

Our Ref: QA

Date

**Nottingham & Nottinghamshire
Integrated Care Board**

Name

Civic Centre

Address

Arnot Hill Park

Address

Arnold

Address

Nottingham

Post Code

NG5 6LU

Email: nnicb-nn.chcteam@nhs.net

Dear **Name**,

Retrospective Review of eligibility for NHS Continuing Healthcare (CHC)

As you are aware, the process of reviewing eligibility for retrospective NHS continuing healthcare for **Name** was referred to CHS Healthcare Ltd for conclusion.

Since then, you have been contacted by CHS Healthcare to secure your input to the retrospective review by providing an opportunity to comment on the draft Needs Portal Document and to provide any additional evidence.

Thank you for your contribution to the review which helped provide a fuller picture of **Name's** care needs.

Information from the final version of the Needs Portrayal Document was used to complete a Decision Support Tool which included a multi-disciplinary recommendation on **Name's** eligibility over the period of enquiry; **date** until **date**.

The Decision Support Tool and associated documentation was considered by the Clinical Commissioning Group (CCG) and the Multi-Disciplinary Team's recommendation was verified on **date**.

The conclusion reached was that **Name** was *eligible* for NHS continuing healthcare for the period under review.

The rational for this outcome is provided by the enclosed Decision Support Tool. Please see Section 3 particularly the descriptions given for the characteristics of nature, intensity, complexity and unpredictability.

An individual is eligible for NHS continuing healthcare if they have been assessed as having a primary health need. This decision is reached by taking account of all their needs, as described in the Decision Support Tool, to determine whether the main aspects of the care they require is focussed on addressing and/or preventing health needs. Having a primary health need is not about the reason why an individual requires care and support, nor is it based on their diagnosis; it is about the level and type of their overall day to day care needs. The characteristics of nature, intensity, complexity and unpredictability help describe the totality an individual's care needs and whether they could be met within the limits of Local Authority responsibility.

The retrospective review concluded that **Name** *did* have a primary health need as defined by the National Framework for NHS Continuing Healthcare and NHS-Funded Nursing Care (July 2022) for the period assessed.

Please pass on my apologies to your client for the length of time taken to conclude this review.

The next stage in this process is to determine the restitution payment due to you/**Name's** estate and for this we require evidence of costs paid for **Name's** care during the period that he/she has been retrospective assessed as eligible for NHS continuing healthcare.

Please provide invoices and associated receipts relating to **Name's** care; if invoices and receipts are not available, evidence such as bank statements indicating the amounts paid for **Name's** care may be acceptable. All original documentation will be returned to you.

Please note that restitution can only be made for expenses associated with care and not for incidental services not directly related to care which may have been provided by the care home.

Once we have received this information from you, a standard NHS formula for calculation of interest will be applied to the costs and a final figure for restitution will be determined. Please provide details of the bank account into which the transfer of funds should be paid.

I look forward to receiving the necessary information from you as soon as possible but, if you have any queries or concerns as to the information we require, please do not hesitate to get in touch.

Yours sincerely,



Kerry Brooks
Senior Commissioning Manager: CHC

Enc. Decision Support Tool