

Joint Health and Social Care Statements NHS CHC Delivery Model

Participation in a DST as an MDT Member

The Purpose of the MDT

The core purpose of the MDT is to make a recommendation on eligibility for NHS Continuing Healthcare drawing on the multidisciplinary assessment of needs and following the processes set out in this National Framework.

(National Framework 2022, Paragraph 139)

The MDT works together to collate and review the relevant information on the individual's health and social care needs. The MDT uses this information to help clarify individual needs through the completion of the DST, and then works collectively to make a professional judgement about eligibility for NHS Continuing Healthcare, which will be reflected in its recommendation. This process is known as a multidisciplinary assessment of eligibility for NHS Continuing Healthcare.

(National Framework 2022, Paragraph 143)

The DST

The DST is not an assessment of needs in itself. Rather, it is a way of bringing together and applying evidence in a single practical format, to facilitate consistent, evidence-based assessment regarding recommendations for NHS Continuing Healthcare eligibility. The evidence and rationale for the recommendation should be accurately and fully recorded.

(National Framework 2022, Paragraph 152)

'The purpose of the DST is to help identify eligibility for NHS Continuing Healthcare. It is designed to collate and present the information from the assessments of need in a way that assists consistent decision-making regarding NHS Continuing Healthcare eligibility. The DST is a national tool and should not be altered.

(National Framework 2022, Paragraph 154)

The DST is designed to ensure that the full range of factors that have a bearing on an individual's eligibility are taken into account in reaching the decision, irrespective of client group or diagnosis. The tool provides practitioners with a method of bringing together and recording the various needs in 12 'care domains', or generic areas of need. Each domain is broken down into a number of levels. The levels represent a hierarchy from the lowest to the highest possible level of need (and support required) such that, whatever the extent of the need within a given domain, it should be possible to locate this within the descriptors provided.

(National Framework 2022, Paragraph 155)

Completion of the tool should result in a comprehensive picture of the individual's needs that captures their nature, and their complexity, intensity and/or unpredictability – and thus the quality and/or quantity (including continuity) of care required to meet the individual's needs. Figure 1 indicates how the domains in the Decision Support Tool can illustrate (both individually and through their interaction) the complexity, intensity and/or unpredictability of needs. The overall picture, and the descriptors within the domains themselves, also relate to the nature of needs.

(National Framework 2022, Paragraph 157)

The Recommendation

The MDT is required to make a recommendation to the ICB as to whether or not the individual has a primary health need, bearing in mind that where the ICB decides that the individual has a primary health need they are eligible for NHS Continuing Healthcare (refer to Practice Guidance note 34). In coming to this recommendation, the MDT should work collectively using professional judgement.

(National Framework 2022, Paragraph 167)

Primary Health Need

An individual has a primary health need if, having taken account of all their needs (following completion of the Decision Support Tool), it can be said that the main aspects or majority part of the care they require is focused on addressing and/or preventing health needs. Having a primary health need is not about the reason why an individual requires care or support, nor is it based on their diagnosis; it is about the level and type of their overall actual day-to-day care needs taken in their totality '.

(National Framework 2022, Paragraph 56)

Agreed Health and Social Care Statements

- The MDT should ensure that CHC assessment is person-centred, keeping the individual/their representative at the heart of the process throughout. It is vital that the individual's experience of the process is as good as it can be, minimising the potential for dissatisfaction and complaint.
- The MDT process is designed to be collaborative in order to fully consider and accurately reflect the individual's needs in the DST. Assessing eligibility for CHC is not an adversarial process and MDT members should act accordingly.
- There is no hierarchy in the MDT. All members should work collaboratively and share responsibility for the recommendation, recognising the different skills and knowledge of those involved.
- No member of the MDT is individually responsible for the recommendation of the MDT.
- The MDT recommendation must be based on a full consideration of the individual's needs as evidenced by the written and verbal information provided, particularly from those who have direct knowledge of the individual. Sometimes it will be necessary to obtain additional evidence to ensure a full picture of the needs.

- The MDT is required to make a recommendation and must apply the Primary Health Need test as set out in the National Framework (paragraphs 55 – 67).
- Professional disagreements may well occur and can be very constructive but should be resolved in a spirit of collaboration. Where there continues to be disagreement this should be recorded in the DST.
- The individual/their representative should not be drawn into a disagreement between professionals.
- Once a recommendation has been agreed by an MDT no organisation or manager should change or dispute that recommendation afterwards unless this forms part of an agreed local dispute resolution procedure between the local authority and the ICB or constitutes a Framework-compliant application of the National Framework requirements regarding ICB verification of eligibility recommendations.

These statements reviewed by NHS England and representative from ADASS on 14/03/23.

References:

National Framework for Continuing Healthcare and NHS-funded Nursing Care July 2022 (Revised). [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/104222/national-framework-for-continuing-healthcare-and-nhs-funded-nursing-care-july-2022-revised.pdf)

C&SHR - The Care and Support (Provision of Health Services) Regulations 2014
http://www.legislation.gov.uk/uksi/2014/2821/pdfs/uksi_20142821_en.pdf

C&SAR - The Care and Support (Assessment) Regulations 2014
http://www.legislation.gov.uk/uksi/2014/2827/pdfs/uksi_20142827_en.pdf

NHSSR - The National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012 [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/2012/1251/pdfs/uksi_20121251_en.pdf)