

**North Wales Dispute Avoidance-Resolution Process v1.0 (Adult) (Continuing
NHS Healthcare the National Framework for Implementation in Wales 2022)**

| Timeline maximum | <p>Stage and actions</p> <p>Principles for Adults</p> <ol style="list-style-type: none"> 1. All parties will adhere to the CHC Framework associated guidance and legal regulations. This includes that there will be no delay in care including transfers of care due to clarification of financial decisions. 2. At the earliest point undertake a comprehensive review and discussion of the facts to avoid invoking the formal inter-agency dispute resolution procedure. CHC teams are expected to be an in-reach / advisory resource to the MDT accessed via the Care Coordinator support for clearly complex cases. 3. The individual is central: “No decisions about me without me” approach whilst recognising the individual voice is heard at the MDT (DST) meeting, but they are not part of the meeting decision process. 4. The Statutory body funding dispute is a discrete process and does not impede the individual’s right to appeal CHC due process or approach the Ombudsman in line with the CHC Framework. | <p>Action Owner:</p> <p>All involved in CHC process</p> |
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| <p>Within 48 hours max.</p> | <p>STAGE 1 - Informal: The MDT are required to work together in a mature partnership discussion to seek a resolution to the dispute ensuring that the patients best interests are considered and there is no undue delay to the patient receiving the right care at the right time.</p> <p>Where the MDT fail, despite their best efforts, to reach an agreement they should escalate to their operational managers in both Health and Social Care (SC) within 48 hours of the MDT meeting. In the Health Board (HB), this could be a District Nurse, Therapy or other team who need to seek support of their local CHC team by informal referral for advisory consultation. The escalation to managers should include:</p> <ul style="list-style-type: none"> • Giving clear documented evidence of the issues • Seeking further information/clarification on the facts of the case including any emerging evidence or on the correct interpretation of the CHC Framework. • Ensuring there are clear roles and responsibilities for communication to the individual or their representative(s). Unless clearly agreed otherwise, this is the responsibility of the Care Coordinator. <p>Funding: Clear interim care arrangements under a 50:50 assumed funding arrangement until outcome resolution agreed. HB CHC panel and/or LA commissioning approval for financial authorisation of 50:50, of the total Health and Social Care costs. Q & A of safely commissioned package of care and note of dispute position only. Statutory Funding from the date of the DST signed and dated. OR if resolution take through full CHC Q & A and eligibility, funding and commissioned care checks panel.</p> <p>If resolution not achieved, notification of formal dispute starts at 48-72 hours.</p> | <p>MDT led by the named Care Coordinator and associated line managers</p> |

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| <p>Within 2 weeks max.</p> | <p>Stage 2 – Formal: A formal stage of resolving disagreements regarding eligibility recommendations, involving HB and SC managers and/or practitioners who have delegated authority to attempt resolution of the disagreement and can make CHC eligibility decisions.</p> <ul style="list-style-type: none"> • CHC peer review the panel decision giving rationale for outcome. • Notification to the MDT via the Care Coordinator of the peer review and the opportunity for the MDT to present any new emerging evidence. • Where uncertainty/discrepancies between the peer review and panel decision the case could be referred to an external HB peer review via the local CHC team requesting corporate CHC support, (or when an interagency panel has been agreed and developed the regional interagency panel.) • Ensuring there are clear roles and responsibilities for communication to the individual or their representative(s). Unless clearly agreed otherwise, this is the responsibility of the Care Coordinator. <p>Funding: Continue Health and Social Care needs 50:50 funding OR if resolution take through CHC Q and A and panel.</p> | <p>Senior managers Social Care / CHC (preferably not directly involved with the case previously)</p> |
| <p>Within 4 weeks max.</p> | <p>Stage 3 - Final stage: Involving independent arbitration. This stage should only be invoked as a last resort and should rarely, if ever, be required. It can only be triggered by senior managers within the respective organisations who must agree if and how the independent arbitration is to be sourced, organised and funded. Final allocation of appropriate funding source ratified through CHC and/or LA funding process.</p> <ul style="list-style-type: none"> • Ensuring there are clear roles and responsibilities for communication to the individual or their representative(s). Unless clearly agreed otherwise, this is the responsibility of the Care Coordinator. | <p>HB and Social Care Directors linking to the operational MDT.</p> |