



**Norfolk Continuing Care
Partnership**

Previously Unassessed Periods of Care (PUPoC)



Introduction

This leaflet contains information regarding the process followed by Norfolk Continuing Care Partnership (NCCP) for assessing Previously Unassessed Periods of Care (PUPoC) claims.

This leaflet is intended to familiarise you with the process, and how your case will be assessed.



If you need this leaflet in a different language, or in large print please contact us.

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What is PUPoC case?

A PUPoC case is a retrospective or backdated assessment for previously unassessed Continuing Health Care (CHC) which can date back to 1 April 2012. These cases are for patients who have never been assessed for NHS Continuing Healthcare, or for patients who have been assessed as eligible for NHS Continuing Healthcare, and they or their representatives feel that they should have been eligible earlier. This leaflet will explain the process and how we will assess your case.

Please note you will be asked to provide details of any care payments that the patient, or Next of Kin made to the care provider or nursing home for the period you have asked to be assessed.

These can be care bills from a care home or care company, bills from Social Services, and bank statements showing payments were made for the care.

Stage 1 – Asking for an assessment

Write to or email us using the contact details on page 8 of this leaflet and ask for a retrospective assessment to be completed.

Once we have received your request we will send out a questionnaire and consent form for you to complete. This will give us more information about the patient so we can get the relevant care records for the period you have requested.

The consent form must be completed by the patient, Next of Kin or authorised representative, and returned to us along with the questionnaire.

Please note that if the consent form is not returned this will delay the process as we are unable to continue without it.

If you are using an advocate, solicitor or another family member, we need a signed Authority to Act from the Next of Kin. We also need a copy of the Certified Power of Attorney (if the patient is living) or a copy of the Grant of Probate (if the patient has died). A nurse assessor may also contact you by phone to discuss your case.

If your personal details change, such as a change of address or phone number, please let us know so there are no delays if we need to contact you.

Stage 2 - Records

The next step in the process is for us to get any relevant records from the patient's GP, care agencies, and hospitals for the time period you have requested. These records help our nurse

assessors to get a clear picture of the patient's care needs at that time, and they will be used to complete the assessment.

Stage 3 – The Assessment

Once we have collated all of the records that we need for the case it will be allocated to a nurse assessor.

The nurse assessor will complete an initial form called a checklist, which is used as a tool to see if the patient needs a full Continuing Health Care assessment. Depending on the outcome of the checklist, a full assessment of care and social needs may be required.

If the patient does not meet the criteria at the checklist stage, you will be notified in writing.

If a full assessment is required, a Decision Support Tool (DST) form will be completed by the nurse assessor, and a draft will be sent to you for any comments you would like to make. Once your comments have been returned to us, the case will be looked at by a Multi-Disciplinary team (MDT). The MDT consists of a nurse assessor and either a social worker or another health representative who have extensive experience of CHC.

The MDT will review all the health and care records, and also identify any Primary Health Needs, which is the legal test of eligibility.

Stage 4 – Recommendation to the CCG

The MDT will look at all the records and your comments, and then make a recommendation to the CCG.

The CCG will review the MDT's recommendation and there are two possible outcomes:

- The CCG may agree with the recommendation made by the MDT that the patient was either eligible for **all** of the period, eligible for **part** of the period, or **not eligible** for any of the period,
- The CCG may defer the case and return it to the team to provide more evidence to explain why their recommendation was made.

Once the CCG have considered all the evidence and made a decision on the case, the file will be passed back to the admin team who will send the decision letter to you, along with a copy of the DST.

Please note the recommendations or decisions cannot be given out over the telephone.

Frequently Asked Questions

What period can I ask to be assessed?

You can request that any period after 1 April 2012 is assessed retrospectively. However we cannot re-assess a period which has already been considered by ourselves or another team.

What information will be needed from me?

The questionnaire you complete will give us some more information about the patient. It will also help us to see the period we will be assessing, and where to request the health and care records from.

We also need the consent form, and a copy of Power of Attorney or Grant of Probate so we can request these records.

How long does the process take?

We aim to have all cases completed within 4 months however there may be some delay in the process while waiting for records, which may mean that the case takes longer to complete. We aim to update you every 4 weeks with any progress.

Can I appeal against a Not Eligible decision?

You cannot appeal a checklist decision; however you can contact the CCG and ask them to reconsider their decision.

You can appeal a 'not eligible' DST decision in writing or by email to Norfolk Continuing Care Partnership within 6 months of the date of the decision letter.

Can I complain about the PUPoC process?

Yes. Your complaint can be made either in writing or by email to the following address:

The Complaints Officer, Lakeside 400, Old Chapel Way,
Broadland Business Park, Norwich, NR7 0WG.

norwichccg.nccpchcomplaints@nhs.net

Contact us

Telephone: 01603 257243

Email: NorwichCCG.CHCAppeals@nhs.net

By post:

The Retrospective & Appeals Team, Norfolk Continuing Care Partnership, Ground Floor, Lakeside 400, Old Chapel Way, Broadland Business Park, Thorpe St Andrew, Norwich, NR7 0WG

Useful information

Quick Guide to the National Framework:

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

Guide to Continuing Healthcare documents including the Checklist and DST:

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

A paper copy of the National Framework is available on request.

Beacon (www.beaconchc.co.uk) 0345 548 0300 and Age UK (www.ageuk.org.uk) 0800 055 6112 are organisations that provide advocacy and advice services. Some organisations may charge for this service.