

Information about continuing healthcare and funded nursing care appeals

The purpose of this guidance is to assist patients and/or their representatives through the process of lodging an appeal against a decision about eligibility for NHS continuing healthcare (CHC) or funded nursing care (FNC).

NHS CHC is for individuals with a primary health need who need long term healthcare, as opposed to social or residential care.

NHS FNC is a weekly payment made by the NHS to cover nursing care from a registered nurse in a nursing home.

The NHS personalised commissioning team has arrangements in place to ensure that all assessments for CHC are conducted in a professional, robust and transparent manner and in accordance with the Department of Health and Social Care National Framework for NHS Continuing Health Care and NHS Funded Nursing Care. This information is available on the gov.uk website here: www.gov.uk/government/publications/national-framework-for-nhs-continuing-healthcare-and-nhs-funded-nursing-care

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Requesting an appeal

If you are not the patient you must provide evidence of your right to enquire. This can be Power of Attorney, a will or written and signed permission from the patient. All requests for appeals must be made in writing within six months of the patient / representative receiving a written decision from the CCG. Your appeal should be addressed in writing to the CHC team at the address below:

Personalised commissioning department
Level 2, West Wing

Scorex House
1 Bolton Road
Bradford
BD1 4AS

You can also contact the personalised commissioning department by secure email at c.healthcare@nhs.net or by telephone on 01274 423003.

Any request for an appeal should contain evidence of one or more of the following:

- the reason you believe there was information missing from the assessment or you disagree with the evidence used in the assessment
- the reason why you disagree with the outcome of the assessment
- why you do not consider the process used was in accordance with the Department of Health and Social Care National Framework (*NB: A disagreement with the Department of Health National Framework document itself is not grounds for an appeal*).

If you require any support with your appeal or are unsure what is required please do not hesitate to contact us to discuss this further.

What we will do

You will receive written confirmation of our receipt of your request within five working days enclosing the following documentation:

- appeal leaflet
- appeal application
- consent to access personal information (if required)

Appeal of a checklist

Upon receipt of your application, your information will be passed to the appeals nurse. The appeals nurse has not been previously involved with the case. They will ensure that due process has been followed.

The appeals nurse may seek further evidence from the nursing needs assessment, GP records and additional care home records and hospital records (if appropriate) before your case is reconsidered by a panel to determine whether further assessment for continuing healthcare eligibility is required. The evidence you have submitted in your appeal form is also submitted to panel.

You will receive the outcome of your appeal by post following the panel. If you remain dissatisfied with the decision you have the right to appeal via the complaints process, details of which will be contained within the outcome letter.

Appeal of a decision support tool

Upon receipt of your application the appeals nurse will ensure that all of the available information, including the evidence you have provided in your appeal form is submitted to a panel. The panel of health and social care representatives will make a recommendation based on the information provided in line with the Department of Health and Social Care National Framework. You can have the opportunity to attend and participate in part of the panel meeting if you wish to do so.

You will receive an outcome letter including a copy of the report outlining the rationale for the decision. You will then have the opportunity to have a local resolution meeting to discuss the outcome in more detail with the appeals nurse. Following that meeting should you remain unhappy with the outcome, the next stage in the appeals process is to request an independent review. To request an independent review, you will need to send written confirmation to NHS England using the address below:

Independent review administrator
North of England regional team
NHS England
6E14, Quarry House
Quarry Hill
Leeds
LS2 7UE

Please note: independent review expect that a face to face meeting is taken up by the client to exhaust local resolution; “before an Independent Review is convened, all appropriate steps have been taken by the relevant CCG to resolve the case informally” (*The National Framework for NHS Continuing Healthcare and NHS Funded Nursing Care November 2012*).

Note: If you are appealing a funding decision that was made during an admission to one of the local hospital trusts (Airedale NHS Foundation Trust or Bradford Hospitals NHS Foundation Trust), we advise that a three month review will take place following discharge. The review outcome can then be appealed if necessary.

Advocacy and support

If you require assistance or advice relating to the process, the following organisations can offer support:

Healthwatch: www.healthwatch.co.uk

Age UK: www.ageuk.org.uk

Beacon: www.beaconchc.co.uk

Leaflet last updated: December 2020

