

# NHS continuing healthcare and NHS-funded nursing care

Public information booklet





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## Introduction

We understand that continuing care is a complex and highly sensitive area which can affect people at a very vulnerable stage of their lives. To make the system fairer for everyone, we have produced new national guidance that sets out a single, national system for determining eligibility for NHS continuing healthcare.

It will lead to fair and consistent access to NHS funding across England, irrespective of location, so that people with equal needs should have an equal chance of getting all their care free of charge.

This leaflet has been produced to answer your questions about NHS continuing healthcare and NHS-funded nursing care following the changes that were introduced on 1 October 2007 when the National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care was implemented.

# Continuing healthcare

## What is NHS continuing healthcare?

NHS continuing healthcare is the name given to a package of services which is arranged and funded by the NHS for people outside hospital with ongoing health needs. You can get continuing healthcare in any setting, including your own home or in a care home. NHS continuing healthcare is free, unlike help from social services for which a charge may be made depending on your income and savings.

In your own home, this means that the NHS will pay for healthcare (e.g. services from a community nurse or specialist therapist) and personal care (e.g. help with bathing, dressing and laundry). In a care home, the NHS pays for your care home fees, including board and accommodation.



## Who is eligible for NHS continuing healthcare?

Anyone assessed as requiring a certain level of care need can get 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 care needs show that your primary need is a health one, you should qualify for continuing healthcare.

The primary health need should be assessed by looking at all of your care needs and relating them to four key indicators:

- **nature** – the type of condition or treatment required and its quality and quantity
- **complexity** – symptoms that interact, making them difficult to manage or control
- **intensity** – one or more needs which are so severe that they require regular interventions
- **unpredictability** – unexpected changes in condition that are difficult to manage and present a risk to you or to others.

## What if I am not eligible for NHS continuing healthcare?

If you do not qualify for NHS continuing healthcare then you may have to pay for some or all of your care, although the NHS will still provide for your medical needs. You may have to take a local authority means test to decide how much you should pay towards your personal care and accommodation if you are in a care home. However, if you are a resident of a residential home and require care from a registered nurse, this will be provided free of charge through NHS-funded nursing care.



# NHS-funded nursing care

## What is NHS-funded nursing care?

By law, local authorities cannot provide clinical services because the NHS is responsible for any care that must be provided by a registered nurse. For people in care homes, registered nurses are usually employed by the care home itself and, in order to fund this nursing care, the NHS makes a payment to the care home to cover the cost of providing the care for those who are eligible.

Registered nursing care can involve many different aspects of care. Typically, those with a need for registered nursing care will receive some of the following:

- supervision or monitoring of nursing needs
- planning, review or amendment of their care plan
- identification and tackling of potential health problems
- referral to other healthcare professionals (GPs, therapists, etc.)
- monitoring of and support for self-medication
- drug therapies and medication as necessary.

## Who is eligible for NHS-funded nursing care?

You should receive NHS-funded nursing care if:

- you have been assessed as requiring the services of a registered nurse
- you do not qualify for NHS continuing healthcare (i.e nursing and accommodation costs) but have been assessed as requiring the services of a registered nurse
- you are not receiving registered nursing care in any other way (e.g. directly from your primary care trust).

## Why are we changing the system?

On 1 October 2007, we launched a new National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care, which sets out principles on who should qualify for different levels of NHS funding in England and what they get.



In the past, each strategic health authority had its own rules for deciding who was eligible for NHS funding and how these rules were applied in practice. We are making the whole the system simpler, and the National Framework will help make access to NHS funding fairer and more consistent. The National Framework proposes a single set of principles on who is eligible for the different types of NHS funding in England, and it also describes a standard process for assessment.

## What is happening to the nursing care bandings?

Previously, there were three bands for NHS-funded nursing care, and the NHS had to determine which of these each individual would fall into. Under the new National Framework, the NHS will still have to assess your need for registered nursing and decide what services to provide, but there will not be any bands, nor will there be a need to have a separate assessment to decide the right band.

The NHS will then agree a contract with the care home to pay for your registered nursing services, based on a national average weekly cost of providing these services.

The process will make the system easier to understand and operate and will reduce the number of assessments required. It will also tie the NHS funding for registered nursing to the actual assessed needs.

## What happens if I'm currently in the medium or low bands for nursing care?

If you are receiving low- or medium-band funding, you should have been moved to the new single band from 1 October.



## What happens if I'm currently in the high band for nursing care?

If you are receiving high-band funding, you should continue to receive it until your case is reviewed. You will continue to receive the high-band contribution for as long as you are assessed as needing it.

## Will my care home fees change after 1 October?

There should be no change in your care home fees as a result of a change in your nursing care band.

## Assessments

### How will the assessment framework operate?

The NHS will make the decision on eligibility for NHS continuing healthcare in collaboration with the local authority through a multi-disciplinary team and with the full and active involvement of you and your carers. A multi-disciplinary team is made up of two or more professionals who are involved in your care. The members of the multi-disciplinary team may visit you separately before completing the record of your care needs.

The assessment framework details the order in which assessments will take place and who is responsible for them. It also provides national tools which can be used to ensure consistency. It will make sure that all decisions are fair and consistent, regardless of the care group, type of need or reasons for those needs.



The first stage is **screening** – your potential eligibility for NHS funding is determined and it is decided whether **fast tracking** is required. (Fast tracking is where a care package is set up quickly for those with a short-term life expectancy.)

If screening shows that you may qualify for full NHS funding, you will then undergo a **full assessment**. The full assessment will be a comprehensive assessment of your physical, mental, psychological and emotional needs. This assessment will involve contributions from all of the health and social care professionals involved in your care (the multi-disciplinary team), to build an overall picture of your needs.

Following the results of that assessment, we will discuss the **care planning** process with you (and your family if appropriate), including the options for how your needs and care will be managed and the best setting in which to do that (e.g. a care home).

If you need to be placed in a care home and are not eligible for NHS continuing healthcare, care planning will determine whether you need

a joint health and social care package, which will include:

- healthcare services provided by the NHS (GPs, therapists and funding registered through NHS-funded nursing care)
- social services provided by the local authority on a means-tested basis.

You will have a review of your needs after three months and then at least every year. Neither the NHS nor social services should withdraw from an existing care package without a joint review and reassessment and agreement of the proposed changes.

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

If your assessment says that you don't qualify for NHS continuing healthcare and you don't agree with this, you can take this up with the healthcare professionals who are working with you.



If you prefer, you can seek help from the Patient Advice and Liaison Service (PALS), which can be contacted through your primary care trust or NHS trust.

If you remain dissatisfied with the decision, you may have a 'right to a review' by an independent panel of people. This review will be arranged by your strategic health authority.



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