

NHS funding in care homes

About this factsheet and who it is for

The NHS have two streams of funding that may be available to care home residents; NHS funded nursing care payments and NHS continuing healthcare. This factsheet aims to clarify who might qualify, how to apply and what you can do if you are not successful.



NHS Nursing Care Contribution

All residents of care homes that provide nursing, whether they are self-funding or local council funded, should undergo an assessment to confirm their need for input from a registered nurse in meeting their care needs and, whether they might also be eligible to be assessed for NHS fully funded continuing care. Subject to assessment, if not entitled to NHS Continuing Healthcare people should be entitled to an NHS Nursing Care Contribution which is, a non-means-tested weekly contribution paid by the NHS direct to the nursing home towards their fees.

The weekly amount of the contribution is £110.89 per week and varies between England, Wales and Northern Ireland. In Scotland, people receive a contribution towards personal care and a payment for nursing care. These contributions should be reflected by a reduction in the fees charged by the care home.

Where the stay in the care home providing nursing is temporary, the NHS Nursing Care Contribution should still be paid, if it is for a period of less than six weeks, then an assessment for the contribution does not have to take place; the NHS contribution can be paid based on information obtained from the nursing home or GP. This is particularly worth

noting if someone requires regular short periods of respite care.

In England, Wales and Northern Ireland the NHS contribution towards the nursing care does not affect entitlement to Attendance Allowance. In Scotland because a contribution is also being paid towards personal care entitlement to Attendance Allowance ceases after 4 weeks. If admitted to hospital from the care home the NHS contribution will stop, although the care home may require that the full weekly fees continue to be paid to retain the room.

NHS Continuing Healthcare

There is a very fine line between what is considered to be free healthcare provided by the NHS and means-tested social care, which is the responsibility of local authorities. To assist in deciding which treatment and other health services it is appropriate for the NHS to provide, The Secretary of State has developed the concept of 'a primary health need'. Where a person's primary need is a 'health need', the NHS is regarded as responsible for providing for all their needs in any setting.

The assessment for NHS Continuing Healthcare is conducted by NHS health practitioners whose experience and professional judgement should enable

them to make a decision about eligibility for NHS Continuing Healthcare. The assessment should be multi-disciplinary, include the patient's and relevant family involvement, be based on the person's needs, not on their location and be independent of any budgetary constraints the Clinical Commissioning Group (CCG) may be incurring.

The decision as to whether someone is eligible for NHS Continuing Healthcare is taken in two stages:

Stage one - Making an assessment that looks at all of the person's relevant needs. This assessment is conducted in accordance with the National Framework for Continuing Healthcare used by all CCGs in partnership with their local authorities. It sets out the principles and processes for establishing primary health need and eligibility to NHS Continuing Healthcare. The assessment uses a checklist to identify people who are most likely to be eligible for NHS Continuing Healthcare and who should be referred for full consideration and assessment.

Stage two - If it is decided that someone should be referred, a decision support tool is then used. This ensures that the full range of factors that have a bearing on eligibility are taken into account in making a decision on whether Continuing Healthcare is needed.

The decision support tool covers twelve areas called 'care domains', these are:

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

Through assessment, these are measured and the person would be defined as having either a low, moderate, high or severe level of need in each domain or, in the case of behaviour, breathing, drug therapies: symptom control and altered states of consciousness, whether they also have a priority level of need.

If the assessment reveals that the person has priority needs in one of the four priority care domains or severe levels of need in two or more domains, then it is

likely that they would be eligible for NHS Continuing Healthcare.

If there are a number of domains with high and/or moderate needs, this can also indicate a primary health need. In this case, the overall need, the interactions between needs in different care domains, and the evidence from risk assessments, should be taken into account in deciding whether to recommend eligibility to NHS Continuing Healthcare.

If someone has a rapidly deteriorating condition that may be entering a terminal phase, they could need urgent consideration as to eligibility for NHS Continuing Healthcare. If this were the case, they would not have to go through the normal assessment process but could be found to be eligible using a special fast track procedure.

Qualifying for NHS Continuing Healthcare

If someone were to qualify, the NHS would contract and pay the care home direct. The person does not have the right to choose either the location (town) or the actual nursing home into which they will be placed. However, government guidance has reminded Clinical Commissioning Groups (CCGs) that assessments and decision-making should be person-centred and people should be

enabled to participate in informed decisions about their future care including the choice of nursing homes that are able to meet their assessed needs within the criteria set by the CCG.

If following assessment the person's needs in all domains are recorded as 'low' or 'no need', this would indicate ineligibility to NHS Continuing Healthcare and any state funding for the care home fees will be subject to means-testing through the local council. The majority of older people in care homes do not meet the criteria for NHS funding. Currently only around 30,000 people are in receipt of Continuing Healthcare packages from the NHS.

Following an initial assessment for NHS Nursing Care Contribution which results in no entitlement a review of eligibility should be undertaken within three months and then annually or more frequently if there is a significant change in the person's nursing care needs. It is important to realise that many of the conditions requiring older people to move into nursing homes can lead to considerable deterioration of health and if this were the case it's important to remember that a review for NHS Continuing Healthcare funding can be requested at any time through the nursing home.

Challenging a decision

If someone disagrees with an NHS assessment and wishes to challenge a decision they can request a review of that decision. This must be made in writing and no later than 6 months from the date that the notification of the eligibility decision was given. If dissatisfied with the outcome an Independent Review can be requested through the Strategic Health Authority or NHS responsible body. Again, the time limit for making such a request is 6 months following the notification of the decision from the previous review.

The time frame for the responsible body to complete each review should be within three months unless there is good reason to extend it.

If following the Independent Review the individual or their representative remains unhappy with the decision they will be entitled to contact the Parliamentary Health Service Ombudsman to make a decision. This should be done within twelve months of the date of notification of the outcome of the Independent Review.

Other NHS services

Other services available from the NHS, regardless of the type of care home a person is living in, include:

- An assessment of needs for continence aids paid for by the NHS.
- Specialist NHS support (as available), such as chiropody, physiotherapy or equipment including pressure relief mattresses and mobility or communication aids.

The responsible Clinical Commissioning Group (CCG) is that in which the GP practice where the person is registered resides. The CCG can be contacted through the GP or care home manager.

NHS Continuing Healthcare in Wales, Scotland and Northern Ireland

Wales - local health boards are responsible for local health services and many of the rules that apply in England also apply in Wales, although there are some differences.

Scotland - eligibility for NHS-funded Continuing Healthcare is set by individual Health Boards, based on national guidelines.

Northern Ireland - there is no guidance on NHS-funded Healthcare. About FirstStop Advice

About FirstStop Advice

FirstStop is a free information and advice service designed to help older people decide how best to meet their needs for support, care and suitable housing. It is provided jointly by a growing number of national and local organisations and it is led by the charity, Elderly Accommodation Counsel (EAC).

About FirstStop Financial Advice

Working together, EAC and its partners in FirstStop Advice provide comprehensive information and guidance to help you afford the care, accommodation or services you need.

FirstStop's national Advisors are trained to advise on:

- What you may be entitled to in state benefits and financial help from your local authority;
- Whether you may be entitled to help with your care costs;
- Ways of making your income and capital go further;
- Services that are provided free by local and national voluntary organisations;
- Homesharing, co-housing and other mutual support networks.

A key FirstStop partner organisation is the *Society of Later Life Advisers (SOLLA)*. SOLLA's members are regulated Financial

Advisers who specialise in providing financial advice to older people, they also adhere to the Society's Code of Best Practice.

If you decide, after speaking to us, that you would like advice from a SOLLA member, we can provide details of those local to you.

(Neither EAC or FirstStop has any financial interest in SOLLA or its member IFAs)

Contact us

- Visit us online:
www.firststopadvice.org.uk
- Call our Advice Line: 0800 377 7070
- From mobiles or from overseas call: +44 20 3519 6002
- Email: info@firststopadvice.org.uk
- Open: Monday – Friday, 9am – 5pm

The information contained in this factsheet is intended to be, and should be regarded as, a brief summary and is based on our understanding of present legislation, regulations and guidance. No responsibility can be accepted for action based on this information.

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