage their affairs and this is appropriately documented, a representative may challenge the decision on the individuals' behalf. To do this, they may hold:

- A Lasting Power of Attorney registered with the Office of the Public Guardian.
- An Enduring Power of Attorney registered with the Office of the Public Guardian.
- A Court of Protection Order appointing them as Deputy.

If none of the above are held, each case will be considered on an individual basis taking into account the best interests of the person.

The responsibility of informing individuals and/or their representatives of the decision regarding CHC eligibility and their right to appeal lies with Vale of York CCG. The CHC outcome letter contains the information required should an individual or their representative wish to appeal a decision. A full copy of the DST is available alongside the original outcome letter.

An appeal can only be recorded and accepted once the recommendation of the multi-disciplinary team (MDT) has been ratified by the Vale of York CCG. The decision of the CCG will remain unchanged until such time as it is overturned. All challenges must be received by the CCG no later than 6 months from the date of the decision letter, preferably in written format. This is nationally seen as good practice however, where there are exceptional circumstances, Vale of York CCG will consider these on an individual basis.

5. POLICY PURPOSE/AIMS & FAILURE TO COMPLY

Please see point 4.

6. PRINCIPLE LEGISLATION AND COMPLIANCE WITH STANDARDS

6.1. Statutory Instrument

6.2. Bribery Act 2010

Consider whether reference needs to be made to the provisions of the Bribery Act 2010. Guidance is included at Appendix 4 of the Policy Framework Guidance Document.

Further information on the Bribery Act can be found at www.opsi.gov.uk/acts.

6.3. NHS/Department of Health Guidance

6.4. The NHS Constitution

The National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care. October 2018(Revised).

Who Pays? Determining Responsibility for Payments to Providers (August 2013).

6.5. Standing Orders, Reservation and Delegation of Powers and Prime Financial Policies

Any ref to SOs, SFIs, or Strategic Operating Plan etc.

7. ROLES / RESPONSIBILITIES / DUTIES

7.1. Chief Officer Responsibilities

The Chief Officer of the CCG has overall responsibility for the strategic direction and operational management, including ensuring that CCG process documents comply with all legal, statutory and good practice guidance requirements.

7.2. Senior Officers and Line Managers

Senior Officers and line managers, CCG Executive Director with responsibility for CHC, and Senior and Line Managers within the CHC team at all levels are responsible and will review the policy on annual basis or where DoH updates become available which may impact on process.

The Council of Members has delegated responsibility to the Governing Body (GB) for setting the strategic context in which organisational process documents are developed, and for establishing a scheme of governance for the formal review and approval of such documents.

7.3. All individuals

It is the responsibility of everyone covered by the scope of this policy to ensure they comply with this policy. All staff, including temporary and agency staff, are responsible for:

- Compliance with relevant process documents. Failure to comply may result in disciplinary action being taken.
- Co-operating with the development and implementation of policies and procedures and as part of their normal duties and responsibilities.
- Identifying the need for a change in policy or procedure as a result of becoming aware of changes in practice, changes to statutory requirements, revised professional or clinical standards and local/national directives, and advising their line manager accordingly.
- Identifying training needs in respect of policies and procedures and bringing them to the attention of their line manager.
- Attending training / awareness sessions when provided

8. DECLARATIONS OF INTEREST

Arrangements for the management, recording and reporting of declarations of interest are set out in Section 8 of the Vale of York Clinical Commissioning Group's Constitution and are the subject of the Vale of York Clinical Commissioning Group's separate Conflicts of Interest Policy.

9. 'GIFTS'

A 'gift' is defined as any item of cash or goods, or any service, which is provided for personal benefit at less than its commercial value. Small tokens of thanks such as diaries, calendars, flowers, chocolates, with a value of less than £50, may be accepted and do not need to be reported.

Tokens of thanks from sources such as work undertaken for other organisations whilst on NHS duties e.g. facilitation, lecturing etc. may be accepted if the value is reasonable (up to £50) but must be declared using the form at Appendix 3

All other offers, including unreasonably generous gifts, should be politely but firmly declined and material/unreasonably generous offers should be recorded on the form in Appendix 3.

10. POLICY IMPLEMENTATION

Following approval by the CCG Executives the policy will be sent to:

- The Communications Manager who will disseminate to all staff via the team newsletter process
- The Chairs of the Governing Body, the Council of Members and all other committees and sub committees for dissemination to members and attendees.
- The Practice Managers of all member practices for information, (if appropriate).
- This policy will be available to all Staff for use in relation to CHC eligibility appeals.
- All directors and managers are responsible for ensuring that relevant staff within their own directorates and departments have read and understood this document and are competent to carry out their duties in accordance with the procedures described.

11. TRAINING & AWARENESS

This policy will be published on the CCG's website and will be available to staff on the organisation's intranet.

The policy will be brought to the attention of all new employees as part of the induction process. Further advice and guidance is available from the Head of Legal and Governance.

It has been determined other than for clinical staff chairing the appeal meetings, that there are no specific training requirements associated with this policy/procedure.

12. MONITORING & AUDIT

The Quality and Patient Experience Committee is responsible for monitoring the effectiveness of this policy and for providing assurance to the Audit Committee (Committee/Governing Body) regarding compliance with the policy. The Quality and Patient Experience Committee will receive at least 3 reports per year and the Audit Committee will receive reports annually.

Monitoring of this policy may form part of the Internal Audit review of governance compliance.

The Governing Body will agree a method for monitoring the dissemination and implementation of this policy. Monitoring information will be recorded in the policy database.

13. POLICY REVIEW

This policy will be reviewed annually. Earlier review may be required in response to exceptional circumstances, organisational change or relevant changes in legislation/guidance.

The Governing Body will ensure that this policy document is reviewed in accordance with the timescale specified at the time of approval. No policy or procedure will remain operational for a period exceeding three years without a review taking place.

Staff, who become aware of any change which may affect a policy should advise their line manager as soon as possible. The Governing Body will then consider the need to review the policy or procedure outside of the agreed timescale for revision.

For ease of reference for reviewers or approval bodies, changes should be noted in the 'document history' table on the front page of this document.

NB: If the review consists of a change to an appendix or procedure document, approval may be given by the sponsor director and a revised document may be issued. Review to the main body of the policy must always follow the original approval process.

14. REFERENCES

- NHS England Guidance on Conflicts of Interest and Gifts and Hospitality
- National Framework on NHS Continuing Healthcare and Funded Nursing Care

15. ASSOCIATED POLICIES

- NHS Vale of York CCG Conflicts of Interest Policy
- NHS Vale of York CCG Gifts and Hospitality Policy

16. CONTACT DETAILS

Manager Clinical Team Leader CHC
Telephone 0300 303 8294
Email valeofyork.contactus@nhs.net
Address NHS Vale of York Clinical Commissioning Group, West Offices,
Station Rise, York. Y01 6GA

17. APPENDIX 1: EQUALITY IMPACT ANALYSIS FORM

1.	Title of policy/ programme/ service being analysed
	Continuing Healthcare Appeals Process
2.	Please state the aims and objectives of this work.

The CCG has a duty to take reasonable steps to ensure that full consideration for CHC is undertaken where it appears that there may be a need for such funding. Using a prescribed national tool, the DST and adhering to the National Framework, evidence is gathered via a multi-disciplinary team to ascertain if an individual has a Primary Health Need (PHN) and is eligible for CHC funding. The final decision on eligibility rests with the CCG.

This policy dictates the process to follow when an individual or their representative who holds legal authority to do so, wishes to challenge:

The CCG decision regarding eligibility for NHS CHC – where an individual or their representative is dissatisfied with the decision regarding eligibility for NHS CHC.

Or

The procedure followed by the CCG in reaching its decision as to the individual's eligibility for NHS CHC – where there has been a failure to follow National Guidance in reaching its decision as to determine the individuals eligibility for NHS CHC.

Where an individual does not have capacity to manage their affairs and this is appropriately documented, a representative may challenge the decision on the individuals' behalf. To do this, they may hold:

- A Lasting Power of Attorney registered with the Office of the Public Guardian.
- An Enduring Power of Attorney registered with the Office of the Public Guardian.
- A Court of Protection Order appointing them as Deputy.

If none of the above are held, each case will be considered on an individual basis taking into account the best interests of the person.

The responsibility of informing individuals and/or their representatives of the decision regarding CHC eligibility and their right to appeal lies with Vale of York CCG. The CHC outcome letter contains the information required should an individual or their representative wish to appeal a decision.

An appeal can only be recorded and accepted once the recommendation of the multi- disciplinary team (MDT) has been ratified by North Tyneside CCG. The decision of the CCG will remain unchanged until such time as it is overturned. All challenges must be received by the CCG no later than 6 months from the date of the decision letter, preferably in written format. This is nationally seen as good practice however, where there are exceptional circumstances, Vale of York CCG will consider these on an individual basis.

A full copy of the DST is included in the original outcome letter.

An appeal can only be recorded and accepted once the recommendation of the multi- disciplinary team (MDT) has been ratified by the Vale of York CCG. The decision of the CCG will remain unchanged until such time as it is overturned. All challenges must be received by the CCG no later than 6 months from the date of the decision letter, preferably in written format. This is nationally seen as good practice however, where there are exceptional circumstances, Vale of York CCG will consider these on an individual basis.

3.	Who is likely to be affected? (e.g. staff, patients, service users)	
	CHC clients and their representatives.	
4.	What sources of equality information have you used to inform your piece of work?	
	Within the DST there is a section to be completed on quality monitoring.	
5.	What steps have been taken ensure that the organisation has paid <u>due regard</u> to the need to eliminate discrimination, advance equal opportunities and foster good relations between people with protected characteristics	
	The analysis of equalities is embedded within the CCG's Committee Terms of Reference and project management framework.	
6.	Who have you involved in the development of this piece of work?	
	<p>Internal involvement: Senior Management team Consultation with Senior Managers</p> <p>Patient / carer / public involvement: The CHC team is to look at developing stakeholder involvement. Initial discussion had with patient engagement team and this will be pursued during this financial year and to develop this process. The focus is on compliance with statutory duties and NHS mandated principles and practice.</p>	
7.	What evidence do you have of any potential adverse or positive impact on groups with protected characteristics?	
	Do you have any gaps in information?	
	Include any supporting evidence e.g. research, data or feedback from engagement activities	
	(Refer to Error! Reference source not found. if your piece of work relates to commissioning activity to gather the evidence during all stages of the commissioning cycle)	
	<p>Disability People who are learning disabled, physically disabled, people with mental illness, Dementia, sensory loss and long term chronic conditions.</p>	<p>Consider building access, communication requirements, making reasonable adjustments for individuals.</p>
	N/a	

<p>Sex Men and Women</p>	<p>Consider gender preference in key worker, single sex accommodation.</p>
<p>N/a</p>	
<p>Race or nationality People of different ethnic backgrounds.</p>	<p>Consider cultural traditions, food requirements, communication styles, language needs.</p>
<p>N/a</p>	
<p>Age This applies to all age groups. This can include safeguarding, consent and adult welfare</p>	<p>Consider access to services or employment based on need/merit not age, effective communication strategies.</p>
<p>N/a</p>	
<p>Trans People who have undergone gender reassignment (sex change) and those who identify as trans</p>	<p>Consider privacy of data, harassment, access to unisex toilets & bathing areas.</p>
<p>N/a</p>	
<p>Sexual orientation This will include lesbian, gay and bi-sexual people as well as heterosexual people.</p>	<p>Consider whether the service acknowledges same sex partners as next of kin, harassment, inclusive language.</p>
<p>N/a</p>	
<p>Religion or belief Includes religions, beliefs or no religion or belief</p>	<p>Consider holiday scheduling, appointment timing, dietary considerations, prayer space.</p>
<p>N/a</p>	

<p>Marriage and Civil Partnership Refers to legally recognised partnerships (employment policies only)</p>	<p>Consider whether civil partners are included in benefit and leave policies.</p>
<p>N/a</p>	
<p>Pregnancy and maternity Refers to the pregnancy period and the first year after birth</p>	<p>Consider impact on working arrangements, part-time working, infant caring responsibilities.</p>
<p>N/a</p>	
<p>Carers This relates to general caring responsibilities for someone of any age.</p>	<p>Consider impact on part-time working, shift-patterns, options for flexi working.</p>
<p>N/a</p>	
<p>Other disadvantaged groups This relates to any person who feels that they disadvantaged within society.</p>	<p>Consider ease of access, location of service, historic take-up of service.</p>
<p>N/a</p>	
<p>8.</p>	<p>Action planning for improvement Please outline what mitigating actions have been considered to eliminate any adverse impact?</p> <p>No adverse equality impact has been identified.</p> <p>Please state if there are any opportunities to advance equality of opportunity and/ foster good relationships between different groups of people?</p> <p>An Equality Action Plan template is appended to assist in meeting the requirements of the general duty</p>

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Sign off
Name and signature of person / team who carried out this analysis
Date analysis completed
Name and signature of responsible Director
Date analysis was approved by responsible Director

19. APPENDIX 2: SUSTAINABILITY IMPACT ASSESSMENT

Staff preparing a policy, Governing Body (or Sub-Committee) report, service development plan or project are required to complete a Sustainability Impact Assessment (SIA). The purpose of this SIA is to record any positive or negative impacts that this is likely to have on sustainability.

Title of the document	Continuing Healthcare Appeals Process
What is the main purpose of the document	<p>The CCG has a duty to take reasonable steps to ensure that full consideration for CHC is undertaken where it appears that there may be a need for such funding. Using a prescribed national tool, the DST and adhering to the National Framework, evidence is gathered via a multi-disciplinary team to ascertain if an individual has a Primary Health Need (PHN) and is eligible for CHC funding. The final decision on eligibility rests with the CCG.</p> <p>This policy dictates the process to follow when an individual or their representative who holds legal authority to do so, wishes to challenge:</p> <p>The CCG decision regarding eligibility for NHS CHC – where an individual or their representative is dissatisfied with the decision regarding eligibility for NHS CHC.</p> <p>Or</p> <p>The procedure followed by the CCG in reaching its decision as to the individual’s eligibility for NHS CHC – where there has been a failure to follow National Guidance in reaching its decision as to determine the individuals eligibility for NHS CHC.</p> <p>Where an individual does not have capacity to manage their affairs and this is appropriately documented, a representative may challenge the decision on the</p>

	<p>individuals' behalf. To do this, they may hold:</p> <ul style="list-style-type: none">▪ A Lasting Power of Attorney registered with the Office of the Public Guardian.▪ An Enduring Power of Attorney registered with the Office of the Public Guardian.▪ A Court of Protection Order appointing them as Deputy. <p>If none of the above are held, each case will be considered on an individual basis taking into account the best interests of the person.</p> <p>The responsibility of informing individuals and/or their representatives of the decision regarding CHC eligibility and their right to appeal lies with Vale of York CCG. The CHC outcome letter contains the information required should an individual or their representative wish to appeal a decision. A full copy of the DST is available with the outcome letter.</p> <p>An appeal can only be recorded and accepted once the recommendation of the multi-disciplinary team (MDT) has been ratified by Vale of York CCG. The decision of the CCG will remain unchanged until such time as it is overturned. All challenges must be received by the CCG no later than 6 months from the date of the decision letter, preferably in written format. This is nationally seen as good practice however, where there are exceptional circumstances, Vale of York CCG will consider these on an individual basis.</p>
Date completed	
Completed by	

Domain	Objectives	Impact of activity Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = n/a	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
Travel	Will it provide / improve / promote alternatives to car based transport?			
	Will it support more efficient use of cars (car sharing, low emission vehicles, environmentally friendly fuels and technologies)?			
	Will it reduce 'care miles' (telecare, care closer) to home?			
	Will it promote active travel (cycling, walking)?			
	Will it improve access to opportunities and facilities for all groups?			
	Will it specify social, economic and environmental outcomes to be accounted for in procurement and delivery?			
Procurement	Will it stimulate innovation among providers of services related to the delivery of the organisations' social, economic and environmental objectives?			

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Domain	Objectives	Impact of activity Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = n/a	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
	Will it promote ethical purchasing of goods or services?			
Procurement	Will it promote greater efficiency of resource use?			
	Will it obtain maximum value from pharmaceuticals and technologies (medicines management, prescribing, and supply chain)?			
	Will it support local or regional supply chains?			
	Will it promote access to local services (care closer to home)?			
	Will it make current activities more efficient or alter service delivery models			
Facilities Management	Will it reduce the amount of waste produced or increase the amount of waste recycled? Will it reduce water consumption?			
Workforce	Will it provide employment opportunities for local people?			

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Domain	Objectives	Impact of activity Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = n/a	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
	Will it promote or support equal employment opportunities?			
	Will it promote healthy working lives (including health and safety at work, work-life/home-life balance and family friendly policies)?			
	Will it offer employment opportunities to disadvantaged groups?			
Community Engagement	Will it promote health and sustainable development?	0		
	Have you sought the views of our communities in relation to the impact on sustainable development for this activity?	N/a		
Buildings	Will it improve the resource efficiency of new or refurbished buildings (water, energy, density, use of existing buildings, designing for a longer lifespan)?			
	Will it increase safety and security in new buildings and developments?			

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Domain	Objectives	Impact of activity Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = n/a	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
	Will it reduce greenhouse gas emissions from transport (choice of mode of transport, reducing need to travel)?			
	Will it provide sympathetic and appropriate landscaping around new development?			
	Will it improve access to the built environment?			
Adaptation to Climate Change	Will it support the plan for the likely effects of climate change (e.g. identifying vulnerable groups; contingency planning for flood, heat wave and other weather extremes)?			
Models of Care	Will it minimise 'care miles' making better use of new technologies such as telecare and telehealth, delivering care in settings closer to people's homes?			
	Will it promote prevention and self-management?			

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Domain	Objectives	Impact of activity Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = n/a	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
	Will it provide evidence-based, personalised care that achieves the best possible outcomes with the resources available?			
	Will it deliver integrated care, that co-ordinate different elements of care more effectively and remove duplication and redundancy from care pathways?			

20. LIST OF OTHER APPENDICES

Appendix 3.

Definitions:

The following terms are used in this document:

(The National Framework)	The National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care (revised October 2018)
(CHC)	Continuing Healthcare
(MDT)	Multi-disciplinary Team
(DST)	Decision Support Tool
(CCG)	Clinical Commissioning Group
(LA)	Local Authority
(LRP)	Local Resolution Process
(LRM)	Local Resolution Meeting
(PHN)	Primary Health Need

Appendix 4.

Local Resolution Process

All appeal requests regarding CHC eligibility must be in written format detailing why the applicant does not agree with the decision. The reasoning must be in line with the determinants in Part 3 – Purpose and Scope. The CHC admin team on behalf of the CCG will acknowledge the appeal within 5 working days of receipt using the template letter as set out in Appendix 1. Enclosed with the letter will be the NHS CHC Appeal Form – Appendix 2, for completion by the applicant and a request for appropriate documentation if it is a representative appealing on behalf of an individual.

In order to expedite the appeal in a timely manner, there are timeframes for each part of the process. Detailed in the acknowledgement letter is the request that the form is returned within a 2 week time period. If the individual is deceased, the applicant will have to provide evidence of Grant of Probate.

Upon receipt of the completed documents, requests to G.P., hospital, care home, local authority and any other relevant organisation will be sent by the CHC admin team to obtain records for the relevant time period. Good practice would dictate that a 6 to 8 week period prior to the appeal commencement date be gathered for comparison, assurance and evidence gathering. In order to ensure a timely process, a Local Resolution Meeting (LRM) is to be organised with the applicant, the Nursing Assessment Team and a representative of the CCG within 60 days from receipt of appeal documents. A monitoring process needs

to be in place to inform the applicant of any delays to process for example – non receipt of documents from other organisations.

The LRM is the opportunity for the applicant to detail all concerns and issues which has led them to appeal including submission of any further information they believe has not been taken into consideration. Any points raised in the applicants appeal document or at the meeting must be fully addressed. The professionals involved must ensure the meeting is used to clarify the appeals process and the opinions/views of the applicant. They must also give a full explanation of the four key indicators, nature, complexity, intensity, unpredictability, and confirm understanding with the applicant. The meeting is recorded with consent in order that verbatim minutes can be produced if requested for further appeal process. NB minutes are not usually produced due to the consuming nature of their production. A detailed clarification why the individual has not met the eligibility criteria for CHC funding will be included in the outcome letter.

Following on from the LRM, if there is no new information to consider and the process can be evidenced as robust, the Local Appeals Process will then be determined as concluded. An outcome letter and rationale for the decision will be recorded and a copy sent to the applicant. The final decision of any appeal will be made by the CCG. The details of NHS England should also be included so that the applicant may request an Independent Review Panel if they wish to challenge the decision further.

Appendix 5.

Archiving

The Governing Body will ensure that archived copies of superseded policy documents are retained in accordance with Records Management: NHS Code of Practice 2009.

Appendix 6.



Name
Address
Address
Address
Postcode

Date
Dear

Re: Name of Individual
NHS Number:

Thank you for your correspondence dated **insert date** which was received **on date received by the CHC Admin Team.**

In order to progress with your appeal against the CHC funding decision, further information is required. Please find enclosed a NHS Continuing Healthcare Appeal Form for completion. This information is required so that we can determine what disagreements you have regarding the decision/process. In order to progress in a timely manner, could you please complete and return the

documents within 2 weeks of the date at the top of this letter. If you hold Power of Attorney, Lasting Power of Attorney or Court of Protection Deputyship, please forward these documents with your completed Appeal Form. We will copy and return them to you.

If you have any queries in the meantime please contact Continuing Healthcare Team on 0300 303 8294.

Yours sincerely

xxxxxx
Clinical Team Leader

Appendix 7 – Appeals Policy



NHS Continuing Health Care Appeal Form

I would like to appeal the decision of the Decision Support Tool completed on
..... in respect of:

Name:	
Address:	
Date of Birth:	
NHS Number:	
Signature:	Date:

If this appeal is being requested by the patient representative, please state your relationship and provide any evidence of Authorisation/ Power of Attorney/ Will or Grant of Probate if applicable.

20.1. Patient Representative:

Name:	
Address:	
Relationship to patient:	
Contact Tel. No:	
Signature:	Date:

Were you involved in the original Decision Support Tool meeting? **Yes** **No**

A request for a review can only be made for any of the following reasons:

- You believe that the CCG has not followed the process as set out in the National Guidelines(National Framework for Continuing Healthcare)

www.gov.uk/government/publications/national-framework-for-nhs-continuing-healthcare-and-nhs-funded-nursing-care

- You believe that the CCG has not applied the eligibility criteria for NHS Continuing Healthcare appropriately

Please provide as much information as possible to support your appeal by completing the appropriate section(s) below:

Why do you believe that the CCG has not followed the process as set out in the National Guidelines?

Why do you believe that the CCG has not applied the eligibility criteria appropriately?

Please send your completed form to:

Continuing Healthcare Team
1st Floor,
Building 2,

Amy Johnson Way,
Clifton Moor,
York.
YO30 4XT

NHS CHC Local Resolution Meeting – Record of Minutes

Name:			
Address:			
Date of Birth:		NHS No:	

Date of Meeting:			
Location:			
Attendees:			
Organisation	Name:	Signature:	

Main Points of Appeal to be Discussed:

Notes of Meeting:

--

Explanation of Four Key Indicators:

Nature:	
Intensity:	
Complexity:	
Unpredictability:	

Explanation of Primary Health Need:

Comments:	
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Outcome, Conclusion, Next Steps.

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Explanation of Four Key Indicators:	
--	--

Nature:	
Intensity:	
Complexity:	
Unpredictability:	

Explanation of Primary Health Need:	
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Comments:	
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Outcome, Conclusion, Next Steps.

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Notes of Meeting:

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NHS Vale of York Clinical Commissioning Group
Continuing Healthcare Appeals Process