**Appendix A**

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To be completed by the Individual and/or representative appealing the CHC eligibility decision.

**Patient’s Name**: ……………………………………………………

**Patient’s Date of Birth**: ………………………………………… …

**Address**: ………………………………………………………………………………………..

**Telephone Number**: ………………………………………………

**E-mail** (if available): ………………………………………………

**Signature**: …………………………………………………….. **Date**: ………………………..

If you are completing this form on behalf of the patient you should ensure that you have authority to appeal on behalf of the person receiving care. This could be via a verbal agreement from the patient which has been recorded in their notes, written authority and, if applicable, legal authority e.g. original Enduring or Lasting Power of Attorney.

|  |
| --- |
| **Certification / Consent** |
| **Name**: |  |
| **Relationship to the Individual**: |  |
| **I certify that I have authority to act on behalf of the patient** (enclose a certified copy of relevant Power of Attorney\*)🞏 Enduring Power of Attorney (prior to 1 October 2007) – if the person lacks capacity it must be registered with the Office of the Public Guardian (OPG)🞏 Lasting Power of Attorney for Health and Welfare (post 1 October 2007) – registered with the OPG🞏 A best interest decision has been made with advocate/Independent Mental Capacity Advocate involvement (delete as appropriate) |
| **Signed**: |  |
| **Date**: |  |

|  |
| --- |
| **Reasons for appealing? Please explain why you disagree with the decision that the individual is not eligible for NHS continuing healthcare** |
|  |

**Please state clearly which levels of the twelve domains of the Decision Support Tool (DST) that you disagree with and the reason(s) why.**

**Please use the comments boxes to provide any information regarding the individual’s level of need in that care domain that you feel had not been taken into account during completion of the DST.**

|  |  |
| --- | --- |
| **Breathing** | **I agree / disagree with the level of need identified for this domain** |
| **If you disagree with the level given, what level do you think would be more appropriate?** | Priority | Severe | High |
| Moderate | Low | No Needs |
| **Nutrition** | **I agree / disagree with the level of need identified for this domain** |
| **If you disagree with the level given, what level do you think would be more appropriate?** | Severe | High |
| Moderate | Low | No Needs |
| **Continence**  | **I agree / disagree with the level of need identified for this domain** |
| **If you disagree with the level given, what level do you think would be more appropriate?** | High | Moderate |
| Low | No Needs |
| **Skin** | **I agree / disagree with the level of need identified for this domain** |
| **If you disagree with the level given, what level do you think would be more appropriate?** | Severe | High |
| Moderate | Low | No Needs |
| **Mobility** | **I agree / disagree with the level of need identified for this domain** |
| **If you disagree with the level given, what level do you think would be more appropriate?** | Severe | High |
| Moderate | Low | No Needs |
| **Communication** | **I agree / disagree with the level of need identified for this domain** |
| **If you disagree with the level given, what level do you think would be more appropriate?** | High | Moderate |
| Low | No Needs |
| **Psychological and Emotional Needs**  | **I agree / disagree with the level of need identified for this domain** |
| **If you disagree with the level given, what level do you think would be more appropriate?** | High | Moderate |
| Low | No Needs |
| **Cognition** | **I agree / disagree with the level of need identified for this domain** |
| **If you disagree with the level given, what level do you think would be more appropriate?** | Severe | High |
| Moderate | Low | No Needs |
| **Behaviour** | **I agree / disagree with the level of need identified for this domain** |
| **If you disagree with the level given, what level do you think would be more appropriate?** | Priority | Severe | High |
| Moderate | Low | No Needs |
| **Drug Therapies and Medication** | **I agree / disagree with the level of need identified for this domain** |
| **If you disagree with the level given, what level do you think would be more appropriate?** | Priority | Severe | High |
| Moderate | Low | No Needs |
| **Altered States of Consciousness** | **I agree / disagree with the level of need identified for this domain** |
| **If you disagree with the level given, what level do you think would be more appropriate?** | Priority | High |
| Moderate | Low | No Needs |
| **Other significant care needs to be taken into consideration** | **I agree / disagree with the level of need identified for this domain** |
| **If you disagree with the level given, what level do you think would be more appropriate?** | Severe | High |
| Moderate | Low | No Needs |

**If you require extra space to write your comments please continue on a separate sheet and attach to this questionnaire.**

**\*Please return this Consent / Questionnaire to the following address along with any relevant Legal Documentation\***

CHC Appeals, Nottinghamshire Clinical Commissioning Partnership,

1 Standard Court, Park Row, Nottingham, NG1 6GN

If you do not understand any of the information contained in this form or need assistance in completing it, you may wish to contact your local Age UK office (www.ageuk.org.uk), Beacon Continuing Healthcare Advocacy Service ([www.beaconchc.co.uk](http://www.beaconchc.co.uk)) or any other community advisory service.