



**Bwrdd Iechyd Lleol**  
**Local Health Board**

Caerdydd

Cardiff

Merthyr Tydfil

Rhondda Cynon Taf

Vale of Glamorgan

# **CONTINUING NHS HEALTH CARE POLICY**

Cardiff Local Health Board  
Merthyr Tydfil Local Health Board  
Rhondda Cynon Taf Local Health Board  
Vale of Glamorgan Local Health Board

Review Date – June 2007

## Executive Summary

This Continuing NHS Healthcare policy has been developed and based upon the Welsh Assembly Government Guidance (2004) 54 'NHS Responsibilities for Meeting Continuing NHS Health Care Needs' and "Continuing NHS Health Care: Framework for Implementation in Wales 2004" taking account of the recommendations made by the Health Service Ombudsman in 'NHS Funding for Long Term Care' (February 2003) as well as the 1999 Court of Appeal judgement referred to as the Coughlan judgement.

The Coughlan judgement clarified when the provision of nursing care could be provided by the Local Authority and when it could not, although the subsequent full introduction of NHS Funded Nursing Care in Wales ('NHS Funded Nursing Care in Nursing Homes' (WAG) Guidance 2004) means that Local Authorities no longer fund the nursing element of care in a care home.

The report of the Health Services Commissioner (Ombudsman) for England on Long Term Care identified deficiencies in eligibility criteria and assessments in respect of Continuing NHS Health Care in some areas and reinforced the need to ensure that guidance, policies and practices are updated and reinforced. Key issues were identified including

- The importance of ensuring relevant assessments take place and that staff in all settings are aware of the need for them
- Clarity and accountability of decision making
- The importance of adequate record keeping
- The importance of ensuring that individuals have access to information in appropriate formats and the need for effective communication between staff and individuals
- The necessity for good communication between staff.

This policy has been developed to ensure that these issues are addressed adequately

The key context for adults in which assessment and decisions relating to long term and Continuing NHS Health Care are made is the guidance 'Creating a Unified and fair System for Assessing and Managing Care. Decisions about eligibility for NHS Health Care' (National Assembly for Wales, 2002) and subsequent care planning occurs within this broader context.

Continuing NHS Health Care is applicable to all age groups however it is recognised that the assessment of, and provision for, the Continuing NHS Health Care needs of children occur in a different context to those of adults. i.e. Assessment Framework for Children in Need and their families (National Assembly for Wales 2001)

This policy forms part of implementation plans in Cardiff, Vale of Glamorgan, Rhondda Cynon Taf and Merthyr Tydfil Local Health Board's to improve fairness, public understanding and consistency in the application of the Eligibility criteria and in the delivery of Continuing NHS Health Care for the residents of those LHB areas. Implementation plans will be developed based on local priorities and will need to continue to develop to meet individual and the general population needs as well as to offer excellent care and value for money.

The policy has been developed in partnership with and been endorsed by the following organisations:

- Cardiff Local Health Board
- Cardiff Local Authority
- Cardiff and Vale NHS Trust
- Vale of Glamorgan Local Health Board
- Vale of Glamorgan Local Authority
- Rhondda Cynon Taf Local Health Board
- Rhondda Cynon Taf Local Authority
- Pontypridd and Rhondda NHS Trust
- Merthyr Tydfil Local Health Board

- Merthyr Tydfil Local Authority
- North Glamorgan NHS Trust
- Bro Morgannwg NHS Trust
- Velindre NHS Trust
- Health Commission Wales
- Community Health Council

# CONTENTS

	<b>PAGE</b>
<b>1.0 PART ONE</b>	
<b>1.1 INTRODUCTION</b>	<b>1</b>
1.1 Long Term, or Continuing Care	
1.2 Continuing NHS Health Care	<b>12</b>
1.3 Joint care packages	<b>2-3</b>
1.4 NHS Funded Nursing Care	<b>3</b>
1.5 Continuing Social Care	<b>3</b>
<b>2.0 PART TWO - THE DECISION MAKING PROCESS</b>	
<b>2.1 ASSESSMENT</b>	<b>4-6</b>
<b>2.2 THE DECISION</b>	
2.2.1 Who Decides	
2.2.2 When will an individual be eligible for Continuing NHS Health Care	<b>10</b>
2.2.3 Applying the Criteria	
2.2.4 Recording the Decision	<b>12</b>
2.2.5 How can the Decision be subject to further scrutiny?	<b>12</b>
<b>2.3 CARE PLANNING</b>	
2.3.1 Who Implements the Decision?	<b>13</b>
2.3.2 Location of care/Patient choice	<b>13-14</b>
2.3.3 Where is it recorded?	<b>14</b>
2.3.4 Review of Care Plan	<b>14</b>
2.3.5 Funding of care	<b>14-16</b>
• Local Health Board Continuing Health Care Panel	
• The Role of Health Commission Wales	
2.3.6 Dissatisfaction with care plan	<b>16</b>
<b>3.0 PART THREE – REVIEW</b>	
<b>3.1 REVIEW PROCEDURE</b>	<b>18</b>
3.1a Stage 1 – Informal Resolution	<b>18-19</b>
3.1b Stage 2 – Formal Resolution	<b>19</b>
3.1c Stage 3 Operation of Independent Review Panel	<b>19-20</b>
<b>4.0 PART FOUR - DISPUTES</b>	
4.1 Dispute procedure	<b>21</b>
4.1 Level 1	<b>21</b>
4.2 Level 2	<b>21</b>
4.3 Level 3	<b>21-22</b>
<b>APPENDICES</b>	
Appendix 1 Review checklist	<b>23-24</b>
Appendix 2 Review request form	<b>25-27</b>
Appendix 3 Review information leaflet	<b>28-29</b>



## PART ONE

### 1.0 INTRODUCTION

**1.1 Long term, or Continuing Care** - is a general term that describes the care which people need over an extended period of time as a result of disability, accident or illness. It may require the services of the NHS and/or health and social care services provided by Local Authorities, private or voluntary sector organisations

The NHS is responsible for assessing, arranging and funding a wide range of services to meet both the short and long term health care needs of the population. In addition to periods of acute health care some individuals need ongoing or long term care over an extended period of time as the result of disability, accident or illness to address both physical and mental health needs.

Local authorities also provide a range of services to support their local population, including individuals whose lives are affected by disability, accident or illness. These include accommodation, education, personal and social care, leisure and other services (NHS and Community care Act 1990 and the National Assistance Act 1948). Local authorities may charge for these services

The policy has been developed in partnership with the following organisations:

- Local Authorities
- Community Health Councils
- NHS Trusts
- Health Commission Wales

#### **How is long term care provided?**

There are a number of ways in which long term care is provided. This section is designed to provide clarification concerning the different ways of providing care. Individuals are likely to have a variety of services provided to meet their needs and as needs change they may require a different mix of service provision

### 1.2 Continuing NHS Health Care

Continuing NHS Health Care was described and defined in the Welsh Assembly Government guidance issued to Local Health Boards, NHS Trusts and Local Authorities in August 2004 (WHC (2004) 54).

Continuing NHS Health Care eligibility is the term used to describe a situation where an individual has been thoroughly assessed by a multidisciplinary team and judged to have overall health needs that are so significant that the NHS will manage and pay for all of the care that they need.

In these circumstances where an individual has been identified as being eligible for Continuing NHS Health Care a NHS clinical professional will be designated as the individual's care co-ordinator. This clinician will supervise the agreed care plan. Care may be provided in a variety of settings which may include a person's own home, a hospice, a care home or as an inpatient in a hospital. Where required the NHS provides a range of services to meet these needs, including primary care, rehabilitation, specialist medical, nursing and therapeutic support, respite, equipment, transport and palliative care. These services are normally provided free of charge.

Ref. from WAG  
Guidance

Point 7

Points 12&20

The care co-ordinator in collaboration with any specialist clinicians required to provide advice on certain aspects of care will be responsible for reassessing the individual's needs on a regular basis as specified in the care plan. An individual's needs may change over time and a review of an individual's needs and their care plan will take account of an individual's potential to move in and out of eligibility for Continuing NHS Health Care.

When an individual has been assessed as meeting the eligibility criteria for Continuing NHS Health Care, the NHS will be responsible for funding the full package of their health and personal care needs. When an individual is living at home this package of care will not normally include accommodation, food or general household support.

In most instances Continuing NHS Health Care will be funded by the relevant LHB either via Long Term agreements with local NHS providers or by contracting arrangements with other agencies which may include partner agencies and voluntary sector or independent sector providers as appropriate service providers. In the case of certain specialist service provision this will be commissioned and funded by Health Commission Wales. The relevant Local Authority will continue to fulfil its responsibilities including its role in multi-agency assessment and review, the assessment and support of carers and the meeting of housing and educational needs.

Equipment for Continuing NHS Health Care will be provided by the service provider as part of the purchased package of care. Funding for the provision of specialist equipment not normally provided to deliver care in the hospital or care home will be negotiated and agreed with the service provider and in consultation with Health Commission Wales

### **1.3 Joint care packages provided by the NHS and Local Authority**

This describes a situation where a person is assessed as needing a joint package of services from both the NHS and Local Authority. It applies where a person does not meet the eligibility criteria for Continuing NHS Health Care but still has significant health and social care needs. In these circumstances health and social care needs are closely interlinked and are difficult to separate and in some cases will result in a jointly funded care package for the individual. This care package could be provided at home or in a care home setting and by either local NHS and Local Authority services e.g. community nursing services, home care services, or by commissioning services from alternative agencies including voluntary and independent sector providers.

NHS Services will be provided free of charge but the individual may have to pay for Local Authority services depending upon their personal financial circumstances or subject to section 117 of the 'Mental Health Act 1983'. Eligibility for Local Authority services will be based on the relevant Local Authority's 'Fair Access to Care Service Conditions'.

In this situation normally either a NHS or social care professional will be designated as the individual's care co-ordinator. This will depend upon the assessment of need and requirements for an individual's care. The care co-ordinator will co-ordinate the delivery of the package of care and reassessment and review by the multi-agency team.

In these circumstances the NHS and Local Authority will agree the provision of necessary equipment by each agency. As a general rule Health Commission Wales or the NHS will provide specialist health care equipment for the use of NHS clinical professionals or by patients or their carers who will require training and monitoring of use by a NHS professional, e.g. home ventilators

#### **1.4 NHS Funded Nursing Care –**

NHS Funded Nursing Care in Wales was introduced in April 2004 and means that local authorities no longer fund the nursing element of care in a care home although they remain responsible for the accommodation and social care component of the individual's placement in the home and are entitled to recover a financial contribution towards these costs (except for individuals who are self funding. Individuals prior to entering a care home which provides Registered Nursing Care will be assessed by either a member of the LHB or Trust nursing care team according to the arrangements in that particular LHB area to determine their need for care by a Registered Nurse. A member of the LHB nursing team will subsequently review them on a regular basis (3 months after admission and then annually or as required by a change in need). The nursing home will then receive payment from the LHB.

***The assessment for NHS Funded Nursing Care is an important element of the UA comprehensive assessment of an individual's needs but is not on its own an assessment for Continuing NHS Health Care***

#### **1.5 Continuing Social Care**

This describes a situation where a person has been assessed in accordance with the NHS and Community Care Act 1990 and is deemed to have social care needs only. If there is a requirement for health care then their needs are met through mainstream NHS services. In this situation a social care professional from the relevant local authority will be designated as the individual's care co-ordinator. The Local Authority commissions continuing social care. The individual may have to pay a contribution for social care services depending upon their personal financial circumstances and their eligibility for social care services based upon the relevant local authority Fair Access to Care Services criteria.

In this situation health care needs will be met through the primary care services with access to secondary and specialist services as required.

Para 30  
NHS  
Funded  
Care

Para 3  
Annex B  
p11

## **PART TWO**

### **THE DECISION MAKING PROCESS (FIGURE 1)**

#### **2.1 Assessment**

Continuing NHS Health Care forms part of a continuum of care into which an individual may enter or leave at any point in his/her lifetime. Individuals may enter this continuum from a variety of settings e.g. home, hospital, care home. The type and level of assessment appropriate in particular circumstances is determined by the guidance document 'Creating a Unified and fair System for Assessing and Managing Care' (National Assembly for Wales 2002) and will be decided upon utilising the relevant local Unified Assessment (UA) tool or for children the Children's Assessment Framework.

A collection of Specialist Assessments will be collated to formulate a UA Comprehensive Assessment for Continuing NHS Health Care which can be undertaken in any care environment including home, elsewhere in the community, a care home or a hospital. The need for assessment for Continuing NHS Health Care will not be a reason for admission to hospital nor for delaying discharge where an appropriate package of care is available. The needs of carers should be assessed as distinct from, but linked to, those of the patient.

**Point  
18&  
Para.2  
Annex E  
,p15**

#### **Who makes the decision on the level of assessment?**

A significant number of people will go through the health care system whether in hospital or the community without requiring a UA Comprehensive Assessment of their needs. The decision on what type of assessment is required will be made by the multidisciplinary team in the hospital, or by community staff, including social workers and community nurses, or by primary care staff, including GPs depending on the circumstances of the case. At a minimum this team should include a doctor, nurse and social worker.

**Point 19**

#### **On what basis is this decision made?**

Where significant health needs are first described or suspected (e.g. during a UA enquiry or contact assessment), particularly where it appears likely that a person may need to remain in hospital, enter a care home or require a significant level of support in the community, a UA Comprehensive Assessment of need will normally be necessary. This, if appropriate, may include a UA Specialist Assessments for eligibility for NHS Funded Nursing Care or Continuing NHS Health Care.

The following circumstances will act as triggers for an NHS clinical professional to consider whether an individual might require UA Specialist Assessments for eligibility for Continuing NHS Health Care:

- During overview or specialist assessment
- When planning for an individual's discharge from hospital
- When an individual is assessed for a care home or before transfer between care homes
- During or following a major health episode for an individual living in the community or a care home which involved referral to NHS services and or a significant change in their health care needs

- At the time of assessment for NHS Funded Nursing Care
- At the request of the individual, their family/carer, an advocate or their professional/clinical advisor

More specifically, the need to consider eligibility for Continuing NHS Health Care within a UA Comprehensive Assessment would be triggered by the answer to such questions as:

- *Does the individual have health care needs which are:*  
 Complex **and/or**  
 Intensive **and/or**  
 Unstable **and/or**  
 Unpredictable **and/ or**  
 Considerable
- *Are they deteriorating rapidly?*
- *Does the individual require:*  
 Significant healthcare inputs **and/or**  
 Regular NHS supervision **and/or**  
 Routine use of specialist equipment
- *Is the individual near death?*

If the answer is yes to any of these questions, a UA Comprehensive Assessment, (including UA Specialist Assessments), for eligibility for Continuing NHS Health Care, should be initiated.

**In addition to these triggers, in making decisions about the type or level of assessment required, assessors will need to rely on their judgement.**

**Where is the decision on the level of the assessment recorded? –**

The decision on what level and type of assessment is required, and the reasons for the decision, should be recorded on the case notes and/or the Personal Care Plan of the person concerned, by the professional making that decision, or by a member of the multidisciplinary team. The individual and/or family/carer will have this decision explained to them. This will apply regardless of the location of their care and the multidisciplinary team may be primary or secondary care based. In particular, when discharge from hospital is planned, the decision whether or not to undertake UA Comprehensive Assessment involving the determination of Continuing NHS Health Care eligibility, and the reasons for that decision, must be recorded.

In exceptional circumstances for example an emergency admission to a care home there may be insufficient time to undertake a UA Comprehensive Assessment including consideration of eligibility for Continuing NHS Health Care. In such circumstances the care co-ordinator should ensure that there is a record of the decision to implement a care package without the appropriate level of assessment having been carried out. An appropriate UA Comprehensive Assessment of need including consideration of eligibility for Continuing NHS Health Care if appropriate should then be undertaken as soon as possible and certainly within two weeks of admission to the care home wherever possible.

If the individual and/or family/carers are dissatisfied with the explanation they are given in the first instance local resolution should be sought. If this fails they will be provided with information about their right to complain under the NHS Complaints procedure. If there is a social care component to the complaint a joint agency investigation and resolution may be necessary.

#### **Who implements the decision?–**

It is the responsibility of any professional who recognises the need for an assessment to refer to the relevant agency for this to be undertaken.

#### **How is the patient involved? –**

Appropriate information either verbal or written must be provided to the individual to enable effective patient involvement. Where this information is given verbally this must be recorded in the patient's notes. Before proposing any kind of assessment, consideration will need to be given to the individual's capacity to consent to and participate effectively in the assessment. Where there are doubts about this, proper consideration must be given to the protection and representation of their interests, including the need for advocacy.

It has to be recognised that an individual can choose to enter a care home without being involved in an assessment of any kind. However, without an assessment they will not receive any retrospective financial support. It is incumbent on any professional involved to ensure that the individual is provided with the information they need to make this choice in an informed way.

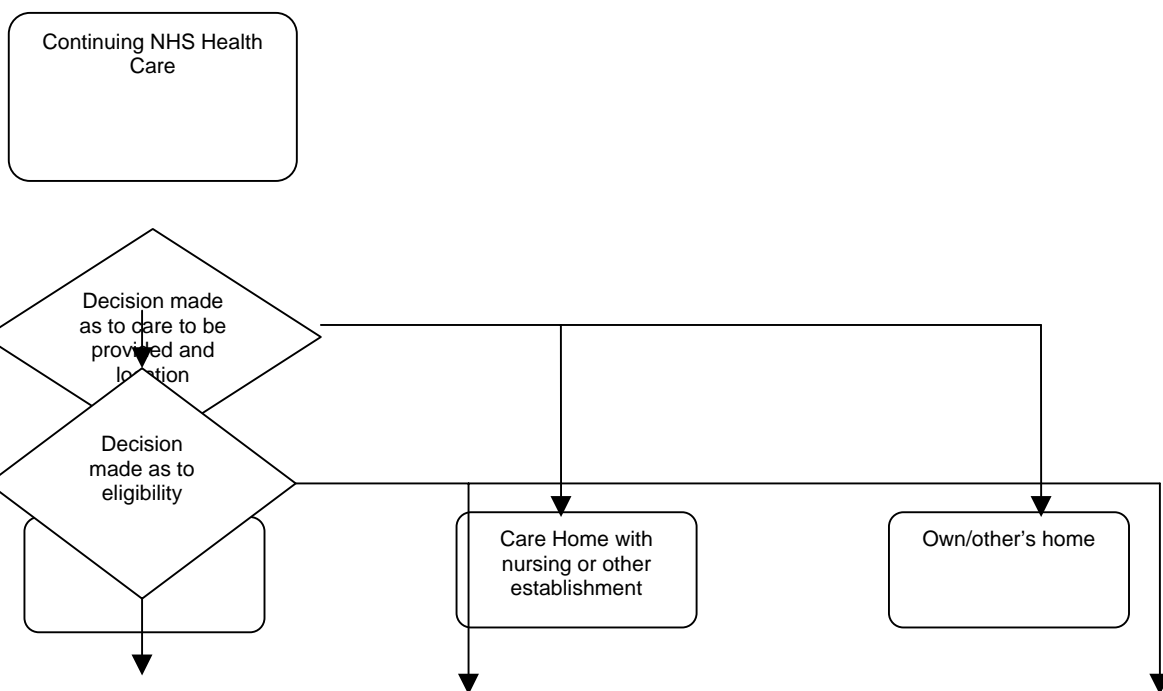
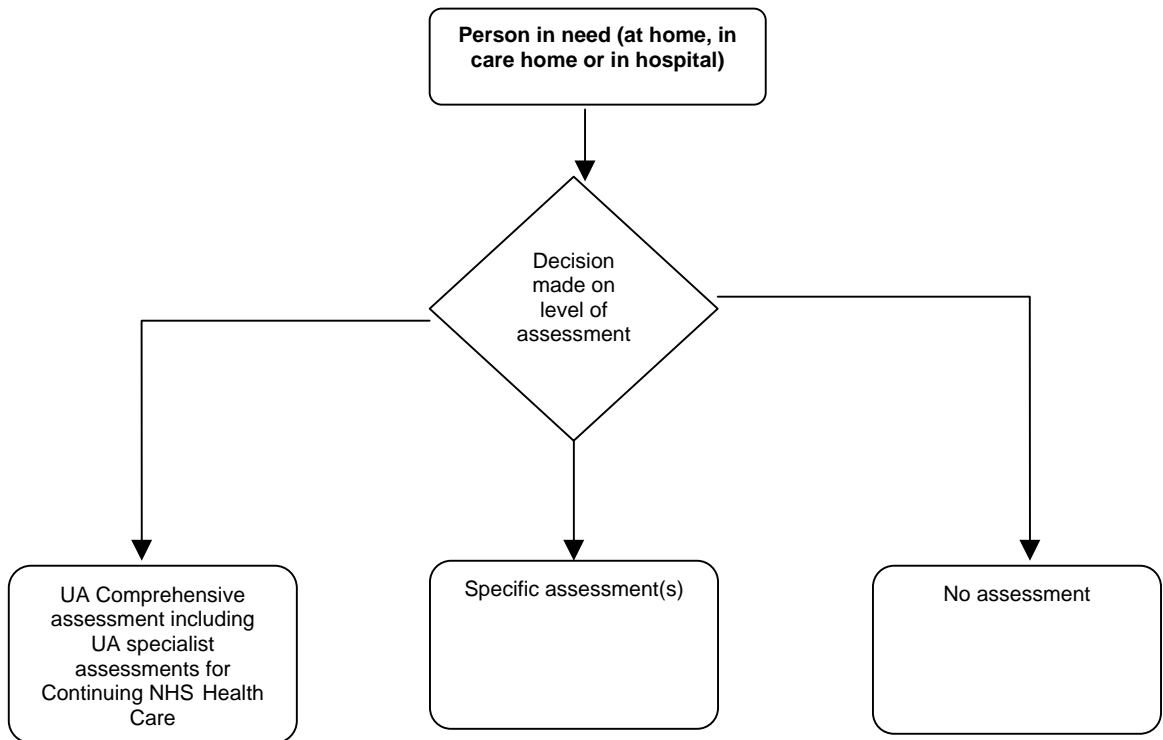
#### **How can the decision be subjected to further scrutiny? –**

Prior to discharge from hospital, or before any decision on a care package is finalised, a patient and/or his/her carer has the right to request a UA Comprehensive Assessment for Continuing NHS Health Care and/or Community Care Services. Information on assessment, review and complaints processes should be part of the information provided to patients and their carers.

#### **Who co-ordinates a specialist assessment ?**

If a UA Comprehensive Assessment for Continuing NHS Health Care is to proceed the individual will be allocated an NHS Health Care professional, usually from the relevant Trust, to co-ordinate the assessment.

Figure 1 - Decision Making Process





NHS Funded Nursing  
Care



Social Care (based on  
local Fair Access to  
Care Criteria)

None of these:  
other joint or single  
agency  
responsibility

## **2.2 The Decision whether a person is eligible for Continuing NHS Health Care.**

### **2.2.1 Who Decides?**

The decision will follow, and be based on, UA Comprehensive Assessment of need. The decision is a multi-disciplinary one. The multi-disciplinary team will consist of competent and appropriately qualified staff, who have expertise in the relevant care group and an understanding of Continuing NHS Health Care and, as a minimum will include the Consultant or the GP who has responsibility for the patient, a nurse, and a social worker . Appropriate validated assessment tools should be used to assist the decision-making process. The decision is fundamentally a professional clinical decision, based on the outcome of the multi-disciplinary assessment. The co-ordinator will usually be a NHS Professional.

Assessment will be in accordance with all relevant National Guidance and local policies including:

- The Care Programme approach in respect of adults who are mentally ill-
- 'Creating a Unified and Fair System for Assessing and Managing Care.
- Children's Assessment Framework

Patient's and their carers as appropriate must be fully involved in the assessment process. They will be informed who the co-ordinator is and a record of this will be made in the patient's notes. They should be provided with all the necessary information they need to participate effectively including their right to be considered for Continuing NHS Health Care and the right to have the decision making process reviewed. Information should also make it clear that the assessment of eligibility for Continuing NHS Health Care is subject to reassessment and that people may move in and out of eligibility depending on their changing health care needs which may impact on how their care is funded.

Point 20

### **Consent and Capacity**

Consent and capacity encompass all day-to-day aspects of health and social care (particularly assessment, treatment, examination and information sharing, including where emergency treatment is required). People may not be aware that their needs are being assessed, and thus not have been able to give informed consent to the assessment. They may also not have the capacity to be involved. Safeguards must be in place, e.g. in line with the 'In Safe Hands (Social Services Inspectorate for Wales 2000) protection of vulnerable adults guidance to ensure that powers, and people are not abused.

Problems of a financial nature arising from incapacity may be resolved by Receivership or Appointeeship or by the giving of an enduring power of attorney (the last option is only available for as long as the donor is legally competent). Neither health or social services agencies have a definitive legal right to take steps which would amount to a trespass or assault to the person who is incapable of consenting thereto, such as removal to a care home unless they have taken out guardianship under the Mental Health Act 1983, which now confers the power to act in the best interest of a person.

The Mental Capacity Bill is currently proceeding through the Parliamentary process, and will have implications for the way in which issues relating to mental capacity are handled in the future.

The needs for advocacy should be considered for some patients and should be facilitated throughout the assessment process.

Effective assessment and decision-making procedures necessarily require the sharing of information and good communication between professionals and others involved in assessment, care planning and service provision. 'Creating a Unified and Fair System for Assessing and Managing Care' provides useful guidance in the context of the relevant legal framework for adults, when considering sharing of information.

## 2.2.2 When will an individual be eligible for Continuing NHS Health Care?

Whether an individual is eligible for Continuing NHS Health Care will depend on the nature and extent of their health care needs and on the health care inputs they require.

All partners involved in the development of this policy have agreed the following eligibility criteria for Continuing NHS Health Care. These are taken from the Welsh Assembly Government Guidance (2004) 54 'NHS Responsibilities for Meeting Continuing NHS Health Care Needs' and take account of the recommendations of the Health Service Ombudsman in 'NHS Funding for Long Term Care' (February 2003) as well as the 1999 Court of Appeal judgement referred to as the Coughlan judgement.

**Whether a person is eligible for Continuing NHS Health Care will depend upon the nature, complexity, predictability, intensity and amount of their health care needs and of the health care inputs, which they require. This is regardless of their diagnosis.** Decisions about the respective responsibilities of the NHS and local authorities for the provision of health and social care must be made on the basis of a careful assessment of the facts in each individual case. **This should be borne in mind at all times and will be explored through a multidisciplinary assessment of the individual**

A person may qualify for Continuing NHS Health Care if any one or more of the following eligibility criteria apply:

### Criteria 1

**The nature, or complexity, or intensity, or unpredictability of the individual's health care needs (or any combination of these needs) or the risk to themselves or others means that regular input (such as assessment, intervention or monitoring) is required by one or more members of the NHS multidisciplinary team, such as a doctor, nurse or therapist or other NHS member of the team.**

Regular in this context will normally refer to weekly or more often

These health needs require more intense or specialist care than that provided through primary care services or by a Registered Nurse in a care home e.g. palliative care. The need for supervision by a GP or Registered Nurse is not in itself sufficient reason to qualify.

NB If the specialist input is being only delivered for expedience as a result of the organisation of delivery of care it is not regarded as being "required" to meet that patient's health needs. .

### Criteria 2

**The needs of the individual require the routine use of specialist health care equipment involving the supervision of NHS staff**

This covers those people who need to use specialist health care equipment regularly i.e. weekly or more often and need the supervision of an NHS professional for its safe and effective use

Point 14

### **Criteria 3**

**The individual has a rapidly deteriorating or unstable medical, physical or mental health condition (or is detained in accordance with section 17 of the Mental Health Act) and requires regular input (such as assessment, intervention or monitoring) by a member of the NHS multidisciplinary team.**

A person who qualifies under this condition is likely to qualify for a period during which their mental or physical health is rapidly deteriorating or unstable. They may no longer qualify if, following a review, their health has stabilised unless they qualify under one of the other criteria.

### **Criteria 4**

**The individual is in the final stages of a terminal illness and is likely to die in the near future.**

Individuals included here would normally qualify under Criteria 3 also. Where they do not, and without being overly prescriptive, this would otherwise include those for whom 'near future' may be taken to mean around 6-8 weeks. They may no longer qualify if they improve and are later diagnosed as being likely to live for some time longer unless they qualify under other criteria.

Most people who require palliative care will receive this through the provision of core NHS services. Regular assessment reviews of patients with terminal conditions will take place led by the person's care co-ordinator. The regularity of assessment review will be determined by the individual's condition and documented in their care plan.

In all cases related to terminal illness the speed of decision making is crucial. In these circumstances an individual should not be denied any service whilst decisions are made concerning eligibility. If palliative care services are required by an individual these should commence immediately.

At a time of great anxiety, the individual and/or their family's full involvement in the decision making process must be maintained, however this should be handled with sensitivity by all those involved.

Where a funding decision is required in an emergency/crisis situation the care co-ordinator should contact the designated senior nurse in the appropriate Local Health Board for approval.

**The above criteria do not preclude professional decisions based on additional clinical considerations.**

### 2.2.3 Applying the Criteria

**These essential criteria apply to the needs of all individuals.**

An assessment tool has been developed by the Welsh Assembly Government identifying key needs which have been identified which indicate the circumstances that may give rise to eligibility for Continuing NHS Healthcare, and which should be considered in any UA assessment of eligibility. Not all of these needs will be relevant to the assessment of all patients, but all should be considered. This assessment tool can be found at Appendix 4. No assumption is made about which needs are more appropriately considered for different patients/service user categories.

In all cases, the overriding determination of eligibility is the healthcare needs of the individual, not their particular illness or disability. Within each table, those illustrations of “high” need indicate circumstances which (individually or in combination) may give rise to eligibility for Continuing NHS Healthcare. In addition, eligibility may arise when a combination of “medium” and other needs result in a large amount of care being required overall. **This assessment tool is not prescriptive but only a guide in assisting staff in assessing an individual’s eligibility for Continuing NHS Healthcare.**

The Local Health Board, Local Trust providers and Local Authority will work in partnership to ensure that there are no gaps in the provision of services to meet an individual’s needs whilst decisions are made about eligibility for Continuing NHS Health Care

### 2.2.4 Recording the Decision

The decision on eligibility for Continuing NHS Health Care and the basis of the decision (i.e. a statement on which criteria have or have not been met) will be recorded as appropriate e.g.

- a) In the patient’s clinical records
- b) In the patient’s Personal Care Plan
- c) UA summary record
- d) In the formal record of the Multidisciplinary Team meeting

Both the decision and the reasoning on which it is based (i.e. what criteria are/are not met) will be clearly recorded and signed by an authorised member of the multidisciplinary team on the patient’s clinical record. The assessment(s) on which the decision is based will also need to be clearly documented and signed. The documentation should be organised to ensure that decisions can be easily identified.

The patient will be informed of the decision and the reasoning behind it in writing

### 2.2.5 How can the decision be subject to further scrutiny?

As a final check before any decision on care is finalised (whatever the patient’s location) a patient and/or his or her carer or representative has the right to ask the Local Health Board to review the decision which has been made about eligibility for Continuing NHS Health Care. Information on the review process will be included in that provided to the patient

## **2.3 CARE PLANNING – HOW THE IDENTIFIED HEALTH NEEDS ARE TO BE MET**

### **2.2.1 Who implements the decision?**

If following a decision that a patient is eligible for Continuing NHS Health Care the Multidisciplinary team concludes that local NHS provision is most appropriate to meet an individual's needs and that specific additional funding for the individual's care is not required, it is the responsibility of the designated Trust care co-ordinator to make the necessary arrangements for the care of the patient. Where a patient is to return to, or continue in the community, the NHS will take the lead role in working with other agencies concerned to establish an appropriate package of care.

A care plan will be decided upon setting out how and where his/her assessed needs will be met.

Care planning involves patients, carers and professionals discussing how the assessed needs can best be met and agreed goals achieved. The UA Comprehensive assessment will provide a full picture of the needs to be met although care planning will necessarily be influenced by the type, range and availability of services locally and agreed policies for providing these. Those professionals involved in care planning should be realistic and ensure that recommended services are available and can be provided as identified within the care plan

### **2.3.2 Location of Care/Patient Choice**

A key decision in developing the care plan for a patient assessed as eligible for Continuing NHS Health Care is the location of that care

Whilst many patients deemed eligible for Continuing NHS Health Care will remain in hospital, or move into a care home with nursing, there will be circumstances where the appropriate and preferred option will be the patient's own home or the home of a relative or friend in the community. In any location care planning needs to be informed by assessments of risk to patient, carers and staff but should also be responsive to the age, living circumstances, geographic location, gender, culture, faith, personal relationships and lifestyle choices of patients, as well as their health needs.

An important part of patient and carer involvement is the opportunity to exercise choice including decisions on 'where' and 'when' care is to be received, as well as 'what' services and 'how' someone wishes to be treated or manage their condition. If Continuing NHS Health Care is to be provided in a hospital setting, the opportunity for this to be in a location which is favoured by the patient and/or carer should be considered.

In relation to the provision of Continuing NHS Health Care in a care home when eligibility for Continuing NHS Health Care has been determined the Trust Continuing Care Co-ordinator or appropriate senior nurse within the host LHB will, in partnership with the patient, negotiate an appropriate and preferred placement to meet the needs of the patient identified during the UA Comprehensive assessment process. The decision on eligibility for Continuing NHS Health Care should be made prior to any discussions regarding possible placements as that decision may have implications for the available choices.

Patients eligible for Continuing NHS Health Care will normally have health needs that are particularly intense or complex, requiring high levels of care. Some patients will wish to remain in or return home in preference to staying in hospital or entering a care home. Whilst every effort should be taken to support this choice decisions on the location of care will be taken in the context of the needs of, and risk to the individual and their informal carers, the risk to staff and the availability of the appropriate services.

### **2.3.3 Where is it recorded?**

Information will be recorded on Personal Care Plans, as described in 'Creating a Unified and Fair System for Assessing and Managing Care'. Information on needs and how they are to be met will also be contained in any care plans produced within care home or hospital settings.

### **2.3.4 Review of Care Plan**

The guidance on 'Creating a Unified and Fair System for Assessing and Managing Care' suggests that as a minimum there should be an initial review within three months of a care package commencing and thereafter annually. However, it is expected because of the nature of their health needs and the level of required clinical input, that anyone eligible for Continuing NHS Health Care should be subject to review more often, as a minimum six monthly or more regularly dependent on their assessed needs. How often the care plan is to be reviewed will be recorded in the care plan and, when undertaken, documented in the individual's records.

The designated Trust NHS professional as care co-ordinator will implement and manage the package of care. As commissioners of the individual package of care the Local Health Board should be informed of any changes in circumstances or changes to an individual's care package as appropriate.

### **2.3.5 Funding of Care (Figure 2)**

Where a patient is placed in a hospital or care home with nursing the NHS will arrange and fully fund the care including accommodation and personal care. Where a patient returns to their own home (or that of a carer) the NHS will fully fund the cost of their health and personal care needs but not normally the accommodation, food or general household support. Social security and other benefits available to support an individual's living costs may be affected and the impact of this will need to be identified and discussed with the individual or carer before care and funding arrangements are finalised.

While the overall responsibility for commissioning care will lie with the Local Health Board there will be ways in which other agencies, such as (but not only) Social Services may become involved, for example:

- Through ongoing responsibilities for meeting related needs such as those of carers
- Through agreed delegated responsibility for commissioning or providing care
- Through agreed delegated responsibility for providing ongoing assessment and/or care management
- Through locally developed joint service provision

Through their housing, education and leisure services responsibilities local authorities have a corporate role in enabling people to have fulfilling lifestyles and to participate in and contribute to the wider community.

When the decision is that an individual is not eligible for Continuing NHS Health Care, and an alternative package of care is required (e.g. NHS Funded Nursing Care in a Care home or a package of care in the community) the lead role will normally lie with the local authority and the Local Health Board and Trust will work alongside the local authority to develop and implement an appropriate care plan.

### **Local Health Board Continuing Health Care Panel**

If, following a UA Comprehensive Assessment the multidisciplinary team conclude that an individual meets the eligibility criteria for Continuing NHS Health Care and the identified care plan cannot be delivered within existing NHS provision, the UA Comprehensive assessment and proposed care package (including the elements which require additional funding) will be forwarded to the relevant Local Health Board for consideration. All relevant documentation and details of the UA Specialist assessments and recommendations from the multi-agency/multidisciplinary team will be forwarded to the Local Health Board Senior Nurse with responsibility for Continuing NHS Health Care for consideration by the Local Health Board Continuing NHS Health Care panel. If appropriate, information from the individual, family member or carer with respect to their perspective on the Continuing NHS Health Care application should be included.

The make up of each Local Health Board Continuing NHS Health Care panel may vary due to local arrangements but will as a minimum include:

- The Local Health Board Nurse Director as the individual with the designated statutory responsibility for Continuing NHS Health Care
- At least one other Executive Director of the Local Health Board

Cases will be presented to the Local Health Board Continuing NHS Health Care panel by the senior nurse responsible for Continuing NHS Health Care.

If the accompanying documentation forwarded to the LHB Continuing Health Care Panel is insufficient for them to reach a decision to fund the recommended Continuing NHS Health care package, or the LHB panel is not satisfied the patient is in fact eligible for continuing NHS healthcare, then further clarification/specialist assessments will be requested from the multi disciplinary team to ensure compliance with the LHB's Continuing NHS Health Care Policy.

A record of each case that explains the rationale and the outcome will be produced after each panel meeting, the content which will be agreed by the chair.

Correspondence will be sent from the Local Health Board to the Trust Continuing Care Co-ordinator forwarding the application informing them of the outcome and decision of the panel within 5 working days of the decision being made. Correspondence, if appropriate, will also be sent to the individual involved, their family/carers and any relevant agencies informing them of the outcome of the decision within 5 working days of the decision being made.

At the same time the individual and/or their family/carers will also receive information about how to request an independent review of their case (See appendix 3).

As commissioners of the individual package of care the Local Health Board should be informed of any changes in circumstances or changes to an individual's care package as appropriate.

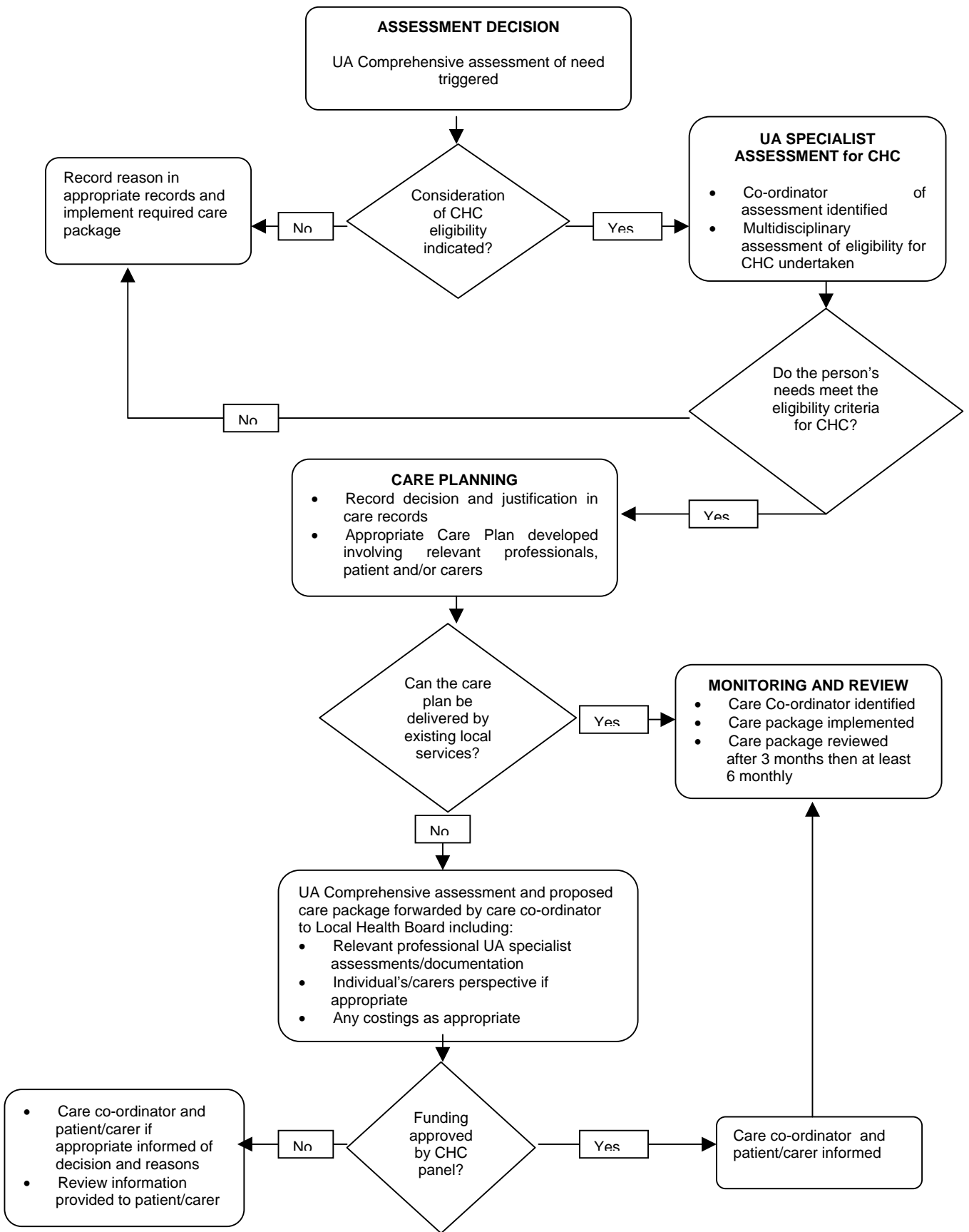
### **The Role of Health Commission Wales**

- Health Commission Wales (Specialist Services) (HCW) commission an agreed range of specialist, tertiary and national services on an all Wales basis as specified in WHC (2003)<sup>63</sup>
- Either the whole or elements of a package of continuing NHS Health Care may therefore be the responsibility of HCW. HCW will only be responsible for the specialised element of care overseen by a tertiary centre within these packages. This includes some specialist equipment e.g. Home IPP ventilation
- Decision making processes related to HCW funding of care are the responsibility of HCW, however these elements of decision making will not delay provision of care for an individual
- The relevant Trust Continuing Care Co-ordinator or Local Health Board will inform the Named Patient Service Agreement Co-ordinator at HCW as soon as an individual is assessed as requiring a specialist service that is the responsibility of HCW
- The decision by HCW to fund the whole or elements of a care package will normally be made in advance of the relevant Continuing NHS Health Care panel meeting
- In some circumstances an HCW officer will be invited to attend the Continuing NHS Health Care Panel meeting
- Where a review of a decision made by HCW has been requested this will be dealt with through the HCW review panel

#### **2.3.6 Dissatisfaction with care plan**

If the person or carer is not satisfied with the care plan which has been developed they may request a re-assessment of their needs and review of their care plan by the multidisciplinary team facilitated by the care co-ordinator. If they continue to be dissatisfied they will need to consider making use of the complaints process. The Continuing NHS Health Care Review Panel is not designated to review the content of care plans, only the decision making process relating to the application of the Continuing NHS Health Care Criteria.

**Figure 2 - Continuing NHS Health Care Flow Chart**



## **PART THREE**

### **3.1 REVIEW PROCEDURE**

#### **Right to appeal arrangements against the application of the Continuing NHS Health Care eligibility criteria**

A patient and/or their representative has the right to ask the Local Health Board in which the patient is normally resident, to review the decision which has been made regarding eligibility for Continuing NHS Health Care or NHS Funded Nursing Care. Ideally the request should be made prior to discharge from hospital, or before any decision on a long term care package is finalised (whatever the patient's location). However, there may be circumstances where the patient has already been discharged to an alternative care setting, this does not exclude their right to ask for a review of the decision which was made prior to their transfer

The purpose of the review procedure is:

- To check that proper procedures have been followed in reaching decisions about the need for Continuing NHS Health Care and NHS Funded Nursing Care
- To ensure that the eligibility criteria for Continuing NHS health Care and NHS Funded Nursing Care have been properly and consistently applied

The review procedure does **not** apply where patients or their families and any carer wish to challenge:

- The content, rather than the application of the Local Health Board's eligibility criteria
- The type and location of any offer of NHS funded Continuing NHS Health Care or NHS Funded Nursing Care Services
- The content of any alternative care package which they have been offered
- Their treatment or any other aspect of the services they are receiving or have received

Issues related to the above would be more properly dealt with through the complaints procedure and any enquiries should be directed to the Complaints Manager, Business Service Centre, Churchill House, Churchill Way, Cardiff. Tel: 029 20402 261

#### **3.1a Stage One - Informal resolution**

The NHS Trust will deal quickly (ideally within two weeks) with any verbal or written request to reconsider decisions about eligibility for Continuing NHS Health Care. In the first instance the NHS Trust will work closely with the patient to resolve the situation informally and the patient or their representative will be given the opportunity to discuss their concerns with a Senior Nurse from the Trust (this will generally be the Continuing Care Co-ordinator). The Trust will ensure that appropriate assessments have been undertaken, care plans produced, the proper procedures and criteria have been applied and that the patient has been provided with all relevant information. In order to check that the proper procedures have been followed in reaching decisions about the need for Continuing NHS Health Care and NHS Funded Nursing Care, the review checklist (Appendix 1) should be

completed. Where informal attempts to resolve the matter fail the patient or their representative may ask the Local Health Board where the patient is normally resident for an independent review of the Trust's decision regarding eligibility for Continuing NHS Health Care (Formal resolution)

**Formal request for review should not proceed until all attempts have been made to resolve the matter informally.**

### **3.1b Stage two – Formal Resolution**

In the first instance, the Trust should seek written consent regarding the request for an independent review of the decision (Appendix 2), a copy of the public information leaflet (Appendix 3) should also be given to the patient and/or their representative. The consent form, together with a copy of the completed Review checklist form (Appendix 1) should be forwarded to the Local Health Board within 5 working days of the patient or their representative receiving the documents

On receipt of the consent form and review checklist, the Local Health Board will seek advice from the Chairperson of the Independent Review Panel. Following this advice the Local Health Board does have the right to decide in an individual case not to convene a panel for example in cases where the patient falls well outside the eligibility criteria or where the case is very clearly not appropriate for the panel to consider. In all cases where a decision not to convene a panel is made, the Local Health Board will give the patient or their representative a full written explanation of the basis of its decision, together with a reminder of their rights under the NHS complaints procedure.

This process should be completed within two weeks of the Local Health Board receiving the consent form and review checklist form. Where a decision to convene a panel is made, the Local Health Board should complete this process (which will include a written explanation of the basis of its decision, together with a reminder of their rights under the NHS complaints procedure) within four weeks of receiving the initial request. **NB** This period will start once any action to resolve the case informally has been completed and will only be extended because of unavoidable or exceptional circumstances, for example, where the Local Health Board is having difficulty accessing relevant clinical information

### **3.1c Operation of the Independent review panel**

The independent review panel comprises an independent chair, a Local Health Board non-officer representative and a representative of a Local Authority. Cardiff, Merthyr Tydfil, Rhondda Cynon Taf and the Vale of Glamorgan Local Health Boards have access to an independent chairperson and a pool of appropriate representatives. (where possible representatives will not consider cases from their particular Local Health Board or Local Authority Area)

The Senior Nurse designated to co-ordinate the review process will prepare information for presentation to the independent review panel. The panel will have access to:

- Any existing documentation, which is relevant, including the details of the patient's original assessment.
- Views of the key parties involved in the case including the patient, his or her family and any carer, health and social services staff and any other relevant

bodies or individuals. This will normally be managed by the production of written statements prepared by the responsible individual.

- Access to appropriate independent clinical advice taking into account the range of medical, nursing and therapy needs involved in each case.

A patient may have a representative to act on their behalf if they choose or are unable or have difficulty in presenting their own views

Whilst the patient or representative will normally provide information to the designated responsible individual they may request direct representation at the panel hearing. This does not include a lawyer acting in a professional capacity.

Following presentation of the case the independent review panel will make a recommendation. The role of the panel is advisory only and while its decisions will not be formally binding the expectation is that its recommendations will be accepted.

If the Local Health Board decides to reject a panel's recommendation in an individual case, it will put in writing to the patient and to the Chair of the panel its reasons for doing so.

In all cases the Local Health Board will communicate within two weeks in writing to the patient and all relevant parties the outcome of the review including reasons for the decision. A record of the Independent Review Procedure will be kept at the Local Health Board.

Whatever the outcome the Local Health Board should aim to complete the formal resolution process within four weeks of receiving the consent form and the review checklist form.

The appeal procedure will not be used to resolve disputes between funding agencies about responsibilities for funding individual cases as these are dealt with separately. The patient's rights under the existing complaints procedure and their existing right to refer the case to the Health Service Commissioner for Wales remain unaltered by the panel arrangements.

## **PART FOUR**

### **4.0 DISPUTES BETWEEN AGENCIES**

#### **4.1 Level 1 – Informal resolution**

Wherever possible different interpretations between health and social care professionals about the application of the Continuing NHS Health Care eligibility criteria will be resolved at an informal and local level prior to the individual's case being considered at a higher level. The case will be fully considered by the Trust Continuing NHS Health care co-ordinator, social services team manager or Health Commission Wales designated individual together with the members of the multidisciplinary teams. This is likely to take the form of a case conference and every effort should be made to resolve matters at this level. This case conference except in exceptional circumstances should take place within 5 working days of the notification of a dispute. The case conference will consider the clinical case based on the multi-agency and multi-disciplinary assessments of the individual concerned. The outcome of these discussions will be formally recorded and given to all relevant parties

#### **4.2 Level 2**

If the case is not resolved at level 1, the case will be referred to the Nurse Director of the Local Health Board and the appropriate senior officer from the Local Authority or relevant Director from Health Commission Wales. The individual responsible for referring the case to Level 2, will ensure that all necessary documents are submitted together with any information which may be relevant to the decision making process at Level 2.

The senior nurse designated as responsible for Continuing NHS Health Care within the Local Health Board will be responsible for arranging a meeting between these parties and ensuring that the necessary documents are submitted with any additional relevant information.

This meeting will take place within 10 working days following completion of Level 1

The outcome of any discussions and decisions at Level 2 will be formally recorded and given to all relevant parties.

#### **4.3 Level 3**

If the case is not resolved at Level 2 details including the reasons for failure to agree between the agencies concerned will be submitted in writing to the Chief Executive or Director of the respective organisations as appropriate.

This will take place within 5 working days following completion of Level 2

The decision made at this level will be final and the agency deemed to be responsible for the provision of funding would be instructed to proceed. In exceptional circumstances the Independent Chairperson of the review panel or another independent body will chair a meeting between the Chief executives to resolve the dispute.

**In no circumstances will a dispute between statutory organisations be allowed to delay an individual's discharge from hospital or the commencement of a package of care.**

The care package will be funded, co-ordinated and managed by agreement by an individual agency until the dispute is resolved with agreement that either party will retrospectively pay the other depending upon the outcome of the dispute backdated to the date of the level 2 meeting.

## APPENDIX 1

### REVIEW CHECKLIST

To be completed by the Trust and included with request for independent review

Patient Name:

Date:

Current Address:

In the event of a patient or his/her representative requesting a review against the decision that has been made regarding the application of the Local Health Board's eligibility criteria for Continuing NHS Health Care status, the Trust Continuing Health Care co-ordinator is required to complete the following checklist prior to a request to the LHB for independent review:

#### Assessment of Need

- Has there been an appropriate assessment of the patient's needs?
- Has this included appropriate specialists with expertise in Continuing NHS Health Care assessment?
- Has the need for a second clinical opinion been considered?
- Have all the criteria in the eligibility criteria been considered by the multidisciplinary team?
- Has proper account been taken of the patient's clinical prognosis – is the patient likely to die in the very near future so that discharge from NHS care may be inappropriate?
- Were the patient's needs for a period of rehabilitation or recovery properly considered, bearing in mind that older people may need longer to reach their full potential for recovery?
- Does the multidisciplinary team agree that the patient does not meet the eligibility criteria for Continuing NHS Health Care and is this decision documented appropriately?
- Has the multidisciplinary team reviewed its decision?

#### Information for the patient and carer

- Have the patient and carer been made fully aware of the Continuing NHS Health Care Policy and eligibility criteria?
- Have the patient and carer received the following:-
  - ◆ The Continuing NHS Health Care Policy patient information leaflet
  - ◆ Clear written information about how hospital discharge procedures will operate, and what will happen if ongoing care is needed?

- ◆ The necessary information, where appropriate in writing to enable them to take any decisions about their future care?
- ◆ Written details of the likely cost of any option which they have been asked to consider by Social Services (including where possible and appropriate the viability of Social Security benefits and financial assistance from Local Authority Social Services)
- ◆ A written care plan including a clear statement of which aspects of care will be arranged and funded by the NHS and which by Social Services

- Were appropriate arrangements made for patients to communicate in their preferred language?
- Has the patient/carer been informed of the multidisciplinary team's decision regarding the need for continuing health and social care and is this documented?
- Has the multidisciplinary team considered all options in terms of the patient's future health and social care needs

**Participation**

- Have the views of the patient and carer been taken into consideration as part of the assessment process?
- Has the possibility that the patient might need an advocate been considered?

**The Review Procedure**

Given that the decision as to whether a patient meets the eligibility criteria for Continuing NHS Health Care can only be made by the multidisciplinary team and not by one individual the independent review panel can only review cases where the patient has been assessed by the appropriate professionals within the team. Further, the quality and consistency of the information presented to the review panel will determine the effectiveness of the review procedure. Where the information submitted by the provider is inadequate the review panel may feel they cannot consider the case until the information is provided. The patient and/or carer should expect a response in writing from the Local Health Board with an explanation of the basis of it's decision within 2 weeks a request for independent review.

**Form completed by:** \_\_\_\_\_

**Designation:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**APPENDIX 2**

**CONTINUING NHS HEALTHCARE – REQUEST FOR REVIEW  
CONSENT FORM**

The purpose of independent review is to:

- Check that the proper procedures have been followed in reaching decisions about eligibility for Continuing NHS Health Care
- Ensure that the eligibility criteria for Continuing NHS Health Care have been properly and consistently applied

This form is to be completed by the person/applicant requesting a review (the applicant). The applicant may be the patient or their representative i.e. relative, carer, friend or advocate

Name of applicant: ..... DOB .....

Address: .....  
.....  
.....  
.....Post Code: .....

Contact No. (Day) ..... (Evening) .....

Please circle the relevant answer

**1. Are you the patient about whom the enquiry is being made?**  
Yes/No

**If yes please go to question 6**

**2. Name of patient** ..... DOB  
.....

**Current Address**  
.....

.....

**Post Code** .....

**Contact Number:** .....





## APPENDIX 3

### THE REVIEW PROCEDURE

#### WHAT DOES IT MEAN FOR ME?

##### 1. What is the review procedure?

Where a patient has been assessed as not meeting the eligibility criteria for Continuing NHS Health Care status he/she or his/her representative has the right to ask the Local Health Board to review the decision.

##### 2. What is the Review panel?

In order to respond to this request, the Local Health Board may seek advice from an independent body. This is called an independent review panel.

##### 3. What is the role of the review panel?

The role of the panel is advisory and it does not have any legal status. It has two main responsibilities:

- To assess whether the proper procedures have been followed in reaching decisions about eligibility for Continuing NHS Health Care
- To ensure that the eligibility criteria for Continuing NHS Health Care have been properly and consistently applied.

##### 4. Can I ask the Review panel to examine other concerns that I may have?

The review panel cannot be used to challenge:

- The content of the eligibility criteria
- The type and location of any Continuing NHS Health Care package being offered
- The content of an alternative care package which has been offered including social care
- Any other aspects of the inpatient episode

##### 5. Are all cases referred to the reviewed panel?

No the Local Health Board does have the right to decide not to convene a panel for example, where the patient's needs fall well outside the eligibility criteria for Continuing NHS Health care. Before taking a decision the Local Health Board will seek the advice of the Chairperson of the Independent review panel.

##### 6. How will I know whether the Local Health Board has convened a Review panel

The Local Health Board will inform you in writing.

##### 7. On what basis does the Review Panel make its recommendations?

The review panel will examine all relevant documentation this will include the nursing assessment, the medical assessment and where appropriate therapist

and/or specialist assessments. In addition the panel will examine whether all stages of the process have been carried out. i.e.

- Evidence of a comprehensive multidisciplinary assessment
- Referral to appropriate members of the multidisciplinary team
- The provision of written information regarding hospital discharge procedures and/or the Continuing NHS Health Care policy
- The degree to which the patient/representative has been involved in the decision making process regarding future health and social care needs

**8. What can I do to make sure my concerns are expressed to the Review Panel?**

It is very important that your views are recorded for the panel. The senior nurse within the Local Health Board designated to co-ordinate the review process will contact you to discuss your opinions and concerns. This will normally be managed by the production of a written statement for presentation to the panel.

**9. Will I be invited to the review panel?**

Whilst the patient or their representative will normally provide information to the senior nurse for presentation at panel you can request direct representation at the panel hearing. This does not include a lawyer acting in a professional capacity

**10. If the Review Panel is purely advisory and the Local Health Board is responsible for making the final decision, why is it necessary to involve more people?**

The Review Panel will decide whether the multidisciplinary team has applied the Continuing NHS Health Care Policy and eligibility criteria in a consistent manner. Acting as an independent body of the Local Health Board and NHS Trust the Review Panel will provide independent advice to the Local Health Board

**11. If I am unhappy with the outcome of the Review Panel's recommendations and the Local Health Board's decision, what should I do next?**

The NHS Complaints procedure is available to consider the issues that you would wish to pursue. You can access this procedure by writing to the complaints manager at the Local Health Board or relevant NHS Trust.

## **APPENDIX 4 - Illustrations of needs and how they relate to the eligibility criteria**

The following identifies a range of needs within the context of the Domains of Assessment contained within the guidance 'Creating a Unified and Fair System for Assessing and Managing Care.'

Those domains identified as most relevant to determining eligibility for continuing NHS health care are:

*Clinical background*

*Personal care and physical well-being*

*Activities of daily living*

*Sense (& awareness)*

*Mental Health (psychological well-being and behaviour)*

*Safety (and risk)*

Within each of these, key needs have been identified which help illustrate the circumstances which are likely to give rise to eligibility for Continuing NHS Health Care, and which should be considered in any assessment of eligibility. Not all of these needs will be relevant to the assessment of all patients but should be considered. Where possible these needs match the sub-domains of the Unified Assessment, but not completely; in some cases it was considered that additional/different needs should be included to assist the decision making.

However it is essential that the approach to assessment is holistic. It should not be assumed that certain elements are relevant only to certain service user groups e.g. the fundamental needs relevant to determining the eligibility of a person with a learning disability may be their physical health

In relation to each need, three levels have been identified. In very general terms high levels of need are illustrative of circumstances which individually or in combination, may lead to eligibility for Continuing NHS health Care. Low levels of need will be more typical of those requiring social care support, while the medium level may require a package of care involving elements of both health and social care input.

In making decisions on eligibility for Continuing NHS Health Care, it is likely that those eligible will record a high level of need on a number of the needs listed below. However it is possible for eligibility to be triggered by a high level of need on a single component. In addition, eligibility may arise when a combination of 'medium' and other needs results in a large amount of care being required overall. The matrices cannot be used mechanistically to provide a score, but as a support to aid professional/clinical judgement

**“ This Matrix is to be regarded as an aid to health care professionals and not as a prescriptive tool. In all cases the health care professional should have the eligibility criteria set out in section 2.2.2 at the forefront of his/her mind when assessing whether an individual is eligible for Continuing NHS Health Care.”**

## CLINICAL BACKGROUND

Need	Low	Medium	High
<b>Health Care intervention</b>	Does not need regular medical supervision or care other than by GP or community nurse e.g. diabetic injection, simple wound dressing	Treatment (including use of equipment) by carer that requires supervision or input by nurse. Treatment requiring a nurse e.g. pressure sore, open wounds. Planned hospitalisation with little risk of readmission.	Need for frequent not easily predictable interventions. Requires frequent medical review. Advanced technical care e.g. tracheostomy suction frequent to maintain airway; complex catheter care. Continual supervision of equipment use by health professionals and need for access to wider MD team. Considerable risk of multiple unpredictable readmission.
<b>Falls</b>	No history of falls	Occasional falls arising from accidental circumstances. Potential risk of falls arising from ongoing medical conditions.	History of frequent falls arising from ongoing medical conditions; continuing risk of falling.
<b>Medication</b>	Can manage medication independently. May need supervision/monitoring by GP/community nurse. May need physical assistance to take oral medication	Regular administration of medicine by injection (daily). Daily administration and monitoring of complex drug programmes	Monitoring and management of complex drug programmes that require frequent administration due to complex needs. Supervision by qualified staff required or by individual with specialist skill.
<b>Pain management</b>	Experienced and managed so as not to present as a symptom that is distressing or detracts from quality of life. Managed and monitored by GP	Requires regular administration of medication by injection. Requires regular medical and nurse monitoring. Requires skilled positioning and other techniques to manage pain	Monitoring and management due to complex, unstable unpredictable condition requiring specialist medical supervision and trained nurse intervention due to fluctuating need

	<b>Low</b>	<b>Medium</b>	<b>High</b>
<b>Breathing</b>	May need monitoring and care by GP and/or community nurse	Well established tracheotomies, may need assistance/supervision with complex medication, inhaler, oxygen therapy. Those whose airways are at risk because of swallowing difficulties	Those with tracheotomies that are not well established and need regular oxygen or suction to maintain their airway. Those whose breathing is compromised due to spinal cord damage/progressive diseases. Those requiring assisted ventilation.

### PERSONAL CARE AND PHYSICAL WELL BEING

	<b>Low</b>	<b>Medium</b>	<b>High</b>
<b>Personal care</b>	May need assistance and/or supervision on a regular daily basis to ensure personal care tasks are carried out	General nursing care for all care tasks for a bedfast or predominantly bedfast person, or requiring assistance with transfer. Includes management of non specialist appliances or prosthesis on a daily basis	Full personal care required due to complex, multi-organ failure and extreme frailty. Terminal stages of degenerative conditions, impaired level of consciousness, persistent vegetative state. Need for specialist health care equipment under supervision of specialist NHS staff to ensure personal care
<b>Continence</b>	In need of assistance to toilet, including use of pads, regular toileting to promote continence. Might require support with managing a catheter	Requires frequent attention over 24 hours as a result of severe bladder and bowel problems includes the use of suppositories, catheter care, colostomy/ileostomy care	Those who need for management of continence is part of the complex needs detailed in personal care. Such people will often be receiving palliative or terminal care
<b>Sleep</b>	Requires supervision and assistance at night with occasional help	Requires supervision assistance at night. May require frequent attention.	Requires skilled 24 hour care

<b>Mobility</b>	No assistance. Walks with some help, frame or stick. Might need help in and out of bed and to change position	Very limited mobility. Walks with two or an aid and with one person. Chair fast, requires hoisting from bed to chair or the assistance of two people. Specialist transport may be necessary	Immobile or bedfast. Totally dependent on care staff for position change. Qualified nursing interventions necessary. Need for specialist equipment. Specialist transport necessary
<b>Training and skills required</b>	Basic induction, general knowledge and care skills. Appropriate manual handling skills	Specialist skills e.g. restraint. Advanced specialist knowledge e.g. behaviour management, supervision Intervention skills	Requires the continual intervention of specialist health care professionals
<b>Skin care</b>	Routine skin care/monitoring by carers under supervision of community nurse or care worker	Planned daily skin care e.g. dressing of an open or closed wound less than 3 visits per day	Requires 3 or more visits per day for specialist attention to fungating wound, fistulae pressure sores and lymphoedema

### ACTIVITIES OF DAILY LIVING

	<b>Low</b>	<b>Medium</b>	<b>High</b>
<b>Washing</b>	Requires some assistance. Requires supervision and prompting for general care tasks	Needs assistance or supervision with washing, bathing, oral hygiene or dressing. Equipment may be needed to assist care staff	Totally dependent on care staff for all tasks due to complex need. Specialist equipment needed.
<b>Eating and drinking</b>	Requires some assistance and/or supervision	Needs assistance due to breathing or swallowing difficulties from specially trained staff	Requires feeding via a tube or intravenous feeding and requiring regular specialist intervention on a weekly basis

	<b>Low</b>	<b>Medium</b>	<b>High</b>
<b>Transfers</b>	Requires help in and out of bed and to change position. Requires some assistance and/or supervision to access the toilet	Chair fast, requires hoisting from bed to chair to toilet. May need the assistance of two people	Immobile or bedfast. Totally dependent on care staff for position change. Qualified nursing (or specialist) interventions necessary. Need for specialist equipment
<b>Social needs</b>	Requires some assistance to participate in social activities/interactions to relieve loneliness/isolation	Social support systems and relationships at risk. Requires constant reassurance and support from carers due to physical and/or mental condition/symptoms	Requires a range of therapeutic interventions delivered or supervised by a specialist nurse (e.g. nurse consultant or clinical nurse specialist) qualified skilled nursing care or specialist in the condition
<b>Communication</b>	Can express and indicate needs. Can deal with simple information perhaps with some assistance	Cannot understand or express needs. Significant loss of choice and control over environment. Requires special daily care plan under nursing supervision to manage and support to determine needs. May be resistive or withdrawn.	Severe communication difficulties. Unable to express needs e.g. does not communicate thirst, hunger or pain. Intervention is frequent and constant. Requiring skilled nursing and/or specialist care to manage over 24 hours
<b>Equipment</b>	No medical equipment required. May use aids to daily living	Requires equipment which can be used without medical supervision or with infrequent reviews as to suitability only	Requires the use of specialist health care equipment, requiring the continued supervision of specialist NHS staff and access to the wider NHS MD team e.g. ventilators, peritoneal dialysis.

## SENSES/AWARENESS

	<b>Low</b>	<b>Medium</b>	<b>High</b>
<b>Sensory impairment</b>	Simple sensory impairment, single or multiple. Requires help or assistance in daily tasks. Can express and indicate need.	Unable to cope without significant help in personal care. Cognitive/sensory impairment affecting communication. Requires observation/supervision and help in daily tasks	Complex sensory impairment single or multiple. Sensory impairment with additional problems e.g. challenging behaviour or mental illness. Unable to cope without extensive help in personal care. Requires skilled nursing assistance over 24 hours to manage. Requires specialist equipment
<b>Awareness</b>	Aware of surroundings	Confused and/or often unaware of surroundings	Confused. In a persistent vegetative state, or deteriorating level of consciousness.

## PSYCHOLOGICAL WELL BEING/BEHAVIOUR (Mental Health)

	<b>Low</b>	<b>Medium</b>	<b>High</b>
<b>Mental illness</b>	Known history, stabilised and managed with general support, advice, counselling from GP, CPN, SW or others as required	Known diagnosis. Evidence of mental illness, which responds to treatment psycho-social care/counselling and regular supervision from the MDT. Instability which requires ongoing supervision and management of treatment regime.	Evidence of persistent severe psychiatric illness. Not responsive to treatment. Terminal stage of degenerative condition
<b>Behaviour</b>	Usually co-operative. May need frequent and regular encouragement and/or persuasion.	Requires active management and monitoring of behaviour. May be aggressive, noisy, restless for an occasional and short episode in 24 hours	Challenging, unstable, unpredictable often repetitive behaviour over 24 hours on a long-term basis. Requires the continual intervention of specialist health care professionals

	<b>Low</b>	<b>Medium</b>	<b>High</b>
<b>Mental function, cognition and dementia, orientation and memory</b>	Aware of surroundings. May need assistance to find way about. May require some assistance for specific tasks.	Confused and/or unaware of surroundings. Does not present with challenging behaviour except for occasional short periods. Persistent aimless wandering	Confused with persistent challenging behaviour. Disruptive agitated. Requires a range of therapeutic interventions delivered or supervised by a specialist nurse (e.g. nurse consultant or clinical nurse specialist) qualified skilled nursing care or specialist in the condition. In a persistent vegetative state

#### **SAFETY AND RISK**

	<b>Low</b>	<b>Medium</b>	<b>High</b>
<b>Personal safety and vulnerability</b>	Low risk of self harm or neglect	Potential risk to self if not monitored. Significant physical or mental health problems have or are likely to be developed. Vulnerable to physical, sexual, psychological or financial abuse, or neglect by others	Severe potential risk to self. Life or significant harm threatened (by self or others) Requires secure or semi-secure setting
<b>Staffing levels, training and skills</b>	Maximum of 1 staff: 2 people. Basic induction, general knowledge and care skills	Mobility problems. Intensive support of 1:1 staffing required e.g. severe challenging behaviour. Specialist knowledge or skills e.g. behaviour management	Specialist and/or intensive staff support (because e.g. continual severe challenging behaviour) Specialist and/or qualified staff e.g. psychologist, psychiatrist
<b>Risk to others</b>	No risk to others	Potential risk to others if not monitored. Significant mental health problems have or are likely to be developed which can lead to abuse of others	Requires constant supervision and restraint when appropriate

	<b>Low</b>	<b>Medium</b>	<b>High</b>
<b>Substance Misuse</b>	No known substance misuse	Some substance misuse which can be managed with limited care input	Significant danger to self or others if has access to substances. Needs controlled environment

## GLOSSARY

**Assessment** – The process whereby the needs of an individual are identified and their impact on independence, daily functioning and quality of life is evaluated, so that appropriate action can be planned. Assessment involves both professionals and those with the needs thinking through different explanations for how needs have arisen, and how different needs interact with each other. Assessments should cover the following three systems: the service user system; the informal care network system; and the formal care network system. Assessment starts from the first of these and moves outward. Further information is contained in the guidance 'Creating a Unified and Fair System for Assessing and Managing Care' (NAW 2002)

**Care Home** – The Care Standards Act (2000) established new terminology for care homes. The term relates to all homes which may or may not be registered to allow for the provision of nursing care

**Complex** – When the individual's needs are complicated, due to the interaction of multiple factors that require frequent reassessment

**Comprehensive assessment** – This refers to assessments in which most or all of the domains of the unified assessment process have been triggered and explored through the use of specialist/in-depth assessments (See 'Creating a Unified and Fair System for Assessing and Managing Care' (NAW 2002))

**Continuing NHS Health Care** – This describes a package of health care arranged and funded solely by the NHS

**Intermediate Care** – This refers to a range of usually time limited services, involving cross-professional and agency working, provided on the basis of a comprehensive assessment which have a planned outcome of maximising independence, targeting those who would otherwise face a prolonged hospital stay or inappropriate admission.

**CSIW** – Care Standards Inspectorate (Wales)

**Health Commission Wales (Specialist Services)** – HCW is an Executive Agency of the Welsh Assembly Government with responsibility for commissioning a range of very specialised healthcare services for the residents of Wales as specified in WHC (2003) 63. Some Continuing NHS Health Care packages may include elements of these services.

**Long term care** – This is a general term that describes the care which people need over an extended period of time, as the result of disability, accident or illness to address both physical and mental health needs. It may require services from the NHS and/or social care, and can be provided in a range of settings, such as a NHS Hospital, a care home (providing either residential or nursing care), hospice, and in people's own homes. Long term care should be distinct from intermediate care (which has specific time limited outcomes for rehabilitation, reablement or recuperation) and transitional/interim care (where the care setting is temporary and different from where people are expected to receive any long term care they need)

**NHS Funded Nursing Care** – This refers to the funding by the NHS of the care by a registered nurse in a care home providing nursing

**NHS Multidisciplinary Team** – In this specific context this refers to the team of health professionals involved in the care of the individual concerned

**Nursing Care** – The Health and Social Care Act (2001) defines nursing care by a registered nurse as meaning any service provided by a registered nurse and involving:

- The provision of care, or
- The planning, supervision or delegation of the provision of care other than any services which, having regard to their nature and the circumstances in which they are provided, do not need to be provided by a registered nurse

It does not include any time spent by any other personnel such as care assistants, who may be involved in providing care, although it would include any nurse time spent monitoring or supervising the care that is delegated to others

**Palliative Care** – The active holistic care of patients with advanced progressive illness, including the management of pain and other symptoms and the provision of psychological, social and spiritual support

**Regular** – In this context means weekly or more frequently

**Respite Care** – The provision of care (in a care home, the persons own home or elsewhere) to enable a carer to have a break from their usual caring responsibilities

**Review** – This normally refers to re-assessment of people's needs and issues and consideration of the extent to which services are meeting the stated objectives and helping to achieve the desirable outcomes. A panel review is a review undertaken by the review panel under the arrangements described within the a 'Rights to Appeal' section.

**Specialist Healthcare Equipment** – Equipment not normally provided in nursing homes or on prescription. In a small number of cases very specialised equipment may be commissioned by Health Commission Wales (Specialised Services)

**Unpredictable** – When changes to the patient's condition cannot be anticipated with certainty, requiring ongoing assessment or monitoring

**Unstable** – When the patient's condition results in alternating or irregular variations in health states requiring frequent intervention or treatment