



*the Clinical Commissioning Groups
for North Norfolk, South Norfolk
Norwich and West Norfolk*

**Central and West Norfolk CCG Procedures for NHS Staff in relation to NHS
Continuing Healthcare**

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Contents

1. Introduction to NHS Continuing Healthcare	4
1.1. What is the purpose of this document?	4
1.2. What is NHS CHC?	4
1.3. What frameworks govern NHS Continuing Healthcare and NHS-Funded Nursing Care?	5
1.4. What do NHS Staff need to be aware of in relation to NHS CHC?	5
1.4.1. The Harwood Care and Support Charter	5
1.4.2. NMC Code of Conduct	6
1.4.3. Safeguarding Adults	6
1.4.4. Capacity Assessments under the Mental Health Act	7
1.5. Deprivation of Liberty	7
1.6. How is eligibility for NHS CHC established and reviewed?	8
1.7. Is there an NHS CHC pathway for patients with ‘a rapidly deteriorating condition which may be entering a terminal phase’?	10
1.8. How are NHS staff involved in the decision-making process for patient care?	10
1.9. How will the decision about eligibility be made and communicated to patients and relevant NHS staff?	10
1.10. What does the NHS CHC funding cover?	10
1.11. What are the arrangements for patients choosing to pay for additional services?	14
2. Planning and Commissioning of NHS CHC	14
2.1. How is a patient’s care planned once they are assessed as eligible for NHS CHC?	14
2.2. How are decisions about the funding of patients’ care packages made?	15
2.3. Are there any limiting factors with regard to patient’s care packages?	16
2.4. What is a personal health budget?	16
2.5. What can a patient spend their PHB on?	17
2.6. Is there a process for out of area placements?	17
2.7. Can family members continue to provide care as part of a patient’s NHS CHC care package?	17
3. Reviewing care and eligibility for NHS CHC funding	18
3.1. What happens if the patient’s needs change?	18
3.2. What happens if upon review, the patient is found to be ineligible for NHS CHC funding?	18
3.2.1. Care and support no longer required	18
3.2.2. Care and support is required and patients self-funds	18

3.2.3.	Care and support is required and patient is eligible for NHS-funded Nursing Care	18
3.2.4.	Care and support is required and patient is eligible for local authority funding	19
3.2.5.	How can patients appeal the eligibility decision?	19
4.	Providing feedback and getting in touch.....	20
4.1.	How can NHS Staff provide feedback on their experience of services and help to improve them?	20
4.2.	How do patients complain if they are not happy with their care or experience of the NHS CHC pathway?	20
4.3.	What should NHS Staff do if they have further questions?	20
5.	Appendices	22

1. Introduction to NHS Continuing Healthcare

1.1. What is the purpose of this document?

The purpose of this Guide is to provide information for NHS staff about the provision of NHS Continuing Healthcare (NHS CHC) in Central and West Norfolk. This relates to NHS CHC for adults only.

Providing this information will help NHS staff understand the complexities of the national and local processes, as well as the limitations that might apply.

This document is organised in the form of frequently asked questions. It is designed so that you can print off specific sections that you may be interested in.

This information will be kept up to date so that staff will be more informed and have the opportunity to gain a better understanding of the procedures and processes that apply. This Guide will also provide links to other more detailed guidance for those who wish to access it.

1.2. What is NHS CHC?

NHS continuing healthcare means a package of ongoing care that is arranged and funded solely by the NHS where the individual has been found to have a 'primary health need'. Such care is provided to an individual aged 18 or over to meet needs that have arisen as a result of disability, accident or illness.

NHS CHC can be provided in a range of settings; from care in your own home, nursing homes, supported living, group home arrangements or in specialist care units. Care arrangements for NHS CHC are managed via the NHS CHC Brokerage Team or through a Personal Health Budget, subject to formal approval by CCGs.

Prior to considering referral into the NHS CHC pathway, NHS staff are advised to consider all other mainstream service options that may be appropriate for patients. These may include, but are not limited to:

- Local authority Social Services
- Volunteer organisations
- Assistive technology

The Department of Health has produced a public information leaflet on NHS Continuing Healthcare and NHS-funded Nursing Care:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/193700/NHS_CHC_Public_Information_Leaflet_Final.pdf

1.3. What frameworks govern NHS Continuing Healthcare and NHS-Funded Nursing Care?

The two key documents that NHS staff should have a relevant understanding of in relation to NHS Continuing Healthcare for adults are:

- The National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213137/National-Framework-for-NHS-CHC-NHS-FNC-Nov-2012.pdf
- *NHS England Operating Model* for NHS Continuing Healthcare:
<https://www.england.nhs.uk/wp-content/uploads/2015/03/ops-model-cont-hlthcr.pdf>

The Association of Directors of Adult Social Services (ADASS) has produced three documents to support health professionals to understand the principles and implementation of the National Framework for NHS CHC.

1. Guide for Health and Social Care practitioners:

<https://www.england.nhs.uk/wp-content/uploads/2015/04/guide-hlth-socl-care-practnrs.pdf>

2. Explaining the NHS Continuing Healthcare process:

<https://www.england.nhs.uk/wp-content/uploads/2015/04/chc-process-public-guid-practnr.pdf>

3. Quick Reference Guide to the National Framework:

<https://www.england.nhs.uk/wp-content/uploads/2015/04/qck-ref-guid-chc-nat-framwrk.pdf>

1.4. What do NHS Staff need to be aware of in relation to NHS CHC?

1.4.1. The Harwood Care and Support Charter

The Charter sets out principles for how care providers should work to ensure people are at the centre of their care. Being a Charter signatory demonstrates to people using services that an organisation or individual is committed to ensuring people who receive care and support services in Norfolk have the high quality services that they want.

The Harwood Care and Support Charter was produced with input from people who receive care and support services, carers and representatives from organisations providing care and support in Norfolk.

Signatories to the Charter are committed to:

- listening to people and responding to their needs;
- treating people with respect, dignity and courtesy;
- making sure people are not left unsupported;
- telling people how much services cost and how to access financial assistance;
- making sure staff are properly trained and Police checked;
- reporting back to commissioners where things work well or could be developed to better meet needs.

1.4.2. NMC Code of Conduct

The Code presents the professional standards that nurses and midwives must uphold in order to be registered to practise in the UK.

Effective from 31 March 2015, this Code reflects the world in which we live and work today, and changing roles and expectations of nurses and midwives. It is structured around four themes – prioritise people, practise effectively, preserve safety and promote professionalism and trust. Developed in collaboration with many who care about good nursing and midwifery, the Code can be used by nurses and midwives as a way of reinforcing their professionalism. Failure to comply with the Code may bring their fitness to practise into question.

Further information available at: <http://www.nmc.org.uk/standards/code/>

1.4.3. Safeguarding Adults

Safeguarding is preventing the physical, emotional, sexual, psychological and financial abuse of adults who have care and support needs, and acting quickly when abuse is suspected. It can also include neglect, domestic violence, modern slavery, organisational or discriminatory abuse. Norfolk County Council Adult Social Services is the lead agency for Safeguarding Adults.

Within Norfolk, all referrals should be made to 0344 800 8020, which is a 24 hour number.

If the patient is receiving care outside of Norfolk, then a Safeguarding referral can be by contacting the County Council for that area.

It is the professional responsibility of all those involved in co-ordinating and providing an individual's care, to play an active part in safeguarding them from harm or abuse.

1.4.4. Capacity Assessments under the Mental Health Act

The patient's mental capacity must be established at key points in the NHS CHC process, taking in to account that capacity is both time and decision specific. As such, capacity should be considered when seeking consent to undertake relevant stages of the assessment, including capacity to refuse or deny access to records held by other agencies. Additionally, a patient may not have capacity to make decisions with regard to how their care needs can be met,

The Mental Capacity Act 2005 (MCA) provides a statutory framework to empower and protect vulnerable people who are unable to make their own decisions. The initial assumption will be that adults have capacity to make all or some decisions, unless it is shown that they cannot. The MCA clarifies the rights and duties of the workers and carers, including how to act and make decisions on behalf of adults who may lack mental capacity.

Where the health professional involved in facilitating the NHS CHC assessment or arranging the package of care suspects the individual may not have the Mental Capacity to accept, refuse or choose amongst options, it is their responsibility to undertake a mental capacity assessment, in accordance with the Mental Capacity Act 2005 and the National Framework for NHS CHC.

Where a patient lacking capacity has no family or friends to support the decision making process, a suitable person from the Independent Mental Capacity Advocate (IMCA) service or a suitable person from other local advocacy services, should support when:

- A decision is being made about serious medical treatment, or a long term change in accommodation
- The patient lacks capacity to make that decision
- The patient does not have friends or family with whom the decision maker feels is appropriate to consult with about the decision.

In a situation where the patient lacks capacity to make a decision, it is the responsibility of the health professional to make and document a best interest's decision. This should consider all of the options that would be available to the patient if they had capacity and should take in to account the views of those advocating on the patient's behalf, along with others involved in the delivery and planning of their care. In some situations where the decision is significant or challenged, it may be appropriate to undertake this within a best interests meeting.

1.5. Deprivation of Liberty

In some cases, a best interests decision may be made to provide a package of care that restricts the patient's freedom to come and go unsupervised (continuous supervision) or where physical barriers are in place to prevent them leaving their care setting (locked doors/bed rails). Where this restriction arises it could be considered to be a Deprivation of Liberty and as such, will require authorisation

through the relevant routes. When a patient's needs are met in a CQC registered domicile (Hospital, Nursing Home, Residential Home) it is the responsibility of the provider to make DoLS applications via the local authority. However, in cases where a patient is being deprived of their liberty in a non-CQC registered domicile (supported living/own home), it is the responsibility of those arranging the care to make application to the Court of Protection.

1.6. How is eligibility for NHS CHC established and reviewed?

The initial checklist assessment can be completed by a nurse, doctor, other healthcare professional or social worker. Patients should be told that they are being assessed and have their informed consent obtained.

Depending on the outcome of the checklist, patients will be told that they don't meet the criteria for a full assessment of NHS Continuing Healthcare and are therefore not eligible for a full assessment, or will be referred for a full assessment of eligibility. Being referred for a full assessment doesn't necessarily mean that a patient will be eligible for NHS Continuing Healthcare. The purpose of the checklist is to enable anyone who might be eligible to have the opportunity for a full assessment.

The professional(s) completing the checklist should record written reasons for their decision, and sign and date the checklist. Patients should be given a copy of the completed checklist. You can download a blank copy of the [NHS continuing healthcare checklist from GOV.UK \(PDF, 168kb\)](#).

Full assessments for NHS continuing healthcare are undertaken by a "multi-disciplinary" team (MDT) made up of a minimum of two health or care professionals who are already involved in a patient's care. Patients should be informed about who is coordinating the NHS CHC assessment.

The team's assessment will consider patients' 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
- other significant needs

These needs are then given a weighting marked "priority", "severe", "high", "moderate", "low" or "no needs".

The multi-disciplinary team will consider:

- what help is needed
- how complex these needs are
- how intense or severe these needs can be
- how unpredictable they are, including any risks to the person's health if the right care isn't provided at the right time

If the patient has at least one priority need, or severe needs in at least two areas, they should be eligible for NHS Continuing Healthcare. Patients 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 CHC should be provided.

The assessment should take into account the patient's views and the views of their carers. Patients should be sent a copy of the decision documents, along with clear reasons for the decision.

You can [download a blank copy of the NHS continuing healthcare decision support tool from GOV.UK](#).

Eligibility will be reviewed at 3 and 12 months following establishment of eligibility for NHS CHC, as a minimum. These reviews ensure that the care package remains relevant to the patient and meets their assessed needs. There is a possibility that patients will be found ineligible.

Potential outcomes following ineligibility for NHS CHC may include eligibility for NHS-funded Nursing Care being established, which could make a contribution towards meeting a health need in a residential care setting. If patients are found ineligible for either NHS CHC or NHS-funded Nursing Care, they will be referred to the local authority.

Patients who wish to appeal the decision should contact the Appeals Department at the contact details outlined in "How can patients appeal the eligibility decision?".

1.7. Is there an NHS CHC pathway for patients with ‘a rapidly deteriorating condition which may be entering a terminal phase’?

In these circumstances an ‘appropriate clinician’ may complete a Fast Track Pathway Tool. Once completed, the documentation will be sent to the NHS CHC Clinical Team for immediate review and action if eligible. This will include the clinical information required to arrange the appropriate placement/package of support as soon as possible (usually within 48 hours).

1.8. How are NHS staff involved in the decision-making process for patient care?

NHS Staff will be involved through requests for input into the MDT process. This could be in the form of attendance to the MDT meeting or submission of a report. NHS Staff should only be involved in a patient’s MDT if they are knowledgeable about the patient or have undertaken an assessment of that patient’s needs. NHS Staff should also have undertaken relevant and appropriate training on NHS CHC.

The decision will be based on factual, contemporaneous information (i.e. up to date and within 3 months) and recorded within the DST.

1.9. How will the decision about eligibility be made and communicated to patients and relevant NHS staff?

The recommendation for eligibility or ineligibility will be made by the MDT and communicated verbally at the time the DST is completed. An MDT should not leave a meeting with a patient without informing them of what the recommendation is. Following the conclusion of the MDT, the recommendation is submitted for ratification (agreement or approval) to the relevant CCG.

Following ratification of a decision for eligibility or ineligibility, the patient will receive a letter informing them of the decision and a copy of the DST. This letter should include details of what happens next for patients and their families; it also provides contact details. If a patient is found to be ineligible for NHS CHC, this will be communicated formally to the local authority.

1.10. What does the NHS CHC funding cover?

Patients who are eligible for NHS CHC have complex needs that can be met from a wide variety of services (NHS, local authority and Voluntary Sector). The following

table outlines a list of services and describes whether they are available from NHS mainstream services or NHS CHC budgets.

In order to ensure equity of provision and fair use of resources, careful consideration has been given to what can be included within a package of care for a patient who is eligible for NHS CHC.

The following table is a guide to what can be funded by NHS CHC and what can be provided from mainstream NHS services. Please note: for a Personal Health Budget, the table below will be used to calculate the value of that PHB. Once the value has been established, the individual will have choice and control over choosing services to meet their health need, subject to agreement with the CCG and ensuring existing services are fully utilised. This is clarified further in section 2.5.

Service	Is this service available within mainstream NHS provision?	Is this service available within an NHS CHC budget?	Referral Guidance
Domiciliary care	No	Yes. Available from locally contracted providers.	Contact NHS CHC Brokerage Team.
Planned care to replace informal care provision	No	Yes – if identified following care review	Referrals can be made to local authority for a carers assessment. Referrals can also be made to NHS CHC Brokerage Team for care review if circumstances change.
Additional unplanned care to replace informal care provision	Yes – short term urgent support is available via Local Authority.	No – except in exceptional circumstances.	Referrals can be made to local authority
Carer advice and befriending services	No	No	Referrals can be made to local authority and information is available on the Norfolk County Council website. The Carers Agency Partnership has a helpline and website.

Physiotherapy	Yes	No – except in exceptional circumstances.	In exceptional circumstances CHC funding may be used to train a family or paid carer to undertake certain activities such as passive movements and exercises to help to maintain function and relieve pain.
Occupational Therapy	Yes	No	Referrals should be made to mainstream OT services.
Speech and Language Therapy	Yes	No	Referrals should be made to mainstream SALT and Dysphagia Services.
Podiatry	Yes	No	Referrals should be made to mainstream podiatry services.
Advocacy	Yes	No	Refer to mainstream Advocacy services.
Transport	Yes, but only to and from medical or clinical appointments if a person meets the eligibility criteria for the transport.	No – except in exceptional circumstances.	If family are unable to support, referrals should be made to NHS mainstream transport services, local authority transport services, DWP, voluntary and community sector. NHS CHC cannot be used to purchase vehicles.
Assistive technology - smart house technology and safety equipment	Yes	No	Referrals to Norfolk Community Health and Care or local authority Social Services.
Standard Equipment (including pressure care)	Yes	No	Referrals to Integrated Community Equipment Services (ICES).
Bespoke equipment (including pressure care)	No	Yes	Referrals to NHS CHC Brokerage Team.
Respiratory support equipment (e.g. ventilators)	No	Yes	Referrals to NHS CHC Brokerage Team.

Wheelchairs and seating systems including electric and outdoor chairs	Yes	No	Referrals to Wheelchair Service.
Equipment for leisure and social activities (e.g. swimming gear or horse riding boots).	No	No	Patients will self-fund or pay for rental of equipment.
Day services	No	Yes	Referral to local authority Social Services.
Computers, laptops, Wi-Fi and Broadband	No	No – except exceptional circumstances	Referral to NHS CHC Brokerage Team. If considered, rental from third party only.
Major adaptations to housing and environment	No	No	Referral to local authority District Councils.
Specialist foods and fluids	Yes - if provided on prescription.	No	Referral to GP.
Hearing and low vision services	Yes	No	Referrals can be made to specialist services.
Gardening, domestic and window cleaning	No	No	Referrals to local voluntary organisations.
Path clearance to aid access	No	No - except in exceptional circumstances	Referrals to NHS CHC Brokerage Team.
Falls assessments	Yes	No	Referral to mainstream services.
Palliative care and end of life services	Yes	Yes	Referral to NHC CHC Brokerage Team.
Continence services	Yes	No	Referral to mainstream services.

In exceptional cases, and where there is clear evidence to support health benefits, the NHS may be prepared to consider funding a package of care where the anticipated cost is more than it would usually expect to pay; or where elements of the care package are not usually funded from NHS CHC.

1.11. What are the arrangements for patients choosing to pay for additional services?

NHS CHC funding is only available to cover the care required to meet a patient's assessed needs.

Patients may wish to make separate arrangements for additional services directly with the provider (such as aromatherapy, private garden area, manicures, sole use facilities which represent 'wants' not 'needs') and current case law supports this concept as acceptable. These additional services should be arranged and contracted for separately from the NHS contracts for NHS CHC services.

Admissions into NHS CHC-funded care for nursing care, residential care or domiciliary care packages with a Provider are not conditional on a patient or their family entering additional services contracts.

Where patients are considering entering into arrangements for additional services, it is advisable that they contact the NHS CHC Brokerage Team for advice (e.g. a nursing home may request a financial contribution for laundry costs which should be included within the NHS CHC care package).

2. Planning and Commissioning of NHS CHC

2.1. How is a patient's care planned once they are assessed as eligible for NHS CHC?

Once a patient's eligibility for NHS CHC is established, a care package to meet each individual patient's needs has been agreed. The planning of the patient's care will be based on the documentation received from the MDT professionals. An Individual Case Arrangement (ICA) form will be used to identify the patient's needs, list and mitigate risks and detail care delivery.

The NHS CHC Brokerage Team is responsible for coordinating the planning of a patient's care. They will engage with the patient, their family and/or representatives as well as health professionals in considering the options for the provision of services to meet a patient's assessed needs. The focus of the planning is to secure improved outcomes for the individual.

The NHS CHC Clinical NHS CHC team can provide information on:

- Lists of care providers with NHS CHC contracts
- Nursing home information with regard to CQC compliance
- Day services
- Local voluntary schemes and support in local communities
- Equipment and NHS wheelchairs

If patients are currently in receipt of local authority funded care and become eligible for NHS CHC, the NHS CHC team will do their best to facilitate continuity of care.

There may be issues which make this difficult (e.g. the service provider may not be willing to sign an NHS contract). If this happens the NHS CHC team will work with the patient to seek alternative services to meet their individual needs.

2.2. How are decisions about the funding of patients' care packages made?

Once the NHS CHC Brokerage Team have recommended a package of care to meet a patient's assessed needs, and an ICA form has been completed, this will be presented to the relevant CCG's Complex Case Review Panel (CCRP). The CCRP meets on a regular basis to approve the care to be offered under NHS CHC to meet each individual patient's needs.

Some norms have been established in respect of when a CCG Complex Case Review Panel (CCRP) will convene to review a care package and what services NHS CHC should and shouldn't fund. Specifically:

- A CCRP will ensure all domains are considered at the point where there is a more than 5% difference in the options for care being considered
- Secondly a standard list of services which NHS CHC packages will fund, and those which they won't.

CCRPs will take the following domains into consideration when making these decisions:

- Patients' needs and the outcomes which they wish to achieve from their care
- Patient and family preferences and views on the choices available
- The Human Rights Act and any other Disability Rights legislation
- Clinical and safeguarding risks and patients'/families views on these (Patient view would apply where a patient fully understands the risks in the choices they would like to make but still wish to take those risks).
- The price and affordability of the various options for the provision of care in light of the need to ensure equitable use of limited NHS resources.
- Panels will have to take into account the availability of services and choices for patients as this is a limiting factor for many. Reviews of current provision are taking into account current gaps in services CCGs are looking to try to fill.

The following evidence base will be compiled by NHS CHC Clinicians to aid CCRP members in considering the domains listed above:

- Care plans
- Risk assessments
- Assessments tools (e.g. Waterlow Score, MUST, falls risk, behaviour charts)
- Brokerage form
- CCRP form
- Individual Case Arrangement

CCRPs will be focused on patient care. Both CCRP members and NHS CHC staff will be knowledgeable of the following:

- Human Rights Act 1998
- Disability Rights legislation
- Equality Act 2010
- The UN Convention on disability rights
- The Harwood Care and Support Charter
- Part A “I” statements from the NHS England Operating Model for NHS Continuing Healthcare

Please see the appendix for the links to each of these.

2.3. Are there any limiting factors with regard to patient’s care packages?

The NHS CHC Brokerage Team can only arrange NHS CHC care packages with Providers who have signed up to NHS Standard Contracts and who have available capacity. Despite this, there may be occasions when the NHS CHC team are unable to arrange care packages with these providers. This may be due to:

- Concerns regarding the quality of care
- Safeguarding concerns
- The provider is unable to safely deliver the care required to meet the patient’s needs
- The provider does not have capacity or coverage in the area
- Financial dispute

2.4. What is a personal health budget?

A personal health budget is a monetary allocation to an individual patient to support their identified health and wellbeing needs. The aim is to give people with long-term conditions and disabilities greater choice and control over the healthcare and support they receive.

Personal health budgets work in a similar way to the social services-funded personal budgets that many people are already using to manage and pay for their social care.

Together with the NHS CHC Clinical team, patients or their representatives will develop a care plan that sets out their personal health and wellbeing needs, the health outcomes they want to achieve, the amount of money in the budget and how they are going to spend it. Personal health budgets can be used to pay for a wide range of items and services, including day services, personal care and equipment.

2.5. What can a patient spend their PHB on?

- There is no “set menu” of services a PHB can be spent on, as each person is unique.
- However, each PHB-holder will need to ensure they have used their PHB to meet the identified care needs of the CHC-eligible person. This means if a person was identified as needing a certain number of hours a day for care, it would be expected the PHB would be used to meet that care.
- PHBs do encourage innovation and choice, and this could include using the PHB for services and activities. If this is the case, the PHB-holder will need to explain the benefit to the person’s health, and this will need to be agreed by the relevant CCG.
- A PHB may not be used for equipment without first checking with the relevant OT and with the Integrated Community Equipment Service, as this is something which has already been funded.
- A PHB may be used for transport to activities, provided the PHB-holder can demonstrate the benefit to the health of the person. PHBs will not be used to cover the maintenance / insurance of a vehicle. It is suggested any transport costs are allocated a sum of money which will then be reviewed.
- PHBs cannot be used for the daily cost of living – this includes food, utility bills (unless in exceptional circumstances e.g. live-in carers), and cleaning / gardening services
- PHBs should be used to provide full insurance cover, costs of being an employer (including pensions) and support as needed.

2.6. Is there a process for out of area placements?

CCGs will consider individual requests for commissioning care outside of area as part of the CCRP decision making process outlined in 2.2. In exceptional circumstances such as for end of life care, CCGs can consider placements out-of-area. However, CCGs cannot fund care outside of the UK.

If patients move to another county, their responsible CCG will remain the same. Reviews of eligibility are arranged by the NHS CHC teams with the relevant CCG.

2.7. Can family members continue to provide care as part of a patient’s NHS CHC care package?

Families and friends who are actively involved in the provision of care are very much part of the care planning and delivery. Care plans start with the care that the family are able and willing to provide.

Training and equipment can be provided to support carers in the safe provision of care.

If families are providing elements of care, they need to agree the care plan, approve it and be clear about who to notify if they are suddenly unable to provide it.

3. Reviewing care and eligibility for NHS CHC funding

3.1. What happens if the patient's needs change?

Should family members, carers or other health professionals believe the care package is no longer relevant to the patient or does not meet their assessed needs, they should contact the NHS CHC Team and request a review of the package of care as soon as possible.

3.2. What happens if upon review, the patient is found to be ineligible for NHS CHC funding?

The process for reviewing a patient's care is in line with the National Framework; all patients who are eligible for NHS CHC are reviewed, as a minimum, three months following initial eligibility and thereafter at least annually. The process for defining ineligibility is exactly the same as the process for agreeing eligibility (as outlined in 1.5).

If a patient is found to be ineligible for NHS CHC there are four possible outcomes:

3.2.1. Care and support no longer required

If a patient is found to be ineligible for NHS CHC, funding for care will cease 28 days following the date of ineligibility.

3.2.2. Care and support is required and patients self-funds

If the local authority decide that the patient will transfer to self-funding for their ongoing care, responsibility for meeting these costs will be transferred within 28 days following the date of ineligibility. Patients or named individuals with power of attorney will be notified of this in writing and given a contact point for any individual queries.

3.2.3. Care and support is required and patient is eligible for NHS-funded Nursing Care

For patients who still have a health need, they may be eligible for NHS-funded nursing care. This provides a nationally agreed contribution to the funding of care

needs and is paid directly to the nursing home. NHS-funded nursing care is administrated by the local authority. For enquires about NHS-Funded Nursing care please use contact details below:

NHS Funded Nursing Care

Room 614

Sixth Floor

County Hall

Martineau Lane

Norwich

NR1 2SQ

3.2.4. Care and support is required and patient is eligible for local authority funding

For patients transferring to social services support, the assessment of a patient's ongoing needs will be completed by the local authority within 28 days. For enquiries contact:

Adult Community Care- Norfolk County Council

Norfolk Care First

Tel: 0344 800 8020

3.2.5. How can patients appeal the eligibility decision?

Regardless of the possible outcome, patients who wish to appeal the decision should contact the Appeals Department at the contact details shown below.

If patients wish to lodge an appeal they will need to submit their reasons for disagreeing with the decision. This should contain new or previously unseen evidence. An appeal must be lodged within 6 months of notification of the eligibility decision, in line with the National Framework.

If a member of NHS Staff is supporting a patient through the appeals process, they should refer the patient to the "Central and West Norfolk CCGs Guide to NHS Adult Continuing Healthcare", which contains a detailed description of the process.

Appeals Department

NEL CSU

Lakeside 400

Old Chapel Way
Broadland Business Park
Thorpe St Andrew
Norwich
NR7 0WG

4. Providing feedback and getting in touch

4.1. How can NHS Staff provide feedback on their experience of services and help to improve them?

If staff want to tell us about NHS CHC services which have not met their expectations, they can contact the NHS CHC Team via the Single Point of Access e-mail:

NELCSU.CHCClinicalTeam@nhs.net

Staff are also able to:

- Escalate via line manager
- Escalate to Safeguarding
- Escalate to the patient's CCG
- Escalate to NHS England

4.2. How do patients complain if they are not happy with their care or experience of the NHS CHC pathway?

Patients can contact the NEL CSU Complaints Team directly via:

nelcsu.angliacomplaints@nhs.net

The CSU Complaints Team will log the complaint and send a letter acknowledging its receipt within 2 working days. An investigation will then take place and on (or before) working day 25, the person will be sent a letter detailing the outcome.

NHS Staff may be contacted for input during the investigation to ensure that the Investigation Officer has a full picture of the complaint.

4.3. What should NHS Staff do if they have further questions?

E-Learning for NHS CHC

NHS England, in conjunction with the Association of Directors of Adult Social Services (ADASS) have launched an electronic training tool for all those involved in assessment and decision making around NHS CHC.

The tool, fully endorsed by the Department of Health, was developed by staff working within this complex policy area from the NHS, Adult Social Care and patient representative groups.

The tool is free to use and is designed to be intuitive and flexible so that health and social care staff can easily register and undertake training at a time and place that suits them. The tool will support local training programmes and support the work undertaken by all CCGs to ensure that there is consistency and legal compliance in the assessment and decision making processes for NHS Continuing Healthcare.

For NHS Staff, the E-Learning tool is available at:

<http://www.e-lfh.org.uk/projects/nhscontinuinghealthcare/>

For Local Authority Staff, the E-Learning tool is available at:

<http://nhscontinuinghealthcare.e-lfh.org.uk>

For enquiries about NHS Continuing Healthcare please contact:

Continuing Healthcare Department

NELCSU

Lakeside 400

Old Chapel Way

Broadland Business Park

Thorpe St Andrew

Norwich

NR7 0WG

Email: ANGLIACSU.CHCClinicalTeam@nhs.net

Tel: 01603 257 243

For enquiries regarding Retrospective Claims please contact:

Retrospective Continuing Healthcare Department

NELCSU

Lakeside 400

Old Chapel Way

Broadland Business Park

Thorpe St Andrew

Norwich

NR7 0WG

Email: ANGLIACSU.RetrospectiveClaims@nhs.net

Tel: 01603 257 284

5. Appendices

Appendix	Document title	Document source
1	NHS CHC Information Sheet	 CHC Information Sheet.pdf
2	The Human Rights Act 1998	http://www.legislation.gov.uk/ukpga/1998/42/contents
3	Further information on Disability Rights	https://www.gov.uk/rights-disabled-person/overview
4	Equality Act 2010	http://www.legislation.gov.uk/ukpga/2010/15/contents
5	The UN Convention on disability rights	http://www.un.org/disabilities/convention/conventionfull.shtml
6	The Harwood Care and Support Charter	https://www.norfolk.gov.uk/care-support-and-health/care/arranging-your-care/harwood-care-charter/harwood-care-charter-explained
7	Part A - "I" statements from the NHS England Operating Model for NHS Continuing Healthcare	https://www.england.nhs.uk/wp-content/uploads/2015/03/ops-model-cont-hlthcr.pdf
8	Consideration of Domains in Complex Case Review Panel Decision Making	Complex Cases Panels\2016.03.09 CCRP - Decision MakingTemplate for

		Complex Case Review Panels (FINAL).docx
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