Process for determining eligibility for fully funded NHS continuing care and funded nursing care

Liverpool  PCTs
Determining eligibility for fully funded NHS continuing care and funded nursing care - pathway

1 Introduction

This is a process required by the NHS and undertaken by the NHS in order to allocate resources appropriately. The process (see attached flowchart) (DN: To be amended when pathway is finalised) has five decision points (see paragraph 3) and two key decision-making mechanisms: the Continuing NHS Healthcare (Expert) Team and the Joint Resource and Allocation Panel (LA/PCT)

. The process ensures that:

- All decisions on continuing care and funded nursing care resources, for all adult care groups, are made through one system.
- Decisions are made on an individual basis following detailed, multidisciplinary assessments of health and other care needs, which are evidence-based.
- Standardised stationery is used to ensure accurate and consistent recording of information and decisions.
- Decisions on each case, and how they are reached, are summarised and recorded to provide an audit trail and to ensure the cases are reviewed at the appointed time.
- There is a protocol for reviewing people and transferring responsibility from NHS continuing care where a person’s condition or care needs change to such an extent that s/he no longer meets the eligibility criteria for fully funded NHS continuing care.
- People who are at the ‘end of life’, i.e. people who are diagnosed with a terminal illness and have needs encompassed by the eligibility criteria, have their care needs assessed and met in a timely manner1.

2 Principles underpinning the process

The following principles should underpin both the development of the process and its implementation:

- Transparency – the process should be clear, and open to scrutiny.
- Consistency – the process and eligibility criteria should be applied in the same way in every case and will be monitored to ensure this.
- Equity – the process should be applied fairly.

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1 The term "end of life" in this context relates to those individuals who:
- have been specifically diagnosed as having a terminal illness; and
- who are generally only provided with palliative care; and
- who have a short period of time left to live (6-8 weeks); and
- where no further treatment can be given.

The term does not apply to people who become ill and are dying.

Where a terminal illness continues, a review should be undertaken at 12 weeks.
• Reasonableness – the policy and process should allow for exceptional circumstances to be taken into account.
• Timeliness – decision-making should be speedy to ensure that people are not left in inappropriate placements, or in a state of anxiety about their placement.

3 Routes to the pathway

There are five decision points for entry into the system: the hospital, the community, long-term care homes, hospices and social services.

In hospital, the community or a care home the patient is screened for possible eligibility following a multi-disciplinary assessment and any specialist assessment.

Social Services, at its long-term care resource allocation panel, should always ask whether the person has been considered for fully funded NHS care. It then requests health professional input to organise assessments and complete the necessary paperwork.

(DN: That process should include the screening tool – see para 6).

4 The Continuing NHS Healthcare (Expert) Team

This is a joint multi-disciplinary group of health and social care professionals, whose expertise covers older people, mental health, learning disability, physical disability and long-term conditions.

It has a high degree of delegation to agree the outcome of cases and, therefore, to commit NHS resources. Only a proportion of cases that it sees will need to be taken to the joint panel for resolution.

The expert team meets weekly and has the following functions:
• Advice – case support;
• Training & development of mainstream staff;
• Decisions on FNC/CHC;
• Case management and procurement for complex needs including tariff management;
• Knowledge of market, negotiation of fees and placement;
• Quality control;
• Preparation of case material for the Joint Resource and Allocation Panel.

5 The Joint Resource and Allocation Panel

The panel meets fortnightly.

The functions of the panel are:
• To make decisions on “complex plus” cases (clinical or financial);
• To make decisions on commissioning;
• To undertake market management and development including planning and linking into commissioning (LDP and LA budget cycle);
• To resolve disagreements/disputes.
6 The pathway

6.1 Screening

1. A patient in hospital is screened at ward level, by the ward staff. In the community, screening is undertaken by District Nursing/CPN or specialist health professional. In a care home, this could be done by the qualified nursing staff or by specialist or community nurses, depending on the home and the resident’s condition.

2. For people identified by Social Services, screening would be done by a relevant health professional.

3. A uniform tool for screening will be available at these decision points.

6.2 Referral

4. Referrals/requests are made to expert team for fully funded continuing health care.

Note: For people at the ‘end of life’ (whether in hospital or the community), a ‘fast-track’ process is needed. Any relevant health or social care professional can make a referral (a different referral form is completed – Referral Form B). An assessment is undertaken using a shortened version of the standard assessment tool. A decision is made, by a minimum of two members of the CCT, within 24 hours of referral. An agreement is in place to allow the person to be moved quickly to a care setting of his/her choice, as far as possible. In these circumstances, a separate record is made giving retrospective authority for any action taken.

6.3 Continuing care expert team

5. The CCT checks that the following information/documents are appended to the referral form:

   a. A summary of information about the patient (personal information, history and current status) compiled by the multidisciplinary team;

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2 Information should be given to the individual and/or family/carers so that they understand the approach to determining eligibility.

3 This process is based on the premise that anyone who is subject to an RNCC determination has first been considered for fully funded NHS continuing care.
b. The multidisciplinary assessment, signed and dated, and including the names and designations of all those involved;

c. A statement of whether all members of the multidisciplinary team agreed to recommend fully funded NHS continuing care;

d. Any specialist assessments, signed and dated;

e. A summary of the assessment (provided by the assessor) containing evidence for eligibility against a number of care domains, and risk assessment;

### Summary proforma 2

f. Notes of the MDT meeting and who attended.

6. The CCT refers back to originator of referral if information is incomplete.

### Proforma identifying missing items

7. The expert team considers all referrals. When a decision has been reached that the patient is eligible for fully funded NHS continuing care, the team notifies referrer and records decision, including

   a. Rationale;

   b. Names of team members present;

   c. Information seen;

   d. Any clinical advice used in decision-making process;

   e. Details of proposed care package;

   f. Date of first review.

### Record of decision - CCT

8. Where the CCT decides that the patient is not eligible, it notifies the referrer and writes to the individual and/or family/carers, giving reasons for its decision.

### Letter setting out reasons - CCT

9. Where the CCT is unable to reach a decision, the case is referred to the joint panel.

10. The team ensures that all evidence and other paperwork is completed before a case can be considered by the panel and prepares information for the panel. This includes the summary of the assessment information, with evidence i.e. summary proforma 2.
6.4 Joint Resource and Allocation Panel (PCT/LA)

11. The decisions of the panel will be clearly recorded on a summary sheet.

12. The summary will include:
   - A record of how the decision was reached.
   - A date for reviewing the case, where the case has met the eligibility criteria.
   - The reasons why the eligibility criteria were not met where the panel determines that the patient is not eligible for fully funded NHS continuing care.

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Panel record sheet

13. The panel’s decision, using the record sheet, will then be communicated to the originating referrer and the expert team. The expert team will write to the individual and/or family/carers. Where eligibility is not agreed, the letter will explain the independent review process.

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Letter setting out reasons - Panel