



## NHS Continuing Healthcare

It is estimated that 59,000 people receive NHS Continuing Healthcare in the UK, but there are many more people that will be entitled, but unaware of their eligibility. This factsheet explains NHS Continuing Healthcare, how to apply if you think you or a family member might be eligible, the assessment process and what to do if you disagree with the decision reached.

### What is NHS Continuing Healthcare?

NHS Continuing Healthcare is a complete package of ongoing care arranged and funded by the NHS for individuals found to have significant, ongoing healthcare needs as a result of an accident, disability or illness.

If you are living in a care home, the NHS will make a contract with your provider to pay the fees in full, including accommodation and care.

If you receive care at home, the NHS will fund an appropriate package of provision for your health and personal care needs to suit your circumstances.

### The National Framework 2012

The National Framework for NHS Continuing Healthcare and NHS Funded Nursing Care 2012 sets out the principles and processes for establishing your eligibility for NHS Continuing Healthcare.

When assessing a patient for NHS Continuing Healthcare funding, the National Framework provides guidance to be followed. It sets out a national assessment process and provides the assessment tools to support and streamline decision making: the **Checklist Tool**, the **Decision Support Tool** and the **Fast Track Tool**.

One of the core values of the National Framework is that access to assessments, decision making and provision should be fair and consistent. It considers your own particular circumstances when shaping the assessment process, ensuring you are able to participate in making good, informed decisions about your ongoing and future care.

### The assessment process

Establishing eligibility for NHS Continuing Healthcare funding rests with the specific Clinical Commissioning Group (CCG) holding the contract with your GP practice at the time of any assessment.

You can make a request for an assessment to any health or social care professional involved in your care, or even directly to the CCG.

Eligibility decisions for NHS Continuing Healthcare rest on whether or not your need for care is primarily due to a health need.

There are two stages in the assessment process:

1. Checklist Assessment
2. Multi-disciplinary Assessment

### Checklist assessment

This preliminary assessment involves using the Checklist Tool to identify and consider your own particular care needs.

The Checklist Tool has been designed to help healthcare providers identify those patients who need a full assessment for NHS Continuing Healthcare. All patients who require full consideration of their needs will be given this opportunity for assessment.

Your Checklist Assessment can be carried out by a nurse, doctor or other healthcare or social care professional on behalf of the CCG.

## Multi-disciplinary Assessment

Once it has been agreed that a full NHS assessment of your case is required, there will be a second and more comprehensive multi-disciplinary assessment of your health and social care needs. When this has been made, the Decision Support Tool (DST) is employed.

Twelve distinct care domains or areas of need have been identified. These are sub-divided into different bands for scoring purposes (priority, severe, high, moderate, low and no needs). The levels will reflect the nature, intensity, complexity and unpredictability of your condition.

The twelve care domains are:

- Behaviour
- Cognition
- Psychological/emotional needs
- Communication
- Mobility
- Nutrition
- Continence
- Skin integrity
- Breathing
- Drug therapies, medication and symptom control
- Altered states of consciousness
- Other significant care needs

While all assessments must be based on evidence, just because a need is well-managed doesn't mean it should not be considered or supported. Well-managed needs are still needs and mustn't be overlooked.

In order to complete this stage of assessment, a multi-disciplinary team (MDT) meeting will be held to discuss your levels of need and complete the DST. To ensure all physical, mental health and social care needs are taken into account, an appropriate mix of health and social care professionals will be invited to contribute to the assessment, particularly those who are involved in your existing care provision.

You and/or your representatives may be invited to attend the MDT and contribute to the discussion, making oral or written representations where appropriate.

The CCG is responsible for making the final decision about whether or not you are eligible for NHS Continuing Healthcare. Once a decision has been made, it should be communicated to you as soon as possible.

## Eligibility

To be eligible for NHS Continuing Healthcare, it has to be shown through your assessment that the nursing care you receive goes beyond nursing care merely incidental to or ancillary to the provision of accommodation.

A clear recommendation of eligibility to NHS Continuing Healthcare would be expected in each of the following cases:

- A level of priority needs in any one of the four domains that carry this level
- A total of two or more incidences of identified severe needs across all care domains

A primary health need may also be indicated in a case where there is:

- One domain recorded as 'severe,' together with needs in a number of other domains, or
- A number of domains with high and / or moderate needs

This will require careful consideration by the CCG, taking into account the combination of needs.

## Timescale

The National Framework states the time between Checklist Assessment and a final decision on eligibility should be no longer than 28 days.

## Fast Track Tool

Where urgent consideration of eligibility is required, for example where an applicant has a rapidly deteriorating condition, CCGs should accept and immediately action a properly completed Fast Track Tool recommending NHS Continuing Healthcare eligibility.

## Challenging a Decision

Decisions on eligibility can be challenged in writing to the CCG requesting a review, no later than six months from the date on which the decision was communicated.



## Advice and support

CuraCare provides care services to people living in their own homes. Their care services cover anything from half-hour visits to 24/7 live in care, operating throughout the London Borough of Richmond and the surrounding areas. For more information and support please contact 020 8892 9222 or email [info@curacare.co.uk](mailto:info@curacare.co.uk) This factsheet has kindly been produced by Moore Blatch solicitors for the benefit of CuraCare and the families they support.

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