

## Summary Assessment Tool

<b>Date of assessment</b>	
<b>Time of assessment</b>	
<b>Consultant/GP</b>	
<b>MDT staff members involved</b>	

**CHI Label: Needs CHI number**

Summary of Guidance	
<b>A</b>	Provide a summary of the outcome of the assessment which has contributed to your decision regarding this patient's eligibility for adult <b>Hospital Based Complex Clinical Care</b> .
<b>B</b>	Comments are required in <u>all</u> boxes below
<b>C</b>	For an individual to be eligible for care in the hospital setting, the criterion given must be fulfilled
<b>D</b>	Refer to the attached guidance for full guidance on completion

Assessment Summary	Eligible against this criterion	
<p><b>'Can this individual's care needs be properly met in any setting other than a hospital?' /NHS facility</b>  <i>The complexity, nature or intensity of the patients health needs (overall medical, nursing, and other clinical needs)</i></p> <p><i>Please specify reason(s) in detail:</i></p>	<b>YES</b>	<b>NO</b>

CHI Label: needs CHI number

<b>Declaration</b>	
In completing this form I confirm that all of the following apply (please tick)	✓
<ul style="list-style-type: none"> <li>This decision is informed by assessment undertaken by the multi-disciplinary team with named consultant/GP</li> </ul>	Y/N
<ul style="list-style-type: none"> <li>I have the relevant knowledge of <b>adult Hospital Based Complex Clinical Care</b></li> </ul>	
<ul style="list-style-type: none"> <li>The patient /carer /advocate's views were considered and relevant information was provided in an appropriate format</li> </ul>	
<ul style="list-style-type: none"> <li>The patient and /or carer were informed of the outcome of this assessment on ...../...../.....</li> </ul>	
<ul style="list-style-type: none"> <li>I confirm that the patient, their carer/advocate/relatives have been made aware of the 3 month review process, and that <b>Hospital Based Complex Clinical Care</b> may in future not be the most appropriate placement to meet their ongoing needs.</li> </ul>	
<ul style="list-style-type: none"> <li>The individual is satisfied with the decision and the information given</li> </ul>	
<ul style="list-style-type: none"> <li>The patient/carer wishes to appeal against the decision made;               <ul style="list-style-type: none"> <li>- and have been given the appropriate information about how this is done</li> <li>- a second opinion is being arranged (Please see <i>Appeals process pro-forma</i>)</li> </ul> </li> </ul>	
<b><u>General Comments</u></b>	

It is my professional clinical judgement that the patient's current healthcare needs do / do not (delete as appropriate) require provision of Hospital Based Complex Clinical Care in line with DL (2015) 11 paragraph 14.

Signature ..... Date & Time .....  
(consultant or GP)

Designation.....

Name ..... (Block caps).....