



**Basildon and Brentwood  
Clinical Commissioning Group**

**NHS Continuing Healthcare  
Appeals, Disputes and Panel Process**

Version:	1.0
Ratified by:	CCG Board – using Emergency Powers
Date ratified:	20 <sup>th</sup> April 2015
Name of originator/author:	Gill Harris, CHC Interim Implementer
Name of responsible committee/individual:	Governance Committee
Date implemented:	20 <sup>th</sup> April 2015
Review date:	1 <sup>st</sup> April 2016
Target audience:	Service users, carers and any member of the public who wishes to lodge a complaint or concern with NHS Basildon & Brentwood CCG about any service they commission

## APPEALS, DISPUTES AND PANEL PROCESS

The appeals/disputes process will apply in the following circumstances:

- Where an individual or their representative requests a review of the decision regarding eligibility for NHS Continuing Healthcare (CHC)
  - Where the Multi-disciplinary Team (MDT) have been unable to reach an agreed decision regarding eligibility.
  - Where the responsible Social Services Authority dispute the decision regarding eligibility for NHS Continuing Healthcare
- 
- All cases must have previously been considered, and a decision regarding eligibility made by the Basildon and Brentwood CCG Integrated Care Placement Team or Retrospective Team
  - Basildon and Brentwood CCG Integrated Care Placement Team to have provided appropriate documentation to the individual and/or their family representative, Social Service Authority (where appropriate) of the decision, the reasons and rationale for the decision and to provide clear information on how to appeal the decision.
  - In line with the Department of Health Guidance, appeals must be received in writing no later than 6 months after the date of the letter advising of the outcome of the decision regarding eligibility for NHS Continuing Healthcare.
  - Grounds for appeal must be based on assessed need and/or process in line with the current National Framework for NHS Continuing Healthcare (2012)
  - In the case of a proposed change to an existing funding arrangement, the current existing funding arrangement should remain in place until the appeal has been resolved. Any adjustment to funding will be made upon resolution of the appeal or dispute.
  - The appellant will be offered the opportunity to meet with one of the Integrate Care Placement Team, Nurse Assessors to discuss their questions and concerns.
  - If resolution is not reached at this meeting, the appellant will be offered the opportunity for the case to be heard at Panel.
  - The Panel Chair to make appropriate arrangements for the appeal to be heard by the NHS Continuing Healthcare Panel within 3 months of receipt, in writing, of the appeal request.
  - The individual, representative or Social Service Authority to be provided with a date to attend the appeal panel to provide the opportunity to present their views and concerns.
  - The Panel will consider whether the multidisciplinary team and/or the CCG have correctly followed the process outlined with the National Framework for Continuing Healthcare 2012

- Only in cases where the MDT have failed to reach an agreed decision regarding eligibility, will the panel be requested to consider the case and agree a recommendation and decision regarding eligibility
- If the Panel decision indicates that the CCG has failed to follow the process within the National Framework for Continuing Healthcare, the Panel will request the CCG to undertake a review of the decision process and provide clear information, in writing, to the appellant and the MDT as to any inconsistencies or omissions identified.
- If the panel uphold the decision of the CCG it will write to the appellant providing the Panel rationale and information to further appeal at Independent review Panel, NHS England
- The Independent Review Panel will provide information in writing to the individual, representative, Social Service Authority advising of the date of the proposed hearing, providing the opportunity to attend to provide their views.
- The Independent Review Panel will again consider whether the CCG have correctly followed the process outlined within the National Framework for Continuing Healthcare 2012
- The Independent Review Panel has no remit to overturn the recommendation or decision regarding eligibility.
- The Independent Review Panel will write to the appellant providing the outcome of the panel decision and rationale and providing information of the opportunity to further appeal to the Health Service Ombudsman
- All disputes to proceed in a robust and timely manner and under no circumstances delay the provision of appropriate care.

## **REQUESTS FOR REPRESENTATION**

In cases where individuals, representatives, Social Service Authorities identify that pertinent information was omitted from the original presentation, recommendation and decision process:

- The individual, representative, Social Service Authority to write to the Head of Integrated Care within 10 days of receipt of the decision regarding eligibility for NHS Continuing Healthcare, clearly detailing and providing evidence of the suggested omitted information.
- The Head of Integrated Care Placement Team to refer back to the original Multi Disciplinary Team to investigate the suggested omitted information indicated within the appeal letter.
- If additional, pertinent information is identified and obtained, the Multidisciplinary Team, including the individual, representative will reconvene to reconsider the case and make a further recommendation.

- The Head of Integrated Care Placement Team to inform the individual, representative, Social Service Authority of the CCG decision following the outcome of the representation
- Details of any backdated funding to be communicated to the Integrated Care Placement Business Manager in writing for action
- Appeals regarding the outcome of the representation decision will be referred back to the appeal process outlined above.

## **TERMS OF REFERENCE**

- Provide a Panel function for Continuing Healthcare cases for the population of Basildon and Brentwood CCG
- Provide a Panel function operating within the National Framework for NHS Continuing Healthcare (2012) applying the Primary Health Needs test and the Local Authority responsibility test.
- Cases presented to Panel to have been previously considered by an appropriate MDT and a recommendation and decision made regarding eligibility (see exception below) and where the individual or their authorised representative wish to appeal the decision.
- The exception to the above being where the MDT have been unable to make a recommendation regarding eligibility and are requesting presentation to Panel. The Panel will hear such cases and make a recommendation and decision regarding eligibility.
- The Panel will consider whether the MDT and CCG have followed the process in line with the National Framework for NHS Continuing Healthcare.
- Where the Panel consider that the process within the National framework for NHS Continuing Healthcare has been followed correctly, it will support the CCG decision.
- Where the Panel feel the process has not been followed correctly or where there is a lack of consistency between the evidence provided and the recommendation and decision of eligibility, it will request the MDT and/or CCG review the Decision Support Tool (DST), evidence, recommendation and/or decision. The Panel will provide clear information regarding areas where it considers inconsistencies or omissions have been made.
- The Panel will write to the appellant and to the MDT Lead, CCG Nurse Assessor advising them of the panel outcome providing clear rational for the Panel decision.
- The Panel will provide the appellant of the process for further appeal to Independent Review Panel at NHS England
- The Panel has no remit to overturn Continuing Healthcare recommendations or decisions.
- The Panel will not act as a financial gatekeeper for the CCG

**MEMBERSHIP OF BASILDON AND BRENTWOOD CCG NHS  
CONTINUING HEALTHCARE PANEL**

- Independent Chair (non voting)
- RGN employed by an NHS Organisation
- A further NHS Health Professional, e.g. RMN, RGN, CPN, Physiotherapist or Occupational Therapist
- Social Care Representative
- The panel will request attendance of appropriate specialists as necessary and case specific.
- A lay member / independent patient representative

**Quorum:**

Independent Chair, RGN, a further health professional and a Social Care Representative