

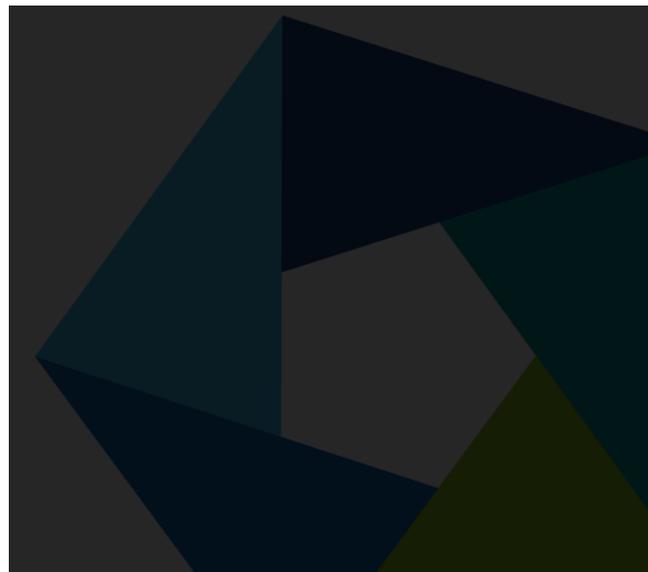
Terms of Reference  
Continuing Healthcare Local Resolution Panel

09/02/2021



## DOCUMENT TRAIL AND VERSION CONTROL SHEET

<b>Heading TOR</b>	Continuing Healthcare Local Resolution panel
<b>Project Sponsor</b>	Director of Continuing Healthcare (CHC)
<b>Purpose of document</b>	The purpose of this document is to define the terms of reference for all CHC Local Resolution Panels for all directorates across North Central London Clinical Commissioning Group (NCL CCG)
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## Introduction

“NHS Continuing Healthcare means a package of ongoing care that is arranged and funded solely by the National Health Service (NHS) where the individual has been assessed and found to have a ‘primary health need’ as set out in this National Framework. Such care is provided to an individual aged 18 or over, to meet health and associated social care needs that have arisen as a result of disability, accident or illness. The actual services provided as part of the package should be seen in the wider context of best practice and service development for each client group. Eligibility for NHS Continuing Healthcare is not determined by the setting in which the package of support can be offered or by the type of service delivery.” National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care October 2018 (Revised) (National Framework)

CCGs and local authorities have legal duties and responsibilities in relation to NHS CHC with the CCG remaining legally responsible for all eligibility decisions.

North Central London Clinical Commissioning Group (NCL CCG) was formally established in April 2020, bringing together five north London boroughs – Barnet, Camden, Enfield, Haringey and Islington. NCL CCG is a clinically-led and member-driven CCG with the 201 GP practices across Barnet, Camden, Enfield, Haringey and Islington making up our membership.

This document outlines the Terms of Reference for the NCL CCG CHC Local Resolution Panel (LRP) including:

- Scope and Purpose
- Membership
- Responsibilities
- Meetings

Working days throughout the document refer to 5 day a week working patterns Monday to Friday.

## Background

CCGs are responsible for decision making regarding NHS Continuing Healthcare eligibility, based on the recommendation made by the multidisciplinary team. The decision is independent of budgetary constraints and based on the evidence collated by the MDT during the assessment process and the subsequent recommendation. Any disagreements on the domain levels and / or final recommendation should be clearly recorded on the decision support tool (DST) with the individual being assessed and / or their representatives given the opportunity to add their own comments.

A request for a review of the eligibility decision can be made by the individual assessed or their representatives who hold the appropriate authority. A request can be made in the following circumstances:

- Where the individual / representative is dissatisfied with the decision in regards to CHC eligibility
- Where the individual / representative perceive there has been a failure to follow the framework in reaching the decision in regards to CHC eligibility

There are 4 stages of an appeal within the NCL CCG NHS CHC Appeals policy with the LRP being the final stage (stage 4) before moving to a request to NHSE for an Independent Review

## Scope and Purpose

The purpose of the LRP is to consider the reasons an individual is disputing the eligibility decision and to ensure all evidence, information and records have been taken into consideration as part of the assessment and eligibility decision making process.

The LRP provides the opportunity for all parties to express and discuss their views in relation to the process of the assessment and decision making process and the needs of the individual being assessed.

After the meeting with the appellant the CCG clinicians will consider all information provided and make the eligibility decision.

Issues out of scope of LRP

- Care delivery – who delivers care, the ability of the provider and the amount of care currently commissioned
- Any eligibility decisions out of timeframe of the appeal
- Any content, policy and/or guidance relating the National Framework
- Any eligibility decisions for other individuals

## Membership

For the panel to be considered quorate there must be representation from both NCL CCG and the Local Authority in which the individual who has been assessed is ordinarily resident as well as the appellant and a Chair

If panel members also have budgetary responsibilities it needs to be clear that decisions are made on needs and not financial considerations.

Other representatives can be co-opted into the panel at the agreement of the Chair

## Responsibilities

All panel members will review the DST and evidence prior to the panel to allow a meaningful discussion, in a timely manner

There are 3 possible outcomes of the LRP:

1. Decision upheld i.e. individual not eligible for CHC
2. Decision overturned i.e. individual eligible for CHC
3. Request for further evidence for the decision to be made
4. Recommendation of components of care that should be health funded

At the end of the first part of the meeting with the patient and/or representative the Chair, CCG rep and local authority rep will be responsible for making one of the above decisions

## Meetings

LRPs will occur on an “as needed” basis at a mutual convenient time for all parties. These need to occur within 3 months of the appeal being received by NCL CCG

CHC administrative staff will ensure the documents are circulated 10 working days prior to the meeting

## Agenda and Minutes

CHC service will be responsible for the report and outcome letter. The report and outcome letter will be sent within 4 weeks of the LRP taking place.

