**Overall Role Description and Requirements**

The co-ordinator is responsible for coordination of the NHS Continuing Healthcare (CHC) assessment process, from being assigned at the point of a positive Checklist, through to multidisciplinary team (MDT) assessment of eligibility, including completion of the Decision Support Tool (DST) and reporting the MDT recommendation to the CCG.

Whilst the co-ordinator will normally be a CCG member of staff, by mutual agreement, the role (which could be undertaken by more than one individual) may be delegated to a partner organisation.

The co-ordinator can also be a member of the MDT, but where he/she has this dual role, they should make very clear prior to the completion of the DST about their two different functions. This should also be documented within the DST.

Care should be taken to ensure appropriate liaison between the co-ordinator function and those verifying the decision on eligibility for CHC.

**Role specifically includes:**

1. Receiving and acting upon a referral for assessment of eligibility for CHC, with appropriately completed forms.
2. Ensuring that the assessment and DST processes are completed in accordance with the requirements of the National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care (revised 2018) and relevant standing rules regulations (See the National Health Service Commissioning Board and Clinical Groups (Responsibilities and Standing Rules) Regulations 2012).
3. Ensuring that there is a clear timetable for the decision-making process, having regard to the expectation that decisions should usually be made within 28 calendar days of the CCG being notified of the need for a full assessment of eligibility for CHC.
4. Ensuring that the individual or their representatives are offered the opportunity to provide a written contribution/account or have had an opportunity to discuss the individual’s needs. If this is provided, this information must be shared with the MDT. At this point advocacy needs should be considered.
5. Keeping the individual / representative fully engaged, involved and informed at all stages of the assessment process. Consideration should be given to the timeliness of the assessment and managing expectations as it should normally be completed within 28 days.
6. Identifying and requesting appropriate assessment information as soon as the referral is received.
7. Quality assuring the assessment material to ensure that it is appropriate and complete. If not, refer back to relevant professional for additional information. If key assessment information is missing this should be requested at the earliest opportunity.
8. Identifying and securing the involvement of the MDT to undertake the assessment of eligibility. Early requests for involvement by social services (where relevant) should help in securing timely engagement, bearing in mind the 28 day target timescale for 80% of CHC assessments. The National Framework 2018 states that health and social care partners should have agreed protocols in place to facilitate CHC.

9. Ensuring the MDT meeting is arranged and coordinated, taking timescales into account. The MDT should be constituted as set out in the National Framework 2018 and should normally include both health and social care professionals. Where possible, it should involve staff recently involved in the assessment treatment or care of the individual. (See paragraph 121 of National Framework 2018).

10. Supporting MDT members to understand the role they will need to undertake in participating in a multidisciplinary assessment and completing the DST. (MDT members should be appropriately trained in CHC).

11. Helping MDT members to identify whether there are significant gaps in the information required, and if so, assisting in arranging for the necessary additional assessment information to be secured as soon as possible.

12. Providing a leaflet to the individual and/or their representative explaining the CHC process within the initial communications, and ensuring the provision of information regarding advocacy support / CHC contact details. The co-ordinator will provide clarity of the CHC process and answer any questions that may arise at this point.

13. Discussing any concerns that the individual / their representative may have regarding any aspect of the MDT or DST process, and seek to resolve or explain the matter as appropriate. Where these concerns remain unresolved, they should be noted within the DST so that they can be brought to the attention of the CCG making the final decision.

14. Ensuring all records are comprehensive, complete and available.

15. Participating in audit, including peer review as required.

16. Acting as an impartial resource to the MDT and the individual on any policy or procedure questions that arise.

17. They can contribute to decision-making on the correct recommendation so long as they encourage debate within the MDT and they record a recommendation which genuinely reflects the view of the whole MDT, not just their own view.

18. Ensuring that the MDT’s recommendation on eligibility is sent for verification by the CCG.

References