

The Individual/Representative Involvement

Core values and principles:

- Individuals being assessed for NHS Continuing Healthcare are frequently facing significant changes in their life and therefore a positive experience of the assessment process is crucial. The process of assessment of eligibility and decision-making should be person-centred. This means placing the individual at the centre of the assessment and care-planning process.
- There are many elements to a person-centred approach, including:
 - ensuring that the individual and/or their representative is fully and directly involved in the assessment process,
 - taking full account of the individual's own views and wishes, ensuring that their perspective is incorporated in the assessment process,
 - addressing communication and language needs,
 - obtaining consent to any physical intervention/examination as part of the assessment process (where the individual has capacity to give this),
 - obtaining consent to the sharing of personal data with third parties (e.g., family, friends, advocates, and/or other representatives) (where the individual has capacity to give this),
 - dealing openly with issues of risk, and
 - keeping the individual (and/or their representative) fully informed.

(National Framework 2022, Paragraphs 68-69).

- As a minimum, a good quality multidisciplinary assessment of an individual's health and social care needs will:
 - be person-centred, making sure that the individual and their representative(s) are fully involved, that their views and aspirations are reflected and that their abilities as well as their difficulties are considered,
 - be proportionate to the situation, i.e., in sufficient depth to enable well-informed judgements to be made but not collecting extraneous information which is unnecessary to these judgements. If appropriate this may simply entail updating existing assessments,
 - include information from those directly caring for the individual (whether paid or unpaid),
 - be holistic, looking at the range of their needs from different professional and personal viewpoints, and considering how different needs interact,
 - consider differing professional views and reaching a commonly agreed conclusion, if possible,
 - consider the impact of the individual's needs on others,
 - focus on improved outcomes for the individual,
 - provide objective evidence for any subjective judgements made,
 - be clear about needs requiring support to inform the commissioning of an appropriate care package,
 - be clear about the degree and nature of any risks to the individual (or others), the individual's view on these, and how best to manage the risks.

(National Framework 2022, Practice Guidance Paragraph 21.2).

The Individual/Representative: Effective Involvement

- The individual/representative should receive information regarding the CHC process. This would normally, as a minimum, include a copy of (or link to) the Department of Health and Social Care Public Information Leaflet and information on the assessment process, in advance of the MDT meeting. They should be kept fully engaged and informed at all stages of the process. This includes keeping them informed of timescales (bearing in mind the expectation that the process should normally be completed within 28 days).
- Where possible, the individual/representative should be invited to the MDT meeting (at which the DST is to be completed). It is good practice for written communication of the MDT invitation to be sent to the individual/representative and confirmed prior to the meeting. If they are unable to attend, they should be encouraged to send a written contribution/account, or information in another format.
- The co-ordinator should provide the referrer and individual with a point of contact for future queries - preferably a named member of staff or the specific team dealing with the CHC assessment.
- The CHC team should make sure communication with the individual and their representatives is clear, open, and transparent.
- It is important to provide individuals with their representative language and communications support should they require it. ICBs should take into account the Accessible Information Standard <https://www.england.nhs.uk/ourwork/accessible> info.
- When planning the location for the MDT meeting, consideration should be given to what is appropriate and suitable for the individual, as well as the professionals involved.
- Individuals can choose to have a relative, friend or advocate to assist them in the process but they do not require legal representation, the eligibility process is focused around assessing an individual's needs in the context of the National Framework rather than being a legal or adversarial process.
- At the start of an MDT meeting, the process should be explained to the individual to allow active participation, acknowledging that this can be a particularly stressful and emotional time in their lives.
- If someone else is representing the individual, this person's relationship/role should be clarified and documented.
- Consent should be considered for sharing information with third parties, relatives and/or friends and/or representatives.

“It is important that the individual's own view of their needs, including any supporting evidence, is given appropriate weight alongside professional views. Many people will find it easier to explain their view of their needs and preferred outcomes if the assessment is carried out as a conversation, dealing with key issues as the discussion naturally progresses, rather than working through an assessment document in a linear fashion.” (National Framework 2022, Paragraph 145).

- Experienced practitioners have highlighted the following key points to help professionals participating in an MDT meeting create a positive atmosphere and reach a successful outcome:
 - Agree ground rules at the start
 - Be open minded and ask open-ended questions
 - Focus on the individual
 - Avoid the use of jargon
 - Avoid concluding before all the data has been considered
 - Avoid over-familiarity with colleagues
 - Remember the importance of non-verbal as well as verbal communication.

References

[National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care - July 2022 \(Revised\) \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/105422/nf-2022-revised.pdf)