Flowcharts describing Hospital Based Complex Clinical Care assessment and appeals process – EXCLUDES PROCESS FOR 90-DAY LENGTH OF STAY ASSESSMENTS

1. **Communication** – with MDT, patients, families and carers throughout the process
   - Every decision that is made from the clinical assessment should be recorded in the clinical record.

2. **Record Keeping**
   - Summary Assessment tool completed with MDT & appropriate specialist input
   - Copy of assessment given to patient/family/carer

3. **Disagreement**
   - If there is any disagreement, then a second opinion can be requested at each decision point.

Consideration of discharge arrangements

MDT discussion takes place to determine level of any ongoing needs

May be eligible for **Hospital Based Complex Clinical Care**

Summary Assessment tool completed with MDT & appropriate specialist input

Health & Social Care Package
   - According to need

**Discharge**

Patient eligible?

- **Yes**
  - **Hospital Based Complex Clinical Care**
    - 3-monthly review for ongoing eligibility

- **Not eligible**
  - Patient/family/carer unhappy with outcome of assessment
    - **Appeal requested** within 5 days of decision
      - Appropriate Assoc. Medical Director (UHD/REAS) or Clinical Director will appoint second consultant

Refer to Appeals Process Flowchart pg.2
Flowcharts describing Hospital Based Complex Clinical Care appeals process – CO-ORDINATED BY DELAYED DISCHARGE MANAGER

Summary Assessment tool completed with MDT & appropriate specialist input

Copy of assessment given to patient/family/carer

Not eligible for HBCCC

Patient/family/carer unhappy with outcome of assessment

Appeal requested

Appropriate Assoc. Medical Director (UHD/REAS) or Clinical Director will appoint second consultant

Assessment undertaken by second consultant

(within 2 weeks of receipt of appeal)

Contrasting Outcome

Same outcome

NHS Complaints Procedure

Patient/family/carer unhappy with process undertaken to reach decision

Referral to Executive Medical Director for final decision in writing (within 2 weeks)

Associate Medical Director or Clinical Director will communicate decision to patient/family/carer, and original consultant, and appropriate ongoing arrangements made (within 2 weeks)

Complaints must be received within 6 months of decision or within 6 months of realising there was reason to complain

Refer to Appeals Contacts details