

# **Continuing Healthcare (Adults and Children's) Local Resolution Procedure**

**August 2024**

<b>CONTROL RECORD</b>	
<b>Title</b>	NHS Continuing Healthcare (Adults and Children) Local Resolution Procedure, August 2024
<b>Amendments</b>	This procedure revises a version implemented from April 2023 in line with the requirements of the National Framework for NHS Continuing Healthcare and NHS-Funded Nursing Care, 2022 and Children and Young People's Continuing Care (2016) to establish an ICB resolution procedure for both adults and children/young people.
<b>Purpose</b>	This document and appendices outline the process for local resolution by the NHS Nottingham and Nottinghamshire and explains the arrangements and timescales for dealing with requests to review an eligibility decision where the individual or their representative disagrees with it.

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**APPENDIX A:** Continuing Health (Adults) Questionnaire/Consent

**APPENDIX B:** Continuing Care (Child/Young Person Questionnaire/Consent)

**APPENDIX C:** Adults Timescale Flowchart

**APPENDIX D:** Child/Young Person Flowchart

## 1. Related Documents

These documents/web pages will provide additional information.

NAME OF DOCUMENT	VERSION
The National Framework for NHS Continuing Healthcare and Free Nursing Care July 2022 (Revised)	<a href="https://www.gov.uk/government/publications/national-framework-for-nhs-continuing-healthcare-and-nhs-funded-nursing-care">https://www.gov.uk/government/publications/national-framework-for-nhs-continuing-healthcare-and-nhs-funded-nursing-care</a>
NHS Continuing Healthcare Practice Guidance	
Public Information Leaflet (updated August 2022)	<a href="https://www.gov.uk/government/publications/nhs-continuing-healthcare-and-nhs-funded-nursing-care-public-information-leaflet">NHS continuing healthcare and NHS-funded nursing care: public information leaflet - GOV.UK (www.gov.uk)</a>
Who Pays? Determining responsibility for NHS payments to providers (June 2022)	<a href="https://www.england.nhs.uk/publication/who-pays-determining-which-nhs-commissioner-is-responsible-for-commissioning-healthcare-services-and-making-payments-to-providers/">https://www.england.nhs.uk/publication/who-pays-determining-which-nhs-commissioner-is-responsible-for-commissioning-healthcare-services-and-making-payments-to-providers/</a> - <a href="#">NHS England » Who Pays?</a>
The Children and Young People's Continuing Care National Framework (2016)	<a href="https://www.gov.uk/government/publications/children-and-young-peoples-continuing-care-national-framework">https://www.gov.uk/government/publications/children-and-young-peoples-continuing-care-national-framework</a>
ICB NHS Adults Continuing Healthcare Policy	<a href="#">COM-005-Adult-CHC-and-JPC-Commissioning-Policy-v2.1.pdf (icb.nhs.uk)</a>
ICB Children and Young Peoples' Continuing Care Policy	<a href="#">COM-006-CYP-CC-Commissioning-Policy-v3.0.pdf</a> (updated March 2025)

## 2. Introduction

- 2.1. Responsibility for informing individuals of their eligibility for NHS Continuing Healthcare and Children's Continuing Care and of their right to request a review lies with the Integrated Care Board (ICB) with which the individual is a patient.
- 2.2. The National Framework for NHS Continuing Healthcare and NHS-Funded Nursing Care (July 2022 Updated) states that all ICBs should develop, deliver, and publish a local resolution procedure to address requests from individuals or their representatives to review an eligibility decision.
- 2.3. The Children and Young People's Continuing Care National Framework (2016) states that all ICBs should develop, deliver and publish a local resolution procedure to address requests from individuals or their representatives to review an eligibility decision.

- 2.4. Individuals receiving Continuing Healthcare or Children's Continuing Care will have complex or intense or unpredictable health care needs. Some are receiving end of life care and in other cases, people's needs may change to the extent that they are no longer eligible for NHS funding. In the delivery of Continuing healthcare and Children's Continuing Care, the ICB must ensure consistency in the application of the National Framework's whilst, implementing and maintaining good practice, ensuring quality standards are met and sustained.
- 2.5. Eligibility for NHS Continuing Healthcare/Continuing care is not dependent on a particular disease, diagnosis or condition, not on who provides the care or where the care is provided.
- 2.6. It is important to stress that eligibility for NHS continuing healthcare/continuing care is essentially a funding stream, i.e., it means that the individual's care package is funded solely by the ICB. It doesn't change the care being delivered or the support that an individual has access to.
- 2.7. Please note an appeal cannot be heard on the grounds that an individual is not in agreement with the National Framework's eligibility criteria and guidance itself. The appeal can only relate to decisions made by Nottingham & Nottinghamshire ICB.

### **3. Purpose**

- 3.1 This document and appendices outline the process for local resolution by the Nottingham and Nottinghamshire ICB and explains the arrangements and timescales for dealing with requests to review an eligibility decision where the individual or their representative disagrees with it.

### **4. Scope**

- 4.1. This document is aimed at:
- All employees of the NHS Nottingham and Nottinghamshire who work within NHS Continuing Healthcare and Children's Continuing Care.
  - NHS Nottinghamshire Healthcare Foundation Trust CHC Delivery team
  - South Yorkshire Integrated Care Board
  - Nottingham CityCare Partnership NHS Continuing Healthcare Team.
  - Mid Nottinghamshire Continuing Healthcare Delivery Team
  - Patients and their families/representatives to wish to request a review of eligibility decision for NHS Continuing Healthcare and Children's Continuing Care.

## **5. Definitions of Terms Used**

- 5.1. **NHS Continuing Healthcare (Adults)** – a package of ongoing care arranged and solely funded by the NHS where an individual has been assessed and found to have a ‘primary health need’ as set out in the National Framework.
- 5.2. **Children and Young Peoples Continuing Care (CYPCC)** - a package of ongoing care arranged and solely funded by the NHS where an individual has been assessed and found to have a ‘primary health need’ as set out in the National Framework.
- 5.3. **NHS-funded Nursing Care** – is the funding provided by the NHS to care homes with nursing to support the provision of nursing care by a registered nurse.
- 5.4. **Continuing Healthcare** – a concept developed by the Secretary of State for Health to assist in deciding when an individual’s need is for healthcare rather than social care (which the Local Authority provide under the Care Act 2014). It can be difficult to define the difference between health and social care needs but generally speaking, a health need is not about the diagnosis but rather the needs arising from the diagnosis. The characteristics of nature, intensity, complexity and unpredictability help describe the totality of an individual’s care needs and whether they could be met by the NHS or the Local Authority.
- 5.5. **Decision Support Tool (DST)** – The DST is not an assessment of needs in itself. Rather, it is a way of bringing together and applying evidence in a single practical format, to facilitate consistent, evidence-based assessment regarding recommendations for NHS Continuing Healthcare eligibility. The evidence and rationale for the recommendation should be accurately recorded.
- 5.6. **Multi-Agency Team** – The core purpose of the Multi-Agency Team is to make a recommendation on eligibility for Continuing Healthcare/Continuing Care drawing on the multi-agency assessment of needs and following the processes set out in the National Framework.

## 6. Roles and Responsibilities

Role	Responsibilities
<b>Deputy Chief Nurse and Associate Director Personalised Care</b>	The Deputy Chief Nurse and Assistant Director for Quality and Personalised Care is responsible for the overall CHC work programme.
<b>Document Author(s) and Responsible Person</b>	<p>The Senior Commissioning Manager: CHC is responsible for drafting this procedure and for its ongoing review. The Appeals Officer is responsible for the operational implementation.</p> <p>The Head of Continuing Healthcare is the Senior Manager who is corporately responsible for the document and is satisfied that it meets the requirements of the National Framework for NHS Continuing Healthcare (July 2022).</p>

## 7. Communication, Monitoring and Review

- 7.1. This procedure will be monitored on a regular basis by the Document Owner and those involved with its implementation.
- 7.2. The ICB will take every opportunity to learn from the formal dispute resolution meetings held with individuals and/or their representatives and will consider how they might share that learning with other ICBs.
- 7.3. Any individual who has queries regarding the content of this procedure, or has difficulty understanding how this process relates to their role, should contact the "Document owner".

## 8. Staff Training

- 8.1. Training on the procedure will be given to those involved with its implementation as part of their induction.
- 8.2. Staff will be required to complete the CHC e-learning module on "Dispute Resolution in NHS Continuing Healthcare".

## **9. Local Resolution Process**

### **9.1 Communication of the Eligibility Decision**

- 9.1.1. Following a Decision Support Tool (DST), decisions regarding eligibility will be communicated in writing within 5 working days by the ICB. A clear explanation of the rationale for the decision should be provided to the adult, child/young person and family member or representative; the letter will enclose a copy of the Decision Support Tool (DST) and provide details of how to request a review.
- 9.1.2. Individuals/their representatives have a different timescale for requesting a review of the eligibility decision depending on whether the patient is over 18 years old or not. For adults, the timescale is 6 months from the date of the outcome letter and for Children and Young People it's 3 months. This will be made clear in the outcome letter.
- 9.1.3. If the ICB receives a challenge to a negative checklist the ICB will request the Delivery Team to undertake a new checklist with family members present.
- 9.1.4. The ICB aims to process a request for a local review within 3 months of receipt of the questionnaire regarding the associated request.

### **9.2. Appeal Acknowledgement**

- 9.2.1. Upon receipt of the request to review the eligibility decision the ICB will obtain relevant documentation from the relevant delivery units used to inform the decision made.
- 9.2.2. This request will be acknowledged by the ICB, in writing, within 5 working days of receipt and will enclose a copy of this procedure, the public information leaflet and a consent/questionnaire/consent form (Appendix A) for completion and return within 10 working days.
- 9.2.3. When completing the Questionnaire please bear in mind that an individual is eligible for NHS continuing healthcare/continuing care if they have been assessed as having a 'continuing care need'. This decision is reached by taking account of all their needs, as described in the Decision Support Tool, to determine whether the care they require is focused on addressing and/or preventing health needs.
- 9.2.4. If the signed consent and completed questionnaire hasn't been returned within 10 working days, the ICB will close the appeal.

### **9.3. Stage 1: Informal Discussion**

- 9.3.1. The first attempt to resolve any concerns is through an informal, two-way discussion between the ICB and the individual/their representative. This may take place face to face, if specifically requested by the individual/their representative, but is more likely to be a telephone conversation.
- 9.3.2. The ICB will identify a healthcare professional, who was not involved with the initial recommendation, to undertake this part of the process.
- 9.3.3. The healthcare professional will explain how the eligibility decision has been reached with reference to the DST and the primary health need assessment. The discussion provides an opportunity for the healthcare professional to clarify any issues which may not have been understood by the individual/their representative and for them to provide any further information that had not previously been considered. Information returned in the questionnaire will form the basis of the stage 1 informal discussion.
- 9.3.4. If there is evidence to suggest procedural flaws in reaching the eligibility decision, the healthcare professional may suggest that another assessment is required and will refer the case back to the multi-disciplinary team (MDT) for a second assessment, which should be completed within 28 days.
- 9.3.5. The individual, child/young person, or their family/representative must be kept fully involved in this process.
- 9.3.6. The panel will consist of senior representatives from the ICB (for young person/Children the local authority will also be present). A record of deliberations and final decision will be taken.
- 9.3.7. There will be a written summary of this discussion for both parties which will be produced by the healthcare professional and sent to the child/young person, family or the individual/their representative within 10 working days of the informal discussion.

### **9.4. Stage 2: Formal Meeting**

- 9.4.1. If resolution has not been achieved through the initial informal discussion described at Stage 1 and any subsequent assessment, a formal meeting will be arranged. This will take place within 2 months of the individual/their representative informing the ICB that they wish to continue with the local resolution process. The individual/their representative will be asked to make the ICB aware of their intention to proceed to stage 2 within 10 working days of the date of the letter concluding stage 1.



- 9.4.2. Where individuals wish to move straight to a formal meeting, without an initial informal discussion, then this will be considered.
- 9.4.3. All available and appropriate evidence will be collated to ensure that the meeting is fully informed such as GP summary records, care provider records, local authority records and any other information deemed important for the completion of the NHS CHC recommendation. Records will be collated for a 3-month period prior to the appeal DST, this will give the panel members a better insight as to the child/young person or individual needs leading up to the date of DST.
- 9.4.4. The formal meeting will involve the individual/their representative and someone from the ICB with the authority to decide next steps e.g., to request further reports or to seek further clarification/reconsideration by the multi-disciplinary team (MDT). The ICB representative may choose to invite the healthcare professional involved in stage 1 of the resolution process.
- 9.4.5. The individual/their representative will be able to put forward the reasons why they remain dissatisfied with the ICB's eligibility decision. If the individual believes that there is other or new relevant information available and informs the ICB of this, the ICB will make reasonable effort to obtain it.
- 9.4.6. The ICB will agree next steps with the individual/their representative.
- 9.4.7. There will be a full written record of the formal meeting for both parties. This will take the form of set of Minutes and an outcome letter which will be sent within 28 working days of the Stage 2 meeting.

## **9.5. Conclusion of the Local Resolution Procedure**

- 9.5.1. Following the formal meeting and outcome of the next steps, the ICB will either uphold or change the original eligibility decision.
- 9.5.2. If the decision remains unchanged, the ICB will have made every effort to ensure that the individual/their representative, child/young person has been given a clear and comprehensive explanation of the rational for the eligibility decision.

## **9.6. NHS England Independent Review (Adults only)**

- 9.6.1. If, following conclusion of the local resolution procedure, the individual remains dissatisfied, you may apply to NHS England for an independent review within 6 months of the date of the stage 2 outcome letter:

- the decision regarding eligibility for NHS continuing healthcare, or
- the procedure followed by the ICB in reaching its decision as to the person's eligibility for NHS continuing healthcare.

9.6.2. Should NHS England receive a request for an independent review, the ICBs will be expected to identify what efforts had been made to achieve local resolution and the outcome.

## **9.7. Health Service Ombudsman**

9.7.1 If, following the Independent Review, the individual remains dissatisfied, the final route of appeal is the Health Service Ombudsman. The Ombudsman Office can be contacted on 0345 015 4033.

## APPENDIX A

### NHS Continuing Healthcare (Adults)

To be completed by the Individual and/or representative appealing the CHC eligibility decision.

**Patient's Name:** .....

**Patient's Date of Birth:** .....

**Address:** .....

**Telephone Number:** .....

**E-mail (if available):** .....

**Signature:** ..... **Date:** .....

If you are completing this form on behalf of the patient, you should ensure that you have authority to appeal on behalf of the person receiving care. This could be via a verbal agreement from the patient which has been recorded in their notes, written authority and, if applicable, legal authority e.g., original Enduring or Lasting Power of Attorney.

Certification / Consent if 16 or over	
<b>Name:</b>	
<b>Relationship to the Individual:</b>	
<b>I certify that I have authority to act on behalf of the patient</b> (Enclose a certified copy of relevant Power of Attorney*)  <input type="checkbox"/> Enduring Power of Attorney (prior to 1 October 2007) – if the person lacks capacity, it must be registered with the Office of the Public Guardian (OPG) <input type="checkbox"/> Lasting Power of Attorney for Health and Welfare (post 1 October 2007) – registered with the OPG <input type="checkbox"/> A best interest decision has been made with advocate/Independent Mental Capacity Advocate involvement (delete as appropriate)	
<b>Signed:</b>	
<b>Date:</b>	

**Reasons for appealing? Please explain why you disagree with the decision that the individual is not eligible for NHS continuing healthcare**

**Please state clearly which levels of the twelve domains of the Decision Support Tool (DST) that you disagree with and the reason(s) why.**

**Please use the comments boxes to provide any information regarding the individual's level of need in that care domain that you feel had not been taken into account during completion of the DST.**

If you do not understand any of the information contained in this form or need assistance in completing it, you may wish to contact your local Age UK office ([www.ageuk.org.uk](http://www.ageuk.org.uk)), Beacon Continuing Healthcare Advocacy Service ([www.beaconchc.co.uk](http://www.beaconchc.co.uk)) or any other community advisory service

**1. Breathing:** As with all other domains, the breathing domain should be used to record needs rather than the underlying condition that may give rise to the needs. For example, an individual may have Chronic Obstructive Pulmonary Disease (COPD), emphysema or recurrent chest infections or another condition giving rise to breathing difficulties, and it is the needs arising from such conditions which should be recorded.

**I agree / disagree with the level of need identified for this domain**

<b>If you disagree with the level given, what level do you think would be more appropriate?</b>	Priority	Severe	High
	Moderate	Low	No Needs

**2. Nutrition – Food and Drink:** Individuals at risk of malnutrition, dehydration and/or aspiration should either have an existing assessment of these needs or have had one carried out as part of the assessment process with any management and risk factors supported by a management plan. Where an individual has significant weight loss or gain, professional judgement should be used to consider what the trajectory of weight loss or gain is telling us about the individual's nutritional status.

**I agree / disagree with the level of need identified for this domain**

<b>If you disagree with the level given, what level do you think would be more appropriate?</b>	Severe		High	
	Moderate	Low		No Needs

**3. Continence:** Where continence problems are identified, a full continence assessment exists or has been undertaken as part of the assessment process, any underlying conditions identified, and the impact and likelihood of any risk factors evaluated.

**I agree / disagree with the level of need identified for this domain**

<b>If you disagree with the level given, what level do you think would be more appropriate?</b>	High	Moderate
	Low	No Needs

**4. Skin** (including tissue viability): Evidence of wounds should derive from a wound assessment chart or tissue viability assessment completed by an appropriate professional. Here, a skin condition is taken to mean any condition which affects or has the potential to affect the integrity of the skin.

**I agree / disagree with the level of need identified for this domain**

<b>If you disagree with the level given, what level do you think would be more appropriate?</b>	Severe		High	
	Moderate	Low		No Needs



**5. Mobility:** This section considers individuals with impaired mobility. Please take other mobility issues such as wandering into account in the behaviour domain where relevant. Where mobility problems are indicated, an up-to-date Moving and Handling and Falls Risk Assessment should exist or have been undertaken and the impact and likelihood of any risk factors considered. It is important to note that the use of the word 'high' in any particular falls risk assessment tool does not necessarily equate to a high level need in this domain.

**I agree / disagree with the level of need identified for this domain**

<b>If you disagree with the level given, what level do you think would be more appropriate?</b>	Severe		High	
	Moderate	Low		No Needs

**6. Communication:** This section relates to difficulties with expression and understanding, in particular with regard to communicating needs. An individual's ability or otherwise to communicate their needs may well have an impact both on the overall assessment and on the provision of care. Consideration should always be given to whether the individual requires assistance with communication, for example through an interpreter, use of pictures, sign language, use of Braille, hearing aids, or other communication technology.

**I agree / disagree with the level of need identified for this domain**

If you disagree with the level given, what level do you think would be more appropriate?	High	Moderate
	Low	No Needs

**7. Psychological and Emotional Needs:** There should be evidence of considering psychological needs and their impact on the individual's health and well-being, irrespective of their underlying condition. Use this domain to record the individual's psychological and emotional needs and how they contribute to the overall care needs, noting the underlying causes. Where the individual is unable to express their psychological/emotional needs (even with appropriate support) due to the nature of their overall needs (which may include cognitive impairment), this should be recorded and a professional judgement made based on the overall evidence and knowledge of the individual. It could be argued that everyone has psychological and emotional needs, but this domain is focused on whether and how such needs are having an impact on the individual's health and well-being, and the degree of support required. If an individual has a severe level of need in the cognition domain they may not be able to consciously withdraw from any attempts to engage them in care planning, but careful consideration will need to be given to any evidence of psychological or emotional needs that are having an impact on their health and well-being.

**I agree / disagree with the level of need identified for this domain**

<b>If you disagree with the level given, what level do you think would be more appropriate?</b>	High	Moderate
	Low	No Needs

**8. Cognition:** This may apply to, but is not limited to, individuals with learning disability and/or acquired and degenerative disorders. Where cognitive impairment is identified in the assessment of need, active consideration should be given to referral to an appropriate specialist if one is not already involved. A key consideration in determining the level of need under this domain is making a professional judgement about the degree of risk to the individual.

**I agree / disagree with the level of need identified for this domain**

<b>If you disagree with the level given, what level do you think would be more appropriate?</b>	Severe		High	
	Moderate	Low		No Needs

**9. Behaviour:** Human behaviour is complex, hard to categorise, and may be difficult to manage. Challenging behaviour may be caused by a wide range of factors including extreme frustration associated with communication difficulties or fluctuations in mental state.

Challenging behaviour in this domain includes but is not limited to:

- aggression, violence or passive non-aggressive behaviour
- severe disinhibition
- intractable noisiness or restlessness
- resistance to necessary care and treatment (but not including situations where an individual makes a capacitated choice not to accept a particular form of care or treatment offered.)
- severe fluctuations in mental state
- inappropriate interference with others
- identified high risk of suicide

**I agree / disagree with the level of need identified for this domain**

<b>If you disagree with the level given, what level do you think would be more appropriate?</b>	Priority	Severe	High
	Moderate	Low	No Needs

**10. Drug Therapies and Medication: Symptom Control:** The individual's experience of how their symptoms are managed and the intensity of those symptoms is an important factor in determining the level of need in this area. Where this affects other aspects of their life, please refer to the other domains, especially the psychological and emotional domain. The location of care will influence who gives the medication. In determining the level of need, it is the knowledge and skill required to manage the clinical need and the interaction of the medication in relation to the need that is the determining factor. In some situations, an individual or their carer will be managing their own medication and this can require a high level of skill. References below to medication being required to be administered by a registered nurse do not include where such administration is purely a registration or practice requirement of the care setting (such as a care home requiring all medication to be administered by a registered nurse).

**I agree / disagree with the level of need identified for this domain**

<b>If you disagree with the level given, what level do you think would be more appropriate?</b>	Priority	Severe	High
	Moderate	Low	No Needs

**11. Altered States of Consciousness (ASC):** ASCs can be caused by a range of clinical conditions, including Transient Ischemic Attacks (TIAs), Epilepsy and Vasovagal Syncope. General drowsiness would not normally constitute an ASC for the purposes of this domain.

**I agree / disagree with the level of need identified for this domain**

<b>If you disagree with the level given, what level do you think would be more appropriate?</b>	Priority		High
	Moderate	Low	No Needs

**12. Other significant care needs to be taken into consideration:**

There may be circumstances, on a case-by-case basis, where an individual may have particular needs which do not fall into the care domains described above or cannot be adequately reflected in these domains. If the boxes within each domain that give space for explanatory notes are not sufficient to document all needs, it is the responsibility of the assessors to determine and record the extent and type of these needs here. The severity of this need and its impact on the individual need to be weighted, using the professional judgement of the assessors, in a similar way to the other domains. This weighting also needs to be used in the final decision. It is important that the agreed level is consistent with the levels set out in the other domains. The availability of this domain should not be used to inappropriately affect the overall decision on eligibility.

**I agree / disagree with the level of need identified for this domain**

<b>If you disagree with the level given, what level do you think would be more appropriate?</b>	Severe		High	
	Moderate	Low		No Needs

**If you require extra space to write your comments please continue on a separate sheet and attach to this questionnaire.**

**\*Please return this Consent / Questionnaire to the following address along with any relevant Legal Documentation\***

CHC Appeals, NHS Nottingham and Nottingham ICB  
Sir John Robinson House, Sir John Robinson Way, Arnold, Nottingham. NG5 6DA



**NHS Continuing Healthcare (Child/Young Person)**

To be completed by the Individual and/or representative appealing the CHC eligibility decision.

**Patient's Name:** .....

**Patient's Date of Birth:** .....

**Address:** .....

**Telephone Number:** .....

**E-mail (if available):** .....

**Signature:** ..... **Date:** .....

If you are completing this form on behalf of the child/young person you should ensure that you have authority to appeal on behalf of the person receiving care.

<b>Certification / Consent</b>	
<b>Name:</b>	
<b>Relationship to the Individual:</b>	
<b>I certify that I have authority to act on behalf of the patient</b>  <input type="checkbox"/> I am the parent/guardian <input type="checkbox"/> Looked After Child in care <input type="checkbox"/> A best interest decision has been made with advocate/Independent Mental Capacity Advocate involvement	
<b>Signed:</b>	
<b>Date:</b>	

**Reasons for appealing? Please explain why you disagree with the decision that the individual is not eligible for NHS continuing healthcare**

**Please refer to the Decision Support Tool (DST) to support with the completion of this questionnaire, if you need a copy of the DST you are appealing against please contact our office.**

**Please state clearly which levels of the twelve domains of the Decision Support Tool (DST) that you disagree with and the reason(s) why.**

**Please use the comments boxes to provide any information regarding the individual's level of need in that care domain that you feel had not been taken into account during completion of the DST.**

<b>Breathing</b>	I agree / disagree with the level of need identified for this domain		
If you disagree with the level given, what level do you think would be more appropriate?	Priority	Severe	High
	Moderate	Low	No Needs
<b>Eating and Drinking</b>	I agree / disagree with the level of need identified for this domain		
If you disagree with the level given, what level do you think would be more appropriate?	Severe		High
	Moderate	Low	No Needs

<b>Mobility</b>	I agree / disagree with the level of need identified for this domain		
If you disagree with the level given, what level do you think would be more appropriate?	Severe	High	Moderate
	Low	No Needs	
<b>Continence or Elimination</b>	I agree / disagree with the level of need identified for this domain		
If you disagree with the level given, what level do you think would be more appropriate?	Severe		High
	Moderate	Low	No Needs

<b>Skin and Tissue Viability</b>	<b>I agree / disagree with the level of need identified for this domain</b>		
<b>If you disagree with the level given, what level do you think would be more appropriate?</b>	<b>Severe</b>		<b>High</b>
	<b>Moderate</b>	<b>Low</b>	<b>No Needs</b>
<b>Communication</b>	<b>I agree / disagree with the level of need identified for this domain</b>		
<b>If you disagree with the level given, what level do you think would be more appropriate?</b>	<b>High</b>		<b>Moderate</b>
	<b>Low</b>		<b>No Needs</b>

<b>Drug Therapies and Medication</b>	<b>I agree / disagree with the level of need identified for this domain</b>		
<b>If you disagree with the level given, what level do you think would be more appropriate?</b>	Priority	High	Moderate
	Low		No Needs
<b>Psychological and Emotional Needs</b>	<b>I agree / disagree with the level of need identified for this domain</b>		
<b>If you disagree with the level given, what level do you think would be more appropriate?</b>	High		Moderate
	Low		No Needs

<b>Seizures</b>	<b>I agree / disagree with the level of need identified for this domain</b>		
<b>If you disagree with the level given, what level do you think would be more appropriate?</b>	<b>Severe</b>		<b>High</b>
	<b>Moderate</b>	<b>Low</b>	<b>No Needs</b>
<b>Challenging Behaviour</b>	<b>I agree / disagree with the level of need identified for this domain</b>		
<b>If you disagree with the level given, what level do you think would be more appropriate?</b>	<b>Priority</b>	<b>Severe</b>	<b>High</b>
	<b>Moderate</b>	<b>Low</b>	<b>No Needs</b>

<b>Other significant care needs to be taken into consideration</b>	<b>I agree / disagree with the level of need identified for this domain</b>		
<b>If you disagree with the level given, what level do you think would be more appropriate?</b>	Priority	Severe	High
	Moderate	Low	No Needs

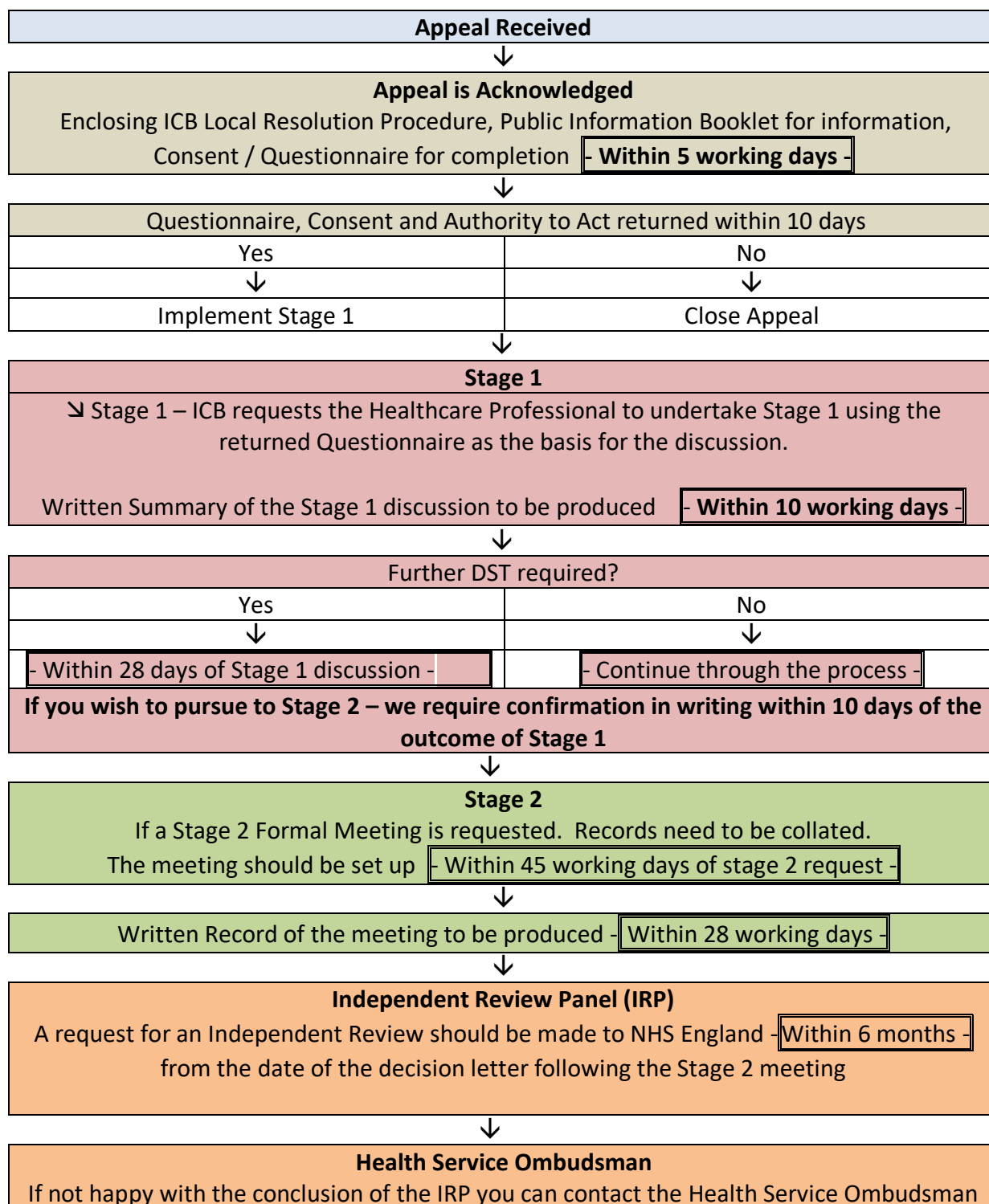
**If you require extra space to write your comments please continue on a separate sheet and attach to this questionnaire.**

**\*Please return this Consent / Questionnaire to the following address along with any relevant Legal Documentation\***

CHC Appeals, Nottingham & Nottinghamshire Integrated Care Board,  
Sir John Robinson House, Sir John Robinson Way, Arnold, Nottingham. NG5 6DA



## NHS Continuing Healthcare (Adults) Local Resolution Procedure



## APPENDIX D

### NHS Continuing Healthcare (child/young person) Local Resolution Procedure

