NHS Continuing Healthcare and NHS-funded Nursing Care

Public Information Leaflet

DH Department of Health

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Public information booklet

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Introduction

This leaflet is a guide for individuals who may be in need of ongoing care and support from health and social care professionals as a result of disability, accident or illness, and explains the process used to determine whether the individual is eligible for care funded entirely by the NHS.

We understand that the funding arrangements for ongoing care is a complex and highly sensitive area, which can affect individuals at a very vulnerable stage of their lives. There has been national guidance available since 2007 which sets out a single, National Framework for determining eligibility for NHS continuing healthcare and for NHS-funded nursing care.

The purpose of the National Framework is to provide for fair and consistent access to NHS funding across England, regardless of location, so that individuals with similar needs should have an equal liklihood of getting all of their health and nursing care provided free of charge.

The National Framework was first introduced on 1 October 2007. It was reviewed in October 2009 and has now been revised again to reflect the changes within the NHS from April 2013. It was re-published in November 2012. The revisions have not changed the way in which eligibility decisions are made, nor have they changed the level of nursing/healthcare needs that entitles an individual to NHS continuing healthcare. This leaflet takes into consideration the changes

that have been made within the National Framework and has been specifically produced to answer your questions about NHS continuing healthcare and NHS-funded nursing care.

NHS continuing healthcare

What is NHS continuing healthcare?

NHS continuing healthcare is the name given to a package of care which is arranged and funded solely by the NHS for individuals outside of hospital who have ongoing health care needs. You can receive NHS continuing healthcare in any setting, including your own home or in a care home. NHS continuing healthcare is free, unlike support provided by local authorities for which a financial charge may be made depending on your income and savings.

If you are found to be eligible for NHS continuing healthcare in your own home, this means that the NHS will pay for healthcare (e.g. services from a community nurse or specialist therapist) and associated social care needs (e.g. personal care and domestic tasks, help with bathing, dressing, food preparation and shopping). In a care home, the NHS also pays for your care home fees, including board and accommodation.

Who is eligible for NHS continuing healthcare?

Anyone over 18 years of age assessed as having a certain level of care needs may be entitled to NHS continuing healthcare. It is not dependent on a particular disease, diagnosis or condition, nor on who provides the care or where that care is provided. If your overall assessment of care needs shows that you have a ‘primary health need’, you

should be eligible for NHS continuing healthcare. Once eligible for NHS continuing healthcare, your care will be funded by the NHS, this is however, subject to regular reviews, and, should your care needs change, the funding arrangements may also change.

Whether someone has a 'primary health need' is assessed by looking at all of their care needs and relating them to four key indicators:

- **nature** – this describes the characteristics and type of the individual's needs and the overall effect these needs have on the individual, including the type of interventions required to manage those needs
- **complexity** – this is about how the individual's needs present and interact and the level of skill required to monitor the symptoms, treat the condition and/or manage the care.
- **intensity** – this is the extent and severity of the individual's needs and the support needed to meet them, which includes the need for sustained/ongoing care
- **unpredictability** – this is about how hard it is to predict changes in a individual's needs that might create challenges in managing them, including the risks to the individual's health if adequate and timely care is not provided

Assessments

How are decisions made about who is eligible for NHS continuing healthcare?

The whole of the decision-making process should be 'person-centred'. This means putting the individual and their views about their needs and the care and support required at the centre of the process. It also means making sure that the individual plays a full role in the assessment and decision-making process and gets support to do this where needed. This could be by the individual asking a friend or relative to help them explain their views.

The first step for most individuals is the Checklist Tool. This is a screening tool to help health and social care staff judge whether it is appropriate to undertake a full assessment for NHS continuing healthcare. The Checklist will usually be completed when someone is assessing or reviewing health or social care needs. The Checklist does not indicate whether the individual is eligible for NHS continuing healthcare, only whether they require full assessment of eligibility for NHS continuing healthcare.

If a Checklist has been completed and indicates there is a need to carry out a full assessment of eligibility for NHS continuing healthcare, the individual completing the Checklist will contact your Clinical Commissioning Group (CCG) who will arrange for a multidisciplinary team to carry out an up-to-date assessment of your needs. A multi-disciplinary team is made up of two or more health or social care professionals

who are involved in your care. The assessment will, with your permission, involve contributions from all of the health and social care professionals involved in your care to build an overall picture of your needs. In some cases the multidisciplinary team will ask for more detailed specialist assessments from these professionals.

The multi-disciplinary team will use the information from your assessment to complete a 'Decision Support Tool'. The Decision Support Tool looks at eleven different types of need, for example, mobility, nutrition, and behaviour. The purpose of the tool is to help decide on the nature, complexity, intensity and unpredictability of your needs and so whether you have a 'primary health need'. The multi-disciplinary team will then make a recommendation to the CCG as to whether you are eligible for NHS continuing healthcare. The CCG should usually accept this recommendation except in exceptional circumstances.

Fast Track Tool

If you need an urgent package of care due to a rapidly deteriorating condition which may be entering a terminal phase, then the Fast Track Tool may be used instead of the Decision Support Tool to confirm eligibility for NHS continuing healthcare funding. If this is the case, an appropriate clinician will complete the Fast Track Tool and send it directly to the CCG which will arrange for care to be provided as quickly as possible. Occasionally, a CCG may arrange for a review of your needs and arrange a Decision Support Tool to be completed after immediate support has been provided following the completion of a Fast Track Tool. This could lead

to a decision that the individual is no longer eligible for NHS continuing healthcare funding.

Following every assessment or review you should be sent a written decision as to whether you are entitled to NHS continuing healthcare together with reasons for the decision.

What services will be provided if you are entitled to NHS continuing healthcare?

If you are entitled to NHS continuing healthcare, the CCG will discuss options with you as to how your care and support needs will best be provided for and managed and your preferred setting in which to do that (e.g. at home or in a care home) and which organisation/s will be responsible for meeting your needs.

When deciding on how your needs are met, your wishes and expectations of how and where the care is delivered should be documented and taken into account.

Reviews

You will have a review of your needs after three months and then at least every year. Neither the NHS nor the local authority should withdraw from an existing care or funding arrangement without a joint review and reassessment of your needs, and without first consulting with one another and with you about any proposed changes and ensuring that alternative funding or services are in place.

What if I am not eligible for NHS continuing healthcare?

If you are not eligible for NHS continuing healthcare, the CCG can refer you to your local authority who can discuss with you whether you may be eligible for support from them. If you are not eligible for NHS continuing healthcare but still have some health needs then the NHS may still pay for part of the package of support. This is sometimes known as a "joint package" of care. One way in which this is provided is through NHS-funded nursing care (see below). It can also be by the NHS providing other funding or services towards meeting your needs.

Where the local authority is also part funding your care package then, depending upon your income and savings, you may have to pay a contribution towards the costs of their part of the care. There is no charge for the NHS part of a joint package of care. There are more details about NHS-funded nursing care below.

Whether or not you are eligible for NHS continuing healthcare, you are still able to make use of all of the other services from the NHS in your area in the same way as any other NHS patient.

Who do I contact if I am not happy with the outcome?

If you disagree with a decision not to proceed to full assessment of eligibility for NHS continuing healthcare following completion of a Checklist you can ask the CCG to reconsider the decision.

If you disagree with the eligibility decision made by the CCG (after a full assessment and the Decision Support Tool has been completed) or if you have concerns about the process used to reach the decision, you can ask the CCG for an independent review of your case. The CCG local resolution procedures should be used first unless such procedures would cause unreasonable delay. To request an independent review, please write to your CCG which will contact the National Commissioning Board (the Board) and ask them to arrange a review, unless the matter can be resolved locally.

Any individual has a right to complain about any aspect of the service they receive from the NHS, the local authority or any provider of care. The details of the complaints procedure are available from the relevant organisation, including details of your local Independent Complaints Advocacy Service (ICAS).

NHS-funded nursing care

What is NHS-funded nursing care?

By law, local authorities cannot provide registered nursing care. For individuals in care homes with nursing, registered nurses are usually employed by the care home itself and, in order to fund this nursing care, the NHS makes a payment direct to the care home. This is called 'NHS-funded nursing care' and is a standard rate contribution towards the cost of providing registered nursing care for those individuals who are eligible.

Registered nursing care can involve many different aspects of care. It can include direct nursing tasks as well as the planning, supervision and monitoring of nursing and healthcare tasks to meet your needs.

Who is eligible for NHS-funded nursing care?

You should receive NHS-funded nursing care if:

- you are resident within a care home that is registered to provide nursing care; and

- you do not qualify for NHS continuing healthcare but have been assessed as requiring the services of a registered nurse

In all cases individuals should be considered for eligibility for NHS continuing healthcare before a decision is reached

about the need for NHS-funded nursing care. Consequently most individuals will not need to have a separate assessment for NHS-funded nursing care if they have already had a full multidisciplinary assessment for NHS continuing healthcare as this process will give sufficient information to judge the need for NHS-funded nursing care. However, if an assessment is needed, your CCG will arrange this. If you are not happy with the decision regarding NHS-funded nursing care, you can ask the CCG for the decision to be reviewed and/or use the CCG complaints process.

Are there different levels of payment for NHS-funded nursing care?

NHS-funded nursing care is paid at the same rate across England. However, until 30 September 2007 there were three different banded payment rates for nursing care.

Any individual that was on the high band of NHS–funded nursing care under the previous three band system are entitled to continue on this band until;

- they no longer have nursing needs, or
- they no longer live in a care home that provides nursing or
- their nursing needs have reduced so that they do not qualify for the high band anymore (they would move onto the single band rate instead) or
- they are entitled to NHS continuing healthcare instead.

If you are eligible for NHS-funded nursing care the NHS will arrange for the payment to be made directly to your care home and this payment should be reflected in the care home fee actually charged to you.