

NHS Continuing Healthcare  
West Hampshire CCG  
PO16 7ER

7 February 2018

KEY

■ Patient & Reps  
■ West Hampshire CCG employees

Dear Sir/Madam,

RE: ■ - NHS Healthcare Review, 23/1/18

This is a formal complaint regarding the process applied to the review carried out for NHS Continuing Healthcare for ■ on Tuesday 23<sup>rd</sup> January 2018.

At the end of the review, it was agreed that, in addition to needs in other domains, ■ scored the following in line with the Decision Support Tool:

- Altered State of Consciousness – PRIORITY
- Cognition – SEVERE
- Drug Therapies and Medication: Symptom Control – SEVERE

■ (Case Coordinator) stated that, as a result of these judgements, ■ is eligible for Continuing Healthcare. However, due to minor changes in other domains, it has to be referred to MDT as it is “literally their guidelines”. She agreed to contact her manager. We received a phone call a short time later stating that ■ (Band 8) had stated that it will go to MDT due to the minor changes.

We challenged the decision for MDT with an email sent on Wednesday 24<sup>th</sup> January 2018 as the decision is contrary to the national framework and the CCG’s own operational policy. In addition, the response to our November complaint (ref. ■) stated:

*“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.”*  
■, Chief Officer of West Hampshire CCG, 21<sup>st</sup> December 2017

Upon request, we received the report from the review on Monday 5<sup>th</sup> February 2018. Despite the outcome discussed in the review meeting, the report now indicates that ■ may not have a Primary Health Need. This is despite evidence to the contrary expressed in the views of seven health professionals, all of whom are either Professors, Consultants, GPs or an Epilepsy Specialist Nurse.

Our complaint is on the following points:

- We were not made aware that we would have to grade ■ against the Decision Support Tool, with no evidence that this is part of the CCG’s policy for reviews. This is against the Core Values and Principles of NHS CHC.

*“Assessments for eligibility... should be organised so that the individual being assessed and their representative understand the process, and receive advice and information that will maximise their ability to participate in informed decision-making about their future care.”*

*National Framework for NHS Continuing Healthcare*

- In accordance with the National Framework and the CCG’s Joint Operating Policy, it was identified in the review meeting that ■ has a Primary Health Need. Despite this, an MDT was recommended. This is a failure to follow correct procedure.

*“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.”*

*CCG and HCC Joint Operational Policy*

- The CHC team, contrary to process, have altered the report, without discussion with [REDACTED] or family, to falsely indicate that she may not have a Primary Health Need.
  - Cognition – Following discussion about [REDACTED]’s cognitive function, [REDACTED] reviewed the discussion comments from the 2009 DST ‘Severe’ grading and stated, “I think that still applies today.” This was agreed with us. Despite this, sometime after the meeting [REDACTED] improperly included an addendum to the report contradicting the agreed assessment. It is a reflection largely based upon a snapshot and provides no evidence of improvement from the 2009 DST. This is in breach of the National Framework, and the Care Act 2014 as this causes the report to be misleading.

*“Decisions and rationales that relate to eligibility should be transparent from the outset for individuals, carers, family and staff alike.”*

*National Framework for NHS Continuing Healthcare*

*“A care provider of a specified description commits an offence if the information is false or misleading in a material respect”*

*Care Act, 2014*

- Review Outcome – We were informed by [REDACTED] that the Senior Manager, [REDACTED], insisted on an MDT due to the minor changes. The report does not reflect this. *“I spoke with the Band 8 who, after being given the details, advised that she felt [REDACTED]’s needs in Altered States of Consciousness would not meet the Priority level, and advised for an MDT to be arranged.”* It is against procedure for [REDACTED] to make changes to the judgements within the review as she was not present at the meeting. She had not seen all of the evidence provided. She made this judgement without our knowledge.
- Communication – [REDACTED] accepted the expressed view that communication was ‘Moderate’ and did not indicate that she would record a difference in opinion.
- Breathing – The report states that we agreed “no needs” within this domain. We clearly stated that we would only agree to this if it is appropriately reflected in the ASC domain.
- The report refers to the outcome of the November 2017 review. This is unacceptable as this review was annulled due to serious breaches in process.
- The report states that the care agency asked in September / October 2017 for a review to be carried out. The agency refutes this allegation.
- We were asked if the current package meets our needs, for which we said, “Yes”. This is not recorded in the report.

These failings are made all the more inexcusable considering the following extract from the ASC domain within the review report which states:

*“Health professionals (GP, epilepsy nurse, Consultant neurologist [sic]) have advised that [REDACTED]’s epilepsy is unpredictable, difficult to manage, life threatening, and requires constant monitoring. The health professionals advise that [REDACTED] often stops breathing when having a seizure which is life-threatening.”*

While we await your response, we are seeking legal advice.

Yours sincerely,

[REDACTED]