

West Hampshire CCG

24 January 2018

Dear Sir / Madam,

Following the review of the CHC package for [REDACTED] on 23 January 2018, we wish to question the decision to progress the review to an MDT.

The National Framework states that reviews should be undertaken *"in order to reassess care needs and eligibility for NHS continuing healthcare, and to ensure that those needs are being met."*

West Hampshire CCG's Joint Operational Policy (v4) states:

"Should a review show that following a change in need the individual may no longer meets criteria then a reassessment of eligibility must be undertaken following the DST process."

The response to our formal complaint (re process of 8 November 2017 review) from [REDACTED], Chief Officer of West Hampshire CCG, states:

"With regards to the recommendation following clinical review, as discussed above, the role of the case coordinator is to highlight whether there has been a change in presentation which may lead to an increase or decrease in provision, as well as consideration as to whether a decision support tool review meeting is appropriate. The decision support tool review meeting should be facilitated when there is an indication, when aligned with the initial decision support tool, that there may be a change in outcome of NHS Continuing Healthcare eligibility. The team apologise that this was not effectively completed or communicated to you at the time of the meeting."

The Decision Support Tool for NHS Continuing Healthcare states:

"A clear recommendation of eligibility to NHS continuing healthcare would be expected in each of the following cases:

- A level of priority needs in any one of the four domains that carry this level.*
- A total of two or more incidences of identified severe needs across all care domains.*

The original DST rated cognition as **SEVERE**, Drug Therapies and Medication as **SEVERE**, and Altered State of Consciousness as **PRIORITY**. It was agreed yesterday by the case reviewer and ourselves that this remains the case. (The debate around the breathing domain is on-going due to the link to ASC.)

Whilst it was felt that the continence domain could be rated as low instead of moderate, it was agreed by all that this had no impact on the care provision required.

From the information we have, there are no grounds for calling for an MDT.

Yours sincerely,

[REDACTED], [REDACTED] and [REDACTED]