This policy was approved for use by the Surrey Heartlands CCG Governing Body in April 2020. The policy may still refer to multiple CCGs but the content is accurate and correct.

The policy will be rewritten to reflect the single CCG, as part of the planned policy review cycle, or earlier.

NHS
Surrey Heartlands
Clinical Commissioning Group

Continuing Healthcare Operational Policy

Policy number:	CLIN05
Version:	1.1
Date agreed by CHC Programme Board	7 December 2016
Name of author:	Sara Barrington
Name of responsible committee:	CHC Programme Board
Last review date:	December 2016
Next review date:	December 2018

Version History

Version Number	Review Date	Name of Reviewer	Notes
1.0 (1st draft)	September 2016	Sara Barrington	**5- Duties (page 12)** Include the following wording; All DST's to be quality checked by a senior clinician (Band 6,7 or above)' and A social care practitioner should be present at the DST and form part of the MDT. Every attempt must be made to secure social care attendance. Where this has not been possible the reason must be stated on
			5- Duties (page 13) Include the following wording; Verification of assessments presented. Verification involves considering all applications for continuing healthcare eligibility in a timely and robust manner, ensuring consistency in content and that the evidence submitted supports the recommendation. and Review and verify recommendation that an individual is no longer eligible for NHS FNC.
			6.1- Principles (page 14) Include the following; An individual who needs "continuing care" may require services from NHS bodies and/or from Local Authorities. Clinical Commissioning Groups have responsibility to ensure that the assessment of eligibility for continuing healthcare takes place within 28 days from the date of receipt of completed CHC Checklist.
			6.1- Principles (page 15) Include the following word; Assessments and decision making about eligibility for NHS continuing healthcare will be undertaken by Surrey Downs Clinical Commissioning Group within 28 days of the completion of the continuing healthcare Checklist to ensure that individuals receive the care they require in the appropriate environment and without unreasonable delays. Every attempt will be made to ensure local authority participation in eligibility assessments whilst being mindful of the required timeframe.

			6.2- Procedures (page16) Include the following wording; Verify the recommendations of the multi-disciplinary team and monitor consistency. and Where there is no recommendation consensus between MDT. and Where CHC funding may be reduced or removed.
			6.2- Procedures – Fast Track Application (page 18) To include the following wording; Whoever the clinician is, registered nurse or doctor, completing the Fast Track Pathway Tool, they should be knowledgeable about the individual's health needs, diagnosis, treatment or care and be able to provide reasons why the individual meets the conditions required for the fast tracking decision. The reasons stated should be supported by evidence clearly demonstrating a rapid deterioration of condition. Where this is not demonstrated, a CHC Clinician can assess the patient face to face on the day of receipt of the Fast Track to determine eligibility. If the patient is found to not meet the criteria, a Checklist or DST may be arranged.
			6.13- Case Reviews (page 25) To include the following wording; Reviews may be face to face using the previous DST and updating the levels of need. This form of review may be used where there is little or no change in levels of need and may be undertaken by a competent health professional rather than full MDT. Where there has been reported a significant change in need, or it becomes apparent during the review, a new DST should be completed. Reviews may be undertaken by telephone with the main carer and patient/family. If a change in needs is indicated a new DST must be completed. Telephone review can be undertaken for two reviews. A third review must be face to face.
			6.15- Personal Health Budgets (page26) To include the following wording; All recipients of CHC funding will be offered a PHB at the first 3 month review.

			Appendix 2- The Decision Support Tool (page 31) To include the following wording; Every attempt should be made to ensure local authority representation. If the DST proceeds without the reasons must be stated on the DST. and Where FNC is recommended, the nursing needs indicating FNC should be articulated in the recommendation. All DST's must be quality checked by a senior clinician (Band 6, 7 or above).
			Appendix 3- The Fast Track Pathway Tool (page 34) To include the following wording; This Tool bypasses the need for the Checklist and DST and should only be used for individuals who may have a primary care need through a rapidly deteriorating condition that may be entering a terminal phase.
			Appendix 3- Completion of the Fast Track Tool (page 35) To include the following wording; The reasons stated should be supported by evidence clearly demonstrating a rapid deterioration of condition. Where this is not demonstrated, a CHC Clinician can assess the patient face to face on the day of receipt of the Fast Track to determine eligibility. If the patient is found to not meet the criteria, a Checklist or DST may be arranged. and **1.4 – Review (page 36)** The review can be face to face or by telephone and will be undertaken by a qualified clinician
1.1	December 2016	Continuing Healthcare Programme Board	The policy was presented to and agreed by the Continuing Healthcare Programme Board on the 7th December 2016

Equality Statement

Surrey Downs Clinical Commissioning Group (Surrey Downs CCG) aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account the Human Rights Act 1998 and promotes equal opportunities for all. This document has been assessed to ensure that no-one receives less favourable treatment on grounds of their gender, sexual orientation, marital status, race, religion, age, ethnic origin, nationality, or disability.

Members of staff, volunteers or members of the public may request assistance with this policy if they have particular needs. If the person requesting has language difficulties and difficulty in understanding this policy, the use of an interpreter will be considered.

Surrey Downs CCG embraces the four staff pledges in the NHS Constitution. This policy is consistent with these pledges.

Equality Analysis

This policy has been subject to an Equality Analysis, the outcome of which is recorded below.

		Yes, No or N/A	Comments
1.	Does the document/guidance affect one group less or more favorably than another on the basis of:		
	• Race	No	
	• Ethnic origins (including gypsies and travelers)	No	
	• Nationality	No	
	• Gender	No	
	• Culture		
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
	• Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable?	No	
4.	Is the impact of the document/guidance likely to be negative?	No	
5.	If so, can the impact be avoided?	N/A	
6.	What alternative is there to achieving the document/guidance without the impact?	N/A	
7.	Can we reduce the impact by taking different action?	N/A	

Contents

Continuing Healthcare Operational Policy

1. Introduction

This Operational Policy is the overarching statement of the approach for the delivery of a NHS continuing healthcare service across the Surrey County. The service will be delivered by Surrey Downs Clinical Commissioning Group in accordance with detailed policies and procedures on behalf of the following Clinical Commissioning Groups under formal agreement;

East Surrey CCG
Guildford and Waverley CCG
North West Surrey CCG
Surrey Heath CCG
North East Hampshire and Farnham CCG (only patients registered with Farnham GPs)

The National Framework for NHS Continuing Healthcare and funded nursing care (revised 2012) sets out the principles and processes for the implementation of NHS Continuing Healthcare & NHS funded-nursing care and it provides national tools to be used in assessment applications and for Fast Track cases.
The Department of Health published the revised National Framework in November 2012, which does not change the basis of eligibility decisions for NHS Continuing Healthcare and NHS funded-nursing care, or the overall principles, but seeks to provide greater clarity in the descriptions within the needs domains of the Checklist and the DST, giving greater clarity about the levels and types of need to be considered, as well as changes to the wider information that needs to be recorded and the Fast Track Pathway Tool.

This policy describes the processes that will be followed in NHS Surrey Downs Clinical Commissioning Group and should be read in conjunction with the following documents:

- The National Framework for NHS Continuing Healthcare & NHS funded-nursing care. (Department of Health, 2012, revised)
- NHS Continuing Healthcare Practice Guidance
- Who pays? Establishing the Responsible Commissioner (Department of Health 2013)
- The National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012

2. References

Links to key documents:

1. National Framework for NHS Continuing Healthcare & NHS funded-nursing care (2012): www.gov.uk/government/publications/national-framework-for-nhs-continuing- healthcare-and-nhs-funded-nursing-care-funded-nursing-care
2. The National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012
3. Copies of the National Framework for NHS Continuing Healthcare and Funded Nursing Care (2012) and the tools below are available from the Department of Health Website at: www.gov.uk/government/publications/national-framework-for-nhs-continuing- healthcare-and-nhs-funded-nursing-care
   Copies of: NHS Checklist:
   NHS Decision Support Tool NHS Fast Track Tool

Available from below
https://www.gov.uk/government/publications/national-framework-for-nhs-continuing-healthcare-and-nhs-funded-nursing-care

3. Definitions

Continuing Care	Care provided outside of a hospital to patients with long-term health or social care needs. May include joint health and social care provision or funding.
NHS Continuing Healthcare	Care arranged and solely funded by the NHS
Care Packages	Suite of services (nursing, therapies, home care etc.) that are designed to match the assessed needs of a client/patient.
Care Plan	Plan drawn up by a clinician to meet the needs of a patient/client.
Decision Support Tool (DST)	A standardised needs assessment tool used by clinicians to assess the needs of a client/patient. The outcome of the DST is to make a recommendation regarding the eligibility of a client/patient to a NHS funded package.
Continuing Healthcare Panel	Joint panel of NHS and Social Care officers that decide the eligibility of clients/patients to funding based on the DST and MDT recommendation.
Funding Panel	Panel of commissioners and finance officers monitoring expenditure and ensure financial governance and SFI's are assured
Case Manager	Named Professional responsible for: drawing up a care plan; maintaining contact with the patient, their representatives and relevant professionals, monitoring and reviewing the needs of the clients/patients receiving a care package and assessing the suitability of the package.
Budget Holder	Person responsible under the scheme of delegation for authorising the release of NHS resources

4. Purpose and Scope

This policy sets out the roles and responsibilities for health and social care staff for the delivery of the National Framework for NHS Continuing Healthcare & NHS funded-nursing care within the Surrey Clinical Commissioning Groups including, East Surrey, Surrey Downs, Guildford and Waverley, North West Surrey, Surrey Heath and North East Hampshire and Farnham.
It provides the process for determining eligibility for continuing healthcare funding and the procedures to be followed. The policy also sets out the responsibilities of NHS Surrey Clinical Commissioning Groups in those situations where eligibility for NHS Continuing Healthcare has not been agreed, and for the management of situations that may arise as a result of NHS continuing healthcare eligibility decisions.

The policy describes the way in which NHS Surrey Clinical Commissioning Groups will commission care in a manner that reflects patient choice and preferences, whilst balancing the requirement that NHS Surrey Clinical Commissioning Group's keep within the set financial limit allocated to the organisation.
This policy applies to all NHS continuing healthcare applications for adults 18 years or older who are registered with a Surrey or Farnham General Practice or who are resident within the area covered by NHS Surrey Downs Continuing Healthcare Service and are **not** registered with a General practitioner elsewhere. This includes all care groups including:

- Physically Disabled
- Older People
- Learning Disabilities
- Young people in transition
- People with an organic mental health condition These procedures do not apply to children

5. Duties

Party	Key Responsibilities
Health & Social Care staff referring clients for consideration of eligibility	Complete the required documentation, Checklist, Fast Track fully, and co-operate in completing the DST within 28 days of the CCG receiving the Checklist.

Party	Key Responsibilities
Continuing Healthcare Team	Receive and review all Checklists and Fast Track Tools to ensure the standards required are met and that they indicate eligibility for receipt of service or further assessment for eligibility. Maintain the continuing healthcare data base ensuring all referrals are recorded and that all correspondence is kept for each individual patient. Appoint a case co-ordinator to oversee the assessment process. Review completed DST to ensure it is completed fully, in accordance with the National Framework, supported by robust clinical evidence and in an appropriate manner and that it has a clearly stated recommendation from the Multi-disciplinary Team who have completed it seeking further clarification as necessary. All DST's to be quality checked by a senior clinician. A social care practitioner should be present at the DST and form part of the MDT. Every attempt must be made to secure social care attendance. Where this has not been possible the reason must be stated on the DST. Verification of Checklists, Fast Tracks. Where required, arrange for the DST to be presented to the Eligibility Panel along with any supporting information and invite the Co-ordinator of the DST to the panel. Write to referrer and patient or their representative with the outcome and how to appeal. If verification of eligibility is given by the panel for 100% continuing healthcare, arrange the package of care based on the needs of the individual and provide costing's of the package of care for approval. If the individual is not eligible for NHS CHC but is entitled to NHS FNC arrange for the payments to be made to the care home (with Nursing) in a timely manner. Record all panel decisions in individual's case records and ensure all communication of panel decisions is undertaken in a timely and professional manner. Ensure patient case management arrangements are in place. Ensure reviews are undertaken in line with national policy and at other times as required. Undertake regular audit to ensure service is meeting agreed KPIs including patient, staff and customer feedback. Ensure CCGs are alerted to issues with Care providers which may compromise quality of care.

Party	Key Responsibilities
Continuing Healthcare Panel consisting of Senior Nurses (Band 7 and above)	Verification of assessments presented. Verification involves considering all applications for continuing healthcare eligibility in a timely and robust manner, ensuring consistency in content and that the evidence submitted supports the recommendation. Consider all patients who no longer meet the eligibility for 100% care packages and verify recommendation. Verify the eligibility of a client/patient for a NHS funded package of care. Review and verify recommendation that an individual is no longer eligible for NHS FNC.
NHS Continuing Healthcare funding, care package procurement.	Ensure that an appropriate selection of packages including PHB, are offered to each patient based on their individual care plan. Review all complex packages of care ensuring value for money has been considered. Regular review of 1:1 agreements. Approve the placing of contracts for packages up to the manager's delegated limit. Seek assurances that providers are fit and proper organisations to provide care. Seek waivers to Standing Financial Instructions where this is necessary. Ensure that a database of clients and packages is maintained. Authorise invoices up to the manager's delegated limit. Agree the cost of the NHS share of joint funded packages. Approve one-off payments up to the manager's delegated limit.
Contract Team	Technical Commissioning: Maintain a database of accredited providers. Seek assurances that the providers on the list have CQC accreditation. Negotiated prices and terms and conditions for services offered by providers on the list. Monitor the usage of Personal health Budgets ensuring quality of provision and value for money. Develop contracts with providers that ensure high quality care delivery and value for money. Monitor all contracts. Finance/resources: Forecast likely spend for each year based on historic trends
Finance Director/COO	Periodically review delegated limits for managers working in this area. Review and approve requests for waivers from Standing Financial Instructions. Periodically authorise counter-fraud audits.

6. Continuing Healthcare

6.1 Principles

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 a result of disability, accident or illness. NHS Continuing Healthcare means a package of continuing care arranged and funded solely by the NHS. (National Framework for NHS Continuing Healthcare & funded- nursing care. 2012, Department of Health)

An individual who needs "continuing care" may require services from NHS bodies and/or from Local Authorities. Clinical Commissioning Groups have responsibility to ensure that the assessment of eligibility for continuing healthcare takes place within 28 days from the date of receipt of completed CHC Checklist.

NHS Surrey Downs Clinical Commissioning Group and SCC Adult Social Care are committed to working in partnership to achieve these timeframes, together with local provider services.

The principles underlying this policy are that the residents of Surrey and patients registered with a Surrey GP practice have fair and equitable access to NHS funded continuing healthcare. These principles are:-

The individual's informed consent will be obtained before starting the process to determine eligibility for NHS continuing healthcare.

If the individual lacks the mental capacity either to refuse or consent, a 'best interests' decision should be taken and recorded in line with the Mental Capacity Act 2005 as to whether to proceed with assessment for eligibility for NHS continuing healthcare. A third party cannot give or refuse consent for an assessment of eligibility for NHS continuing healthcare on behalf of a person who lacks capacity, unless they have valid and applicable Lasting Power of Attorney for Welfare, or have been appointed as a Deputy by the Court of Protection for Welfare only.

Health and, where appropriate, 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 support them to participate fully in the process.

NHS Surrey Downs Clinical Commissioning Group will support the use of advocacy for individuals through the process of application for NHS continuing healthcare, as in other services where advocacy is required.

The process for decisions about eligibility for NHS continuing healthcare will be transparent for individual patients and their families and for partner agencies.

Once an individual has been referred for a full assessment for NHS continuing healthcare, following the completion of a Checklist, all assessments will be undertaken by the multi-disciplinary team involved using the Health Needs Assessment form or Single Assessment Process, ensuring a comprehensive multi-disciplinary assessment of an individual's health and social care needs, following the procedure for completion of the DST.

Assessments and decision making about eligibility for NHS continuing healthcare will be undertaken by Surrey Downs Clinical Commissioning Group within 28 days of the completion of the continuing healthcare Checklist to ensure that individuals receive the care they require in the appropriate environment and without unreasonable delays. Every attempt will be made to ensure local authority participation in eligibility assessments whilst being mindful of the required timeframe.

6.2 Procedures

Eligibility for NHS Continuing Healthcare

The National Framework for NHS Continuing Healthcare & NHS funded-nursing care (revised, 2012) provides a consistent approach to establishing eligibility for NHS continuing healthcare. This is achieved through the use of the revised National Tools and Guidance developed to assist in making decisions about eligibility for continuing healthcare.

As a result of the Coughlan Judgement (1999) and the Grogan judgement (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 under NHS continuing healthcare.

Where a person's "primary need" is a health need, they are eligible for NHS continuing healthcare. Deciding whether this is the case involves looking at the totality of the relevant needs from the assessment process. Where an individual has a primary health need, the NHS is responsible for providing all of the health and social care to meet the individual's needs, including accommodation, if that is part of that need.

Consideration of primary health need includes consideration of the characteristics of need and their impact on the care required to manage the needs. In particular to determine whether the quantity or quality of care is more than the limits of responsibility of Local Authorities (as in the Coughlan judgement).Consideration is given to the following areas:-

- **Nature and type of need:** the particular characteristics of an individual's needs and the overall effect of those needs on the individual, including the type of interventions required to manage them
- **Intensity of need:** both extent (quantity) and severity (degree) of the needs, including the need for sustained care (continuity)
- **Complexity of need:** how the needs present and interact to increase the skill required to monitor and manage the care. This may arise with a single condition or the interaction between a number of conditions. It may also include situations where an individual's response to their own condition has an impact on their overall needs
- **Unpredictability of need:** the degree to which needs fluctuate, creating difficulty/challenges in managing the need. It also relates to the level of risk to the person's health if adequate and timely interventions/care are not provided

To minimise variation in interpretation of the principles and to inform consistent decision making, the NHS Continuing Healthcare DST has been developed for use by practitioners to obtain a full picture of needs and to inform the decision regarding the level of need that could constitute a primary health need. The DST combined with the practitioners own experiences 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 be legally provided by a Local Authority.

Eligibility for NHS continuing healthcare is based on an individual's assessed health and social care needs. The DST provides the basis for decisions on eligibility for NHS funded continuing

healthcare. The DST must be completed by the multi-disciplinary team, which must include as a minimum, two professionals from different health professions or one professional from a healthcare profession and one who is responsible for undertaking community care assessment (a social care professional). Specialist staff and mental health staff should be involved dependent on the individual's needs.

The multi-disciplinary team will make recommendations on eligibility of the individual for NHS funded continuing healthcare to the NHS Surrey Downs Clinical Commissioning Group Eligibility Panel. ***The panel meets weekly and reviews the assessments and DST*** and can make the following decisions with regard to recommendations about eligibility for NHS continuing healthcare:-

- Verify the recommendations of the multi-disciplinary team and monitor consistency.
- Where there is no recommendation consensus between MDT.
- Not verify the recommendations of the multi-disciplinary team where the evidence provided does not support the level of need indicated in the DST. A full written detailed explanation of the decision will be provided to the applicant and/or their representative.
- Where CHC funding may be reduced or removed.
- Not verify the recommendation and defer the decision and request further evidence to support recommendation.

There may be occasions where a case needs an urgent decision and cannot wait for the next panel, e.g. this may be due to extreme pressure on acute beds during the winter period or for someone living alone at home with no support who is at risk.
For these **exceptional** cases a Chair's Action can be requested by contacting the Chair of the Panel or their nominated officer/s at:
NHS Continuing Healthcare Service Cedar Court
Guildford Road Leatherhead KT22 9AE
Tel: 01372 201 645
This should only happen on very rare occasions in an emergency and bypassing the proper panel process should not be undertaken lightly.

If health or social care staff consider that a Chair's Action is absolutely necessary they must discuss the matter with their line manager who in turn should discuss this with the Chair of the Eligibility Panel or their nominated officer/s, and justify exactly why a Chair's Action is required and why the matter cannot wait until the next panel meeting.

If the Eligibility Panel Chair, or their nominated officer/s, agrees to make a decision in the interim, the full set of documentation, including DST with MDT recommendation must be presented to the next panel meeting for further discussion and ratification. Outcome will be recorded in the Panel minutes.

The use of Chair's Actions will be closely monitored by NHS Surrey Downs Clinical Commissioning Group to ensure that this procedure is only used on an exceptional basis and not routinely.

Application for eligibility process

The first step in the process for the majority of people will be the screening process using the NHS Continuing Healthcare 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.

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 eligible for NHS continuing healthcare, only that they are entitled to consideration for eligibility. At this stage, the threshold is set deliberately low to ensure that all those who require a full consideration of their needs get the opportunity.

A nurse, doctor or other qualified healthcare professional or social care practitioner can apply the Checklist to refer individuals for a full consideration of eligibility from within the 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 & NHS funded-care (Department of Health 2012) and the DST.

All completed NHS continuing healthcare Checklist should be sent to the Continuing Healthcare Team at:
NHS Continuing Healthcare Cedar Court
Guildford Road Leatherhead Surrey
KT22 8AE

Secure email: referrals.surrey@nhs.net

Receipt of the Checklist is the start of the 28 day target for eligibility decisions and will ensure that monitoring of timelines and activity takes place.

In a hospital setting, before a NHS body gives notice of an individual's case to a Local Authority in compliance with section 2 (2) of the Community Care (Delayed Discharges) Act 2003, it must take all reasonable steps to ensure that an assessment for NHS Continuing Healthcare is carried out in all cases where it appears to the body that the patient may have need for such care. The Checklist should therefore be applied, where relevant, as part of the discharge process.

Where the Checklist has been used as part of the process of discharge from an acute hospital, and has indicated a need for full assessment of consideration of eligibility, consideration must be given to the person's further potential for rehabilitation and for independence to be regained, and how the outcome of any treatment or medication may affect on-going needs.

If completion of the screening Checklist indicates that the individual patient is entitled to a full assessment to determine their eligibility for NHS Continuing Healthcare, the DST must be completed and a recommendation made to the CCG for verification.

The DST must be completed and provides practitioners with a framework to bring together and record the various needs in the 'domains' specified within the Tool. The multi-disciplinary team use the DST to apply the primary health needs test, ensuring that the full range of factors which have a bearing on the individual's eligibility are taken into account in making their recommendation.

The DST cannot directly determine eligibility, but it provides the basis from which decisions are made exercising professional judgement and in consideration of the primary health need criteria. Once the multi-disciplinary team has completed the DST they will make their recommendation on eligibility, recorded on the DST and pass, to the NHS Surrey Downs Clinical Commissioning Group Continuing Healthcare panel.

NHS Surrey Downs Clinical Commissioning Group Continuing Healthcare Panel reviews the applications they receive to ensure consistency and quality of decision making processes and to ensure governance of the decision making on eligibility. This process ensures equity of access to NHS funded continuing healthcare and consistent decision making for all applications.

A person only becomes eligible for NHS continuing healthcare once a recommendation regarding eligibility has been verified by NHS Surrey Downs Clinical Commissioning Group Continuing Healthcare Panel, informed by the completed DST or Fast Track Tool. Prior to that decision being made, any existing arrangements for the provision and funding of care should continue, unless there is an urgent need for adjustment.

Where individuals are found to be eligible for NHS funded continuing healthcare, funding will be agreed from the date of the panel decision on eligibility or from day 29 from the date of the Checklist, if there has been an unreasonable delay on verification of eligibility, whichever is the earlier. Fast Track applications will be funded from the introduction of the agreed package of care.

Fast Track Applications

The Fast Track application is there to ensure that individuals who have a **"rapidly deteriorating condition, which may be entering a terminal phase"** get the care they require as quickly as possible. No other test is required.

The National Framework for NHS Continuing Healthcare & NHS funded-nursing care (2012. Department of Health) provides the Fast Track Tool for use in these circumstances. The Fast Track Tool needs to be completed by an 'appropriate clinician' described in the National Framework as:

"Someone responsible for an individual's diagnosis, treatment or case as a registered medical practitioner or registered nurse. These can include senior clinicians employed in the voluntary and independent sectors that have a specialist role in end of life needs and the organisations services are commissioned by the NHS".

Whoever the clinician is, registered nurse or doctor, completing the Fast Track Pathway Tool, they should be knowledgeable about the individual's health needs, diagnosis, treatment or care and be able to provide reasons why the individual meets the conditions required for the fast tracking decision. The reasons stated should be supported by evidence clearly demonstrating a rapid deterioration of condition. Where this is not demonstrated, a CHC Clinician can assess the patient face to face on the day of receipt of the Fast Track to determine eligibility. If the patient is found to not meet the criteria, a Checklist or DST may be arranged.

Others involved in supporting those with end of live needs, including those in the voluntary and independent sector organisations may identify the fact that the individual has needs for which use of the Fast Track Tool would be appropriate. They should contact the appropriate clinician.

NHS Surrey Downs Clinical Commissioning Group 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.

The NHS Continuing Healthcare Service currently operates Monday to Friday only.
The procedure for Fast Track applications covering Monday to Friday is set out in Appendix 3, and ensures that same day decisions about eligibility for NHS funded continuing healthcare can be made to support the preferred priorities of the individual for their end of life care.

Use of Fast Track applications will be closely monitored by NHS Surrey Downs Clinical Commissioning Group and action taken where it is suspected that improper use of the process has occurred.

6.3 Management of Appeals

The decisions of NHS Surrey Downs Clinical Commissioning Group Eligibility Panel are communicated to the individual patients, or their representative, the original referrer and to lead health and social care professionals making the application. The decision is communicated in writing together with copies of the relevant extract of the minutes of the meeting that provide the rationale for the Panel's decision within 5 working days of the Panel meeting (Appendix 4). The patient, or their representative, the original referrer and the lead health and social care professionals making the application can be informed verbally or by secure email following the Panel meeting, if they have not been present, pending receipt of the formal notification.

Where an individual has been found not eligible for NHS Continuing Healthcare or NHS Funded Nursing Care, they or their representative can appeal Surrey Downs CCG decision within **6 months** of the notification of eligibility decision. When an appeal is received this is acknowledged and the evidence is reviewed by a senior Lead Nurse who has not previously been involved with the assessment of the individual and if the appeal is not resolved at this stage an offer of an informal resolution meeting with the individual patient or their representative is made to go through the process of the Panel decision

Appeals in the first instance should be sent to:- Continuing Healthcare Service
Cedar House Guildford Road Leatherhead Surrey
KT22 8AE

Tel: 01372 201645
Email: referrals.surrey@nhs.net

If following the informal resolution meeting the patient or their representative remains unhappy with the CCG's decision, a hearing will be arranged of the NHS Surrey Downs Clinical Commissioning Group Continuing Healthcare Appeals Panel. The members of the Appeals Panel will be independent of the initial Continuing Healthcare Panel that reviewed the eligibility application.
The individual patient, or their representative, will be asked to submit evidence on why they disagree with the Continuing Healthcare Panel's decision and to specify those areas of disagreement. Families and individuals are encouraged to attend Appeal Panel meetings to participate in the discussions.

Where an individual remains dis-satisfied by the Appeals Panel outcome they can request an Independent Review by writing to the NHS Commissioning Board at:

NHS England York House
18-20 Massetts Road Horley

Surrey RH6 7DE

An Independent Review Panel's (IRP) key tasks are, at the request of the Board, to conduct a review of the following:

a) The procedure followed by a CCG in reaching a decision as to that person's eligibility for NHS continuing healthcare; or
b) The primary health need decision by a CCG.

and to make a recommendation to the Board in the light of its findings on the above matters.

It is particularly important that, before an IRP is convened, all appropriate steps have been taken by the relevant CCG to resolve the case informally, in discussion with the NHS Commissioning Board where necessary. The Board should have a named contact, which is the first point of contact for queries from partner organisations for the relevant locality. For Surrey Continuing Healthcare Service this will be:

Sara Barrington
Head of Continuing Healthcare Surrey Downs CCG
Cedar Court Guildford road Surrey
KT22 8AE

No individual should be left without appropriate support while they await the outcome of the review and any package of care in place must remain effective while the outcome of the independent review is awaited.

The County Council and their employees are not able to appeal against a decision made by NHS Surrey Clinical Commissioning Group Continuing Healthcare Panel on behalf of an individual. Appeals may only be made by individual applicants themselves or their duly appointed representative.

6.4 Complaints

If an individual patient or their representative is dissatisfied with the manner in which the overall process has been conducted rather than specifically the outcome regarding eligibility for NHS continuing healthcare, they may make a complaint to NHS Surrey Clinical Commissioning Group through the NHS Complaints Procedure.
Complaints should be sent to:-

Surrey Downs CCG Patient Experience Service Cedar Court
Guildford Road Leatherhead Surrey
KT22 9AE
Telephone: 01372 201685

Email: feedback@surreydownsccg.nhs.uk

Website: www.surreydownsccg.nhs.uk

All complaints will be addressed following the **Surrey Downs Clinical Commissioning Group**, **Comments, Concerns, Complaints and Compliments Policy (2012).**

6.5 Disputes Raised by the Local Authority

Surrey County Council Adult Social Care are represented on most NHS Surrey Downs Clinical Commissioning Group continuing healthcare panels and are frequently part of the assessment and decision making process.

However Surrey County Council may dispute a decision that is made by NHS Surrey Downs Clinical Commissioning Group Continuing Healthcare Panel, in respect of an application for NHS continuing healthcare. This also applies to other Local Authorities that may have submitted an application to NHS Surrey Downs Clinical Commissioning Group Continuing Healthcare Panel.

In these circumstances the NHS Surrey Downs Clinical Commissioning Group and the Surrey County Council policy for the Resolution of Disputes for NHS Continuing Healthcare funding should be implemented.

NHS Surrey Downs Clinical Commissioning Group and Surrey 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 eligibility. Should such situations arise, the National Framework for NHS Continuing Healthcare & NHS funded-nursing care (2012, Department of Health) is explicit in stating that any existing funding arrangements cannot be unilaterally withdrawn without a joint assessment being carried out and alternative funding arrangements put in place.

Therefore anyone in their own home, or care home funded by the Local Authority must continue to be financially assisted by the Local Authority until the dispute is resolved. Similarly, anyone in hospital, or funded by the NHS must remain funded by the NHS until the dispute is resolved.

NHS Surrey Downs Clinical Commissioning Group and Surrey County Council 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 Eligibility Panel date of decision on eligibility. **(Annex F: Guidance on responsibilities when a decision on NHS Continuing Healthcare eligibility is awaited or is disputed, National Framework 2012)**. This means if Surrey County Council has continued to fund an arrangement that was subsequently decided to be NHS Continuing Healthcare, NHS Surrey Downs Clinical Commissioning Group funding should be backdated to the date that the eligibility decision was made or day 29 following the date of the original Checklist if there has been an unreasonable delay in the CCG verifying a MDT recommendation.
Where NHS Surrey Downs Clinical Commissioning Group has continued to fund an arrangement that subsequently is decided to have been a Local Authority responsibility, Surrey County Council will reimburse NHS Surrey Downs Clinical Commissioning Group to the date of notification.

6.6 Discharge Planning

In a hospital setting, before an NHS trust, NHS foundation trust or other provider organisation gives notice of an individual's case to a Local Authority, in accordance with section 2(2) of the Community Care (Delayed Discharges etc.) Act 2003, it must take reasonable steps to ensure that an assessment for NHS continuing healthcare is carried out in all cases where it appears

to the body that the patient may have a need for such care. This should be in consultation, as appropriate, with the relevant Local Authority.
Completion of the screening Checklist, and the DST, where relevant, should be undertaken as part of the assessment and care planning process for discharge arrangements for individual patients. This should be commenced as early as possible once the patient is being considered for discharge to reduce inappropriate placements, multiple patient moves and minimal need for interim funding and associated administration costs.

Where eligibility for NHS continuing healthcare should be considered but for whatever reason this has not been possible, or NHS Surrey Downs Clinical Commissioning Group Continuing Healthcare Panel has not yet reviewed the application for eligibility and the patient is ready for discharge from hospital, the discharge of the patient from hospital should not be delayed. In these circumstances the CCG will provide NHS funded interim services to facilitate discharge.

In order to progress discharge arrangements for individuals in the circumstances, where a decision has not yet been made on eligibility for NHS funded continuing healthcare, agreement for NHS Surrey Downs Clinical Commissioning Group to fund the care arrangements must be agreed with the NHS Surrey Downs continuing healthcare lead, or nominated deputy, as soon as possible.

6.7 Section 117 Aftercare

Under section 117 of the Mental Health Act 1983 ('section 117'), CCGs and LAs have a duty to provide after-care services to individuals who have been detained under certain provisions of the Mental Health Act 1983, until such time as they are satisfied that the person is no longer in need of such services. Section 117 is a freestanding duty to provide after-care services for needs arising from their mental disorder and CCGs and LAs should have in place local policies detailing their respective responsibilities, including funding arrangements.

Responsibility for the provision of section 117 services lies jointly with LAs and the NHS. Where a patient is eligible for services under section 117 these should be provided under section 117 and not under NHS continuing healthcare. It is important for CCGs to be clear in each case whether the individual's needs (or in some cases which elements of the individual's needs) are being funded under section 117, NHS continuing healthcare or any other powers, irrespective of which budget is used to fund those services.

It is not, therefore, necessary to assess eligibility for NHS continuing healthcare if all the services in question are to be provided as after-care services under section 117. However, a person in receipt of after-care services under section 117 may also have on-going care/support needs that are not related to their mental disorder and that may, therefore, not fall within the scope of section 117.

A person may be receiving services under section 117 and then develop separate physical health needs (e.g. through a stroke) which may then trigger the need to consider NHS continuing healthcare only in relation to these separate needs, bearing in mind that NHS continuing healthcare should not be used to meet section 117 needs. Where an individual in receipt of section 117 services develops physical care needs resulting in a rapidly deteriorating condition which may be entering a terminal phase, consideration should be given to the use of the Fast Track Pathway Tool.

6.8 Deprivation of Liberty Safeguards

The Mental Capacity Act 2005 contains provisions that apply to a person who lacks capacity and who, in their own best interests, needs to be deprived of their liberty in a care home or a hospital, in order for them to receive the necessary care or treatment. The fact that a person

needs to be deprived of his/her liberty in these circumstances does not affect the consideration of whether that person is eligible for NHS continuing healthcare. Where an individual is living in the community and, as above, their liberty is deprived; Surrey Downs CCG will need to complete a DoLS assessment and refer to the Surrey Downs CCG legal team for actioning.

6.9 Retrospective Reviews of Care and Continuing Healthcare Redress

NHS Surrey Downs Clinical Commissioning Group can only consider requests for retrospective reviews where it is satisfied that one or more of the following grounds for the review exist:

- NHS Surrey Downs Clinical Commissioning Group failed to carry out an assessment of the claimant's eligibility for NHS continuing healthcare funding when requested to do so.
- Family request for a retrospective review for periods of unassessed care.

In the absence of evidence of any of the above, NHS Surrey Downs Clinical Commissioning Group is not obliged to and will not undertake a retrospective review of claimant's eligibility for such funding.

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, Department of Health). Pension and benefits payments will also be taken into account in any calculation of sums reimbursed.

Calculation of interest payments will be in line with National Guidance and CCG policies.

6.10 Commissioning of Care Packages

It is the responsibility of NHS Surrey Clinical Commissioning Group's to:

- Plan strategically
- Specify outcomes
- Procure services
- Manage demand
- Manage provider performance for all services that are required to meet the needs of all individuals who qualify for NHS continuing healthcare
- Manage provider performance for the healthcare component of joint packages of care

The services commissioned will include on-going case management for all those entitled to NHS Continuing Healthcare, as well as for the NHS elements of joint packages of care, including the assessment and review of individual patient needs.
As well as service contracts, Surrey Clinical Commissioning Group's as commissioners are responsible for monitoring quality, access and patient experience within the context of provider performance.

Surrey Clinical Commissioning Group's take a strategic as well as an individual approach to fulfilling their NHS continuing healthcare commissioning responsibilities within the context of quality, innovation, prevention and productivity agenda.

Care packages will ordinarily only be commissioned from care homes, domiciliary care providers and from nursing agencies where a NHS contract is in place for continuing healthcare provision. Care packages commissioned by Surrey Continuing Healthcare service

are covered by a joint contract with NHS CHC and Surrey County Council. In other circumstances 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.

Care will not be commissioned from those care providers where there are concerns raised about the quality of the care provided or where they are known not to meet the Care Quality Commission minimum standards for care homes. Surrey Continuing Healthcare service will work in partnership with Surrey County Council and the safeguarding team to ensure the quality of care in care homes meets the required standards.

Where concerns about standards are raised, the owners of the care home provider will be informed that commissioning arrangements for NHS funded continuing healthcare will be suspended until improvements have been made to achieve the Care Quality Commission minimum standards of care and the quality standards within the continuing healthcare spot purchasing contract. Where care is already commissioned for patients in a care setting, a risk assessment will be undertaken in partnership with the individual patient and their family to ensure appropriate controls are in place to assure the individual's safety and the quality of care provided.

National guidelines on continuing care packages
http://www.dh.gov.uk/en/PublicationsanDSTatistics/Publications/PublicationsPolicyAndGuidance/DH_103162

http://www.networks.nhs.uk/networks/news/nhs-continuing-healthcare-faqs-published

6.11 De-commissioning of care packages

When a patient is no longer eligible for NHS Continuing Healthcare, NHS funding will cease from the date the CCG verifies the MDT recommendation of "no longer eligible". The CHC service will notify the Local Authority that the patient is no longer eligible for NHS funding and may require a community care assessment.

If the individual declines a community care assessment or following a community care assessment is not eligible for local authority funding e.g. because they are responsible for funding their own care, the CCG will continue to fund care costs for a maximum of 28 days from the individual receiving formal notification of the CCG decision.

6.12 Choice

The National Framework for NHS Continuing Healthcare & NHS funded-nursing care (2012, Department of Health) states:-

"Where a person qualifies for NHS continuing healthcare, the package to be provided is that which the CCG assesses is appropriate to meet all of the individual's assessed health and associated social care needs."

NHS Surrey Downs Clinical Commissioning Group will commission the provision of NHS funded continuing healthcare in a manner which reflects the choice and preferences of individuals as far as is reasonably possible, ensuring patient safety, quality of care and making best use of resources. Cost has to be balanced against other factors in each case, such as a patient's desire to live at home.

Patient safety will always be paramount in planning a care package and will not be compromised. Therefore in circumstances where there are concerns about the quality of care in a care home and NHS Surrey Downs Clinical Commissioning Group cannot commission

care in that home at that time, NHS Surrey Downs Clinical Commissioning Group will work with individuals and their families to commission an alternative package of care elsewhere.

NHS Surrey Downs Clinical Commissioning Group is required to balance the patient's preference alongside safety and value for money. Consequently patients will have a choice from amongst providers that have a contract with NHS Surrey Clinical Commissioning Group and have agreed NHS Surrey Clinical Commissioning Group quality and pricing structure. This applies equally to Home Care packages of care. As per the Choice policy, a choice of three care providers that have capacity and can meet the patient's needs will be offered.

6.13 Case Reviews

When the NHS is commissioning, funding or 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 agreed standard. NHS Surrey Downs Clinical Commissioning Group has a robust process in place for case reviews in for both NHS funded continuing healthcare and NHS funded nursing care reviews.

Case reviews will be undertaken for individual's no later than three months following the eligibility decision and thereafter on an annual basis or where clinically indicated. This will ensure that individual patients are receiving the care they need and that they remain eligible for NHS continuing healthcare funding. Reviews may be face to face using the previous DST and updating the levels of need. This form of review may be used where there is little or no change in levels of need and may be undertaken by a competent health professional rather than full MDT. Where there has been reported a significant change in need, or it becomes apparent during the review, a new DST should be completed. Reviews may be undertaken by telephone with the main carer and patient/family. If a change in needs is indicated a new DST must be completed. Telephone review can be undertaken for two reviews. A third review must be face to face. Where NHS continuing healthcare funding may be withdrawn should a review show that the patient no longer meets the criteria and is therefore no longer eligible for NHS continuing healthcare funding. In these circumstances the CCG will refer to the local authority to complete a community care assessment in order to identify the appropriate on going funding arrangements.

It is the responsibility of the initial referrer, case co-ordinator and case manager to ensure that the patient and their family/carer are made aware that these reviews will occur and that NHS continuing healthcare funding may be removed should the patient's level of health need change. The initial referrer should, as a minimum, provide the patient and their family/carer with the NHS Continuing Healthcare and NHS Funded nursing care: Information Leaflet. (www.gov.uk/government/publications/nhs-continuing-healthcare-and-nhs-funded-nursing-care-public-information-leaflet)

6.14 Jointly Funded Packages of Care

The National Framework for NHS Continuing Healthcare & NHS funded-nursing care (2012, Department of Health) states that if a person does not qualify for NHS continuing healthcare fully funded care, the NHS may still have a responsibility to effectively contribute to that person's health needs. This is known as a 'joint package of care'. The most obvious way in which this is provided is by means of the NHS funded nursing care, in a nursing home setting.

Joint packages of care may also be provided through the provision of NHS services such as District nursing and community 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 NHS Surrey

Downs Clinical Commissioning Group will fund the care costs for the identified health element of the package.

6.15 Personal Health Budgets

With effect from 1/4/14 CCGs are required to be able to offer personal health budgets to people in receipt of Continuing Healthcare funding, in order to give patients better flexibility, choice and control over their care. A personal health budget helps people to get the services they need to achieve their agreed health and wellbeing outcomes (agreed between the patient and clinician). Financially, personal health budgets can be managed in a number of ways, including:

- A notional budget held by the CCG commissioner
- A budget managed on the individual's behalf by a third party, and
- A cash payment directly to the individual (a 'healthcare direct payment').

From September 2014, people in receipt of Continuing Healthcare funding will have the right to a personal health budget if they choose. All recipients of CHC funding will be offered a PHB at the first 3 month review.

People newly in receipt of Continuing Healthcare funding for home care packages will be introduced to the concept of personal health budgets before or during their 3-month CHC Review. If they would like to investigate the potential benefits of a personal health budget further, they will then be assigned a nurse co-ordinator who will manage the relationship. Based on the outcome of the individual's DST, an indicative budget will be produced and shared with the patient during an introductory meeting to explain the personal health budget process.

The case co-ordinator or case manager will work with the individual and/or their carer's and representatives to agree health and wellbeing outcomes. They will then also work with the individual to think creatively about how they could best make use of their available budget to meet their health and wellbeing outcomes.

The case co-ordinator or case manager will then create a final budget and care plan (in conjunction with the PHB Lead) which will be reviewed (for the first 20 patients, and then by exception only) by the Risk Panel. Going forward, the approval will be carried out by a Surrey Continuing Healthcare Service Lead Nurse, unless there is anything in the care plan which suggests an unacceptable risk to the patient, an unacceptable financial risk, or where the final budget is greatly above or below the indicative budget. In this case, the care plan will be reviewed by the Risk Panel. The patient and their representatives will be invited to take part in the Risk Panel meeting. Once a care plan has been agreed the nurse co-ordinator (or other commissioned organisation) will work to put the care plan in place. Support services will be provided to help people with direct payments, and support and advice will be provided for those wishing to employ personal assistants directly.
Care plans will be reviewed as per the National Framework guidance – at 3 months after the care package has been put in place and a minimum of every 12 months thereafter.

NHS Surrey Clinical Commissioning Group will encourage this approach when an individual who was previously in receipt of a Local Authority direct payment begins to receive NHS continuing healthcare to avoid unnecessary changes of provider or of the care package.

6.16 Transition from Children's Services to Adult Continuing Healthcare Services

The National Framework for NHS Continuing Healthcare & funded-nursing care (2012, Department of Health) and the supporting guidance and Tools only applies to people aged 18 years or over. It is important that both the Adult and the Children's Frameworks consider transition.

NHS Surrey Downs Clinical Commissioning Group will ensure that it is actively involved in the strategic development and oversight of the local transition planning processes with their partners, and that their representation includes those who understand and represent adult NHS continuing healthcare. NHS Surrey Downs Clinical Commissioning Group will ensure that adult NHS continuing healthcare is appropriately represented in all transition planning meetings regarding individual young people whenever the individual's need suggest that there may be potential eligibility.

NHS Surrey Downs Clinical Commissioning Group recognise as best practice that future entitlement to adult NHS continuing healthcare should be clarified at as early a stage as possible in the transition planning process, especially when the young person's needs are likely to remain at a similar level until adulthood. Professionals responsible for children's transition into adult NHS continuing healthcare, should identify those young people for whom it is likely that NHS continuing healthcare will be necessary, and should notify NHS Surrey Downs Clinical Commissioning Group Continuing Healthcare Team, or whichever NHS organisation will be have responsibility for them as adults. This should occur when a young person reaches the age of 14. This should be followed up by a formal referral for screening at age 16 to the adult NHS Continuing Healthcare Team.

6.17 Training

Training will be provided to all hospital staff, community staff and adult social care staff involved in the implementation and application of the National Framework of NHS Continuing Healthcare & funded-nursing care. Training will be provided in the use of the National Tools, the identification of a 'primary health need', the application process and the timescales for completion of assessments.

Training is delivered by the Continuing Healthcare Team in a planned programme and in various venues. The Continuing Healthcare Service will be responsible for keeping a record of numbers of staff trained for audit purposes and for ensuring the training is in line with any changes to regulations relating to NHS Continuing Healthcare and NHS funded nursing care.

All those applying the Checklist and DST must have been trained in the use of these documents. A link to e-learning for NHS continuing healthcare is provided below which all staff can use to gain greater understanding of the process.
http://www.e-lfh.org.uk/projects/nhscontinuinghealthcare/

6.18 Governance

Implementation and delivery of the requirements of the National Framework for NHS Continuing Healthcare & NHS funded-nursing care (2012, Department of Health) will be monitored through performance reports to NHS Surrey Downs Clinical Commissioning Group Board and the Collaborative CCGs Committees.

6.19 Care Act (2014)

Where informal care provision is identified in the assessment process, a referral to Surrey County Council should be made by the assessor (with the consent of the care giver) for a Carer's Assessment if one has not already been completed.

7. Appendices

Appendix 1

NHS Surrey Downs Clinical Commissioning Group Referral Procedure for Continuing Healthcare Assessment
NHS Continuing Healthcare Checklist

The process for referral for continuing healthcare assessment is identified within the National Framework for NHS Continuing Healthcare and NHS-funded Nursing care, November 2012 (revised).
The use of the Fast Track Pathway Tool for NHS Continuing Healthcare and the NHS Continuing Healthcare Checklist will be the only acceptable routes into the continuing healthcare service within Surrey Clinical Commissioning Group's. The hospitals may proceed straight to a DST if there is evidence that the individual would checklist above the threshold, however must notify the NHS Continuing Healthcare Team that they are doing so as soon as possible.

The Checklist is to help practitioners identify people who need a full continuing healthcare assessment, although referral for a continuing healthcare assessment does not in itself indicate eligibility for continuing healthcare.

The Checklist is based on the NHS Continuing Healthcare DST, which is used for full continuing healthcare assessment, and the National Framework for NHS Continuing Healthcare & NHS Funded Nursing Care guidance.

NHS Continuing Healthcare Checklist (Referrers)

1. Any health or social care professional can use the Checklist to refer individuals for full consideration of eligibility for NHS Continuing Healthcare from a community, care home or hospital setting. Staff completing the Checklist must be familiar with, and have regard to the DST

2. The Checklist must be completed with the full understanding of the process explained to the individual or their representative, who should be invited to fully participate in the process and to express their views. It should be explained to the patient and their family that the completion of a checklist will not result in eligibility for NHS CHC. A copy of the DH information leaflet should be given to patient and/or representative.

3. Informed consent should be obtained before the process of completing the Checklist begins. Consent for the process, or action taken due to lack of consent for the process to take place, should be recorded clearly on the Checklist. If it is not recorded the Checklist may be returned to the referrer for further completion.

4. In the acute hospital setting, NHS staff are required to consider someone's continuing healthcare needs before giving notice of an individual's case under the Delayed Transfer of Care regulations and should involve the Local Authority's Department of Adults, Health and Wellbeing in such an assessment. Given that a hospital setting can sometimes poorly represent an individual's capacity to maximise their potential, the hospital should consider whether additional NHS-funded therapy or rehabilitation elsewhere may be appropriate. All staff should be aware of this requirement, and if additional therapy or rehabilitation is arranged, NHS Continuing Healthcare needs should be assessed at the end of these interventions.

5. Where a Checklist has been completed and indicates that the individual does not require a full continuing healthcare assessment, the Checklist should still be forwarded to the Continuing Healthcare Team for monitoring purposes and for future reference should the individual be referred at a later date.

Completed Checklists should be sent by: Secure email: referrals.surrey@nhs.net

Procedure: Completion of the Checklist

The NHS Continuing Healthcare Checklist can be obtained from:
https://www.gov.uk/government/publications/national-framework-for-nhs-continuing-healthcare-and-nhs-funded-nursing-care

1 Process

1.1 Referrer
The referrer will ensure that consent is agreed and that the Checklist is completed fully in line with points 1 to 4 above.

1.2 If there is a concern that the individual may not have capacity to give consent, this should be determined in accordance with the Mental Capacity Act 2005 and the associated code of practice.

The referrer will fax/email the completed Checklist to the Continuing Healthcare Team on:

Fax:
Secure email: @nhs.net

2.1 Continuing Healthcare Team

The Continuing Healthcare Team will review the Checklist and enter receipt onto the continuing healthcare database. The Continuing Healthcare Team will check with the Local Authority whether the individual is known to them.

It should be noted that for the purposes of calculating the time taken that may be taken to assess eligibility for NHS Continuing Healthcare, a Checklist referral is to be deemed as received from the date on which the Checklist was received by the Surrey Continuing Healthcare Service

If the Checklist indicates the need for full consideration of eligibility for continuing healthcare, then the Continuing Healthcare Team will notify the referrer that the completion of a DST indicating full social and health assessments needs to be completed**. Timescale for completion of the full assessment requires a decision by panel within 28 days from the continuing healthcare team receiving the Checklist**.

Full consideration of eligibility is indicated where:

- Two or more ticks in column A; or
- Five or more ticks in column B, or one tick in A and four in B; or
- One tick in column A which has an asterisked domain. Asterisked domains are those which carry a Priority level in the DST. (Behaviour; Breathing; Drug Therapies and Medication-symptom control; Altered States of Consciousness)

2.2 If the Continuing Healthcare Team agrees a full consideration for NHS Continuing Healthcare is not required, this decision, together with the reasons for it will be communicated clearly to the referrer, individual and their carer's and/or their representatives. A written copy of this communication will be placed on file**. Timescale for decision, 2 working days.**

2.3 If the Continuing Healthcare Team agrees a full consideration for NHS Continuing Healthcare is required the result and the reasons for it will be communicated clearly to the referrer, individual and/or their representatives. The **individuals should be given a copy of the completed Checklist.** A written copy of this communication will be placed on file. **Timescale for decision, 2 working days**. The individuals will be given details of their right to ask the CCG to reconsider the decision in the event that they disagree with the outcome, although there is no appeals procedure for a Checklist**.**

2.4 The Continuing Healthcare Team Leader will be responsible for ensuring that a full assessment by the multi-disciplinary team using the DST, takes place in line with the process set out within the guidance and within the timescales identified should the Checklist indicate this is required.

Appendix 2

NHS Surrey Downs Clinical Commissioning Group NHS Continuing Healthcare
Procedure for completion of DST

1. The Decision Support Tool (DST)

1.1 The function of the DST is to summarise key information from the Multidisciplinary Team (MDT) assessment across the 11 domains and to consider the impact of the nature, intensity, complexity or unpredictability of health needs. The DST remains an aid to decision-making and is not a substitute for professional judgement.

1.2 The MDT in the context of NHS continuing healthcare is described as;

- Two professionals who are from different healthcare professions; or
- One professional who is from a healthcare profession and one person who is responsible for assessing individuals for community care services under section 47 of the National Health Service and Community Care Act 1990.

1.3 NHS Surrey Downs Clinical Commissioning Group requires all DSTs to have Adult Social Care input and for the completed DST's to show this. Every attempt should be made to ensure local authority representation. If the DST proceeds without the reasons must be stated on the DST. The MDT recommendation should be signed by the social care practitioner involved in the assessment and if it is not for an explanation to be provided as to why not.

1.4 A Coordinator will be appointed to oversee the DST assessment. A key duty of the Coordinator is to ensure the MDT makes a clear recommendation. There must be an appropriate separation between the co-ordinator role and those responsible for making a final decision on eligibility for CHC. Where FNC is recommended, the nursing needs indicating FNC should be clearly articulated in the recommendation. All DST's must be quality checked by a senior clinician (Band 6, 7 or above).

1.5 The DST to be used by everyone is the national DST form, this is a Department of Health requirement. At the current time this is the version issued in November 2012. All members of the MDT must sign and write their names and qualifications in the appropriate place.

1.6 As the Eligibility Panel will reject consideration of a DST if any of the following apply, it is essential that these potential circumstances are noted by the MDT;

- Where the DST is not completed fully (including where there is no recommendation)
- Where there are significant gaps in evidence to support the recommendation
- Where there is an obvious mismatch between evidence provided and the recommendation
- Where the recommendation would result in either authority acting unlawfully

1.7 It is recommended that the MDT initially consider each domain in turn and record tentative levels of need on the DST. The MDT should then consider the impact of nature, intensity, complexity or unpredictability (see 1.11 below) and then review the levels on the DST, amending these where necessary prior to completion.

1.8 The DST must contain all of the information used to decide on the scoring of each 'domain', clearly recorded within each section. This information must correlate with the MDT recommendation.

1.9 The DST must contain a recommendation regarding eligibility and this section must be completed, signed on behalf of the MDT, including the rationale for the recommendation. If there is no signed recommendation and rationale it will be automatically rejected by Panel and returned to the MDT for further work.

1.10 The Continuing Care Team based at Cedar Court are available to provide support and guidance with CHC assessments and DST completion.

1.11 It is good practice for the Co-ordinator signing the DST on behalf of the MDT to attend Panel to discuss the case (see separate Panel procedures document).

1.12 Should the Eligibility panel require further information on the content of a DST or the MDT recommendation, the issues should be clearly identified and sent back to the MDT with a full explanation of the relevant areas to be addressed. Where there is an urgent need for care/support to be provided, the CCG (and the LA where relevant) should make appropriate interim arrangements without delay.

1.13 Nature, Intensity, Complexity and Unpredictability. These four elements continue to be an important part of the guidance and descriptors are included in the national framework.

1.14 Completion of the DST requires consideration of the four characteristics of need, Nature, Intensity, Complexity and Unpredictability. Guidance on the application of these characteristics are outlined below:

Nature This is about the characteristics of the individual's needs. Ask yourself questions like: ➢ How would you describe the needs (rather than the medical condition leading to them)? What adjectives would you use? ➢ What is the impact of the need on overall health and wellbeing? ➢ What type of interventions are required to meet the need? ➢ Is there particular knowledge/skill required to anticipate and address the need? Could anyone do it without specific training? ➢ Is the individual's condition deteriorating/improving?	**Intensity** This is about quantity, severity and continuity of needs. Ask yourself things like: ➢ How severe is this need? ➢ How often is intervention required? ➢ How much care? ➢ How many carers are required? ➢ For how long is the care needed for each time? ➢ Does the care relate to needs over several domains?
Complexity This is about the level of skill/knowledge required to address an individual need or the range of needs. Ask yourself things like: ➢ How difficult is it to manage the need(s)? ➢ Are the needs interrelated? ➢ Do they impact on each other to make the needs even more difficult to address? ➢ How much knowledge is required to address the need(s)? ➢ How much skill is required to address the need(s)? ➢ How does the individual's response to their condition make it more difficult to provide appropriate support?	**Unpredictability** This is about the degree to which needs fluctuate and thereby create challenges in managing them. Ask yourself things like: ➢ Are you able to anticipate when the need(s) might arise? ➢ Does the level of need often change? ➢ Is the condition unstable? ➢ What happens if you don't address the need when it arises? How significant are the consequences? ➢ To what extent is professional knowledge/skill required to respond spontaneously and appropriately? ➢ What level of monitoring/review is required?

1.15 The MDT having considered fully these characteristics as part of their discussions, determine whether someone is eligible for CHC due to having a 'Primary Health Need'.

1.16 Once completed the DST and all supporting evidence must be sent to the CHC Team for review and quality check. The CHC Team will arrange for the case to be scheduled for the Eligibility Panel.

2. Timeframe for Completion of the DST.

2.1 The National Framework for NHS Continuing Healthcare and Funded Nursing Care states the following:

"The time that elapses between the Checklist (or were no Checklist is used, other notification of potential eligibility) being received by the PCT and the funding decision being made should, in most cases, not exceed 28 days. In acute services, it may be appropriate for the process to

take significantly less than 28 days if an individual is otherwise ready for discharge. CCGs can help manage this process by ensuring that potential NHS continuing healthcare eligibility is actively considered as a central part of the discharge planning process, and also by considering whether it would be appropriate to provide interim or other NHS-funded services.
Where there are valid and unavoidable reasons for the process taking longer, timescales should be clearly communicated to the person and (where appropriate) their carer's and/or representatives".

2.2 The timeline for completion of a continuing healthcare assessment is described for guidance only below. Different phase times may apply to individual cases; however the 28 day timeline is the specified target;

Phase of the continuing care process	**Stage of care pathway**	**Summary of key actions**	**Timescales**	**Cumulative timescales**
Assessment phase	Identify	Adult with potential continuing healthcare needs. Referred using Fast Track Tool (set up care) or Checklist to CHC Team	1 working day	1 working day
	Assess	If full eligibility assessment is indicated a care coordinator is identified and commences gathering information for inclusion in the DST	8 working days	9 working days
Decision phase	Recommend	MDT considers the information gathered and makes a recommendation which is recorded in the completed DST. The completed DST is sent to the CHC Team for review quality check.	14 working days	23 working days
	Decide	The panel considers the MDT recommendation and makes a decision	5 working days	**28 working days**
Provision phase	Inform	Patient/referrer/family notified of decision verbally then in writing		5 working days
	Deliver the package of care	CHC team identify provider/s for package of care based on care plan to meet needs and ensure care package is in place	Dependent on complexity of package this may take time which the patient should be kept informed of.	
	Review	Review and reassessment of patient's on going care needs and package		3 months following eligibility decision 12 monthly

				thereafter or where there is a significant change to care needs

2.3 The need for assessments to be completed within this timeframe requires joint working across the whole system of health and social care. The timeframe identified is a key performance indicator for NHS continuing healthcare and therefore is not optional. Delays and the reasons for delays in meeting this target will be required to be presented at panel when the eligibility consideration takes place and will be closely monitored and recorded.

Appendix 3

NHS Surrey Downs Clinical Commissioning Group Referral Procedure for Continuing Healthcare Assessment
Fast Track Pathway Tool

The process for referral for continuing healthcare assessment is identified within the National Framework for NHS Continuing Healthcare and NHS-funded Nursing care, 2012 (revised).

The use of the Fast Track Pathway Tool for NHS Continuing Healthcare and the NHS Continuing Healthcare Checklist will be the **only** acceptable routes into the continuing healthcare service within NHS Surrey Downs Clinical Commissioning Group.

The Fast Track Pathway Tool.

The Fast Track Pathway Tool is used to gain immediate access to NHS continuing healthcare funding where an individual needs an urgent package of care/support. This Tool bypasses the need for the Checklist and DST and should only be used for individuals who may have a primary care need through a rapidly deteriorating condition that may be entering a terminal phase.

Completion of the Fast Track Tool

The Framework makes it clear that the Fast Track Pathway Tool can only be completed by an 'appropriate clinician', and the Responsibilities Directions define an 'appropriate clinician' as a person who is:

i. ***Responsible for the diagnosis, treatment or care of a person in respect of whom a Fast Track Pathway Tool is being completed***
ii. ***Diagnosing, or providing treatment or care to, that person under the 2006 Act, and***
iii. ***A registered nurse or is included in the register maintained under section 2 of the Medical Act 1983.***

Thus those completing the Fast Track Pathway Tool could include consultants, registrars, GPs and registered nurses. This includes relevant clinicians (registered nurses and doctors) working in end of life care services within independent and voluntary sector organisations if their organisation is commissioned by the NHS to provide the service.

Whoever the clinician is, registered nurse or doctor, completing the Fast Track Pathway Tool, they should be knowledgeable about the individual's health needs, diagnosis, treatment or care and be able to provide reasons why the individual meets the conditions required for the fast tracking decision. The reasons stated should be supported by evidence clearly demonstrating a rapid deterioration of condition. Where this is not demonstrated, a CHC Clinician can assess the patient face to face on the day of receipt of the Fast Track to determine eligibility. If the patient is found to not meet the criteria, a Checklist or DST may be arranged.

The use of the Fast Track Pathway Tool and Care Plan is compulsory when an individual requires an urgent package of continuing healthcare due to a rapidly deteriorating condition that may be entering a terminal phase. No variations on the Tool should be used. It is only when the Fast Track Pathway Tool has been used that a CCG is required by the Responsibilities Directions to decide Immediately that the person is eligible for NHS continuing healthcare.

Procedure: Fast Track Pathway Tool

1 Process

1.1 Referrer

Were a patient has a rapidly deteriorating condition which maybe entering into the terminal phase and requires an urgent care package to be set up then the following must happen:

- The 'Appropriate clinician' (registered nurse or doctor) completes the Fast Track Pathway Tool setting out how their knowledge and evidence about the patient's needs leads them to consider that the patient has **a rapidly deteriorating condition, which may be in a terminal phase with an increasing level of dependency**
- Any necessary evidence should be included, together with a completed care plan developed as part of the individual's end of life care pathway that describes the immediate needs to be met, and the patient's preferences, including those set out in any advance care plan
- The completed Fast Track Pathway Tool should then be faxed/secure emailed to the Continuing Healthcare Team
  Secure email: @nhs.net Secure fax:
- An urgent referral should also be made to the Adults Health & Wellbeing Service [insert contact details] or the Hospital Social Work Team.

1.2 Continuing Healthcare Team

The Continuing Healthcare Team is responsible for ensuring the Fast Track Tool has been completed correctly and that there is sufficient evidence that the patient meets eligibility for continuing healthcare funding. Fully completed Fast Track Tools will be agreed upon receipt.

Upon receipt of a completed Fast Track Pathway Tool, the CCG must decide that a person is eligible for NHS Continuing Healthcare. Therefore, where a recommendation is made for an

urgent package of care via the fast-track process, this should be accepted and actioned immediately. It is not appropriate for individuals to experience delay in the delivery of their care package while disputes over recommendations from completed Fast Track Tools are resolved.

- Continuing Healthcare service will ratify the referrer's recommendation for Fast Track
- If the patient requires a hospital or hospice placement the continuing healthcare service will arrange for the care package to be set up and agree a date and time for discharge to the placement with the patient and family
- If the patient requires a Community placement, the continuing healthcare service will arrange the package of care to commence as soon as possible
- If Registered Nurses or Health Support Workers with additional skills, e.g. management of nebulisers, complex medication regime is required, the continuing healthcare service will ensure this is arranged as soon as possible.

1.3 Out of Hours

The current service does not include out of hours services.

1.4 Review

All patients placed on continuing healthcare following the application of a Fast Track Pathway Tool will be reviewed no later than 6 weeks from the start of the care package by the continuing healthcare service. The review can be face to face or by telephone and will be undertaken by a qualified clinician.

1.5 Monitoring

All Fast Track applications will be monitored to ensure compliance with the guidance and appropriate use of the Fast Track Tool to address any specific concerns with clinicians, teams and organisations as a separate matter to arranging the service provision in the individual case.

Appendix 4

Referral and Process Flowchart