



NHS Continuing Healthcare Appeals Policy

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The formally approved version of this document is that held on the NHS Shropshire, Telford and Wrekin website:

www.shropshiretelfordandwrekin.nhs.uk

Printed copies or those saved electronically must be checked to ensure they match the current online version.

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1. Introduction

- 1.1 The All Age Continuing Care and Individual Commissioning Team is responsible for the commissioning of care for patients who are either eligible for NHS Continuing Healthcare (NHS CHC), NHS Funded Nursing Care (FNC), Fast Track (FT), where patients have an identified need that is above the commissioning responsibility of the Local Authority, reablement and rehabilitation, Discharge to Assess, and funding streams in relation to various sections of the Mental Health Act.
- 1.2 This policy establishes the process NHS Shropshire, Telford and Wrekin will follow to effectively and fairly, review individual cases within the NHS CHC pathway when an appeal of a formal not eligible for CHC decision is requested by the individual themselves or any other party with authority to act on their behalf.

2. Purpose

- 2.1 The purpose of this policy is to ensure that there is an effective, high quality and consistent process established to review formal appeal requests as defined in point 1.2. Supporting transparent decision making and equitable use of NHS resources.
- 2.2 This policy relates to people who have been assessed for eligibility for NHS Continuing Healthcare using a Decision Support Tool (DST) and NHS Shropshire, Telford and Wrekin has formally ratified that the person is not eligible for NHS Continuing Healthcare.
- 2.3 This policy does not relate to:
- Children and Young People's Continuing Care.
 - Disputes with a Local Authority where a joint eligibility recommendation has not been reached.
 - Appeals in relation to the outcome of a Nursing Assessment and eligibility for Funded Nursing Care.
 - Disputes with an individual or Local Authority in relation to joint commissioning or joint funding.
- 2.4 This policy should not affect ongoing reviews of eligibility outside of the appealed timeframe. This includes reviews of ongoing eligibility or appropriateness of care where an individual is in receipt of CHC, FNC or other contributions of funding from NHS Shropshire, Telford & Wrekin ICB.
- 2.5 This policy should be read in conjunction with the National Framework for [NHS Continuing Healthcare and NHS Funded Nursing Care](#) and [National Framework for Children and Young Persons's Continuing Care](#).

3. Responsibilities

This policy applies to all ICB employees and, in addition, establishes specific responsibilities for designated roles:

3.1 The Chief Executive

The Chief Executive has responsibility and overall accountability for all aspects of NHS Continuing Healthcare, an individual's safety within NHS Shropshire, Telford and Wrekin and to ensure appropriate care is, where indicated and assessed as the responsibility for NHS Shropshire, Telford and Wrekin to meet, commissioned and delivered.

3.2 Executive Directors, Directors and Deputy Directors

Executive Directors have delegated accountability for all aspects of an individual's safety within the NHS Shropshire, Telford and Wrekin and to ensure appropriate care is delivered. The Executive Directors are responsible for the implementation of all relevant policies and arrangements within their areas of control and to lead their managers and staff in proactive and effective risk management.

3.3 Specialist Staff

Chief Nursing Officer

The Chief Nursing Officer holds executive responsibility for CHC and all individual commissioning activity and has a consultative and advisory role in clinical and operational aspects within the team. The Chief Nursing Officer ensures that the ICB has met its responsibilities as set out in the National Health Service Regulations 2012.

Head of All Age Continuing Care and Individual Commissioning

The Head of All Age Continuing Care and Individual Commissioning holds Senior Responsible Officer responsibility for ensuring that NHS Shropshire, Telford and Wrekin is compliant with the National Framework and the ICB's policies related to CHC; and for ensuring the delivery of best possible health and well-being outcomes, as well as working to promote equality, and achieving this with the best use of available resources.

3.4 Line Managers

Service Manager, Team Managers and Team Leaders

Managers and team Leaders are responsible for ensuring all decisions are compliant with the National Framework and the ICB's policies related to CHC; and for ensuring the delivery of best possible health and well-being outcomes, as well as working to promote equality, and achieving this with the best use of available resources.

3.5 All Staff

All staff are responsible for ensuring that they work in accordance with all frameworks, policies and standard operating procedures and have a duty to ensure that their training and knowledge remains up to date. They have a duty to ensure their recommendations and decisions are compliant with the National Framework and the ICB's policies related to CHC; and for ensuring the delivery of best possible health and well-being outcomes, as well as working to promote equality, and achieving this with the best use of available resources.

3.6 The Board

The ICB has a statutory responsibility to ensure that it operates within its financial framework and obligations for equality under the Public Sector Equality Duty. In addition, it has a duty to ensure that it assesses those requiring assessment for NHS Continuing Healthcare and commissions care to meet the needs of those assessed as having a Primary Health Need. This policy, and adherence to the principles thereof, will ensure the ICB meets all of those duties.

3.7 Committees and Groups

Strategic Commissioning and Productivity Committee

The Strategic Commissioning and Productivity Committee has overall delegated responsibility for the approval of the policies and procedures to support the arrangements for discharging the statutory and delegated duties associated with its clinical and non clinical commissioning functions. In addition, the Committee is also

responsible for arranging for the provision of health services in line with allocated resources across the ICS by working with local authority and voluntary, community and social enterprises sector (VCSE) partners to put in place personalised care for people, including assessment and provision of continuing healthcare and funded nursing care and agreeing personal health budgets and direct payments for care.

System Quality Group

The System Quality Group will be responsible for overseeing the quality of application of this policy and will receive quarterly overview reports detailing any quality concerns and exception reports.

4. Request for Review of NHS CHC Checklist outcome

- 4.1 The initial stage in the assessment process for considering eligibility for NHS Continuing Healthcare (NHS CHC) is the completion of the 'screening tool' known as the NHS CHC Checklist. The purpose of the checklist is to encourage proportionate assessments, so that resources for full assessments are directed towards those people who are most likely to be potentially eligible for NHS CHC, and to ensure that a rationale is provided for all decisions regarding eligibility.
- 4.2 The Checklist threshold to determine the need for full assessment utilising the Decision Support Tool (DST) has intentionally been set low, to ensure that all people who may meet the eligibility criteria, have the opportunity to have a full assessment of their care needs as appropriate. Where the Checklist outcome is not to proceed to full assessment, the individual will be informed of this in writing and will include details of the individual's right to ask the ICB to reconsider the decision.
- 4.3 The National Framework prescribes that there is no process to formally appeal the outcome of a Checklist, however, an individual may ask the ICB to reconsider the Checklist outcome. To facilitate this, the applicant may request a review of the checklist outcome, within a maximum of 28 days of receipt of written notification of the Checklist outcome. The request for review should be submitted in writing to the ICB.
- 4.4 The ICB will give any requests due consideration, taking account of all available information, including any further information submitted by the individual and/or their representative. It should be noted that there is no obligation for the ICB to undertake a further Checklist.
- 4.5 Following this review, the ICB will provide a written response to the individual (and where appropriate their representative), as soon as reasonably practicable. The response letter will also give details of the individual's rights under the NHS Complaints procedure within the NHS Constitution.
- 4.6 No other element of this policy applies to the NHS CHC Checklist.

5. Request for Review of NHS Continuing Healthcare eligibility decision

- 5.1 This policy covers matters where the request for review is about:
 - The procedure followed by the ICB in making the decision; or
 - The application of the National Framework including the recommendation of the MDT; or

- The eligibility decision made by the ICB.

This policy should not be used if the dissatisfaction is about:

- The content, rather than the application of the National Framework
- The type and location of any offer of NHS Continuing Healthcare
- The content of any alternative care package which has been offered
- The treatment, or any other aspect of the services they are receiving, or have received
- Joint Funding

5.2 The applicant should make a written request for a review of the eligibility decision, within a maximum of 6 months of the date the formal notification of the eligibility decision was communicated. For the avoidance of doubt, the relevant date of notification will be the date on the formal notification letter. Ideally, requests for reviews should be made within 28 days of receipt of written notification. This enables the ICB to reconvene the original MDT and ensure that access to original assessments etc. is readily available.

5.3 Once a written request is received, an appeal form will be provided to the applicant. This form will help define the reason and rationale for appeal and must be completed and returned within 28 days of receipt.

5.4 The applicant must state clearly why they wish to request a review, and clearly identify in writing, which areas / care domains of the DST decisions they are appealing. Advocacy support can be requested, and the ICB will assist in directing applicants to either Age UK or Beacon.

5.5 The ICB will not consider any legal challenges to either the eligibility criteria or the responsibilities of the NHS. There is no requirement for legal professionals to be involved in a request for a review. Where legal services are engaged by the applicant the ICB will not reimburse any legal costs incurred.

5.6 It is recognised that key principles for resolving disputes regarding NHS Continuing Healthcare eligibility are:

- Gathering and scrutinising all available and appropriate supporting information, whether written or anecdotal, including the GP, hospitals (nursing, medical, mental health, therapies, etc.), community nursing services, care providers, local authority (LA) records, all relevant assessments and care plans, Checklists, Decision Support Tools, including records of deliberations of the multidisciplinary teams, panels, etc. as well as any information submitted by the individual concerned
- Compilation of robust and accurate person-centred care needs assessment
- Audit of attempts to gather any records not made available
- Involvement of the individual or their representative as far as possible in the DST assessment, including the opportunity for them to contribute
- A record of deliberations of the review meeting, and made available to all parties
- Clear and evidenced written conclusions on the process followed by the NHS, and on the individual's eligibility decision outcome for NHS continuing healthcare, with appropriate recommendations for actions to be taken. This should include an appropriate rationale related to this guidance.

- 5.7 The respective service leads for NHS Continuing Healthcare for the ICB may, at any stage recommend that, for some cases, there may be merit in referring the cases to an independent peer review. This would assist in decision making in a specific case scenario and will contribute to gaining a common understanding of eligibility, and support consistency of decision making.
- 5.8 Following an accepted appeal request, consent and information surrounding the reason for appeal (as per 5.2 to 5.4) must be provided within 28 days of the receipt of acknowledgement. If the required information is not provided and no engagement has been received, after 28 days the appeal will be marked as inactive and case work will cease. If, after the 28 days but within 3 months of the appeal acknowledgement the information is received the case will be marked as active and the process restarted.
- 5.9 Where correspondence from the ICB has not been replied to, or formal information requested not been provided, including consent within 3 months of the acknowledgement, the case will be closed and not reopened. If this period exceeds the 6 month period where appeals can be made, then the decision cannot be reviewed except for exceptional circumstances.
- 5.10 Points 5.7 and 5.8 are to ensure that there is an effective, high quality and consistent method established to review cases following as defined in point 1.2. Supporting transparent decision making and equitable use of NHS resources. In accordance with the purpose of the policy.
- 5.11 Where an individual is unable to make the appeal in writing due to illness, disability or communication challenges NHS Shropshire, Telford and Wrekin ICB will support them in submitting the appeal or can provide details of advocacy services as required (point 5.3).

6. Stage 1: Informal Local Resolution

- 6.1 Every effort must be made to resolve the individuals concerns at the earliest opportunity, either at an informal local resolution discussion, or a formal local resolution stage.
- 6.2 On receipt of the notification of a request to review the eligibility decision, the ICB Individual Commissioning team must record the date of review request on the patient management database and continue to update progress in real time.

The allocated administrator must then:

- Review all the actions taken to ensure that the CHC National Framework has been applied appropriately, and that procedures have been followed in determining eligibility for NHS Continuing Healthcare.
- Review the information received by the applicant and review evidence available and if noted relevant services or professionals not involved when determining the eligibility decision, must request relevant information for the time period – this should be requested initially for response in 14 days, and if not received, more formally through a Subject Access Request for response in 28 days.

This includes, but is not limited to:

- GP summary records
- Decision Support Tool and other relevant CHC assessments

- Care provider records
- Local Authority records
- Community Health records

- 6.3 Once the case is ready to progress to clinical review by assessor and all appropriate actions laid out in the process are completed by the administrator then the informal meeting will be held between the applicant, their representatives (if involved) and an Appeals Assessor to discuss the concerns which led to the decision being appealed.
- 6.4 Stage 1 should aim to resolve any concerns initially through an informal two-way meaningful discussion between the ICB Individual Commissioning Team representative and the individual and/or their representative. The discussion should be an opportunity for the individual or their representative to receive clarification of anything not understood. The ICB should explain how it has arrived at the outcome decision regarding eligibility, including reference to the completed DST and primary health need assessment. Where required, this should also be an opportunity for the individual or their representative to provide any further relevant information that had not been previously considered.
- 6.5 If the individual or the assessor is not satisfied that the concerns have been addressed through this discussion, the appeal may progress to Stage 2. A summary and outcome of the Stage 1 discussion will be provided to the appellant within 5 working days.
- 6.6 Throughout the process, all discussions and documentation will be noted on the patient management database used by the Individual Commissioning Team.

7. Stage 2: Formal Local Resolution

- 7.1 If resolution through the initial informal discussion outlined in section 6 has not been achieved. The appellant may wish to request that a formal meeting is arranged. If the appellant wishes to progress to Stage 2, they must, within 10 working days of the Stage 1 concluding, make the ICB aware of their intention to proceed,. Once notification is received, the Stage 2 meeting should be arranged within two months.
- 7.2 Where the appellants wish to progress straight to the Formal Local Resolution, without an informal discussion, then this is be considered. However, points 5.2 and 5.7 must have been appropriately met.
- 7.3 If as a result of the informal meeting, further evidence is identified by the appellant the ICB will seek to collate this information as explained in point 6.2.

If any records are not obtainable, the evidence of attempts to source must be provided to the parties to ensure both transparency of process and confirmation of absence.

- 7.4 The formal meeting will involve the individual/their representative, the allocated assessor from Stage 1 (if completed) and a further assessor within the ICB, who has been independent from any previous meetings or decisions in relation to this appeal.
- 7.5 A Local Resolution Meeting Report (Appendix B) will be used to explain the terms of reference, introduce the attendees and outline the stages of the meeting. The assessor identified as independent will act as Chair for the meeting and will lead the meeting through the stages allowing the appellant to explain the reason(s) they remain

dissatisfied with the ICB's eligibility decision. Unless in exceptional circumstances, evidence the applicant believes is relevant but not previously mentioned in periods of the process outlined in points 5.3 and 6 will not be factored into the meeting.

- 7.6 The ICB will agree next steps with the appellant and a full written report will be recorded. This report will be sent alongside an outcome letter which will be sent within 10 working days of the Stage 2 meeting.
- 7.7 Following the formal meeting, the ICB will either uphold or overturn the original eligibility decision. If the decision remains unchanged, the ICB will have made every effort to ensure the appellant has been given a clear and comprehensive explanation of the rationale for the eligibility decision.

8. NHS England: Independent Review

- 8.1 If following Stage 2, the patient/family or applicant remains dissatisfied with the outcome the applicant will be advised how to move the process to the NHS England Independent Review Process and/or whether any other resolution process could be applicable.
- 8.2 Should NHS England receive a request for an independent review, the ICB will be expected to identify what efforts had been made to achieve local resolution and the outcome. In line with the NHS Framework, the ICB will co-operate with the process, but NHS England are responsible for the independent review process.

9. Appeal to the Parliamentary and Health Service Ombudsman (PHSO)

- 9.1 If the patient/family or applicant is dissatisfied with the conclusion of the appeal process at any stage, or how this process has been managed, they have the right to appeal to the PHSO.
- 9.2 The PHSO cannot make a decision on CHC eligibility but can examine the process by which decisions have been reached by the ICB and/or NHS England and may make recommendations to either body.
- 9.3 The ICB will respond to all requests for information by the PHSO, to ensure transparency and facilitate any investigation undertaken by the PHSO.

10. Third Party Information

- 10.1 During the appeal process, the ICB will need access to all relevant documentation relating to the case under review and this may include information provided by third parties.
- 10.2 The ICB must comply with all data protection legal requirements that govern information as a data controller. Therefore, where the ICB is not the data controller they cannot share information they may retain as a data processor and the request should be made directly to the data controller of the recorded information. This can include, but is not limited to:
- GP summary records

- Care provider records
- Local Authority records
- Community Health records

10.3 As part of the appeal process, the individual or their representative may wish to request copies of records held by third parties. The ICB cannot comment on policies of third-party organisations in this regard.

11. Related Documents

The following documents contain information that relates to this policy: GP summary records

- [National Framework for NHS Continuing Healthcare and NHS Funded Nursing Care](#)
- [National Framework for Children and Young Persons's Continuing Care,](#)
- [NHS Who Pays Guidance](#)
- [Shropshire, Telford and Wrekin Multi-Agency Mental Capacity Act Guidance](#)
- [NHS Commissioning Board and Clinical Commissioning Groups \(Responsibilities and Standing Rules\) Regulations 2012](#)
- [NHS England Independent review process - public information guide](#)

12. Dissemination

These guidelines will be disseminated by the following methods:

- Directors – to disseminate within their areas
- Staff - via News Flash bulletin / article
- Published to the Website – [insert hyperlink once known](#)
- Directly to employees directly involved in application of this policy

13. Advice and Training

All employees directly involved in application of this policy will be trained in its use and application. Standard Operating Procedures are in place to ensure a defined process and equitable application of this policy.

14. Advice

Advice in relation to the terms and application of this policy can be sought from:

Brett Toro-Pearce

Senior Responsible Officer for All Age Continuing Care and Individual Commissioning

Tel: 01952 580349

Email: stw.icbindividualcommissioning@nhs.net

Colin Evans

Service Manager - All Age Continuing Care and Individual Commissioning

Tel: 01952 580349

Email: stw.icbindividualcommissioning@nhs.net

15. Review and Compliance Monitoring

15.3 Review

This policy will be reviewed bi-annually or in light of any legal, framework, policy, process or other changes which impact on the validity or application of the policy, whichever occurs first.

15.4 Compliance Monitoring

All decisions made under this policy will be monitored by the Individual Commissioning Quality Assurance Panel. This panel may, at the request of Audit Committee, report on its application. Quarterly reports of the number of appeals and appeal outcomes will be reported to System Quality Group.

16. Fraud, Bribery and Corruption

16.3 Unfortunately, fraud, bribery and corruption, as well as theft, does occur throughout the NHS, and as such all NHS employees have a duty to ensure that public funds are protected. The ICB is committed to reducing the level of fraud, bribery and corruption (economic crime) within the NHS to an absolute minimum and keeping it at that level, freeing up public resources for better patient care.

16.4 If an employee, manager or volunteer suspects that there has been a potential act of fraud, bribery or corruption against the ICB or the wider NHS, or has seen any suspicious acts or events, they must report the matter to the ICB's Counter Fraud Team (contact details can be found on the ICB's public website) or report the matter to the NHS Fraud and Corruption Reporting Line on 0800 028 4060. Alternatively reports can be made through the online reporting tool at <https://cfa.nhs.uk/reportfraud>.

16.5 Further advice on counter fraud issues is available from the Chief Finance Officer, Director of Finance/Fraud Champion and the ICB's Counter Fraud Team.

ICB Counter Fraud Contact details:

Paul Westwood (ICB nominated Local Counter Fraud Specialist)

Tel: 07545 502400

Email: paul.westwood@cwaudit.org.uk Email: pwestwood@nhs.net (secure).

16.6 This policy should be read in conjunction with the ICBs policies covering counter fraud, bribery and corruption which can be found on the ICB website (<https://www.shropshiretelfordandwrekin.nhs.uk>) or you can contact a member of the Team who will be able to supply a copy.

17. Equality

17.1 NHS Shropshire, Telford and Wrekin will assess all individuals to determine their eligible health needs and will consider all care options to meet those needs for cost effectiveness. This will be balanced alongside the emotional, psychological and social care needs of the individual as well as the impact or possible impact on the individual's home and family life.

17.2 NHS Shropshire, Telford and Wrekin has a legal duty to make reasonable offers of services to meet eligible assessed health needs for individuals eligible as defined at point 1.1. If the reasonable offer is refused or not accepted NHS Shropshire, Telford and Wrekin has discharged its legal duty to the individual.

- 17.3 NHS Shropshire, Telford and Wrekin has a duty under the Public Sector Equality Duty as defined in the Equality Act 2010 and obligations under the Human Rights Act and Article 8 of the European Convention on Human Rights. These duties and obligations have been taken into account within this policy. An Equality Impact Assessment has been undertaken to identify any potential negative implications of the implementation and application of this policy on particular groups and any mitigation that may be required (Appendix C)

18. References and useful information

- [National Framework for NHS Continuing Healthcare and NHS Funded Nursing Care](#)
- [National Framework for Children and Young Persons's Continuing Care,](#)
- [NHS Who Pays Guidance](#)
- [Shropshire, Telford and Wrekin Multi-Agency Mental Capacity Act Guidance](#)
- [NHS Commissioning Board and Clinical Commissioning Groups \(Responsibilities and Standing Rules\) Regulations 2012](#)
- [NHS England Independent review process - public information guide](#)

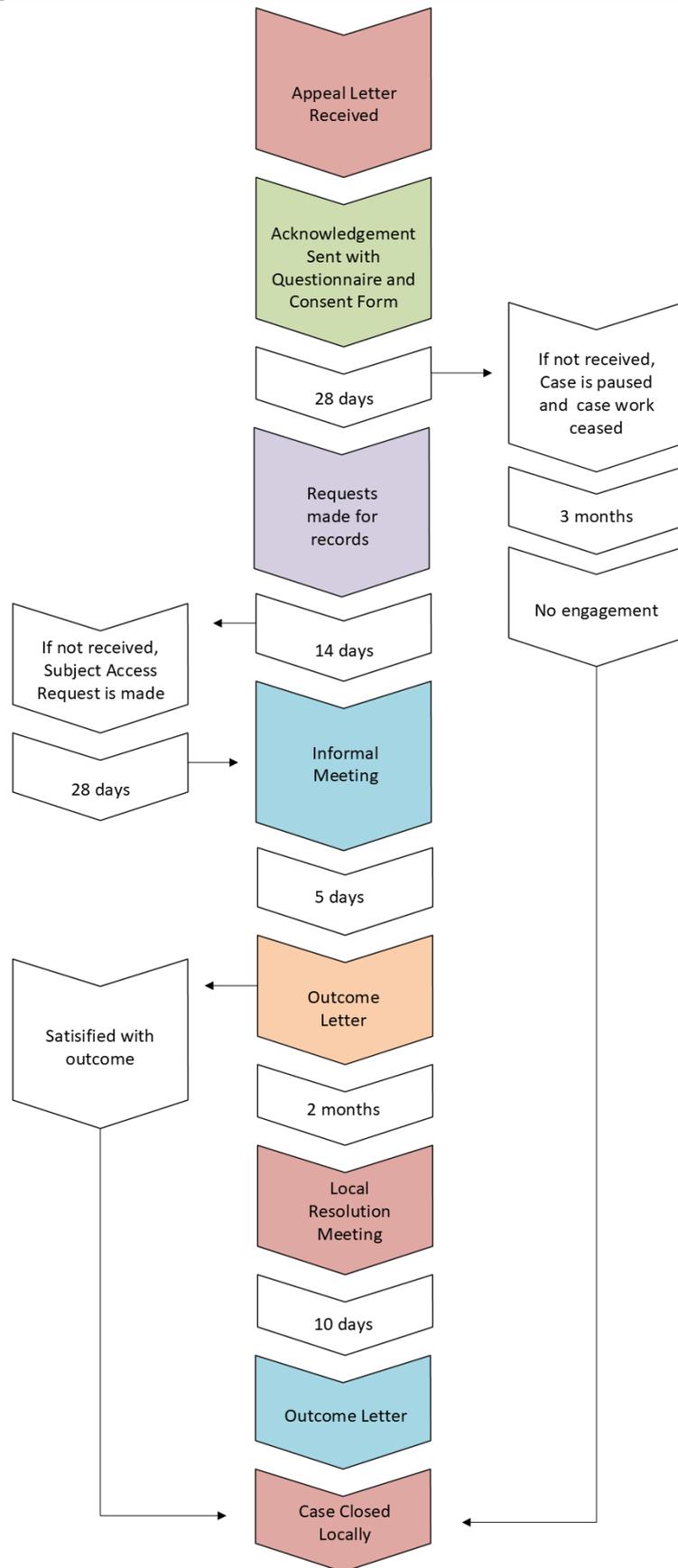
19. Glossary

Term / Abbreviation	Explanation / Definition
NHS	National Health Service
CHC	NHS Continuing Healthcare
FNC	NHS Funded Nursing Care
NHSE	NHS England
ICB	Integrated Care Board
DST	Decision Support Tool
FT	Fast Track
MDT	Multi-Disciplinary Team

20. Additional Independent Contacts/Information

Name	Website	Contact
Beacon CHC	https://beaconchc.co.uk/	0345 548 0300
Age UK	https://www.ageuk.org.uk/	0800 678 1602

Appendix A – Flowchart of Appeals Process



Appendix B – Local resolution Meeting Report

Local Resolution Meeting (LRM) Report

SECTION 1 – Details about the Individual to be Assessed and Meeting Attendees	
Broadcare number	
Name of patient	
Date of Birth	
If deceased, date of death	
NHS number	
Date of DST being appealed	
Date of Outcome Letter	
Timeframe to be reviewed (is this confirmed with appellant)	
Date Appeal letter received	
Date of Stage One Meeting	
Date of Local Resolution Meeting	
Meeting Duration	Started: Finished:
Attendees	
Appeals Assessor - Chair	
Appeals Assessor	
Representative	

Local Resolution meeting recommendation

The Local Resolution Team has considered the **family's/ representatives (insert correct contact)** request for a review of the decision NHS Shropshire, Telford & Wrekin ICB made on **(MDT DATE)** that **Mr/Mrs/Miss XXXX** was not eligible for NHS Continuing Healthcare.

The Local Resolution Panel have now considered all available evidence provided as identified within this report and can now inform you that the Appeals process has been completed.

Local Resolution terms of reference

The Local Resolution assessors are responsible for revising Continuing Healthcare (CHC) eligibility decisions in the following circumstances:

- Where an individual, or their representative, is dissatisfied with the decision regarding an eligible outcome following completion of the CHC assessment.
- or
- Where there has been a failure to follow the National Framework in reaching the decision to determine the individual's CHC eligibility.

The ICB is required to adhere to the NHS Commissioning Board (Responsibilities and Standing Rules) Regulations 2012 and National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care July 2022 (Revised).

The following are outside the remit of the Local Resolution Meeting:

- Who delivered the care?
- Ability of a care provider to manage the care.
- Any time frames outside the agreed review period.
- Behaviour and knowledge of any other professionals involved.
- Quality of documentation being considered during the review.
- Any other reviews and findings which may have been made public.

Requirements when reviewing the eligibility decision

A 'primary health need' approach has been maintained throughout the review.

An individual is determined as eligible for NHS Continuing Healthcare if they have a "primary health need".

Eligibility is not determined by a diagnosis or where a person is being cared for, it is about the level and type of their overall actual day-to-day care needs taken in their totality.

The Decision Support Tool (DST) is the mandated document identified in the National Framework that must be used to collate the details of an individual's needs. The details documented within each of the individual care domains in the DST has been used to inform the Local Resolution Team when they considered whether an individual has a

primary health need. The judgement whether someone has a primary health need must be based on what the evidence indicates about the nature and/or complexity and/or intensity and/or unpredictability of the individual's needs.

At the Local Resolution Meeting the panel had to consider whether, the nursing or other health services required by the individual were

- more than incidental or ancillary to the provision of accommodation which local authority social services are under a duty to provide;

and

- of a nature beyond which a local authority whose primary responsibility is to provide social services could be expected to provide.

Summary notes of the Local Resolution Meeting held on **DATE** to consider **Mr/Mrs/Miss XXXX** appeal.

Introductions

The Chair opened the meeting by introducing themselves, welcoming all present and thanking **Mr/Mrs/Miss XXXX** for attending. The Chair then asked all present to introduce themselves including job titles or relationship to **Mr/Mrs/Miss xxxx**.

Role and Purpose of the Appeal meeting

The Chair advised that the purpose of the meeting was to consider the reasons for disputing the decision of the DST assessment and to ensure that all information provided had been taken into consideration when making the eligibility decision. The meeting members would also review the process and application of the eligibility criteria for NHS Continuing Healthcare taken by the ICB in making the decision, in guidance with the Department of Health's National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care July 2022 (Revised).

Despite the LRM being a formal process, it was for information gathering to ensure the Appeals Team had not missed any evidence being taken into consideration at the time when the review was undertaken.

Following the meeting, a recommendation would be made by the Appeals Team which would be presented to the ICB for verification. Following this, the outcome letter and LRM report will be sent within an estimated time frame of 10 days.

The Chair informed the meeting members that the outcome following the meeting may be that **Mr/Mrs/Miss. XXXX** was eligible, or alternatively, it may be found that the previous decision that **Mr/Mrs/Miss. XXXX** was not eligible for CHC may remain unchanged.

Outcome documents will include:

- A covering letter which will inform of how to proceed should you remain dissatisfied with the outcome.

- A Local Resolution Meeting Outcome Report, which will include LRM minutes (not verbatim) the 4 key characteristics and final decision.
- Confirmation and summary of triage call made prior to the LRM.
- Reimbursement information should this be appropriate.

Format of the meeting

The Chair advised that the LRM would discuss any procedural issues that the appellant wished to raise and would then proceed to discuss the Decision Support Tool (DST) completed by the Multidisciplinary team (MDT) on **DATE**. The focus would be on the domains that the appellant had challenged, which were identified in the questionnaire and discussed during the Stage One call. The four key indicators would also be discussed.

At the end of the meeting the **appellant** or **Mr/Mrs/Miss. XXXX** representative **[DELETE WHERE APPROPRIATE]** will be asked to leave the meeting and deliberations would follow.

It was agreed by all present that the review was for DST completed on **DATE**.

Summary of the Case

The Chair confirmed with the applicant that they had received a copy of the DST and had a copy of their written submission within which they had identified their reasons for making an appeal.

The Chair asked the **family/representative/individual** to give background information about themselves/their **XXXX (mother, father, client etc.)** and the time that led to their CHC assessment. **[DELETE WHERE APPROPRIATE]**

The Chair invited the **family/representative/individual** to discuss the care domains in the DST – paying specific attention to those which had been disputed.

The **family/representative/individual** were asked if they had identified any process issues prior to or during the CHC assessment.

Reasons for the appeal

The following reasons were provided for making the appeal, the primary issues highlighted for further discussion were:

Process:

- X
- X
- X
- X

Domains:

- X
- X
- X

Evidence available at Local Resolution Meeting

(include application form, DST, Checklist, NOD, written submissions, electronic evidence)

- X
- X
- X
- X
- X

Summary of Domain Levels of Needs

Domain	MDT Date: DATE	Appellants Comments	LRM Date: DATE
Breathing			
Nutrition			
Continence			
Skin			
Mobility			
Communication			
Psychological & Emotional			
Cognition			
Behaviour			
Drug Therapies & Medication			
Altered States of Consciousness			
Other			

Review of Care Domains

1. Breathing

DST Recommendation	Domain Level	choose item
Disputed: Yes/No		
Appellants Submission		
Questionnaire/Stage 1 comments		
Appellant Submission: Level of need XXXX		
Comments and Discussion at today's LRM		
<p>Give outline/ bullet points of discussion or</p> <ul style="list-style-type: none"> No discussion points raised as the XXXX level of need unchallenged in this domain. 		
LRM Deliberations	Domain Level	choose item
<p>The panel scrutinised all the available evidence and considered the comments made at today's meeting</p> <p>Recommended level of need: XXXX supported / increased/ decreased</p>		

2. Nutrition

DST Recommendation	Domain Level	choose item
Disputed: Yes/No		
Appellants Submission		
Questionnaire/Stage 1 comments		
Appellant Submission: Level of need XXXX		

Comments and Discussion at today's LRM		
Give outline/ bullet points of discussion or <ul style="list-style-type: none"> No discussion points raised as the XXXX level of need unchallenged in this domain. 		
LRM Deliberations	Domain Level	choose item
The panel scrutinised all the available evidence and considered the comments made at today's meeting Recommended level of need: XXXX supported / increased/ decreased		

3. Contingence

DST Recommendation	Domain Level	choose item
Disputed: Yes/No		
Appellants Submission		
Questionnaire/Stage 1 comments		
Appellant Submission: Level of need XXXX		
Comments and Discussion at today's LRM		
Give outline/ bullet points of discussion or No discussion points raised as the XXXX level of need unchallenged in this domain		
LRM Deliberations	Domain Level	choose item

The panel scrutinised all the available evidence and considered the comments made at today's meeting

Recommended level of need: XXXX supported / increased/ decreased

4. Skin (including tissue viability)

DST Recommendation	Domain Level	choose item
Disputed: Yes/No		
Appellants Submission		
Questionnaire/Stage 1 comments		
Appellant Submission: Level of need XXXX		
Comments and Discussion at today's LRM		
Give outline/ bullet points of discussion or		
<ul style="list-style-type: none"> No discussion points raised as the XXXX level of need unchallenged in this domain. 		
LRM Deliberations	Domain Level	choose item
The panel scrutinised all the available evidence and considered the comments made at today's meeting		
Recommended level of need: XXXX supported / increased/ decrease		

5. Mobility

DST Recommendation	Domain Level	choose item
Disputed: Yes/No		
Appellants Submission		
Questionnaire/Stage 1 comments		
Appellant Submission: Level of need XXXX		
Comments and Discussion at today's LRM		
Give outline/ bullet points of discussion or		
<ul style="list-style-type: none"> No discussion points raised as the XXXX level of need unchallenged in this domain. 		
LRM Deliberations	Domain Level	choose item
The panel scrutinised all the available evidence and considered the comments made at today's meeting		
Recommended level of need: XXXX supported / increased/ decreased		

6. Communication

DST Recommendation	Domain Level	choose item
Disputed: Yes/No		
Appellants Submission		
Questionnaire/Stage 1 comments		
Appellant Submission: Level of need XXXX		

Comments and Discussion at today's LRM		
Give outline/ bullet points of discussion or		
<ul style="list-style-type: none"> No discussion points raised as the XXXX level of need unchallenged in this domain. 		
LRM Deliberations	Domain Level	choose item
<p>The panel scrutinised all the available evidence and considered the comments made at today's meeting</p> <p>Recommended level of need: XXXX supported / increased/ decreased</p>		

7. Psychological and Emotional Needs

DST Recommendation	Domain Level	choose item
Disputed: Yes/No		
Appellants Submission		
Questionnaire/Stage 1 comments		
Appellant Submission: Level of need XXXX		
Comments and Discussion at today's LRM		
Give outline/ bullet points of discussion or		
<ul style="list-style-type: none"> No discussion points raised as the XXXX level of need unchallenged in this domain. 		

LRM Deliberations	Domain Level	choose item
<p>The panel scrutinised all the available evidence and considered the comments made at today's meeting</p> <p>Recommended level of need: XXXX supported / increased/ decreased</p>		

8. Cognition

DST Recommendation	Domain Level	choose item
Disputed: Yes/No		
Appellants Submission		
Questionnaire/Stage 1 comments		
Appellant Submission: Level of need XXXX		
Comments and Discussion at today's LRM		
<p>Give outline/ bullet points of discussion or</p> <ul style="list-style-type: none"> No discussion points raised as the XXXX level of need unchallenged in this domain. 		
LRM Deliberations	Domain Level	choose item
<p>The panel scrutinised all the available evidence and considered the comments made at today's meeting</p> <p>Recommended level of need: XXXX supported / increased/ decreased</p>		

9. Behaviour

DST Recommendation	Domain Level	choose item
Disputed: Yes/No		
Appellants Submission		
Questionnaire/Stage 1 comments		
Appellant Submission: Level of need XXXX		
Comments and Discussion at today's LRM		
Give outline/ bullet points of discussion or		
<ul style="list-style-type: none"> No discussion points raised as the XXXX level of need unchallenged in this domain. 		
LRM Deliberations	Domain Level	choose item
The panel scrutinised all the available evidence and considered the comments made at today's meeting		
Recommended level of need: XXXX supported / increased/ decreased		

10. Drug Therapies and Medication: Symptom Control

DST Recommendation	Domain Level	choose item
Disputed: Yes/No		
Appellants Submission		
Questionnaire/Stage 1 comments		
Appellant Submission: Level of need XXXX		

Comments and Discussion at today's LRM		
Give outline/ bullet points of discussion or		
<ul style="list-style-type: none"> No discussion points raised as the XXXX level of need unchallenged in this domain. 		
LRM Deliberations	Domain Level	choose item
<p>The panel scrutinised all the available evidence and considered the comments made at today's meeting</p> <p>Recommended level of need: XXXX supported / increased/ decreased</p>		

11. Altered States of Consciousness

DST Recommendation	Domain Level	choose item
Disputed: Yes/No		
Appellants Submission		
Questionnaire/Stage 1 comments		
Appellant Submission: Level of need XXXX		
Comments and Discussion at today's LRM		
Give outline/ bullet points of discussion or		
<ul style="list-style-type: none"> No discussion points raised as the XXXX level of need unchallenged in this domain. 		
LRM Deliberations	Domain Level	choose item

The panel scrutinised all the available evidence and considered the comments made at today's meeting.

Recommended level of need: XXXX supported / increased/ decreased

12. Other Significant Care Needs

DST Recommendation	Domain Level	choose item
Disputed: Yes/No		
Appellants Submission		
<p>Questionnaire/Stage 1 comments</p> <p>Appellant Submission: Level of need XXXX</p>		
Comments and Discussion at today's LRM		
<p>Give outline/ bullet points of discussion or</p> <ul style="list-style-type: none"> No discussion points raised as the XXXX level of need unchallenged in this domain. 		
LRM Deliberations	Domain Level	choose item
<p>The panel scrutinised all the available evidence and considered the comments made at today's meeting</p> <p>Recommended level of need: XXXX supported / increased/ decreased</p>		

Consideration of the Four Key Characteristics

(If DST is upheld and 4 key characteristics are accurate then they can be re-used stating panel supports MDT. Panel will need to decide if 4 key characteristics need to be revised – this is likely if eligibility is recommended)

Nature

Nature refers to the type of needs, and the overall effect of those needs on the individual, including the type (quality) of interventions required managing them.

Applicants Submission:

LRM Panel:

Intensity

Intensity describes both the extent (quantity) and severity (degree) of the needs including the need for sustained care (continuity.) A series of low level needs may also combine to create intensity.

Applicants Submission:

LRM Panel:

Complexity

Complexity refers to how the needs arise and interact to increase the skill needed to monitor and manage the care.

Applicants Submission:

LRM Panel:

Unpredictability

Unpredictability refers to the degree to which needs fluctuate, creating difficulty in managing needs; and the level of risk to the person’s health if adequate and timely care is not provided. A person may be considered for NHS Continuing Healthcare on

the grounds of unpredictability if they have a need for monitoring, supervision or investigations that are not of a nature or extent that a local authority can provide.

Applicants Submission:

LRM Panel:

Closure of Meeting

The Chair asked if there was anything further anyone wished to add prior to leaving the meeting, **nothing was raised**. The Chair thanked the attendees for their contributions and the appellant[s] left the meeting.

Deliberations – closed section of the LRM

The Chair then directed the LRM to consider the NHS CHC assessment completed on **DATE** and explained that they would now discuss the contents of the DST, reviewing the level of need in each care domain along with health and social care records and any information provided within the submissions and information provided today (recorded in domain boxes in main body of the report above) and writing the four key characteristics and recommendation.

Consideration of Four Key Characteristics

(LRM Panel to decide Option below and DELETE other option as appropriate)

Option 1. If found not eligible for CHC/original decision upheld:

The Local Resolution team has considered the nature of **Mr/Mrs/Miss XXXX's** care needs, they have reviewed the frequency of care interventions and how these care interventions are planned and carried out. When the nature, intensity complexity and unpredictability of **Mr/Mrs/Miss XXXX's** needs were considered the Local Resolution team did not identify that **Mr/Mrs/Miss XXXX** had a Primary Health Need.

Option 2. If found eligible for CHC/original decision overturned:

The Local Resolution team has considered the nature of **Mr/Mrs/Miss XXXX's** care needs, they have reviewed the frequency of care interventions and how these care interventions are managed. When the nature, intensity complexity and unpredictability of **Mr/Mrs/Miss XXXX** were considered the Local Resolution team identified that **Mr/Mrs/Miss XXXX** had a Primary Health Need.

Application of the 'primary health need' test and 'incidental and ancillary' test.

(LRM Panel to decide Option below and DELETE other option as appropriate)

Option 1. If found not eligible for CHC/original decision upheld:

The Local Resolution Team determined that ‘the nursing or other health services’ required by **Mr/Mrs/Miss XXXX’s**:

- a) were no more than incidental or ancillary to the provision of accommodation which local authority social services are, or would be but for a person’s means, under a duty to provide.

and

- b) were not of a nature beyond which a local authority whose primary responsibility it is to provide social services could be expected to provide.

(National Framework [58]; section 22[1] of the Care Act 2014)

Option 2. If found eligible for CHC/original decision overturned:

Having taken account of all **Mr/Mrs/Miss XXXX’s** needs the main aspects and majority of the care they require is focused on addressing and/or preventing health needs. The reason why **Mr/Mrs/Miss XXXX** has a primary health need is not related to why they need care or support or their diagnosis; it is about the level and type of their overall actual day-to-day care needs taken in their totality.

The LRM determined that **Mr/Mrs/Miss XXXX** had a primary health need because their needs:

- a) were more than incidental or ancillary to the provision of accommodation which local authority social services are, or would be but for a person’s means, under a duty to provide.

and

- b) were of a nature beyond which a local authority whose primary responsibility it is to provide social services could be expected to provide.

(National Framework [58]; section 22[1] of the Care Act 2014)

Recommendation on eligibility for NHS Continuing Healthcare

(LRM Panel to decide Option below and DELETE other option as appropriate)

Option 1. If found not eligible for CHC/original decision upheld:

For the reasons identified within this report the Local Resolution Panel concluded that **Mr/Mrs/Miss XXXX** did **not** have a primary health need. It therefore recommended that **Mr/Mrs/Miss XXXX** was **not** eligible for NHS Continuing Healthcare.

Option 2. If found eligible for CHC/original decision overturned:

The Local Resolution team concluded that **Mr/Mrs/Miss XXXX** **did** have a primary health need. It therefore recommended that **Mr/Mrs/Miss XXXX** **was** eligible for NHS Continuing Healthcare.

Consideration of procedural issues by Local Resolution team

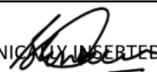
Either state no procedural issue identified – or give details if there were and how they have been addressed.

None identified by Local Resolution.

Checked and agreed by:	Name	Signature	Date	Designation
Chair				
2 nd Panel Member				
Verified by				

Appendix C – Pre Equality Impact Assessment

Clinical and Quality Impact Assessment				<i>NB: organisations may have specific QIA policies / processes so please align the responses to the form below</i>			
Programme Name		Appeals request for review - CHC					
Project / Workstream		Individual Commissioning					
Organisation		NHS Shropshire, Telford and Wrekin					
Pre-QIA completed by:		Brett Toro-Pearce					
Role:		Head of All Age Continuing Care and Individual Commissioning					
Area	Question	Yes/No	Impact on Quality (if any of the answers are highlighted in red)			Full Assessment Required <i>(if any of the Risk Scores is 8 or above)</i>	
			Describe Impact on Quality/Risk	Consequence	Likelihood		Risk Score
Safe	Could this project adversely impact on patient safety?	No	No impact on patient safety. The policy and appeals process directly supports appropriate decision making to ensure review of decisions and supports the meeting of patient safety requirements by identifying the responsible commissioning authority through the eligibility decision.	0	0	0	Full QIA not required
Effective	Could this project adversely impact on clinical outcomes?	No	No impact on clinical outcomes. The policy and appeals process directly supports appropriate decision making to ensure review of decisions and supports the meeting of clinical outcomes by identifying the responsible commissioning authority through the eligibility decision. The application of this policy will not affect clinical outcomes and an individuals access to primary and secondary care or wider NHS commissioned services is not impacted.	0	0	0	Full QIA not required

Caring	Could this project adversely impact on patient care and experience?	Yes	Whilst individuals could have a perception of adverse experience/impact if they do not agree with the eligibility decision. The policy and appeals process directly supports appropriate decision making to ensure review of decisions and process/adherence to the National Framework requirements by identifying the responsible commissioning authority through the eligibility decision and any areas that did not comply with process.	2	3	6	Full QIA not required
Responsive	Could this project adversely impact on waiting times and performance standards?	No	No impact	0	0	0	Full QIA not required
Well-Led	Could this project adversely impact on any other areas (e.g. staff experience, equality & diversity, reputations)?	Yes	There is a risk to reputational damage linked to the response to the "Caring" domain above. The policy does not seek to establish an eligibility decision, only defines a process by which an eligibility decision can be reviewed. It does not remove clinical decision making or autonomy of decision. The policy will be applied consistently to all appealed eligibility decisions and the National Framework applied. Decisions are based on individual assessment and needs, with each person assessed on accordance to their needs. There is no impact on equality, diversity or inclusivity.	2	3	6	Full QIA not required
	Have the relevant staff been consulted with regards to the potential quality impact of this project?	Yes	All staff will be given opportunity to comment on the proposed policy and will be trained in its application if/when approved.	0	0	0	Full QIA not required
Next Step		I confirm that the answers supplied are correct and support for the project is given					
Name:	Brett Toro-Pearce	Signed:	ELECTRONICALLY INSERTED SIGNATURE 	Date:	10/07/2025		

All proposed projects must be assessed for their potential effect on patient safety and care						* Please refer to the "Risk Scoring" Tab for help on reaching your risk score.																		
The above form should be completed in conjunction with the Clinical Lead						* Please enter the consequence of your identified risk in the "Consequence" Column.																		
This form has to be signed/dated by a Manager / Clinical Lead						* Please enter the likelihood of your identified risk in the "Likelihood" Column.																		
If any risk in the Pre-QIA Assessment scores 8 or above, then a full QIA is required.						* The risk score will be automatically calculated in the "Risk Score" Column (Consequence x Likelihood).																		
<table border="1"> <thead> <tr> <th>KEY</th> <th>1</th> <th>2</th> <th>3</th> <th>4</th> <th>5</th> </tr> </thead> <tbody> <tr> <td>Consequence</td> <td>Negligible</td> <td>Minor</td> <td>Moderate</td> <td>Major</td> <td>Severe</td> </tr> <tr> <td>Likelihood</td> <td>Rare</td> <td>Unlikely</td> <td>Possible</td> <td>Likely</td> <td>Almost Certain</td> </tr> </tbody> </table>						KEY	1	2	3	4	5	Consequence	Negligible	Minor	Moderate	Major	Severe	Likelihood	Rare	Unlikely	Possible	Likely	Almost Certain	* Example: Consequence 3 and Likelihood 4 will result in a Risk Score of 12 (3*4).
KEY	1	2	3	4	5																			
Consequence	Negligible	Minor	Moderate	Major	Severe																			
Likelihood	Rare	Unlikely	Possible	Likely	Almost Certain																			