

NHS Continuing Healthcare

Residents in Sutton with ongoing care needs requiring assistance may be eligible to receive fully funded NHS continuing healthcare (continuing healthcare).

If an individual is found not to be eligible for fully funded NHS continuing healthcare and is a resident in a nursing home they may be eligible to receive the Funded Nursing Contribution. For greater choice over how health and care needs are met, continuing healthcare recipients may also like to consider a personal health budget.

The Q&A below provides further detail about these services and how to contact NHS Sutton Clinical Commissioning Group's continuing care team if you wish to discuss further or request an assessment.

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What is NHS continuing healthcare?

NHS continuing healthcare is a package of on-going care that is arranged and funded by the NHS. It is designed to support individuals aged 18 or over who are found to have a primary health need which has arisen as a result of disability, accident or illness.

The [national framework for NHS continuing healthcare and NHS funded nursing care](#) (revised November 2012) sets out the principles and processes for determining eligibility. The framework ensures that those assessing and delivering NHS continuing healthcare do so in the same way.

All relevant and updated documents regarding the national framework for NHS continuing healthcare and NHS funded nursing care (revised November 2012) is available on the Department of Health's website. <https://www.gov.uk/government/publications/national-framework-for-nhs-continuing-healthcare-and-nhs-funded-nursing-care>.

How is eligibility for NHS continuing healthcare assessed?

You will be assessed by a multidisciplinary team using the national assessment tools to look at your care needs in total including the nature, complexity, unpredictability and intensity of them to establish if you have a "primary health need".

This is likely to be a complex medical condition that requires substantial on-going healthcare. Eligibility is not dependent on a particular diagnosis or disease or determined by the location of where your care is provided. If your assessment does not identify a primary health need you will not be eligible for fully funded NHS continuing healthcare.

We follow national guidance and criteria in assessing your care needs and eligibility. You will be fully informed and involved throughout this process. If you wish, you can ask a member of your family, a friend, a carer or perhaps another representative to support you during this assessment process. We encourage you do this.

A "checklist" screening tool assessment may be completed initially. This will help to decide if a full assessment, known as a decision support tool (DST) should be undertaken. The DST is used to collate information about your health needs and support the recommendation regarding eligibility. In some cases an urgent decision is needed, for example those who are terminally ill, and can be 'fast tracked' to provide timely NHS continuing healthcare.

Your health needs are assessed by looking at all of your care needs and relating them to four indicators:

- **Nature** – the type of condition or treatment required
- **Complexity** – symptoms that interact; therefore difficult to manage or control
- **Intensity** – one or more health needs, so severe they require regular intervention
- **Unpredictability** – unexpected changes in condition that are difficult to manage and present a risk to the person or others

What is NHS funded nursing care?

If you do not qualify for fully funded NHS continuing healthcare and are resident in a care home with nursing you may be eligible for NHS funded nursing care (FNC). This type of funding is available for people that have registered nursing needs and are receiving their

care in a care home with nursing. Please note, however, that being a resident in a care home with nursing does not automatically indicate eligibility for FNC.

If you are eligible for FNC we will pay the care home directly to fund your care. This means care provided, supervised or planned by registered nurses that are employed by the care home. If you are self-funding your care at the care home with nursing, these funds should be reflected in your care home fees. Please talk to the manager of the home to discuss how FNC affects your fees. If your placement is funded by social services the FNC payment forms part of the fees paid to the care home and does not affect or change any contribution from your pension or third party top up fees.

What if social services currently provide my care?

If NHS continuing healthcare is provided at home, local social services may still have responsibilities to provide some services for you or your carers. It is possible to receive 'mixed' packages of care, where some services come from the NHS and some from social services. Where local social services provide your care, they will usually do a financial assessment to decide whether the person must make any financial contribution.

How do I apply for NHS Continuing Healthcare or funded nursing care?

If you feel you may be eligible for either NHS continuing healthcare or NHS funded nursing care and you are registered with a GP in Sutton, then you will need to contact our continuing healthcare team, by writing, telephoning or email to:

NHS Sutton Clinical Commissioning Group
Priory Crescent
Cheam
Sutton SM3 8LR

Tel: 0208 687 4802

Email: sutccg.continuingcare@nhs.net

Can I make a retrospective claim for care already received?

A retrospective review follows a request from an individual or their representatives for an assessment which may look back a number of years and is the approach adopted to deal with requests for previously un-assessed episodes of care. Whilst a review may involve an assessment of current needs, the review is predominantly a paper based assessment for a period in the past. It will be undertaken by an experienced nurse assessor with access to patient healthcare records and nursing/residential home care notes. The review may be conducted because an individual has never been assessed, has not been assessed in recent years or has passed away before an assessment was undertaken.

NHS continuing healthcare (CHC) 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. To qualify for CHC an individual must have a 'primary health need' which is assessed using the [National Framework for NHS Continuing Healthcare and NHS Funded Nursing Care](#) published 1 October 2007(revised 2009 and 2012).

Following the deadlines announced by the Department of Health for the receipt of claims for retrospective reviews for the period 1 April 2004 - 31 March 2012, NHS Sutton Clinical Commissioning Group (CCG) took over responsibility for managing these cases internally

from the Commissioning Support Unit on 1 July 2015. All requests have been informed of these change in management of the case and NHS England require the CCG to have completed the review to establish if the individual was eligible to receive Fully Funded NHS Continuing Care during the identified periods that an assessment was not undertaken by the September 2016.

The deadline for submitting retrospective claims that predate 1 April 2012 has now passed and the Continuing Care team can only accept requests for periods from 1 April 2012 onwards.

What is the retrospective review process?

The retrospective process initially involves the collecting of information by completion of a questionnaire and consent; this will include obtaining confirmation of authority to act on behalf of the individual evidenced by production of a Power of Attorney or Grant of Probate or will detailing the Executors of an estate if the individual is deceased. The CCG also required certified copies of ID to support the consent.

Once all of this information is received, the paperwork which has been submitted will be reviewed by an experienced nurse assessor who will complete a screening process. This will look at the initial evidence to consider whether a full assessment for NHS CHC is necessary. We will normally write to the applicant following this initial screening to advise of the next stage in the claim process.

If an individual is still alive, the initial screening may highlight that a current assessment of needs is required, this will be arranged, and the individual's representative will be invited to attend. Once the outcome of any assessment is known the effect of the outcome on the retrospective request will be reviewed and the team will contact the applicant to advise the next stage.

If on completion of the initial review, it is determined that a full assessment for NHS Continuing Healthcare is necessary, then the CCG will need to collect a lot of evidence relating to the claim period from a number of different sources. It is difficult for us to determine at this stage how long the review will take to complete as it will depend on the availability of this evidence, the length of the claim and the availability of nurse assessors at any given time to undertake the review itself.

All claims that have been acknowledged will be progressed and there is no need for you to chase to ensure it is progressed. All claims are being handled in chronological order of receipt of completed paperwork as this is the only fair and equitable way to proceed. The team is happy to discuss your claim with you; we must advise that we will not be able to provide timescales for progression and completion, other than to confirm that at any specific time we have received all necessary information from you for the stage at which your claim is.

Once all of the required evidence is held the case will be allocated to a nurse assessor who has the appropriate skills and is trained in continuing healthcare. Due to the number of claims received there may be a considerable delay between receipt of all required evidence and allocation to a nurse assessor. The assessor will scrutinise the evidence and compile a needs portrayal document, pulling together all the relevant information from the different sources of evidence to build up a comprehensive picture of the individual's needs across the whole time period. Once completed the assessor will share the needs portrayal document with the applicant and request confirmation of the content and invite any comments the applicant wishes to add.

Once completed and returned, the information will be used to apply the eligibility criteria. If a claim period spans a number of years, then the eligibility criteria may need to be applied several times. A recommendation will be made to a multi-disciplinary team (MDT) of professionals within the CCG who will consider whether the nature, complexity, intensity or unpredictability of the individual's needs indicate a 'primary health need'.

If the CCG decides that the individual was eligible for all or part of the period under consideration, the CCG will make arrangements to make a restitution payment in line with the [Department of Health redress guidance](#). If the CCG decide that the individual was not eligible for CHC funding for all or part of the period being considered, the decision will be sent to the applicant with details of who to contact should the applicant disagree with the decision.

How do I apply for a retrospective review?

If you have any queries with regard to a Retrospective Review please contact the team by email at Email: sutccg.continuingcare@nhs.net or telephone 020 **687 4802**

What is a personal health budget?

A personal health budget is an amount of money that can be given directly to a person receiving fully funded NHS continuing healthcare to allow them increased control and choice in how their care is arranged delivered and purchased. This can include directly employing a personal assistant to deliver their care. The allocation of this budget is agreed between the individual and their continuing healthcare team, based upon a detailed care and support plan which identifies both healthcare and wellbeing outcomes.

We believe everything we do should focus on people's individual health and wellbeing needs. That's why wherever possible we are trying to personalise the things we do.

Many people have said that by using a personal health budget, they have more flexibility, choice and control over how money gets spent on their care and support and makes them feel more involved and more positive. A personal health budget enables you to work with a healthcare professional to prioritise the care needs that are important to you and create a care plan that reflects your own personal health and social goals.

Who can have a personal health budget?

If you are registered to a GP in Sutton, are eligible for NHS Continuing Healthcare and are receiving your care at home, you can ask for a personal health budget.

I'm eligible, so how do I get a personal health budget?

There are six basic steps to organising a personal health budget:

1. Getting clear information

Start by talking to the NHS team who currently look after you to find out if you would be eligible for a personal health budget. If you have been referred to the Sutton continuing healthcare team, we can tell you how personal health budgets work for people who receive continuing healthcare.

If you have recently received confirmation that you are eligible for continuing healthcare funding, a package of care and support will be put in place for you. Your needs will be reviewed after three months, and if you are still eligible for continuing healthcare funding at this time, the continuing healthcare nurse will talk to you about the potential benefits of a personal health budget and whether you would be interested in having one.

2. Understanding your health and wellbeing needs

Your health and wellbeing needs will be assessed by your multi-disciplinary team (which may include a community nurse, social worker, and other health professionals). The team, supported by a continuing healthcare nurse, will discuss with you how the personal health budget may work. An important part of setting a personal health budget is agreeing how the care you receive will benefit your health - your team will talk this through with you.

3. Working out the amount of money that may be available

As soon as continuing healthcare funding is confirmed at three months, your nurse can work out the amount of money that will be available to you in your personal health budget. The amount of money will be based on your health and wellbeing needs and what a conventional package of care would look like. Have a chat with your continuing healthcare nurse if you have any questions or concerns.

4. Making a personalised care and support plan

If you choose to have a personal health budget you will need to have a personalised care and support plan (sometimes called a health support plan). This is developed by you and your continuing healthcare nurse - together you will design a plan that meets your needs and meets NHS funding rules.

5. Organising care and support

As soon as your health support plan has been approved, your personal health budget will need to be “activated” – this can be organised in a number of different ways:

- **Notional personal health budget** – this means the continuing healthcare team will buy the services you need directly from the service provider (eg a care agency)
- **3rd party personal health budget** – this means we pass on the money to someone you know, who then organises your care for you (as agreed and described in your health support plan).
- **Direct payment** – this means we pass on the money directly to you, and you can organise your own care (as agreed and described in your health support plan).

You can also choose to receive your budget as a combination of the three options above.

6. Making sure the money is working for you

Your continuing healthcare nurse is responsible for making sure the help and support you are receiving is meeting your needs. As your needs change, so might your personal health budget, to make sure it is giving you the most appropriate support. Eligibility for CHC funding is also reviewed regularly.

How will my personal health budget care support plan be reviewed?

In order to ensure that your care support plan provides you with increased flexibility and choice, is safe, and that public funds will be spent appropriately, all care support plans will be reviewed by the Head of Continuing Care.

During this review and agreement the Head of Continuing Care will take into account the following:

- Your assessed health and wellbeing needs
- Your individually agreed health and wellbeing outcomes
- Guidance on direct payments for healthcare regulations
- National guidance on adult continuing healthcare and personal health budget guidance

It is important to us that the use of personal health budgets is fair and equitable to all, and you and the following next of kin, carers, advocate will be involved fully to help you understand and develop your personal health budget and your care support plan.

Who do I contact for more information about personal health budgets?

If you want to know more or you have any questions about personal health budgets, you can call and speak to a member of the Continuing Healthcare team on **0208 687 4802** or by **email** to: sutccg.continuingcare@nhs.net

How do I appeal a funded healthcare decision?

We want you to be happy with the way we assess your needs. If for any reason you are not, we would like to address the issues with you, your relative, friend or representative. We are also able to put you in touch with agencies that can offer support and advice.

We will help and guide you through our established appeals process. It is not necessary to engage legal counsel to pursue an appeal.

If you would like to make an appeal, or speak to someone about an ongoing appeal please contact:

NHS Sutton Clinical Commissioning Group
Priory Crescent
Cheam
Sutton
SM3 8LR

Tel: 0208 687 4802

Email : sutccg.continuingcare@nhs.net