

**Guidance on the Commissioning of  
NHS Continuing Healthcare for Adults:  
Assuring Equity, Choice and Value for Money**

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## **1. Introduction**

The context for this guidance is provided in the form of the National Framework for NHS Continuing Healthcare and NHS Funded Nursing Care (Department of Health, 2012).

NHS Blackpool CCG (the “Commissioner”) will continue to apply the principles and guidance within The National Framework in its assessment and decision making processes with regard to the eligibility of individuals to have their care needs met through the use of NHS funding.

This Guidance recognises that the Commissioner has an obligation to commission care for adults eligible to have such care fully funded by the NHS under Continuing Healthcare (Responsibilities) Directions 2013.

This Guidance sets out how the Commissioner will meet this obligation in a manner which appropriately balances the choices that may be offered to Eligible Individuals and the preferences expressed by such individuals with the duties of the commissioner to make best use of NHS resources.

This Guidance provides the basis on which the Commissioner will commission NHS Continuing Healthcare in a manner to ensure equity of access to care services which are appropriate, safe and compliant with relevant quality standards.

This Guidance promotes consistency of decision making and transparency in how the Commissioner will comply with its obligations as a commissioner of NHS funded services.

## **2. Definitions**

**‘Continuing Care’** – refers to care provided over an extended period of time to a person aged 18 or over, to meet physical and/or mental health needs which have arisen as a result of disability, accident or illness.

**‘NHS Continuing Healthcare (or “CHC”)**- refers to a package of continuing care that is commissioned (arranged and funded) by or on behalf of the NHS.

**‘National Framework’** – refers to The National Framework for NHS Continuing Healthcare and NHS Funded Nursing Care (published by the Department of Health 2012) which provides the context for the commissioning of NHS Continuing Healthcare, providing clarity and consistency of decision making in regard to eligibility and setting out the systems and processes to be used by the NHS.

**‘Eligible Individual’** – shall within this Guidance refer to an individual who has been assessed by the Commissioner under The National Framework to qualify to have their assessed health and social care needs met and fully funded by the NHS.



### **3. Principles**

When commissioning care services for Eligible Individuals, the Commissioner will apply the following principles:

- i. That care needs assessed under the CHC National Framework will be met;
- ii. That there will be non-discriminatory equity of access to care services;
- iii. That the safety and welfare of individuals will be assured through care services which are clinically safe and compliant with good practice and essential standards;
- iv. That legal obligations will be fulfilled including specifically the NHS Continuing Healthcare (Responsibilities) Directions 2013;
- v. That individuals' views as to their choice of care setting, particularly when nearing the end of their life will be considered;
- vi. That good practice will be followed with regard to the commissioning of personalised support and care; and
- vii. That NHS resources will be utilised effectively and efficiently to commission, in the most cost effective manner, care services which are reasonable and affordable.
- viii. The 'fast track' pathway tool will be applied where the Eligible Individual's clinical condition is either rapidly deteriorating or may be entering a terminal phase.

### **4. Roles and Responsibilities**

#### **4.1 The Commissioner**

The Commissioner has an obligation to meet the assessed care needs of Eligible Individuals in a way that is considered to be reasonable and affordable whilst also in accordance with the Commissioner's relevant legal obligations.

The Commissioner will maintain transparent and robust processes to ensure that the assessment of an Eligible Individual's care needs complies with the National Framework.

When considering how and what care services can be commissioned, the Commissioner has a responsibility towards taxpayers to comply with its own Standing Financial Instructions to ensure that commissioning decisions take full account of the most cost effective options available, whilst also ensuring the assessed care needs of Eligible Individuals are met.

The Commissioner will consider the appropriateness of funding care services for a variety of care settings which may include an individual's own home or residential setting. In the case of a



residential setting, such as for example a Care Home, the Commissioner will also fund reasonable accommodation (board and lodging) costs.

The Commissioner will make a reasonable offer of care to Eligible Individuals, which is able to meet care needs assessed under the National Framework, complies with its own Standing Financial Instructions and takes account of the rights and preferences of the individual.

The Commissioner will undertake audits of this Guidance to determine the extent to which it is delivering choice, equity and value for money in the delivery of NHS Continuing Healthcare to Eligible Individuals.

## **4.2 Delegation of Roles**

### **4.2.1 Continuing Healthcare Team**

The Commissioner delegates responsibility to the Team Leader with a responsibility for CHC to head a Continuing Healthcare Team.

The Team Leader ensures that with regard to the commissioning of CHC:

- The Commissioner complies with the NHS Continuing Healthcare (Responsibilities) Directions 2013 and specifically The National Framework and relevant decision support tool;
- There is adherence to this Guidance and other policies of the Commissioner;
- Where there is a need to assess an individual's eligibility to have their needs fully funded by the NHS, that arrangements are made for a multi-disciplinary team (the 'MDT') to undertake such assessment ensuring that such assessments are:
  - coordinated by an appropriately trained healthcare professional;
  - undertaken by an MDT having the appropriate mix of clinicians and practitioners from health and social care relevant to the individual's circumstances;
  - undertaken in line with National Framework and using associated statutory documentation; and
  - are referred in a good time to the Commissioner.

### **4.2.2 Multi-disciplinary Team (MDT)**

The MDT undertaking an assessment of an individual's eligibility to have their care needs met fully through NHS funding will:

- ensure that the assessment is conducted thoroughly in line with the National Framework and relevant legislation (such as Mental Capacity Act 2005);





- include an appropriate mix of clinicians and practitioners representing health and social care interests as relevant to the individual's circumstances, notifying the CCG Commissioning Lead Nurse responsible for CHC where further input identified as necessary in order to comprehensively complete the assessment;
- use statutory documentation to formally record each assessment;
- take account of all relevant factors including where appropriate risk assessment; and
- provide full documentary evidence of the assessment and a clean recommendation as to whether, in the assessment of the MDT, an individual should have their care needs met through NHS funding.

#### **4.2.3 Commissioner Review**

The Commissioner will consider the evidence for an appropriateness of individual's eligibility to have their assessed care needs met through NHS funding.

The Commissioner will scrutinise the evidence gathered and reported by the MDT following their assessment process and give careful consideration to the recommendation made by the MDT. Where considered necessary, the Commissioner may request the MDT to undertake further assessment or to provide further evidence in regard to individuals' assessed needs.

The Commissioner carries the legal responsibility to make a decision regarding individuals' eligibility and will provide a reasoned decision. Where in the exception the recommendation of the MDT is not followed, the Commissioner will provide reasons as to why that is the case.

### **5. Provision**

#### **5.1 Decision Making Principles**

The Commissioner is committed to commissioning care services that meet clinically acceptable quality of care standards and that evidence value for money.

The Commissioner intends to make decisions with regard to Eligible Individuals that:

- are robust, fair, consistent and transparent;
- are based on objective assessments of individuals' clinical needs and safety;
- have regard for the safety and appropriateness of care services to those involved in delivery of such care;
- take into account all relevant factors;



- involve the individual and family or appointed representatives wherever this is appropriate and possible;
- take account of the need to utilise NHS resources in the most cost effective manner;
- Strive to support the offering of choices to individuals where it is reasonable and affordable to do so having regard to the above factors; and
- Comply with relevant and applicable legislation (such as Mental Capacity Act and the Disability Discrimination Act).

## **5.2 Assessment of Provision**

In line with the National Framework the Commissioner will establish and operate assessment and decision making processes that are person centred.

The Commissioner will take account of the wishes, expectations and preferences of Eligible Individuals as to how and where their care is delivered. The Commissioner will also take account of any risks associated with the care options proposed, as well as how the provision of care may impact upon the equity of access to NHS resources by the whole of the population for which the Commissioner is responsible.

Where appropriate Commissioners will take account of the views of the relevant family, carers or other individuals involved with the Eligible Individual.

## **5.3 Arranging Provision**

### **5.3.1 Framework for Decisions**

Within the law, the Commissioner is the appointed body to determine the appropriate setting in which care may be provided for Eligible Individuals, but in so doing will take account of and consider all reasonable requests.

Whilst the NHS is responsible for funding care services to meet the assessed needs of Eligible Individuals, individuals or their family may decide that they wish to supplement the care being commissioned by directly funding additional services such as hairdressing, social outings, enhanced living accommodation (for example, where the NHS has commissioned care from a residential setting such as a Care Home).

The NHS Continuing Healthcare (Responsibilities) Directions 2009 provide that NHS Continuing Healthcare may be provided from any care setting. The Commissioner recognises its responsibility to ensure that care services commissioned for an Eligible Individual are safe, appropriate, meet assessed need and are reasonable and affordable.



The Commissioner will discuss care provision options including care settings with Eligible Individuals and where appropriate their family, carer, appointed representative, or other relevant individuals and will take their view and preferences into account. Consideration will be given to any care options proposed on behalf of the individual which address the assessed care needs of the individual. Where there is a variation in the costs associated with different care options, the Commissioner will seek to accommodate the preferences of the individual as far as is considered reasonable and affordable to do so to ensure that the obligation to meet the individual's assessed needs is met.

In considering the appropriate care setting and in order to make a reasonable offer of care for an Eligible Individual, the Commissioner will consider issues that may arise in relation to:

- Any valid and applicable Lasting Power of Attorney that may have been made by the Eligible Individual:
- Any valid and applicable Advance Decision (also known as a living will' or "Advance Directive") that may have been made by the Eligible Individual.
- Any Advance statement of wishes previously prepared by the Eligible Individual.

### **5.3.2 Domiciliary Care**

Where consideration is being given to the commissioning of care from a proposed domiciliary care setting such as an Eligible Individual's own home, the Commissioner will consider the following factors before making a reasonable offer of care:

- Whether it is possible to commission care services within the proposed domiciliary care setting, which meet the assessed care needs of the Eligible Individual to standards acceptable to the Commissioner;
- Whether such care services can be delivered safely and without presenting an unacceptable level of risk to either the Eligible Individual or to those involved in the delivery of such care, or to any other person, including reference to the:
  - availability of necessary equipment
  - environment and the impact upon and of the location where care is to be provided; and the
  - availability of appropriately trained carers to deliver the required care.
- The extent to which such domiciliary care can reasonably be expected to benefit and enhance the quality of life of Eligible Individual:

And



- To what extent if any, the delivery of care services within the proposed domiciliary care setting may incur additional costs to the NHS, such costs being over and above those that would otherwise be incurred through the provision of alternative care services such as residential care services and, whether such additional costs are considered to be reasonable and affordable.

Where the above factors within 5.3.2 have been carefully considered by the Commissioner and the case for the care services being commissioned within a domiciliary care setting is not supported, the Commissioner will liaise with the Eligible Individual and where appropriate the family/advocate to consider an appropriate placement within a residential care setting, such as a registered Care Home.

### **5.3.3 Residential Care**

When considering appropriate residential care settings such as a registered Care Home, the Commissioner has a responsibility to commission care that:

- is delivered from a provider suitably qualified and registered with appropriate authorities to offer such care;
- is able to meet essential quality standards which are clinically acceptable;
- is able to provide the level of care that will sufficiently meet the assessed needs of Eligible Individual;
- represents value for money to taxpayers; and
- can be commissioned using NHS contract terms and conditions which have been created to provide necessary safeguards for both the Eligible Individual and the NHS.

The Commissioner will use the above criteria to identify appropriate providers of care services and work with such providers in a timely manner to determine whether they are able to meet the assessed needs of the Eligible Individual including having the current capacity to offer accommodation.

Where there are two or more care providers able to meet the above criteria, the Commissioner will discuss the available choices with the Eligible Individual and where appropriate their families/carers.

Where the Commissioner determines that there is only one care provider able to meet the above criteria, a reasonable offer of care will be made to the Eligible Individual.

At all times, Eligible Individuals with capacity to make decisions about their residence, care and treatment retain their right to decline any offer made by the Commissioner and to make and fund their own private arrangements.





The Commissioner recognises that exceptional circumstances may require exceptional consideration but will retain its obligation to make best use of NHS resources on behalf of taxpayers. The Commissioner will consider exceptionality on a case by case basis.

#### **5.3.4 Change of Circumstance**

The NHS has a responsibility to regularly review the care needs of Eligible Individuals in order to ensure that the care services being commissioned for them remain appropriate or to consider how those services may need to change. An initial review should take place three months after the first assessment. Thereafter care plans should be reviewed as a minimum on an annual basis. The outcome of such reviews should be adequately communicated to the Eligible Individual and where appropriate their family or carer.

Eligibility to have care funded by the NHS is not a permanent arrangement and remains subject to regular reviews and confirmation of continuing eligibility. The health and/or health needs of Eligible Individuals may improve or stabilise to the extent that they no longer meet the eligibility criteria for NHS Continuing Healthcare.

Where evidence no longer supports an individual's eligibility for NHS Continuing Healthcare, the Commissioner will review the case before making a decision and communicating this to the individual and/or where appropriate their family or carer.

Details of individuals no longer eligible for NHS Continuing Healthcare will, with the consent of the individual, be forwarded to Adult Social Services within the Local Authority so that an assessment can be arranged to determine the extent to which the individual may qualify for Social Services funded care. The Commissioner will liaise effectively and with sufficient notice with the Local Authority to ensure that any transition of responsibilities for commissioning care services are coordinated effectively by appointed Case Manager and that there are no gaps in care provision.

Individuals no longer eligible for NHS Continuing Healthcare may be eligible for NHS Funded Nursing Care which will be considered by the Commissioner in accordance with the Framework.

#### **5.3.5 Personal Health Budgets**

NHS rules allow NHS Commissioners to offer Eligible Individuals the opportunity to have their own Personal Health Budgets (PHBs) in certain situations.

In future, changes are also expected to be made to the law and to NHS rules that will allow Eligible Individuals to receive payments directly from the NHS to purchase their own care (see 5.3.6 below). Eligible Individuals and those supporting them, will know exactly how much funding is available for their care and they will be able to agree the best way to spend it to meet their assessed needs and to achieve agreed outcomes.



At the present time, certain NHS Commissioners are piloting the use of PHBs in involving Direct Payments, but these are currently not universally available to all Eligible Individual. People will have a right to request a Personal Health Budget from April 2014, and a right to receive a Personal Health Budget by October 2014. NHS Commissioners will be able to offer PHBs involving Direct Payments to Eligible Individuals to increase the choice and control individuals have about their care.

### **How PHBs Work**

Where a PHB is agreed with an Eligible Individual, a support plan will be put into place which will include:

- Issues of importance to the individual;
- Changes to be achieved;
- Support to be provided to the individual and how this will be managed;
- How the budget will be used;
- How the individual will remain in control;
- How the individual will make it all happen.

Currently there are two choices as to how a PHB may be managed:

- a) 'Virtual Budget' – the individual is advised how much money is available for their care. The individual liaises with their Case Manager to agree the best way to spend their budget. The Case Manager then arranges the care accordingly.
- b) 'Third Party Payment' – a 'third party', being separate from the NHS Commissioner and from the individual, manages the individual's budget on behalf of the individual.

It is expected that as of April 2014, a third choice will also be available as to how PHBs may be managed:

'Direct Payment' – the money allocated to the individual's budget is given directly to the individual or their own representative who then uses that money to arrange the care required. This choice is currently only available to those NHS Commissioners that are involved in piloting PHBs.

### **5.3.6 Direct Payments**

Whilst Government authorisation has been given to Social and Community Services within Local Authorities to make direct payments to individuals who qualify to receive Social Care funding, the NHS is not permitted currently within the law to make direct payments to Eligible Individuals to enable them to directly purchase care services (except in the case of certain NHS Commissioners participating in the piloting of such Personal Health Budgets – see above).



The Commissioner can however, in the light of the preferences of Eligible Individuals, consider making arrangements to use Third Party Intermediaries or Independent Service User Trusts (as set out at 5.3.5 option a) and b) above) to facilitate continuity of care and flexibility in the provision where the Commissioner considers this to be clinically appropriate and reasonable to do so.

### **5.3.7 Mental Capacity**

Where there are concerns that an individual may not have capacity to make decisions with regard to how their care needs can be met, the Commissioner will arrange for a mental capacity assessment to be undertaken in accordance with the Mental Capacity Act 2005 and the National Framework.

Where an individual lacking capacity has no immediate family to support the decision making process, the Commissioner will offer, under the provisions of the Mental Capacity Act 2005 where appropriate, support from and consult with an independent advocate as part of its assessment of best interests (ordinarily this will either be an IMCA or a suitable person from the local advocacy services, dependent upon the nature of the decision to be made).

Where the Eligible Individual is assessed to lack capacity to make decisions regarding their care, treatment and/or residence, where appropriate and in accordance with the relevant legislation, the Commissioner will make decisions on their behalf on a best interests basis. As part of that process the Commissioner will follow the best interest check-list set out under the Mental Capacity Act 2005 and will consult with all relevant individuals, including the Eligible person before coming to a decision.

Where it is considered that a deprivation of liberty is required to provide the Eligible Individual with care services, authorisation should be sought before any placement goes ahead.

### **5.3.8 Exceptional Circumstances**

The Commissioner accepts that on occasion there are exceptional circumstances which can affect the normal decision making process as outlined within this Guidance. The grounds for an appropriateness of exceptionality will be determined by the merits of each case by the Commissioner.

## **6. Appeal**

In line with its legal obligations, Government guidance and this Guidance, the Commissioner will make a reasonable offer of care to Eligible Individuals.

In the case of such offer whether being considered to be inappropriate, unreasonable and/or unacceptable to the Eligible Individual, this should be notified to the Commissioner as soon as possible outlining the reasons or objections to the offer of care.

Upon receipt of a request to reconsider its offer of care, the Commissioner will arrange for a timely review to take place in regard to the decision making process for that particular case and the relevant factors informing the decision.



Following its review, where the Commissioner determines to uphold its decision and offer of care, this will be confirmed to the Eligible Individual, advising of the right to make a formal complaint or appeal against the decision.

### **6.1 Appeal of Decision**

The patient's next of kin, relatives with Power of Attorney or legal bodies acting on behalf of the patient can appeal against a CHC decision. There is always an attempt at local resolution but failing this, a separate independent panel would be convened, with senior representation from the CCG to consider the appeal. If the appellant is still unhappy, they can make a complaint and ultimately appeal to the Ombudsman.

### **7. Review**

This guidance will be reviewed once every three years or sooner where relevant changes occur in regard to the law, national guidance or other appropriate guidance.





## **Appendix A**

### **Application, Process and Commissioning Principles for the Management of Decisions regarding Choice of Care Setting**

In implementing a guidance which centres on both choice of setting and the cost of NHS Continuing Healthcare there are a number of principles which underpin patient centred commissioning. The following factors need to be taken into consideration in the application of the guidance for each case:

- The overall effectiveness and quality of care required and whether the outcomes can be delivered in the proposed setting of care.
- Cost effectiveness – which care packages yield the greatest benefits relative to the cost of providing them.
- Individual's wishes – the Commissioner needs to respect the right of individuals to determine the course of their own lives, including the right to be fully involved in decisions concerning their health and social care. However this has to be balanced against the Commissioner responsibility to ensure equitable and consistent access to appropriate quality healthcare for the whole population.
- Equity – choice of care should not discriminate on the grounds of personal characteristics, such as age, gender, sexual orientation, gender identity, race, religion, lifestyle, social position, family or financial status, intelligence, disability, physical or cognitive functioning. However there may be some specific circumstances where a number of these factors may be relevant to the clinical effectiveness of an intervention and the capacity of an individual to benefit from the intervention and this needs to be reflected in the decision regarding setting of care.

The cost of providing Continuing Healthcare can be considerable for patients with complex needs. For some clients there may be a significant difference in the cost of providing care in different settings, such as at home and providing the equivalent care in a care home, whilst for others the cost difference will be negligible. The Commissioner has a duty to facilitate patient choice but also to use its resources wisely and to best effect for both individual clients and for the population it serves as a whole. In an attempt to balance these different interests the Commissioner will:

- Support clinically sustainable packages of NHS Continuing Healthcare which keep an individual in their preferred setting where the anticipated cost is not more than 25% higher than the anticipated cost of the provision of a broadly similar service delivered in an appropriate alternative manner. Decision making for these cases will be managed by the Continuing Healthcare Team and the CCG Assistant Director (when appropriate), and through pre-agreed authorisation levels.
- Have procedures in place through the NHS Continuing Healthcare for Adults: Assuring Equity, Choice and Value for Money Panel (the Panel), described later, to consider exceptional cases on their merits. The Commissioner will not rule out completely a particular setting for care



since there may be cases in which a particular client has special circumstances which present exceptional need for a particular type of care. Each case of this sort will be considered on its own merits in light of the clinical evidence.

All decision making regarding the setting of care, whether made by the CHC Team or the Panel will take account of the principles set out in paras, 3 and 5 of this Guidance, and take the following factors into account when considering individual cases:

- Prognosis – the likely duration of a package
- The right to family life: the impact of the setting of care upon an individual's right to family life will need to be considered, this is in particular linked to patients who have dependent children for whom they have a parenting role
- The impact and increased cost incurred by close family members or other key carers associated with the implementation of the guidance (e.g. the travel costs to visit)
- The impact upon the client's mental state
- The effect of implementing the guidance upon the individual clients medium and long term quality of life

#### **Care Package Authorised by the CHC Team/CCG Head of Commissioning**

Proposed package of care does not meet the requirement for referral to the Panel and is signed off by the Continuing Healthcare Team and CCG Head of Commissioning in accordance with the CCG's Standing Financial Instructions (SFIs) and the following authorisation levels:-

- **CHC Team Manager and Commissioning Lead** – weekly package costs are less than £1,000 and within the 25% tolerance for provision in an alternative setting
- **CHC Team Leader and Commissioning Lead:-**
  - Weekly packages costs are less than £1,000 but outwith the 25% tolerance for provision in an alternative setting
  - Weekly package costs are less than £2,500 and within the 25% tolerance for provision in an alternative setting
- **CHC Team Leader, Head of Service and CCG Head of Commissioning** – weekly package costs are in excess of £2,500 but within the 25% tolerance for provision in an alternative setting

If there is any doubt, the case will be referred to the Panel.



The CHC package is commissioned by the Continuing Healthcare Team in line with contractual agreements and processes.

**Care Package Requires Referral to the NHS Continuing Healthcare for Adults: Assuring Equity, Choice and Value for Money Panel**

- Weekly package costs are in excess of £1,000 and are outwith the 25% tolerance for provision in an alternative setting

Request for funding to the Panel should be made by completing the standard proforma (see Appendix A.1) including details of the alternative options to the preferred choice of setting of care. The Panel will consider each individual case on its own merits to determine whether the preferred choice is the most clinically appropriate and cost effective to meet the needs of the individual taking into account moral and ethical factors.

If the timing of the 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 individual's preferred choice at this stage could be committing the Commissioner to a package of services that would, not have been supported under the guidance and raise expectations for the individual.

The decision is made by the Panel to support a package of services with the rationale documented for that decision, this may not be in line with patient preference. This decision is conveyed to the Continuing Healthcare Team and the individual/representative and MDT (where appropriate).

The CHC package is commissioned by the Continuing Healthcare Team in line with contractual agreement and processes.

**Appeals Process**

If the Eligible Individual/their representative considers the decision in regard to the care setting to be inappropriate, unreasonable and/ or unacceptable they may request a review of the decision making process (in accordance with Section 6 of the Guidance) by writing to the Team Manager within the designated timescale.

If the Commissioner has discharged its duty to the individual by agreeing a suitable package of services and the individual/representative does not agree with the choice of accommodation, they are entitled to take up an alternative but the Commissioner does not have a duty to pay for their choice.



**NHS CONTINUING HEALTHCARE FOR ADULTS:  
ASSURING EQUITY, CHOICE AND VALUE FOR MONEY**

**CARE PACKAGE AUTHORISATION PROFORMA**

**Name of Service User:**

**Date of Birth:**       **NHS No:**       **Clinical ID:**

**Current Placement** (i.e. hospital ward, care home, at home etc)

**New Request:**       **Amendment to Current Service:**

**Service Requested:** (Please tick appropriate boxes)

- |                        |                          |                        |                          |
|------------------------|--------------------------|------------------------|--------------------------|
| Nursing Home Placement | <input type="checkbox"/> | Residential Home       | <input type="checkbox"/> |
| Day Care Placement     | <input type="checkbox"/> | At Home                | <input type="checkbox"/> |
| Respite Care Placement | <input type="checkbox"/> | Other (please specify) | <input type="checkbox"/> |

Estimate Cost of Package/placement Requested (weekly rate): .....

Estimate Cost of Similar Package in Alternative setting (weekly rate): .....

Proposed Service Provider: .....

Alternative Provider: .....

Start Date for Funding: .....

Summary of Care and Request for Funding:

Alternative Options for Consideration:

Clinical Team's recommendation:





**Authorisation Levels**

**1. CHC Team/Locality Director**

- Weekly packages costs – less than **£1,000 pw but outwith the 25% tolerance** than provision in an alternative setting

Authorised/Not Authorised

CHC Team Leader..... Date: .....

Commissioning Lead..... Date: .....

- Weekly package costs – less than **£2,500 pw and within the 25% tolerance** for provision in an alternative setting

Authorised/Not Authorised

CHC Team Leader..... Date: .....

Commissioning Lead..... Date: .....

- Weekly package costs – in excess of £2,500 pw and within the 25% tolerance for provision in an alternative setting

Authorised/Not Authorised

CHC Team Leader..... Date: .....

Head of Service ..... Date: .....

Locality Network Director..... Date: .....

**2. NHS Continuing Healthcare for Adults: Assuring Equity, Choice and Value for Money Panel**

- Weekly package costs in excess of £1,000 and outwith the 25% tolerance for provision in an alternative setting

Authorised/Not Authorised: .....

Signed (on Behalf of the NHS Continuing Healthcare for Adults: Assuring Equity, Choice and Value for Money Panel):

..... Date: .....

Rationale for Panel's Decision:



**NHS CONTINUING HEALTHCARE FOR ADULTS:  
ASSURING EQUITY, CHOICE AND VALUE FOR MONEY PANEL  
TERMS OF REFERENCE**

**Membership**

- Designated CCG Lead Officer(Chair)
- Designated GP Lead
- Team Leader, NHS CHC
- Finance Lead
- Advisory support may be sought for specific cases

To be quorate there must be the Chair plus the designated GP Lead

**Purpose**

To consider requests for Continuing Healthcare funding and apply the Guidance on the Commissioning of NHS Continuing Healthcare for Adults: Assuring Equity, Choice and Value for Money if:

- The weekly package costs are in excess of £1,000 and outwith the 25% tolerance for provision in an alternative setting
- 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 CHC Team or the Panel

**Process**

The authorisation proforma is completed by the relevant Clinical Lead and forwarded to the Team Leader for submission to the Panel. The case is presented to the Panel by the Clinical Lead.

**Disputes**

If a decision is disputed by an individual or their representative, a request is submitted in writing to the Team Leader to ask for a review of the decision making process in accordance with Section 6 of the Guidance. The CCG Chief Nurse will consider whether due process and the principles of the Guidance have been applied in reaching the decision.

**Monitoring**

The Panel outcomes will be monitored and audited to review the effectiveness of the Guidance on the Commissioning of NHS Continuing Healthcare for Adults: Assuring Equity, Choice and Value for Money and ensure equality of decisions.