

NHS Continuing Healthcare Funding

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What is NHS continuing healthcare?

NHS continuing healthcare is a package of care for people who; are assessed as having significant ongoing healthcare needs and, require care primarily because of the nature of their health needs. It is arranged and funded by the NHS and is available in any setting, such as; a Care Home, their own home or a hospice.

Who is eligible for NHS continuing healthcare?

NHS continuing healthcare is for adults aged 18 and over. In order to determine eligibility a team of healthcare professionals (a 'multidisciplinary team') will conduct a checklist assessment to look at all care needs and relate them to: what help is needed, the complexity of need, the intensity or severity of need and the unpredictability of need, including any risks to health if the right care isn't provided at the right time.

Eligibility for NHS continuing healthcare depends on assessed needs, and not on any particular diagnosis or condition. If needs change then eligibility for NHS continuing healthcare may change.

The assessment process should fully involve the person being assessed and have their views about needs and support taken into account. Carers and family members should also be consulted where appropriate.

NHS continuing healthcare assessment process

Clinical commissioning groups (CCGs; the NHS organisations that commission local health services), must assess for NHS continuing healthcare where it appears that there may be a need for such care.

For most people, there's an initial checklist assessment, which is used to decide if a full assessment is required. However, if care is needed urgently – for example, if someone is terminally ill – the assessment may be fast-tracked.

The initial checklist assessment can be completed by a nurse, doctor, other healthcare professional or social worker. The person being assessed should be aware that they are being assessed and consent to the process. If they lack capacity to give consent, the assessor must check if there is an attorney appointed for health and care decisions under a Lasting Power of Attorney or a court appointed deputy who can act on their behalf. If there is no one,

the professional leading the assessment is responsible for making a 'best interests' decision on behalf of the person being assessed.

Depending on the outcome of the checklist the person will be informed that they either don't meet the criteria for a full assessment of NHS continuing healthcare and are therefore not eligible, or they will be referred for a full assessment.

Full assessment for NHS continuing healthcare

Full assessments for NHS continuing healthcare are undertaken by a "multidisciplinary team" made up of a minimum of two health or care professionals involved in the care of the person being assessed.

The assessment will consider needs under the following headings:

behaviour, cognition (understanding), communication, psychological/emotional needs, mobility, nutrition (food and drink), continence, skin (including wounds and ulcers), breathing, symptom control through drug therapies and medication, altered states of consciousness, and other significant needs. These needs are given a weighting marked "priority", "severe", "high", "moderate", "low" or "no needs".

- If a person has at least one priority need, or two severe needs, they should be eligible for NHS continuing healthcare.
- They may also be eligible if they have a severe need in one area plus a number of other needs
- Or a number of high or moderate needs, depending on their nature, intensity, complexity or unpredictability.

In all 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.

A decision about eligibility should usually be made within 28 days of it being decided that the person requires a full assessment for NHS continuing healthcare.

If eligible for NHS continuing healthcare, the next stage is to arrange a care and support package that meets the assessed needs, this will then be reviewed within three months and at least annually thereafter.

Not eligible for NHS continuing healthcare?

If a person is not eligible for NHS continuing healthcare but assessed as requiring nursing care in a care home, the NHS will pay a contribution towards the cost of a registered nursing home. NHS funded nursing care is available irrespective of who is funding the rest of the care home fees.

Further information:

www.gov.uk/government/publications/national-framework-for-nhs-continuing-healthcare-and-nhs-funded-nursing-care

www.alzheimers.org.uk/download/downloads/id/75/when_does_the_nhs_pay_for_care.pdf

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