



CONTINUING HEALTHCARE

2021/22



Continuing Healthcare – Later Life Care (England)

[The National Framework](#) for NHS Continuing Healthcare and NHS funded nursing care (revised version from 1st Oct 2018), sets out the principles and processes for determining eligibility.

What is Continuing Healthcare?

NHS Continuing Healthcare (CHC) is a package of care arranged and funded solely by the [Clinical Commissioning Group](#) (NHS in England) for a person who is aged 18 or over and has been found to have a '**primary health need**' that has arisen because of disability, accident or illness. This is regardless of where the care is to be provided and includes: care at home, residential or nursing homes.

Primary health need

Although no legal definition for 'primary health care', the term comes from an important Court of Appeal case, the 'Coughlan case', when the court decided a Local Authority is limited to nursing care which is:

- merely incidental or ancillary to the provision of the accommodation which a local authority is under a duty to provide and
- of a nature that a social services authority can be expected to provide

The Coughlan case highlighted that if a person has healthcare needs that are over and above that which the Local Authority can be expected to provide and are therefore primarily health needs, the NHS has a responsibility to provide for those needs, and to fund the necessary care.

Who administers CHC?

The Clinical Commissioning Group (CCG) that holds the contract with the GP practice responsible for care at the time of application is responsible for deciding eligibility to Continuing Healthcare.

[The Checklist](#)

The National Screening Continuing Healthcare Checklist can be used in a community or a hospital setting and aims to help trained health/social care professionals identify people who should have a full assessment to determine their eligibility.

[Discharge to Assess pathways](#) for Hospital Discharge with short term funding either at home or in a short term placement enable ongoing care needs to be assessed which may include a CHC Checklist and/or Assessment.

Following the checklist, if the outcome is positive, a full assessment should be carried out by a Multi-Disciplinary Team (MDT) and the Decision Support Tool (DST) used to make a recommendation for eligibility to CHC.

The checklist is based on 11 of the 12 care domains (areas of care need) used in the decision support tool. The domain 'other significant needs' is not used in a checklist.

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Decision Support Tool

The Decision Support Tool is used during a full assessment (where appropriate) and follows a checklist screen. It is not an assessment in itself but a way of bringing together and applying evidence in a single practical format to provide an overview of the levels chosen and a summary of the person's needs, used by the Multi-Disciplinary Team to make a recommendation to the CCG about eligibility or ineligibility.

Care Domains

The primary health need should be assessed by looking at all of the care needs and relating them to twelve care domains (below) **AND** four key indicators; nature, intensity, complexity and unpredictability.

P								P	P	P	
S	S			S	S		S	S	S		S
H	H	H	H	H	H	H	H	H	H	H	H
M	M	M	M	M	M	M	M	M	M	M	M
L	L	L	L	L	L	L	L	L	L	L	L
N	N	N	N	N	N	N	N	N	N	N	N
Behaviour	Cognition	Psychological/ Emotional needs	Communication	Mobility	Nutrition, Food and Drink	Continence	Skin Tissue and viability	Breathing	Drug Therapies	Altered State of Consciousness	Other significant care needs

The Fast Track Tool

The Fast Track pathway tool is used when a person has a rapidly deteriorating condition and may be entering a terminal phase. It can only be completed by an 'appropriate clinician' with sufficient evidence to establish eligibility.

Where it is appropriate to use the Fast Track Pathway Tool, this replaces the need for a Checklist and DST to be completed

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Challenging a decision not to proceed to full assessment

If a person has been screened out from full consideration following use of the Checklist, they may ask the CCG to reconsider its decision and agree to a full assessment of eligibility.

Challenging an assessment decision

Where a full assessment has been undertaken of potential eligibility using the Decision Support Tool (or by use of the Fast Track Pathway Tool), and a decision has been reached, challenging that decision should be addressed through the local resolution procedure, initially.

Funded Nursing Care Payment

NHS continuing healthcare must be considered, and a decision made prior to any consideration of eligibility for NHS-funded nursing care payment which is a weekly payment of £187.60 per week 2021/22, provided by the NHS to homes providing nursing care, to support the provision of nursing care by a registered nurse.

FNC is another name for the RNCC which was paid at three different rates and for those who received the higher rate in 2007 this will increase to £258.08 for 2021/22. This is only relevant for people who were already on the higher rate in 2007 when the single band was introduced.

Remember this is claimed by and paid straight to the Nursing home only if the residents has an element of the care need that is nursing/health/medical related - NOT paid towards social care needs. It may take a while to come through, check whether the Funded Nursing Care Payment has been included in the cost of care and how it will be invoiced by the home.

If you would like advice or support the [Care Adviser Network](#) may be able to help, please [find an adviser](#) or contact us. There will be a charge for these advice services.