

A large, solid teal curved graphic that starts from the left edge and curves downwards towards the right, framing the title text.

*NHS Funded Nursing Care
in Nursing Homes*

What it means for you

**A Guide for People Living in or Going
Into Nursing Homes, their Families and
their Carers**

Glossary of Terms Used in this Leaflet

Assessment – a comprehensive examination of your health and social care needs carried out by a team of professionals (doctor(s), nurse, occupational therapist, social worker, and others as appropriate). There will be an assessment of all your individual health and social care needs by the NHS and council to decide what type of care you need. Separately, the nursing home may need to carry out an assessment to make sure that it is the right home for you. A NHS registered nurse will be involved who will be able to assess the extent of any registered nurse input required for your care. Yourself, your relatives and/or your carers will have the opportunity to be involved in each stage of the assessment process if you wish and should receive copies of:

- A statement describing *what* you need to maintain your health and social care;
- A written care plan, setting out precisely *what* your health and social care needs are and how they will be met; and

- A care package, which explains *how* your health and social services will be delivered to you and by whom (e.g. the involvement of therapists) in any setting.

Care assistant – someone who assists nurses and other professionals in caring for people.

Care homes – residential or nursing homes or homes that provide both types of care.

Continuing NHS Health Care – is a package of health care that is arranged, provided and funded solely by the NHS. It can be provided in hospital, people's own homes or in nursing homes. In a nursing home the NHS will meet all the fees. Each health authority will take account of the nature, complexity, unpredictability or intensity of your medical, nursing or clinical needs.

Intermediate Care – a range of short-term treatment or rehabilitation services, with appropriate care support, designed to promote independence, particularly for older people. It is provided in a variety of settings, including people's own homes. These services aim to reduce the length of time people stay in hospital unnecessarily when they are able to stay at or

return home, and provides services designed to ensure they are able to cope independently again both physically and emotionally, as soon as possible.

Periods of intermediate care are free and usually last no longer than 6 weeks and often no more than 1 to 2 weeks.

Nursing care – in this leaflet, nursing care means care by a registered nurse in providing, planning and supervising your care in a nursing home. *It does not include any time spent by any other staff, such as care assistants, who may also be involved in your care.* However, it would include the time spent by a nurse in supervising the care you get from others and in monitoring any aspect of your care delegated to other staff. It is different from personal care (see opposite).

Nursing home co-ordinator – an identified person within a Primary Care Trust, Health Authority or council who is responsible for ensuring that the nursing needs of local nursing home residents are met. May act as a source of advice to nursing home residents and their families.

Patients' Advocacy and Liaison Service (PALS) – a source of information and advice in every NHS Trust from April 2002.

Personal care – care that you need to help you keep up with daily activities, such as help with going to the toilet and other personal needs such as bathing, dressing and undressing, and help with eating. It might also cover advice, encouragement and supervision in these activities. Care assistants, rather than registered nurses, will usually see to your personal care needs. Personal care costs are met either by yourself or by local authorities on a means-tested basis so there may be a charge for this aspect of your care, depending on your circumstances. Where the NHS is providing fully funded *continuing NHS health care*, all care is provided free of charge. Where you are receiving *intermediate care* all care should also be free of charge.

Preserved Rights to higher levels of income support – People with these “preserved rights” were in a care home before 1993. From April 2002 they will receive help from local councils rather than as income support. The Department for Work and Pensions will be writing to everyone affected before that date.

Primary Care Trust – a body providing primary health care (doctors, dentists, etc) and community health care (nursing and occupational therapy services, etc) in a locality, accountable to the Health Authority. (Some may currently be known as Primary Care Groups until they achieve trust status.)

Registered nurse – means a nurse registered by the United Kingdom Central Council for Nursing, Midwifery and Health Visiting and who has qualifications in nursing, midwifery or health visiting recognised by the Council.

Respite care – giving carers or family a break or breathing space in looking after you, perhaps at home.

Summary of the Main Points in this Leaflet

There are some important changes that are being made to the way in which nursing care in nursing homes is paid for.

- The changes will affect anyone aged 18 or over receiving care from a registered nurse in a nursing home
- From 1 October 2001 the NHS will pay for nursing care carried out by a registered nurse for those who currently pay for it themselves
- From April 2003, the NHS will arrange care from a registered nurse for everyone else in nursing homes who receive financial support from local councils
- All care home residents should be registered with a local GP

- These changes will not affect your social security benefit entitlements (including Attendance Allowance), except for those with “preserved rights” who currently receive higher rates of income support and who will be supported by councils from April 2002

Introduction

(Some words may be unfamiliar. They are written in italics the first time they appear and can be found in the glossary at the front)

From October 2001, the Government is introducing important changes in the way that nursing care in nursing homes is arranged. From that time, people, who previously have had to pay for care from a registered nurse, will have that care paid for by the NHS in England¹. This group is sometimes referred to as “self-funders” or “full payers”.

From April 2003, the NHS will also become responsible for paying for the care needed from a registered nurse by the following:

- Anyone who is getting support from a council towards the costs of their nursing care; and

¹ The information in this leaflet applies to England only. Different arrangements will apply in Wales, Scotland and Northern Ireland.

- Anyone who up to now has paid their nursing home fees from benefits paid to them by the Department for Work and Pensions (formerly the Department of Social Security). This refers to those people with “preserved rights” to income support acquired before 1993. (Further information about this group is set out below.)

Who The Information In This Leaflet Applies To

The information in this leaflet applies to anyone aged 18 or over who is currently receiving care from a registered nurse in a nursing home or who is assessed as requiring nursing home care after October 2001.

The NHS will continue, as now, to provide any specialist nursing care – for instance, cancer, continence advice or mental health nursing – that you may need over and above any nursing care provided by the nursing home.

Some people in nursing homes already qualify for *continuing NHS health care*, where the NHS pays all the costs of care including accommodation and personal care costs. This will not change.

If you are considering going into a nursing home after 1 October, you can receive a health and social care *assessment* involving the relevant NHS and local council professionals: a nurse, occupational therapist, doctor, social worker and others as appropriate. The NHS will be involved in deciding whether a nursing home is the right place for you. If you wish, the NHS will then pay for the care from a registered nurse that you need, when you have chosen a home that can provide the care you need.

Equipment

The NHS will cover the costs of any additional equipment related to a health condition that nurses need for your care in addition to the standard equipment that a nursing home provides as part of its services.

Residents of *care homes* (residential and nursing homes) should have access to the full range of specialist NHS support available in other care settings and at home: for instance, chiropody or physiotherapy, as well as to the full range of available community equipment services, including pressure relief mattresses, aids to mobility, communication aids, etc. For those funding their own care, the NHS will pay for any continence aids that you need from 1 October 2001.

Nursing Care in Residential Homes

If you are a resident of a residential home and you require nursing care, the NHS community nursing service will usually provide this direct. You will not need to pay for your nursing care, but you may need to be assessed to make sure that your care can continue to be provided in your residential home.

Access to a GP

If you are a resident of a *care home* it is important for you to be registered with a local doctor (GP) so that you can get the full range of available NHS services and prescriptions. If your care home is near to where you used to live, you may want to remain registered with your existing GP. If you are new to the area you will need to register with a local GP. Some care homes make arrangements with local GPs to provide services to their residents and you may wish to register with one of those.

You can also get access to a range of appliances, including continence aids, as well as to the domiciliary oxygen therapy service by NHS prescription through your GP or NHS nurse.

What you need to do

You do not have to do anything at all if you want the NHS to arrange and pay for

the care you need from a registered nurse. An *assessment* of your needs may be required.

If you are currently paying all your nursing home fees, the Health Authority or local Primary Care Trust closest to your nursing home will be in contact with the nursing home. They will arrange to pay the nursing home for care you receive from a registered nurse.

If you do not wish the NHS to be involved in your care you should inform the *nursing home co-ordinator*.

People who fully fund their own care

If you are resident in a home on 1 October 2001

If you are in a nursing home on 1 October 2001, your nursing home will automatically receive a payment from the NHS to cover the costs of your nursing care. You should

continue to receive all the nursing care you need and you will no longer need to pay the nursing home for the care from a registered nurse, for which the NHS is paying. A NHS registered nurse may visit you to determine how much nursing care you need.

Depending on the outcome of this, the NHS may need to change any payments it makes to the home for your nursing care.

Your nursing home should reassess your fees to take account of the fact that the NHS is contributing to your care. Nursing homes will receive the NHS fees directly.

If you enter a nursing home after 1 October 2001

If you are assessed as requiring nursing home care after 1 October, a NHS nurse should also have determined the level of care from a registered nurse that the NHS will pay for when you go into the home. You will have been fully involved in that process and will have received a personal copy of your own care plan that will have explained

what your needs are. A future date will have been set to review your nursing care needs.

If you have been assessed as requiring some other form of care – whether residential, *intermediate* or care at home or at a day centre – but you or your family decide that you nevertheless prefer to go into a nursing home, you will need to meet all of your costs yourself. **In these circumstances, the NHS will not fund nursing care you choose to receive. However, if your needs change, you can always ask for an assessment to be carried out. The NHS will fund care from a registered nurse which the assessment confirms that you need.**

Residents Supported by Councils

Between October 2001 and March 2003, your council will continue to pay the nursing home for all aspects of your care, including any nursing care. In most cases you will be charged the same as before by the council, because of your financial status.

After April 2003

The NHS will become responsible for your nursing care from this date.

Your council will continue to pay the nursing home fees for all the other services you need (including your accommodation and any *personal care* costs).

If you have been in a care home since before April 1993 and receive an increased rate of income support at a *preserved right* rate, your council will assume responsibility for your care management and all your care costs, including nursing care, from 8 April 2002. The NHS will become responsible for paying for your nursing care from April 2003. Your income support will be reduced to take account of these changes.

Will I receive any money for this?

No. Neither you nor your family will need to get involved in any of the financial aspects of your nursing care. This will be the

responsibility of the NHS, possibly the local council, and the care home. You should no longer be charged by your nursing home for that part of your care which the NHS is paying for, though you may wish to pay the home for any additional services that your nursing home may provide that is not paid for by the NHS.

If your nursing needs change

Anyone entering a nursing home after October 2001 should have their nursing needs reviewed, usually within 3 months and again after 12 months. There may also be circumstances where your needs will have to be reviewed before then, for instance following medical treatment. Your nursing home will arrange for this. However, you should **always** receive the nursing care that you need, even if it takes some time for the NHS to reassess you.

Short Term Nursing Care

There may be occasions where you need to go into a nursing home for only a short period of time, other than for *intermediate care*:

- for *respite* care;
- in an emergency or crisis, for instance if your carer or relative is suddenly taken ill themselves and they are not able to look after you;
- for a trial period – to explore whether you would prefer to move into a care home on a permanent basis (this would not apply if you were already a permanent resident of a nursing home and wanted to find a new one); or
- if you need to move to a nursing home for rehabilitation or while awaiting a care package that would allow you to return home.

If your stay in a nursing home is expected to last less than a few weeks you will not need a full assessment. The reason you have gone into the home will allow the NHS to decide how much to pay the nursing home for your care from a registered nurse.

Complaints

Any general complaints about services provided in the nursing home should be referred in the first instance to the nursing home manager or, if you would prefer, through the health authority/local authority Inspection Unit, until April 2002, when their functions are transferred to the National Care Standards Commission.

A complaint about the nursing care paid for or provided by the NHS can be made using the NHS complaints procedure. If you need help or advice about making a complaint you should first speak to someone in the home or, alternatively, contact the Primary Care Trust or Health Authority. They will

also be able to put you in touch with other organisations that can offer you advice or support.

Appeals

Any concerns you or your family may have about the level of nursing care arranged by the NHS should be referred directly to the *nursing home co-ordinator*. If necessary, the Health Authority's continuing care panel can review the decision made by the NHS.

Advocacy Services

An advocate is an independent person who will act on your behalf and represent your interests to another party, be it a nursing home, the NHS or a council. An advocate has your interests at heart and is skilled at helping you present views that you may find difficult to express yourself. From April 2002, nursing homes will need to assist residents in gaining access to advocacy services. Your local Primary Care Trust,

Patients Advocacy and Liaison Service (PALS) from April 2002, local Health Authority or your local council should also be able to put you in touch with independent advocacy services. You can obtain further information about these services through local voluntary groups or Citizens Advice Bureau as well.

Social Security Benefits

The introduction of these arrangements for providing nursing care will not affect anyone's entitlement to social security benefits received while in a nursing home.²

² Those receiving higher rates of income support will have their benefits reduced when local authorities support their care from 8 April 2002, and anyone who qualifies for *fully funded NHS continuing health care* has their benefits downrated as if they were in hospital.

Who To Contact About NHS Funded Nursing Care In Nursing Homes

If you have any queries contact your local Health Authority. The telephone number will be in your local telephone directory. The Health Authority may then direct you to the appropriate person to deal with your query. A *nursing home co-ordinator*, wherever they are based, will arrange for a determination of your nursing needs to be carried out; will make arrangements for health and social care assessments to be completed; and will arrange for a review of your nursing needs to be carried out if you feel this is needed.

Organisations, Further Information and Leaflets

Age Concern

Astral House, 1268 London Road,
London SW16 4ER

Telephone: 0208 765 7200

Email: infodep@ageconcern.org.uk

Website: <http://www.ageconcern.org.uk>

Freephone information line: 0800 009966

A national charity that cares about all older people. It produces a range of Factsheets designed to provide practical information for older people.

Alzheimer's Society

Gordon House, 10 Greencoat Place,
London SW1P 1PH

Telephone: 0845 300 0336 (helpline)

Monday to Friday 8.30am–6.30pm,
answerphone at all other times

Email: info@alzheimers.org.uk

Website: <http://www.alzheimers.org.uk>

Produce factsheets and provide advice to sufferers of Alzheimer's and their carers.

Action on Elder Abuse

Astral House, 1268 London Road,
London SW16 4ER

Telephone: 0808 808 8141 (helpline) Monday to
Friday 10.00am–4.30pm, except Bank Holidays

Offer help and information about abuse of elderly.

Counsel and Care for the Elderly

Twyman House, Lower Ground Floor,
16 Bonny Street, London NW1 9PG

Telephone: 020 7485 1550 or 020 8679 8000

Provides advice and fact sheets for the elderly.

Help the Aged

207–221 Pentonville Road, London N1 9UZ

Telephone: 0207 278 1114

Fax: 0207 278 1116

Email: info@helptheaged.org.uk

Website: <http://www.helptheaged.org.uk>

Freephone advice line: 0808 800 6565

A national charity dedicated to improving the quality of life for older people in need of help in the United Kingdom.

The Elderly Accommodation Counsel

46a Chiswick High, London W4 1SZ

Telephone: 0208 742 1182 or 0208 995 8320

Produce booklets and provide advice on accommodation for the elderly.

The Relatives and Residents Association

5 Tavistock Place, London, WC1H 9SN

Telephone: 0207 692 4302

Information and advice line: 0207 916 6055

(Monday to Friday 10.00am–12.30pm and 1.30–5.00pm)

Practical advice and local groups for anyone with an elderly relative or friend receiving residential or nursing home care. Membership is available to all relatives.

The Stroke Association

Stroke House

Whitecross Street

London EC1Y 8JJ

Telephone: 0207 566 0300

Website: <http://www.stroke.org.uk>

The National Care Standards Commission

(Various offices countrywide)

A national organisation responsible for setting minimum standards that apply to care homes and for monitoring their achievement. Fully operational from April 2002.

Further information:

Older People as Consumers in Care Homes.

An Office of Fair Trading factsheet aimed at people thinking of moving into a care home is available by writing to the Office of Fair Trading, Fleetbank House, 2–6 Salisbury Square, London EC4Y 8JX (Tel: 0207 211 8000 or 0870 60 60 321 for orders of 10 or more)

Moving into a Care Home. A leaflet available from the Department of Health, PO Box 777, London SE1 6XH or fax 01623 724 524

The National Service Framework for Older People, Department of Health, 2001, available on the Department's website:

<http://www.doh.gov.uk/nsf/olderpeople.htm>

Better Care, Higher Standards – A charter for long term care available from Department of Health, PO BOX 777, London SE1 6XH. Each health authority and local council has a local charter on long term care that you can obtain direct from them.