

Setting up an MDT

Once an individual has been referred for a full assessment of eligibility for NHS Continuing Healthcare (following use of the Checklist or, if a Checklist is not used in an individual case, following direct referral for full consideration), then, a multidisciplinary team must assess whether the individual has a primary health need using the Decision Support Tool.

(National Framework 2022, Paragraph 138)

MDT requirements:

Whilst as a minimum requirement an MDT can comprise two professionals from different healthcare professions, the MDT should usually include both health and social care professionals, who are knowledgeable about the individual's health and social care needs and, where possible, have recently been involved in the assessment, treatment or care of the individual. Standing Rules require that, as far as is reasonably practicable, the ICB must consult with the relevant local authority before making any decision about an individual's eligibility for NHS Continuing Healthcare and in doing so cooperate with that local authority in arranging for such persons to participate in an MDT for that purpose. ICBs may use a number of approaches (e.g. face-to-face, video/tele conferencing etc.) to arranging these MDT assessments in order to ensure active participation of all MDT members, the individual and their representative, and any others with knowledge about the individual's health and social care needs as far as is possible. It is best practice for assessors to meet with the individual being assessed, ideally before the MDT meeting, and any arrangements should include consideration of the best options for the individual, following a person-centred approach. For example, it may be that a hybrid meeting (including a combination of people in the room and people "dialling in") should be considered.

(National Framework 2022, Paragraph 141)

Local Authority involvement:

If a local authority is consulted, there is a requirement for it to provide advice and assistance to the ICB, as far as is reasonably practicable. A local authority must, when requested to do so by an ICB, co-operate with the ICB in arranging for persons to participate in an MDT. The involvement of local authority colleagues as well as health professionals in the assessment process should streamline the process of care planning and will make decision-making more effective and consistent. As with any assessments that they carry out, local authorities should not allow an individual's financial circumstances to affect its participation in a joint assessment.

(National Framework 2022, Paragraph 142)

The individual or representative:

The individual or their representative cannot be members of the MDT. However, they should be fully involved in the process and be given every opportunity to contribute to the MDT discussion.

(National Framework 2022, Practice Guidance 24.1)

Other Professionals:

Apart from ensuring that all the relevant information is collated, it is crucial to have a genuine and meaningful multidisciplinary discussion about the correct recommendation to be made. This should normally involve a face-to-face MDT meeting (including the individual and/or their representative). If a situation arises where a relevant professional is unable or unwilling to attend an MDT meeting every possible effort should be made to ensure their input to the process in another way, such as participating in the MDT meeting as a teleconference call. Where this is not possible then submission of a written assessment or other documentation of views could be used but this should be the least favoured option. Where professionals use this route, the ICB should explain to them that, whilst their views will be taken into account, the eligibility recommendation will by necessity be made by MDT members physically present or participating by teleconference.

(National Framework 2022, Practice Guidance 26.2)

Care should be taken to ensure that alternative approaches for MDT participation still enable the individual being assessed to fully participate in the process.

(National Framework 2022, Practice Guidance 26.3)

Individual's Nominated Representative:

Any individual is entitled to nominate a person to represent their views or speak on their behalf and this could be a family member, friend or peer, a local advocacy service or someone independent who is willing to undertake an advocacy role. It is not appropriate for either a local authority or NHS member of staff to act as a formal advocate in this sense as there could be a conflict of interest, although staff should always seek to explain the individual's views alongside their own. Local authorities and ICBs may have varying arrangements to fund advocacy services in their locality, some being jointly funded whereas others are funded by a single agency or rely on voluntary contributions.

(National Framework 2022, Practice Guidance 57.1)

The Coordinator Role:

Identifying and securing the involvement of the MDT which will assess the individual's needs and will then use this information to complete the DST. The MDT should usually comprise health and social care staff presently or recently involved in assessing, reviewing, treating or supporting the individual (refer to paragraphs 139-143 of the National Framework)

(National Framework 2022, Practice Guidance 20.1)

In order to ensure effective MDT decision-making, ICBs should:

- have arrangements in place for coordinators to obtain senior support to secure participation of other practitioners where necessary
- consider agreeing protocols on MDT participation with organisations that frequently have staff who participate in MDTs (**National Framework 2022. Practice Guidance 26.5**)
- Apart from ensuring that all the relevant information is collated, it is crucial to have a genuine and meaningful multidisciplinary discussion about the correct recommendation to be made. This should normally involve a face-to-face MDT meeting (including the individual and/or their representative). If a situation arises where a relevant professional is unable or unwilling to attend an MDT meeting every possible effort should be made to ensure their input to the process in another way, such as participating in the MDT meeting as a teleconference call. Where this is not possible then submission of a written assessment or other documentation of views could be used but this should be the least favoured option. Where professionals use this route, the ICB should explain to them that, whilst their views will be taken into account, the eligibility recommendation will by necessity be made by MDT members physically present or participating by teleconference. (**National Framework 2022, Practice Guidance 26.2**)

References and Further Reading

National Framework for Continuing Healthcare and NHS-funded Nursing Care July 2022 (Revised): [National framework for NHS continuing healthcare and NHS-funded nursing care - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/106422/nfchc_nfsnc_2022.pdf)

The Care Act 2014 : [Care Act 2014 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2014/9/contents)

The Care and Support (Assessment) Regulations 2014: [The Care and Support \(Assessment\) Regulations 2014 \(legislation.gov.uk\)](https://www.legislation.gov.uk/uksi/2014/1154/contents/made)

[The National Health Service Commissioning Board and Clinical Commissioning Groups \(Responsibilities and Standing Rules\) Regulations 2012 \(legislation.gov.uk\)](https://www.legislation.gov.uk/uksi/2012/2746/contents/made)