



NHS continuing healthcare and NHS funded nursing care public information



What is NHS continuing Healthcare?

The term '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 healthcare needs. NHS continuing healthcare is free, unlike support provided by local authorities for which a financial charge will be made depending on your income and savings.

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 dependant on a particular diagnosis alone and a detailed assessment will need to be carried out to capture the nature, intensity, complexity, and unpredictability of your care needs.

Consenting to the assessment

You will be informed about the assessment process and asked to give consent. You will be asked if you would like family members or other representatives to be involved in the assessment process. Permission will also be sought for your health and social care records to be accessed and whether you will allow us to share those records and the outcomes with other health and social care professionals.

Consenting to be assessed is not a commitment to accept NHS continuing healthcare funding. It is consent for the assessment to take place and you are entitled to refuse assessments or withdraw your consent at any stage in the process.

There are only two circumstances when a third party can give consent on another individual's behalf. These are when the individual no longer has mental capacity to make his or her own decisions and a third party has Lasting Power of Attorney (Welfare), which is a legal document that lets you appoint people (known as 'attorneys') to make

decisions on your behalf. All individuals are presumed to have mental capacity, where they can make decisions on their own. However if an assessment of mental capacity shows that the individual is unable to make their own decisions, then a process called 'Best Interests' will come into play. This process is part of the Mental Capacity Act, which is a legal act that determines who can take decisions in which situations, and how they should go about this.

Implications of consenting and refusing consent

If you consent to the assessment process and are found to be eligible for NHS continuing healthcare funding you will be asked if you wish to accept the funding, the package of care the NHS can offer, and the NHS becoming solely responsible for arranging your care.

Very few people refuse consent to the assessment, but if consent is refused it does deny access to NHS continuing healthcare funding and means that the NHS cannot become solely responsible for arranging and funding your care.

However, it does not place additional responsibility on the local authority to meet your needs.

Refusal to consent does not prevent care or planning for your discharge from care from proceeding, nor does it deny access to mainstream hospital and community services.

How does the NHS assess your care needs?

The first step for most individuals is the checklist tool. This is a screening tool used by health and social care professionals to determine whether it is appropriate to undertake a full assessment for NHS continuing healthcare.

Following completion of the checklist, if it indicates that a full assessment of eligibility is required then the person completing the checklist will contact NHS Midlands and Lancashire Commissioning Support Unit (CSU). This organisation provides a support service for

continuing healthcare on behalf of your Clinical Commissioning Group (CCG), which is the organisation responsible for buying healthcare services on your behalf. The CSU will arrange for a multi-disciplinary team to carry out up to date assessments of your health and social care needs, which will be followed by completion of a Decision Support Tool (DST), which is a checklist containing a list of questions that are completed to decide whether you are eligible for continuing healthcare.

Following completion of the decision support tool the multidisciplinary team of health and social care professionals will then make a recommendation as to whether you are eligible for NHS continuing healthcare, taking into consideration the nature, complexity, unpredictability, and intensity of your current overall care needs.

All documents will then be submitted to the CSU who will check:

- ✓ Consent has been given or a 'Best interests decision' under the Mental Capacity Act has been made to undertake the process
- ✓ The assessment process has been comprehensive and the right professionals have been involved
- ✓ You, your family or representative has had a chance to be involved and given opportunities to contribute
- ✓ The multi-disciplinary team has correctly applied the decision support tool

Following these checks the CSU will then ratify (approve) the recommendation.

There may be occasions when the application may be returned to the person leading your assessment if insufficient information and evidence has been submitted to support the recommendation made.

The multi-disciplinary team members will be requested to carry out further work prior to resubmitting the application to the CSU.

The CSU on behalf of the CCG will inform the patient or representative of the final decision in writing.

What happens if you are eligible?

The CCG becomes responsible for arranging and funding your care according to your needs based on the assessments and care plan.

If deemed eligible for NHS continuing healthcare funding a review will be carried out no later than three months following the initial assessment and then annually. If significant changes occur the review process may be brought forward and if the view indicates that your needs have changed and it is considered by the reviewer that you may no longer meet the eligibility threshold, a full reassessment will be arranged where representatives from health and social care will be contacted and you will be taken through the full process again.

What happens if you are not eligible?

If you are not eligible or do not wish to accept NHS continuing healthcare funding the CCG cannot become solely responsible for arranging and funding your care, though the CCG does remain responsible for providing health services to meet your health needs free of charge.

However the local authority may be responsible for arranging and funding any social care service you require and you will be asked to make a financial contribution.

If you live in a nursing home as standard practice you will be reviewed at least annually. Should your needs change prior to planned reviews, the care home staff, relatives, or social care professionals can ask for a review and further consideration for NHS continuing healthcare.

What can you do if you are not happy with the eligibility decision?

When the CSU advises you of its eligibility decision, it will supply information about the local resolution process, which allows you to request a review of the decision.

The process aims to provide a resolution as soon as possible and involves one or more of the following:

- You will be asked to supply reasons in writing why you are unhappy with the decision made
- A local resolution panel will be arranged to review the assessment and this panel will consist of representatives from the CCG, CSU and local authority
- You and/or your representative will be invited to the meeting to discuss specific issues and clarify any questions following the assessment and eligibility decision

What can I do if I remain dissatisfied with the decision?

If after the local resolution process the decision is unchanged and you remain dissatisfied with the outcome you can request that the case is referred to the NHS England to undertake an independent review. NHS England is the organisation that oversees the budget, planning, delivery and day to day operation of the NHS in England.

NHS funded nursing care

NHS funded nursing care is the funding provided by the NHS to care homes that provide nursing. It supports the provision of nursing care by a registered nurse for those individuals assessed as eligible and is paid directly to the care home. It does not cover the accommodation and social care costs charged by a nursing home.

NHS funded nursing care is only available in care homes with registered nurses and covers planning, supervision and delegation of care by a registered nurse.

Who is eligible for NHS funded nursing care?

To qualify for NHS funded nursing care you must fill all these criteria:

- You have been assessed as needing to be resident in a care home with registered nursing
- You have been assessed to need access to a registered nurse
- You do not qualify for NHS continuing healthcare.

How does the NHS decide whether you are eligible for funded nursing care?

Eligibility for NHS funded nursing care can only be considered following a consideration of NHS continuing healthcare.

A nursing needs assessment will be completed, which will take into account your nursing needs. This will determine if you need the services of a registered nurse in a care home with nursing.

If you live in your own home or in a care home without registered nursing and have nursing needs these will be met by other NHS services e.g. district nurses, community matrons, community mental health nurses as required.

For further information visit

www.dh.gov.uk/health/2012/11/continuing-healthcare-revisions/

