

**Proforma for use in responding to appeals against decision**

**Refer to full policy**

CHI label: Needs CHI number

**Adult Hospital Based Complex Clinical Care - Appeals Process Proforma**

When an individual does not agree with the decision on eligibility for this level of hospital based complex clinical care, he or she, or a carer or an advocate, can appeal against the decision by requesting a second opinion from another appropriate, competent medical professional.

**Section 1: To be completed by a member of the team who received the appeal request**

Date appeal made	
Name of person appealing	
Patient/ or relationship to patient	
Name of patient's Consultant (normally the professional who made the original decision)	

Has person who is appealing been advised of advocacy provision?	Yes	No
Does the patient have a guardianship order in place?	Yes	No

**Section 2: To be completed by professional providing second opinion**

Date of Review Request	
Name of Reviewer	
Date of Review (within 2 weeks of request)	

<b>Complete new version of Assessment Summary Tool</b>			
I have reached an independent clinical decision	<b>Yes</b>	<b>No</b>	

The second opinion review has been found evidence to demonstrate that:

				<b>Comments</b>
<b>Refer to original documentation</b>				
1	An appropriate assessment was carried out	<b>Yes</b>	<b>No</b>	
2	Appropriate specialists with the required expertise were involved in the process	<b>Yes</b>	<b>No</b>	
3	A proper record of the decision making process was produced	<b>Yes</b>	<b>No</b>	
4	An independent clinical decision was reached;	<b>Yes</b>	<b>No</b>	
5	Decision the same as original assessment	<b>Yes</b>	<b>No</b>	

***If 'no' to number 5 – refer to appropriate NHS Board Associate Medical Director (UHD) or Clinical Director, Integrated Authority, to complete section 3***

**Advocacy link (if appropriate):**  
**Second Opinion Professional**

Signature ..... Date .....

Name (Block caps).....

**Section 3: Contrasting Opinions**

Where the opinion of the second opinion contrasts with the original assessment, a referral will be made to either the Clinical Director or Associate Medical Director at NHS Board;

Date referred to Associate Medical Director/Clinical Director		
Medical Director name		
Date of final outcome from Medical Director (in writing within two weeks of referral)		
Final Outcome	Eligible	Not Eligible
Date final outcome notified to the Consultants conducting original assessment and appeal assessment		
Date original consultant discussed final outcome with patient/carer/advocate who has made appeal		
Patient/carer/advocate Advised of complaints procedure if remains unhappy about process carried out (NB: complaint must be received within 6 months of decision or within 6 months of realising that they had reason to complain)	Yes  Date:	No
Filing of Records checklist; <ul style="list-style-type: none"> <li>• Original assessment</li> <li>• Second opinion assessment</li> <li>• Appeals process proforma</li> <li>• Directors final outcome if applicable</li> </ul>		

**NHS Lothian Policy for Meeting the Needs of People with Limited English Proficiency**

- Where there are communication difficulties patients and staff have a right to communication support
- the responsibility to ensure effective communication lies with healthcare staff
- communication support should be provided using approved interpreters and translators - interpreting and translation services are provided to the patient free of charge
- NHS Lothian has legal, ethical and business responsibilities to provide effective communication support.