



NHS Continuing Healthcare and NHS-funded nursing care

**An introduction to care in
Surrey**

Introduction

This leaflet is a guide for people like you, who may be in need of on-going care and support from health and social care professionals as a result of disability, accident or illness. It explains the process used to determine whether you could be eligible for NHS-funded care. The information may also be useful to carers, advocates, friends and family.

We understand that the funding arrangements for on-going care are complex and highly sensitive, and that they 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 (most recently revised in November 2012) is to provide fair and consistent access to NHS funding across England, regardless of location, so that people with similar needs should have an equal likelihood of receiving NHS funded care.

This leaflet has been produced to answer your questions about NHS Continuing Healthcare and NHS-funded nursing care.

You can find the full National Framework for NHS Continuing Healthcare and NHS Funded Nursing Care online: www.surreydownsccg.nhs.uk/chc.

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. It is for individuals outside of hospital who have on-going health care needs. You can receive NHS Continuing Healthcare in a variety of settings, including your own home, or in a care home with nursing. NHS Continuing Healthcare is free (with no financial assessment) unlike support provided by local authorities, for which a financial charge may be made depending on your income and savings.

If you are eligible for NHS Continuing Healthcare and choose to receive your care in your own home, the NHS already provides for healthcare, e.g. services from a community/district nurse or specialist therapist. They will fund associated social care needs (e.g. personal care and domestic tasks, help with bathing and dressing). If you choose to receive your care in a care home, the NHS will also pay for your care home fees, including board and accommodation.

Who is eligible for NHS Continuing Healthcare?

Anyone over 18 years of age who is assessed as having a primary health need will be entitled to NHS Continuing Healthcare. Funding is not dependent on a particular disease, diagnosis or condition, or on who provides the care, or where that care is provided.

Having a primary health need means that your main (or primary) need for care must relate to your health, rather than your social care needs.

Social care may include some nursing care, providing any nursing care is considered incidental or ancillary to the provision of accommodation and of a nature which Social Services can be expected to provide. In addition, the need to live in a care home or to have carers at home (even if that is for 24 hours a day) does not automatically make you eligible for NHS Continuing Healthcare funding.

Social care needs: can be described as being directly related to the type of welfare services that Local Authorities have a duty to provide. These may include, but are not limited to: assessments of need; advice; information; personal care assistance with daily living tasks; assessment/assistance with equipment and home adaptations; and support to locate a care home and/or carer support.

Healthcare needs: can be described as being related to the treatment, control, or prevention of a disease, illness, injury or disability and the care or aftercare of a person with these needs. These needs are met by a combination of mainstream services such as district / community nurses/ tissue viability nurse. Where your needs are particularly complex, and meet a determined threshold, they will be met by NHS Continuing Healthcare.

The decision about whether you have a 'primary health need' is assessed using a Decision Support Tool (DST) which aims to bring together and record your needs based on 12 'care domains':

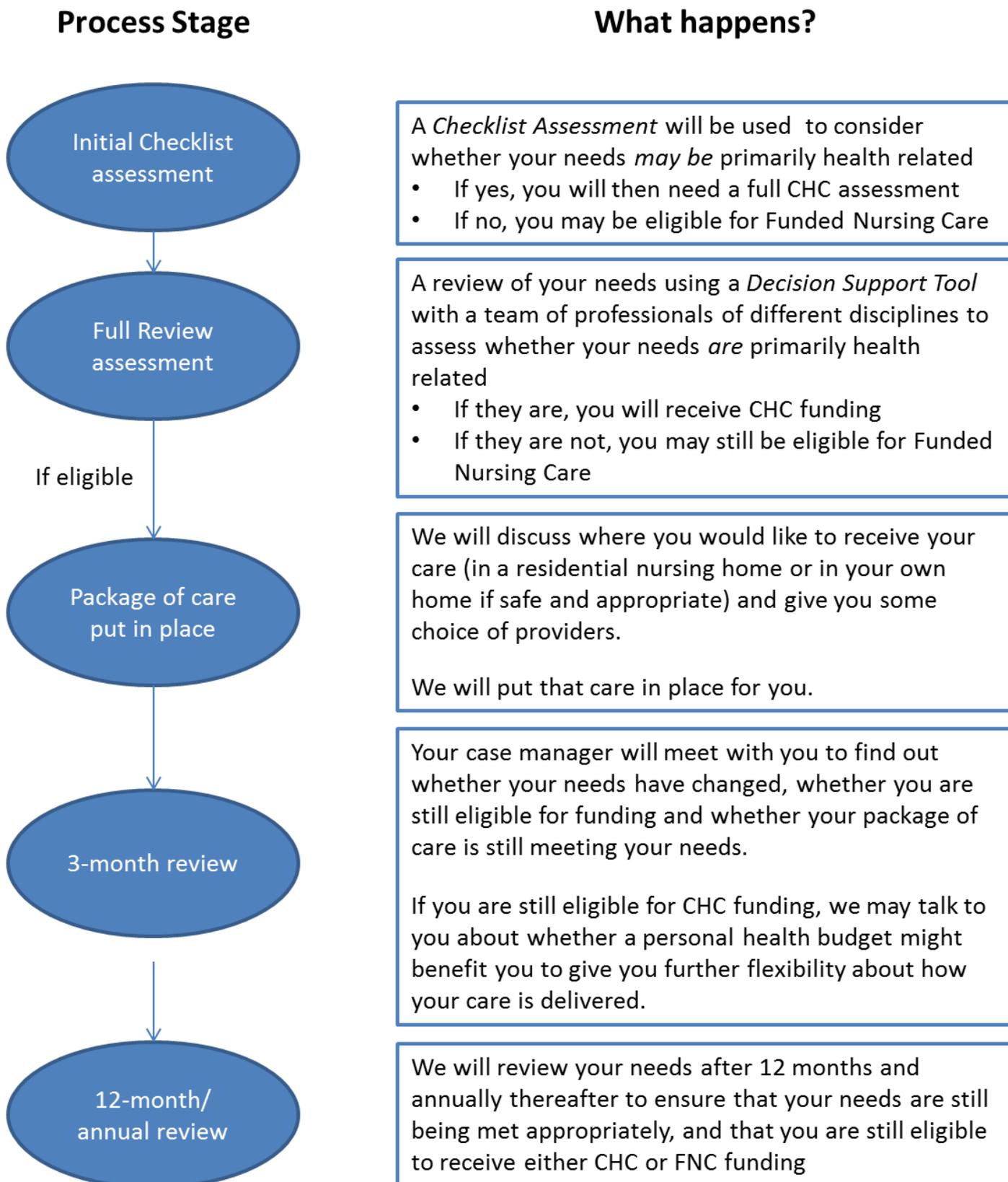
1. Behaviour
2. Cognition
3. Psychological/emotional needs
4. Communication
5. Mobility
6. Nutrition (food and drink)
7. Continence
8. Skin (including tissue viability)
9. Breathing
10. Drug therapies and medication (symptom control)
11. Altered states of consciousness
12. Other significant care needs.

You will be assessed on your needs in each domain. Each need is scored as no needs, low, moderate, high, severe or priority needs. Not all scores will apply in all domains. Each domain is explained in full in the notes that accompany the Decision Support Tool. Your needs are also considered in relation to four key indicators:

1. **Nature:** this describes the characteristics and type of your needs, and the overall effect these needs have on you, including the type of interventions required to manage those needs
2. **Complexity:** this is about how your needs present and interact, and the level of skill required to monitor the symptoms, treat your condition and/or manage your care
3. **Intensity:** this is the extent and severity of your needs and the support required to meet them, which includes the need for sustained/on-going care
4. **Unpredictability:** this is about how hard it is to predict changes in your needs that might create challenges in managing them. This includes risks to your health if adequate and timely care is not provided.

If you are found to be eligible for NHS Continuing Healthcare, your care will be fully funded by the NHS. However, funding is subject to regular reviews initially at three months and then 12 months/annually and, should your care needs change, the funding arrangements may also change or stop.

What is the process?



Assessments: how are decisions made about eligibility for NHS Continuing Healthcare?

The whole of the decision-making process should be about you as an individual. This means putting you, your views about your needs, and the care and support you require at the centre of the process.

It also means making sure you play a full role in the assessment and decision-making process, and that you get support to do this where needed. This could be by asking a friend or relative to help explain your views, or we can help to find someone to provide support.

The first step for most people is the Checklist Assessment. 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 you are eligible for NHS Continuing Healthcare, only whether you require a 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 NHS continuing healthcare team who will arrange for professionals from different disciplines (a multi-disciplinary team or MDT) 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.

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 then make a recommendation to the NHS continuing healthcare team as to whether you are eligible for NHS Continuing Healthcare. The NHS continuing healthcare team should usually accept this recommendation except in exceptional circumstances.

How long should the decision process take?

The NHS continuing healthcare team will try to make a decision about whether you are eligible for NHS Continuing Healthcare funding within 28 days of a full referral (with complete information) being made to the NHS continuing healthcare team. This is based on them having all the information they need at the assessment.

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. This is instead of the Decision Support Tool and used to confirm your 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 NHS continuing healthcare team who will arrange for care to be provided as quickly as possible.

Occasionally, a NHS continuing healthcare team may arrange for a review of your needs and the Decision Support Tool to be completed after immediate support has been provided, following the completion of a Fast Track Tool. If your needs have reduced, this could lead to a decision that you are no longer eligible for NHS Continuing Healthcare funding.

Following every assessment or review you will be sent a written decision as to whether you are entitled to NHS Continuing Healthcare together with reasons for the decision.

Your package of care: what services will be put in place if you are eligible for NHS Continuing Healthcare?

If you are entitled to NHS Continuing Healthcare, the NHS continuing healthcare team will discuss options with you as to how your care and support needs will best be provided and managed. You will be asked where you would like to receive your care (e.g. at home or in a nursing 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 will be documented and taken into account. They will be balanced with safety, quality, value for money and the fair allocation of resources. We will provide further information if you are found to be eligible for NHS Continuing Healthcare funding.

Reviews

If you are eligible for NHS Continuing Healthcare funding, we will review your needs after three months and then at least every year (or more if required).

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. They will first consult with one another and with you about any proposed changes and ensure 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 NHS continuing healthcare team can refer you to your local authority. They can discuss whether you may be eligible for support from them and you will be asked to take part in a financial assessment.

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 (explained later), or 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 later in this leaflet.

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 decisions about my needs and eligibility?

If, following a discussion with a continuing healthcare lead nurse or continuing healthcare case co-ordinator, you remain dissatisfied with the decision of non-eligibility for NHS Continuing Healthcare funding and your assessment was undertaken using a Decision Support Tool, a request for an appeal should be made in writing (or by email). This must be no later than six months from the date the notification of eligibility decision was given to you.

If the decision was given following a Checklist only, the Department of Health guidelines within the national framework does not allow the appeal of a Checklist. If you believe that the Checklist is clinically unsound then you will need to submit a formal complaint to the patient experience service at Surrey Downs Clinical Commissioning Group. The service is based at the Leatherhead address which can be found on the back of this leaflet.

Appeals should be sent to:

Clinical Hub Manager
Surrey Downs NHS Continuing Healthcare Service
Cedar Court
Guildford Road
Leatherhead
Surrey KT22 9AE

The Department of Health's guidance is clear that all disputes about Continuing Healthcare decisions should, where possible, be resolved locally by the NHS continuing healthcare team. Therefore if you do not agree with the outcome of an appeal, you will be offered a local resolution panel review.

If you remain dissatisfied with the NHS continuing healthcare team's decision, following your local resolution panel review, you can request that an independent review panel considers your case. However this must be done within six months of the NHS continuing healthcare team's decision.

The contact details of the independent review panel are:

NHS Continuing Healthcare Administrator
NHS England South
South West House
Blackbrook Park Avenue
Taunton
Somerset TA1 2PX

You can also contact the independent NHS complaints advocacy service:

Tel: 0300 0307333
Email: nhs@advocacyinsurrey.org.uk
Website: www.advocacyinsurrey.org.uk

NHS Funded Nursing Care (also known as FNC)

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 help 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 who are eligible.

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

If you live at home or in a care home without nursing, then you will receive your nursing care from your local district nurses.

If you live in a care home with nursing, the current national rate of £156.25 per week is paid directly to the care home to fund registered nurses who are employed by the home. Please note this rate is subject to change.

- If your place in the care home with nursing is funded by Social Services, then there is nothing for you to do, you will receive appropriate funded nursing care.
- If you fund your place in the care home yourself, the home is expected by the Government to reflect the Funded Nursing Care payments in your fees whilst you are resident on a self-funding basis. The home administrator should be able to advise on how the Funded Nursing Care payments affect your fees.

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. However, you must have been assessed as requiring the services of a registered nurse.

If you receive your care in your own home, your assessed care needs will be provided at no cost to you by your district nurse.

In all cases you should be considered for eligibility for NHS Continuing Healthcare before a decision is reached about the need for NHS Funded Nursing Care.

This may take the form of a Checklist or a full Decision Support Tool. Consequently most individuals will not need to have a separate assessment for NHS Funded Nursing Care if they have already had a full assessment for NHS Continuing Healthcare.

However, if an assessment is needed, your NHS continuing healthcare team will arrange this. If you are not happy with the decision regarding NHS Funded Nursing Care, you can ask the NHS continuing healthcare team for the decision to be reviewed (see section above 'Who do I contact if I am not happy with decisions about my needs and eligibility?').

Are there different levels of payment for NHS Funded Nursing Care?

NHS Funded Nursing Care is paid at the same rate across England (£156.25/week since 1 April 2016). However, until 30 September 2007 there were three different banded payment rates for nursing care.

If you were on the high band of NHS Funded Nursing Care under the previous three-band system, you are entitled to continue on this band until:

- you no longer have nursing needs
- or you no longer live in a care home that provides nursing
- or your nursing needs have reduced so that you do not qualify for the high band anymore (you would move onto the single band rate instead)
- or you 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. This payment should be reflected in the care home fee charged to you if you are self-funding your care.

Contact the team

If you want to know more, or have any questions about NHS Continuing Healthcare, you can:

- call and speak to a member of Surrey's NHS continuing healthcare team on 01372 201645
- write to: Surrey Downs Clinical Commissioning Group, NHS Continuing Healthcare Service, Cedar Court, Guildford Road, Leatherhead, Surrey KT22 9AE
- or email: SDCCG.referrals@nhs.net

If you, or anyone you know, would like a copy of this leaflet in another format such as large print, Braille, easy read or another language please contact us on:

tel: 01372 201500

email: contactus.surreydownsccg@nhs.net