



advice and support for older age

**Independent  
Age**

# Response to the Public Accounts Committee Inquiry into Continuing Healthcare Funding

October 2017



## **About Independent Age**

Whatever happens as we get older, we all want to remain independent and live life on our own terms. That's why, as well as offering regular friendly contact and a strong campaigning voice, Independent Age can provide you and your family with clear, free and impartial advice on the issues that matter: care and support, money and benefits, health and mobility. A charity founded over 150 years ago, we're independent so you can be.

### Enquiries

Author: Gabriel Gavin

For more information on this submission or to arrange for Independent Age to give oral evidence to the committee, please contact Gabriel Gavin on 020 7605 4217 or [gabriel.gavin@independentage.org](mailto:gabriel.gavin@independentage.org)

### Website

For more information, visit our website [www.independentage.org](http://www.independentage.org)

### Helpline

We give free, confidential advice over the telephone for older people, their families and carers on issues such as getting help at home, adaptations, care assessments, paying for care, staying in touch with other people and welfare benefits.

Call our team of experts on 0800 319 6789, Monday to Friday, 8am-8pm, and Saturday to Sunday, 9am-5pm, or email your query to [advice@independentage.org](mailto:advice@independentage.org)

Registered charity number 210729

## **Independent Age's response to the Public Accounts Committee's investigation into NHS continuing healthcare funding.**

### **1. Executive summary**

With a growing number of people requiring some form of care in later life, there is an increased demand on both health and care services. NHS Continuing Healthcare and NHS-Funded Nursing Care lie at the interface between these two systems and provide vital support for older people. However, many of the older people we work with experience a degree of difficulty in accessing these two vital services.

Assessments for older people attempting to access NHS Continuing Healthcare and NHS-Funded Nursing Care need to be transparent, consistent and communicated effectively, but in practice this is often not the case. Over the last year, the healthcare topic that Independent Age receives the most calls about has been NHS Continuing Healthcare, followed by NHS-Funded Nursing Care. It is clear that more must be done to ensure older people understand their options, are protected from unnecessary costs and can access the care they need.

### **2. What older people tell us about NHS CHC**

- Health and care staff don't always identify an older person who may need an NHS Continuing Healthcare assessment.
- A lack of awareness of NHS Continuing Healthcare funding among older people means they simply don't ask about an assessment. When they do happen, family members are not always involved and are not given the time or the information they need to prepare.
- Some people have been told they will not be eligible for NHS Continuing Healthcare without even a Checklist Tool screening assessment being carried out.
- If this screening is done, some older people do not then receive the full Decision Support Tool assessment within 28 days, contrary to guidelines.
- Evidence is not properly collected or interpreted during the assessment meaning some people are wrongly found ineligible and have to work to overturn the decision on appeal. People can also face significant delays with the appeals process, such as CCGs taking longer than three months to conduct an internal review of a decision.
- NHS Continuing Healthcare funding is withdrawn despite an older person having the same or increasing health and care needs.

### **3. Access to Continuing Healthcare**

In a report from the Continuing Healthcare Alliance in November 2016<sup>1</sup>, it was reported that 80% of healthcare professionals thought the Decision Support Tool for NHS Continuing Healthcare was 'not fit for purpose or there was room for improvement in some areas'.

The report also found that despite national guidance saying assessment should take place within 28 days, of the 100 CCGs who replied only 14 said they usually achieved this

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<sup>1</sup> Continuing to care?; Is NHS continuing healthcare supporting the people who need it in England?, Parkinson's UK in association with the Continuing Healthcare Alliance, November 2016.

timeframe.<sup>2</sup> As at December 2016, 58,723 patients were eligible for NHS CHC in England, representing a 3.2% decrease when compared to the same quarter in 2015-16.<sup>3</sup>

#### 4. **Shalman's Experience**

Shalman phoned us about his grandmother's difficulty in accessing NHS Continuing Healthcare (NHS CHC). His grandmother is 92, blind, has hearing loss, limited mobility and mild memory loss. She was admitted to hospital after having a fall and assessed using the Checklist Tool, which found her eligible for a full multi-disciplinary team assessment using the Decision Support Tool.

However, rather than moving forward with the full assessment, she was reassessed using the Checklist Tool just two weeks later. This time she was found not to qualify for the full assessment. It was only after he questioned the second assessment that yet another one was carried out and his grandmother was found to qualify for a full assessment.

His grandmother was found ineligible for NHS CHC after the full assessment but Shalman's family are questioning this decision and feel that the assessors were trying to downplay her needs.

This has been an extremely upsetting period for Shalman and his family and has caused delays to a permanent care package being put in place for his grandmother.

#### 5. **NHS-Funded Nursing Care**

With a large number of older people being found ineligible for NHS CHC, NHS-Funded Nursing Care (NHS FNC) can play a vital role in ensuring their needs are met. Assessors can consider NHS FNC in cases where a person living in a care home is found ineligible for NHS CHC. NHS FNC is a flat rate payment paid by the NHS towards the care provided to that person by, or under the supervision of, a registered nurse in the nursing home. A person should be assessed for NHS CHC before they are considered for NHS FNC.

In July 2016, the NHS FNC rate was increased from £112 to £156.25 per week and the increase was backdated to 1 April 2016, meaning some older people were entitled to a refund. On 1 April 2017, the rate was decreased slightly to £155.05 per week.

Older people tell us that:

- There is often a lack of clarity about whether NHS-funded nursing care is being deducted from the overall fees for older people who pay for their own care, or added on top of their payment.
- Some nursing homes have claimed NHS-funded nursing care on behalf of an older person and not informed the resident or their family.
- Despite the rebate being increased and backdated in April-June 2016, many older people who pay for their own care told us that they had problems receiving the money owed to them. This illustrates some of the systemic problems with transparency and effective administration within the systems for people accessing NHS CHC and NHS FNC for self-paying residents.

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<sup>2</sup> Ibid

<sup>3</sup> NHS Continuing Healthcare activity statistics for England, Quarter 3 2016-17 Report, NHS Digital, April 2017

- Older people are being assessed for NHS-funded nursing care without receiving the full NHS Continuing Healthcare assessment first.
- We know of some care homes that increased their fees to residents paying for their own care by the exact amount of the 2016 NHS FNC increase, so the resident didn't benefit from the change in the rate.

Following an independent review, the government announced that it would increase the NHS Funded Nursing Care payment for nursing home residents by 40%. LaingBuisson estimates that the increase of £44.25 per week is being paid for about 110,000 privately-paying and council-supported residents of nursing care, adding approximately £250 million to nursing homes' annual income<sup>4</sup>.

Meanwhile, we are hearing about the difficulties nursing homes are having recruiting nurses and the shortage of nursing home beds in some areas<sup>5</sup>.

## **6. David's experience of NHS-Funded Nursing Care**

One caller to our Helpline, David, said that his mother has been living in a nursing home in West Yorkshire since 2014. David phoned us at the end of 2016. He had been told that NHS-funded nursing care would be deducted directly from his mother's care fees as set out in her contract.

When he read his mother's invoices though, he saw that her nursing home had continued to deduct only £112 per week off her fees after April 2016 rather than applying the new rate of £156.25. If David hadn't spotted this and questioned the nursing home, it is possible it would not have been corrected and his mother would have continued to pay more than she should have.

## **7. Our recommendations**

NHS CHC needs to be delivered much more smoothly, recognising the older people trying to access the system are often very sick or frail.

A mandatory programme of training for professionals who organise and assess people for NHS CHC should be designed and implemented to ensure that they comprehend rules on eligibility and how to use the decision tools.

The checklist and Decision Support Tool used to make decisions should also be examined to ensure that they effectively measure someone's health needs against the care a local authority can provide.

Additionally, NHS CHC lies at the intersection between clinical and social care, and there needs to be a wholesale reassessment of how best people can transition between these two systems, and where NHS CHC is positioned in that.

Across the board, the Government must take urgent action to ensure that NHS and social care services have the resources and necessary funding that they need to meet the increased demands presented by an ageing population.

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<sup>4</sup> Care of older people: UK market report, LaingBuisson, May 2017.

<sup>5</sup> The state of health care and adult social care in England, Care Quality Commission, October 2016.