

POLICY DOCUMENT

Policy for Continuing Healthcare Settings of Care

Approved by:

On:

Review Date:

August 2012

Directorate Responsible
for Review

Directorate of
Contracting,
Performance and
Informatics

Policy Number:

Signatures:

Dr Simon Freeman

Director of Contracting,
Performance and Informatics

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EIA INITIAL SCREENING TEMPLATE

Directorate	LCR Contracting, Performance and Informatics							
Department	Continuing Care							
Name of 'activity' being assessed (if possible hyperlink document)	Policy for funding settings of care							
	Unique reference number							
Person completing this form	Ruth Johnson							
Lead Manager	Jim Bosworth							
Date screening completed	1	3	1	2	2	0	1	0
Please indicate (✓) whether activity is Proposed	✓			or Existing				
Step One: What is the aim or intended outcome of the activity?								
Aim: To set guidelines that limit cost variation that the PCT will support when considering alternative care regimes for a specific set of clinical needs under continuing care				Outcomes: To have a policy in place to enable the PCT to not support treatments that cost more than 25% above the cost of an alternative care package except in exceptional circumstances.				
Step Two: Details of Consultation/Involvement – during the development of this activity?								
Discussed by Trust Board. No specific public consultation carried but an Engagement Event to be held on 14 June 2011. Will only apply to new cases or where there is a significant change in the package of care. The policy was initially developed by Re:source and the Re:source policy has been reviewed by Mills & Reeve, who are a legal firm with experience of continuing care. Mills & Reeve have advised specifically on Section 5.								
Step Three: Policy/Service Content: (A) SERVICE USERS (B) EMPLOYEES								
For sections A & B below check whether the 'activity' is likely to have a negative impact to people of different age, ethnicity, gender, disability, religion or belief, sexual orientation & transgender, civil partnership, pregnancy and maternity, gender reassignment or other group listed below? The checklists will help you to identify any strengths and / or highlight improvements required to ensure that the 'activity' is compliant with equality legislation. If in doubt contact the EDHR Team equality@lcr.nhs.uk								
(A) Check for DIRECT/INDIRECT discrimination against any protected characteristic SERVICE USERS:								
Does your 'Activity' have a negative impact on any group or individual service user from accessing or using the services?				Response		Please justify your response for each area and action to be undertaken		
				Yes	No			
A	Age				✓	The policy would apply to all service user groups and therefore no-one would have an adverse impact as the policy is applied on a case by case basis. However it is recognised that the policy may reduce options for service delivery for some individuals. Would need to assess on an individual basis to determine if exceptional circumstances to warrant exclusion from policy. Eligibility for funding is based on care needs.		
B	Disability including Learning Disability, Mental Health, Sensory Impairment, Physical or other (Check this link for further)			✓				
C	Gender (Male, Female)				✓			
D	Gypsy/Roma/Traveller				✓			
E	Marriage and Civil Partnership				✓			
F	Offenders and Ex offenders				✓			
G	Pregnancy and Maternity				✓			
H	Race or Ethnicity				✓			
I	Religion or Belief (including other belief)				✓			
J	Sexual Orientation (Gay, Lesbian)				✓			
K	Transsexual/transgender/gender reassignment				✓			
L	Veterans				✓			
Summary of actions required to remedy any negative impact(s) identified for service users.								
Action				Lead			Target date	

Patient leaflet to be given to service users and their carers when policy is to be applied	Richard Morris	July 2011
Need to look at applications for funding on an individual basis to take account of prognosis, dependents, clinical risk if request is for a high cost home package of care or placement – process to be part of policy. High cost panel in place to consider applications.	Ruth Johnson	August 2011 and ongoing
Engagement event held to explain policy to voluntary sector, carers and service users.	Andrea Clarke	14 June 2011

(B) Check for DIRECT/INDIRECT discrimination against any protected characteristic relating to EMPLOYEES:				
Does your 'Activity' have a negative impact on any group or individual employee?		Response		Please justify your response (Y or N) for each area and action to be undertaken
		Yes	No	
A	Age		✓	Experienced staff from the PCT agree recommendations for eligibility for Continuing Healthcare funding against national eligibility criteria
B	Disability including Learning Disability, Mental Health, Sensory Impairment, Physical or other (Check this link for further)		✓	
C	Gender (Male, Female)		✓	
D	Gypsy/Roma/Traveller		✓	
E	Marriage and Civil Partnership		✓	
F	Offenders and Ex offenders		✓	
G	Pregnancy and Maternity		✓	
H	Race or Ethnicity		✓	
I	Religion or Belief (including other belief)		✓	
J	Sexual Orientation (Gay, Lesbian)		✓	
K	Transsexual/transgender/gender reassignment		✓	
L	Veterans		✓	
Summary of actions required to remedy any negative impact(s) identified for employees.				
Action		Lead		Target date
Number of 'Yes' answers for Service users (A)				1
Number of 'Yes' answers for Employees. (B)				0
Step Five: Details of specific 'activity' <u>outcomes</u> which promote equality and diversity				
Legal advice has considered Article 8 in relation to this policy and determined that cost can be used as a justification for interfering with Article 8 rights. Each case will need to be judged individually to define the reasonableness of the package of care offered.				
Step Six: Determination section				
The following section draws together the outcomes from the above assessment and will help to determine whether the impact is H/M or L.		Yes	No	Please add supporting statement for each question below
5.1	Is there any evidence that any protected characteristic group is affected differently?	✓		Policy potentially impacts on disability groups as due to complexity of care needs they may be eligible for NHS continuing care funding
5.2	Is there a need for external or user consultation?		✓	
5.3	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	✓		Potential financial risk for PCT if long term package of care is commissioned which is greater than identified needs or cost of alternative package of care.

5.4	Is the impact likely to be negative?	✓		There could be an impact to a small number of people who this policy applies to				
5.5	Can we reduce the impact by taking different action?	✓		Individual cases deliberated with exclusions to the policy considered such as: - end of life care to ensure dignity and respect is addressed along with choice of place to die - service user with young dependents at home - young adult who has capacity but is physically disabled				
IMPACT(Please ✓ one box)		High	Medium	Low ✓				
If you have answered "Yes" to any of the questions in step five the function/activity <u>may</u> require a full EIA. However, if the action/s identified in step three mitigates the impact/s this will reduce the likelihood of a full EIA. It may be reasonable to review the activity in 12 months to determine the overall outcome of the agreed actions. The EDHR team will be more than happy to discuss any concerns.								
Step Seven: Send copy of EIA Assessment to EIA Team please ensure you also provide a link to the activity being assessed when submitting the completed EIA screening or full assessment template to the EDHR Team								
Date EIA template referred to EDHR Team	1	6	1	2	2	0	1	0
Signatures author/reviewer of activity	Ruth Johnson							
Date for next review	0	8	0	6	2	0	1	2
Or 12 months following implementation								

1. Introduction

This policy describes the way in which NHS Leicestershire County and Rutland and NHS Leicester City will plan and commission services for people who have been assessed as eligible for fully funded NHS Continuing Healthcare (CHC). This policy puts in place a process that enables the CHC team to manage the competing requirements/demands. The PCTs have developed this policy in light of the need to balance patient choice alongside safety and the effective use of finite resources. It is also necessary to have a policy which supports consistent and equitable decisions about the provision of care regardless of the person's age, condition or disability.

When a package of services is being considered for a patient the PCT is required to make two decisions:

- Does the person qualify for Continuing Healthcare funding?
- If so, what package of support should be provided by the PCT through mainstream services or continuing healthcare alongside others, including the local authority, to support the individual?

Qualification for Continuing Healthcare funding does not necessarily mean that all social and health needs would be met by the NHS. These packages of services are subject to a cost-effectiveness test in the same way as all other NHS services.

Whilst agreeing the package of services for the patients who are eligible for NHS Continuing Healthcare funding, the PCT has a statutory duty to break even financially. This policy aims to give the PCTs a financial framework to work within when agreeing the setting of care for the Continuing Healthcare funded package of services,

However in coming to a decision on a package of services to be commissioned for a patient the PCT needs to take account of the ethical and moral needs of the patient as well as their preferred choice. These need to be considered alongside the PCT's statutory duty to break even and this policy aims to take account of all factors when coming to a decision on the package of services to be commissioned.

2. Scope

This policy applies to adults aged 18 years and over who are eligible for NHS Continuing Healthcare funding under the National Framework for NHS Continuing Healthcare and NHS Funded Nursing Care July 2009 (revised). It covers all services user groups. There is a common process route for all those eligible for CHC funding and this is fully described later in the policy.

The policy is specifically relevant when a patient and/or their representative makes a choice for a setting of care for their Continuing Healthcare funded package of services which could be provided in an alternative setting more cost effectively whilst still meeting the care needs.

Each case, which this policy applies to, will be considered on an individual basis by a High Cost and Complex Care Panel, which is described later in the policy.

3. Purpose, aims and principles

The purpose of this policy is to define the terms and conditions for which NHS Leicestershire County and Rutland and NHS Leicester City will support choice of care setting in relation to financial cost to meet the assessed needs of the patient whilst taking account of the moral and ethical issues relating to the patient.

Application of this policy will ensure that decisions about care will:

- be robust, fair, consistent and transparent;
- be based on the objective assessment of the patient's clinical need, safety and best interests;
- will have regard for the safety and appropriateness of care to staff involved in the delivery;
- will involve the patient and their family/representative wherever possible;
- take into account the need for the PCT to allocate its financial resources in the most cost effective way;
- take into account the patient's Article 8 rights (under the European Convention of Human Rights) to a private and family life
- support choice to the extent possible in view of the above factors.

The aim is to provide the High Cost and Complex Care Panel with a framework that will enable them to manage a process whereby the cost of care provided is proportionate for the same level of need regardless of the setting the care is provided within.

NHS Leicestershire County and Rutland and NHS Leicester City will take account of the wishes expressed by patients and their families when making decisions as to the location or locations of care packages to be offered to patients to satisfy the obligations of the PCT to provide NHS Continuing Healthcare.

The PCT accepts that many patients with complex medical conditions wish to remain in their own homes and to continue to live with their families, with a package of support provided to the patient in their own home. Similarly the PCT accepts that many patients might wish for other care options including other forms of supported living or care homes.

Where a patient or their family expresses such a desire, the PCT will investigate whether it is clinically feasible to provide a sustainable package funded by NHS Continuing Healthcare care for the patient that is consistent with their preferences. Packages of care in a patient's own home or alternative forms of supported living packages are often bespoke in nature and thus can often be considerably more expensive for the PCT than the delivery of an equivalent package of services for a patient in an alternative setting. Following a patient's preferences clearly may have perceived benefits to them, however the PCT needs to act fairly to balance the resources spent on an individual patient with those available to fund services to other patients.

The PCT has resolved that, in an attempt to balance these different interests, it will be prepared to support a clinically sustainable package funded by NHS Continuing Healthcare which keeps a patient in their preferred choice of service delivery where the anticipated cost to the PCT is not more than 25% above the anticipated cost of the provision of a broadly similar service to be delivered in an appropriate alternative setting.

Although in exceptional cases this policy would not be applied, exceptionality as identified in this policy will be determined on a case by case basis – see Section 5.

4. Process

The flowchart in Appendix 1 outlines the process to be followed in applying the policy. This process is explained/described below.

4.1 Assessment Phase

A Multi-disciplinary Team (MDT) completes the Decision Support Tool (DST) with the patient and/or their representative.

Whilst as a minimum requirement an MDT can comprise two professionals from different healthcare professions, the National Framework makes it clear that the MDT should usually include both health and social care professionals, who are knowledgeable about the patient's health and social care needs, This will include doctors where appropriate.

The patient and/or their representative should be fully involved in the process and be given every opportunity to contribute to the MDT discussion. The recommendation regarding eligibility for NHS Continuing Healthcare funding, due to the evidence of a primary health need, should be communicated to them as soon as possible.

If the MDT considers it likely that the patient has a high level of complex care needs and therefore there is a high probability that this policy applies to them, a Patient information leaflet which provides important information and explains the process is given to the patient or representative. This will include contact details for the PCT policy lead if further discussion is required at this stage of the process. This may be given at the time of the completion of the DST or as soon as the continuing healthcare team is in receipt of it.

4.2 Consideration by the PCT of Eligibility for NHS Continuing Healthcare Funding

The MDT makes a recommendation to the PCT on the patient's eligibility status for funding.

A CHC panel is convened by the PCT to consider the eligibility for Continuing Healthcare. The recommendation made by the MDT in the DST and additional supporting information is considered by the PCT panel.

For a patient to be eligible for NHS Continuing Healthcare funding the panel must agree that the evidence demonstrates that there is a primary health need.

A Primary Health Need is defined in the National Framework for NHS Continuing Healthcare and NHS Funded Nursing Care (Revised July 2009) by four characteristics:

- The nature of the presenting needs and the intervention required to meet those needs
- The intensity of the needs i.e. quantity, severity and continuity of needs
- The complexity, i.e. the level of skill and knowledge required to address an individual need or the range and interface of needs
- The unpredictability, i.e. the degree to which needs fluctuate and thereby create challenges in managing them

Alternatively a patient may be eligible due to presenting with a rapidly deteriorating condition that may be entering a terminal phase and with an increasing level of dependency. In these circumstances a Fast-track form is completed by their clinician.

This whole process should usually be completed within 28 (calendar) days in accordance with the National Framework. This timescale is measured from the date the PCT receives a referral for full consideration, such as the DST, to the date that the eligibility decision is made. However, wherever practicable, the process should be completed in a shorter time than this.

4.3 Determining the Package of Services Required to Meet the Assessed Needs

Care options (identified as packages of services) are considered by the MDT in conjunction with the patient/representative and the Continuing Care Team. This stage of the process will require a series of alternative solutions, at least two, to be developed and costed if it is apparent that the case will be referred to the High Cost and Complex Case Panel. This may be the cost of two alternative care homes or the comparison of a care home placement versus a home package. The patient and/or their representative should be made aware of this and that they can refer to the patient information leaflet if they need to for explanation of the process.

If a package of care does not meet the requirements for referral to the High Cost and Complex Care Panel this is approved in accordance with the PCT's Standing Financial Instructions (SFI) policy.

In making this decision the Continuing Care Team will take account of the following:

- the patient's circumstances to determine whether they should be excluded from the 'Settings of Care Policy'
- the overall cost of the package of services required to be funded by Continuing Healthcare
- the level of needs the patient is presenting with
- the likely duration of a package
- the ability to provide safe, high quality and appropriately assured care in the different settings available

This will be in discussion with the Head of Continuing Care and, if required, the Associate Director in line with SFI policy. If there is any doubt, the case is referred to the High Cost and Complex Care Panel.

Once approved, the package of care to be funded by Continuing Healthcare is commissioned by the Continuing Care Team in line with contractual agreements and processes.

4.4 High Cost and Complex Care Panel

The CHC team refers the request for funding to the High Cost and Complex Care Panel by completing the paperwork (see Appendix 2) including giving details of the alternative options to the preferred choice of setting of care.

If the timing of the High Cost and Complex Care panel could result in a delayed discharge from hospital or the current placement is not suitable, then an interim package of services should be found pending the panel outcome. To commission the patient's preferred choice at this stage could be committing the PCT to a package of services that would not have been supported under the policy and raise expectations for the patient.

The High Cost and Complex Care Panel will consider each individual case on its own merits to determine whether the exclusion criteria should apply (for example if the patient has a terminal illness?) or if the preferred choice is the most clinically appropriate and cost effective to meet the needs of the patient.

The panel will take account of the evidence relating to the individual case in coming to their decision including the factors listed in Section 5.

The High cost and complex care panel comprises senior professional staff from CHC, Quality and various clinical and financial backgrounds. The panel also includes a Non-Executive Director. For the terms of reference of the panel including the definition of which cases are referred for consideration, see Appendix 3.

A decision is made by the panel to support a package of services with the rationale for that decision fully documented (see Appendix 4) This decision may not be in line with patient preference. This decision is explained to the Continuing Care Team and the patient/representative and MDT (where appropriate).

The agreed package to be funded by Continuing Healthcare is commissioned by the Continuing Care Team in line with contractual agreements and processes.

4.5 Appeals Process for the Settings of Care Policy

If the patient/their representative does not agree with the outcome of the High Cost and Complex Care Panel they have the right to request a review of the decision by the PCT.

The request for the case to be reconsidered should be put in writing to the Head of Continuing Care within ten working days. On receipt of the request a Review Panel convened under the East Midlands Commissioning Policy for Individual Funding Requests (LCR/CPD 002) will determine whether due process has been followed by the High Cost and Complex Care panel in coming to their decision in the application of the Settings of Care policy.

The Review Panel will not consider appeals relating to eligibility for NHS continuing care funding.

The outcome of the Review Panel will be either to uphold the decision or to refer the case back to the High Cost and Complex Care Panel for reconsideration.

The Review Panel chair will write to the patient/guardian or carer, and the High Cost and Complex Care Panel Chair within 10 working days and inform them of the outcome of the Review Panel meeting with the reasons for the panel decision.

Reasons given must refer to this policy as this is the basis on which the original decision is made.

If the original High Cost and Complex Care Panel decision is upheld, the CHC team will inform the patient/their representative, of their remaining options - either to pursue a complaint through the PCT Complaints Procedure or to take their case to the Healthcare Ombudsman.

The PCT Complaints Policy may be used to review the decision making process for an individual case and may result in the matter being reconsidered by the High Cost and Complex Care Panel.

4.6 Other Issues Relating to the Package of Services

If the patient/ their representative does not accept the outcome of the High Cost and Complex Care panel and/or the Review Panel, this could raise media interest and the PCT has a policy for handling such situations.

The PCT has discharged its duty to the patient by agreeing a suitable package of services. If the patient/ representative does not agree with the choice of settings they are entitled to take up an alternative but the PCT does not have a duty to pay for their choice.

A patient cannot top-up a package of services if their preferred provider is at a higher cost, if the additional funding relates to care provision. A top up can be paid by an individual in receipt of 100% NHS continuing care funding if it is non-care related or over and above an assessed need; e.g. the type of accommodation such as a bed-sit vs. a standard room or additional therapy sessions which the individual found beneficial.

5. Moral and Ethical Aspects of the Policy

A key principle of the policy is to ensure as far as reasonably practicable that all cases will be treated equally and will endeavour not to be discriminated against. Due to the nature of this policy, these issues will be actively monitored and reviewed in light of such issues as the pattern of appeals. An Equality Impact Assessment has been undertaken for this policy and identified low level impact.

In applying the 'Settings of Care Policy' the High Cost and Complex Care Panel must take into account the specific circumstances appertaining to the individual case to determine whether these result in the policy being waived.

There will be no automatic decisions made to support particular packages of care since there may be cases in which a patient has special circumstances which present an exceptional need for a particular type of care. Each case of this sort will be considered on its own merits in light of the presenting evidence. The PCT will, through the High Cost and Complex Care Panel, have procedures in place to consider exceptional cases on their merits.

In the application of this policy the following factors must be considered:-

- Prognosis: those patients who meet the criteria for a fast track CHC decision as they have been clinically defined as being at the end of life should be exempt from this policy and will have care commissioned in the place of their choice as long as the level of clinical risk is acceptable
- The increased cost incurred by close family members or other key carers associated with implementation of the policy. (e.g. the travel costs to visit)
- The care can be delivered safely to a patient without due risk to them, family members or staff tasked to provide the care. Safety will be determined by formal risk assessment which will be undertaken by an identified professional. The risk assessment will consider the availability of equipment, suitability skilled carers, the appropriateness of the environment and the acceptance of any identified risks where plans to minimise such a risk can be put in place which are agreed by the individual, care providers and PCT
- The patient's GP must agree to provide primary medical support
- It is the patient's preferred choice
- The suitability of alternative arrangements
- The extent of the patient's needs
- The willingness and ability of the family/ informal carers to provide elements of care where this is a necessary part of the care plan and the agreement of those persons to the care plan
- Provision of a contingency if the care provider fails to or is unable to get to the patient

6. Knowledge Skills and Relevant Experience

The members of the High Cost and Complex Care panel will together have the right senior level of skills and experience necessary to enable them to make effective decisions over complex cases under review. (see appendix 3 for Terms of Reference)

7. Monitoring, Audit and Review Arrangements

The Settings of Care policy will be monitored and reviewed annually or sooner to ensure that decisions are fair and consistent together with the impact of the policy on Continuing Care expenditure and quality of delivery of care.

The impact on the care market will be monitored annually or sooner if required to determine any adverse effects on capacity which would need to be considered when applying the policy to certain individual cases. This is especially relevant if the PCT was commissioning services in specific areas of the market where capacity is at a premium.

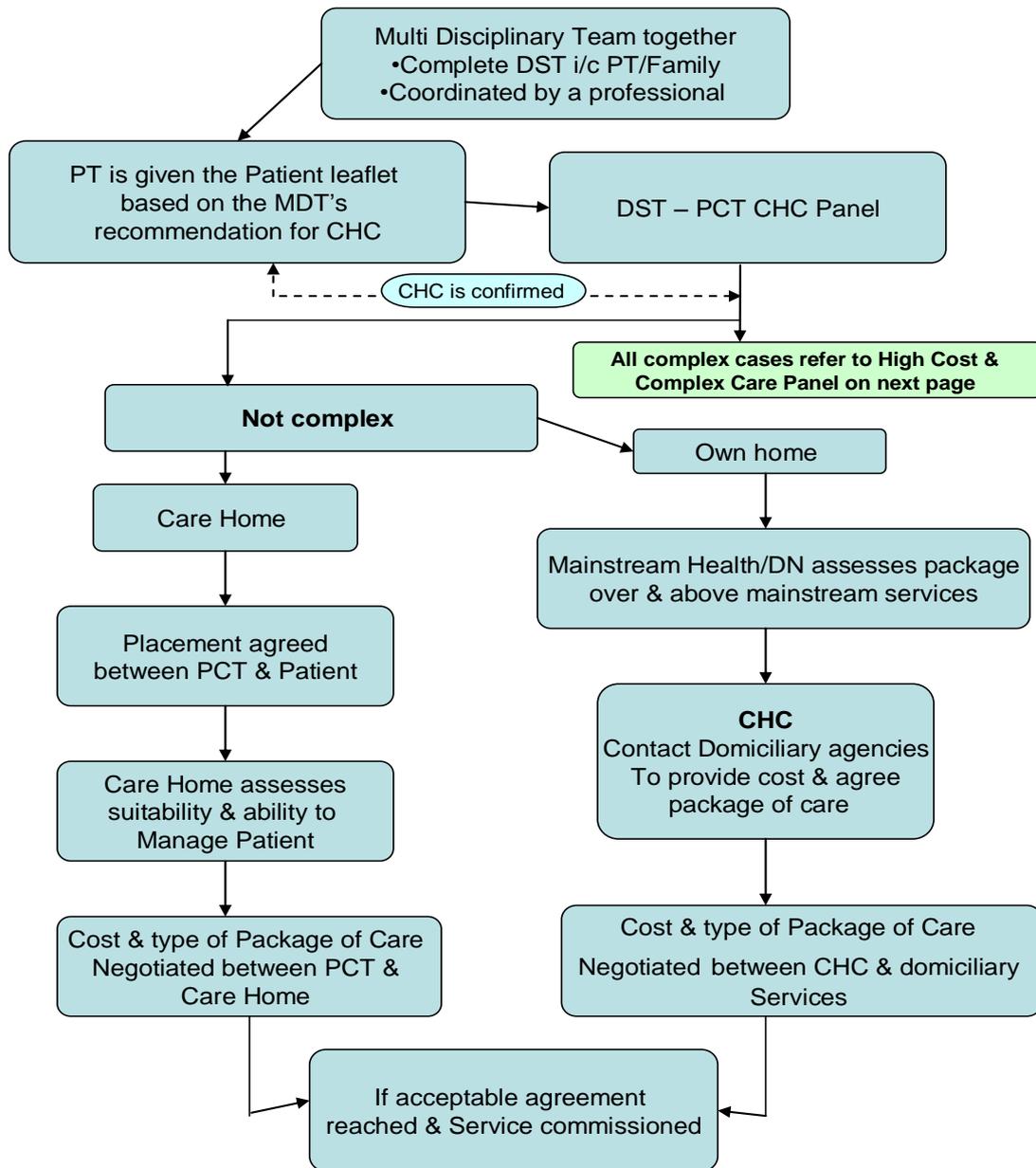
8. References

This policy is based upon the following national guidance and regulation:

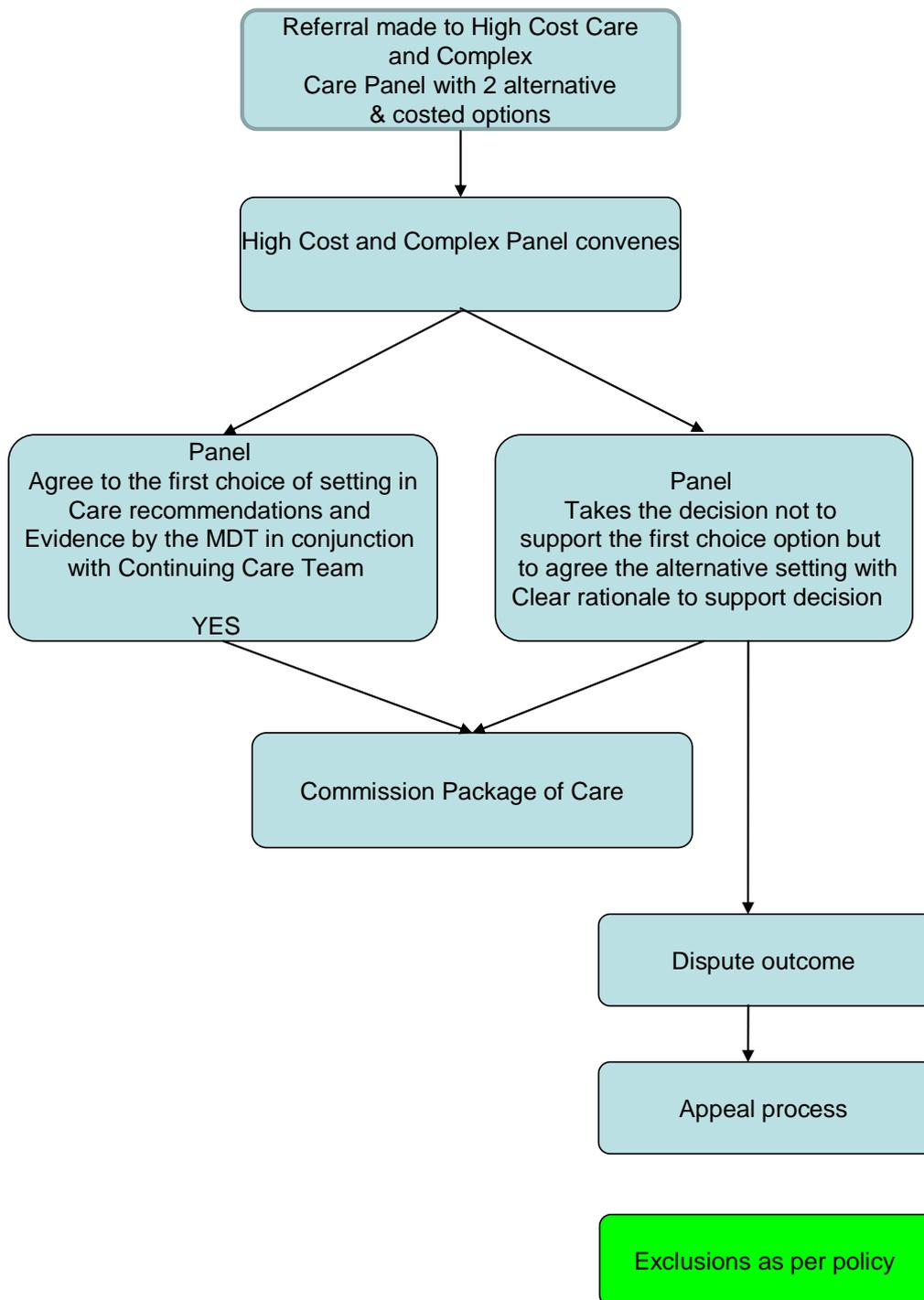
- Legal Framework for NHS Continuing Care written by Mills and Reeves LLP
- The National Framework for NHS Continuing Healthcare and NHS Funded Nursing Care July 2009 (revised)
- NHS Continuing Healthcare Practice Guidance, March 2010

Appendix 1 - High Cost and Complex Care Flowchart

Continuing Care Process Flowchart



High Cost and Complex Care Process



Glossary

DST - Decision Support Tool

PT - Patient

MDT - Multi-disciplinary Team

CHC - Continuing Healthcare

DN - District Nurse

Appendix 2 Continuing Care High Cost and Complex Care Panel Funding Request Form

Continuing Care Funding Request Form

Name of Service User	
NHS Number	
Section 117 (tick if appropriate)	
Current Placement (hospital ward, care home, at home etc)	

New Request		Amendment to current service	
--------------------	--	-------------------------------------	--

Service Requested

Nursing Home Placement		Residential Home	
Day Care Placement		At Home	
Respite Care Placement		Other (please specify)	

Costs

	Weekly Cost	Annual Cost
Cost of Current Service	£	£
Cost of Option 1	£	£
Cost of Option 2	£	£
Cost of Recommended Service	£	£

100% NHS		Joint		If joint, % split	
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Service Provider

Name of Service Provider	
Start date for continuing care funding	
Start date for requested package of care	
Review date	

Completed by		Date	
---------------------	--	-------------	--

Approval

Head of Continuing Care (up to £50k)		Date	
Associate Director – Non Acute Contracting and Provider Performance (up to £100k)		Date	
Director of Finance (up to £250k)		Date	
Chief Executive (up to £500k)		Date	

1. Clinical Summary – Include diagnosis, expected disease progression, and prognosis:

2. Behaviour/cognition/psychological/emotional/communication:

3. Mobility/nutrition/continence:

4. Skin/breathing/medication/ASC:

5. Current Care Package (include times, number of carers and care interventions):

6. Proposed care package (including times, number of carers and care interventions):

7. Clinical justification for care package – include identification of risks/probability/likelihood of risk occurring:

8. What else has been considered to address the risk, and why is this inappropriate?

9. Consequences of not meeting the needs of the patient in this way:

10. Details of Review mechanisms:

Appendix 3 Continuing Care High Cost and Complex Care Panel Terms of Reference

LEICESTER, LEICESTERSHIRE AND RUTLAND

CONTINUING CARE HIGH COST AND COMPLEX CARE PANEL

Terms of Reference

Membership

- Associate Director Non-Acute Contracts (Chair)
 - Head of Continuing Care
 - Operational Manager for Continuing care or Complex care
 - Contract and Procurement Lead for continuing care
 - Head of Finance Non-Acute Contracts
 - Senior Quality representative
 - Non Executive Director
-
- Advisory support may be sought for specific cases from clinicians, e.g. Public Health consultant with an interest in continuing care or GP

To be quorate, there must be the Chair plus the Head of Continuing care/ Operational manager and Finance representative

Voting members are: Head of Continuing Care, Operational Manager for Continuing care or Complex care, Contract and Procurement Lead for continuing care, Head of Finance Non-Acute Contracts, Senior Quality representative, Non Executive Director
The Chair will hold the casting vote in the event of a tied decision.

Purpose

To consider requests for continuing healthcare funding and apply the 'Settings of Care' policy if:

- The funding request is > £100k per annum
- The request is for funding for a case with a high level of complexity but less than £100k per annum
- The care needs could be met in an alternative setting which would be more cost effective for the PCT
- The case requires a clinical debate to support the commissioning decision
- There has been a significant increase in cost from the previously agreed amount signed-off by the High Cost and Complex Care panel

Process

The funding request form is completed by the relevant continuing care team member and submitted to the Head of Continuing Care for signature in line with the SFI policy. This is then passed to the AD for Non-Acute Contract and a decision is made to submit the case to the panel.

The case is logged by the Operational Manager and scheduled for the next panel.

The case is presented to the panel by the Operational Manager and the discussions and outcome documented.

Disputes

If a decision is disputed by a patient or their representative, a request is submitted in writing to the Head of Continuing Care to ask for a Review panel to be convened. The purpose of this panel is to look at whether due process was followed in coming to the decision.

The Review panel already established to consider challenges to the Individual Funding Request panel's decisions will be asked to review the High Cost and Complex Care panel's disputes.

Monitoring

The High Cost and Complex Care panel outcomes will be monitored and audited by the CHC Senior Management Team to review the effectiveness of the Settings of Care policy and ensure equality of decisions

**CONTINUING CARE HIGH COST AND COMPLEX CARE
PANEL**

Name of Service User:

DOB:

NHS No

Date of Panel

Attendees

Panel Deliberations

Panel Outcome and Rationale