North Central London
Clinical Commissioning Group

Review form completion guidance

The review form can be utilised for any form of review for NHS funded care patients including both FNC and CHC 3 and 12 month reviews (including those that may be over due), ad hoc reviews, Fast Track reviews, patient welfare checks and joint reviews

A new review form must be used for each 3 and 12 month review for CHC and FNC

It is best practice to have the previous assessment or review form available when conducting any review so it is possible to refer to when making the decision in regards to whether there has been a material change in care needs.

The purpose of this review is to ensure that the needs of the individual are being met in the most appropriate way.
In addition, the review may highlight a material change in care need(s) that would result in a review of eligibility being required.
The purpose of the review has been explained to the individual / representatives Choose an item.

The framework is clear that reviews are primarily to ensure that the needs of the individual are being met in the most appropriate where.

Therefore, to demonstrate compliance with the framework, domain levels should not be recorded on the review form. If there has been a change in need, this needs to be recorded and then indicate that a new assessment is required.

Secondary to that is to highlight any material change in need that may result in a change in eligibility for NHS funded care.

The above 2 point must be explained to the individual / representative / MDT prior to commencing the review – the drop down list purposely only has 1 answer - yes.

Date of review	Click or tap to enter a date.	Date of previous assessment or review	Click or tap to enter a date.	Date NHS funded care commenced	Click or tap to enter a date.

These are obvious but the date of the assessment and date NHS funding commenced may be different depending on how long it took for the assessment to be ratified.

Date NHS funded care commenced does not include D2A funding streams, interim funding, P2 or rehabilitation. This requires the date CHC / FNC / Fast track or joint funded care commenced.

Review type	Choose an item.	Other	

As indicated this can be FNC 3 or 12 month review, CHC 3 or 12 month review, Fast Track review or “other” which needs to be stipulated. Other would refer to any review completed outside of the Framework stipulated 3 or 12 month i.e. a case management review

Was capacity previously assessed	Choose an item.	Was consent previously gained	Choose an item.
Is there any material changes to the individual’s capacity in regards to assessment?	Choose an item.	If yes, has capacity assessment been completed?	Choose an item.
Consent gained to complete review	Choose an item.	Consent provided by:	Choose an item.
If consent provided by PoA or Deputy, have certified documents have been seen by service		Choose an item.	
If best interest assessment required summarise discussion.			
Best interest decision outcome			
Assessor Signature / printed name / date			

This section is all about capacity and consent.

As capacity can change and consent can be withdrawn it is essential that you demonstrate that this has been considered.

If there has been a material change in someone’s capacity then the NHSE consent and capacity form should be completed.

If there’s no material change and the patient does or doesn’t have capacity and but consent to complete the review has been gained then complete the sections above to indicate this.

If there is any level of concern around a patient’s capacity, complete the NHSE consent form as well as the boxes on the review form. You can simply add, see consent and capacity document if it’s been completed rather than repeat the information.

Present at review Include name / role or relationship / contact details	

This should simply be a list of those present during the review. If, for example, a provider is only there for part of the review then ensure that is noted in the section.

Current Care Provider		
Latest CQC inspection and overall rating		
Any safeguarding since previous assessment or review?	Choose an item. If yes provide details	
Any provider concerns since previous assessment or review?	Choose an item. If yes provide details	
Is individual / representative satisfied with current care provider	Choose an item. If no, provide reasons	

It is important to confirm CQC status to ensure the quality of care provision remains appropriate for the patient. If, it is noted, there is a drop in CQC level to “requires improvement” or below, there have been safeguarding issues or provider concerns it is important that this is raised to the Quality Assurance lead by completing the reporting form (even if you think the CCG is aware of these issues it’s important to check / report)

Current care provision – i.e. number of calls / Care Home with Nursing / 1 to 1 / PHB etc.	
If 1 to 1, provide rationale for continued provision (i.e. 24 hour charts in place, activities and support provided) or detail process to decrease	

This is to provide a summary of the current care provision.

If patient is subject to 1 to 1 then ensure the later section on DoLs / LPS is given due consideration

Note that the 1 to 1 may have only been approved for a set period of time, therefore if you feel it needs extending a new authorisation form maybe required.

If residing in their own home and not currently receiving a PHB, are they aware of the possibility of receiving care and support via a PHB and has this been discussed with the individual and / or representative	Choose an item.
Provide details around PHB discussion and individuals choice	

It's worth noting before attending the review whether the patient is in receipt of a PHB and by what method.

If residing in their own home and in receipt of a notional budget, discuss whether they wish to consider a third party budget or direct payment (unless they have previously declined)

Are the care plans and risk assessments up to date	Choose an item.	If no, indicate actions have been agreed?

Check with the provider when the care plans were updated, do they reflect the patient's current care needs?
If not, it is important to request that they be completed within an agreed period of time (no longer than 2 weeks)

Any equipment required for care provision	Choose an item.	Equipment servicing requirements?	

If patients are using any equipment there should be a review date attached. If in a Care Home with Nursing this should be in addition to a PAT test notice (usually on a plug).

If servicing has not been completed, ensure referrals are made.

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Current needs under each domain (previous review and / or DST to be present for comparison of needs) If Fast Track review consider whether individuals needs correspond with a rapidly deteriorating condition

The care needs under each domain need to be recorded (not the domain level) and whether there has been a material change and if so what is the change. For patient receiving Fast Track there may be no change in needs, or even care needs under particular domains. If not, simply record no needs

Summary of current needs

This is a brief summary of the care needs

Does the current commissioned care meet the assessed level of need?	Choose an item.

If no, complete an authorisation form to indicate the change in provision required

If CHC / FNC / Joint funding review, is there any changes in need that may indicate a review of eligibility is required?	Choose an item.
If yes, summarise details of material change in care needs within each of the previous domains and explanation been provided to individual / representative	

This section is not for patient in receipt of Fast Track funding

This requires a summary of the material change in needs, what has been explained to the patient / representative about a new assessment being required. This may be an increase of needs from FNC to potentially CHC or a decrease in needs and no potentially no longer eligible for CHC.

An eligibility recommendation cannot be made at this point, just a summary of actions / assessment required.

If Fast Track review, does the individual continue to demonstrate a rapidly deteriorating condition?	Choose an item.
If yes, date of next review has been set?	Choose an item. Date:
If no, explanation given that a CHC assessment will be required?	Choose an item.

This section is for patients in receipt of Fast Track funding only.

If, at a 12 week review, your clinical judgement is that the patient is still rapidly deteriorating then instead of completing DST a new review date should be set. In all but exceptional circumstances this review should be within 6 weeks. If not provide an explanation in the action summary below.

Is the individual subject to DoLs / LPS?	Choose an item.	If yes, when does it expire?	Click or tap to enter a date.
If subject to DoLs / LPS is the current care provision relevant and proportionate to support DoLs/LPS			
If no, does the individual meet the "acid test" to be assessed? Is the individual subject to continuous supervision? Is the individual free to leave?	Choose an item. If yes, ensure correct action undertaken for assessment to be completed.		

It is essential we have information on patients subject to DoLs.

This section must be completed for all patient, whether they are CHC, FNC, FT or joint funded.

If a DoLs application is about to expire, ensure you refer to the appropriate service for actions to be taken.

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Summary of any required action plans following review			
Review completed by:			
Signature + printed name		Designation	
Date	Click or tap to enter a date.	Date of next review	Click or tap to enter a date.

This section summarise any actions that have been agreed. Whether that is to request further 1to 1 or amendment to care, update care plans, set a new review date in 12 months or 6 weeks.