



NHS Continuing Healthcare Multidisciplinary Meeting Guidelines



This information outlines what to expect at a multidisciplinary team meeting and may be sent out in advance of the meeting to patients/families and professionals or used by the person leading the assessment (lead assessor) as a guide.

Multidisciplinary teams are made up of a variety of expert healthcare professionals who have specialised knowledge and training in specific areas.

The lead assessor may have arranged to meet with the patient or their family before the meeting to discuss the following procedure, although this may not be possible in all cases.

The meeting will generally be overseen by a health professional on behalf of the Clinical Commissioning Group (CCG). A CCG is the organisation led by General Practitioners and other health professionals that manages healthcare services for the local population. The meeting will last approximately two hours, depending on the amount of information to be shared.

Format of the meeting

1. Please switch off mobile phones and ensure all attendees sign the attendance record
2. Introductions will be made by all present
3. Introduction by lead assessor and explanation of their role
4. Lead assessor will explain the purpose of the meeting, which is:
 - To complete the Decision Support Tool, which will collect all the information from your assessments to help decide whether you are eligible for continuing healthcare
 - For the multidisciplinary team members involved with the patient to make a recommendation as to whether or not the patient has a 'primary health need' and therefore meets the Department of Health criteria for NHS continuing healthcare funding
 - To obtain evidence and contributions from health and social care professionals involved in your care to support the

recommendation in the form of specialist assessments, together with any professional records/risk assessments and any other documents that are of relevance.

5. The lead assessor will collate all evidence presented, for summarising into the decision support tool
6. Throughout the meeting the patient / family / advocate will be invited to contribute to the discussion and add any further information they feel is relevant this could be either verbal or written information.– this will be documented by the lead assessor
7. Historical information can assist professionals but it is on the current level of need on which the decision as to whether an individual has a 'primary health need' will be made
8. The professionals may take a break from the meeting to consider all the information gathered in the Decision Support Tool and make their recommendations on eligibility. Following this short break the patient /family/advocate will be informed verbally of the recommendation of the team
9. Evidence and recommendations will then be submitted to NHS Midlands and Lancashire Commissioning Support Unit (CSU) for agreement on behalf of the CCG. The CSU works on behalf of the CCG and provides a support service for continuing healthcare

The eligibility decision

The decision regarding eligibility will be ratified (approved) by the CSU who will check that the process has been followed correctly and the evidence submitted supports the recommendation made by the professionals.

The CSU on behalf of the CCG will inform the patient or their representative of this decision in writing.

The patient has the right to ask for a review if they consider that either the Department of Health's continuing healthcare process has not been followed or the criteria of having a "primary health need" has not been properly applied. Information on how to request a review will be included in the outcome letter from the CSU.

The review process

If the patient is eligible for NHS Continuing Healthcare funding the patient will be reviewed after three months and then at regular intervals dictated by clinical need. After the initial three month assessment, reviews will be conducted at least annually.

If at any review there is an indication that the patient's needs have changed significantly and it is felt by the reviewing officer that they may no longer meet the criteria, a reassessment will be requested and the patient will go through the full consideration process again. If this happens the patient and / or their representative will be informed. If a person is not eligible at this time but their needs change in the future they can be reassessed using the process as above.

