

NHS Norfolk and NHS Great Yarmouth and Waveney

# Joint Consultation on NHS Continuing Healthcare for Adults

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The consultation runs from 8 February to 3 May 2010

## Reader Information Box

Description	Joint Consultation on NHS Continuing Healthcare for Adults This document sets out the proposed policy being developed to ensure fairness and equity for all patients eligible to receive NHS Continuing Healthcare
Other relevant approved documents	
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	<b>Foreword</b>	<b>4</b>
<b>1.</b>	<b>What is NHS Continuing Healthcare?</b>	<b>5</b>
<b>2.</b>	<b>Background</b>	<b>5</b>
<b>3.</b>	<b>Our Aim</b>	<b>6</b>
<b>4.</b>	<b>The Proposed Policy</b>	<b>6</b>
<b>5.</b>	<b>NHS Continuing Healthcare provided at home</b>	<b>7</b>
<b>6.</b>	<b>Review of NHS Continuing Healthcare</b>	<b>8</b>
<b>7.</b>	<b>The care of patients currently receiving NHS Continuing Healthcare packages</b>	<b>9</b>
<b>8.</b>	<b>Right of Appeal</b>	<b>9</b>
<b>9.</b>	<b>Interim measures pending the outcome of an appeal</b>	<b>10</b>
<b>10.</b>	<b>Financial Implications</b>	<b>10</b>
<b>11.</b>	<b>Options for Change</b>	<b>11</b>
<b>12.</b>	<b>Have your say</b>	<b>12</b>
<b>13.</b>	<b>Next Steps</b>	<b>13</b>
<b>14.</b>	<b>Consultation circulation list</b>	<b>13</b>
<b>15.</b>	<b>Glossary: What the words mean</b>	<b>14</b>
<b>16.</b>	<b>About You</b>	<b>15</b>
<b>17.</b>	<b>Questionnaire</b>	<b>17</b>

## Foreword

This document is issued by NHS Norfolk and NHS Great Yarmouth and Waveney (the PCTs), as the commissioners (buyers) of NHS Continuing Healthcare in Norfolk and Waveney.

The proposals in this document apply to adults - persons aged 18 and over - who have been assessed as having a primary health need and are therefore eligible for NHS Continuing Healthcare, including adults with learning difficulties with complex, intense or unpredictable healthcare (as opposed to social care) needs.

They have been developed following a review of the financial resources available and the clinical risks connected to all aspects of NHS Continuing Healthcare. The over-riding principle is to focus on the quality of the care delivered, and the need for consistency and equality of access to services for all NHS Continuing Healthcare patients within the available financial resources.

We want to give members of the public, people who use services and stakeholders, the opportunity to find out more about what NHS Continuing Healthcare is, and how our proposals can make a difference to those receiving care.

The consultation runs from 8 February 2010 to 3 May 2010.

If you have any questions about this document, please contact:

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Copies of this consultation document are available on the NHS Norfolk and NHS Great Yarmouth and Waveney public websites:

[www.norfolk.nhs.uk](http://www.norfolk.nhs.uk)  
[www.gywpct.nhs.uk](http://www.gywpct.nhs.uk)

We have included a glossary on page 14 to help you understand the meaning of the health terms used in this document.

## 1. What is NHS Continuing Healthcare?

NHS Continuing Healthcare is a package of care arranged and funded solely by the NHS to meet physical and/or mental health needs that have arisen because of disability, accident or illness. It can be provided in any setting including, but not limited to, a care home, a hospice or a patient's own home. Patients who may be in need of NHS Continuing Healthcare will be assessed for eligibility against the National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care. In the context of this document, NHS Continuing Healthcare refers to adults only - that is persons aged 18 years and over.

As NHS organisations, we have a statutory duty to provide services to meet all reasonable health care needs for patients who meet the criteria and are eligible.

The services offered can include healthcare and personal care services and, in some cases, social care and accommodation in nursing homes. Once a patient's eligibility has been established, and before they can receive an NHS Continuing Healthcare package, a full assessment of their healthcare needs is undertaken by a number of professionals led by a nurse.

Most patients who are eligible for NHS Continuing Healthcare will receive the care they need in specialised surroundings. The treatments, care and equipment required to meet complex, intense and unpredictable health needs often require highly trained healthcare professionals for safe delivery, management and clinical supervision. However, an increasing number of patients eligible for NHS Continuing Healthcare are now provided with care packages which may be delivered in their own homes.

## 2. Background

NHS Norfolk and NHS Great Yarmouth and Waveney currently have 564 patients eligible for fully funded NHS Continuing Healthcare and of those patients, 90 are receiving care at home.

Annual spend on NHS Continuing Healthcare packages for adults has risen significantly over recent years, as shown in the following table:

Year	Norfolk (£ million)	GY&W (£ million)	Total (£ million)
2007/08	£11.9m	£1.3m	£13.2m
2008/09	£18.3m	£3.2m	£21.5m
2009/10 (forecast)	£23.9m	£7.2m	£31.1m

These figures show that the total spend has more than doubled in the past two years. adults has risen significantly over recent years.

Numbers of patients in receipt of NHS Continuing Healthcare resident in NHS Norfolk's area continue to increase at around 10 per month. This will add further pressure of nearly £6 million per year on the existing budget. A similar proportional rate of increase would be expected within NHS Great Yarmouth and Waveney's area. This is at a time when the NHS is not likely to receive further uplifts in real term funding beyond 2010/2011.

The domiciliary nursing care has been commissioned (bought) by us for many years. There has been a steady annual increase in the number and cost of these domiciliary care packages. There is also a considerable variation in the charges made by the nursing homes providing NHS Continuing Healthcare for what is effectively the same level of care. This means that the NHS has a dilemma. For example, when a patient or their family member prefers a more expensive nursing home but another nursing home offers the same quality and level of care for a considerably lower cost, why should the NHS not choose the less expensive home if that would be a better use of NHS resources? Choosing the more cost effective option, without compromising the quality of the care being offered, will mean that our budgets are better spent and this, in turn, will go some way towards meeting the cost of the increases in numbers of patients eligible for NHS Continuing Healthcare.

### 3. Our Aim

Our priority is to ensure that our patients receive high quality NHS Continuing Healthcare, in the safest and most appropriate way possible, according to clinical need.

### 4. The Proposed Policy

The number of patients with very complex care needs who are receiving NHS Continuing Healthcare has increased significantly over recent times. This means that we need to increase the level of clinical monitoring of those patients, to ensure that if they are highly vulnerable, they do not become more vulnerable by receiving care in an inappropriate environment.

Our most important priority is to ensure that any patient cared for in their own home is safe.

In addition to this, we must, of course, balance the provision of the appropriate level of care for all patients with complex healthcare needs whilst ensuring that we do not exceed our allocated budgets. This means we must commission (buy) the services which are the best value.

We have therefore produced a policy to guide decision-making on the provision of NHS Continuing Healthcare to patients receiving NHS Continuing Healthcare both in registered nursing homes and their own homes. This proposed policy will apply to adult patients only and will seek to ensure that decisions about the care they will receive:-

- are robust, fair consistent and transparent,
- are based on an objective assessment of the patient's healthcare needs, safety and best interests,
- involve the individual and their family or advocate, where possible and appropriate,
- take into account the need for the PCTs to allocate their financial resources in the most cost-effective way, and obtain the best possible value,
- offer choice where possible, in line with the above.

## 5. NHS Continuing Healthcare provided at home

Given the complexity of the healthcare needs of those eligible for NHS Continuing Healthcare, we endeavour to provide safe and appropriate care both at home or in a nursing home. However delivering care in the home is often associated with additional risk to the patient and therefore:-

- the patient must have the ability to make an informed decision about the location where care is to be provided and care at home must be the patient's preferred choice. The patient must also fully understand and accept the potential risks and possible consequences of those risks for receiving care in their own home.
- it is reasonable to expect that any patient receiving care in their own home will receive a benefit from care being provided in that location.
- the full risk assessment (which will cover all the patient's assessed needs and take into account the availability of any necessary equipment, the environment, the impact of the location where care is to be provided and the availability of appropriately trained carers to deliver the required care) shows that the clinical risks are, in the opinion of the NHS, within acceptable and manageable limits. If we consider the risks are too high, a domiciliary care package will not be appropriate and the patient will be offered an appropriate placement in a registered nursing home.
- a care package can be provided that meets both the patient's reasonable care needs and standards which are acceptable to us as NHS commissioners (buyers) of services.
- care can be delivered safely to the patient and without undue risk to the staff providing that care.
- the provider chosen to deliver the care has agreed to accept the assessed level of risk to its staff of managing the care package.

- the patient's GP has agreed to provide primary medical services to the patient in their own home.
- we have taken into account the views of other members of the patient's household which have been made known to us in writing.
- the total cost of providing the package of nursing care in the patient's own home (to meet the patient's reasonable health needs as highlighted in the care plan) is not more than 20% above the cost of a registered nursing home placement providing an equivalent care package.

## 6. Review of NHS Continuing Healthcare

Patients who are eligible for NHS Continuing Healthcare will have their eligibility reviewed after the first three months, and then on an annual basis, or more frequently if their healthcare needs change at any time. These reviews will include input from the individual, their family or where appropriate, their advocate.

Where the patient is currently receiving a care package in a nursing home and a review of their needs shows that the level of long-term care they are receiving must be increased, the nursing home provider will be assessed to ensure that they remain capable of providing the level of care needed. Where appropriate, to ensure that the needs of the patient are best met, we may offer to provide a placement in an alternative nursing home, or we may offer a revised package of care in the same nursing home.

Where the patient is currently receiving a care package in their own home and a review of their needs indicates an increased level of care is required, a further assessment will take place to determine whether or not the increased level of care required can continue to be safely delivered at home. In cases where we feel the risks to the patient are too great, an alternative care package in a nursing home or hospice will be offered, to ensure that the patient's needs are met in the most suitable way.

Patients or their families may contribute a financial 'top up' to fund additional care or facilities that are over and above the care package provided by us to meet the person's reasonable needs. 'Top up' arrangements must be made separately from the care package funded by the NHS and it will be the responsibility of the patient or their family to ensure that all providers of the 'top up' care are aware that the NHS is not responsible for any top-up payments. These arrangements must be made directly between the patient/family and the service provider, but only after the relevant NHS organisation has been notified so as to allow us to make sure that if additional care is being purchased as part of the proposed arrangement, this care does not replace or conflict with any element of the services we are funding, as set out in the agreed care plan.

In the event that circumstances change and the individual or their family no longer wish to fund 'top up' care, we will not subsidise or assume responsibility for funding the additional care.

## 7. The Care of Patients currently receiving NHS Continuing Healthcare packages

Within NHS Norfolk and NHS Great Yarmouth and Waveney at the present time, there are 23 patients who are deemed to be highly vulnerable and are receiving care in their own homes. The current spend on those 23 cases is £2.3 million per year which is around 9% of the total NHS Continuing Healthcare budget, whereas the patients constitute only just over 4% of those in receipt of NHS Continuing Healthcare. If these patients were being cared for in nursing homes, we would normally expect the annual cost of their care to fall by about £1 million per year. It is anticipated that there will be a maximum of 25 highly vulnerable patients receiving NHS Continuing Healthcare packages of care at any one time.

Should this proposed policy be implemented, all current patients at high risk will be reassessed as a priority to ensure they are receiving appropriate care. Provided the risks to the patient or their carers, including NHS staff, of a care package being delivered in the patient's own home remain reasonable and manageable and the reassessment does not indicate a need to change the care package, we will continue to provide and fund their existing package until such a time as the risks become unacceptable.

Where a patient's condition has improved or stabilised to such an extent that they are no longer eligible for NHS Continuing Healthcare, they will be entitled to an assessment of needs against the Fair Access to Care criteria from the Local Authority. This may result in the individual being means tested and possibly charged for all or part of their ongoing care, although they may be eligible for NHS-funded nursing care or a joint care package partly funded by the NHS.

Where a domiciliary nursing care package has 'broken down' (i.e. difficulties have arisen which mean that the provider is unable to deliver appropriate care), providing it continues to be appropriate for the care of the patient to be delivered in their home, we will arrange a replacement care package from an alternative provider. At this time, we will give written notice to the patient and their family that if the second care package should break down, the patient will be moved to an appropriate 'back-up' registered nursing home, or other appropriate place of safety, which meets their needs. In those circumstances, if the placement offered is not acceptable to the patient or their family, they may arrange and fund their own domiciliary care package or alternative nursing home placement.

Patients or their families who refuse the care packages we have offered will not be prejudiced should they wish to take up an offer of NHS services at a later date.

## 8. Right of Appeal

If a patient wishes to appeal the outcome of an NHS Continuing Healthcare eligibility review, the appeal process set out in our relevant Operational Policy Frameworks will be used.

Where a patient is not satisfied with the application of any aspect of this policy in relation to their own case, they may appeal the offer of a placement or care package in writing within 28 days of the offer being made.

Appeals may also be made on the grounds of 'exceptionality' with the support of the patient's own GP or another appropriate clinician.

## 9. Interim measures pending the outcome of an appeal

If a patient or their family decides to appeal against our decision to place the patient in a registered nursing home as opposed to providing a domiciliary package of care, an appropriate interim placement will be offered, taking account of the patient's safety as the over-riding factor, until the outcome of the appeal has been determined. If the patient or their family refuse the offer of an interim placement pending the outcome of the appeal, they may arrange and fund their own domiciliary care package for this period.

If the outcome is in favour of the patient and their family, we will ensure that a revised package of care, which has been developed in full consultation with the patient and their family/advocate, is provided.

If the outcome is in our favour and the placement offered is still not acceptable, the patient and their family may continue to arrange and fund their own domiciliary care package or alternative placement.

## 10. Financial Implications

As mentioned in Section 2, the costs of providing NHS Continuing Healthcare are steadily increasing each year. Based on October 2009 figures, the average cost of all domiciliary nursing care packages is £7,956 per month (to a maximum of £32,890 per month), as opposed to an average monthly cost of specialist nursing home placements of £4,104.

People are now living longer and as a result of this, the demand for NHS Continuing Healthcare has risen and continues to rise, resulting in an increase in the costs of providing such packages of care. This is part of the reason for the development of this proposed policy, which seeks to ensure that the anticipated growth in demand is managed within the context of other NHS budgets. The implementation of the policy will ensure that all patients who are eligible for NHS Continuing Healthcare will receive it, although it will mean that the options for domiciliary care/nursing home packages may be more restricted than they are at present. Assessment of the clinical risk for each patient will be the main deciding factor for an offer of an appropriate package of care.

## 11. Options for Change

There are three options for consideration:-

### 1. Do nothing, but continue monitoring and responding to changing levels of risk

#### Implications

- Existing and new patients will continue to have choice of where they receive their NHS Continuing Healthcare
- The cost of care will increase at a higher rate than other options
- Greater cost savings will need to be made from other services
- Potential inability to provide complex services to an increasing number of the most vulnerable patients living in the community

### 2. The policy changes will apply to new patients only. Existing patients will remain unaffected unless their conditions change or in the case of patients receiving domiciliary care, they become too vulnerable to stay at home

#### Implications

- Existing patients will continue to receive the same level of care that they do now, unless their health needs change or, in the case of domiciliary care, they become too vulnerable to stay at home
- Any changes to care will be made on a clinical risk assessment basis
- Most vulnerable patients new to NHS Continuing Healthcare may have, in some cases, restricted choice of where their care is provided
- Savings of approximately £1 million per year could be made. Better spending of the budget will go somewhat towards meeting the cost of the increase in numbers of patients eligible for NHS Continuing Healthcare
- Safer care for patients will be provided

### 3. New and existing patients will be affected

#### Implications

- Patients currently in receipt of NHS Continuing Healthcare will be reviewed
- Once reviewed, if the cost of care exceeds the 20% threshold, a transition period of up to a maximum of two years will follow. During this time, arrangements will be made for patients to receive alternative appropriate care

- Any changes to care will be made on a clinical risk assessment basis
- Most vulnerable patients new to NHS Continuing Healthcare may, in some cases, have restricted choice of where their care is provided
- Savings in excess of £1 million per year could be made. Better spending of the budget will go some way towards meeting the cost of the increase of numbers of patients eligible for NHS Continuing Healthcare
- Safer care for patients will be provided

**Our preferred option is Option 2.**

## 12. Have your say

We are working with local support groups to ensure that we obtain the views of as many people who may be affected by these proposals as possible.

We want to know what you think, so please answer the questions on pages 15 to 18. You can either visit [www.norfolk.nhs.uk](http://www.norfolk.nhs.uk) to complete and submit the form online, or send pages 15 to 18 to us in an envelope to the FREEPOST address (no stamp needed) below:-

Freepost RRTX-RHYX-RYZG  
NHS Norfolk  
Communications Patient and Public Involvement  
Lakeside 400  
Old Chapel Way  
Broadland Business Park  
NORWICH NR7 0WG

The consultation will run from 8 February to 3 May 2010.

If you would like a copy of the Draft Policy, please contact Caroline Howarth on 01603 595842.

## 13. Next Steps

All responses to this consultation will be analysed and a summary report of those responses will be written and published. This report will be placed in the public domain and presented to the NHS Norfolk Board at their public meeting on 26 May 2010 and the NHS Great Yarmouth and Waveney Board.

The outcome of the consultation will be used to influence the final policy for the provision of NHS Continuing Healthcare to adults in nursing home placements and in receipt of domiciliary nursing care packages within the NHS Norfolk and NHS Great Yarmouth and Waveney areas.

## 14. Consultation circulation list

Age Concern  
Norfolk Coalition of Disabled People  
Local Support Groups  
Patient Participation Groups  
Norfolk LINK  
Suffolk LINK  
Norfolk Health Overview and Scrutiny Committee  
Great Yarmouth and Waveney Joint Health Overview and Scrutiny Committee  
Suffolk Health Overview and Scrutiny Committee  
GP Practices  
Local Medical Committees  
All Staff  
Norfolk Adult Social Services Department  
Suffolk Adult Social Services Department  
Key non-statutory and voluntary organisations

## 15. Glossary

### What the words mean

Word or phrase	Meaning
<b>Advocate</b>	A person who speaks on behalf of you.
<b>Clinician</b>	A person who is professionally qualified to provide health care services to patients.
<b>Commissioning</b>	'Buying' the right services to meet health care needs, then checking that the care package bought was the right care.
<b>Domiciliary Care</b>	Care provided in a person's own home.
<b>Local Authority</b>	Norfolk Social Services - for Norfolk and Great Yarmouth patients Suffolk Social Care Services - for Waveney patients.
<b>NHS Continuing Healthcare</b>	A package of long term care arranged and funded solely by the NHS to meet the physical and/or mental health needs that have arisen because of disability, accident or illness of a patient assessed as having a primary health need. It can be provided in any setting including, but not limited to, a care home, a hospice or a patient's own home.
<b>NHS Norfolk, NHS Great Yarmouth and Waveney</b>	NHS organisations commissioning and providing health services to patients.
<b>Provider</b>	Organisation which provides NHS nursing care on behalf of the PCT.
<b>Stakeholders</b>	Organisations and individuals with an interest in the activities of the NHS. Stakeholders are involved in partnership working and are used for consultation purposes.

## 16. About you

These questions are about you. We are asking these because they help us make sure that our consultation is reaching everyone it needs to. We treat this information as confidential and do not keep it or use it for any other purpose. We would be grateful if you could complete these questions as fully as possible.

1. **What is your postcode?** (we need the first part only)

2. **Are you?**

Please tick one box only

Female

Male

Transgendered

3. **What was your age on your last birthday?**

Please write in the box

4. **Are you responding as? (Please tick as appropriate):**

Someone who receives NHS Continuing Healthcare

Carer for someone who uses these services  
(family member or friend)

Member of the public

Social worker/paid carer

GP/other primary care/secondary care worker

NHS Staff member

A member of an organisation or group

(please give the name) \_\_\_\_\_

Other - please state: \_\_\_\_\_

5. **Which of the following options best describes how you think of yourself?**

Please tick one box only

Heterosexual (straight)

Gay or Lesbian

Bisexual

Other

Prefer not to say

**6. Which of the following best describes you?**

Please tick one box only

<p><b>White</b></p> <p><input type="checkbox"/> White British</p> <p><input type="checkbox"/> Irish</p> <p><input type="checkbox"/> Eastern European</p> <p><input type="checkbox"/> Any other white background</p>	<p><b>Mixed</b></p> <p><input type="checkbox"/> White and Black Caribbean</p> <p><input type="checkbox"/> White and Black African</p> <p><input type="checkbox"/> White and Asian</p> <p><input type="checkbox"/> Any other mixed background</p>	<p><b>Asian or Asian British</b></p> <p><input type="checkbox"/> Indian</p> <p><input type="checkbox"/> Pakistani</p> <p><input type="checkbox"/> Bangladeshi</p> <p><input type="checkbox"/> Any other Asian background</p>
<p><b>Black or Black British</b></p> <p><input type="checkbox"/> Caribbean</p> <p><input type="checkbox"/> African</p> <p><input type="checkbox"/> Any other Black</p>	<p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Any other ethnic group</p>	<p><input type="checkbox"/> Unable to understand</p> <p><input type="checkbox"/> Prefer not to say</p> <p><input type="checkbox"/> Other, please state</p> <p>_____</p>

## 17. Questionnaire

1 Which of the three options listed do you prefer? (please tick)

Option 1  Option 2  Option 3  Don't know

2 Why do you prefer this option?

3 Is there anything in this option that you would change? (please say what)

**4 Do you think our preferred option helps us to meet our aims as shown on page 6?**  
(e.g. ensuring all patients in need of NHS Continuing Healthcare have equal access to services and receive the safest and most appropriate care possible.)

Yes

No

Don't know

**5 Is there anything else you would like to say about the proposals or options?**



If you would like this document in large print, audio, Braille, alternative format or in a different language, please contact NHS Norfolk on 01603 595842 and we will do our best to help.



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