

NHS Funded Continuing Healthcare (CHC) and NHS Funded Nursing Care (FNC)

GP Education Session

Friday 13th November

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Programme

- Introductions
- Background and Context
- Who Qualifies
- The Assessment process
 - Checklist, Decision Support Tools, Fast Tracking
- Recommendations and ratifications
- Reviews and appeals

Background and Context

- Legal Judgement Coughlan
 - Case description
- Initially local then regional and finally national framework for NHS funded Continuing Health Care
 - Original Framework 2012
 - Revised 2018

NHS Continuing Healthcare (CHC) is...

“a package of care provided outside of hospital that is arranged and funded solely by the NHS for individuals aged 18 years and older who have significant ongoing healthcare needs. When someone is assessed as eligible for CHC, the NHS is responsible for funding the full package of health and social care.”

- The number of people assessed as eligible for CHC funding has been growing by an average of **6.4% a year** over the last four years.
- In 2015-16, almost **160,000 people** received, or were assessed as eligible for, CHC funding during the year at a **cost of £3.1 billion**.

Who Qualifies

- An individual is eligible for NHS Continuing Healthcare if they have a '**primary health need**'. This is a concept developed by the Secretary of State to assist in determining when the NHS is responsible for providing for all of the individual's assessed health and associated social care needs.
- People who don't qualify for NHS CHC may qualify for **NHS Funded Nursing Care** a contribution paid to a Care Home with Nursing (currently **£183.92 pw**).

Primary Health Care Need

- **Nature:** This describes the particular characteristics of an individual's needs (which can include physical, mental health or psychological needs) and the type of those needs. This also describes the overall effect of those needs on the individual, including the type ('quality') of interventions required to manage them.
- **Intensity:** This relates both to the extent ('quantity') and severity ('degree') of the needs and to the support required to meet them, including the need for sustained/ongoing care ('continuity').
- **Complexity:** This is concerned with how the needs present and interact to increase the skill required to monitor the symptoms, treat the condition(s) and/or manage the care. This may arise with a single condition, or it could include the presence of multiple conditions or the interaction between two or more conditions. It may also include situations where an individual's response to their own condition has an impact on their overall needs, such as where a physical health need results in the individual developing a mental health need.
- **Unpredictability:** This describes the degree to which needs fluctuate and thereby create challenges in managing them. It also relates to the level of risk to the person's health if adequate and timely care is not provided. An individual with an unpredictable healthcare need is likely to have either a fluctuating, unstable or rapidly deteriorating condition.

The Assessment Process

- CHC Checklist if positive triggers:
- Assessment using a Decision Support Tool (DST) that looks at needs across 12 Domains:
 1. Breathing
 2. Nutrition
 3. Contenance
 4. Skin Integrity
 5. Mobility
 6. Communication
 7. Psychological & Emotional needs
 8. Cognition
 9. Behaviour
 10. Drug therapies and medication
 11. Altered states of consciousness
 12. Other significant care needs
- DST must be completed and patient formally told of outcome within 28 days of a positive checklist

Fast Track Pathway

Short cut

- <https://www.gov.uk/government/publications/nhs-continuing-healthcare-fast-track-pathway-tool>

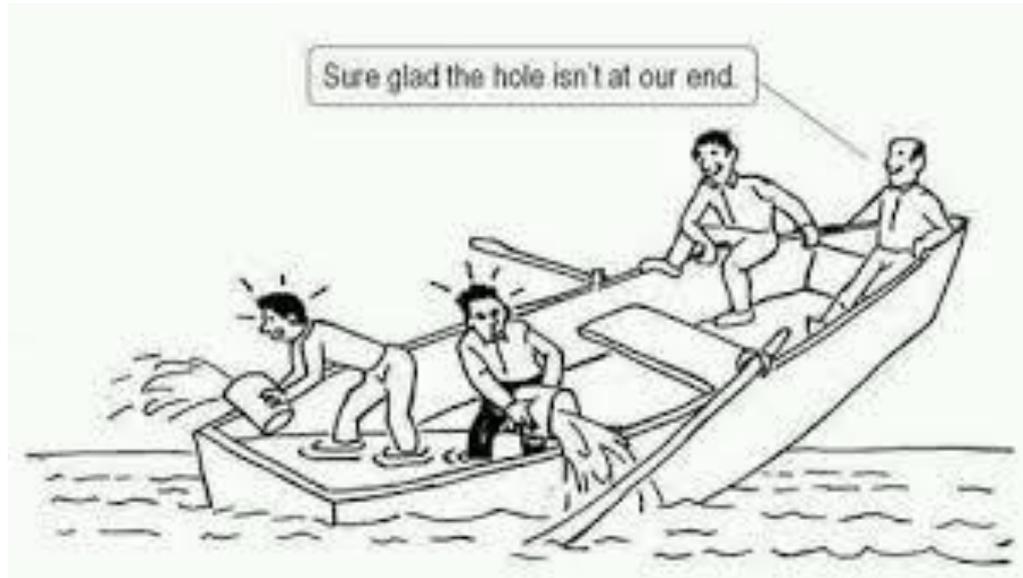
Single criteria

- **"Rapidly deteriorating condition that may be entering the terminal phase"**

Ratification and Review

- Those eligible will be reviewed at least annually
- Fast Track patients reviewed after 3 months
- CCG has responsibility for ratifying CHC decisions locally in C&H that's undertaken by a weekly MD panel chaired by Commissioning Support Unit staff.
- There is a right of appeal locally initially then to NHS E and finally the Ombudsman

Good CHC practice relies on good joint working between health and social care



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