

# FREQUENTLY ASKED QUESTIONS



PALADIN  
ADVOCATES



WITH YOU EVERY STEP OF THE WAY



## WHAT IS 'SOCIAL CARE'?

'Social Care' is provided through the Local Authority. It includes but is not limited to care provided at home, in Care Homes, and in Day Care Centres such as domiciliary care and meals on wheels. This is 'means tested' so you may have to make a contribution or pay for all or part of the care you receive depending on your finances. A s.47 Financial Assessment (carried out by the Social Services) will determine this.

## WHAT IS 'NHS CONTINUING CARE'?

'NHS Continuing Healthcare' is provided by the NHS. If a patient's primary care need is assessed as being healthcare then the whole of the cost of providing the patient's care should be met by the PCT. Funding should be made available regardless of where the care is to be provided and can therefore include: a patient's nursing home, or the patient's own home. If the patient resides in a care home then the funding would also cover the cost of the accommodation fees.

# WHAT IS THE DIFFERENCE BETWEEN 'SOCIAL CARE' AND 'HEALTHCARE'?

'Social care' is provided by the Local Authority and is means tested. This means that the person requiring social care services will need to have a financial assessment carried out to assess their means. This is referred to as an s.47 financial assessment.

'Healthcare' is provided by the NHS and is not means tested.

## HOW IS 'PRIMARY HEALTH NEED' ASSESSED?

The Primary Health Need is assessed by looking at all of your care needs and relating them to four characteristics:

i. **Nature**

The type of condition or treatment required and its quality and quantity

ii. **Complexity**

Symptoms that interact making them difficult to manage or control

iii. **Intensity**

One or more needs which are so severe that they require regular interventions

vi. **Unpredictability**

Unexpected changes in condition that are difficult to manage and present a risk to you or to others





## WHAT IS A MULTI DISCIPLINARY TEAM (MDT)?

Multi Disciplinary Team (MDT) is two or more people from at least two different professions who are responsible for an individual's care. Both health and social care should usually be represented. An MDT should be convened for a full continuing health care assessment using the decision support tool.

## WHAT IS THE 'DECISION SUPPORT TOOL' (DST)?

The Decision Support Tool contains 12 care domains which are categorised into grades of need ranging from 'no needs' to 'priority'.

## WHAT IS THE 'CHECKLIST'?

The 'Checklist' is the initial trigger assessment and is used to facilitate a full 'Continuing Healthcare Assessment' at which the 'Decision Support Tool' (DST) is completed.

## WHAT IS THE TIME SCALE FOR THE ASSESSMENT PROCESS?

From the point of requesting a Continuing Healthcare Assessment until the receipt of a decision as to eligibility or not, should be 28 days.

## WHO SHOULD ATTEND ASSESSMENTS AND IS THE PATIENT'S CONSENT NEEDED?

Patients and their families are entitled to be present at all stages involved in the Continuing Healthcare Assessment and should be invited to attend. Families may choose to have an advocate present at the assessment.

The patient should also be given a consent form to sign for each individual part of the assessment process i.e. the 'health needs assessment', the 'checklist' or the 'full assessment' (using the "Decision Support Tool" or 'DST').

## WHAT INFORMATION SHOULD THE PATIENT AND THEIR FAMILIES BE GIVEN?

The patient and their families should be informed how the assessment process is applied and implemented and of the timescales in which they will be conducted.





# IS THE PATIENT/FAMILY ALLOWED TO SEE THE COMPLETED ASSESSMENT (DST)?

Yes, the National Framework makes it very clear that the PCT must make the process 'open and transparent' and all documentation and assessments must be shared with patients upon request. The patient / family have an opportunity to write their views in the DST prior to it being taken to the panel for decision making.

## WHAT ARE A HOSPITALS' OBLIGATIONS PRIOR TO PATIENT DISCHARGE?

The Delayed Discharges (Continuing Care) Directions 2004 place a legal requirement upon the PCT to carry out CHC assessments before a patient is discharged from hospital.

# WHERE CAN PATIENTS RECEIVE 'CONTINUING HEALTHCARE' FUNDING?

Patients may be awarded Continuing Healthcare funding in their own home, a residential or nursing home setting.

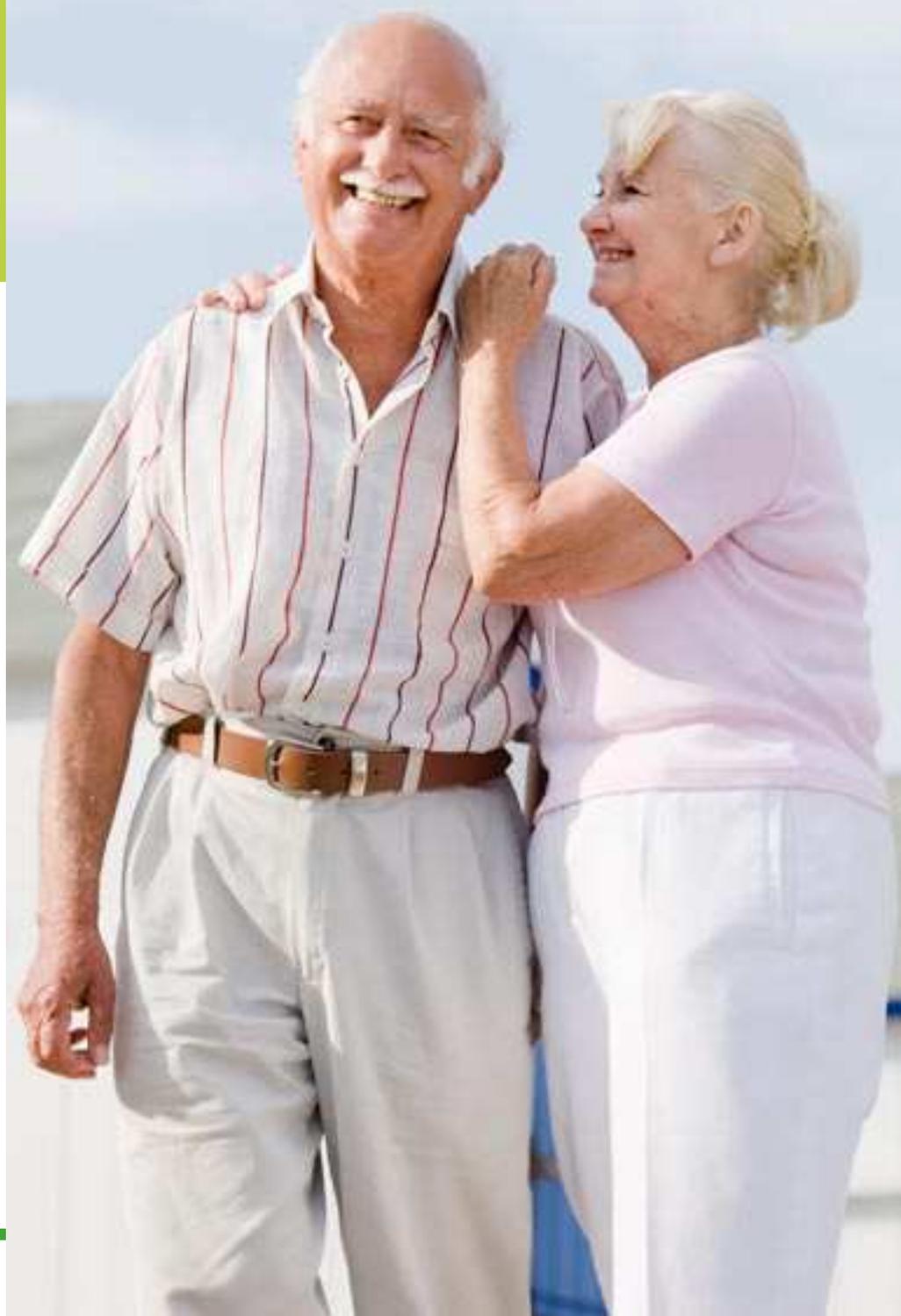
## DO YOU NEED TO BE IN RECEIPT OF NURSING CARE PRIOR TO BEING AWARDED 'CONTINUING HEALTHCARE' FUNDING?

Continuing Healthcare funding is not dependent on the patient receiving 'nursing care' it is dependent upon the patient's primary care need being 'healthcare'. This is established through the assessment process.

## WHEN IS A NEED, A NEED?

'Well managed needs' still remain needs.





## WHAT CONDITIONS APPLY TO RECEIVING 'CONTINUING HEALTHCARE' FUNDING?

When a patient is awarded Continuing Healthcare funding, their package will be required to be managed, monitored and over-seen by a qualified nurse.

## HOW OFTEN ARE YOU, THE PATIENT, RE-ASSESSED?

Following an award of Continuing Healthcare funding being made the patient will be reassessed after 3 months and from thereafter annually.

## WHAT HAPPENS IF THE PATIENT DOESN'T HAVE MENTAL CAPACITY?

If the patient lacks mental capacity and has no family to represent them then the NHS/Local Authority should ensure that an Independent Mental Capacity Advocate (IMCA) is appointed to act on behalf and in the best interests of the patient.

## WHAT HAPPENS IF YOU, THE RELATIVE, DON'T HOLD 'POWER OF ATTORNEY' FOR THE PATIENT?

Relatives of a patient who lacks capacity may already hold an Enduring Power of Attorney/Lasting Power of Attorney for the patient but if they do not then they should seek legal advice to apply to become the patient's Deputy through the Court of Protection.

## WHAT IS 'FUNDED NURSING CONTRIBUTION' AND WHO GETS IT?

Patients who are resident in a nursing home may qualify for 'Funded Nursing Contribution' which is sometimes referred to as 'Registered Nursing Care Contribution'. This is currently £108.70 per week (April 10/11) this is not the same as Continuing Healthcare funding.





# WHAT IS 'ATTENDANCE ALLOWANCE' AND WHO GETS IT?

Attendance Allowance is a non-means tested benefit that can be claimed by persons who need help with personal care due to being physically or mentally disabled. You must be 65 or over to claim this. If under 65 you can claim Disability Living Allowance which is also non-means tested.

If you are awarded Continuing Healthcare and wish to remain in your own home, your attendance allowance award continues. If you are awarded Continuing Healthcare funding and are transferred to a nursing home, the attendance ceases after 28 days.

## IF 'CONTINUING HEALTHCARE' HAS BEEN REFUSED, CAN YOU RE-APPLY?

If a patient has previously been assessed for Continuing Healthcare and has been deemed not eligible for funding, a request can be made for re-assessment at anytime if the patient's condition changes.

## CAN A DECISION BE APPEALED?

Yes, a patient has a right of appeal to the Strategic Health Authority, for an Independent Review, and thereafter to the Ombudsman.



If you believe that you, or a relative, qualify for Continuing Healthcare but are not receiving it, we would be delighted to discuss this or any other issue concerning care.

**Please contact Anne Reed on the number below.**

**ANNE REED**

**Tel:** 01822 610303

**Email:** [annereed@paladinadvocates.com](mailto:annereed@paladinadvocates.com)

Paladin Advocates, 13 Duke Street,  
Tavistock, Devon, PL19 0BA  
**[www.paladinadvocates.com](http://www.paladinadvocates.com)**

Paladin is a trading name of Medeagle International Limited  
Registered in England No. 7488785. VAT Reg No. 106 8224 33

