Working with you to make Sheffield HEALTHIER

NHS Sheffield Clinical Commissioning Group

Submitting a Decision Support Tool for Ratification

1.0 Introduction

1.1 This guidance sets out the procedure to be followed once an assessment for continuing healthcare has been submitted to NHS Sheffield for ratification. It includes the actions to be taken when considering whether a recommendation in a Decision Support Tool (DST) should be ratified or whether it should be returned to the MDT for further work. It also sets out the responsibilities of members of multidisciplinary teams, once an assessment has been returned to them for further work.

1.2 The aim of this guidance is to reduce the time it takes to make eligibility decisions for patients, where their assessment becomes contentious. Interim funding arrangements may also be agreed to ensure that patients' discharges are not held up whilst decisions about responsibility for paying for care are made.

1.3 This guidance is accompanied by a process map, annex A, to assist practitioners to follow the process.

2.0 Context

2.1 The Standing Rules,[1] issued in April 2013, set out the NHS' statutory responsibilities for assessing patients for continuing healthcare (CHC). Similarly, the NHS Continuing Healthcare (Responsibilities of Social Services) Direction 2013 set the responsibilities for local authorities.

2.2 The National Framework for Continuing Healthcare and NHS-funded nursing care sets out the principles and processes to be followed when determining whether a patient is eligible for continuing healthcare. This includes the importance of assessments being multidisciplinary, patient-focused and timely. The Framework states that eligibility decisions should be made within 28 days of the CCG receiving a Checklist, in all but exceptional cases. The National Framework also sets out responsibilities for CCGs in maintaining governance arrangements for NHS continuing healthcare eligibility processes and commissioning.

2.3 A separate procedure applies for people with a rapidly deteriorating condition that may be entering a terminal phase. In such cases, practitioners should refer to NHS Sheffield's guidance for practitioners on use of the Fast Track.

[1] The full title is "Standing rules: NHS Continuing Healthcare and NHS funded nursing care"

2.4 The second section of the National Framework contains practice guidance for staff involved in assessing, supporting and commissioning services for service users. This includes "clarity on what counts as a disagreement and what counts as a formal dispute". Our local definition is that disagreements occur before a recommendation has been ratified. A dispute arises after ratification, when either the LA or CCG wishes to challenge the ratified outcome of the assessment.

2.5 The Practice Guidance also states that "most procedures have the option of escalating the dispute through appropriate levels to senior management level where necessary". Annex B of this guidance sets out how disagreements will be resolved, which is known as the Escalation Process. The CCG and LA have agreed a separate process for resolving disputes.

2.5 NHS England provides an online e-learning training course in respect of continuing healthcare. Practitioners involved in assessing people for eligibility for an episode of continuing healthcare, should have completed this training course, as well as following this guidance.

2.6 All assessments for continuing healthcare must be accord with the requirements of the Standing Rules and associated guidance..

2.7 Sheffield's Clinical Commissioning Group may delegate some of its responsibilities set out in this document to a Commissioning Support Service.

3.0 Submitting an assessment

3.1 All DSTs should be submitted to Sheffield CCG for ratification by the practitioner coordinating the assessment.

3.2 DSTs should be submitted by one of the following methods:

By post, to Continuing Healthcare Team, West and South Yorkshire Commissioning Support Unit, 722 Prince of Wales Road, Sheffield, S9 4EU

By email, wsybcsu.continuingcaresheffield@nhs.net

3.3 On some occasions a DST will be returned to a multidisciplinary team (MDT) for further work. Once the further work has been done, it should be resubmitted as set out in paragraph 3.2.

3.4 All DSTs must be accompanied by the required evidence.

4.0 Timescales

4.1 The National Framework states that that decisions on eligibility for continuing healthcare should be made within 28 calendar days., .

4.2 Checklists will be screened in or out within 2 calendar days, from receipt by Sheffield CCG, where they have been completed appropriately. Where a Checklist has been returned to the originator for further information, it will not be deemed to have been received by Sheffield CCG.

4.3 DSTs will be submitted to Sheffield CCG by MDTs within 16 calendar days of the Checklist being screened in. The 16 days includes the time taken to deliver the assessment and accompanying evidence.

4.4 Sheffield CCG aims to ratify recommendations within 5 working days of the DST being submitted to Sheffield CCG.

4.5 Where a DST is returned for further work, the MDT has 5 working days to complete the work and return it to Sheffield CCG. This will ensure that when the DST is resubmitted to Sheffield CCG, it can be reviewed by the same staff who requested the further work.

4.6 All members of MDTs are responsible for ensuring these timescales are met. In the event that a member of an MDT does not provide information in a timely manner, Sheffield CCG, Sheffield City Council Sheffield Teaching Hospitals Sheffield Health and Social Care Trust or the Commissioning Support Unit (whichever is the employer) will raise this as a concern with clinicians, teams and organisations, as appropriate.

4.7 These timescales are based on the premise that most assessments will not need to be returned to MDTs for further work. Where assessments have to be returned for further work, members of those MDTs will be expected to learn from this, so that future assessments are completed to the required standards.

4.8 The process for ratifying assessments allows for DSTs to be returned to MDTs where necessary. Where timescales for completing assessments are likely to be breached, Sheffield CCG will write and inform patients (and their representative, where appropriate) that the decision regarding eligibility will be delayed.

4.9 This procedure for ratifying assessments also includes an escalation process, where disagreements about eligibility cannot be resolved by the MDT. This process will also add to the time taken to agree individual decisions. However, it will mean that sound decisions are made and avoid the situation where assessments take an excessive amount of time to resolve.

5.0 Procedure: New Assessments

5.1 ''New assessments' means an assessment for a patient who is not currently eligible for continuing healthcare, a joint package of care or funded nursing care. It does not apply to a patient who has previously been assessed for continuing healthcare and has been found to be eligible for social care only.

5.2 Once a DST has been submitted to Sheffield CCG, the Business Support Team will determine whether the MDT has come to an agreed recommendation. All DSTs where the MDT has not come to an agreed recommendation will be submitted to the Quality Assurance Committee (QAC) for review.

5.3 Where the MDT has come to an agreement and the recommendation is for continuing healthcare, the DST will be submitted to a senior nurse at Sheffield CCG for review. Where the senior nurse considers that the recommendation is appropriate and is supported by sufficient evidence, the recommendation will be ratified.

5.4 Where the MDT has come to an agreement and the recommendation is not for continuing healthcare, the DST will be submitted to QAC for review. Where QAC considers that the recommendation is appropriate and is supported by sufficient evidence, the recommendation will be ratified.

5.5 The circumstances in which a DST will not be ratified are

- 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 made
- where the recommendation would result in either authority acting unlawfully.

Specifically, MDTs must ensure that recommendations are based on the 4 key indicators of need. Each key indicator, alone or in combination, can demonstrate a primary health need. The key indicators should clearly reference how the needs, recorded earlier in the DST, demonstrate a primary health need.

5.6 Where the DST is not ratified it will be returned to the MDT for further work. Addressing these matters is not optional. Failure to address these matters may lead to decisions being delayed for service-users. Where delays occur, members of the MDT will be asked to explain why they have not responded in a timely manner and concerns may be escalated further.

5.7 An assessment will only be returned to an MDT where the further work would have a bearing on the recommendation. Where a DST is returned to an MDT, then the Lead Nurse or QAC will be as prescriptive as possible about the further work that is required. The requirement will be set out in NHS Sheffield's feedback sheet.

5.8 A DST will not be returned to the MDT simply because the senior nurse or QAC believes the MDT should have made a different decision, based on

the same evidence. This includes where either the senior nurse or QAC is uncomfortable with the recommendation made.

5.9 In exceptional circumstances, both the MDT and QAC may not be able to agree on a recommendation. In these circumstances a decision will be made by Eligibility Panel. Alternatively the Eligibility Panel may return the DST to the MDT for further work.

5.10 The decision whether to ratify a recommendation in a resubmitted DST will only be considered at Eligibility Panel. Eligibility Panel will only return a DST back to the MDT if the further work they were asked to complete has have not been addressed.

5.11 Where, in the opinion of Eligibility Panel, the MDT has properly completed the further work, they will consider whether to ratify the recommendation. This decision will be taken in line with the criteria outlines in paragraph 5.5 (above). Where Panel is unable to ratify a recommendation it will be sent referred for Escalation. The Escalation Process, which is Annex A to this guidance, will be followed.

6.0 Procedure: Reviews

6.1 'Reviews' refer to reassessments undertaken for patients who are eligible for continuing healthcare, a joint package of care or funded nursing care prior to the assessment.

6.2 The process for considering such reassessments differs from new assessments in one respect only. That is, where an MDT has made a recommendation which would transfer eligibility responsibility, either wholly or partly, from Sheffield CCG to the Local Authority, it will be submitted to QAC. However, where the DST does not transfer eligibility responsibility to the Local Authority, it will be submitted to a senior nurse at NHS Sheffield for review.

6.3 Transferring eligibility responsibility to the Local Authority means one of the following circumstances:

- a recommendation that patient ceases to be eligible for CHC
- a recommendation that a patient's eligibility changes from a joint package of care to funded nursing care or social care only; or
- a recommendation that a patient's eligibility moves from funded nursing care to social care only.

7.0 Returning a DST to the MDT for further work

7.1 A DST may be returned to the MDT to address matters which would have a bearing on the eligibility decision. This includes details of the evidence that should be provided to support the weightings in each domain. Where sufficient evidence is not provided, DSTs will be returned to MDTs to address this deficit. In such circumstances MDTs must provide this evidence. NHS England has published an e-learning suite on continuing healthcare, which provides guidance on the type of information which should be provided.

7.2 Where the evidence is not available, the MDT should review whether the weighting of the domain remains appropriate. In turn, the MDT should also reconsider whether the description of the patients' needs can be justified. If not, the MDT should amend their recommendation in line with the evidence.

7.3 If the evidence is unavailable, and the MDT considers the recommendation remains correct, the MDT must provide a justification for this. This should be recorded in the DST. The reasons for the changes to the DST must be explained to the patient, by the practitioner coordinating the assessment.

7.4 If the evidence is unavailable and the recommendation in the assessment is altered, the reason for the change must be recorded on the DST. The reasons for the changes to the DST must be explained to the patient, by the practitioner coordinating the assessment.

7.5 Once the DST has been amended, or the relevant evidence has been provided, it should be resubmitted to SheffieldCCG. Where Eligibility Panel remain of the view that the DST the circumstances in paragraph 5.5, above, still apply, it will be returned again to the MDT for further work, if necessary.

7.6 Where a DST has been returned to an MDT for a second time, Sheffield CCG will write to the patient to inform them that there has been a delay in determining whether they are eligible for CHC.

7.7 Where a DST is returned to an MDT on more than one occasion this will be reported to the CCG (by the CSU), who may take further action to ensure that an eligibility decision is reached in as short a time as practical.

7.8 Where a patient's needs change significantly during the process of assessment, the MDT should ensure that the assessment is updated to reflect the patient's needs. However, the National Framework states, "assessment of eligibility for NHS continuing healthcare should usually be deferred until an accurate assessment of future needs can be made". Therefore significant changes in needs should be a rare event. In the event that a patient's needs change significantly, it may be appropriate to stop the assessment and begin again, once a patient's needs have stabilised. The decision whether to stop an assessment is for the judgement of the MDT. However, where the assessment is not stopped, the timescales for completing the assessment continue to apply.

7.9 Where an MDT considers that an assessment should be stopped, this must be communicated in writing to Sheffield CCG, with an explanation of the reasons why. Sheffield CCG will then inform the patient in writing, including the MDT's reason for stopping the assessment. This decision would be subject to appeal to Sheffield CCG.

8.0 Governance

8.1 This guidance is issued to ensure both NHS Sheffield and Sheffield City Council can meet their responsibilities under Standing Rules and associated documents.

8.2 This guidance will be due for reviewed in March 2015 .

Glossary

DST	Decision Support Tool
MDT	Multidisciplinary Team
QAC	Quality Assessment Committee

Version Control

Version	**Date**	**Author**	**Notes**
0.1	19 June 2012	E Harrigan	First version, following workshop on 11 June
0.2 (final)	6 July 2012	E Harrigan	In use
0.3	16 August 2012	E Harrigan	Redraft to include STH and SHSCT (has not yet superseded v0.2)
0.4 (final)	18 September 2012	E Harrigan	Following discussion at operational group, reissued for final comments. Sent to Chief Nurse for approval 29 November 2012.
0.5	January 2014	E Harrigan	Revisions for consultation at Op Group, Feb 2014.
0.6 (Ratified and in effect from 20 March 2013).	3 March 2014	E Harrigan	Following discussion at operational group, reissued for final comments. Sent to Chief Nurse for approval 3 March 2014.