



Buckinghamshire
Clinical Commissioning Group

Promoting Equity and Choice in the
Care provision for Patients eligible
for NHS Continuing Healthcare
(CHC) Funding and Children and
Young People's Continuing Care
(CCC)

Patient and Family Information
Leaflet

For further information or to speak with a member of the CHC team
please call our central information point T: 01865 902861

1. What does Continuing Healthcare funding mean?

NHS Continuing Healthcare means a package of ongoing care arranged and funded solely by the NHS, where it has been assessed that the individual's primary need is a health need. It can be provided in any setting. Where a person lives in their own home, it means that the NHS funds all the care and support that is required to meet their assessed health and care needs. Such care may be provided either within or outside the person's home, and includes primary healthcare and community nursing services, as appropriate to their assessment and care plan. In care homes, it means that the NHS also makes a contract with the care home and pays the full fees for the person's accommodation, board and care.

Parents or guardians of children with complex needs may need additional health support to that which is routinely available from GP practices, hospitals or in the community to assist them in meeting the assessed needs of the child. This additional package of care is called children's continuing care. The CCG has responsibility for assessing children and young people to see if they need such a package

2. What is the role of the CCG.

In the delivery of CHC / CCC the CCG has to ensure consistency in the application of the national policy whilst, implementing and maintaining good practice and ensuring quality standards are met and sustained.

The CCG has developed a preferred provider list of care homes and domiciliary care agencies who have demonstrated that they are able to meet the quality criteria for the provision of healthcare which is safe, efficient and value for money.

Individuals receiving CHC / CCC have some of the most clinically complex and severe needs within the local population. The CCG will work with the individual to promote choice and to ensure where required the wider family feel their opinions are considered when commissioning the appropriate provision of care to meet the individuals healthcare needs doing this within the available resources and ensuring the quality of care provision.

The CCG will consider care provision outside of the preferred provider network; however the CCG will not commission care from a provider who does not meet the agreed quality specification for care delivery or where safeguarding concerns have been substantiated and embargos are in place.

3 What is the role of the hospital ?

The hospital has the responsibility to carry out multi-disciplinary assessments and make a recommendation for continuing healthcare funding using the decision support tool. Once a decision has been made on eligibility by the CCG the discharge team work with the individual / family.

For care home placements the discharge team will provide a copy to the individual / family of the CCG preferred provider list from which the family / service user may choose from.

For care within the home the discharge team will work with the individual and the family to develop a holistic care plan which will be sent to the CHC team to enable the commissioning of care provision to meet identified health needs.

10. Who else has been involved in the development of the equity and choice policy and the preferred provider network?

This policy has been in place since 2011 but has now been refreshed to take into account the revised National Framework Guidance (National Framework for NHS Continuing Healthcare and NHS Funded Nursing Care October 2018) and The National Framework for Children and Young People's Continuing Care (2016) The CCG has taken legal advice to ensure that the policy is lawful and has worked closely with the CCG quality, patient experience and governance teams and have engaged with stakeholder Groups. Including "Lets talk health Bucks" Buckinghamshire Local Authority, Carers Bucks as well as our local NHS provider organisations.

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7. What if my needs change?

The National frameworks requires CCGs to review eligibility at 12 weeks and annually thereafter. In the event that a review of an individual establishes that their condition has improved or stabilised to such an extent that they no longer meet the eligibility criteria for NHS fully funded Continuing Healthcare and a CHC assessment confirms that they are no longer eligible then the CCG will no longer be required to fund the service. Where an individual who has been reviewed and is currently receiving a domiciliary care package and it has been assessed that their needs have increased the CCG will consider whether the current care package remains appropriate. Where the CCG deems that the current care package is not appropriate and does not approve an amended domiciliary care package then the individual will need to agree to an alternative care package approved by the CCG which maybe within a care home.

8. What if the individual does not have the capacity to make choices?

If an individual does not have the mental capacity to make an informed choice and is considered to be placing themselves at risk, a mental capacity assessment will be undertaken, in line with the guidance in the mental Capacity Act 2005. If the individual does not have the capacity to make an informed choice the CCG will deliver the most cost effective, safe care available based on an assessment of best interests and in conjunction with any advocate, close family member or other person who should be consulted under the terms of the Mental Capacity Act 2005

9. What if I am not happy with the CCG decision on care provision?

If the care provision suggested by the CCG conflicts with the wishes of the individual or their representative you have the right to appeal this decision setting out your grounds for appeal. This will be considered by the CCG Exceptions Panel.

Individuals and family members also have the right to complaint, through the CCG complaints process.

If the complaint cannot be resolved locally the individual or their representative can be referred to NHS England and the Health Service Ombudsman.

4. What is the role of social services (Local Authority)?

The local authority as part of the multi-disciplinary team work closely with the CHC team and the hospital discharge teams to carry out assessments and support placement provision, The local authority has a responsibility to offer support if the service user is not eligible for continuing healthcare funding.

5. How does the CCG make its decision on placement provision?

The CCG has the duty to commission services that offer quality, efficiency and value for the whole population they serve, balancing patient preference alongside safety and value for money.

People who are eligible for continuing healthcare funding have a complexity, intensity, and/or unpredictability in their care needs which can mean that it is less common for care to be safely delivered at home. The CCG will consider if care can be delivered safely to the individual and without undue risk to the individual, the staff or other members of the household. Safety will be determined by a written clinical assessment of risk undertaken by an appropriately qualified professional. The risk assessment will include the availability of equipment, the appropriateness of the physical environment and the availability of appropriately trained care staff and/or other staff to deliver the care at the intensity and frequency required.

The CCG may refuse to commission home care in the following circumstances.

- A package of care in excess of eight hours a day which would indicate a high level of need which may more appropriately be met by a care home placement.
- Individuals who need waking night care would generally be more appropriately cared for in a care home. The need for waking night care indicates a high level of supervision at night.

The CCG will take into consideration the individual's choice of care setting but there is no automatic right to a package of care at home.

6. What is a Personal Health Budget and can this be used to pay for my care?

Patients eligible for CHC / CCC can choose to have a Personal health budget (PHB). A PHB is an amount of money to support the identified healthcare and wellbeing needs of an individual, which is planned and agreed between the individual, or their representative, and the local clinical commissioning group (CCG).

At the centre of a personal health budget is the care and support plan which is completed in partnership with the individual and helps people to identify their health and wellbeing goals. The plan will set out how the budget will be spent to enable individuals to reach their goals and keep healthy and safe.

A PHB can provide more flexibility and choice in care provision within an agreed indicative budget.