## **GLOUCESTERSHIRE LMC DOCUMENT SUMMARY**

Document Title:	National Framework for NHS Continuing Healthcare and NHS-
funded Nursing Care	

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https://www.gov.uk/government/uploads/system/uploads/attachment\_data/file/127199/National-Framework-for-NHS-CHC-NHS-FNC-Nov-2012.pdf.pdf

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*N.B.* This summary was correct when issued. Its accuracy cannot be guaranteed in the long term, since policies and organisations change. Although every effort will be made to ensure that it is updated the reader is urged to exercise caution if the document at the time of reading is more than a year old.

<u>Bottom Line</u>: CCGs are primarily responsible for deciding whether a patient is entitled to NHS continuing healthcare by reason of disability, accident or illness and if so, whether they are entitled to NHS-funded nursing care. Area Teams and in some circumstances Local Authorities have similar responsibilities. Joint provision can occur. This is a useful reference work.

The first step is to identify whether the patient has a 'primary health need' by looking at the nature of his needs, their intensity, complexity and unpredictability. (See pages 14 and 15 of the source document for further guidance).

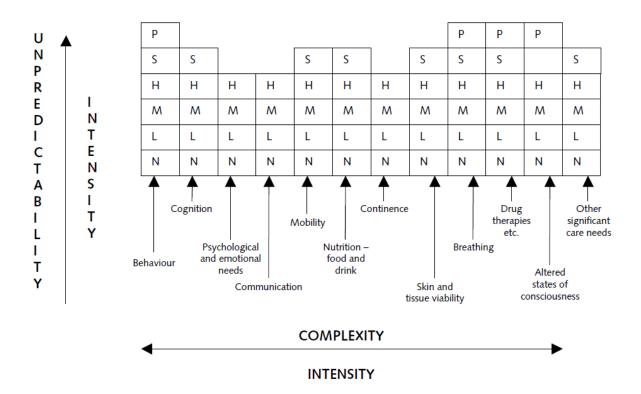
These factors can be further varied by the likelihood of deterioration in the patient's condition.

Note that Para 40 of the source document mandates the use of the national Decision Support Tool (DST) which can be found at:

<u>https://www.gov.uk/government/uploads/system/uploads/attachment\_data/file/127204/Decision-support-tool-for-NHS-continuing-healthcare.doc.doc</u>, 'The DST supports practitioners in identifying the individual's needs, which, combined with the practitioners' skills, knowledge and professional judgement, should enable them to apply the primary health need test in practice, in a way that is consistent with the limits on what can lawfully be provided by an LA, in accordance with the Coughlan and the Grogan judgements.'

If the patient is likely to be entering his terminal illness then an 'appropriate clinician' (who may be a GP) should complete a 'Fast Track Tool' (which may be found at <a href="https://www.gov.uk/government/uploads/system/uploads/attachment\_data/file/127202/NH\_S-CHC-Fast-Track-Pathway-tool.pdf">https://www.gov.uk/government/uploads/system/uploads/attachment\_data/file/127202/NH\_S-CHC-Fast-Track-Pathway-tool.pdf</a>, )

When discharging patients from hospital who may be entitled to continuing NHS care there is a national NHS Continuing Healthcare Checklist (which can be found at: <a href="https://www.gov.uk/government/uploads/system/uploads/attachment\_data/file/127200/NH">https://www.gov.uk/government/uploads/system/uploads/attachment\_data/file/127200/NH</a> S-CHC-Checklist-FINAL.pdf.pdf</a>) which will confirm whether they should be considered for it or are ruled out altogether. If potentially eligible the DST is then applied which will give results for each of 12 care domains (see diagram overleaf): N (no), L (Low), M (Medium), H (High), S (Severe) or P (Priority)



Patient needs are assessed in each area as one of: N (no), L (Low), M (Medium), H (High), S (Severe) or P (Priority) to give an overall assessment of needs for continuing NHS care. If the Decision Support Tool does not show a need for the NHS to bear the cost of continuing care then the Local Authority has to provide Social Care.

The paper stresses that it is not acceptable for a patient to fall between the two systems and receive no care if they do actually need care.

An overview of the process is shown in the flow-chart on the next page:

