

# NHS CONTINUING HEALTHCARE

A CAREPAL GUIDE – 2019/20

NHS continuing healthcare is free care outside of hospital that is arranged and funded by the NHS. It is only available for people who need ongoing healthcare and meet the eligibility criteria described below. NHS continuing healthcare is sometimes called fully funded NHS care.

### Where is care provided?

NHS continuing healthcare can be provided in any setting, including a care home, hospice or the home of the person you look after. If someone in a care home gets NHS continuing healthcare, it will cover their care home fees, including the cost of accommodation, personal care and healthcare costs. If NHS continuing healthcare is provided in the home of the person you look after, it will cover personal care and healthcare costs.

### Eligibility

To be eligible for NHS continuing healthcare, the person you look after must be assessed as having a "primary health need" and have a complex medical condition and substantial and ongoing care needs. Not everyone with a disability or long-term condition will be eligible. The assessment process is outlined below.

Guidance says that the assessment for NHS continuing healthcare should be "person - centered". This means that the person being assessed should be fully involved in the assessment process. They should be kept informed, and have their views about their own needs and support taken into account. As a carer, you should also be consulted where appropriate. It's a good idea to make it clear that you would like to participate fully in the assessment process. A decision about eligibility should usually be made within 28 days of an assessment being carried out.

### If they are ineligible

If the person you care for doesn't qualify for NHS continuing healthcare, their local authority will be responsible for assessing their care needs and providing services if they are eligible. However, if they don't qualify for NHS continuing healthcare but are assessed as having healthcare or nursing needs, they may still receive some care from the NHS. For someone who lives in their own home, this could be provided as part of a joint package of care, where some services come from the NHS and some from social services. If the person you care for moves into a nursing home, the NHS may contribute towards their nursing care costs (see NHS-funded nursing care, below).

Care services from the local authority are usually means-tested, so if the person you look after is eligible for local authority care, their finances will be assessed. Depending on their income and savings, they may need to pay towards their care costs.

## **NHS Continuing Care Assessments**

Clinical Commissioning Groups – (CCG's) (who now manage local health services and have replaced Primary Care Trusts), must carry out an assessment for NHS continuing healthcare if it seems that someone may need it. For example, the assessment should be carried out:

- if someone's physical or mental health worsens significantly
- before someone is awarded NHS-funded nursing care
- when someone is discharged from hospital. This should happen before the person is assessed for help from their local authority.

You can also ask for an assessment for the person you look after by talking to a health or social care professional working with them or the NHS continuing healthcare coordinator at the CCG. For most people, there's an initial checklist assessment, which is used to decide if they need a full assessment. However, if someone needs care urgently, for example if they are terminally ill, they should be assessed under the "fast track pathway" (see below).

### **Initial assessment**

The initial assessment consists of a checklist, which can be completed by a nurse, doctor, other healthcare professional or social worker. The person you look after should be told what's happening, and be asked for their consent.

Depending on the outcome of the checklist, the person you care for will either be told that they're not eligible for NHS continuing healthcare, or be referred for a full assessment. It's important to remember that being referred for a full assessment doesn't necessarily mean that someone will be found eligible for NHS continuing care.

Whatever is decided, the professional completing the checklist should record written reasons for their decision, and sign and date the checklist. The person you care for should be given a copy of the completed checklist. (You can download a blank copy of the NHS continuing care checklist from the Department of Health or contact us at Carepal and we will send you a copy).

See disputes, below, for details of what to do if you don't agree with a decision about eligibility for NHS continuing healthcare.

### **Full assessment**

When someone has a full assessment for NHS continuing healthcare, a multi-disciplinary team will assess their care needs. This team is made up of health and social care professionals who are already involved in their care. You should be told who is coordinating the assessment. The multi-disciplinary team will use a "decision support tool" to decide whether the person you look after is eligible for NHS continuing care.

The assessment looks at the following areas:

- breathing
- cognition (understanding)
- communication
- psychological/emotional needs
- mobility

- nutrition (food and drink)
- continence
- skin (including wounds and ulcers)
- behaviour
- symptom control through drug therapies and medication
- altered states of consciousness

Those carrying out the assessment should look at what help is needed, how complex these needs are, how intense and unpredictable these needs can be, as well as any risks that would exist if adequate care was not provided. For each of these issues a decision is then made about the level of need. The levels are marked "priority", "severe", "high", "moderate" or "low".

If the person you look after has at least one priority need, or severe needs in at least two areas, they should be able to get NHS continuing healthcare. Someone can also qualify if they have a severe need in one area plus a number of other needs, or a number of high or moderate needs. In these cases, the overall need, and interactions between needs, will be taken into account, together with evidence from risk assessments, in deciding whether NHS continuing healthcare should be provided.

The assessment should take your views and the views of the person you look after into account. As with the checklist, you should be given a copy of the completed decision support tool document. You should also be given clear reasons for the decision.

### **Fast-track assessment**

If someone's condition is deteriorating quickly and they are nearing the end of their life, they should be assessed under the NHS continuing care fast track pathway so that an appropriate care package can be put in place as soon as possible. Government guidance says that care should be put in place within 48 hours of someone being found eligible under the fast track pathway.

### **NHS funded nursing care**

If someone isn't eligible for NHS continuing healthcare, but they are in a nursing home (a care home that is registered to provide nursing care) they may be eligible for NHS-funded nursing care. This means that the NHS will pay a contribution towards their nursing home fees, often known as the Registered Nursing Care Contribution (RNCC).

NHS-funded nursing care is only used to pay for the costs of nursing care. People who get it will still need to pay for their accommodation, board and personal care, or have a community care assessment to see if they can get help with these fees from their local authority. The assessment for NHS-funded nursing care should be done automatically when someone moves into a nursing home. Eligibility depends on whether the person is assessed as having needs that require a nursing care environment.

The funding for people assessed as requiring the help of a registered nurse for April 2019 to 2020, for eligible care home residents the rates will be as follows:

- Standard rate is £165.56 per week
- Higher rate is £227.77 per week (this is only relevant for those people who were already on the higher rate in 2007 when the single band was introduced)

## Disputes

If you have been denied funding, you can submit a Continuing Care appeal via the local NHS. You will be offered a Dispute Resolution Meeting where you can have your say at why you believe funding should have been granted. Be aware that the NHS will also take the opportunity to justify why they believe they are right. Again, it is essential that you obtain copies of minutes of this meeting and written confirmation of the outcome.

If you disagree with the outcome of the meeting, you can write to the department that issued the denial and inform them that you disagree with their assessment and you would like to appeal formally. (Carepal can assist you with the wording of this, if required).

You will then be issued with a more formal appeal document, that needs completing with all the reasons why you believe the NHS decision is incorrect. This is what is known as the “Local Appeal Process”.

If you are further denied funding, you need to inform the NHS that you would like an Independent Review Panel (IRP) to be convened at regional level. This is where a totally independent panel look into how your case has been handled, question both parties as to their belief as to why funding should or shouldn't be granted and make a recommendation to the NHS, based on the facts of the case and their subsequent findings.

- This process can take some time and if your relative's condition has deteriorated further or there have been any significant changes to their health or care needs, you should request another assessment be carried out.
- If your relative is rapidly deteriorating, you can ask for a Fast Track assessment, as mentioned above.
- If you are found eligible for funding at the Independent Review, NHS Continuing Care funding will be awarded and can be backdated to shortly after the date the first checklist was completed.
- If you are still found to be ineligible for funding at the Independent Review Panel, you can then take your case to the Health Ombudsman.

## Getting advice

Make sure you seek independent advice from a specialist care adviser and look at all the available options. We can assist you with the structure of the appeal, as well as offering advice and guidance as to what to expect, and in some instances, accompanying you to the IRP.

### **Contact us**

T: 01282 866287

E: [info@carepal.org](mailto:info@carepal.org)

W: [www.carepal.org](http://www.carepal.org)

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